A CLASS FOR PARENTS OF KIDS WITH AUTISM (ASD)

An Open Educational Support & Discussion Group – Basic Information, Guidance, and Resources

Free!

Welcome!

Dates: Tuesday 9/16/25 through 12/16/25, year-round starting in January 2026

Time: 10:00 – 11:30 AM
Babysitting will NOT be available for this class

Location: Microsoft Teams app (free) & Crossroads Church, Eastgate:
4450 Eastgate S. Dr. - Cincinnati, OH - 45245

An Outreach & Parent-Support Service of:
The Clermont County Juvenile Community Resource Center (CCJCRC)

Facilitator:

Greg Handleton MA, LPCC- S, TRCC, EAMHP
(ASDCS Autism Certification – in progress)
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513.732.7699 (w)
513.427.2269 (Google Voice)

RSVP

For **possible cancellation** or **change(s) in physical location or other details**, go to https://clermontcountyohio.gov/clermont-county-juvenile-community-resource-center/

If you're **new, first watch this pre-recorded intro video on YouTube:**
Go to the above website to get the URL.

Microsoft Teams link:
https://teams.live.com/meet/9386350102801?p=LUe4znwKUXQQtFiCIO

Disclaimer:

If you attend this class in-person or via a video/audio-conferencing app for any length of time, it is assumed that you have already read and agreed to the following:

The information in this class curriculum is strictly for educational purposes. By participating in this class, you are agreeing to hold harmless Greg Handleton, any/all guest speakers, any/all co-facilitators (any Clermont County employee or any community member), Juvenile Court of Clermont County (Ohio), and all offices/employees/officers employed in or by Clermont County (Ohio) or any of its departments, offices, officials, affiliates, or subsidiaries in relation to your use/misuse of any/some/all of the information, data, advice, input, resources, products, medications, examples, stories, strategies, tools, or any related information obtained during the course of one's active or passive participation in this class. While information is being made available through this class pertaining to specific treatments, resources, and strategies for assessing, handling, resourcing, and treating Autism Spectrum Disorder in some/any/all of its variations, this information is not medical advice or treatment, nor is it meant to be used in place of actual medical advice or treatment, nor is it meant to turn parents into licensed or qualified treatment providers at home. Before using any of the information in this curriculum it is incumbent upon the participant to seek input from and seek the face-to-face guidance of a licensed treatment provider who specializes in treating people with Autism Spectrum Disorder (and, ideally, other related developmental and neurological conditions) through in-office/face-to-face treatment sessions. Some of the protocols and/or products described herein have not been approved by the U.S. Food & Drug Administration (FDA). These just-mentioned caveats and limitations are especially true when it comes to strategies and/or treatments and/or interventions mentioned and described in this course that are or might be considered to be controversial, un-vetted, or otherwise anecdotal or hypothetical. Your course facilitator will do their best to point out which strategies or interventions are considered to be controversial, un-vetted, or otherwise anecdotal or hypothetical, however, it is incumbent upon the participant to make sure, before utilizing a strategy or intervention, if that strategy, intervention, or resource is considered by the majority of the medical and/or mental health treatment professions to be controversial, un-vetted, or otherwise anecdotal or hypothetical. All information provided is based on information available at a particular moment in time, understanding that it is not possible to access and/or share all relevant information available today, including information that might go against and possibly refute some/all of the information being presented in this class. None of the entities named in the first sentence, above, are responsible for negative consequences pertaining to participants sharing information with others at home, online, via social media apps, or in the community or pertaining to their attempts to guide others with information gleaned as a result of participation in this class. It is also possible that this curriculum contains errors of inclusion and/or errors of omission, meaning that certain pieces of information might be erroneous, incomplete, or both. Participants understand that nothing about this class prevents them from seeking out second opinions in relation to any/some/all of the information contained herein. You are 100% responsible for all outcomes based on the use/misuse of information contained herein.

Note: The thoughts, teachings, and opinions of Greg Handleton, the PESI.com Autism Summit presenters, various websites, guest speakers, and other sources are not necessarily known to, agreeable to, or shared by the officers, administrators, commissioners, supervisors, employees, or leaders of Clermont County, Ohio.

Before trying any supplement-type 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.

WELCOME!

Basic Housekeeping Items:

- Introductions
- Juvenile Court & the Clermont County Juvenile Community Resource Center
- Group's Purpose and Nature
- Handling Conflict
- The PowerPoint curriculum - availability
- Bathroom location
- "No Judgment Zone" (Planet Fitness)
- Coffee & snacks
- Initial Q & A
- Inclement weather/cancellation
- A Living Curriculum
- My contact info.
- Mandated Reporter status – examples of reportable offenses

Topics to be Covered Throughout This Class/Discussion Group/ Support Group:

1) Introductory Topics
2) Parent Self-Care
3) Diagnostic Criteria
4) More Basic Facts Regarding ASD & Ways ASD is Misunderstood
5) How Parenting ASD Kids *is* Like Parenting Neurotypical Kids
6) ASD Kids & the Juvenile Justice System
7) Success Stories
8) The Intersection of Autism and Trauma
9) Are ASD Individuals More Prone to Violence?
10) Understanding the Brain-Gut Connection in Autism
11) Now Let's Talk About Your Child's *"I Can" Network*
12) Identifying and Capitalizing on an ASD Person's Strengths & Interests
13) Assessments, More Treatments/ Interventions (see gut health section, above), & Self-Help Tools
14) Can Autism be Cured, Healed, or be Made Less Severe?
15) Additional Resources

New Topics Under Development Now &/or In the Future:

- The Intersection of ASD with Modern Electronics & Social Media
- Working Towards Independent or Semi-Independent Living & the Reality of Interdependence

Most of the content of this class comes directly from PowerPoint slides and lectures that are part of the PESI.com ASD Certification training for therapists (noted below). All of this material is copywritten ©. However, I have received written permission from PESI.com to provide this information to you as long as it is free of charge (which it is) and as long as I reference the sources of all information being provided (which I am, as you will see citations in all slides or groups of slides) – i.e., you will notice that each slide or cluster of slides are all referenced back to the PESI seminar speaker by name and according to the title of their PESI seminar presentation/lecture.

[PESI] Re: PESI US - new ticket

P PESI <support@pesi.zendesk.com>
To [redacted] Gregory

You replied to this message on 8/12/2025 12:40 PM.

Note: This response from PESI.com tells me that all of the workshops comprising this certification training are owned by them and, therefore, I do not/did not have to seek separate permission from the individual presenters to make this info available without cost.

Reply | Reply All | Forward | ...

Tue 8/12/2025 12:16 PM

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You don't often get email from support@pesi.zendesk.com. Learn why this is important

Hi Greg,
As long as none of it is for profit, you would be able to share the materials as long as properly cited.

Please let us know if there is anything else we can help you with.

Thank you,

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THIS PRESENTATION WAS RECORDED AS A PART OF THE

2022 Autism Symposium

What's New & What's Next in
Supporting Clients on the Spectrum

FOR THE COMPLETE RECORDING PACKAGE VISIT
PESI.COM

Note: Any slide that is not referenced to a speaker from PESI.com's 2022 Autism Symposium source is a slide that has been developed by Greg Handleton MA, LPCC-S, TRCC either with original content or with content that is referenced to a non-2022 Autism Symposium source. Some of Mr. Handleton's comments will also appear inside of slides being referenced back to other speakers. Also, because this is a living document, please know that some slides as presented might be incomplete.

Uniquely Human: The Podcast

(interviews with 25+ autistic people)

www.uniquelyhuman.com

I wanted to go ahead and share this resource right off the bat, since it's always going to be super helpful to parents whenever they can **listen to Autistic adults** who have extremely valuable perspectives, ideas, comments, and resources to share with the world. Most Autistic adults who are ***able*** to share are often also ***willing*** to share their insights in order to help other struggling families!

Dr. Prizant has worked hands-on with Autistic people since 1968, and then started this podcast in 2020. He is known to have said, ***"I'm not an Autism expert … because I'm not Autistic."*** This statement rings true for me as well!

https://ohioemploymentfirst.org/autism-and-trauma/

From a video by Tom Galperin, founder of Galperin Autism Consulting LLC:

Trauma for family members

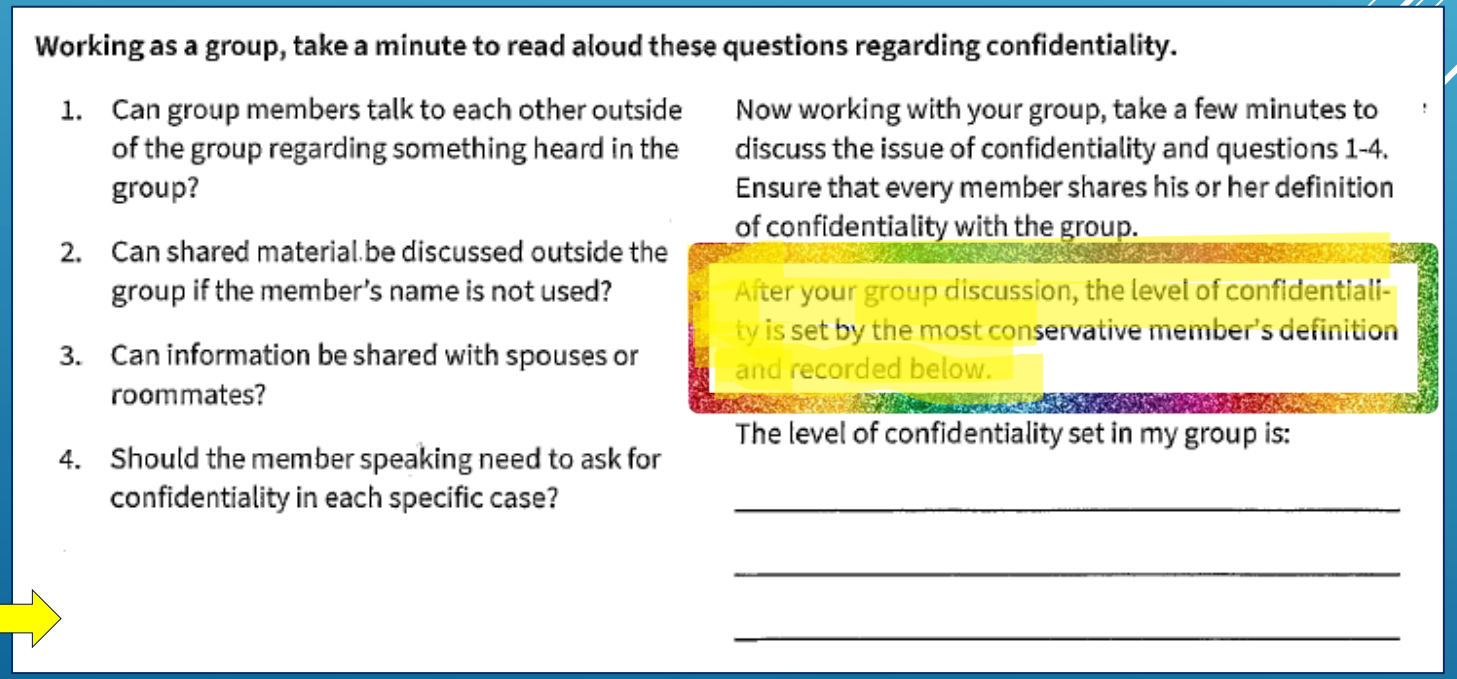
- Social
  - Can't go out
  - Shunned by friends
- Employment
  - Job at risk
- Financial
  - Paying for services
  - Parent(s) staying home
- Exhaustion
  - Emotional
  - Physical

What is it *REALLY* like to be the parent or custodial grandparent of an autistic child? Even "mild" Autism and AD/HD present challenges for caregivers that can often drain them so much that they themselves begin to struggle with symptoms of depression, begin to use substances for stress relief, or begin to default to anger and irritation because of just how discouraged they feel in the face of relentless problems that don't seem to have a solution. The cry, *"I've tried everything!"* is often heard, and for many, it *does* feel like they've tried everything under the Sun for their child, from medication to therapy to special camps and home-based interventions. Well, hopefully this class will provide you with **at least one more "puzzle piece"** that will make it possible for more and more puzzle pieces to be put in place as well.

Because this class is also something of a "support group" for parents, we need to take a moment to establish some reasonable expectations for our time together:

1) **The first thing** is that everyone should be able to feel emotionally and physically **safe and respected**.
2) **No one is going to be asked** to share personal information that goes deeper than surface-level disclosures. If you want, you can sit in this class, listen, take notes, but never say a word if you don't want to! Therefore, no one should feel pressured to share anything they're not comfortable with.
3) **Confidentiality:** Trust between members is the foundation of group success. To develop trust, people must feel sure of confidentiality. Confidentiality is defined as: *"What's said in group, stays in group"* … unless **abuse or neglect needs to be reported** as a result of a particular disclosure. Let's consider the level of confidentiality this group would like to adhere to:
   - Confidentiality also means that if someone shares their phone # &/ or email address with you, it is not OK to assume that they would be OK with you passing that information along to other group members without their permission.

From a class called: *The Parent Project: Changing Destructive Adolescent Behavior* + *the next slide, too*



Working as a group, take a minute to read aloud these questions regarding confidentiality.

1. Can group members talk to each other outside of the group regarding something heard in the group?
2. Can shared material be discussed outside the group if the member's name is not used?
3. Can information be shared with spouses or roommates?
4. Should the member speaking need to ask for confidentiality in each specific case?

Now working with your group, take a few minutes to discuss the issue of confidentiality and questions 1-4. Ensure that every member shares his or her definition of confidentiality with the group.

After your group discussion, the level of confidentiality is set by the most conservative member's definition and recorded below.

The level of confidentiality set in my group is:

_____

_____

_____

Sounds Like This

Facilitator:

Gee Mike. It sounds like you had a rough week. Did you just want to vent tonight, or did you want to hear any advice the group may have to offer?

Parent:

Just wanted to vent / I'd like any advice I can get.

Facilitator:

Before anyone says anything, tell us Mike, what concrete steps have you already taken? What have you tried?

Remember: Classroom-support groups are not Social Media platforms! **Here**, we actually have to use **social skills**!

A Few More Rules

- Right to Pass
- Time Limits
- Democracy
- Active Listening

A word of caution: Because this topic hits people right where they live every day, and because each participant has most likely experienced intense emotions throughout their Autism journey with their own child/children, it is vital that – **when offering input to other parents – that the person offering any input/advice be sure to not be coming across as trying to "get" or "force" the other person to see things a certain way or do things a certain way**. **The best way to avoid this pitfall** is to use **"I" statements** regarding the things you've done, tried, and have had success with. If one of the goals of this group is to foster supportive relationships, then remember, **feeling** supported begins with **HOW** people talk to and with one another.

Also remember: If people do form supportive relationships outside of class, there is **no obligation** to continue those connections forever. *People are always free to pause or end any such connections without having to give a reason and without expecting to experience retribution through social media … and without having to feel afraid to return to class.* In other words, everyone participating should expect to be able to always feel emotionally (and physically, of course!) safe, respected, and valued. And let's remember, we ourselves are most likely guilty of having ended relationships in our own lives in a less-than-ideal manner, too! Our very human tendency is to always try to come across as holding the higher moral ground when, in reality, we have also messed up in the past, too. Then non-retribution rule applies every bit as much to social media as it does to in-person meetings.

A personal example:

For a few years I had been having occasional contact with my best friend (from when I was ages 6-12) through Facebook. Finally, we agreed to set up a phone call. When we were kids, I was actually aware that my friend "Jon" was being both neglected and abused. My whole attitude leading up to the phone call was, "Let's see how this goes." The fact is, there's no guarantee that we would have *remained* best friends back in Jr. High or High School – i.e., I remember developing a growing friendship with another boy in the neighborhood right before we moved. So, the phone call was fine, but I noticed that Jon was saying a lot of things that felt to me to be overly-dramatic and way over-the-top in terms of him trying to impress or even entertain me. For me, well … we're not kids anymore. At my age, I don't have the energy for drama and theatrics. I could tell that Jon was acting as though we were *still* best friends even though 46 years had elapsed. We had one more brief exchange through texting, one more brief phone call, and then that was it. Then, a couple months later, Jon laid into me via social media. He accused me of judging him and then proceeded to criticize me for my political leanings. At that point I was being severely judged, mostly based on me not calling him back within a certain timeframe (vs. being based on anything specific I'd said or done). I wish Jon the best and, given his childhood horror, I'm proud of how well he's doing. My point is: Jon seems to have believed I was obligated to be best friends when, in reality, we were/are both 100% free to decide for ourselves … based on *new* information. When Jon texted me even more of his damning thoughts, I didn't respond. He was retaliating, but I chose not to. Am I at fault for "not giving Jon a chance?" Possibly. But, I still have a right to end the interaction(s) without giving a reason … and without having to put up with scathing remarks about my character (or lack thereof) on social media. The truth is, if I were to give him an honest explanation, I don't think he'd be able to process it in a mature manner. His behavior alone confirms that, no, it's not worth my efforts to try to resurrect this particular relationship from childhood. At the same time, I went to my 40th high school reunion this summer, and since then I *have* been working on reconnecting with an old band buddy!

Giving Feedback &/or Advice:

Everyone knows how it feels when someone has given them unwanted advice! So, for the good of everyone, let's look at some guidelines real quick:

In the last slide, the Facilitator asks Mike what concrete steps he has taken BEFORE opening the floor for other group members to provide feedback/advice. This is important, so that everyone is listening to what he has already tried BEFORE jumping in with, "Well, have you tried this? … or this? … or this?"

All feedback/advice should be given on the basis of the following principles:

- **Does the Person Want Advice/Feedback?:** Is the person ready and willing to hear and receive the feedback/advice? If you're not sure, go ahead and gently ask. If a group member asks, "What should I do?" and then waits for a response and seems to be listening, then yes, he/she is willing to hear and receive feedback and advice. But, if they ask this question and then responding to feedback/advice with, "Yes, but …," then no, they're not really asking for feedback/advice. They said they want it, but their response shows that they're still not ready.
- **Is What You are Going to Say Factual AND Appropriate to the Facts They Have Already Shared?**: Before giving advice, be sure you've truly listened to all of the relevant facts. Also, are you getting ready to share factual information or information that's more opinion, wishful, creative, etc.?
- **Have You USED the Same Advice Successfully?**: Is your advice something you yourself have actually tried and been successful with, or practiced and learned as part of this course?
- **Are You Being Kind, Empathetic, & Supportive in HOW You're Sharing?**: Does your advice show a strong understanding of, respect for, and compassion for the other group member's struggle, feelings, and problems? Remember, most problems are not "fixed" with just one step, one ingredient, or one intervention.

"Most people do not listen with the intent to understand; they listen with the intent to reply."

Stephen R. Covey

Author of the international bestseller, *The Seven Habits of Highly Effective People*

When it comes to parenting, most parents also default to:

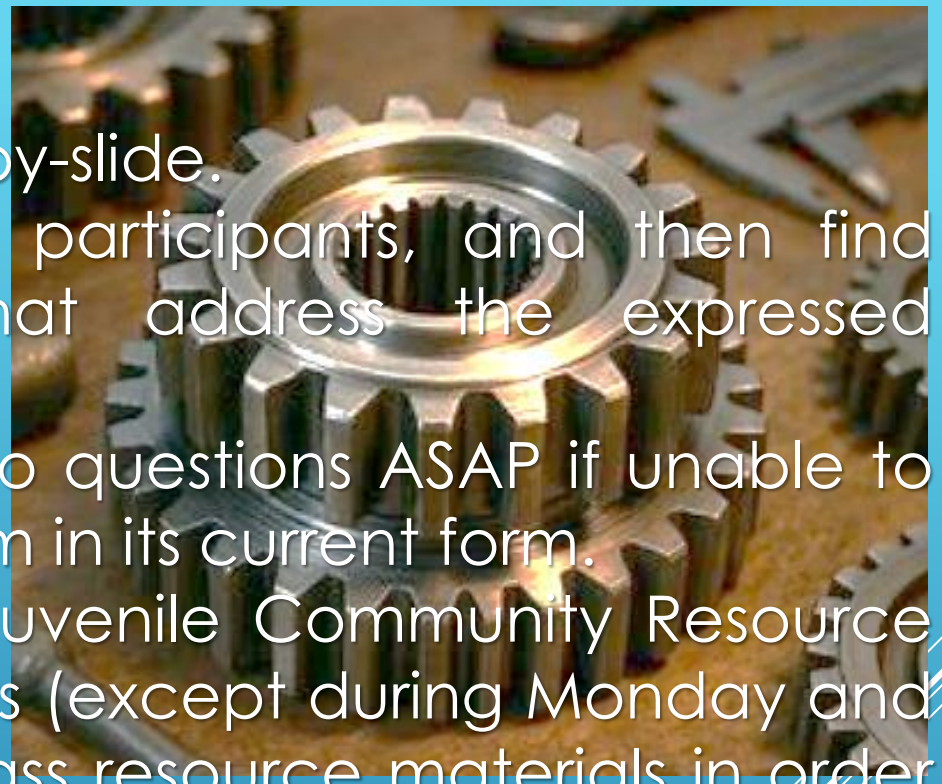
- Giving orders without listening.
- Assuming they already "know" their child and don't need to learn anything new.
- Telling their child what they think/feel and don't think/feel.
- Expecting compliance without first working on skill-building.

"One study showed that **41%** of people who died by suicide in England were Autistic or had Autistic traits."

Dr. Megan Neff: "The soul yearns for connection, but the [ASD] body yearns for isolation."
Patrick notes, regarding Dr. Neff's statement, that *"No truer words about my Autistic experience have ever been spoken."*

I also have a friend who didn't discover he was Autistic until he was 60 years old. Back in the early days of our friendship I literally remember wondering why "Jerry" was so pushy, couldn't seem to "take a hint," didn't know when to stop *telling* you what you should do, and didn't even know that he didn't understand body language and tone of voice. Now I know why! … oh, and now he's also a millionaire.

How This Class Will Work:



- Going through the PowerPoint curriculum slide-by-slide.
- The class facilitator will take questions from participants, and then find relevant sections within the curriculum that address the expressed questions/concerns.
- Your facilitator will do his best to get answers to questions ASAP if unable to provide sufficient information from the curriculum in its current form.
- Parents may come to the Clermont County Juvenile Community Resource Center at any time during regular business hours (except during Monday and other standard holidays) to read any of the class resource materials in order to take notes. Paper and pen available.
- If/when a Parent Support Partner (peer-mom or peer-dad) is present, they will also do their best to answer questions from their own experiences and perspectives.
- Parents may do their own research – whether through books, articles, or online - and then share the results of that research with the class in a non-directive manner.

- Because this is an open class/group, some participants may find that some material gets repeated for the benefit of newcomers.
- Parents are free to share phone numbers with one another in order to provide information and/or relational- and emotional-support to one another outside of class (see next slide).
- I am no one's "boss," but I am the class facilitator. If at any point I feel that someone is speaking in a way that is harmful to the group or any individual in the group, I will first ask them to please take a break. If they choose not to, I will have to ask them to leave. I also reserve the "right" to change the course of a conversation at any time. If a ship is heading into a storm, a good captain will take action to move the ship away from danger!
- If we're reading through a slide, let's try to do our best to read through all of it, saving comments and questions for the end. The reason for this suggestion is because sometimes certain questions will be answered later in the same material being covered.
- The best way to approach this class and your entire journey with Autism is with: **Joy**, **Curiosity**, **Love**, **Teachability**, **Grit**, and the idea that progress is achieved in a way similar to when building a **puzzle … one piece at a time!**

Peer-to-Peer Parent Support Partners (PPPSP):

I am so fortunate to have, right at the outset, two moms raising or having raised an Autistic child or children who are willing to come alongside me in this endeavor to help other parents! The one mom is a lady I've had intermittent contact with over the past couple of years, and so that intermittent contact has allowed me to see that she is a proactive mother who loves her child with all her heart. She has sacrificed of herself for the sake of her children, and she has fought for him and for her other child with developmental challenges with every ounce of energy at her disposal. In short, I have the honor to know her as a person of character. Her willingness to help other parents is sincere, and I trust she'll be honest about what her limitations are, as she does work full-time and has a home-life that she wants to attend to as well. The second mom that I have invited to be a PPPSP is a lady who came highly, highly recommended to me by a couple with whom my wife and I have been close for the past 20 years. I am already feeling so blessed to now have this dear soul in my circle of acquaintances.

If you would like to help out as a PPPSP, especially as this group grows and especially as these two moms are not going to be available in-class each and every week (life gets busy!), please let me know, and we can talk. It's OK if a **PPPSP** limits themselves to "helping out" only during class time, if that's all the time/energy that they can realistically commit to.

The main thing I'm looking for is people who are full of kindness and thoughtfulness towards others; and who are secure in not having to be right, not having to be in control, and who are able to be supportive without being pushy or intrusive.

Mental Health Crisis at Home?: (Clermont County, OH):

Sometimes situations with your child may develop that have you feeling concern for your safety, the safety of your non-ASD child/children, or other household members; or, you may simply recognize that your child is experiencing a mental health crisis that is beyond your expertise. Clermont County now has a **24/7/365** service called **Mobile Crisis**, which is part of a statewide **MRSS initiative (Mobile Response & Stabilization Services)**.

Whenever someone calls Mobile Crisis, both a **therapist** and a **police officer** will be dispatched to your residence. The officer comes to make sure that the home environment and situation are safe for the therapist to be able to do their job. The therapist will work with you to see if there's a way to **(1)** de-escalate the situation, to **(2)** see if coming up with a Safety Plan will be sufficient, or to **(3)** help you figure out options for possible hospitalization.

Mobile Crisis: 513.752.1555 or **513.528.SAVE**.

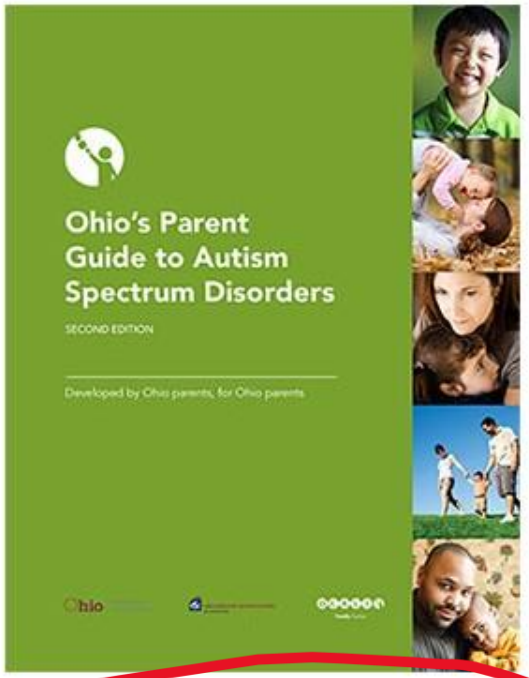
Because your child in crisis might be your child with Autism, **it will be vital for you to share this information with both the officer and the therapist**, even if your child has not been formally diagnosed but your feel strongly that they do suffer from mild, moderate, or severe autism. Just know that you as the parent always have the power to **advocate (respectfully!) for your child in any/all situations** and, in fact, you should be prepared to do so ahead of time. One idea is to type up a one-page fact sheet about your child's Autism based struggles and sensitivities, laminate it, and have three copies ready for any crisis: One for you, one for the officer, and one for the therapist. Some of the slides in this presentation will surely be helpful to you as you decide what information to share … bullet points are best!

Regional Psychiatric Hospitalization Options:

- **Cincinnati Children's Hospital (CCHMC)**
  - **PIRC** (Psychiatric Intake Response Center): **513.636.4124**
- **SUN Behavioral** (Northern Kentucky): **859.308.3712**
  - They do accept Ohio Medicaid. I've heard both positives and negatives about SUN.
- **The Lindner Center of Hope** (Mason): **513.536.4673**
  - Last I knew, they take private insurance only
- **Glenwood Behavioral** (near CCHMC's College Hill campus): **877.707.2612** - however, our Juvenile Court administrators have recently encouraged our P.O.'s to not suggest the use of Glenwood when helping the families they work with … I'm not sure why.

Ohio's Parent Guide to Autism Spectrum Disorder

This manual provides an overview of the world of autism spectrum disorders (ASD). It was developed by Ohio parents of individuals with ASD who have a broad range of experience with interventions, resources, and services. The group's work began with the question: *What do you wish you had known the first year your child was diagnosed?* The manual covers a wide range of topics of interest to families, and each chapter contains rich reference materials, including books, websites, and names of organizations where additional information on each topic may be obtained.

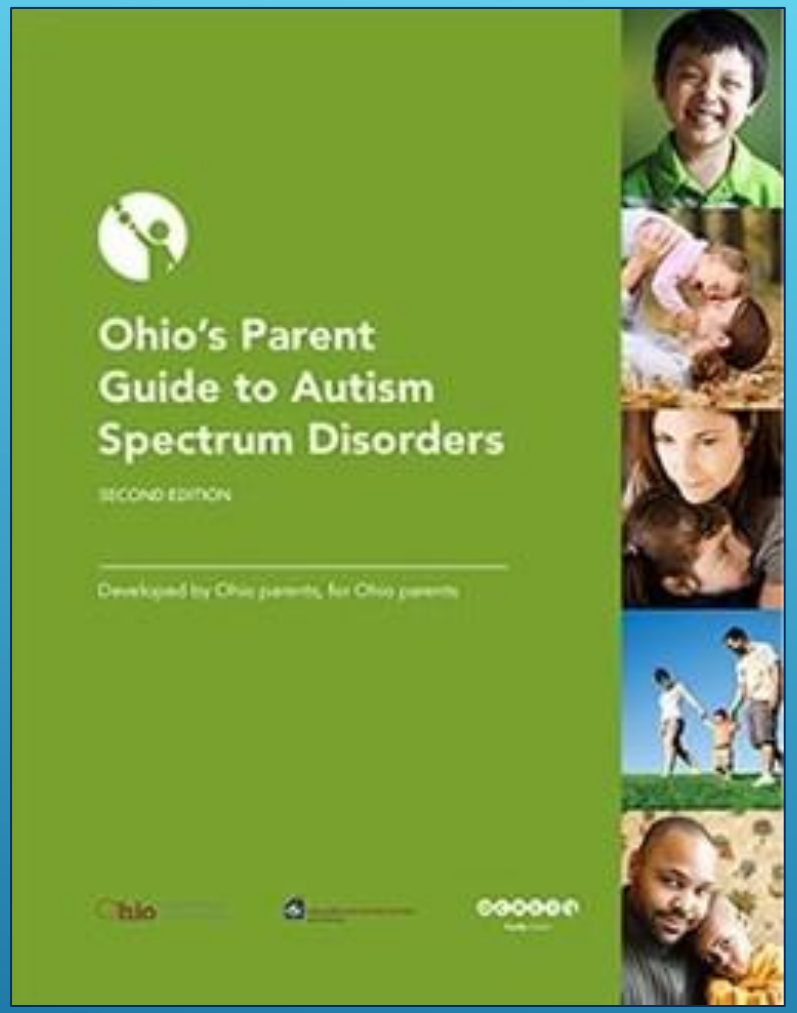


Download the full Ohio's Parent Guide to ASD (PDF)

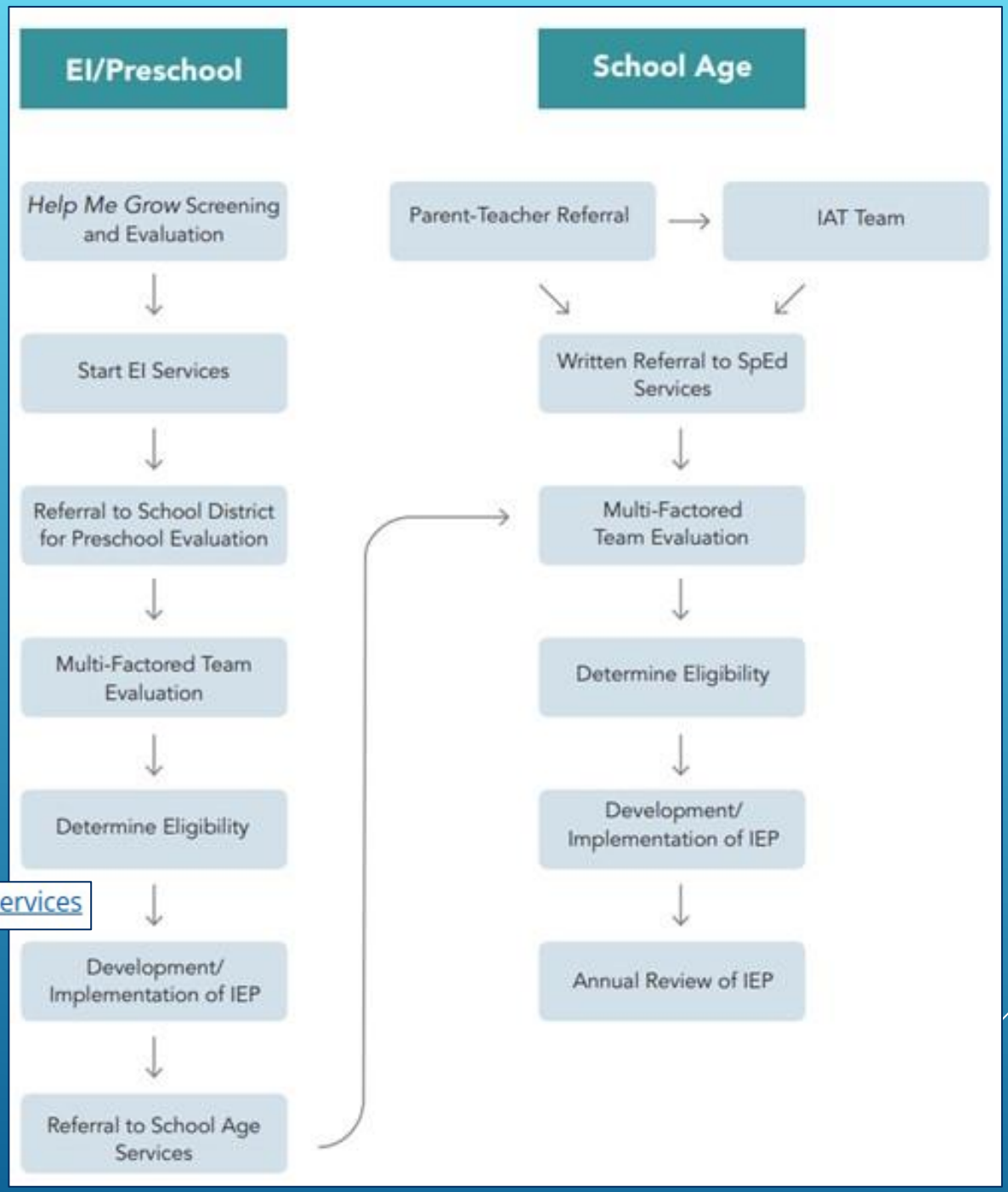
Chapters

- Introduction
- What is an Autism Spectrum Disorder?
- Screening and Diagnosis
- Living with ASD
- Interventions
- Accessing Educational Services
- Social Service Programs
- Advocacy and Disability Awareness
- Future Planning
- Definition of Autism Spectrum Disorder
- Useful Forms
- Navigating the Rough Waters
- Letter to Request a Multi-Factored Evaluation
- Process for Determining Eligibility for Special Education Services

https://ocali.org/ohio_parent_guide_to_ASD



[Process for Determining Eligibility for Special Education Services]



If you're joining us via Microsoft Teams, please know that we fully acknowledge that virtual attendance is not ideal … for a number of reasons. For these reasons, your class facilitator will do their best to:

1) Make sure you can hear, or will repeat, questions and comments being made in the live classroom.
2) Turn the camera so that you can see specific slides that are up on the TV or laptop screen.
3) To make sure that you are included in any/all conversations.

Please bear with us, as it is certainly a challenge to make sure that virtual participants can also have the best experience possible!

Parents:

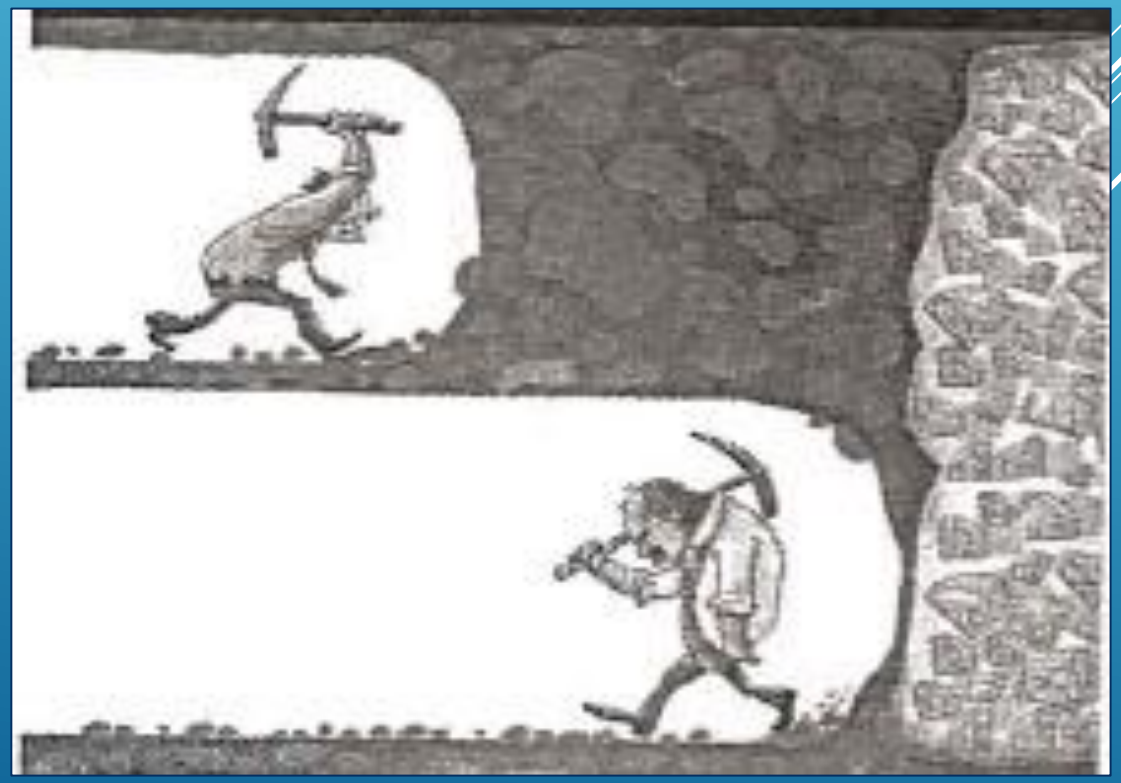
"If you think you can, or think you can't, you're right."

Henry Ford

Consider just how true this quote might be true both for neurotypical people *as well as* for people with ASD, people who also want to do well and succeed at anything they're trying to do or accomplish. Obviously, an ASD child's initial goals might be extremely simplistic, childish, and even meaningless to others, but as they get older, many will begin to experience increasing levels of frustration if they are not helped to believe that they can accomplish meaningful goals.

… and …

"Don't Quit 5 Minutes Before Your Miracle!"



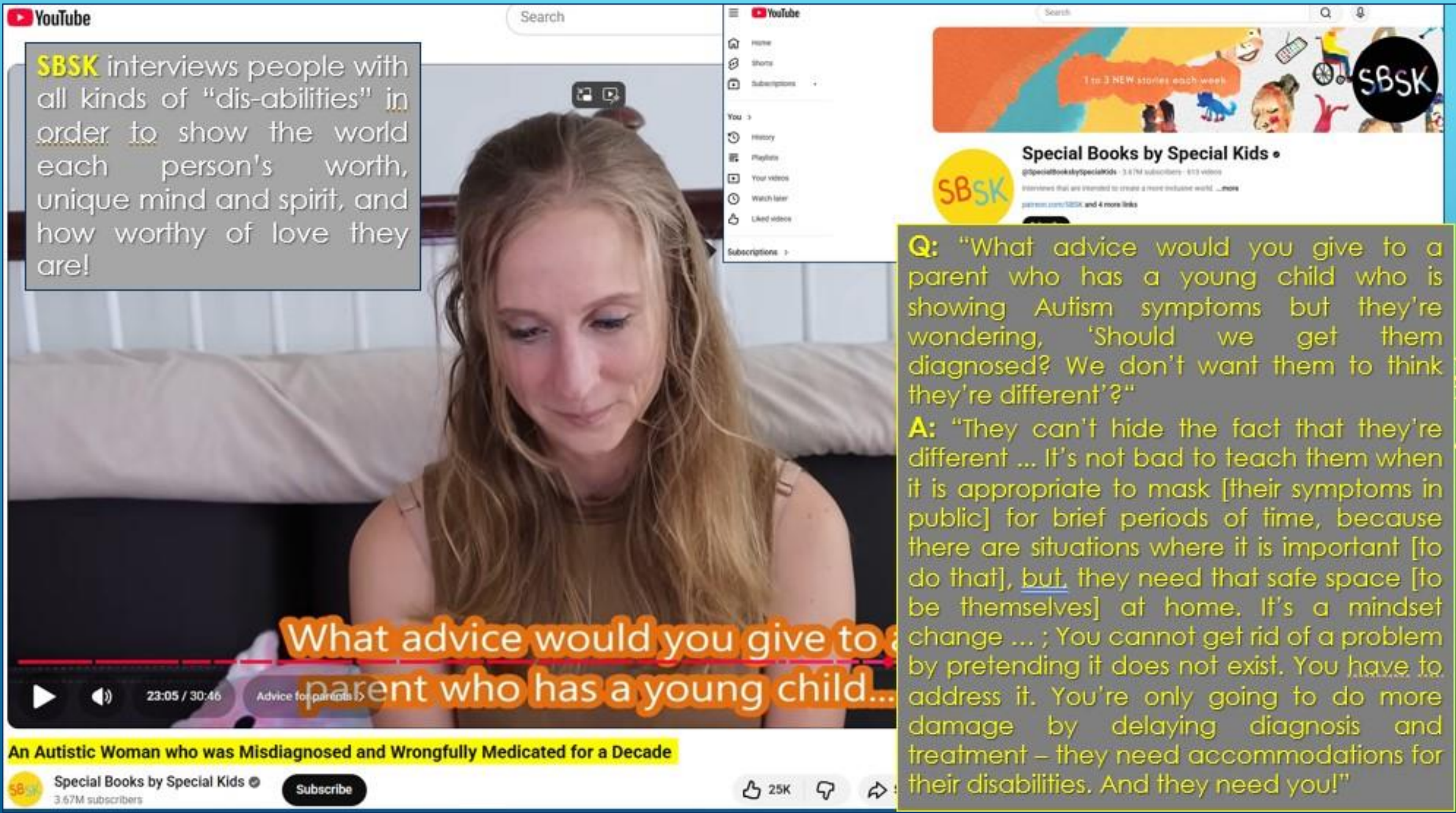
In this image the skier represents the parent of an Autistic child. The many trees represent all of the many barriers, challenges, and seemingly insurmountable problems. Our human tendency, of course, is to get so focused on the trees that we (1) fail to see the gaps between them, and (2) we tend to crash into them and get stuck in a place of hopelessness and even despair.

But the better way to tackle challenges and problems is to:

(1) Focus on them long enough to get a proper understanding of them,

(2) While at the same time looking for options, solutions, partial solutions, baby-steps, resources, information we haven't had before, wisdom from others, etc.

The key is to (A) **slow down** when you're skiing through a forest so that you don't crash into the trees and, of course, to (B) **FIND THE GAPS** and ski around the trees so that they do not stop you in your tracks.


YouTube
Search
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!
Special Books by Special Kids
1 to 3 NEW stories each week
SBSK
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!"
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
Special Books by Special Kids
3.67M subscribers
Subscribe
25K

Before we dive into the meat of the material for this class, let's watch an interesting little video about **"Influencing Behavior Change."** The reason this is important is because … well, you'll see!

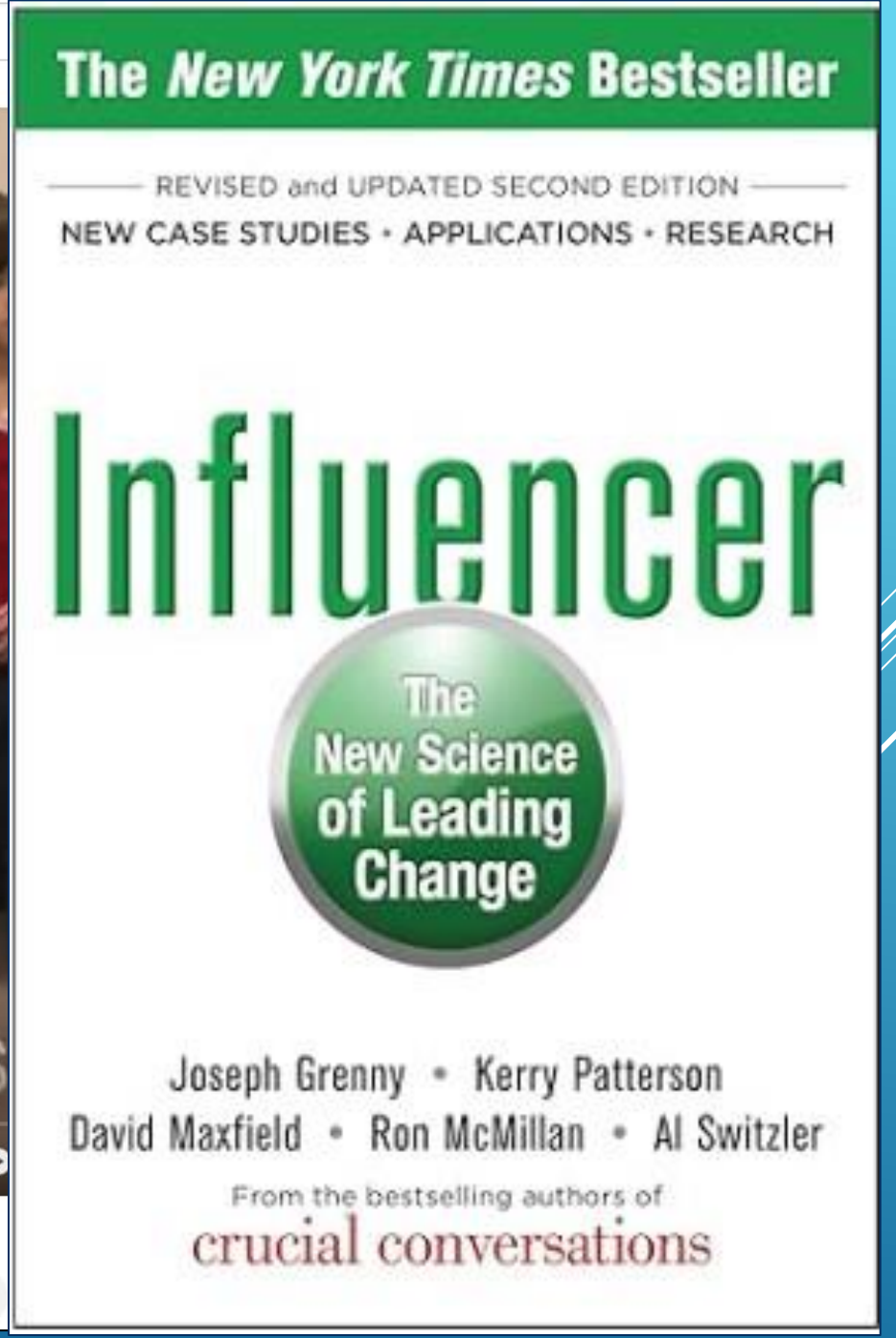
YouTube

hand washing - influencing behavior change

Influencing Behavior Change - Hand Washing

ColoHealthEnviron
547 subscribers
Subscribe

9 Share



Now it's time to take a few minutes to discuss peoples' thoughts, feelings, ideas, and possible concerns about sharing phone numbers and emails with one another.

One idea is to get a free **Google Voice** number – that way you can communicate "safely" by not giving your personal cell number to people you are still getting to know!

Parent Self-Care

You're the parent of an Autistic child, therefore … you're most likely a stressed-out parent! Therefore, your own **self-care** becomes all the more important:

- This group and/or finding a different support group (try TACA?).
- Nurture at least one hobby that brings you joy.
- Church.
- Light to moderate exercise / exercising alongside your child.
- Moving away from caffeine and nicotine as much as possible / healthy diet.
- Gut health / probiotics / parasite cleanse / toxin- and heavy-metals-cleanse.
- Setting up "respite" care for your child, if possible / summer camps for Autistic children.
- Volunteering.
- Pets.
- Etc.!!!

Practical Mindfulness-Based Self-Regulation Strategies

https://www.niroga.org/blogs/learn/self-regulation-through-mindfulness

Here are mindful strategies, backed by research, to cultivate self-regulation through everyday practice:

1. Start with the body

Pause before making a choice and take three slow, deep breaths. Breathwork alone has been found to significantly reduce anxiety and depressive symptoms.

2. Name the impulse

Labeling urges, for example, "this is stress" or "this is craving", draws on cognitive emotion regulation and helps moderate emotional reactivity. Experimental studies show that mindful labeling can reduce emotional intensity and attention bias toward negative stimuli.

3. Reframe the moment

Mindfulness is generally more effective than cognitive reappraisal at reducing negative emotions in real-world situations, making it a powerful daily tool for emotional balance.

4. Set up supportive environments

Cultivating emotional intelligence via mindfulness enhances self-awareness and empathy, creating an internal environment where wise choices require less effort.

5. Integrate micro-practices

Even brief mindful pauses, like one-minute breath checks, boost mental fitness. These micro-practices improve focus and emotional resilience over time, helping to counter digital distractions and cognitive overload.

Figure 2.1. Domains of Resilience.

By learning self-regulation techniques that allow us to shift our physiology into a more coherent state, the increased physiological efficiency and alignment of the mental and emotional systems accumulates resilience (energy) across all four energetic domains. Having a high level of resilience is important not only for bouncing back from challenging situations, but also for preventing unnecessary stress reactions (frustration, impatience, anxiety), which often lead to further energy and time waste and deplete our physical and psychological resources.

From your class Facilitator:

"Years ago I was trained in **Equine Assisted Psychotherapy (EAP)**. One time I had a family doing an EAP activity in the indoor arena that got the horses pretty riled-up. The family members were chasing the horses trying to each get a hoola-hoop around the neck of a horse. As the horses were running away from the "predators," I stood in the center and just observed. Well, within a minute or two, one of the horses broke away from the group, ran towards me, slowed down, and then stood very close to me. What this showed me was that **my calm presence** was something that the horse could see, sense, and benefit from. Research by **The HeartMath Institute** has shown that when one person's **heart rhythms** are calm and regular, horses that have dysregulated heart rhythms will soon have calm and regular heart rhythms just by being in the presence in that calm person. The **lesson for us** is that all "kinds" of children can and will **benefit** from being in the presence of a **calm, safe, regulated, peaceful, and loving adult**. This is why parents of Autistic children can benefit from their own therapy work, therapy work that helps them to become more resilient, regulated, and less stressed-out.

From: https://www.heartmath.org/

From: https://www.heartmath.org/

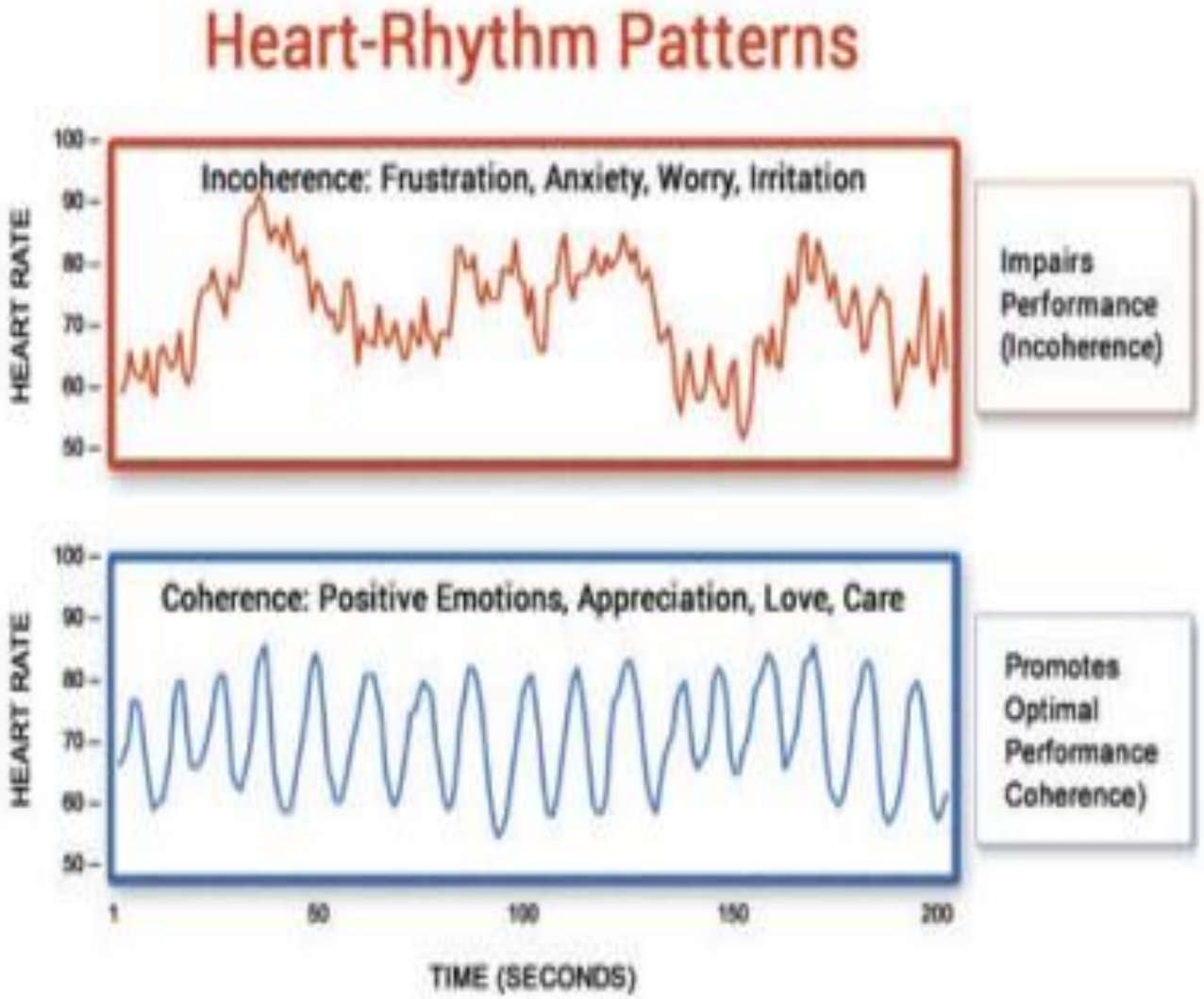


Figure 4.2. Heart-rhythm patterns.

What the **HeartMath Institute** has also discovered is that when a person maintains an attitude of **appreciation** by allowing themselves to FEEL appreciation for others most of the time, this is, perhaps, the most powerful emotion that serves to keep your heart rhythms **"coherent"** – i.e., healthy, non-disruptive. When your heart rhythms are coherent, that's when your heart literally sends its own message to the brain saying, **"All is well."** One time an acquaintance did some electrical work for me. I knew he was in recovery and needed some odd jobs to help pay the bills. When I politely asked why he was billing me for his travel time to my house, he blew up. Though I still got rather stressed-out, what **helped me** was that I was able to **appreciate** the fact that he was still in recovery and feeling rather scared, fragile, and feeling like I was just "one more person trying to take advantage" of him.

Diagnostic Criteria

Scientists have identified 4 distinct autism subtypes

Story by Devika Rao, The Week US • 1mo • 3 min read

https://www.msn.com/en-us/health/other/scientists-have-identified-4-distinct-autism-subtypes/ar-AA1IYzY9?ocid=socialshare

The four autism subtypes are (according to a study published in the journal Nature Genetics):

(1)social and behavioral challenges,
(2)mixed ASD with developmental delay,
(3)moderate challenges, and
(4)broadly affected.

While it's already known that autism is tied to genetics, this study "takes an approach that differs from classic gene discovery efforts by identifying robust autism subtypes that are linked to distinct types of genetic mutations and affected biological pathways," said a news release on the study. Each of the subtypes has certain characteristics associated with it.

Social and behavioral challenges: Children in this group have "more difficulty with social communication and restrictive and repetitive behaviors than other autistic children," as well as "more challenges with disruptive behavior, attention and anxiety," said Scientific American. Those in this subtype, however, "do not experience significant developmental delays."

Mixed ASD with developmental delay: Those in this subtype tend to "reach developmental milestones, such as walking and talking, later than children without autism," said the release. They usually do not display disruptive behaviors or show signs of anxiety and depression. The term "mixed" refers to "differences within this group with respect to repetitive behaviors and social challenges."

Moderate challenges: This subtype tends to display "core autism-related behaviors but less strongly than those in the other groups," said the release. They "usually reach developmental milestones on a similar track to those without autism" and do not tend to have other psychiatric conditions in tandem with ASD.

Broadly affected: This category makes up the smallest proportion of the study participants and is characterized by "more severe and wide-ranging difficulties with social communication, restrictive and repetitive behaviors, and other core autistic traits, including developmental delays," said Scientific American. These children also tend to have co-occurring conditions like depression and anxiety.

While there's still variation within these groups, participants in each were "more similar to one another than they were to participants in other groups," said Scientific American. These findings are "powerful because the classes represent different clinical presentations and outcomes, and critically, we were able to connect them to distinct underlying biology," said Aviya Litman, the co-lead author of the study, in the release.

Appendix D

Glossary of terms

Adaptive Response is a purposeful, goal-directed response to sensory information or a task demand.

Apraxia is a difficulty in planning motor movements. It usually refers to an acquired motor coordination deficit in an adult. Speech therapists may refer to an apraxia of speech.

Developmental Coordination Disorder (DCD) is a DSM-IV diagnosis for a motor coordination disorder. This term is used frequently in research on motor coordination problems in children and is increasingly used by physicians. It is commonly used in Great Britain and in Europe. DCD is characterized by a motor coordination problem which results in functional difficulties. Some adults who experience sensory processing difficulties later in the their lives were diagnosed with DCD as children.

Gravitational insecurity is intense fear or anxiety that occurs when there is a change in one's head position or when moving through the environment.

Hyper-responsivity is a strong negative emotion or behavior associated with over-sensitivity to sensory stimulus. Yous may react defensively, withdraw or become overwhelmed.

Hypo-responsivity is under-sensitivity to sensory stimulus. You may crave intense sensations.

Motor planning is the ability to create a plan for motor actions, develop steps to complete the plan, and then execute the plan.

Praxis or motor planning is the ability to plan and sequence the steps of a motor action and is dependent on effective sensory discrimination. People with praxis problems have difficulty executing motor tasks, developing organizational skills, and interacting with unfamiliar objects in an efficient way. Problems in this area are often referred to as dyspraxia.

Proprioception is the sensory information generated by a person's joints and muscles. It tells a person where their body parts are in space. It is important for force regulation, control of posture and body awareness. It is also an important sensory input for promoting self-regulation. Proprioception works in conjunction with both the tactile and the vestibular sensory systems.

Sensory discrimination allows us to learn about the specific qualities of sensory information such as size, shape and texture, direction of a noise, and body position and movement in space. Sensory discrimination difficulties most always result in motor related difficulties such as lack of coordination or delayed motor skill development.

Sensory integration assessment is a specialized occupational therapy assessment which is conducted from a sensory integration theory frame of reference. The evaluation process assesses how a person processes (discriminates and modulates) sensory information; how that sensory processing impacts on foundational mechanisms such as postural-ocular skills, visual perceptual skills, hand skills and handwriting, as well as fine and gross motor skills; and how sensory processing and praxis abilities impact daily life functioning.

Sensory integrative deficits is a term that refers to the problems an individual has with one or more areas of sensory processing or motor planning or coordination.

Sensory integrative dysfunction is a term that refers to deficits in one's ability to integrate and interpret sensations from the environment. Sensory integrative dysfunction is an inability to efficiently and effectively process sensory information.

Sensory Integration and Praxis Tests (SIPT) is a standardized evaluation developed by Dr. Jean A. Ayres' to assess a child's sensory integration skills and abilities. A therapist must be trained and certified to perform the SIPT. Although the SIPT was designed originally for children, it gives very detailed information that will assist an OT in determining areas of need for a client of any age.

Sensory integration theory refers to the theoretical neurologically-based constructs that discuss how the brain processes sensation and impacts on motor, behavior, emotion, and attention responses.

Sensory integration intervention is a specific intervention model based on sensory integration theory whereby the provision of enhanced sensory information, in the context of meaningful and purposeful activities is believed to improve the development of an individual's nervous system functioning. Ayres® Sensory Integration intervention is a unique intervention that is client-directed and takes place in a friendly, loving and fun environment.

Sensory modulation is the ability to take in sensory information, decide what is relevant, and make an appropriate behavioral response. Difficulties in this area can result in avoidance or fear of normal sensations or unusual sensory-seeking behaviors. Sensory modulation problems can impact behavior and emotional development.

Tactile defensiveness is a strong negative reaction to touch or light-touch to one's body.

Tactile discrimination is the ability to distinguish and identify differences in touch and tactile sensations. It is also the ability to distinguish different characteristics of an object through touch, such as shape, size, and temperature.

Vestibular sensory inputs refer to a person's movement sense. This is sensory information from the inner ear that is responsible for balance. It detects and processes information in all planes of movement. In addition to balance, the vestibular system controls one's protective responses and posture, and works in tandem with one's visual system to allow efficient movement through space. It also has a strong influence on emotions and self-regulation.

Spiral foundation
Sensory Processing Institute for Research and Learning

Sensory Processing Disorder (SPD), sometimes referred to as sensory integration disorder/dysfunction or sensory processing dysfunction, is an often unrecognized condition that may be seen in otherwise typically functioning individuals as well as those with autism, attention deficit disorder, learning disabilities, and other neurological conditions. These individuals are not able to effectively process information from their senses (touch, hearing, sight, taste, smell, and movement), potentially resulting in sensory sensitivities, delays in motor skills and problems with self-regulation, attention and behavior. Sensory Processing Disorder consists of several types of sensory and/ or motor dysfunctions. Someone with SPD may demonstrate one or more of these types of problems:

Sensory Modulation Dysfunction is characterized by over-sensitivities to sensory information that is typically not bothersome to others. Problems in this area can result in difficulties with self-regulation and fight, flight or fright behaviors. Individuals may be sensitive to clothing, have difficulty coordinating their movements, react strongly to sounds, or feel anxious in crowded/busy places.

Sensory Discrimination Dysfunction is difficulty with processing and interpreting the important qualities of sensory information. For instance, discrimination of movement information determines if one is upside down or right-side up, moving or not moving. Discrimination of sensory information allows one to perform motor skills and problems with sensory discrimination typically result in difficulties with posture or skilled motor activities such as driving, handwriting, or coordination.

Praxis Disorders involve problems with motor planning, coordinating two sides of the body and performing complicated motor coordination actions involving timing and movement through space. Problems in praxis result in difficulties with performing motor tasks and everyday motor activities such as dressing, using utensils, playing sports, or organizing your daily schedule.

Few people can claim to have coined a term that changed the world for the better. Judy Singer can.

- *Steve Silberman, Author of "Neurotribes"*

NeuroDiversity

The Birth of an Idea

JUDY SINGER

The ground-breaking sociology thesis that prefigured the last great liberation movement to emerge from the 20th century

Neurodiversity Defined

- Neurodiversity is the concept that we recognize, value and celebrate that we all think differently due to underlying neurological differences
- Neurodiversity is an umbrella term for a set of differing skills profiles
- Includes Autism, Asperger's, Dyslexia, Dyspraxia, Attention Deficit Hyperactivity Disorder

Diversity Project

Improving Social Communication in Autistic Clients

Neurodiversity Principles in Action

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

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

rsity Defined

"The standard for neurodiversity is recognizing natural variations of human brains and minds as a valuable aspect of human diversity. Neurodiversity promotes the inclusion of all types of minds to break down the barriers of constraint. Just as diversity equates to a cornucopia of differences, neurodiversity is specifically referring to differences in neurology, including the way one thinks, processes, behaves, functions, copes and perceives".

- Samantha Craft, 2019

All of the information in this class is based on the idea of **"Neurodiversity"** and all of the **positive** ramifications of it. However, this term is **not** going to be used to endorse the idea of **Total Freedom**. In other words, parents are still encouraged to develop their own set of **"house rules"** based on right/wrong, their own value system, the principles of moral and behavioral accountability, etc. At the same time, parents who **"punish"** their ASD child in the same ways they would discipline a neurotypical child are bound to experience a great deal of unwanted pain.

Neurodiversity Defined
Current Debates

- Boundaries of Neurodiversity
  - Developmental vs. acquired conditions (TBI)
  - Mental health conditions – bipolar, schizophrenia
  - Environmental – poverty, trauma that may cause neurological changes

- Terminology
  - Neurotypical
  - Neurodiverse : Includes everyone!
  - Neurodivergent : Refers to people who fall towards the ends of the bell-shaped curve (e.g., those who are Autistic or have other developmental or acquired conditions)

"Neuro[divergent] people's differences are characteristics, not defects"

Racial Disparities and Neurodivergence in Autism:

Strategies for Systemic Change for Equitable Care

2nd Annual Autism Symposium
April 21-22,2022

Michael Hannon, Ph.D., Montclair State University
Robert Naseef, Ph.D., Alternative Choices

Improving Social Communication in Autistic Clients

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www.SCERTS.com
www.uniquelyhuman.com

Brilliant and talented, "DESPITE" their autism, or "DUE", at least in part, to their autism?

To understand autism at a human level

- → *"Different but not less."* (T. Grandin)
- → *"You don't outgrow autism, you grow into it."* (D. Gassner)
- → *"Acceptance is a start not a finish."* (M. J. Carley)
- → *"The face of autism is changing. And more often than we realize, that face is wearing lipstick."* (J. O'Toole)
- → *"If you know one child with autism, you know one child with autism."* (S. Shore)
  - → Want to learn/hear more? Visit Autistic Self Advocacy Network

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Robert Naseef, Ph.D., Alternative Choices

Diagnosing always implies that you are identifying what is **"wrong"** with a person so that, with professional help, those things can be **"fixed,"** **"cured,"** or otherwise **transformed** so that the person no longer functions **differently** in the world but, instead, functions in a **"more healthy" manner**. **Question:** How many times is **"healthy"** serving as a euphemism for **"normal."**

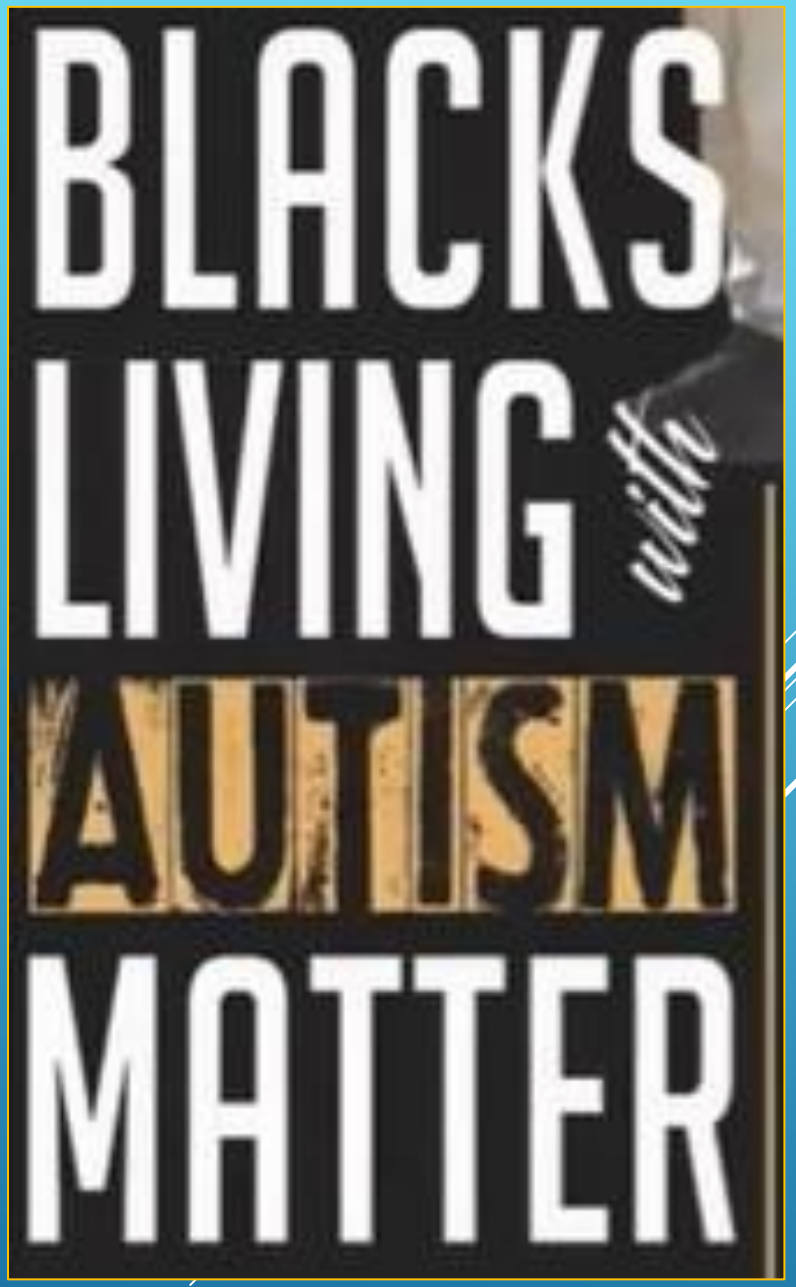
Note:

According to Dr. Robert Naseef and Dr. Michael Hannon, the research clearly indicates that in our country there has persisted a chronic disparity between whites and blacks when it comes to identifying Autism, treating Autism, and providing access to resources for Autism.

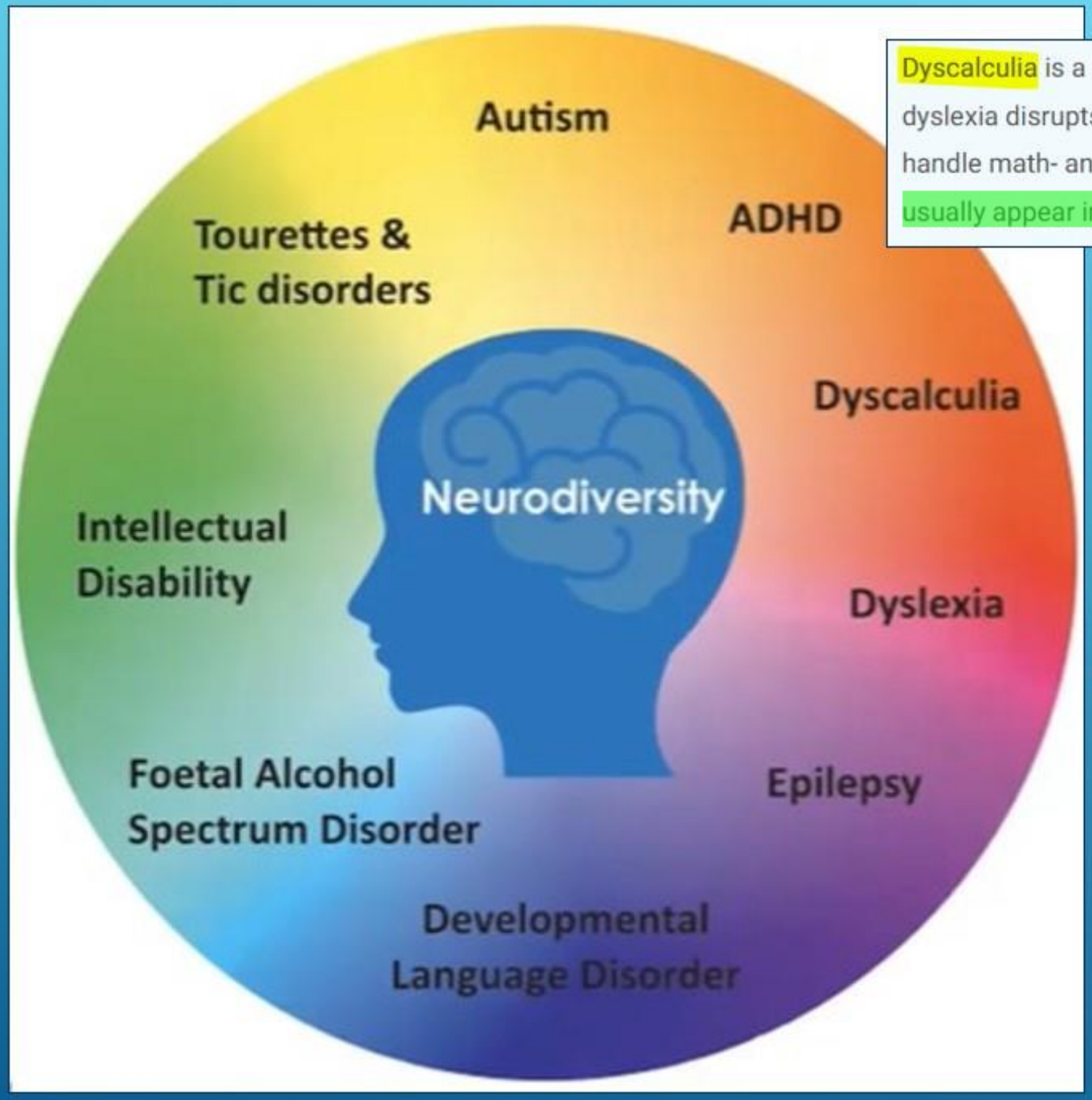
https://www.psychologytoday.com/us/blog/spotlight-on-special-education/202408/why-autism-in-black-boys-is-often-missed

Despite the increasing awareness and understanding of ASD, "African-American and Latino children with autism are **diagnosed at older ages** than white children, giving them less of an opportunity for proper intervention and treatment." Mandell et al. (2002) found that "African-American children with autism were diagnosed **an average of 1.4 years later** than white children and spent eight more months in mental health treatment before being diagnosed." In this study, Black children were 2.6 times less likely to receive an autism diagnosis than white children.

Black boys are typically first diagnosed with other conditions, such as attention-deficit/hyperactivity disorder (ADHD). Black children, particularly boys, are **more likely to be misdiagnosed** with behavioral disorders like ADHD or conduct disorders before receiving an autism diagnosis.



(On Instagram)



Dyscalculia is a learning disorder that affects a person's ability to do math. Much like dyslexia disrupts areas of the brain related to reading, dyscalculia affects brain areas that handle math- and number-related skills and understanding. Symptoms of this condition usually appear in childhood, but adults may have dyscalculia without knowing it.

"Let's not [- i.e., let's NO LONGER -] ***pathologize [neurological] differences*** *which, unfortunately in my career, has been done so much in the area of Autism, and specifically in the areas of language and communication and Autism."*

Dr. Barry Prizant

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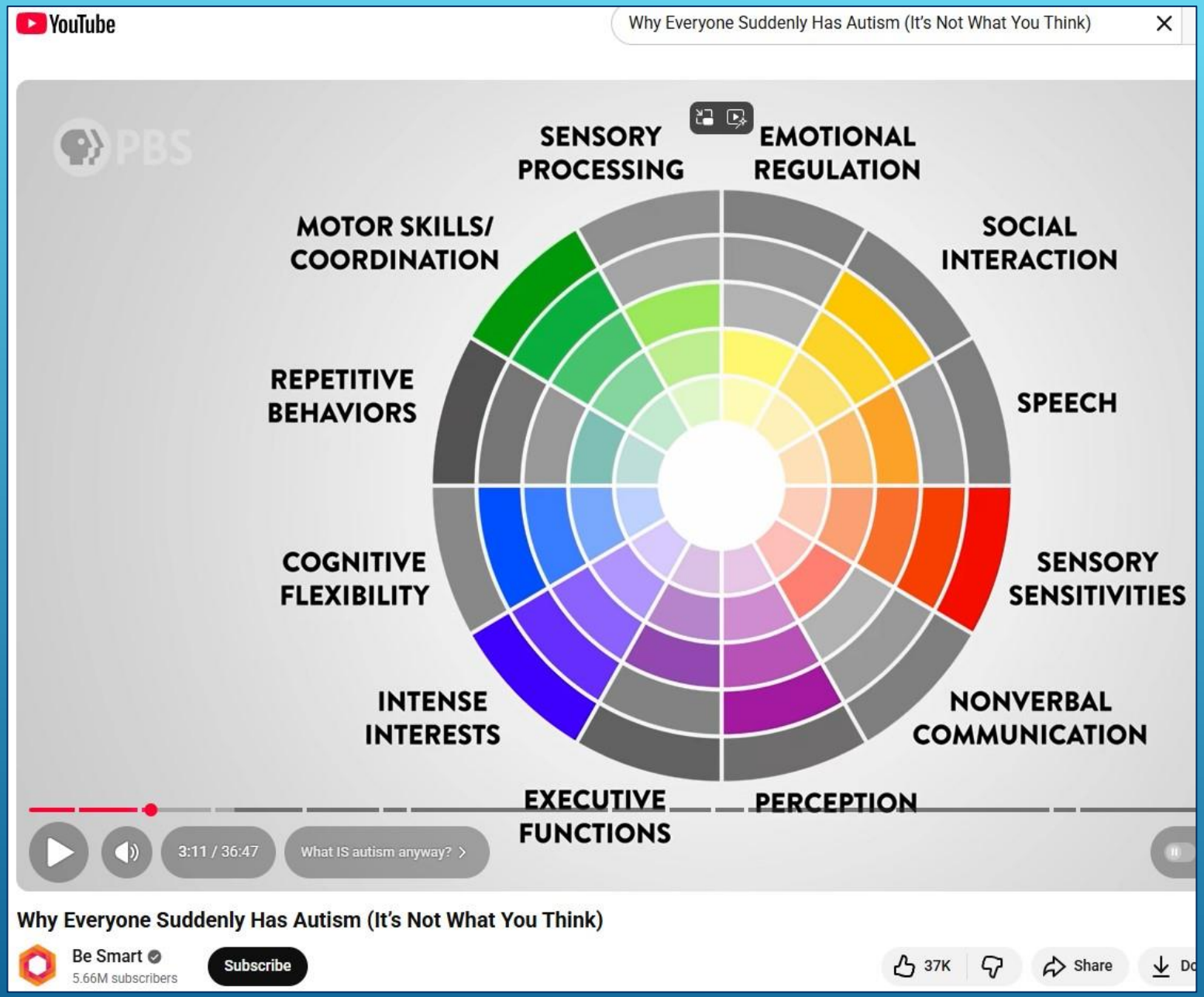
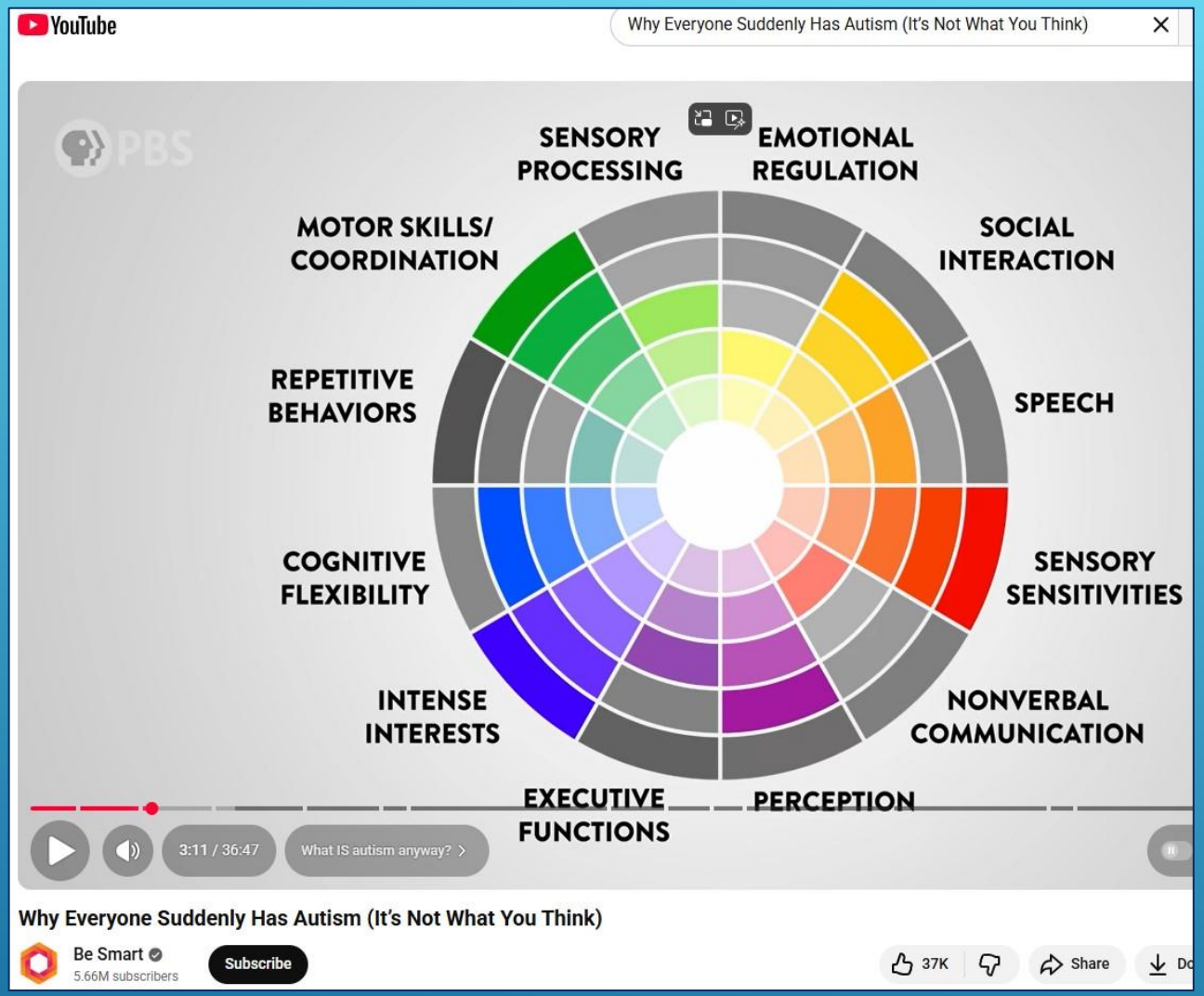
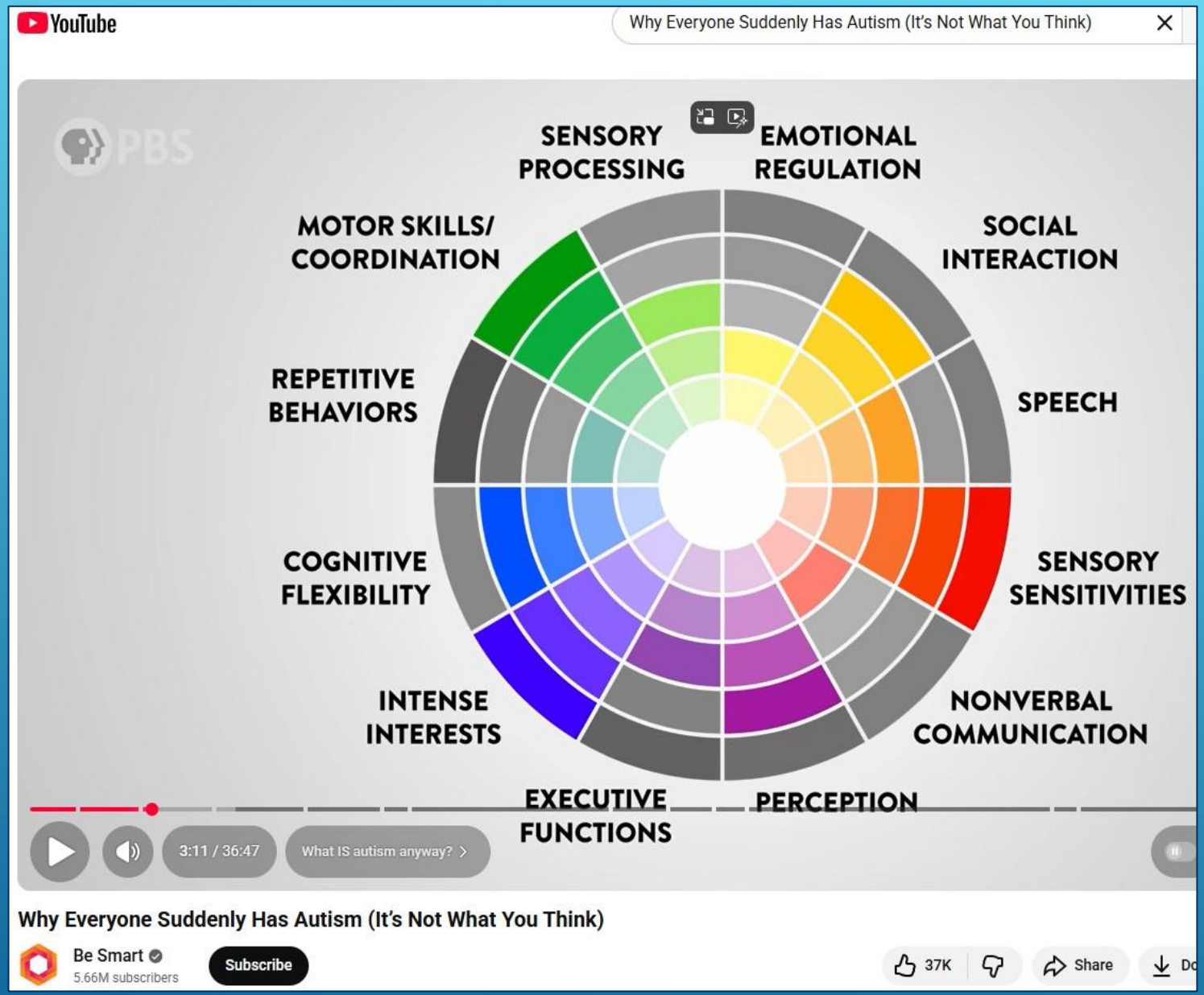


"Even though the name Autism Spectrum Disorder, or ASD, does do a really good job of getting across the idea that **this is not a one-size-fits-all condition**, it's also **not** quite as simple as [the traditional] idea of a line going from less autistic to more autistic … [in fact] most experts in the field today are actually leaning towards thinking of this as more of a wheel. Each individual may have greater challenges in some areas than others. So, every autistic person's wheel is going to be pretty unique. And we used to hear autistic people described with terms like low functioning or high functioning, but that's not how experts look at this anymore. Autism's typically diagnosed in **levels defined by how much support someone might need in their day-to-day life**" in each area.



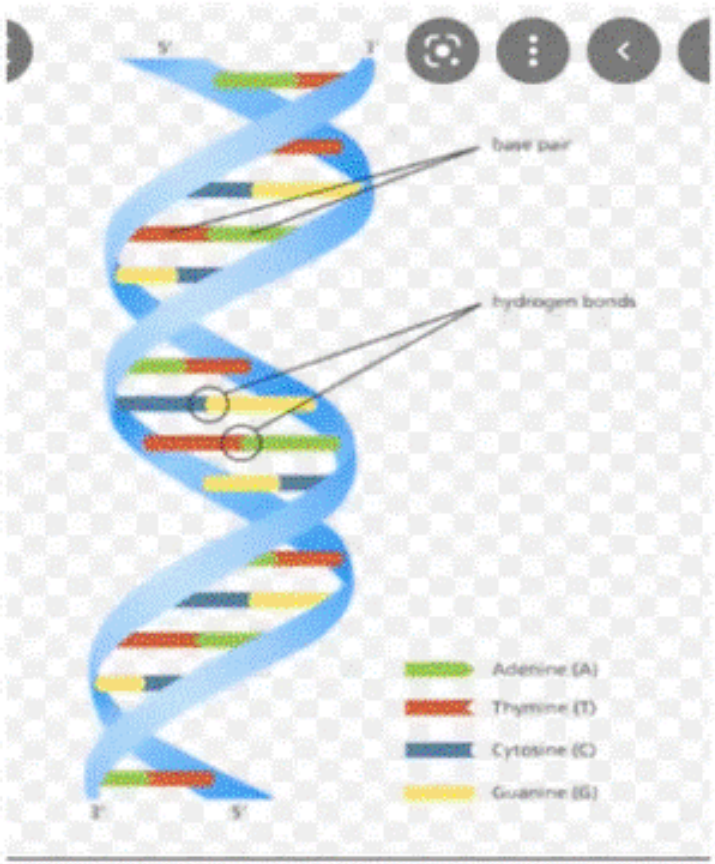
"And scientists think they've only discovered about a **quarter** of the genes that cause autism. So, they think there's probably **around 400 genes** or so that are linked to autism in some real like causal way."

"Autism tends to show up really strongly in **identical twins**. A ton of research has been done since that confirms this, that if one twin is autistic, sometimes you see more than a 90% chance that the other twin is autistic. And when you look at fraternal twins who don't share identical DNA, but they're born at the same time, that rate drops to one in three. And in normal siblings, it's like one in five. These are all way higher than the rate that you'd expect [for a] randomly [selected person]. Which tells us there's definitely something going on with our genes – i.e., the call is coming from inside the house. So as genome sequencing has gotten cheaper and more advanced, scientists have so far been able to identify over a hundred genes where, when a mutation occurs in that gene, that person is more likely to have autism. You can study those variants in a population of kids, and you can see that all of the kids who have that variant or that gene have **a set of common clinical features**. You can clearly see the genetic factors are causal, and you can understand their role in brain development."



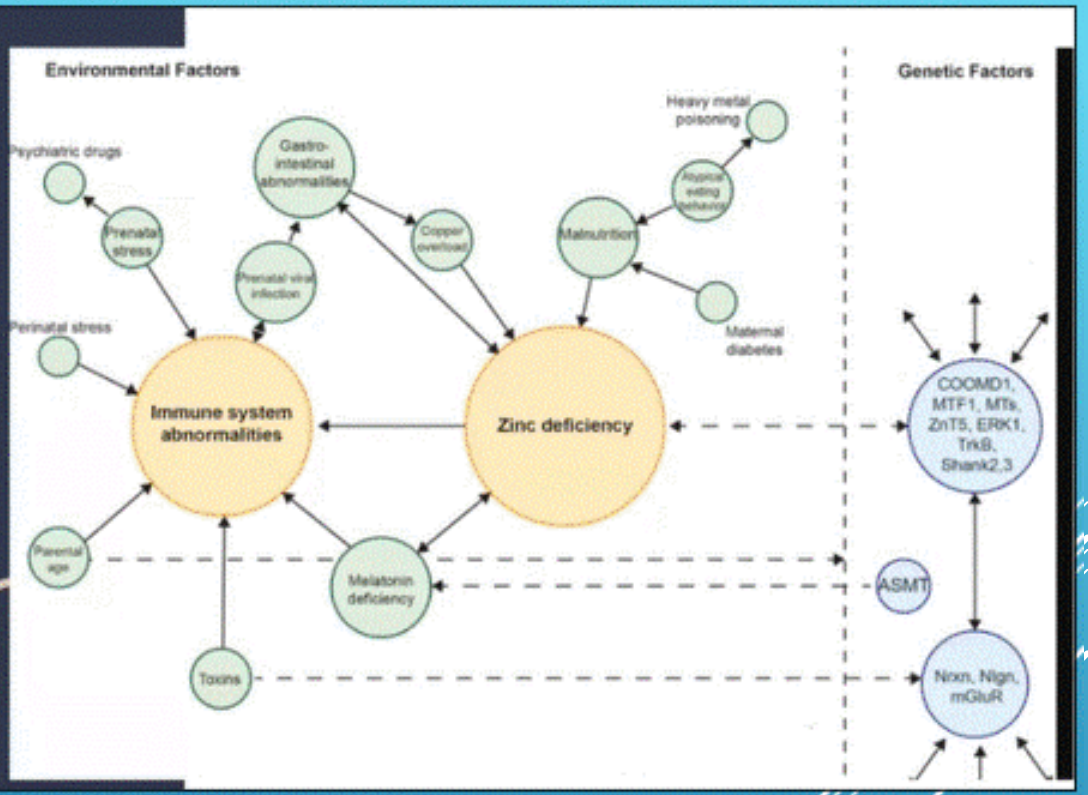
"Every child born has about a hundred mutations that they did not inherit from mom or dad, that actually accumulate in the sperm or the egg. In fact, most of them accumulate in sperm. Because sperm are constantly dividing, those are the de novo mutations. We all have these. Each of us is born with these totally new random mutations in our DNA that our parents don't have. And most of the time they're invisible, right? They don't do anything. But you have to imagine every so often, if one of those mutations lands in a gene that's important, in say, fetal brain development, that could lead to that person developing autism, even if no one in their family has ever been diagnosed. Now, studies suggest that these spontaneous new mutations contribute to a really major chunk of autism cases. And remember, we haven't even found most of the genes that cause autism yet. So this is likely an underestimate."

Is ASD Genetically-Based or Is It Caused by Something Else?



It is estimated that [redacted]
40-80% of ASD is genetic

Others think its more .... Environment



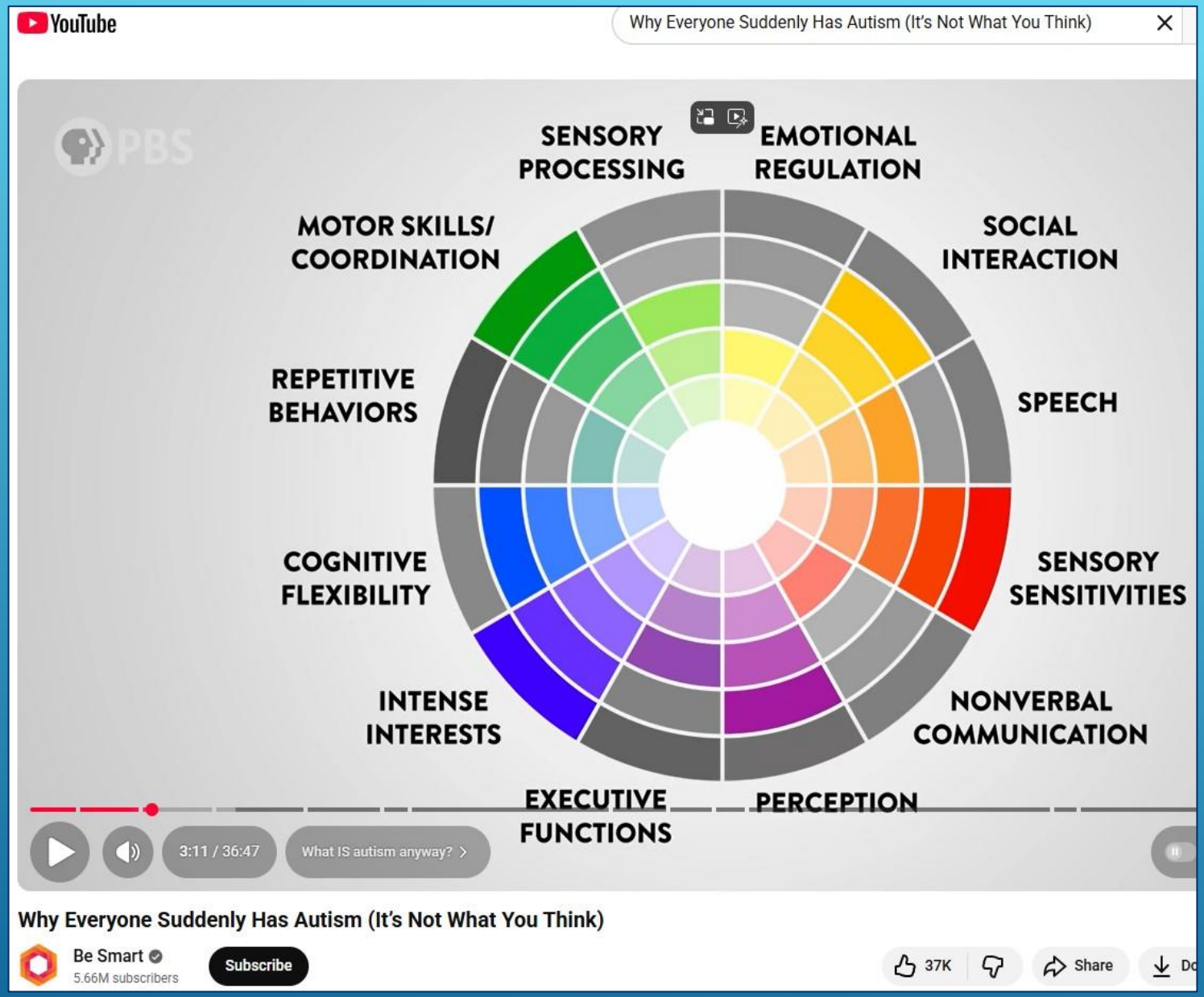
"The traditional [Medical Model] view is that ASD is lifelong and enduring." Compare this to:

"When I was 18, I was probably 'more diagnosable' with ASD than I am now, which means that, by now, my Autism has changed as I've gotten older. I personally think Autism has more to do with safety, or with a person's felt sense of safety – it's more state-specific than purely genetic." – Dr. Sean Inderbitzen

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


YouTube
Why Everyone Suddenly Has Autism (It's Not What You Think)
PBS
SENSORY PROCESSING
EMOTIONAL REGULATION
MOTOR SKILLS/ COORDINATION
SOCIAL INTERACTION
REPETITIVE BEHAVIORS
SPEECH
COGNITIVE FLEXIBILITY
SENSORY SENSITIVITIES
INTENSE INTERESTS
NONVERBAL COMMUNICATION
EXECUTIVE FUNCTIONS
PERCEPTION
3:11 / 36:47
What IS autism anyway?
Why Everyone Suddenly Has Autism (It's Not What You Think)
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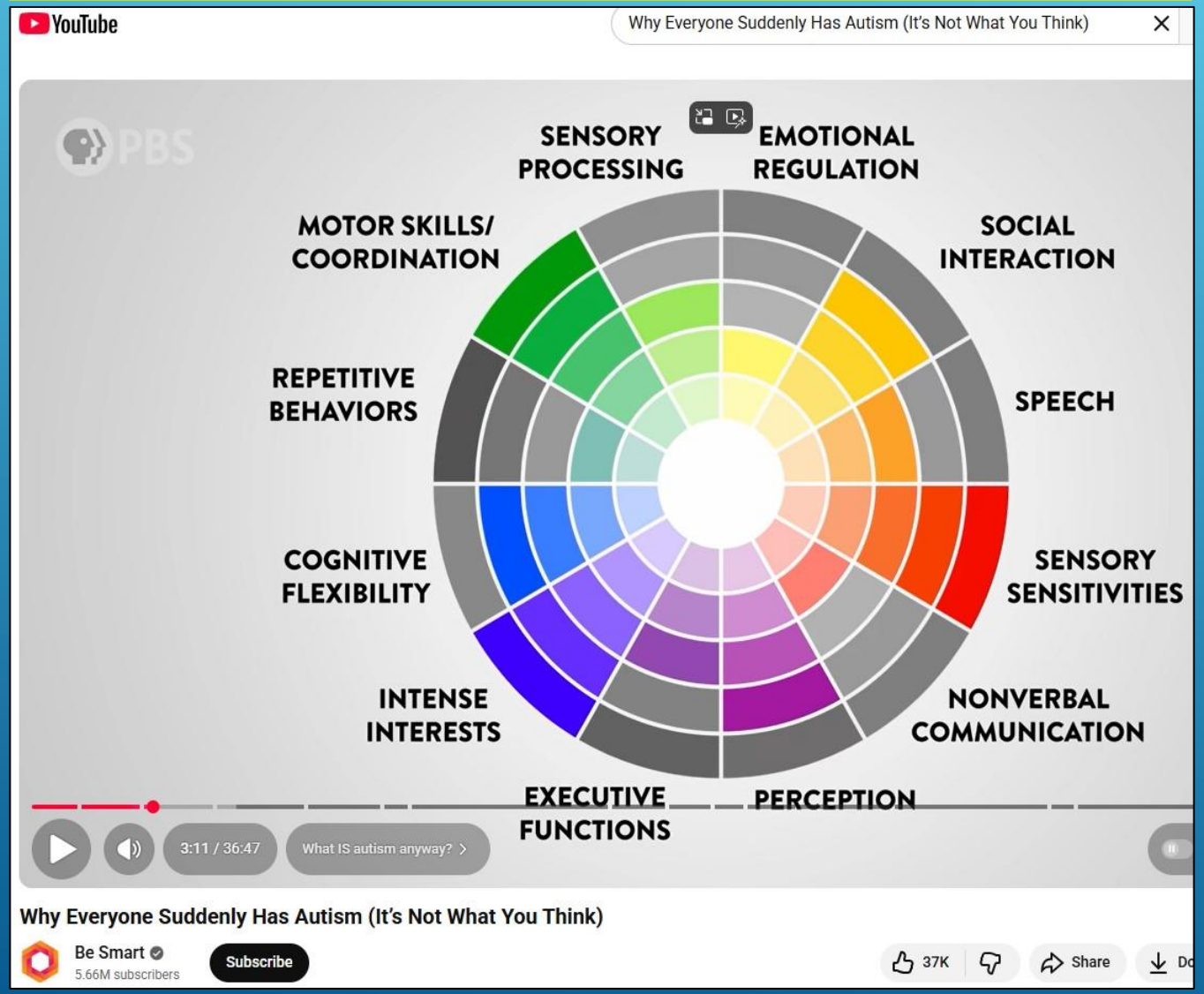
Can Autism Still Have a Genetic Cause Even When ASD Isn't Obvious at Birth and Even When Regression in Functioning Doesn't Become Noticeable Until Later On?



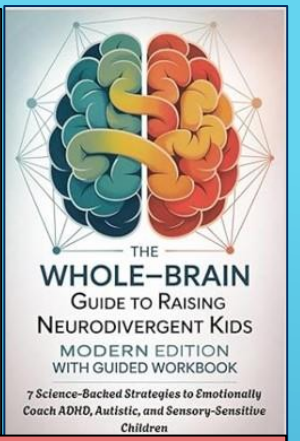
"Different genes get turned up or down at different stages of development [Note: This phenomenon is studied within the field of Epigenetics]. So that means genetic changes that are linked to autism aren't always obvious right at birth. Imagine a scenario like this, right? A baby might seem to develop really typically for the first year, but **around 12 or 18 months old, they start losing skills**. Maybe they stop saying mama or dada. Maybe they stop making eye contact, they regress. Families sometimes think, **"Wait, if this is genetic, then I should have seen it right from birth, right?"** But **the gene was always there**. It just didn't come into play [or get fully activated epigenetically] until this stage of development when its effects become visible. This [scenario] doesn't feel like what a genetic condition should look like, but it *is* a genetic cause."

Opening Question:

Is Autism a:

- Behavioral Disorder?
- Neurobehavioral Disorder?
- Neurodevelopmental Difference?

"Neurodivergence isn't a collection of deficits requiring correction. It's a different way of experiencing and interacting with the world, often accompanied by remarkable strengths that remain invisible when viewed through deficit-focused lenses."



Read pgs. 10-12 in this book for more about "The **Hidden Gifts** of AD/HD, Autism, and Sensory Processing Disorder."

See questions #1 - #3 on pgs. 17 and 18 for some excellent **introductory discussion questions**.

By the end of this section, we'll discover what the "right" answer is and why it represents the best lens through which to view ASD.

Diagnostic Criteria for ASD

My wife and I were at a fireworks show. We got there early and were chatting with four other people we knew. I saw an older couple and their adult son getting out of their car. The adult son proceeded to walk over, stand three feet away from my friend, and began to talk at him very energetically about something. It was difficult to understand him, and he didn't stop until he was done … which took about 90 seconds. He then stopped, turned, and walked away.

Social Communication:

Deficits in:

- Reciprocity
- Nonverbal
- Relationships

Repetitive/Restricted:

Presence of 2 of these 4:

- Stereotyped or repetitive behaviors
- Insistence on sameness
- Restricted/fixated interests
- Sensory differences

From a video by Tom Galperin, founder of Galperin Autism Consulting LLC

Diagnostic Criteria for Autism Spectrum Disorder:

- Persistent deficits in social communication and social interaction across multiple contexts:
  - Struggles with language and social communication – these are struggles that are not a choice, and do not represent rudeness or ill intent.
    - The connections in their brain that are around emotion and language and processing information don't work as efficiently, which results in trouble processing social language and noticing social cues.
  - Deficits in social-emotional reciprocity.
    - Not seeming to be aware of what's going on externally.
  - Deficits in non-verbal communicative behaviors used for social interaction:
    - Not picking up on facial expressions or body language
    - The inability to notice non-verbal communication is one of the biggest things that lead to poor interactions or the escalation of interactions with police, first responders, doctors, etc.
  - Deficits in developing, maintaining, and understanding relationships:
    - It doesn't mean that they don't want social relationships or that they're antisocial and/or don't like people.
    - They want friends, social connections, and want to be more successful in social interactions, it's just harder for them.
- Restricted, repetitive and stereotyped patterns of behavior, interests, or activities:
  - They are very rigid and repetitive and want (need) things to be the same way all the time.
    - They like and prefer (and need) stability and predictability – doing things in the same way in the same order.

(Dr. Wes Dotson: this slide + next 3 slides)

Diagnostic Criteria for Autism Spectrum Disorder: (Continued):

- They are very rigid and repetitive and want (need) things to be the same way all the time.
  - They like and prefer (and need) stability and predictability – doing things in the same way in the same order.
  - Fixed and very narrow interest(s); different kinds of rigidities (e.g., eating only one or a few kinds of food and/or food prepared in a particular manner)
- Stereotyped or repetitive motor movements, use of objects, or speech
  - E.g., hand flapping, rocking back and forth, pacing
  - Very repetitive and repeated pattern of movements are often a coping strategy – the more you see it, the more stressed they are.
    - "Normal" kids act-out when the expectations of a situation exceed their level of skill mastery for confidently handling those expectations. With ASD kids, the level at which certain expectations will overwhelm and exceed their skill level tends to be much lower (from Dr. Ross Greene)
- Insistence on sameness, inflexible adherence to routines, ritualized patterns, or verbal/non-verbal behavior
  - Wants the routines to be followed – e.g., they might always sit at a preferred seat at the table and will get really upset if someone else is sitting there.
  - Someone on the ASD spectrum might not want to interact with someone whose nametag is crooked, for example. This isn't about routine, but about how orderliness lowers stress.

Diagnostic Criteria for Autism Spectrum Disorder: (Continued):

- Highly restricted, fixated interests that are abnormal in intensity or focus.
  - They have 1 or 2 things that are their special interests, the things that they are most interested in. The intensity of this/these interests make it very difficult for them to focus on something else … especially new things and/or things that are non-preferred.
  - Can often be confused with Obsessive Compulsive Disorder.
    - What distinguishes ASD versus OCD is that OCD does not have the social impairment, language processing deficiency, and the rigidity in other areas of life.
    - Those with ASD need a ritual for navigating every part of their life. Think of it like someone walking a narrow, 6"-wide mountain ridgeline with 5,000-foot cliffs to either side. The ritual represents the narrow 6" path in the ASD person's life. Stepping off of that path can feel like a life or death decision to that person, resulting in what appears to others to be an unnecessary temper tantrum.
    - One way to offset a difficulty with navigating social cues is to use routines and fixed patterns to handle social situations.
      - When they don't have a routine, rule, or set pattern that they understand, they're at a TOTAL LOSS for what to do, and just *telling* them what to do isn't going to suddenly equip them with the skills to implement a new plan.
- Hyper- or hypo-reactivity to sensory input, or unusual interest/intensity of interest in sensory aspects of the environment.
  - Either over- or under-reactive to things in the environment in ways that are unusual:
    - Sensitivity to the texture of the clothes they're being asked to wear, to food textures, etc.
    - Can't concentrate if there are fluorescent lights turned on in the room because they can literally hear the oscillation of the electric current in the light (sensitive hearing).

Diagnostic Criteria for Autism Spectrum Disorder: (Continued):

- Can't concentrate if there are fluorescent lights turned on in the room because they can literally hear the oscillation of the electric current in the light (sensitive hearing).
- Overly sensitive to touch, so, when they're not ready to be touched, they might exhibit a disproportionate (in our eyes) defensive reaction against unexpected contact with another person or an object. The person can be a family member who feels offended because, well, the child "should" feel comfortable being touched by now; but the issue isn't that the child is rejecting them or is communicating a lack of love or warm feelings, it's the unexpected touching itself that's the problem … it's a sensory issue. Imagine having an open burn on your arm at all times and then occasionally people you're close to want/need to touch that area of your body. Will you ever feel "ready" for your burn to be touched?
- Listen to music at a really loud level that non-ASD people find overwhelming.

- All of these characteristics look different for every person with ASD.
  - Some people with ASD may be verbal and they can go to college and get married and have a job – you see absolutely nothing in their external presentation that suggests they have Autism.
    - I have a close friend of 30+ years who turned 63 and only discovered 3 years ago that he has ASD. He owns his own company with five employees and is quite the salesman. I remember thinking years ago that he was awfully pushy about things, but now I understand that's because he was unaware of how his salesman role was causing discomfort in others outside of work … he was unable to notice how his pushiness was causing others to want to disconnect from conversations with him, etc.
  - Other folks with ASD might be more impacted. Their sensory sensitivities might require constant attention and accommodation. They also might be non-verbal, with other intense symptoms.

What is stimming and why do people do it?

Stimming is when a person repeatedly makes the same movements or sounds.

"Stims are things you do without meaning to, and they usually serve some purpose, like helping you regulate your emotions," Howk explains. "A lot of people stim, even if we don't always hear it referred to that way."

Have you ever been so bored in a meeting that you've started fidgeting with your pen? Or maybe you've been so distracted in class that you've doodled designs all over the margins of your notes? Maybe you're a habitual throat-clearer, or you're prone to literally jumping up and down with joy when you're excited about something.

Whether you realize it or not, all of these habits could be considered self-stimulatory behaviors, also known as stims.

"Stimming, which is clinically referred to as 'self-stimulatory behaviors,' is identified by its repetitive movements and/or vocalizations," explains behavior analyst Laura Howk, MS, BCBA. It's often (though not always) associated with autism spectrum disorder (ASD) and other neurodevelopmental conditions.

Here's what you need to know about stimming, including what it is, why people do it and when, if ever, it should be managed:

https://health.clevelandclinic.org/what-is-stimming

Specify

- With or without intellectual impairment
- With or without language impairment
- Associated with another neurodevelopmental, mental, or behavioral problem
- With catatonia
- Associated with a known medical or genetic condition or environmental factor

Levels

3. "Requiring very substantial support"

2. "Requiring substantial support"

1. "Requiring support"

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

NOTE:

For some autistics, these levels can cloud the actual level of support needed as different environmental and situational factors can affect support needed. In other words, sometimes I may just need support but other times I require very substantial support

This is extremely important for parents to be aware of when advocating for and seeking services for their child. In one situation/environment they might need very little support, while in new and challenging environments the opposite is true.

"I can fluctuate between a 1 and a 3 within the same day, sometimes!" … and yet, the APA wants us to be believe that a person with Autism can be described by one "level"-number all the time.

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

Autistic Children of America

For more information visit our web site at MYASDF.ORG.

4/2023

Early detection means earlier access to intervention during sensitive periods of brain development. Below you will find milestones to look for in young children.

Please share these milestones with other parents and please evaluate the progress of your own children to detect any potential issues.

By the end of 7 months, many children are able to:

- turn head when name is called
- smile back at another person
- respond to sound with sounds
- enjoy social play (such as peek-a-boo)

By the end of 1 year (12 months), many children are able to:

- use simple gestures (waving "bye-bye")
- make sounds such as "ma" and "da"
- imitate actions in their play (clap when you clap)
- respond when told "no"

By the end of 1.5 years (18 months), many children are able to:

- do simple pretend play ("talk" on a toy phone)
- point to interesting objects
- look at an object when you point at it and tell them to "look!"
- use several single words unprompted

By the end of 2 years (24 months), many children are able to:

- use 2 to 4 word phrases
- follow simple instructions
- become more interested in other children
- point to object or picture when named

By the end of 3 years (36 months), many children are able to:

- show affection for playmates
- use 4 to 5 word sentences
- imitate adults and playmates (run when other children run)
- play make-believe with dolls, animals and people ("feed" a teddy bear)

By the end of 4 years (48 months), many children are able to:

- use 5 to 6 word sentences
- follow 3-step commands ("Get dressed, comb your hair and wash your face.")
- cooperate with other children

Autistic Catatonia

A regression in self-care, functional skills and independence compared to previous levels.

A marked and obvious deterioration in:

- movement
- volition
- level of activity
- speech

Indicators include...

- increased slowness
- getting stuck in postures.
- freezing during actions
- increase in repetitive movements and hesitations
- difficulty starting & stopping actions
- difficulty completing movements
- increased reliance on physical or verbal prompts
- increase in repetitive and ritualistic behaviors
- difficulty crossing thresholds
- marked reduction in speech or complete mutism

Wing, L & Shah, A (2000) Catatonia in autistic spectrum disorders. British Journal of Psychiatry. Vol. 176, 357-362.
Wing, L & Shah, A (2006) A Systematic Examination of Catatonia-Like Clinical Pictures in Autistic Spectrum Disorders. Catatonia in Autism Spectrum Disorders. International Review of Neurobiology Vol 72 P.21-37. Elsevier Inc. USA.

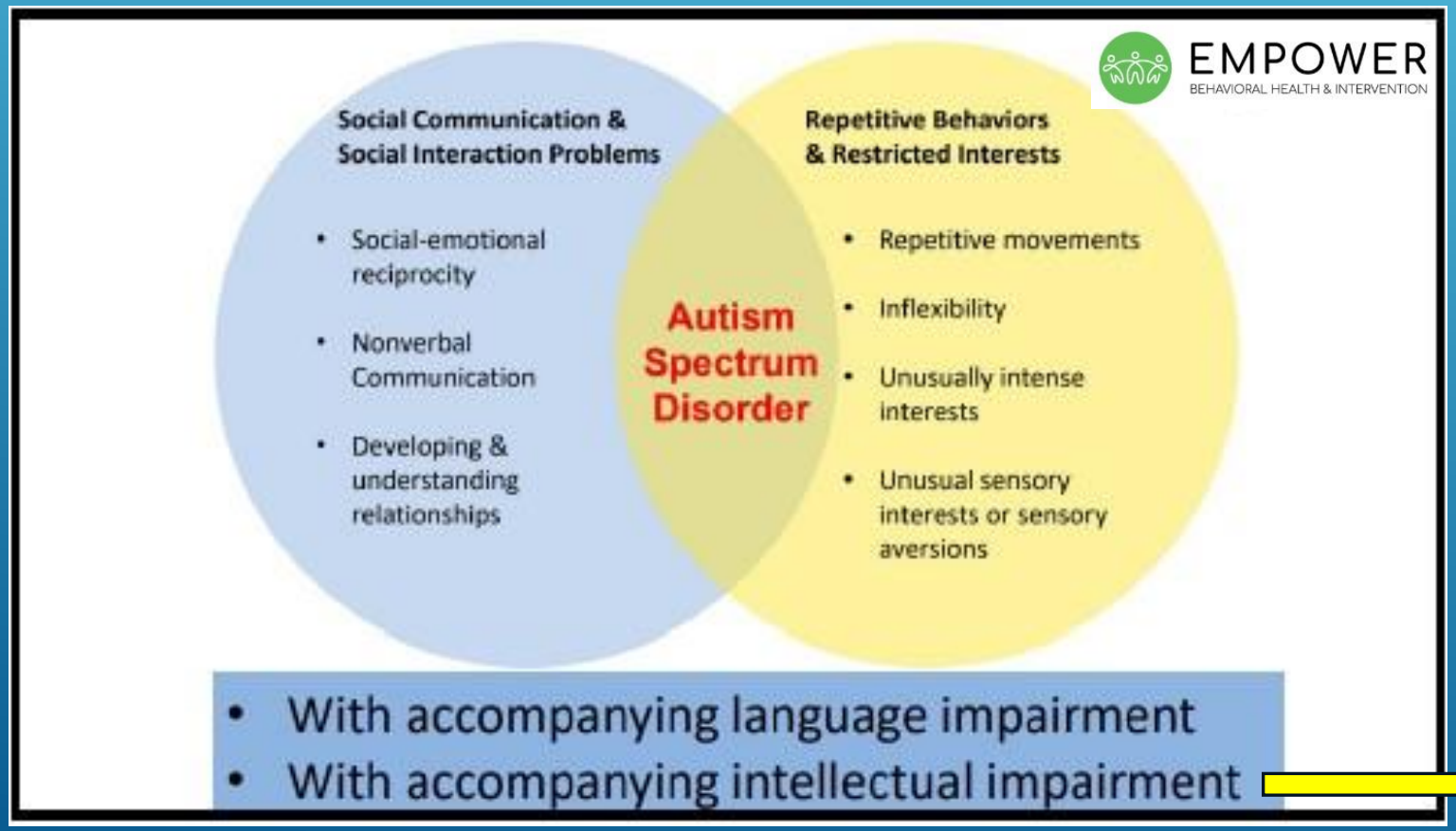
For Kim, these symptoms started in her 20s and continue to this day, *"Sometimes lasting for ten or fifteen minutes, but at other times the catatonia can last for an hour! I end up needing William [husband] to come and cue me to get me to move."* William noted that Kim can even get stuck on a word, like "Saying 'no' over and over and over again without stopping."

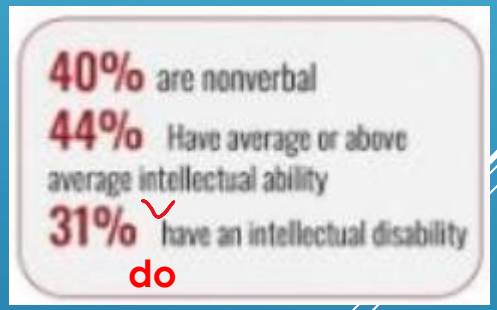
Think of Autistic Catatonia like this: I have a laptop computer with only 16 GB of RAM, so, when I have a lot of applications open, that puts a lot of demand on the RAM-memory, even maxing it out which, in turn, causes my computer to run more slowly, freeze, glitch, or otherwise operate in a stilted and choppy manner.

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

Girls tend to get diagnosed with ASD later than boys, because:

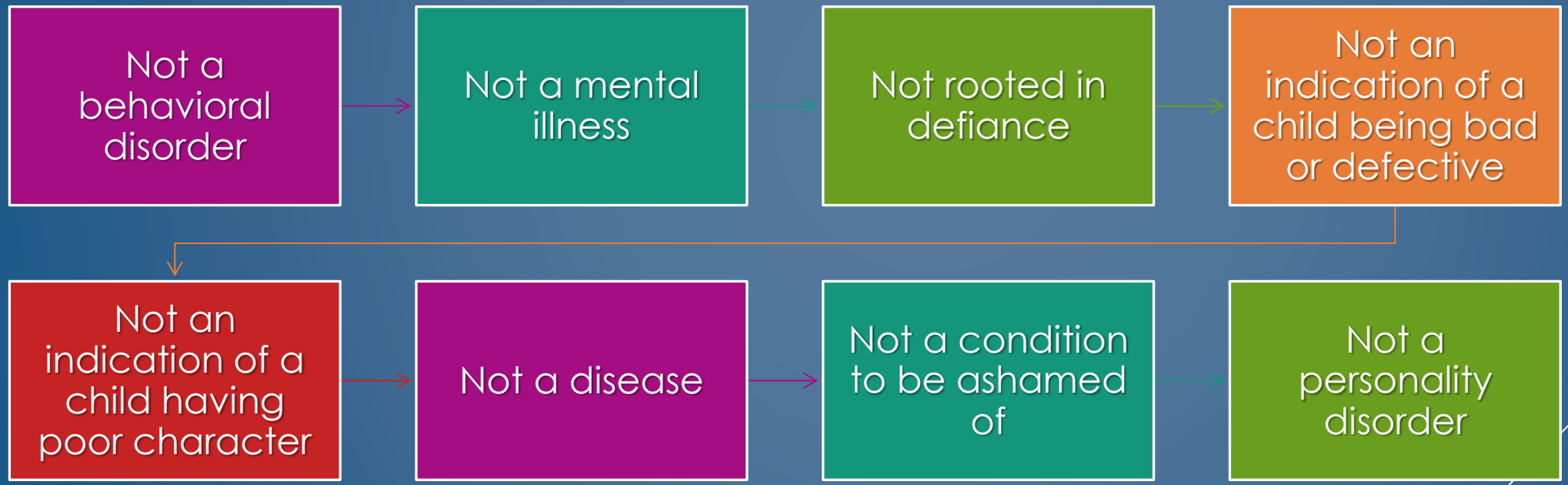
- Girls are generally better at mimicking the acceptable social behaviors of others in their environment – i.e., they're better at becoming a social chameleon while masking their struggles.
- The "bad behavior" of girls tends to be responded to with a little bit more tolerance than that of boys.





Do NOT assume this, though, even if they're non-verbal!!!

WHAT ASD IS NOT:



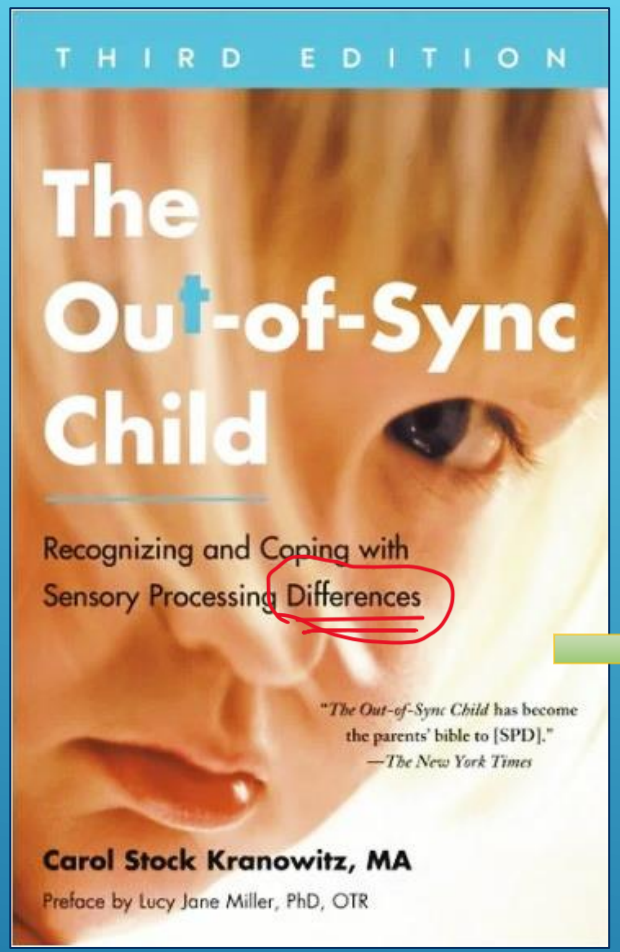
From a video by Tom Galperin, founder of Galperin Autism Consulting LLC
(this slide and the next slid)

NOTEWORTHY POINTS ABOUT ASD:

- Neurological in nature (traditional view)
- Makes a child more susceptible to becoming easily overwhelmed
- Its existence does not mean the child does not have any strengths
- Its existence does not mean the child does not communicate (though verbal communication might be lacking)
- Like with AD/HD, striving to train ASD youth to make and hold eye contact is not helpful & often only leads to destructive blow-ups
- The ASD child is not helped by efforts to make them "normal"/neurotypical
- ASD is a spectrum diagnosis that covers the full range of IQ scores and functional levels that we see in the general population.
- People with ASD can also experience other mental health struggles just like anyone else, from depression to PTSD to psychosis, etc.
- Genetics: 4x more prevalent in boys than girls. If you have a sibling with ASD, you are 8x more likely to have ASD traits, 4x more likely if immediate family.

WHAT AUTISM IS NOT AND WHAT IT IS

"Autism isn't something a person has, or a "shell" that a person is trapped inside. There's no normal child hidden behind the autism. Autism is a way of being. It is pervasive; it colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence. It is not possible to separate the autism from the person--and if it were possible, the person you'd have left would not be the same person you started with" (Sinclair, 1993)



When mild, SPD can cause delays in developmental milestones, such as learning to walk later than most children. When severe, it can significantly hinder the development of self-regulation, movement, learning, language, and social/emotional skills. SPD may begin in utero, becoming evident in infancy, childhood, adolescence, or adulthood and usually lasting throughout a person's life span.

The chart shows three diagnostic groups and subtypes, based on terminology proposed by Lucy Jane Miller, PhD, a mentee of Dr. Ayres, and other esteemed OTs.[1] (Terms will be explained in chapter 4.)

SUBTYPES OF SPD

1. Sensory Modulation Differences			2. Sensory Discrimination Differences	3. Sensory-Based Motor Differences	
A. Sensory over-respon-sivity	B. Sensory under-respon-sivity	C. Sensory craving	Touch Movement Body position Sight Sound Smell Taste Internal organs	A. Postural chal-lenges	B. Dyspraxia (move-ment and coordina-tion problems)

Notice the word "Differences" in the title?: This is a change from "Disorder" from the 2nd Edition. The reason is that these sensory challenges lie on a **continuum**. Mild processing challenges may be labeled as "challenges" or "differences," while severe challenges may be viewed more through the lens of a "Disorder." Some other appropriate "D" words, depending on symptom severity, are: Dysfunction, Delays, Deficits, Disabilities, Difficulties, Dimensions, and Diversity.

SPD: Notice Any Similarities with ASD?

It is important to note that sensory challenges are often part of the ASD landscape. A few minutes ago, we looked at one of the criteria for ASD, which is: Hyper- or hypo-reactivity to sensory input. We will also look later at Success Stories, one of which is Carly Fleishmann. Carly notes in her book that her legs would feel like they're on fire and it would often feel like bugs were crawling up her arms, two very intense sensory experiences that would fall partly into category **1.A.** on the SPD chart to the left … unless these sensation are ***not*** an overreaction to an external stimuli. When we see that ASD also has a criteria of Stereotyped or repetitive motor movements, use of objects, or speech, we begin to understand that odd and/or repetitive movements in ASD people might very well be directly connected to pain or irritation associated with sensory over-responsivity.

From: https://thespiralfoundation.org/evidence-based-practice/

Sensory Processing in Children With and Without Autism: A Comparative Study Using the Short Sensory Profile (this title is a clickable link):

This study investigated the differences in sensory processing among children 3-6 years old with and without Autism. Results found that ***95%*** *of autistic children demonstrated some degree of sensory processing challenges, with greatest differences from the comparison group being with Under responsive/Seeks Sensation, Auditory Filtering, and Tactile Sensitivity.*

From https://thespiralfoundation.org – from their,

***A Guide to Sensory Integration for Adolescents and Young Adults*:**

Emile Gouws PhD (special education teacher with ASD):

"Sensory overstimulation, especially in unfamiliar environments, was one of the big reasons why I remained non-verbal until almost age 15."

To this day, even as a PhD in the field, he becomes impaired – through stuttering – when he finds himself to be in a new and unfamiliar environment.

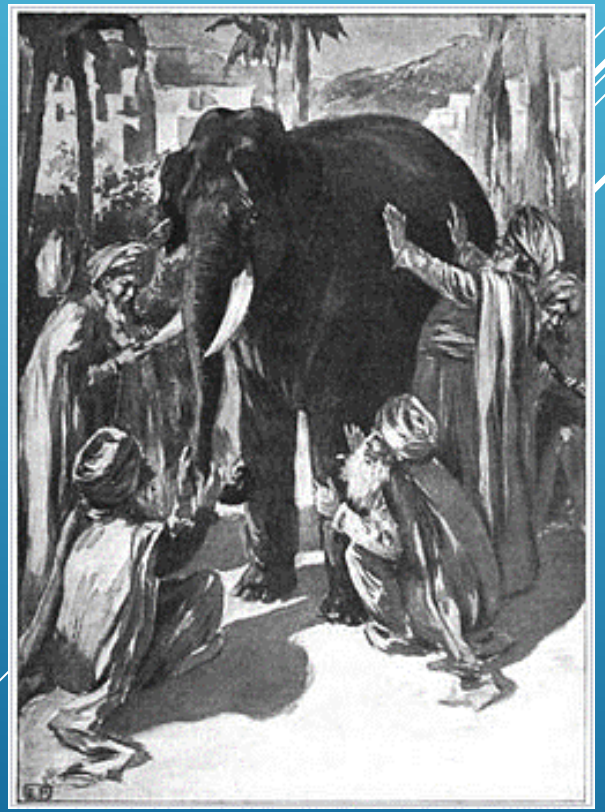
And let's remember that, for everyone, heightened and/or chronic anxiety greatly impacts a person's working memory, since **adrenaline** and **cortisol** block both learning and memory recall.

"Basically, having ASD and/or SPD makes it very hard to take-in two or more sensory stimuli and still produce an adaptable, [regulated], and meaningful response." – Dr. Varleisha Gibbs

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

WIKIPEDIA
The Free Encyclopedia

The parable of the **blind men and an elephant** is a story of a group of blind men who have never come across an elephant before and who learn and imagine what the elephant is like by touching it. Each blind man feels a different part of the animal's body, but only one part, such as the side or the tusk. They then describe the animal based on their limited experience and their descriptions of the elephant are different from each other. In some versions, they come to suspect that the other person is dishonest and they come to blows. The moral of the parable is that humans have a tendency to claim absolute truth based on their limited, subjective experience as they ignore other people's limited, subjective experiences which may be equally true.[1][2] The parable originated in the ancient Indian subcontinent, from where it has been widely diffused.



Think about this parable when reading the **orange text** in the **next slide** where Sean Inderbitzen PhD is operating on the belief that ASD is a "disorder," but not of the brain, rather, it's "a disorder of [feeling like one is **under] a constant state of threat**":

Answer to the Opening Question:

Is Autism a:

- Behavioral disorder?
- Neurobehavioral disorder?
- Neurodevelopmental difference?
- Condition rooted in HRV differences?

The "right" answer is:

"ASD is not a behavior-problem issue, it's **a way of being that is neurologically based**, just like each person's way of being is." – Emile Gouws PhD …
and yet, Sean Inderbitzen PhD, who's also on the Spectrum, believes that ASD is a condition that is explainable by **differences in HRV (Heart Rate Variability)**! … logically, then, we should put both of these truths **together** vs. viewing ASD through an **either-or lens**.

- It's a Neurodevelopmental **Difference**

  And yet, clinicians adhering to the DSM 5 will refer to it accordingly, as a Neurodevelopmental **Disorder**. This difference in perspective can create some tension between clinicians, who are trained to treat deficits - with a goal of trying to make ASD youth as "normal" as possible - and parents, who may be fighting to get help that works with their child's strengths instead.

- It's a sensory-motor-processing **challenge**

  From "Spellers – The Movie" (a documentary on Autism – see later slides).
  Yes, there are social *deficits* involved, but that's not what ASD *is*.

From: Greg Handleton MA, LPCC-S, TRCC

The **logical problem with the "HRV-only" model of Autism** is that – if this model be true - when the ASD person is feeling perfectly safe and calm, then all ASD symptoms (e.g., low eye contact, repetitive and stereotypical behaviors, hyper-focus on a limited range of interests, trouble perceiving and understanding body language and other social cues, sensory sensitivities, difficulties with expressive and/or receptive language, etc.) should all go away … but for many ASD people, they don't. Just because Sean Inderbitzen feels, at the age of 31, that he is not as diagnosable with ASD as he was when he Was 18 – reportedly because he's now in a much calmer state (feeling more secure) – that might not mean that his underlying neurology has actually changed. It could simply mean that he has developed new neural pathways around coping, pathways that he's able to consciously access so quickly that it feels to him as though his underlying neurology has changed. **But, in his defense!:** See the story of Barry Kaufman's son with severe ASD who, at age 5, had an IQ of 29 but who has been symptom-free for decades now!

But! … some say that Autism is ***not*** genetic in origin and that, instead, it's rooted in something called:

Cell Danger Response:

- The activation of this cellular response would indicate that Autism is a metabolic reaction of **shutdown** triggered by toxins (including heavy metals stored in the brain), infections/illness, or chronic stress.

We'll look at this in a later section entitled, ***Can Autism be Cured, Healed, or be Made Less Severe?*** *The next slide will list potential "causes," and then we'll* explore everything we need to know about Autism from a traditional medical and treatment perspective.

Possible Causes of Autism:

- Genetic mutation/problem with encoding or copying
- Pharmaceuticals of different kinds, especially pre-natal
- Air and/or water pollution
- Gut microbiome problems/deficiencies
- Pre-term birth/premie
- The "Refrigerator Mom" – poor/low/absent attachment from the mother
- Pesticides
- Infection/high fever
- Age of parent(s) – older

Newer potential causes:

- Genetically modified foods
- Vaccines (including ingredients of animal DNA, heavy metals, formaldehyde, etc.

More Basic Facts Regarding ASD & Ways ASD is Misunderstood

"Autistic people are not 'Dis-abled,' they are 'Differently-abled."

Dr. Temple Grandin

Basically, if you've met one person with Autism, you've met only one person with Autism. No two people with Autism are exactly alike.

Barkley's Theory Of Executive Functioning

Executive Functioning as defined by Dr. Barkley is: "Self-regulation across time for the attainment of one's goals (self-interests), often in the context of others." (Barkley, 2011). Dr. Barkley identifies five areas that EF (meta-construct) covers:

1. Self-Management to Time
2. Self-organization/problem solving
3. Self-restraint
4. Self-motivation
5. Self-regulation of emotions

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

*"A lot of studies **correlate IQ score [with] executive function**. Barkley and others **demonstrate [that] that's not the case**; [these two things are] not really correlated. I have this kid with Autism that I see who can build a car engine. He is seven. He can put together a car engine but he can't regulate his fists." We must **STOP making these kinds of assumptions based solely on IQ**. "If [they] had just assumed that because he [struggled] with schoolwork that [that alone] is predictive of his [low level of academic] ability, that would [have been] a very poor assumption … if [they had followed] the traditional model in Education that IQ predicts executive functioning skills, [they would have] been **wrong** and this kid probably would never have reentered public school."*

"Autism means that you are really good at some things and not so good at other things"

- Mrs. Lee's 3rd grade class

Some parents and some professionals in the Autism field find it particularly difficult to embrace these new/different kinds of **PERSPECTIVES** about Autism. Why might that be?

"Having autism – being autistic – represents but one more wrinkle in the fabric of humanity…No one among us is living a life unwrinkled".

Ari Ne'eman, Founder and former President – Autistic Self-Advocacy Network

Improving Social Communication in Autistic Clients

Neurodiversity Principles in Action

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CHARACTERISTICS OF AUTISM SPECTRUM DISORDER

COMMUNICATION

- Poor interaction
- Late or no social smile
- Late verbal speech
- Developed verbal speech then stopped/lost what was had
- Little/no eye contact
- Decreased facial expressions
- Poor eye contact
- Limited or no gestures
- Joint attention
- Echolalia

Noticeable in infancy up to the beginning of toddlerhood

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

Markers that you might be talking to somebody who's on the spectrum.

- Struggle with eye contact
  - Might be looking at something else other than your eyes
  - Might be staring at you and never breaking eye contact
- Repetitive behaviors or pacing
  - When overwhelmed or in a situation or environment for which they don't have any history or expectations, repetitive behaviors are amplified
  - E.g., Pacing, flapping hands, rocking, looking at hands
- Unusual or no response to spoken instructions
  - They do not respond to spoken instructions from someone they don't know in an environment in which they're not familiar
  - When they are overwhelmed, they're not processing language well
  - If you're encountering someone with autism in public for the first time, they're probably not going to respond at all
  - The more you talk to try to make them respond, the less likely they are to respond because they get overwhelmed by the language

✓ But these same things could also manifest in someone who's under the influence of narcotics

Difficulty in experiencing, identifying, and expressing emotions

Alexithymia is a condition characterized by **difficulty in experiencing, identifying, and expressing emotions**. It is often referred to as "emotional blindness" and can be influenced by various factors, including genetics and past experiences. People with alexithymia may struggle to differentiate their feelings from bodily sensations and often find it challenging to articulate their emotions. While it is not classified as a mental health disorder, it can be associated with conditions such as PTSD and eating disorders. Medical News Today +4

Restricted Interests/Repetitive Behavior

- Hand flapping
- Body tensing
- Body rocking
- Food/liquid refusal
- Sensory seeking/avoiding
- Watching things that spin or blink
- Resistance to change
- Cannot tolerate altered routines
- Lining up objects

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

What do we teach families and individuals with ASD?

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

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

Keep in mind

- Don't take it personally
  - They're going to do things that feel off-putting or rude – they don't mean it, it's not personal, it's not aimed at you
- They usually WANT to do the right thing
- They LIKE rules and structure
  - People with autism like rules, consistency, stability, and predictability, and are often incredibly motivated to do the right thing
  - They tend to be the most compliant people once they understand what you want – they're rule followers
  - But if those rules and structures are not spoken or made explicit, they may not pick it up
- It will be awkward
  - They can't just turn it off, and focus and try a little harder
  - Their deficit is about how their brain is wired, not about a choice they're making to be rude or not do what you want

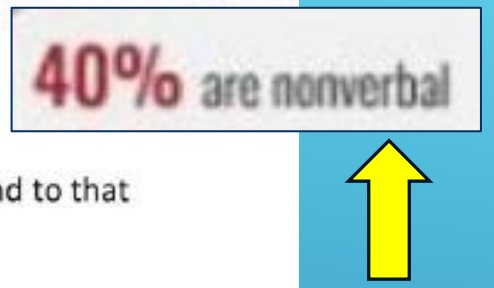
From a Webinar by Dr. Wes Dotson entitled, *What Criminal Justice Professionals Need to Understand About ASD* (provided through Justice Clearinghouse):

ASD folks tend to be very, very **literal** in their thinking: e.g., "a couple" means 2; "some" is 4, and "a few" is 3! So, if you say, "We'll be gone a couple of hours" knowing you could be gone for up to four hours, the ASD person will get upset after 121 minutes has elapsed!

CHARACTERISTIC BEHAVIORS THAT CAUSE PROBLEMS (42:05)

Literal

- They struggle to identify non-verbal cues
  - They are black and white
  - They're going to take what you say and only what you say and respond to that
  - They interpret language based only on its literal meaning
- They're usually not being difficult or defiant
  - Go play outside
    - Mom who asked a child who is preoccupied with computer games to go outside went and played his computer game outside
- Be aware of your language and explain exactly what you want and be prepared to clarify
  - Boil 2 cups of water
    - Instead of measuring 2 cups of water and putting it in a pot to be boiled, he put water in two cups and boiled it
  - When you mention that what they did – following your instruction – was wrong, it will confuse them because they just did what you said
- They will do exactly what you said – not what you meant, wanted, wished, or intended
- It's not coming from a place of disrespect
  - They are sincerely trying to do exactly what you say
  - Instead of getting frustrated about them not doing what you said, think about what you said and what you meant
- The more stressed they are, the harder it is for them to process language
- It is not just a choice, and they can't just listen, focus harder, or pay more attention, it's just that's not how their brains work



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

- Repetitive and routine driven
  - Difficulty handling surprises and changes in routines
    - They like things to be the same way all the time and they want a very consistent routine
    - They're going to have a lot more stress and a lot more anxiety when they're having to do something that they've never done before or is interrupting their daily routines
    - Those changes in routines could be in the form of a court hearing, traffic stop, wreck, meeting with a parole officer, or anything that is not a day-to-day routine activity
    - It doesn't mean that they're going to be angry or upset, but they're just going to be a little bit stressed or nervous than maybe might be warranted by what the conversation
    - You will likely encounter them already in a heightened state because whatever the situation, it is likely surprising or different
  - Predictability and stability are important
    - Help them see how, whatever your interaction is, can have a standard form
    - Provide visual support
      - Show them what will happen
      - Model or use pictures if possible
    - Give advance notice
      - Provide advance warning and instructions
      - Tell them before you touch them
      - Let them know what will happen and when as much as possible
        - Interactions get a lot easier when they have time to see things coming and anticipate

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

- Unusual sensory responses
  - People with ASD may respond in unusual ways to the environment
    - Not respond to loud noises or other people
    - Show increased sensitivity to things such as light level, crowds, sounds, and textures
    - Look for that and try to accommodate it as much as possible
  - Motor behavior is often unusual and persistent (spinning, tapping hard surfaces, pacing, rocking, flapping)
    - The more stressed they are, the more they tend to engage in repetitive behaviors, and the calmer they are, the more of those behaviors tend to come down.
    - The rate of repetitive behavior can be a useful barometer
      - The more escalated they are, the more we need to talk less, give them space, simplify things
      - When the repetitive behavior gets less, we can start using a little more language, and interacting a little bit more
  - What these characteristics mean for you
    - When you interact with people with autism, they will struggle more as more people are around
      - The fewer people and stuff going on – the better they're able to focus

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

- They will engage in more unusual social behavior (especially when stressed) – it WILL be awkward
- People with autism often get overwhelmed
  - People with autism have a threshold
  - When the environment is too much and they can't process anymore, they're not going to be able to interact with you or successfully navigate the environment until they've had a chance to calm down
  - Give them the space and the time to calm down before you try to move interactions forward
- Overwhelm/sensory overload looks like
  - Rocking
  - Covering their ears
  - Physically running away
  - Resisting physical contact
  - Stopping from speaking
  - Curling into a ball and going to a corner
  - Zoning out
  - Pacing
  - Screaming
  - Irate repetitive behaviors
- What to do
  - Back off to the extent that you're able to create space
  - Recognize that that interaction is not going to move forward until they've had a chance to calm down no matter how long that takes

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

- Difficulty communicating
  - They struggle with communication when they're calm – only aggravated when they're stressed
  - When overwhelmed, they will find it difficult to communicate with you:
    - Likely to NOT respond to spoken language
    - NOT pick up on or notice non-verbal cues at all
    - WILL respond in unusual or "outsized" ways
  - Assume non-responsiveness is passive failure to perceive expectations rather than active resistance
    - They're not responding because they're failing to perceive your expectations, they are not actively resisting and are not choosing to not do it
    - When they're overwhelmed, they don't even recognize other people and what's being asked of them
  - The more you talk, the harder it is for them to process and comply
    - You are not going to talk them down
    - The more they have to keep trying to pay attention to your language and the more overwhelming it becomes
    - Often, de-escalation in autism is silence and giving them space
    - An adult with autism in the community will know what they need to calm themselves down, and though it may seem unusual, they're doing it because it works
- Why this is important
  - Images: Headlines of incidents where people with ASD...
    - Try to calm themselves down by doing these unusual things and they're perceived as drunk or on drugs
    - Who are self-soothing themselves while they're driving or are in a public park or at the mall and people assume impairment
  - ✓ Because they're stressed and are not listening or complying with the officer, they end up under arrest when these unusual repetitive behaviors are done in public

Dr. Stephen Shore (ASD):

Even in college, when he was doing SOOO much better, he still didn't "get" social inuendo. One time a girl told him she liked back rubs, but he failed to grasp that she was using inuendo to say she wanted to have sex with him. So, he threw himself into reading books about non-verbal and nuanced verbal communication (including *Dating for Dummies)*.

In graduate school, he started spending time with a new female friend, then at a beach she gave him a hug and a kiss and held his hand. THIS TIME he finally understood she was indicating that she wanted to be his girlfriend, AND he understood that he needed to:

- Give her a yes, no, or "I need more time" answer right away.

They've now been married for 33 years!

College was a utopia, too, because he was able to meet others who shared the same quirky interests. Now he's a university professor in Special Education. He spends lots of time diving deep with others into quirky topics that only a few others care about.

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ADDITIONAL INFORMATION

- Greater risk of victimization
- Greater risk of comorbidities
- Growing social differences
- Poor pragmatic skills
- Poor imitation skills
- No interest in age appropriate items
- Hyper Interests in videos/tablets
- Increase in anxiety
- Difficulty with emotional regulation

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Amen Clinics

This statement is true about <u>every</u> human being, both neurotypical and neurodivergent: *"Every strength can become a weakness, and every weakness can become a strength … depending on the situation."*

What are the Core Symptoms of ASD?

The signs of autism spectrum disorder typically appear by age 2 or 3 of a child's life, but if developmental delays are more severe, autism symptoms may become evident in very young children, including those under age 1. ASD affects each person differently. The following list includes several of the core symptoms of autism; however, because it is a spectrum disorder, not all people with an ASD diagnosis will have every symptom.

- ✓ Deficits in non-verbal communication, such as understanding social cues and reading facial expressions
- ✓ Difficulty with reciprocal communication or ability to initiate communication with other children or adults
- ✓ Repetitive movements, such as rocking or hand flapping
- ✓ Rigid adherence to routines and habits
- ✓ Repetitive use of objects, such as always lining up toys or turning things upside down
- ✓ Behavioral symptoms
- ✓ Difficulty learning new skills
- ✓ Aversion to change
- ✓ Sensory sensitivities
- ✓ Having an intense focus on certain things
- ✓ Echolalia (repeating words or sentences others say)
- ✓ Speech delays or significantly impaired language skills
- ✓ Poor eye contact
- ✓ Deficits with social skills
- ✓ Sleep disorders
- ✓ Narrow food preferences
- ✓ Intellectual disability
- ✓ Self-injurious behavior, such as repetitive head-banging, scratching, or biting
- ✓ Social isolation, particularly for older people with autism spectrum disorder who live alone

From: Dr. Stephen Shore (and individual with ASD):
"ASD people perceive their environment differently. This is why you might see an ASD child playing only with the wheels of a toy car instead of playing with the car as a car. Are there situations where it's advantageous to be super-focused on details? – Yes, of course. A 'normal' person might have a deficit in detail-oriented thinking! So, this justifies a systems-wide switching over to an abilities-based lens through which to view ASD," AD/HD, Asperger's, and other developmental challenges.

Amen Clinics

High & Low Activity Patterns in Autism Spectrum Disorder

In settings outside of Amen Clinics, the diagnosis of ASD is usually determined by a clinical history, criteria from the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association, the autism mental status examination, and other structured screening tools, leaving clinicians in the dark about the underlying brain function problems. With brain SPECT imaging, an adult or child psychiatrist will frequently see increased activity in the anterior cingulate gyrus—linked to rigid, obsessive behavior—along with decreased activity in the temporal lobes (associated with language and deficits in social interactions), and in the cerebellum, which is involved with learning and physical coordination.

High Activity Patterns in ASD

Increased activity in the anterior cingulate gyrus and lateral prefrontal cortex, linked to symptoms such as:

- ✓ Repetitious speech and behavior
- ✓ Getting stuck on thoughts and routines
- ✓ An adult's or child's ability to cope well with transitions and change

An overall increase of activity throughout the brain, which may be associated with inflammation, and contribute to symptoms of:

- ✓ Mood instability
- ✓ Emotional meltdowns
- ✓ Anxiety

Low Activity Patterns in ASD

A smaller, less active cerebellum, associated with:

- ✓ Impeded or poor motor skills
- ✓ Problems with learning and thought coordination

Overall decreased activity on the surface of the brain as well as in the parietal and temporal lobes, contributing to:

- ✓ Difficulty with communication skills
- ✓ Learning deficits
- ✓ Problems with social skills
- ✓ Sensory processing issues
- ✓ Problems with abstract thinking
- ✓ Deficits with language skills

Thought-Starter:

Think of someone with chronic, severe back pain. This person is suffering. Their suffering causes them to have to ***constantly focus*** on their suffering, and it causes them to have to ***expend*** a great deal of time, thought, and energy on just coping with it … i.e., on just "treading water" emotionally, so to speak. They're in survival mode. Being in **Survival Mode** means they do not have the energy to spend for deeper and more complex kinds of learning or memory recall. They also do not have the energy to be able to learn or care much about other people's wants, needs, agendas, feelings, or perspectives.

True or False?:

- Now think of a person on the Autism Spectrum. If they are constantly overwhelmed with sensory input that they can't filter-out, then this experience really isn't much different than the person with chronic, severe back pain. An ASD person in Survival Mode is only able to focus on themselves and does not have the energy to be able to learn or care much about other people's wants, needs, agendas, feelings, or perspectives.

If you answered "True," why did you choose that answer?

If you answered "False," why did you choose that answer?

Non-ASD people experience sensory overload at times, too, especially when exhausted and/or sick.

When you have the Flu, isn't it true that a normal levels of light or sound that normally don't bother you at all make you feel like you just want to crawl into the back of a cave to escape the sensory overload that now has become so irritating? Well, for a majority of ASD people, sensory overload is a chronic and unending experience.

In addition, ASD people tend to be very **black-and-white thinkers, very concrete. They tend to think in literal terms** and have great difficulty with idioms, colloquialisms, figures of speech, and nuances of language:

- When Dr. Stephen Shore was in elementary school, they announced over the intercom that the Principal had "lost" his mother, so, Stephen thought he should volunteer to help find her.
- At age 10, when learning to "drop the 'e'" when adding an "ing" ending, he felt very concerned that the "e" would get hurt or broken from being dropped.
- At this age, too, a friend said, "I feel like a pizza," so, Stephen proceeded to argue with him, saying that his friend doesn't look like a pizza and can't possibly feel like one, either.
- If you say to an ASD person, "I'll get to your question in a minute," they are likely to start counting-out 60 seconds and then will ask the question again right at the 60th second whether you're in the middle of speaking to someone else or doing something else or not.

Because of literal thinking, an ASD child might come across as being flippant, rude, disrespectful, apathetic, etc., when in reality they are **confused** by the words and are probably also **being blunt** about their confusion because **(1)** they don't know how to handle their confusion in socially acceptable ways, and **(2)** they want their confusion to be resolved as quickly as possible … just like we all do.

	WHAT IT LOOKS LIKE?	WHAT IS HAPPENING?
Melting Down	Covering ears Risk for "bolting" Pacing, hitting, screaming Communication difficulties Tense and/or overly fidgety Impulsive/safety awareness decreased	Caused by becoming increasingly overwhelmed Signs become outwardly noticeable Can proceed to shutdown It is a loss of control *Remember-Not doing it for attention*
Shutting Down	Difficulty with, or no, verbal communication No thoughts/everything goes blank Paralyzed-may be really still May go into fetal position Stare off into space	Too much continuous information without a break The purposeful thinking in the brain "turns off" Think of a computer dying from too much input *Ability to think & act on thoughts returns slowly*

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

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clairy 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	Meltdown
1. Pre-plan to prevent (self-awareness & action plan)	7. Suggest calming/weight bearing sensory strategies
2. Assure a safe environment	8. Have him or her hold or throw ice
3. Go somewhere quiet and with dim lighting	9. Give him/her a specific job to do or make your helper
4. Help initiate sensory strategies (they may be unable to do so themselves.)	10. Mindfulness activity using sensory cues (Find: 5 things that are blue, 4 smells, 3 sounds, etc...)
5. Limit verbal communication. Instead try images, writing, texting, etc...	11. Give items to categorize and sort
6. Provide a means of deep pressure	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 words auditorily (listen to words), and to continue processing verbally (respond with words), **but remember …**

Sensory Systems

- **Olfactory** (sense of smell)
- **Visual** (sense of sight)
- **Auditory** (sense of hearing)
- **Gustatory** (sense of taste)
- **Tactile** (sense of touch)
- **Vestibular System** (sense of balance)
- **Proprioceptive System** (feeling of muscles, tendons and joints)
- **Interoception** (internal organs)

PESI
2022 Autism Symposium

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

Gil Tippy, PsyD

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Sensory

My sensory sensitivities are more than just a dislike or a preference.

They are more than a nuisance or something I can tune out or get used to.

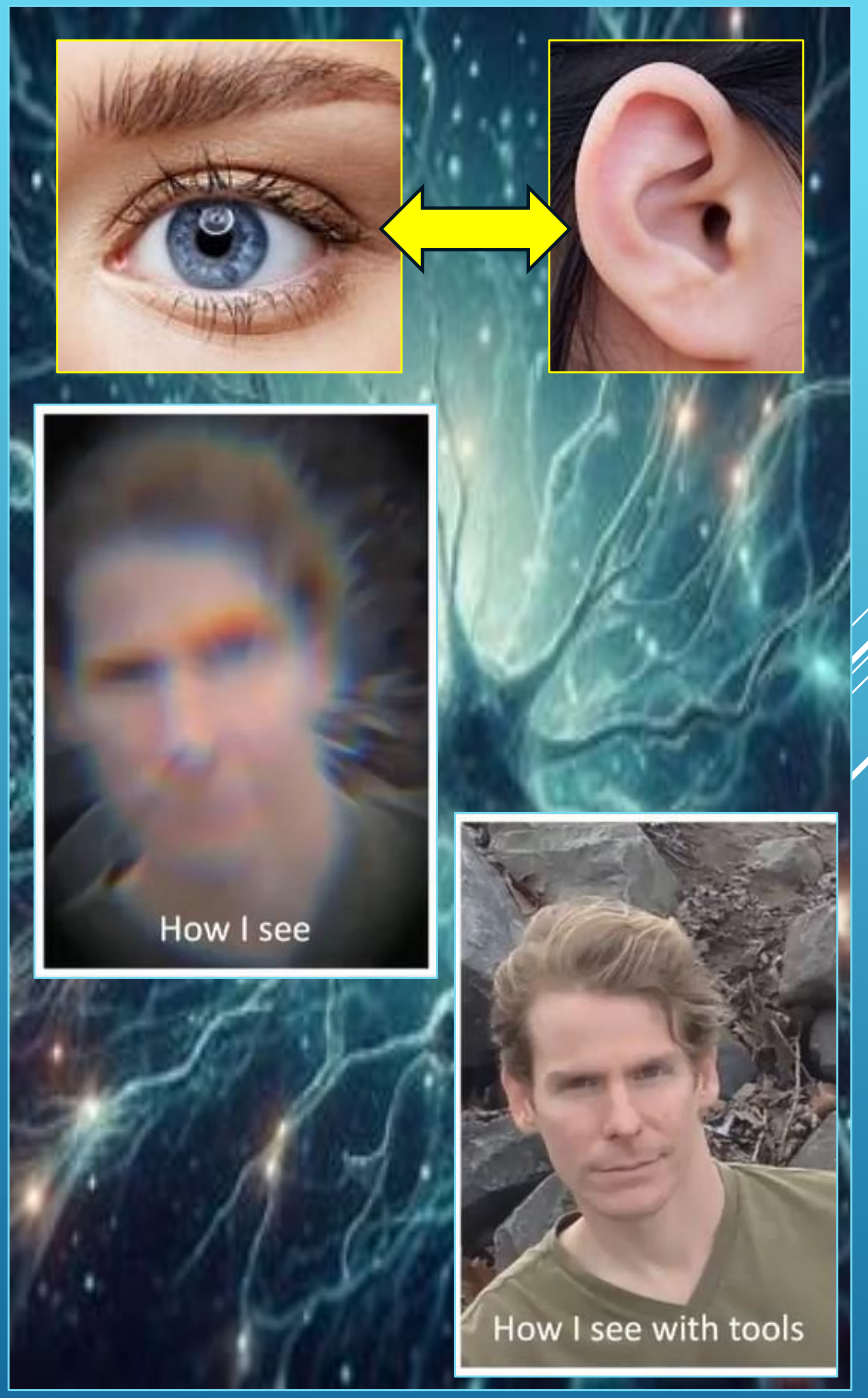
They are often disorienting, very painful, disabling, and isolative.

They make it hard to coordinate my body and make carrying out daily tasks and communications exhausting, or sometimes just impossible.

Kim Clairy MS, OT

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

"So, the smell of bacon is like a fire in my nose. When I smell bacon, I want to take my clothes off and run away. It hurts. It's painful. The smell clings to my clothes and then I'm in pain all day. I am very sensitive to sound, too. I can hear a blender, and just take off bolting, running away. Sensory [help] is huge because [overstimulation] affects [emotional] regulation, and the person needs to be regulated and feel safe in their body before you can do anything else. Imagine being a child growing up in school and the words on the black board are doing the shimmy shake on you; it's hard for you to understand why you're having difficulty and no one else is. But for me, that's normal. There's this component, too, where my senses can get crisscrossed and affect each other. I didn't discover this until I was 30? 31?" [She then describes how she visually **saw people as blurry/mushy color blobs** until the following experience happened]: "So, William and I were at an airport, and I had noise cancellation headphones with me, but I never used them in public. But, I was about to melt down, so, I turned to William, threw my bags at him, took out my headphones, put them on, then I said, **'Oh my gosh! I can see! I can see details! I can see faces.'** Yeah, that's the difference. I didn't realize how huge of a difference [regulating my auditory input would make in allowing my visual cortex to function properly]." – Kimberly Clairy OT



Modulation:

Difficulty responding to the sensory environment & maintaining appropriate levels of arousal

3 Types:

Over-responsive, Under-responsive, Craving

Discrimination:

Difficulty recognizing, processing, & interpreting differences/similarities in qualities of sensory info

Motor-Based:

Difficulty planning, sequencing, & carrying out movements efficiently

2 Types:

Dyspraxia, Postural

Interoception

Smell

Vestibular

Tactile

Sensory Processing Difficulties

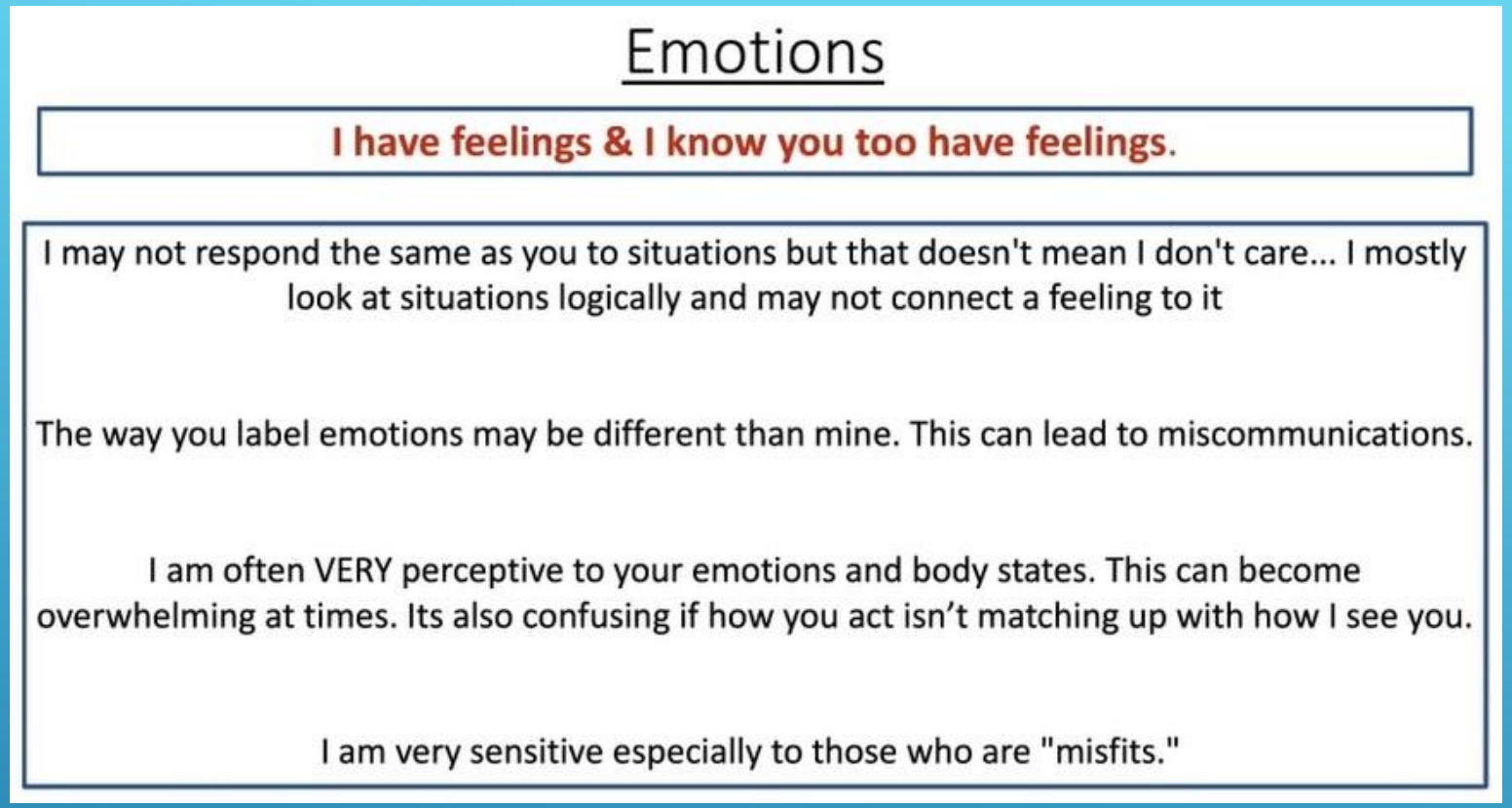
Taste

Proprioception

Auditory

Visual

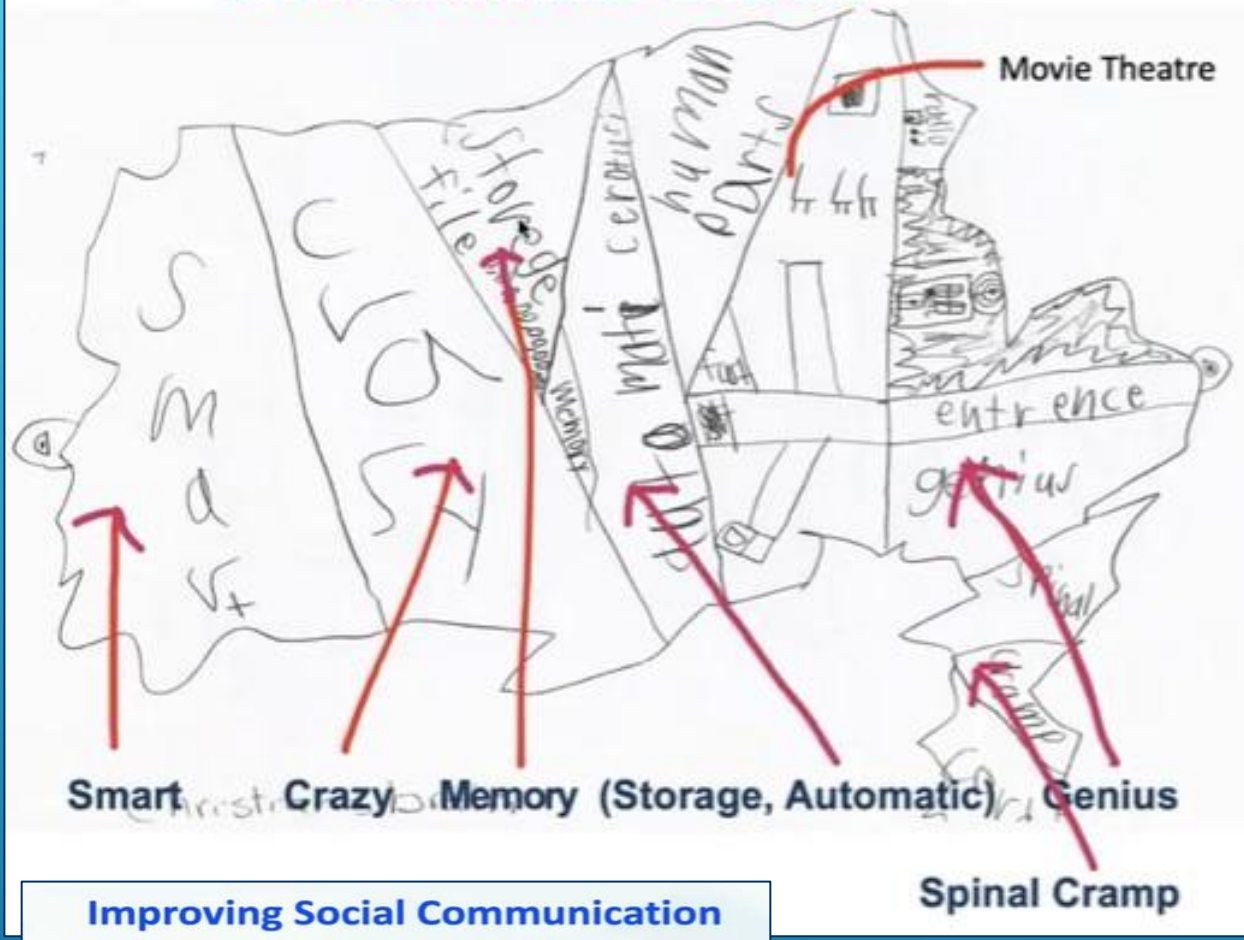
From: A lecture entitled, *Not Just Surviving, But Thriving With Autism,* by Kimberly Clairy O.T. (autistic adult) and her husband, William Miller.



"I was doing a class for young adults on emotions, on interoception, which is your body's internal [sensations]. I asked a young lady, 'Have you ever felt sad?' And she said 'Yes, when my grandfather died.' Then I asked her for another time. 'Yes, when my dog died.' And I asked her for another time. 'When my goldfish died.' And so she was connecting the word 'sad' [only] to somebody dying and not to other situations. It was sad when somebody died, [but she was just parroting the word 'sad' without feeling it. Sad] wasn't the actual experience that she felt in her body, which is so important for people with Autism to learn. **We need to learn what those body experiences are and how to connect them with emotion words, and [then we need to learn] how to express them**." In that class, then, Kim had to give examples to the girl, like, you can also be sad when you lose your job. Giving those examples for them to begin to understand and make those connections is invaluable.

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

Christian's Brain



This boy described his drawing of his own brain to Dr. Prizant. Notice that there's an eye all the way to the left, an eye all the way to the right, and everything about himself is located in between!

- The "Smart" part of his brain that helps him to come up with smart answers in school.
- The "Crazy" part is the place from which his out-of-control behavior is generated.
- The "Storage File" is the part where he is able to store information (probably a lot of it is visual).
- The "Movie Theatre" part is where he keeps all the information about movies he has MEMORIZED = visual memory related to things he's interested in is his super-power!
- The "Genius" part of his brain wasn't explained. Just know that HE HIMSELF identifies something about himself as existing at a "genius"-level. It's the adults' job to try to learn more about that in warm, affirming, and supportive manner.
- The "Spinal Cramp" area was simply Christian's way of trying to explain that sometimes information is trying to come into his brain in a good way, but it gets blocked somehow.

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Neurodiversity Principles in Action

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I wonder how your child would draw their own brain, and what kinds of wonderful conversations (even if very brief!) such a drawing might lead to!

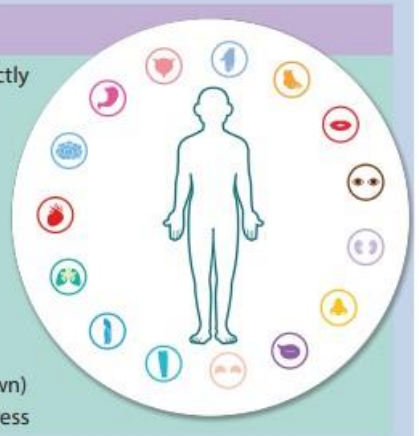
What is INTEROCEPTION?

Interoception is a sense that allows us to notice internal body signals like a growling stomach, racing heart, tense muscles or full bladder. When we notice these body signals our brain uses them as clues to our emotions. Interoception helps us to feel many important emotions including:

Hunger	Pain	Sleepiness	Anxiety	Calm
Fullness	Illness	Need for Bathroom	Distraction	Boredom
Thirst	Body Temperature	Anger	Focus	Sadness

Differences in Interoception

are very common and can lead to challenges in identifying exactly how one feels. Common signs of interoception differences can include **difficulty** with one or more of the following:



- Recognizing when hungry, full or thirsty
- Toilet training (daytime and/or night time)
- Identifying when sleepy
- Overly sensitive or not sensitive enough to pain
- Pinpointing symptoms of illness
- Identifying emotions in self
- Identifying emotions in others
- Recognizing building signs of distress (before a full meltdown)
- Independently using coping strategies during times of distress

Can interoception be improved?

The good news is YES! Research shows that interoception can be improved. There are many easy strategies that can be incorporated into your daily routines that can improve your child's interoception.

Strategies

1) Use **'Interoception Talk'**: Label the way your various body parts feel during daily activities (e.g. "My hand feels warm when you hold it; My cheek feels wet when you kiss it; My breathing feels fast when I run with you.").
2) Encourage your child's **'Interoception Attention'**: Encourage your child to notice how various body parts feel during daily activities (e.g. "How do your hands feel when you are holding a glass of ice water?; How do your eyes feel at bedtime?; Look at the goosebumps on your skin; Put your hand on your chest and feel your heart beating fast.").

For more information and free resources visit **www.kelly-mahler.com**.

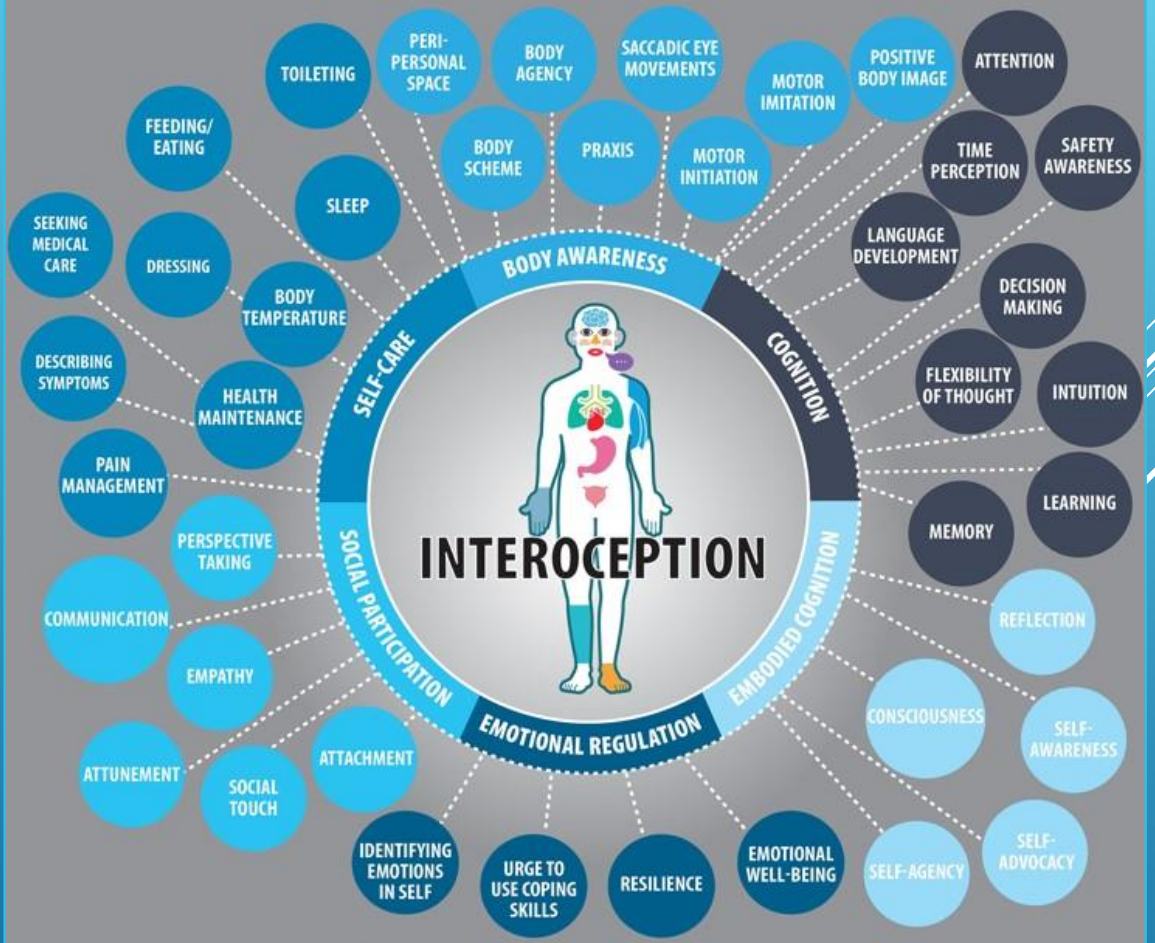
For even more free information join the Facebook Group **Interoception: The Eighth Sensory System**

https://www.Kelly-Mahler.com

THE VAST INFLUENCE OF INTEROCEPTION

Interoception is a sense that connects us with our internal body sensations such as heart rate, and muscle tension.

Research shows that interoception has a far-reaching influence on many different aspects of life.



If you don't know about interoception, it is time to learn more.

www.kelly-mahler.com

MISERICORDIA UNIVERSITY

Ellen McLaughin Ed.D., OTR/L, FAOTA & Kelly Mahler MS, OTR/L

How many senses do we have? – the standard answer is "five" – but there are more. And if there are more, then there are **more ways** that ASD individuals with sensory sensitivities and processing issues can feel confused, overwhelmed, and befuddled:

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

1) Vision
2) Auditory (hearing)
3) Touch
4) Smell (olfactory)
5) Taste (gustatory)

- - - - - - - - - -

6) Proprioceptive: sensations being generated internally (organs); also, knowing where your body is in space.
7) Vestibular: balance and movement.
8) Thermoreception: temperature
9) Nocioreception: pain
10) Prurretic: itchiness

… it is speculated that the number of different senses might number in the 20s!

Spiral foundation
Sensory Processing Institute for Research and Learning

This guidebook was developed to provide an overview of sensory integration dysfunction, assessment and intervention.

Maybe you are an adult who has become socially isolated because the slightest touch feels threatening.

What is Sensory Integration?

Maybe you are a teenager who struggles with sleeping and eating and is irritable much of the day. Your parents say it is only a stage, but that doesn't make it any easier to deal with.

Every day we experience and interpret sensory information from our environment. This information comes from the senses: sight, hearing, touch, taste, and smell, as well as balance and movement (vestibular sense) and muscle and joint senses (proprioception). Our balance and movement sense allows us to know where we are in space and where our head is in relation to gravity. Our muscle and joint sense allows us to know about how much force we use and where our extremities are in relation to our body. All of these senses provide us with information about our body and the environment around us. The process by which the brain organizes and interprets this information from our senses is called ***Sensory Integration***.

For most people, sensory integration develops through typical childhood experiences. Through these experiences, children acquire the ability to interpret, adjust and respond appropriately to incoming sensations. For example, children gain knowledge of their body in space through movement activities such as running, swinging and rolling. This knowledge allows them to navigate their world safely such as being able to safely time crossing a busy street. However, for some people, the ability to integrate everyday sensory information does not develop as well as it should. It can result in long-term difficulties with everyday activities such as work, dressing, eating and self-regulation. When this occurs, the individual has a problem with sensory integration.

Maybe you are a young adult working your first job who is determined to work hard, but can't seem to stay organized or focused at your desk.

This problem is frequently referred to as a Sensory Integration or Sensory Processing Disorder (SPD).

Maybe you are a college student whose ears fill with pain whenever the fire alarm rings in your dorm building. While everyone else goes outside, all you can do is curl up in your bed with your hands and pillows over your ears.

THE VAST INFLUENCE OF INTEROCEPTION

(Think about how powerful our own emotions can be as non-ASD adults – i.e., the power of what we feel on the inside, both emotionally and physically. Magnify this power for teens, and 10x magnify its power for ASD adolescents!)

For all human beings, **emotions are like smoke alarms**. Either your emotion is accurately responding to a real threat or other stimulus, or, it is a false alarm that is inaccurately responding to an imagined threat or other stimulus. Let's look at some examples in the life of the **typical teenager vs. a teenager with ASD**:

Situation (non-ASD)	Emotion(s) = Alarms	Analysis
A kid at school threatens to beat me up right after school	Fear, anxiety about being physically harmed or even killed	I can use my fear and anxiety to come up with a viable safety plan
Mom said no about buying me a $200 pair of Nike Air Jordans	Anger, frustration, anxiety about feeling rejected by my peer group	I need to realize my feelings are lying to me about a perceived danger that isn't real

Spiral foundation — Sensory Processing Institute for Research and Learning

Now, let's look at similar situations being experienced by an ASD adolescent:

Situation (ASD)	Emotion(s) = Alarms	ASD Interference	Analysis
A kid at school threatens to beat me up right after school	Fear, anxiety about being physically harmed or even killed	I feel this threat like fire shooting down my legs. I perseverate on this sensation, preventing me from thinking clearly at all.	I need help from a trusted adult to protect me and help me to safety plan with them vs. shutting down, acting-out, etc.
Mom said no about buying me a $200 pair of Nike Air Jordans	Anger, frustration, anxiety about feeling rejected by my peer group	I don't understand, socially, that my online friends aren't real friends or that they won't see my feet	I need lots of help with understanding friendships, relationships, and the nuances of acceptance and rejection.

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

From *The Out of Sync Child* (book): **Sensory Processing Disorder (SPD)** can be mistaken for:

- AD/HD
- Learning Disability
- Emotional Disturbance

I would also add to the above list:

- Schizophrenia or Schizoaffective Disorder
- Bipolar Disorder
- Intermittent Explosive Disorder
- Disruptive Mood Dysregulation Disorder (DMDD)

It's only logical, then, that we also conclude that ASD kiddos can also be easily misdiagnosed, as well, and for similar reasons: Odd behaviors, dysregulated and inappropriate emotional reactions, and the false assumption that a child reacting to internal stimuli must mean that those stimuli are of a psychotic nature (vs. irritating sensations associated with poor sensory integration and processing).

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"

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

Overstimulation + My Brain =

I think in pictures and when I am overstimulated the pictures in my head start to develop holes, like swiss cheese. My ability to translate those pictures into words diminishes and sometimes that means I can no longer speak.

Thinks in pictures

↓

Becomes easily overstimulated due to sensory sensitivities & trauma

↓

Starts to lose her ability to keep the thought-pictures in her head intact

↓

Loses her ability to share the content of her visually-grounded thoughts in a verbal manner

- - - - - - - - - - - - - - -

Incorrectly diagnosed with Conduct Disorder as a child

Kimberly Clairy OT: These are her official DSM 5 diagnoses:

Attention Deficit Hyperactivity Disorder

Post Traumatic Stress Disorder

Sensory Processing Disorder

Autism Spectrum Disorder

Anorexia Nervosa

Language, Communication, and Social Cognition

Those with ASD have difficulty using and interpreting language in a flexible, rational, and goal-oriented manner…in an ever-changing environment.

And regarding social cognition-those with ASD have difficulty

1. Collecting the most relevant information
2. Analyzing the information
3. Making a judgement about what to say or do
4. Executing the response

These can then yield an unsuccessful response or a "social mistake"

Research: Linguisting and pragmatic language skills in adults with ASD: a pilot study (March 2008) Lewis & Woodyatt

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

Consider how difficult communication can be between non-ASD children and/or adults:

- Assumptions
- Unspoken expectations
- Not asking the right question(s)
- Giving of incomplete information
- Contradictory non-verbal body language
- Black and White thinking/ jumping to extremes
- Intense emotion
- Etc.
- … now, consider how all of these impact ASD individuals in addition to their natural barriers.

From Dr. Prizant's doctoral dissertation:

Our Research on Echolalia -An Early Example of Neurodiversity in Action

(Prizant, 1978; Prizant & Duchan, 1981; Prizant & Rydell, 1984)

Echolalia should NOT be seen as being "pathological," but instead:

- as serving different communicative functions
- as reflecting a different strategy for acquiring language (gestalt strategy)
- based on presumed neurological differences

"The people who were writing about language and autism for the most part at this time [back in the 1960s and into the 1970s] were **behavioral psychologists** ... [people] who didn't know a thing about language development in children. So [to them], if language looked different, it was called **pathological**, **psychotic speech**, or **meaningless parroting**. [They **presumed** that] we need to **extinguish** the echolalia ... and this coming, [again] from people who knew squat about language development and two or three decades of language development research." Dr. Prizant came to realize that "People were [applying] a **'deficit checklist'** [framework] not only to language, but then we extended it to autism in general."

Improving Social Communication in Autistic Clients

Neurodiversity Principles in Action

Barry M. Prizant, Ph.D., CCC-SLP
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www.SCERTS.com
www.uniquelyhuman.com

Notice how a **"Deficit Checklist"** mentality that began in the early days of psychoanalysis (Sigmund Freud, et al.) still carries over and **continues to have a negative impact on people's lives today**! If you ever read the Gary Paulson book, *Hatchet*, you'll recall that early in the boy's flight in a 2-seater plane over the Canadian wilderness the pilot has a fatal heart attack, during which his foot barely bumps one of the steering pedals, sending the plane slightly off course. But after a few *hundred* miles - the boy flying the plane until the gas would run out - the plane ends up being **hundreds of miles off course**! It only takes one little bump to send an entire field of study – or a life - off in the wrong direction! (Greg Handleton MA, LPCC-S, TRCC)

*"It's not about what's **wrong** with you, but about what happened to you" –*

Eleanor Longden

(abuse survivor and founder of the Hearing Voices Network, 2012)

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.

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

Kim prefers to socialize by doing a one-on-one activity with someone that doesn't always or doesn't 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: Kimberly Clairy MS, OT – an Autistic adult:

Thinking & Processing

I cannot be rushed; I need time to process.

I have a VERY hard time with change and the unexpected.

It's difficult to process & organize multiple steps - I need one direction at a time & visuals for things that are auditory.

Sometimes I repeat actions, thoughts, and words because I am stuck in a loop. When this happens, I need help stopping.

I may not be responding because I just need a little help starting or stopping a task.

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

Sudden Changes in Routine:

William: Changes in routine can create a real problem for the individual with autism. Early on in our relationship, Kim and I had a routine every certain day of the week. I would come home with tacos from work and then we would have date night. One time me and the guys at work had gotten tacos for lunch and so I didn't want tacos again for dinner. So, I got a salad for myself. Then, I went to the same restaurant, got some tacos for Kim, went home, and then, when Kim looked in the bag …

Kim: I got very upset. I thought that now we can't have date night because there's only one set of tacos. I'm supposed to have tacos and you're supposed to have tacos. This went on for 45 minutes. Finally, I said we can't have date night because there's only one set of tacos. William realized I was thinking that that change of only having one set of tacos and him having a salad ***meant*** that we weren't having date night.

William: So, I validated her feelings, and then I gently and very calmly explained to Kim that I already had tacos earlier, and so I didn't want tacos for dinner as well. I explained that we're still going to eat, and we're still going to have date night; there's just this ***one small part*** about our routine that has changed. And so, this is something important to remember. If one small part of the routine is going to change, the neurotypical person needs to give that individual with Autism a ***heads-up*** to let them know in advance. That way they don't have to be triggered by an unexpected change that really was fully avoidable; that way they've got time to mentally and emotionally prepare for that change.

Reality Check: In some households, especially with ASD children, I think that some parents purposefully neglect to inform their child of a known, upcoming change in routine. Why?: Not because they're wanting to hurt their child, but simply because they so desperately want their child to "learn" to accept changes ***on the fly***. Good News: They ***can*** learn, but it just has to be handled differently. For parents who need to feel powerful and "in control," remember – surprising an ASD person with change or with new information will almost always backfire and cause things to spiral ***out of control***.

Kimberly Clairy MS, OT: When driving off after their wedding, Kim's husband William asked, "Was this the best day ever?" to which she replied, "No." So, she admits she then "had to do some damage control because I could see that I'd just hurt his feelings." She salvaged the conversation by explaining that it wasn't the best day only because she had to sit still for a long period of time while her hair was done, etc.!

Notice how Kim's explanation highlights how, in her own unique experience of Autism, it's the sensory challenges she deals with that dominate her thinking.

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

Some people with ASD struggle with perseveration, either sometimes, often, or frequently, depending on the person. Here's what Kim Clairy, an adult 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 [don't say "But"] we have to be at the theater in 30 minutes. Can you put that on **pause**? And when we get back from the theater, you can arrange the flowers **again**." 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 it to 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." **(+ CHOICE)**

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." **NOTE**: It's possible, if not likely, that Kim trampolined for two or more hours prior to lunchtime. Is this an acceptable form of perseveration? Possibly. Even with Kim's history of eating disorder symptoms, this form of perseveration might still be Ok, within certain limits.

7 Types of Thinking

There are seven most common types of thinking:

1.Creative thinking
2.Analytical thinking
3.Critical thinking
4.Concrete thinking
5.Abstract thinking
6.Divergent thinking
7.Convergent thinking

(… of course, people are unique and will most often engage in a blending of different kinds of thinking in different situations).

"The way one approaches problems and solutions relies more on how the brain manages and processes information than on the facts presented."

ASD people are capable of "having" any one or more of these types of thinking that will come naturally to them, just like anyone else. It might just be more difficult to find out which types they "have."

From: https://blog.mindvalley.com/types-of-thinking/

This approach was developed by Mark Bonchek and Elisa Steele. According to them, people tend to have a typical area of *focus* on **ideas, processes**, **actions,** or **relationships**, with an *orientation* of looking towards the **big picture** or the **details.**

There are also three types of information processing:

- Verbal *(this is what most classrooms are based on)*
- Visual/Spatial
- Kinesthetic

… and let's not forget that people have their own unique sense of humor. With severely ASD people it will usually be very difficult to find out what their sense of humor is like, but in theory, it's still there.

The 12 Types of Intelligence – by Dr. Howard Gardner (1983)

And let's not forget the Five Love Languages (Dr. Gary Chapman):

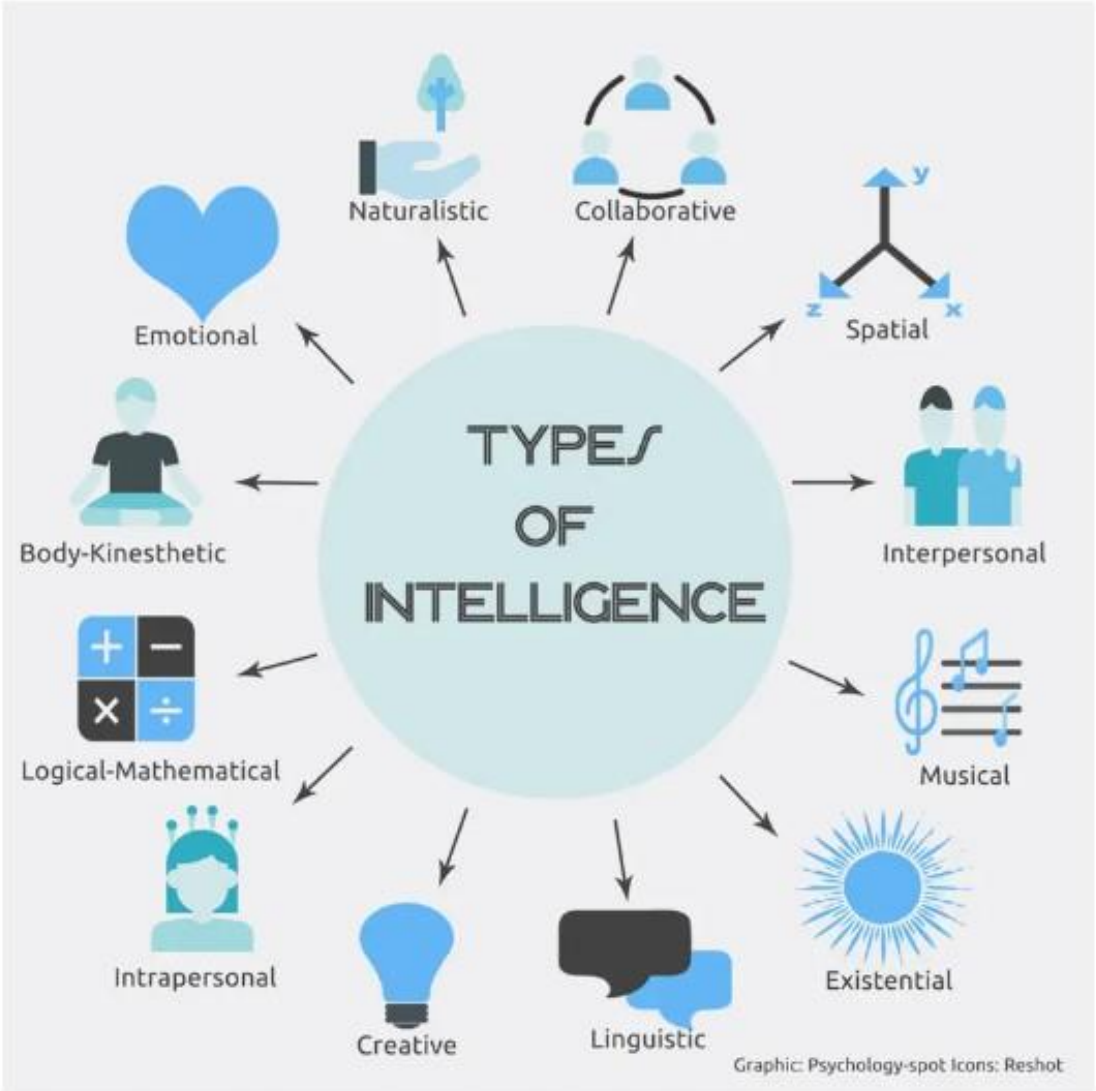
- Gifts
- Quality Time
- Words of Affirmation
- Acts of Service
- Physical Touch

And let's not forget a person's Core Motive (Dr. Taylor Hartman):

- Red - power
- Yellow – fun
- Blue - connection
- White - peace

"We need all of the different kinds of minds, because they have different skills that are complementary" – Temple Grandin

The different types of intelligence that we can develop

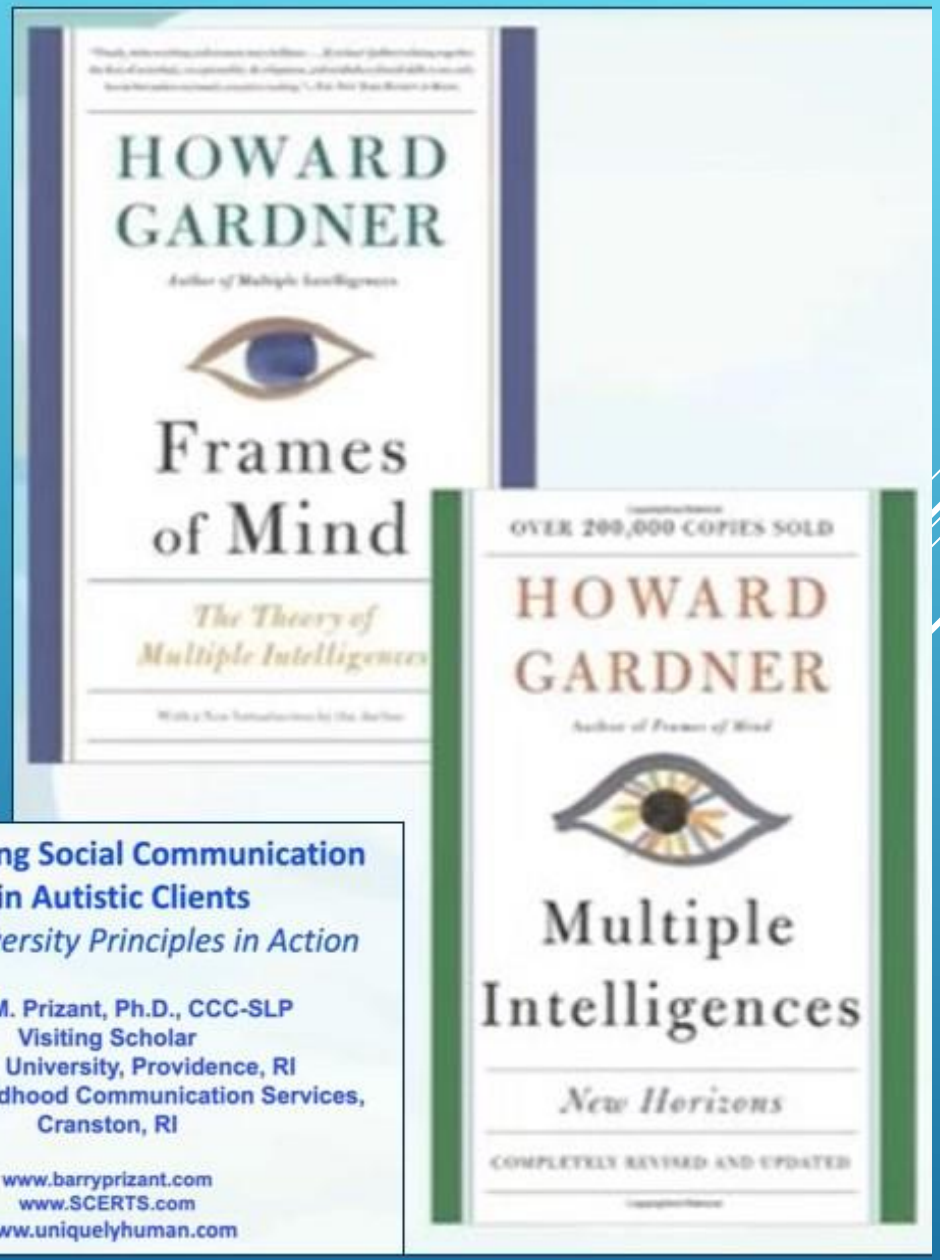


At first, Gardner proposed the existence of 7 types of intelligence, but later he included two additional intelligences and with the passage of time other constructs have been added that expand our vision of intelligence.

Dr. Gardner's work on the different types of intelligence predates the coining of the term "Neurodiversity" but essentially was about the same thing:

~~Gardner's work in terms of the theories of multiple intelligences~~. So many years, actually close to 20 years before the term neurodiversity was coined, In a sense, Howard Gardner was talking about that,because he was talking about different patterns of strengths, of relative strengths in some cases that all human beings have across so many areas of ability, language abilities, interpersonal abilities and intrapersonal, visual-spatial, bodily kinesthetic, logical mathematical musical, and one that has added more recently, naturalist intelligence. And also people talk about spiritual intelligence. So eight or nine different kinds of intelligences, and probably everybody who's listening could think about what they are good at and what they are less good at. But Gardner, way before we had precise imaging research was saying, this is probably due to neurological differences. And one of his famous quotes is, it's not how smart you are that matters, What really counts is how you are smart. And there are still programs in schools that are built upon theories of multiple intelligences and that's one of the areas I tapped into early in my career as far as helping me understand the peaks and the valleys that we see in people on the spectrum. ~~So I also got a lesson from a youngster who at the time had a diagnosis of~~

"It's not how smart you are that matters. What really counts is how you are smart." – Dr. Howard Gardner



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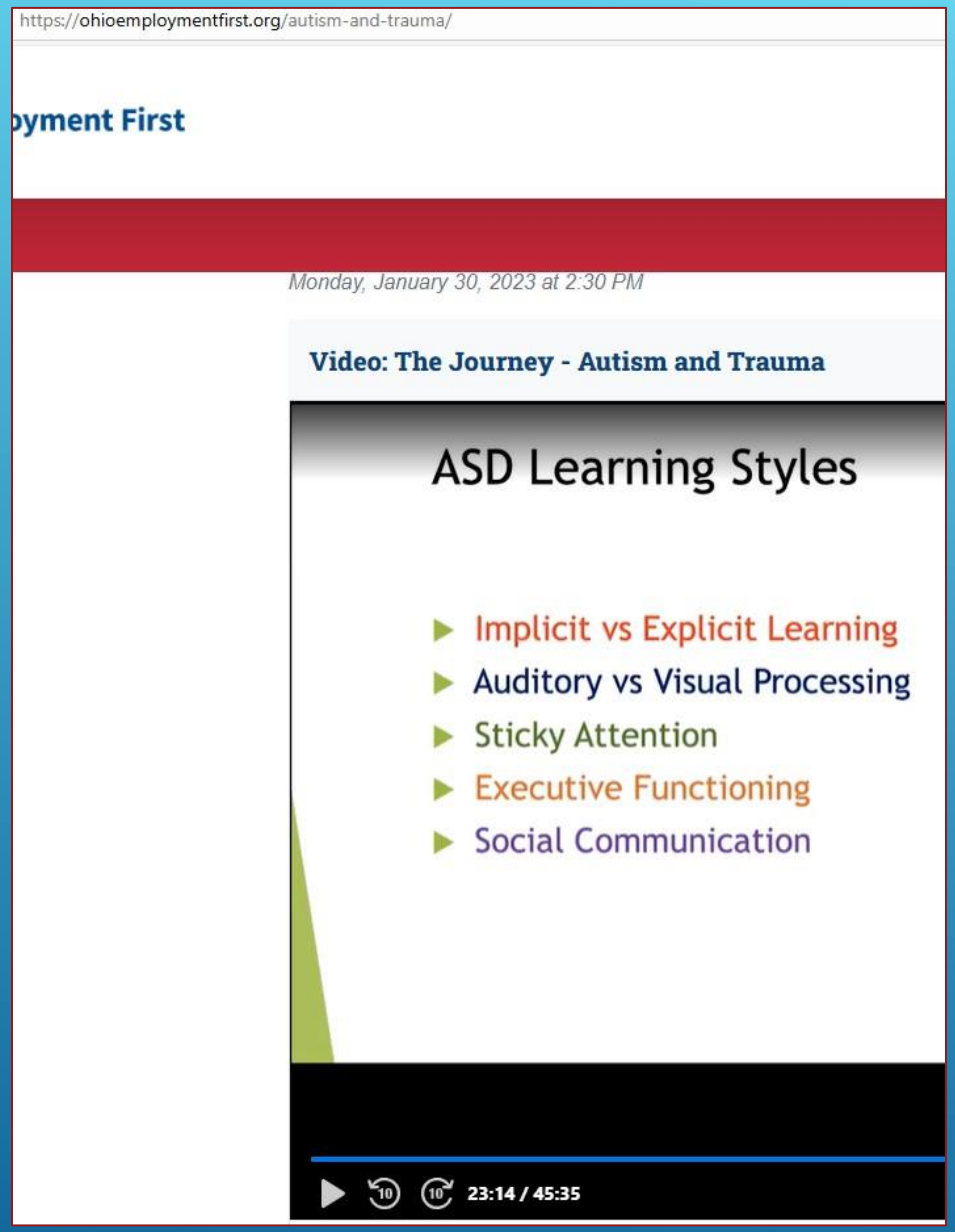


Implicit vs. Explicit: Most people learn a lot of things Implicitly from their environment – we "pick up on things" just through observation and by just being in an environment; however, ASD people learn Explicitly. They are so busy trying to tune the environment out that they simply will not pick up on things naturally. Things have to be spelled out, be concrete, and be shown to them.

Auditory vs. Visual Processing: ASD folks also have a strong bent towards visual processing vs. auditory processing. It's amazing how many adults will, themselves, be highly visual learners, but then they expect all kids to learn by simply being told, being lectured at, or being given a list of verbal instructions that "should" be remembered without being written down! What's especially hard is when an ASD child lives with verbal adults, they themselves (child) are highly visual, but then they also lack the verbal skills to ask for help, ask for clarification, express exactly where they feel stuck, communicate their own ideas, etc.

Sticky Attention: Also, "sticky attention" is different from defiance, ignoring, or not caring about what an adult has said. The more severe the ASD, the harder it is for that person to disengage from something they are extremely focused on in the moment.

Executive Functioning: ASD folks also have trouble taking one piece of information, holding onto it in their mind, and then combining it with another piece of information, such as when being asked to problem-solve. Non-ASD people do this every day without thinking, but ASD folks generally have to work hard at achieving this same type of processing.

Social Communication: ASD folks absolutely do want social connections (for years it was thought that they don't). We have to find ways to help: Sign language, keyboarding, pointing at pictures, etc.

Everyone with ASD is Truly Unique – Here are More Traits/Characteristics That are Possible:

- Thinking in pictures – being an object visualizer. "Everything I think about is a picture."
- Being able to hold a picture of something in your mind and being able to turn it around in 3D to see if from all angles.
- High levels of anxiety: Dr. Temple Grandin found via an MRI that her Amygdalae were three times larger than normal: "My nervous system was amped-up in a constant state of fear … over absolutely nothing. One reason I think kids are getting so addicted to video games is because the games make their fear go down."
- From the book, *The Out of Sync Child*, by Carol Stock Kranowitz (in talking about Sensory Processing Disorder, which overlaps with ASD in several ways): "They may look fine and have superior intelligence, but may be awkward and clumsy, fearful and withdrawn, or hostile and aggressive. SPD will affect not only how they move and learn, but also how they behave, how they play and make friends, and especially how they feel about themselves."
- Kim Clairy, OT, an ASD adult, explains how, as an adult at work, she'd go out to her car at lunchtime "to rock" and then she'd have to do that again for about 30-45 minutes after work "to calm myself down in order to be able to drive." She would then drive to the gym "where I would run for hours and hours just to regulate my system" (related to both her ASD and her Eating Disorder). At home, then, she only had energy to walk her dog, then she'd have to sleep. By her mid-twenties, she had 2 years' worth of unopened mail "because I literally didn't know how to check my mail and figure out what was important and what wasn't important" – i.e., junk mail might look important while important mail might look very plain and not very attention-grabbing. She also didn't clean her apartment "because I couldn't figure out the steps needed to organize my space" … yet, she had a Masters by this time.

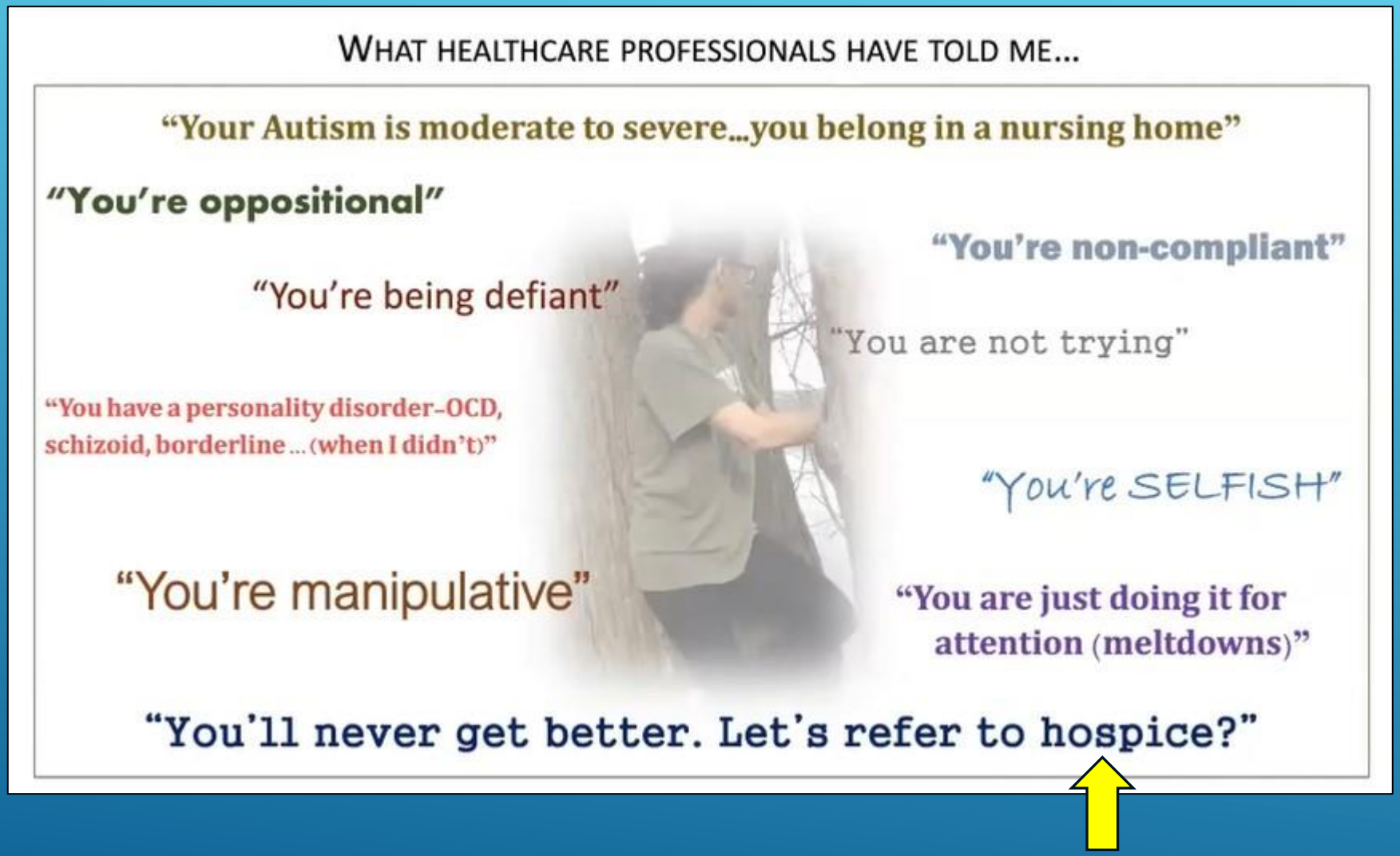
My World, Your World – a poem by Kimberly Clairy OT (an adult with Autism):

I have eyes, ears, nose, a mouth, just like you. I can even blend in and act like you. But I am not you, I am me. I am different, yet forced to be indifferent to the ways of this world, a world that is befuddling to me. Hidden agendas lurk around every corner. Rush hour really lasts 24 hours. Assumptions equal facts. Nobody really cares how you are. How do you live in a room with beeps, slamming, everyone talking at once, yet no one is listening, content is lacking, irrelevant. Sadly, these words wasted. Time taken. Discoveries stolen by these wasted words. Are you really listening? Well, the contaminated ears are clogged, and the mouth spits out meaningless words. Your eyes are blind. Not in the literal sense. But they don't see. They don't see me. They don't see you. They don't see themselves. Your eyes are distracted by blues, greens, grays, reds, oranges, all different colors, colors of various shapes and sizes and sounds, blurred together, oscillating, moving colors, camouflaged. Your colors are seen by blind eyes, and they create false pretenses. Colors are meant to be felt, not seen. Just like ears are meant to see, and the mouth listen. Your world is backwards, confusing, yet I must live in it and learn your ways, or I am labeled as aloof, cold, uncaring, odd, not normal. Assumptions are made that I am unfulfilled or sad because I don't always find pleasure in the emotional and objective pleasantries of this world. It is wonderful, beautiful, really amazing. And I want to say, "Come with me." I want to show you. But my words are fragmented, and my mouth unable to speak. Too many things around me. I want to take your hand and show you what I can see with my ears and hear with my eyes. But I'm paralyzed. I cannot move. There are too many things around me.

One Entry from Kim Clairy's Journal from her mid-20s while living and working on her own:

"My head is constantly pinging around and it doesn't focus for long. And when it does, it's fixated. My body is tense like there's cement in my joints. Any auditory information is painful. Verbal information is too difficult to process and leaves me confused. I spoke with my mom about this and she tried to help, but I became frustrated. I feel like she doesn't see it like me. She said I need to find balance and do something enjoyable like a new hobby or read a self-help book to help me think different. I became frustrated because it's not a matter of my thinking or of me finding work-life balance. These problems I can easily solve. ***It is rather an issue of my system being so overwhelmed.*** Thinking differently or taking time for a hobby isn't going to change how I take in and process the world around me. ***It is so difficult to organize myself internally.*** I wish others understood how I feel – and I don't mean emotionally, but physiologically."

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



Unfortunately, misdiagnosis happens in the Mental Health field quite a bit. Take one client, let 10 different clinicians diagnose them, and you'll often see 4-8 different primary diagnoses being given.

At the same time, when great strides *are* made, it's almost always in connection with a good therapist who has built a good foundation of trust with that client. The fact is, few people with Autism get better without professional help of some kind.

Related to her eating disorder, in 2015 she was told she needed Hospice care!

Kim Clairy MS, OT:

EMOTIONS

Those with Autism:

May not have a language or the words to communicate emotions , **due to being very concrete and literal.**

May assign typical emotion words to a concrete situation

Often go from a 1 to a 10.

- without really being aware of the specific emotion, or, they might not even be aware that they're experiencing a strong emotion in the first place.

Can struggle with interoceptive awareness

- i.e., they often lack awareness of what's going on inside of themselves emotionally and/or physically (internal sensations, etc.).

Kim:

"I noticed that neurotypical people seem to experience emotions verbally, but I experience them more through motor agitation. I myself experience emotions through colors, shapes, and textures."

Kim would analyze situations in [various] environments, which would help her piece together her [own] internal emotional experiences that would later become categories that others refer to with emotion words.

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

Kimberly Clairy MS, OT – autistic adult:

"There's a real misconception about autism, that individuals with autism lack compassion or empathy. Which is wrong! I believe that people with autism feel so much compassion for others, but they do not always know how or when to express that compassion. I also believe that sometimes when we try to express it, it's done differently than what others are used to, which may come across as uncaring, rude, or inappropriate. Also, a lot of people with autism, we relate through our own experiences. And so, if we have not had a similar experience, it may be difficult to actually outwardly express a concern. However, that does not mean that the concern or empathy is lacking. It just means that it's hard for the other person, for you, to note it because we are expressing it in more subtle ways than how you're used to."

From Greg Handleton MA, LPCC-S, TRCC:

A lack of empathy, however, can be real. Some ASD folks are very lost in their own internal worlds; plus, an ASD person might be in chronic anger if their interests are constantly thwarted, if they're being mistreated, if they've gone for years without being able to communicate, etc.

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

STOP!

Open your eyes

I am not who you say I am

Plainly I am just Kim

I am not a diagnosis code in a book

Take a step back and look

Stop. Pause, give me time to process what is said

Too much too fast is not good for my head

I just need a few minutes to hear what you say

Please be patient with me OK?

Q: How many non-ASD kids/teens lack the ability to express what Kim expresses here? – how many ASD kids/teens?

Kim wrote this in her journal in 2015: "I was in a meeting with [my treatment team] and was told I would not be able to live on my own, and I needed to look into assisted living facilities. They said my autism was moderate to severe. They would not allow me to communicate in the meeting. I kept trying to help them understand, but they told me not to talk."

"I had decades of experience learning how to look normal so I could survive within society. It took me years of hard work, self-exploration, and the patience of many people to undo the harm of hiding from myself and the harm the world caused me. For me, the foundation to discovering me was becoming self-aware. I needed to understand my neurology – understand the whys - discover my strengths, learn to problem-solve and cope, acknowledge my weaknesses, develop self-compassion, and embrace my differences. One of the first things I had to learn was that I do process the world differently and that that is okay. Differently isn't wrong. It's just different."

I refused to accept what they thought about my future ...

PERMANENT POSSIBILITIES

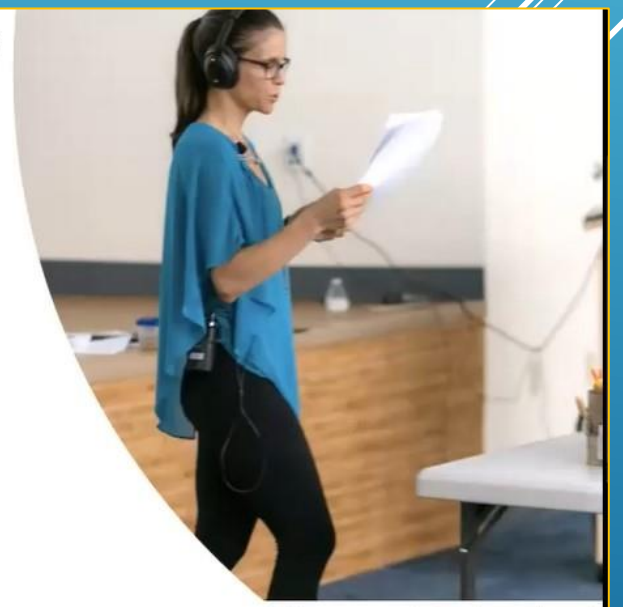
Permanent possibilities

Peeping through

You say it is only a dream

Well, dreams can come true

Permanent possibilities peeping through



A few years later-here I am!

Feelings Log:

INTERNALLY DISORGANIZED

What it feels like/how it affects me	• My atoms are scattered • Jumping and fragmented thoughts	• Urges to throw-up • Shooting energy	
What it may look like- but is often not	• Mania • panicked	• Defiance • Not listening	• Confusion • Anxious
How others can tell	• Difficulty starting a goal oriented task • Laying on the ground/bed for a long time • Unable to carry out simple directions • Difficulty verbalizing thoughts sequentially	• Fragmented speech • Refusal to eat, • Nervous energy • Unfocused activity	• Pacing • Impulsive • Unable to focus • Waving hands
What others can do to help	• Give me deep pressure • Suggest inverted positions • Give me a simple task to complete that is repetitious but give me a time limit	• Lead me to a quieter location • Give a structured schedule- make it visual	

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"I don't mean to be mean … It's just hard to figure out others *and* respond accurately when I'm dysregulated."

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

https://www.youtube.com/watch?v=1CNY6BbtgS8

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EMPOWER
BEHAVIORAL HEALTH & INTERVENTION

BOYS VS GIRLS

Autism "looks" different in girls

- Girls are good at masking
- Girls are socially savvy
- Integrate scripted language well
- Girls tend to be overlooked unless they have significant behavior difficulties, cognitive deficits, or have other conditions that may be disruptive to their environment.

WHAT IS MASKING?

Masking is a strategy used by some autistic people, consciously or unconsciously, to appear non-autistic in order to blend in and be more accepted in society.

Research suggests autistic people learn how to mask by observing, analysing and mirroring the behaviours of others – in real life or on TV, in films, books, etc.

Hyper-vigilance for and constant adaptation to the preferences and expectations (whether expressed, implied or anticipated) of the people around you

Tightly controlling and adjusting how you express yourself

EMPOWER

Anyone who has seen the family-friendly TV smash, *The Middle* (starring Patricia Heaton) may remember Brick's tall girlfriend, Cindy … who never showed any facial expression, always wore the hat pictured above, who liked to only eat shrimp, who didn't understand other people's body language or facial expressions, and who treated her boyfriend, Brick, more like a prop than as a person. In other words, girls *CAN* be equally as Autistic as boys in regard to the visible challenges and deficits … and not just because a TV show character says so! What's funny, though, is that Cindy's parents ask Brick's parents if they can borrow $1,000 the first time they meet them! – pretty Autistic!

COMORBIDITIES

AUTISM AND...

- ADHD/ADD
- Anxiety Disorders
- Depression
- Gastrointestinal Disorders
- Sleep Disorders
- Seizure Disorders
- Neurological Disorders (CP)
- Motor Dysfunction (apraxia)
- Oppositional Defiant Disorder
- Conduct Disorder
- Schizophrenia

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PLEASE REMEMBER...

In general, individuals on the spectrum are:

- Honest
- Loyal
- Ethical
- Altruistic
- Straightforward
- Not susceptible to peer pressure

EMPOWER
BEHAVIORAL HEALTH & INTERVENTION

cultural differences. So there are now some self-advocates who are talking about understanding communication in autism as a cultural difference. And I can relate to that partially. I grew up in Brooklyn, very, very direct New York City kid. I've spoken now to a number of people on the spectrum who moved to New York City, and they said, except for the sensory craziness, actually Julia Bascom said this, they're more comfortable talking to people in New York because of the directness and not the nuance and not the dancing around the subject. So now people on the spectrum are saying, well, wait a second, there's something about our communication that you might see as deficient or as undesirable, but it's our culture. This is the way we talk to each other. We are direct. We're going to give you our opinion. I'm sorry if it sounds rude, but it's not

Improving Social Communication in Autistic Clients

Neurodiversity Principles in Action

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

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

How Parenting ASD Kids *is* Like Parenting Neurotypical Kids

Racial Disparities and Neurodivergence in Autism:

Strategies for Systemic Change for Equitable Care

2nd Annual Autism Symposium
April 21-22,2022

Michael Hannon, Ph.D., Montclair State University
Robert Naseef, Ph.D., Alternative Choices

"Don't mourn for us"
Jim Sinclair

"You didn't lose a child to autism. You lost a child because the child you waited for never came into existence. That isn't the fault of the autistic child who does exist, and it shouldn't be our burden. We need and deserve families who can see us and value us for ourselves, not families whose vision of us is obscured by the ghosts of children who never lived. Grieve if you must, for your own lost dreams. But don't mourn for us. We are alive. We are real. And we're here waiting for you...

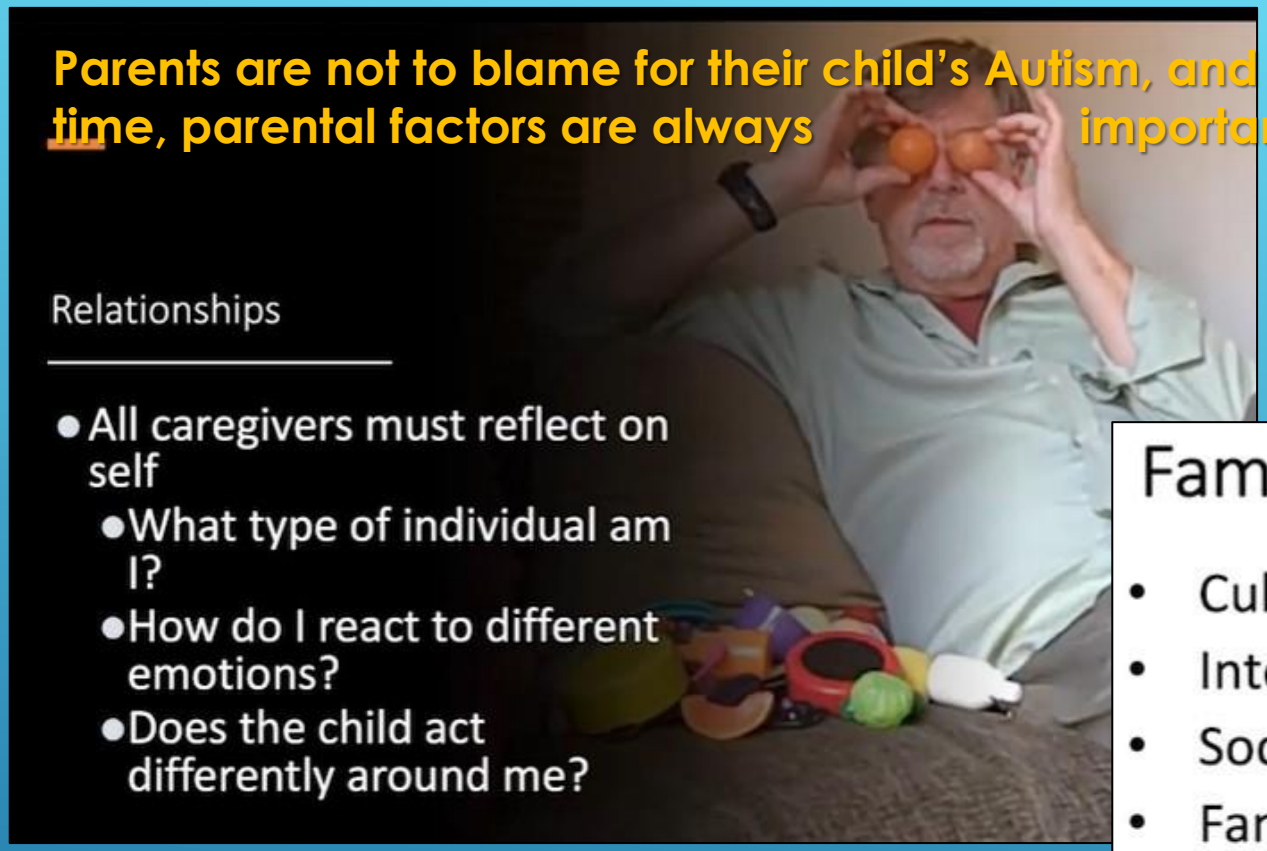
...This is not the child you made all those plans to share all those experiences with. That child never came. This is not that child." Then go do whatever grieving you have to do--away from the autistic child--and start learning to let go.

Professionals need to provide a safe place for parents to process their grief and let go.

This **"grieving" process** is no different with ASD kids than with the parent who wanted their son to be a football star, but the boy never even liked sports; or the parent who wanted their daughter to be a cheerleader, but the girl was always far too shy to do anything in front of a group, much less a big crowd.

"All children need positive, engaged, energetic parents!" – Robert Naseef

Parents are not to blame for their child's Autism, and yet at the same time, parental factors are always important to consider:



Families

- Cultural Values
- Intergenerational Pressure
- Social Support
- Family history (e.g. neglect, abuse, trauma history)
- Coping Skills
  - Emotional availability or reactivity
  - Grief (shock, denial, guilt)
  - Coping patterns
  - Goodness of fit (e.g. play favorites)

- *Need to control/protect*
- *Warmth versus authority*
- *Desire for more or less information*
- *Internal family teamwork*
  - *–Communication styles*
  - *–Division of labor*
  - *–Emotional support*
  - *–Ability to problem-solve*

"You have to think, as a parent: Am I willing to do certain things to help my child? Are you only happy when your child is happy? Can you tolerate only happy affect, or are you able to handle it when your child has less pleasant emotions? Can you tolerate it when others are sad? Can you tolerate it when another person is indifferent or ignores you? How do people typically react to me in my normal way of being? How am I affecting what's going on?"

The infant's mind is "wired" for relationship. It is in the context of relationship that development occurs.

The developing brain is "plastic"- malleable-able to grow and create new connections

Interactions with caregivers stimulate brain development

Harvard Study on Adult Development

The key to happiness and a long healthy life?

Relationships

https://www.youtube.com/watch?v=VOogmgjFTYk

- Critical Features of Interactions:
- Warm
- Secure
- Regulating
- Engaged
- Pleasurable
- Reciprocal
- Emotionally Meaningful

How to Join With Your ASD Child:

- Mobilize Affect-the child's emotions, feelings, and expression of emotional response
- Ask yourself-What is the child's wish?
- Look for intent-how do you know what the child has in mind?
- Facilitate enactment-how can you help the child do what he/she wants to do?

PESI 2022 Autism Symposium

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

Gil Tippy, PsyD

"When I figure out what is important to the child, then I hang my intervention on that."

– Dr. Gil Tippy

"There's no such thing as a 'bad' child, only an unhealthy, confused, unsupported, lonely, grieving, inexperienced, hurting, scared, immature, neglected, traumatized, blocked, ill-equipped, unskilled, or overwhelmed child … with some kids also struggling with Autism."

(credit goes to Dr. Ross Greene for first stating that kids aren't bad, just unskilled and/or overwhelmed; quote adapted by Greg Handleton MA, LPCC-S, TRCC)

*"**A child's biggest problem isn't themselves**, rather, it's the problem of having – to the extent these things are true - ill-equipped, self-centered, distant, abusive, unskilled, under-resourced, unmotivated, disengaged, neglectful, distracted, alcohol- and other-drug-addicted, misled, preoccupied, unsupportive, vindictive, overly romantically involved, sarcastic, culture-bound, mis-educated, ignorant (not having certain pieces of vital information), short-sighted, grieving, confused, deceived, parents and other adults in their life who **(1)** have control over them, and yet who **(2)** fail – to one degree or another - to do what's in their child's best interests. Their **second** biggest problem is that they are powerless to make decisions on their own and, even if they could, their **third** biggest problem is that they'd be too immature and self-centered to make wise decisions even if they had that power."* - Greg Handleton MA, LPCC-S, TRCC

So, in light of this above statement … WHO needs the most help, the child or the adult(s)? I know that when I was verbally mismanaging my own son's rebelliousness, many of these adjectives applied to me!

Believe it or not, the above statement is not actually about blame. Rather, think of it this way: It's kind of like stating, *"A driver's problem isn't that they don't know how to drive, rather, it's the problem of having a car that has bald tires, doesn't have enough gas in it, has only two ounces of oil left inside its engine, is mostly held together with duct-tape, and has brakes that are only going to last for three more stops. And, since he/she also doesn't own the car, he/she is powerless to fix these problems."*

People with ASD Still Come into This World with the Normal Things, too …

Personality & Temperament:

From: **The Parent Project**, a class we teach here at Juv. Court for parents of an out-of-control teen or teen who is engaged in self-destructive behaviors:

But remember, a strong-willed ASD child might **NOT** be rebellious so much as **overwhelmed**.

Strong-willed vs. Compliant Children

Strong-willed	*Compliant*
• Frustrating	• Try to please parents
• Argumentative	• Listens to reason
• Traditional parenting generally ineffective	• Traditional parenting usually effective

An ASD youth can have a "Compliant" personality that gets **masked** by the demands of their sensory sensitivities!

Love and Affection

Our *MOST* effective parenting tool must be expressed daily!

Love and affection are the keys to:

- Communication
- Discipline
- Self esteem
- Changing destructive adolescent behavior

Without demonstrated love and affection – especially when they need it the most (which is actually when they *don't* "deserve" it because of bad behavior) – all kids will tend to question their worth both individually and within their family. However …

Love and affection are not received by ASD kids as readily as by non-ASD kids, however, a cold or unloving dynamic between parent and ASD child will surely be perceived by that child which, in turn, will only increase their stress reactions; feelings of insecurity, isolation, fear, anxiety, and shame; and a felt need to withdraw and react self-protectively.

From:
https://parentproject.com

Toxic Adult Behaviors

The following parental behaviors are **toxic** to the relationship and will essentially put a "hole" in the bottom of your parenting "bucket," resulting in all positive outcomes "draining-out" and making things worse:

- Yelling/screaming/cussing
- Negative comparisons
- Scapegoating
- Threats of harm
- Name-calling in all forms
- Shaming
- Predictions of failure
- Character assassination
- Drug/alcohol abuse

These behaviors will put a hole in the bottom of the relationship bucket!

- Having (other) unsafe/unhealthy adults in the home
- Sarcastic put-downs
- Hitting/slapping/shoving
- Openly favoring siblings
- Invalidating of wants/needs/feelings
- Telling them they were a mistake
- Using the past against them
- Threats of abandonment
- Cold-shoulders & guilt-trips
- Neglect
- Sexual abuse
- Being absent, uninvolved, self-centered

No matter how much expressed love, affection, and help a parent provides, they can expect all these efforts to amount to nothing – like pouring water into a bucket with a hole in the bottom – if any of these adult behaviors are also present in the relationship. In other words, no child – whether neurotypical or neurodivergent – will benefit from being **told** that they are loved if their parent is **also** screaming at them, calling them names, putting them down, or engaging in any other items from this list.

Healthy Replacements:

If one or more of the toxic behaviors on the previous list have become **bad habits/negative coping strategies** for you as a (stressed-out!) parent, **what you can do at this time is:**

1. Recognize and take full responsibility for your own behaviors without blaming your child for them,
2. Catch yourself as quickly as possible when you recognize that you're starting to do one of those toxic behaviors, and
3. Say something like this to your child instead (as awkward as it may sound): *"Sweetheart, we all have bad habits and I just caught myself starting to fall right back into one, one that I know hurts you and doesn't solve anything. I don't want to hurt you like that any more because you deserve Basic Respect as much as anyone else."* ***I'm going to take a ___-minute Time Out until I know that I can talk with you in a better way. In the meantime, I need for you to stay here and be available when I'm ready."***

We will talk more about **Time-Outs** in a later unit, but we have added this here so that your efforts to show love and affection ***are not destroyed*** by toxic behaviors that might have been happening **"under the radar"** of your awareness so far.

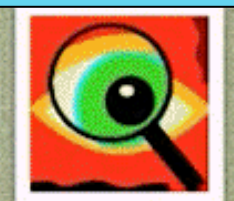
No parent is perfect. However, the point here is this:

"Children might remember what you say, they'll usually remember what you do, but they will always remember **how you make them feel**!"

"If a child doesn't feel the warmth of love at home, they someday might burn it down **just to feel the heat**."

In other words, parents should do everything in their power to not just **NOT** do "bad things" that are hurtful, but they also should **actively engage** in healthy and affirming behaviors that create, at best, a positive connection or, at least a "neutral" connection. The problem is when kids ***feel*** **unloved and rejected**.

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

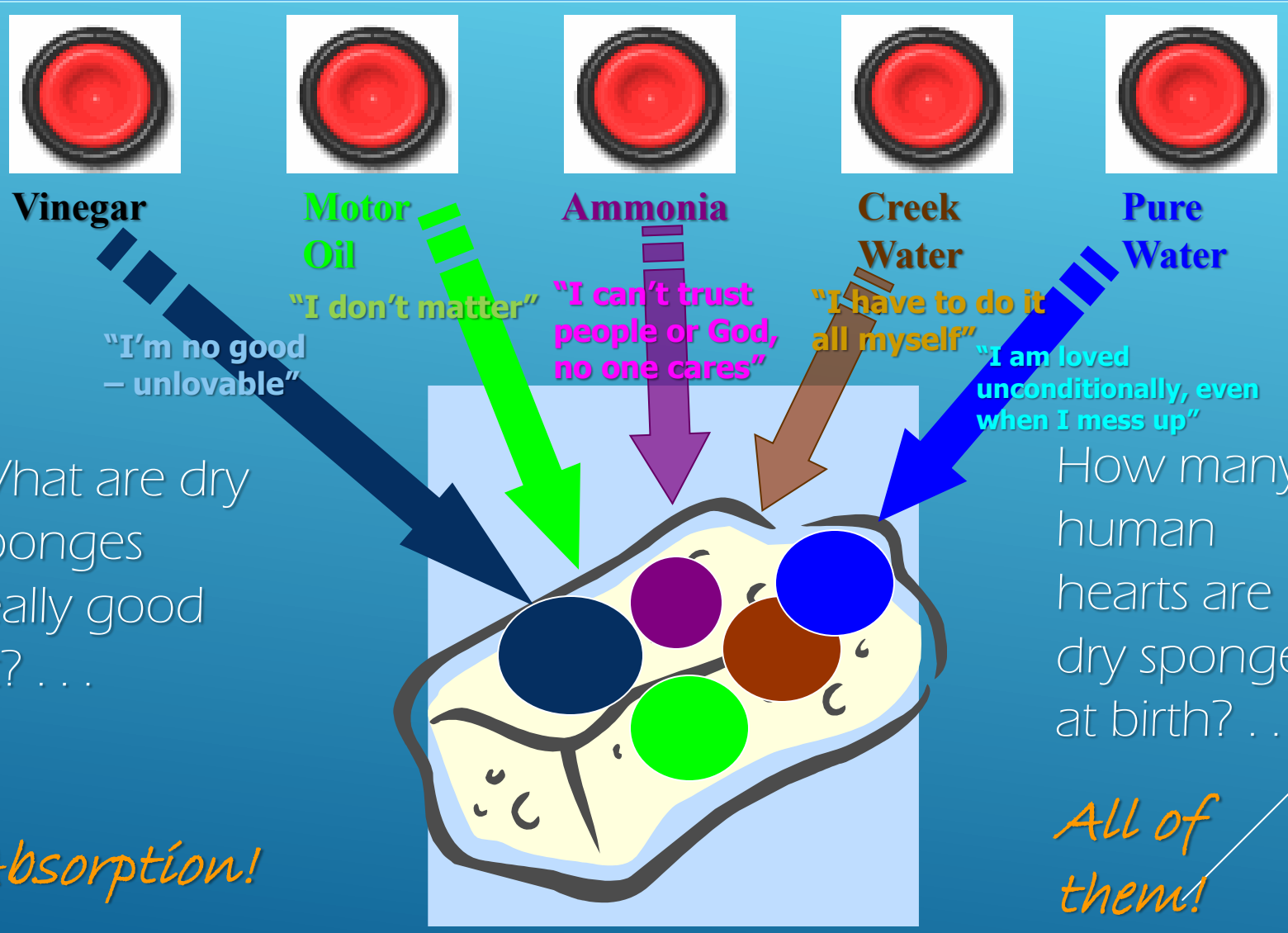
Techniques for After an Autism Meltdown

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 PESI.com)

THE HUMAN HEART (MIND, SPIRIT, & EMOTIONS) IS LIKE A SPONGE



What are dry sponges really good at? . . .

Absorption!

How many human hearts are like dry sponges at birth? . . .

All of them!

What effect does unconditional love and affirmation have on the dirty sponge?

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 internal 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.

"Kids, [even ASD kids,] need to be doing things. I get asked all the time, 'What would you change about the public school system if you could?' I tell them that I would put all the hands-on classes back in: Theater, Art, Sewing, Woodworking, Music, Welding, Auto Mechanics. All of these things expose kids to career options. We have a tremendous shortage right now of those clever visual thinkers who can fix anything. People I know who are [ASD] own metal fabrication shops, they are in photography, they're in moviemaking," etc. "If a child doesn't get exposed to a lot of different things, they will not develop an interest in anything," which results in the kid becoming an adult "playing video games in the basement" which results in them "not being able to support themselves."

Dr. Temple Grandin

Consider: Your ASD child, just like any child, can and will "read" you emotionally. If you are emotionally dysregulated, your dysregulation will spill over onto them subconsciously. Their **"mirror neurons"** will get activated in the same emotional direction as yours. Therefore, it's important to realize that, sometimes, an ASD child's biggest problem isn't their own ASD symptoms, per se, it's their **sensitivity** to **others' negative emotional state**. This isn't about blame, but it is about awareness.

Horses are prey animals and are known for being easily startled, especially when exposed to new situations, people, sounds, smells, etc. If you approach a horse and you yourself are in an irritable mood, are emotionally dysregulated, are angry, or are otherwise just full of anxiety or other negative emotions, a horse will pick up on those things and will immediately distrust you or, if they don't move away from you, might nip at you or intimidate you to get you to move away from them. Research has shown, however, that if a horse is emotionally dysregulated, and a person comes into their area who is at peace, is moving their body calmly/smoothly, and is emotionally regulated, the dysregulated horse will start to benefit from that person's calm state. Soon, the horse will become emotionally regulated just by being in that person's presence. This has to do with "mirror neurons" in both mammals' brains, resulting in "reciprocal regulation." In other words, just as fear can spread, so can calmness, safety, and feelings of security. Babies in the womb will mirror their mother's calmness or fearfulness, too!

What *is* normal? - parental frustration: Parents are human, too, and can easily feel high levels of stress because of the constant demands that their child's ASD symptoms place on them … not to mention that ASD kids can also be strong-willed, defiant, impulsive, emotional, etc.

And, it's also normal for parents to have the same expectations for their ASD child that they do for their neurotypical kids …

… but unfortunately, this is where parents inadvertently cause a lot of pain for themselves!

A lot of these (unrealistic) expectations have to do with:

1) Eye contact
2) Sitting still while being spoken to
3) Using fully formed sentences / skillful use of words
4) Processing speed / how quickly their child responds
5) Remembering perfectly what the parent has said, point-by-point
6) Taking what the parent has said and following through with the expected behaviors

An OT with ASD, Kimberly Clairy, says, *"I speak best when I'm moving!"*

It is out of frustration, then, that parents end up lecturing, nagging, and getting louder when expectations 1) through 6), above, are not being met over and over again. Unfortunately, this creates a Negative Feedback Loop of emotions and behaviors that the ASD child cannot break out of, and which the parent often doesn't know how to resolve. When emotional safety, love, and basic respect go out the window, so too should any expectation that the child will be able to perform.

There is a sense in which ASD kids need exactly what neurotypical kids need, namely:

1) Patience as a foundation for all conversations. If you immediately give off an impatient, critical, demanding, or condescending vibe, they're going to pick up on that and will shut down and/or resist you from the start.
2) Support: "Even though your behavior is making me feel stressed, I still love you, want what's best for you, and will still support you so that you can be successful." Showing basic love and affirmation even though they "don't deserve it."
3) Practice: Practicing new skills in a baby-steps fashion, starting with one realistic goal and moving up the ladder at a pace and at a level of difficulty that stretches them, but not too much!
4) More patience
5) Praise
6) Avoiding causing overwhelm

The Following, **"Yes, absolutely" Skill** Comes from *The Parent Project* Curriculum:

If neurotypical kiddos have trouble with being told "No," then many ASD kiddos struggle with it even more. One way to bypass using the word "No" is:

Let's say your child asks you if they can do something that you DO approve of, but you can't say "Yes" to yet because there's still something they need to do/finish first. Instead of saying,

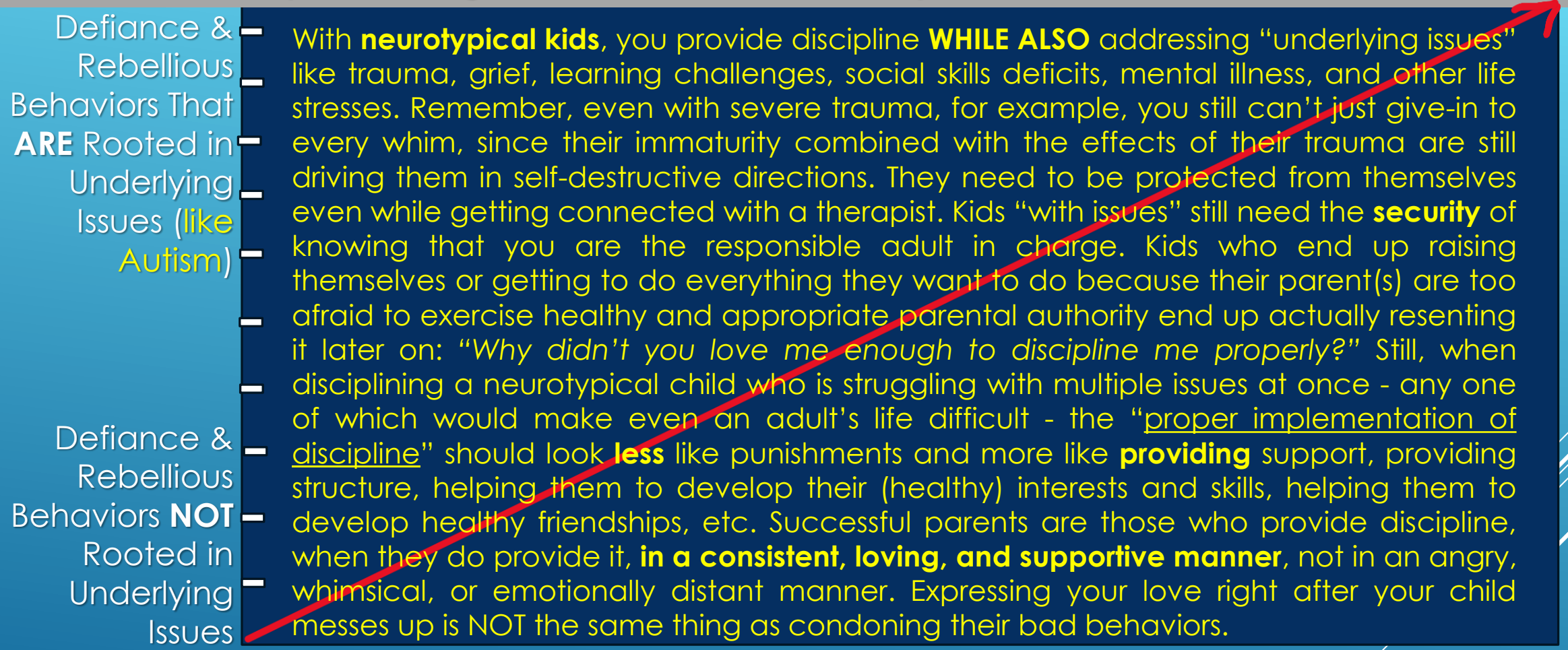
- "No, you have to finish _____ first," instead say,
- "Yes, absolutely you may _____, just as soon as you finish _____" + "Take as much time as you need."

See how this totally changes the negative into the positive while also allowing you to hold them accountable for something that they need do do/finish BEFORE they get to do what they want?

What if what they're asking permission to do is something you CAN'T/SHOULDN'T say "Yes" to?:

- Say, "I can't really say 'yes' to that, but I'm glad you're trying to think of something to do."
- Then, give them two or three APPROVED activities to choose from so that, no matter which one they choose, you can both live with that choice and also actively support them in it:
  - "I can't let you go to Johnny's house because we already know that they smoke pot over there and his parents aren't always providing proper supervision, but – instead I can take you to Jimmy's house if his parents are home, Jimmy can come here, or you and I can go shopping for some school clothes (and Jimmy can even tag along) and then we can eat at Yummy Bowl when we're done."

Most Parenting of Autistic Children Involves Providing Support Much More Than Instituting Punishments or Implementing Normal Methods of Discipline*:



* The reason for this is because an Autistic child can't just turn off their Autism. Therefore, they should not be punished for behaviors that represent reactions to their own ASD symptoms.

Before a School Can Expel a Child on an IEP …

They have to first show that the behavior that got the child in trouble was NOT directly related to their mental, emotional, or behavioral disability.

Therefore it also makes sense that parents with an ASD child should be asking the same question before deciding what to do:

- If your child's harmful behavior **IS** directly related to their Autism, you want to move away from discipline/punishment and towards support, problem-solving, improving communication, making environmental adjustments, providing physical helps (like weighted vests, noise-cancelling headphones, or anything else they might need on a physical basis), etc.
  - **NOTE:** Some parents of ASD children *have* disciplined their ASD child in the same way they have disciplined their non-ASD children … *with varying degrees of success and non-success*.
- If your child's harmful behavior **IS NOT** directly related to their Autism, then logically you should be able to move away from providing supports and towards providing discipline/punishment …

… the problem is, Autism is not just a "part" of your child, rather, it infuses and effects everything they think, feel, say, and do …

… therefore, it is important to remember that with ASD children, 99% of the time, what they need is help, support, collaborative problem-solving (see www.livesinthebalance.org), and expectations that are **adjusted** to their capacities rather than trying to force them to fit (school) standards that are not realistic. Not to say you shouldn't challenge your child and expect success, rather, **it's important to be proactive in educating the school system in what your child's needs demand from all of the adults around them.**

Speaking of School Standards:

As of right now in 2025 with President Trump being in office, and with the dissolution of the National Education Association (NEA), I wonder if Ohio is still following the same standards that have been handed down from the national level, or, is the state and/or local school districts taking steps to develop their own standards … especially when it comes to educational testing and whether or not standards will apply equally to ASD students across the board? Perhaps this is an ideal time for parents of Autistic children to join the PTA and get involved, since **(1)** federal pressure is gone, **(2)** rates of Autism are on the rise, therefore, school districts can't just close their eyes and hope that the problem goes away, and **(3)** now there's more freedom within each district to do what they feel is best with the resources they have … ?

ASD Kids & the Juvenile Justice System

ASD and Legal System Contact:

People with Autism are 4 – 5x more likely to encounter law enforcement and have some sort of involvement with the criminal justice system.

- People with impaired or absent social interaction and relationship skills who are behaviorally rigid and struggle with navigating social environments are at significantly increased risk for victimization.
  - Non-verbal and more impaired folks with Autism are among the most at-risk people for abuse and exploitation, just as people with Downs Syndrome are.
- People with Autism are much more likely to elope or run away from home.
  - Over 40% of kids with Autism will run away from home or a caregiver at some point in their life (per the National Center for Missing and Exploited Children). A runaway situation is one of the most common ways that law enforcement or other first responders have contact with an ASD person.
- People with ASD are more likely to have an encounter with the police that leads to arrest and being charged:
  - ASD people are more likely to do things that victimize others because they don't "see" others through the same lens that healthy, non-ASD people do.
  - They're often perceived as being "creepy" because they don't have good social skills, they often have odd body language or posturing, etc. – see Cindy from the show, *The Middle*.
  - If a police officer issues commands to an ASD person, that person is likely to overreact or underreact in ways that make it more likely that they will be arrested and charged. ASD people overreact or underreact to normal cues, so, just imagine when they're in a situation with a police officer. ASD people often escalate due to a lack of self-regulation skills, too.

EMPOWER
BEHAVIORAL HEALTH & INTERVENTION

- U.S. research indicates that persons with developmental disabilities, including autism, will have up to seven times more contacts with law enforcement than a member of the general population (Curry et al., 1993).
- These contacts can be public safety emergencies or criminal justice situations.
- High on the list of risks are children and adults who bolt and flee from their homes, parents and care providers.

The next two slides from an Autism presentation by Empower Behavioral Health & Intervention (out of Columbus, Ohio) cover a number of suggestions for helping police officers to properly handle Autistic community members during criminal investigations and/or emergency situations where the ASD individual is either a known perpetrator of some kind, a suspect, or simply a bystander.

https://www.justiceclearinghouse.com/understanding-autism-online-course/

Understanding Autism for Criminal Justice Professionals

Whether you are an officer responding to an incident where a young man is "repeatedly pacing" on the sidewalk, a first responder in search of a missing girl who is autistic, or a victim advocate/social services professional who needs to provide support and assistance to a crime victim, chances are you will at some point encounter someone living on the autism spectrum. **Autism is the most rapidly growing disability, with up to 20% of individuals with Autism having interacted with law enforcement in the last year. People with autism also report higher rates of bullying, child abuse, and victimization.**

STRATEGIES FOR INTERACTION

Understand that an individual with autism:

- May inappropriately approach or run towards officers.
- In emergencies, may flail against medical procedures; may attempt to re-enter dangerous environment (i.e., a burning home, flee into traffic, or touch a downed power line).
- May be non-verbal.
- Can become upset with changes in routine for apparently trivial reasons.
- May not recognize your uniform or marked vehicle, or understand what is expected of them if they do.
- May not understand your verbal commands or use of slang expressions.

Understand that an individual with autism:

- May not understand your command presence, body language, and non-verbal communications, such as rolling of eyes, raising of eyebrows, shrugs, or hand signals.
- May be attracted to shiny objects and actually reach for your badge, radio, keys, belt buckle, or weapon.
- May display repetitive, self-stimulation behaviors, such as twirling an object or themselves, finger or hand flicking, body rocking, pacing, or talking to themselves.
- May run or move away when approached by officer or any stranger; sensory overload.
- May flee from lights, sirens, canine partners, aromas or even a light, comforting touch.

- Be alert to sensory overload.
- Sirens and lights may cause further anxiety and increase a negative reaction from the child or adult who has autism.
- Be aware that your attempts to stop these behaviors may result in the person's escalated, self-protective actions, such as a "fight or flight" reaction.

You may be called to respond to a situation where the person with autism is displaying escalated behavior.

- Make sure the person is unarmed and maintain a safe distance because they may suddenly invade your personal space.
- Talk calmly and softly.
- Speak in direct, short phrases such as: "Stand up now." "Get in the car."
- Avoid slang expressions, such as: "What's up your sleeve?" "Are you pulling my leg?"
- Allow for delayed responses to your questions or commands.
- Repeat or rephrase.
- Consider use of pictures, written phrases and commands, and sign language.

- Use low gestures for attention; avoid rapid pointing or waving.
- Examine for presence of medical alert jewelry or tags, or an autism handout card.
- Model calming body language (such as slow breathing and keeping hands low).
- Model the behavior you want the person to display.
- A person with autism may not react well to changes in routine or the presence of strangers, even a uniformed stranger.
- Officers should not interpret the person's failure to respond to orders or questions as a lack of cooperation or a reason for increased force.

- Seek information and assistance from parent or others at the scene about how to communicate with and de-escalate person's behavior.
- Avoid stopping repetitive behaviors unless there is risk of injury to yourself or others. If the individual is holding and appears to be fascinated with an inanimate object, consider allowing subject to hold the item for the calming effect (if officer safety is not jeopardized by doing so).
- Evaluate for injury: person may not ask for help or show any indications of pain, even though injury seems apparent.
- Be aware that the person may be having a seizure.

You may be called to respond to a situation where the person with autism is displaying escalated behavior.

- Be aware of person's self-protective responses and sensitivities to even usual lights, sounds, touches, orders, and animals.
- If possible, turn off sirens and flashing lights and remove canine partners, crowds, or other sensory stimulation from the scene.
- If person's behavior escalates, use geographic containment and maintain a safe distance until any inappropriate behaviors lessen.
- Remain alert to the possibility of outbursts or impulsive acts.
- Use your discretion. If you have determined that the person is unarmed and established geographic containment, use all available time to allow the person to de-escalate themselves without your intervention.

The person with autism will have difficulty processing your questions. They may be unable to give name, address, phone number, or be unable to present ID when asked. Expect your interview to take longer. The person may have the information you need. However, they may be difficult to understand.

- Do not take a lack of eye contact, the changing of subjects, or answers that are vague, evasive or blunt as evidence of guilt knowledge. These are common characteristics of people with autism.
- The person may truly not understand Miranda warnings even when they say they do.
- The verbal, higher functioning person may have autism or Asperger Syndrome. They may be overly influenced by standard interrogation techniques and produce a misleading statement or false confession.

The person with autism will have difficulty processing your questions. They may be unable to give name, address, phone number, or be unable to present ID when asked. Expect your interview to take longer. The person may have the information you need. However, they may be difficult to understand.

- To avoid confusion, ask questions that rely on narrative responses.
- Consider asking a series of unrelated "yes" or "no" questions to determine the style and dependability of the response.
- If you have learned that the person has autism or Asperger Syndrome, prior to questioning, consider contacting a specialist familiar with these conditions.

People with autism are often times victims of crime, such as: sexual, verbal, or physical assault.

This can occur anywhere.

Investigators can overcome the communication barriers of interviewing the person with autism when they seek assistance from the autism community.

Become familiar with the person's communication style and background by reviewing fresh records and interviewing others who know the person well.

Ask parents, caregivers, and people who know the victim for tips about how the person gives and receives information. If not verbal, how do they communicate?

- Seek permission to and consider videotaping the interview.
- Consider having a person the victim trusts present at the interview.
- Avoid uniforms or authority clothing.
- Get to know the person's communication style through casual conversation before any attempt to get recollection of event.
- Plan questioning based on person's ability level.
- Develop good rapport; use person's first name.
- Use simple, direct language and deal with one issue at a time.
- Encourage the witness to recreate the context in his or her own words. Ask questions that require a narrative answer.
- Make sure your words and their words have meanings that you both understand to be the same.
- Make sure that you and the victim-witness understand whom is being referred to when using pronouns.
- Be alert to non-verbal cues that suggest the witness does not understand, is confused, or does not agree with the question you asked or the statements you have made (i.e., restlessness, frowning, and extremely long pauses).
- The victim may not want to answer questions more than once (explain first that you may have to ask questions more than once).
- Let victim know it is okay to say "no" to your questions.
- Become convinced the person understands or is known to tell the truth.
- Avoid leading questions.
- Carefully establish timelines.
- Learn person's schedule and determine events through this context, rather than asking, "What time did it happen?"
- Person may have short attention span. Consider several short interviews.
- Be alert to a spontaneous disclosure of evidence (Farrar, 1998).

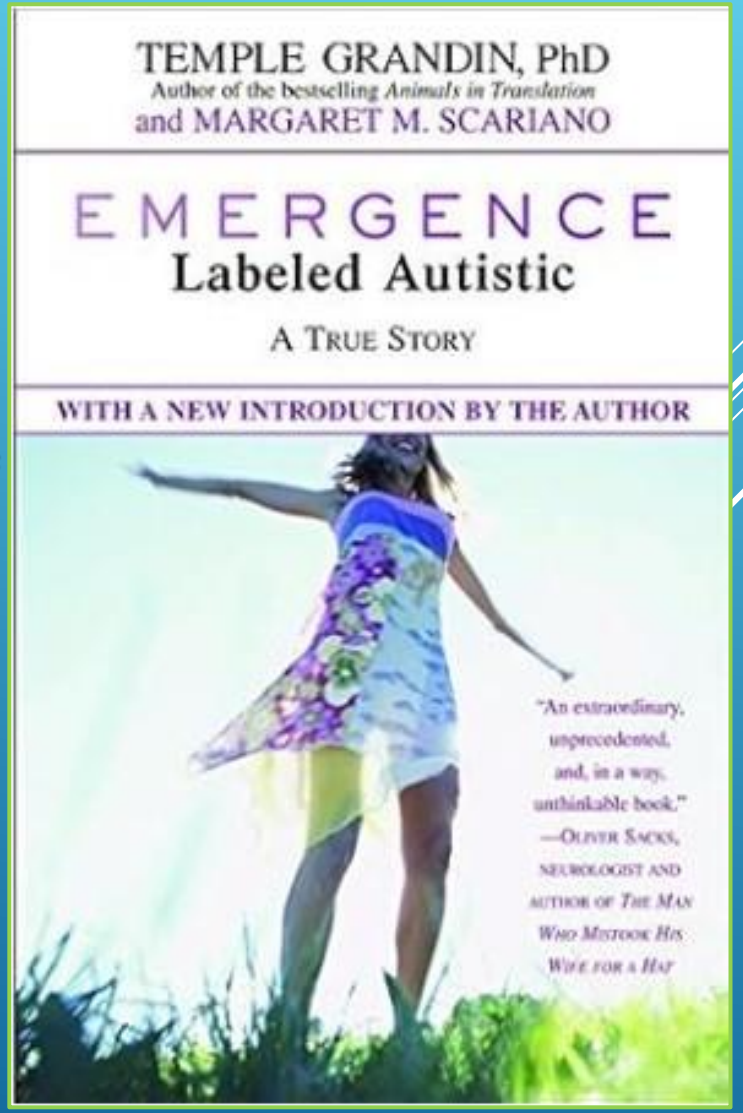
Success Stories

Success Stories:

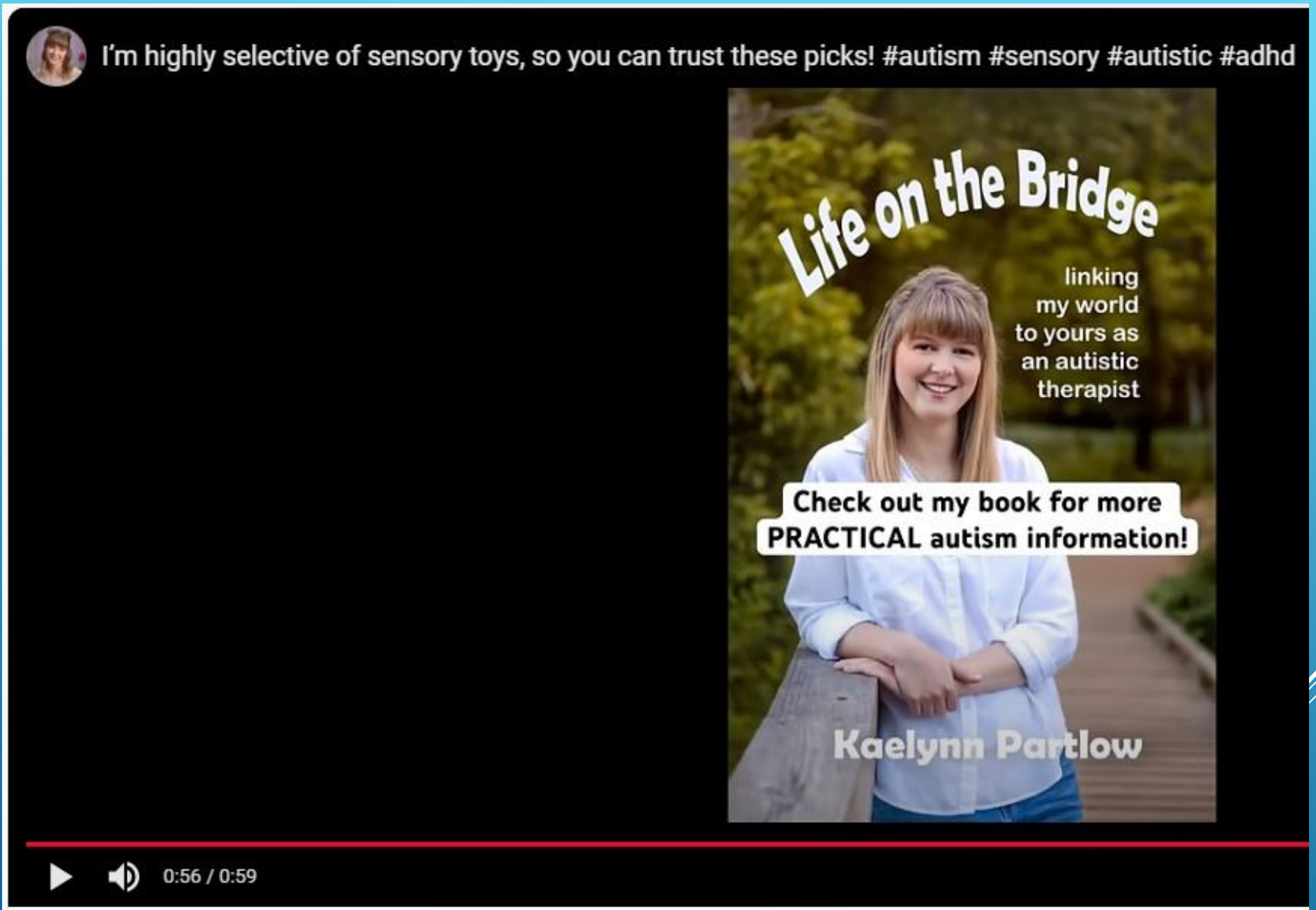
- Emile Gouws PhD: An ASD person who, by age 15, still wasn't talking. Emile is now a special educator at Edu360 Integrated Education in South Africa. Even in comfortable situations, he still didn't speak. In school he experienced "sensory overload," especially when lesson content was being discussed. After experiencing much emotional abuse by peers, he eventually learned to stop hand-flapping so that at least some of the abuse would stop. It was only when he got placed into a remedial school setting at the age of 14-15 that he began to speak verbally. Emile notes that this environment created less anxiety compared to regular public school: "Sensory overstimulation was one of the main REASONS why I was non-verbal, especially in unfamiliar environments." His parents "exposed me to different social situations and motivated me to not portray avoidance." He states that, "I learned defense mechanisms to deal with sensory overstimulation challenges." To this day Emile will stutter and struggle with talking when he's in a new and unfamiliar situation. Today, Emile is on the board of directors for the Interdisciplinary Council on Development and Learning and has presented at conferences throughout the world.
- Stephen Shore EdD – full-time professor at Adelphi University and adjunct at NYU Steinhardt School of Culture, Education, and Human Development. As a child he was diagnosed with "Atypical Development and strong autistic tendencies" and was deemed "too sick" for outpatient treatment. He was recommended for institutionalization even as he remained non-verbal until age 4. He has written a book entitled, *College for Students with Disabilities*. Currently he's a board member of Autism Speaks, The Organization for Autism Research (OAR), the American Occupational Therapy Association (AOTA), as well as president emeritus of the Asperger/Autism Network as well as advisory board member of the Autism Society.

Dr. Temple Grandin:

- She was non-verbal until age 3.5 - she was fortunate to receive early speech therapy.
- Her teachers taught her how to wait and take turns through playing board games.
- She was mainstreamed into a normal Kindergarten at age 5.
- Today she is a professor of animal science at Colorado State U.
- She was featured on NPR and BBC where she was the focus of a documentary entitled, ***The Woman Who Thinks Like a Cow***.
- Also, she did a TED Talk in 2010.
- HBO made an Emmy Award winning movie about her life entitled, ***Temple Grandin***.
- She was bullied as a child through high school. The only places she thrived were in activities involving horses or model rockets. Today, half of the cattle in the U.S. are handled in facilities she has designed.
- Her book was one of the first, first-person accounts of the experience of Autism vs. clinical books written by psychologists and therapists.
- To this day she can't follow rapid chit-chat conversations taking place between two or more people … she simply gets lost/can't keep up. She also has great difficulty with multi-tasking, especially if under pressure and having to switch back and forth rapidly. She "can't follow" stand-up comedians because, "I'm laughing at the first joke he said, and by the time I'm done processing it, he's gone on with three more."



- Aiden – He was age 15 coming through our system, had some autistic traits and had been deemed to be "the sickest adolescent I've ever worked with" by his outpatient therapist. Aiden had experienced severe emotional and physical bullying in school. The therapist wrote a letter to the court indicating that Aiden should not be left alone due to the severity of his suicidal impulses, and he also indicated that Aiden was an extreme danger to others as well. From JDC, Aiden was placed in a residential treatment center that also focused on job skills and activities of daily/independent living. While in treatment, Aiden thrived. His self-esteem improved greatly as a result of being surrounded by adults who were interested in him, who were willing and able to draw-out his strengths, who valued him as a person despite his speech challenges and short stature, and who treated him with kindness and respect. Today, despite family difficulties, Aiden continues to do well and has meaningful goals.
- Dr. Frederick Frese (1940 – 2018): "I've got a message for all psychologists, for all my fellow Marines, for all my fellow travelers: Yeah, I'm schizophrenic and I absolutely refuse to be ashamed." Frese was diagnosed with schizophrenia at the age of 25. For over three decades he spoke publicly about issues such as recovery and stigma and was a panelist on PBS's *MINDS ON THE EDGE: Facing Mental Illness*. Dr. Frese noted that, "We accept that which is logical, that which is rational and reasonable. That which is crazy is dismissed. Therefore, it is very difficult for us [Schizophrenics] to accept that what we are thinking is in fact crazy. Psychosis is a 'catch 22.' If you understand that you are insane [experiencing psychosis] then you are thinking properly and are therefore not insane. *You can only be psychotic if, in fact, you believe that you are not.* Therefore, almost everyone with this disorder *initially denies that they have it*. Some deny it all their lives. Most of the 300 patients I have in the hospital where I work will tell you that they are not mentally ill. Denial of the disorder comes as part of the territory for most of us who have it. Some of those who have the disorder not only deny that they have it, but also deny that it exists." Look for his article online, called: *12 Aspects of Coping With Schizophrenia*. Dr. Frese's statements about the difficulty of acceptance of one's condition can be applied to ASD folks.


I'm highly selective of sensory toys, so you can trust these picks! #autism #sensory #autistic #adhd
Life on the Bridge
linking
my world
to yours as
an autistic
therapist
Check out my book for more
PRACTICAL autism information!
Kaelynn Partlow
0:56 / 0:59
I'm highly selective of sensory toys, so you can trust these picks! #autism #sensory #autistic #adhd

- Elon Musk – Founder and CEO of Tesla and Space X: Politics aside, notice how Elon has been able to capitalize on his strengths in order to build a career as an inventor, entrepreneur, and businessman. Of course, it helps that he's also super-intelligent, too!

- Dan Akroyd – Actor: His two special interests are ghosts and law enforcement, so … now think about how fitting he was for a role in the movie Ghost Busters!

Non-verbal girl with Autism speaks through her computer 20/20 ABC News

https://youtube.com/watch?v=xMBzJleeOno

Wow! – When Carly started typing at age 11, she actually knew how to spell, even though no one had ever taught her (due to not having good fine motor skills). This reveals a **hidden intelligence** that no one suspected because the doctors referred to her as being "mentally retarded."

Carly Fleishman Give Late Night TV a Try!

https://youtube.com/watch?v=xPtCf8DBZ0E

"I stopped using the labels 'low functioning' and 'high functioning; now, instead, I use **'verbal' and 'non-verbal.'** Some non-verbal people can type independently, and then you find out that they have a good brain in there [even though] they cannot [perfectly] control their movements, and they [sometimes] have sensory scrambling problems" – Temple Grandin

Observations About Carly:

- Carly's intensity of acting-out started to go down once people figured out how to help her to communicate how/what she was really feeling and experiencing on the inside. Her neurology didn't change, but her heart, mind, emotions, and spirit did. Feeling understood AND being able to express herself both contributed to a lessening of her level of experienced, internal irritation!
- Once Carly began to **FEEL** understood and began to be **ENABLED** to communicate, she became able to function on a higher level, including:
  - Setting goals,
  - Giving and receiving humor,
  - Thinking about having a boyfriend,
  - Having the nerve to go on national television in front of a live studio audience, etc.

11/11/51 – 12/19/09

Kim's life was a "success," not because he held a high-paying job or cured cancer, but because he was able to use his talents to help others in simple ways because of the ongoing love and support he himself received.

Remember Tom Cruise's early movie, *Rain Man*? The movie was about a man named **Laurence Kim Peek**. Peek was born with a condition known as macrocephaly, which caused the circumference of his head to be abnormally large, in addition to a damaged cerebellum — the back part of the brain that coordinates movement and balance — and a rare birth defect known as agenesis of the corpus callosum, the cluster of neurons that connect the left and right hemispheres. Kim Peek's one-of-a-kind brain allowed him to read two pages of a book at once, recite the day of the week for any date in history, and memorize some 12,000 volumes. Kim was called an "Autistic Savant," but he wasn't truly autistic – i.e., his deficits were severe, but so were his gifts. When he was just nine months old, a doctor told his parents that he would never walk or talk and that he should be institutionalized. Some years later, another doctor suggested a lobotomy. Peek certainly had severe developmental problems. He didn't learn to walk until he was almost four years old and he required help to do basic things, like dressing and brushing his teeth, until the end of his life. Peek also had low-average I.Q., around 87, and struggled with subjects like math. In the movie, it shows how Kim was able to count cards in Vegas without writing anything down. Peek displayed jaw-dropping memorization skills as an adult. He could memorize facts about everything from history to sports, leading to his nickname **"Kimputer."** He retained everything that he read. This turned Peek into a walking encyclopedia. For instance, Peek could give detailed driving directions to cities across the world based on maps he had simply once glanced at. Having memorized phone books, he could even tell strangers the names of their neighbors. His father, Fran, said: "Kim is **not behaviorally autistic**. He has a warm, loving personality. He truly cares for people and enjoys sharing his unique skills and knowledge capacity."

STOP!

Open your eyes

I am not who you say I am

Plainly I am just Kim

I am not a diagnosis code in a book

Take a step back and look

Stop. Pause, give me time to process what is said

Too much too fast is not good for my head

I just need a few minutes to hear what you say

Please be patient with me OK?

"I had decades of experience learning how to look normal so I could survive within society. It took me years of hard work, self-exploration, and the patience of many people to undo the harm, hiding from myself, and the world took on me. For me, the foundation to discovering me was becoming self-aware. I needed to understand my neurology, discover my strengths, acknowledge my weaknesses, develop self-compassion, and embrace my differences. One of the first things I had to learn was that I do process the world differently and that that is okay. Differently isn't wrong. It's just different."

Kim wrote this in her journal in 2015: "I was in a meeting with [my treatment team] and was told I would not be able to live on my own, and I needed to look into assisted living facilities. They said my autism was moderate to severe. They would not allow me to communicate in the meeting. I kept trying to help them understand, but they told me not to talk."

I refused to accept what they thought about my future ...

PERMANENT POSSIBILITIES

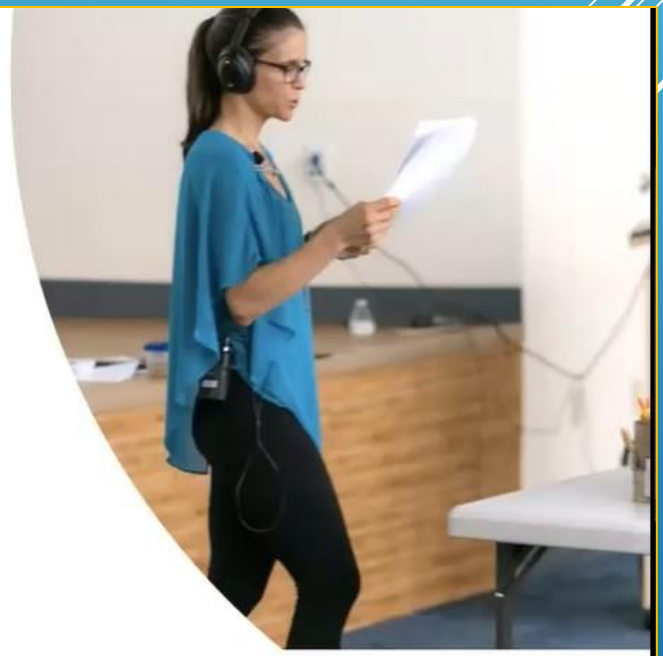
Permanent possibilities

Peeping through

You say it is only a dream

Well, dreams can come true

Permanent possibilities peeping through



A few years later-here I am!

https://tacanow.org/who-we-are/#mission

A message from

Lisa Ackerman

EXECUTIVE DIRECTOR AND FOUNDER

Because parents have seen such success with this approach, they volunteer for TACA to share their experience and hope with other families. Each year TACA is grateful for the dedicated volunteers paying it forward to help other families find community and a path for their child.

VOLUNTEER TO BE A PARENT MENTOR

Following that fateful visit with the neurologist, we visited many other professionals, including medical doctors, speech pathologists, audiologists, and behaviorists. The list seemed endless. The common message we were given; *Autism has no hope, and no cure*. In fact, the first three medical doctors recommended that my family find "institutional placement" for Jeff who was the ripe old age of 2½ years at the time.

Refusing to give up on our son, my husband and I spent hundreds of hours talking to any and all parents of a child diagnosed with autism, reading dozens of recommended books, watching countless hours of educational videos, and of course, surfing the internet constantly. We were determined that our beloved son would grow far beyond his label and that he would have a future that was wonderful and amazing despite his autism diagnosis. Early on, the most important step for us was to GET BUSY. It was up to us, HIS PARENTS, to make a difference for his future.

Where is my son Jeff now? He is in his last year of college at his first-choice university. He talks, makes jokes, plays multiple instruments, and composes his own songs, socializes with typical friends, and is an active member of society with a bright future. He also happens to be the sweetest, kindest person I know and is practically always smiling. That is a far cry from his early diagnosis and the initial prognosis for his future.

The Intersection of Autism and Trauma

("CBT" is Cognitive Behavioral Therapy, and "TF-CBT" is Trauma Informed CBT)

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

Of course it cannot be said that "@geeoharee"'s belief is 100% true in reality, but still … we do have to wonder how close to the truth this statement comes.

"Not everyone benefits from CBT. So, people like me with ASD and trauma do not like CBT, which often leaves us without resources for therapy."

Physical restraints that sometimes/ often get used with ASD children can possibly be more **traumatizing** than first realized.

Consider:

- Extreme sensory aversion to being touched.
- Extreme fear of change.
- Extreme sensitivity to the negative emotions and yelling of others.
- Already feeling confused in the social context of conflict.
- Then, getting handcuffed at school.

Why Choose Amen Clinics for ASD Diagnosis and Treatment?

Amen Clinics

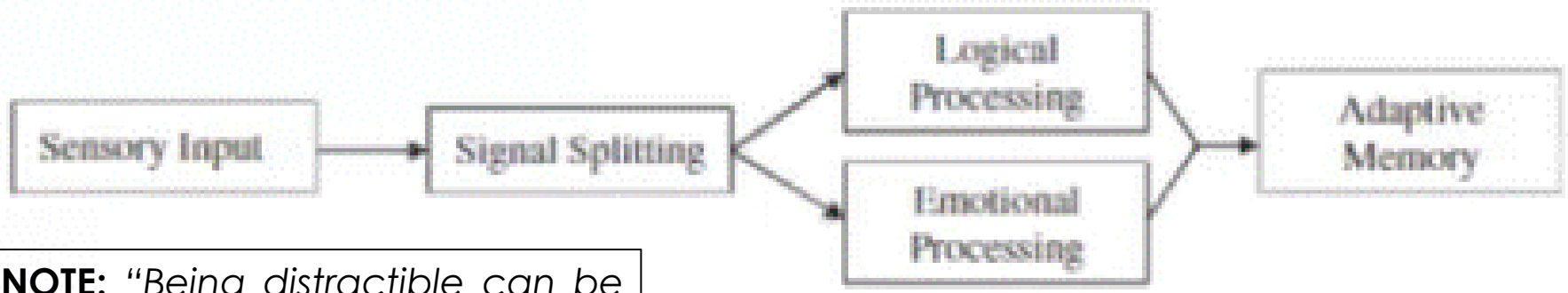
In addition to understanding an ASD patient's brain pattern, the use of SPECT imaging at Amen Clinics provides additional benefits. Adults and children with autism spectrum disorder often struggle with other mental health conditions, such as attention deficit hyperactivity disorder (ADHD), depression, and anxiety as well as medical issues like epilepsy, gastrointestinal problems, and sleep disturbances. **According to a growing body of research, over 70% of children with autism spectrum disorder have other co-existing medical conditions or psychiatric disorders, and more than 40% have two or more such conditions.** SPECT imaging can reveal the presence of other brain problems so that a targeted autism treatment plan can be developed to address all the issues affecting you or your child. The sooner a child with this condition receives autism spectrum disorder treatment, the more effective it will be. Early diagnosis and intervention can help with a child's development overall and decrease symptoms as your child grows up. It's important to know that adults with ASD can benefit from autism treatment options too.

Given the high percentage of ASD individuals who have SPD or simply have problematic sensory sensitivities, how many of them have been **TRAUMATIZED** by things that neurotypical people are able to process as having been a "bad experience" but not having been traumatic??

Also, what if things that ASD people experience as being traumatic are repeated **over and over** by neurotypical caregivers who have no clue of the impact their behaviors are having on them?

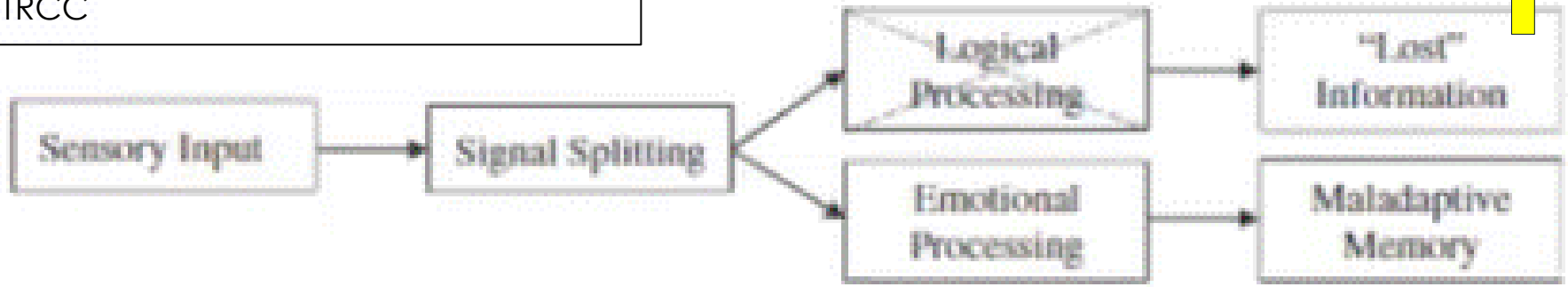
Trauma Directly Impacts – and Warps – Memory Formation …

Typical Processing : necessary for *learning*



NOTE: *"Being distractible can be about Trauma just as much as it can be about AD/HD, but AD/HD is often diagnostically preferable because it can be treated with a pill"* – Greg Handleton MA, LPCC-S, TRCC

Trauma Processing : *interferes* with *learning*



Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

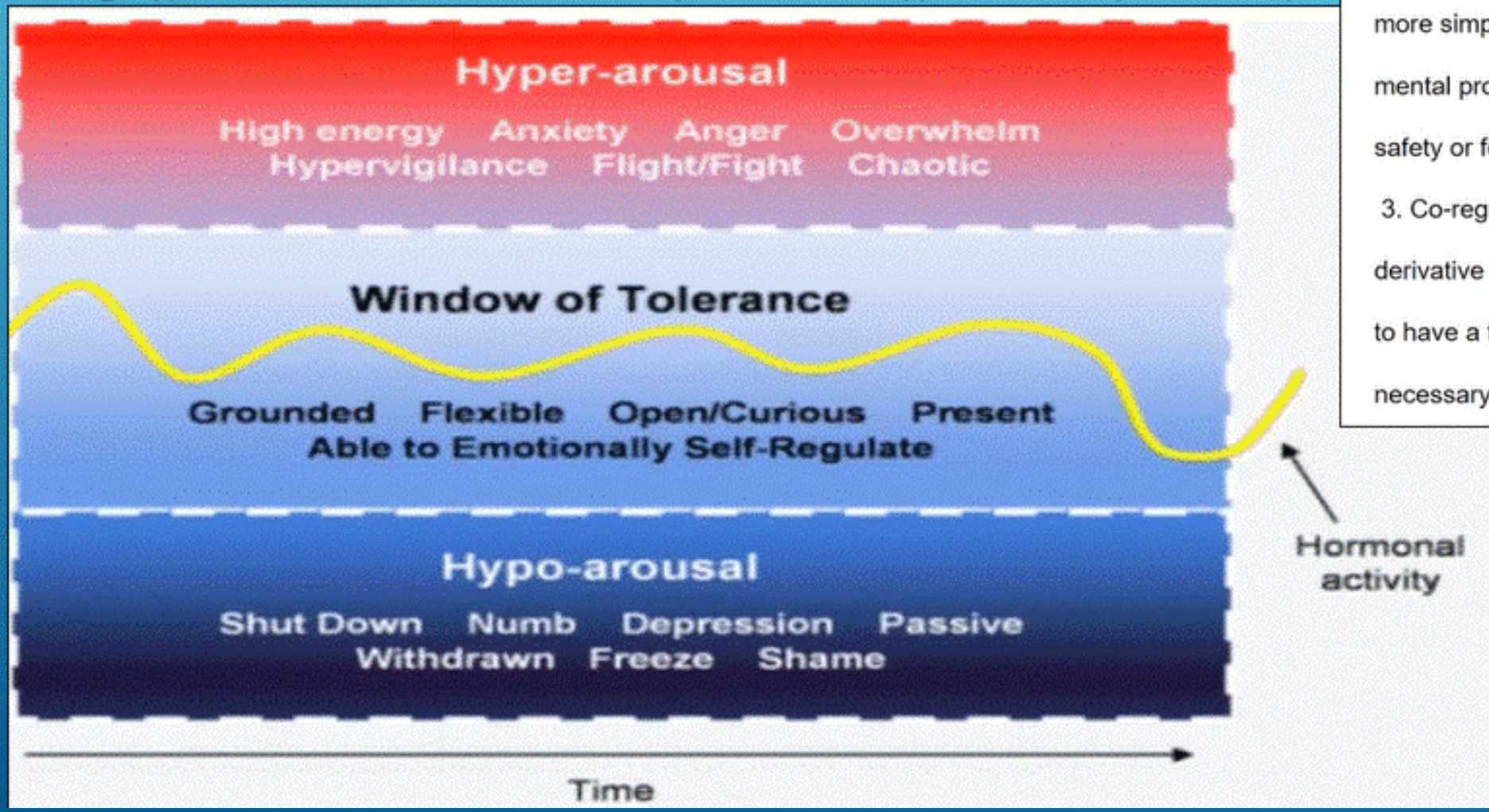
A Framework to Inform EMDR and Sensorimotor Psychotherapy Interventions in TherapySelf-Compassion

Sean Inderbitzen, APSW, MINT

… which is why a kid who is already emotionally dysregulated can **insist** that **"I didn't do that!"** even though you **caught** them doing it. This is partly because when stress (including trauma-level) **activates the Fight/Flight/ Freeze response**, that person's executive, logical processing **goes offline**. They literally don't remember doing x, y, or z because they were more focused on survival.

Window of Tolerance from Dan Seigel, but based on the work described in PVT of the ANS.

ASD folks are known to have **lower Heart Rate Variability (HRV)**, which is a fancy way of saying that even when they're operating **within** the Window of Tolerance, it takes less stress to **push them into** Hyper-Arousal. Then, when being hyper-aroused doesn't work, they move into Hypo-Arousal (shutdown).



Hormonal activity

Adapted from Polyvagal Theory (PVT herein)

1. There is a hierarchy of organization: Based on evolution, the ANS is organized into three parts which activate in a specific order;

2 Neuroception is a felt sense of safety or threat. Or, more simply stated, neuroception is a subjective mental process without awareness of feelings of safety or feelings of threat.

3. Co-regulation, the basis of social behavior, is derivative of mutual feelings of safety. Thus the need to have a felt sense of safety within relationships is necessary to be emotionally regulated .

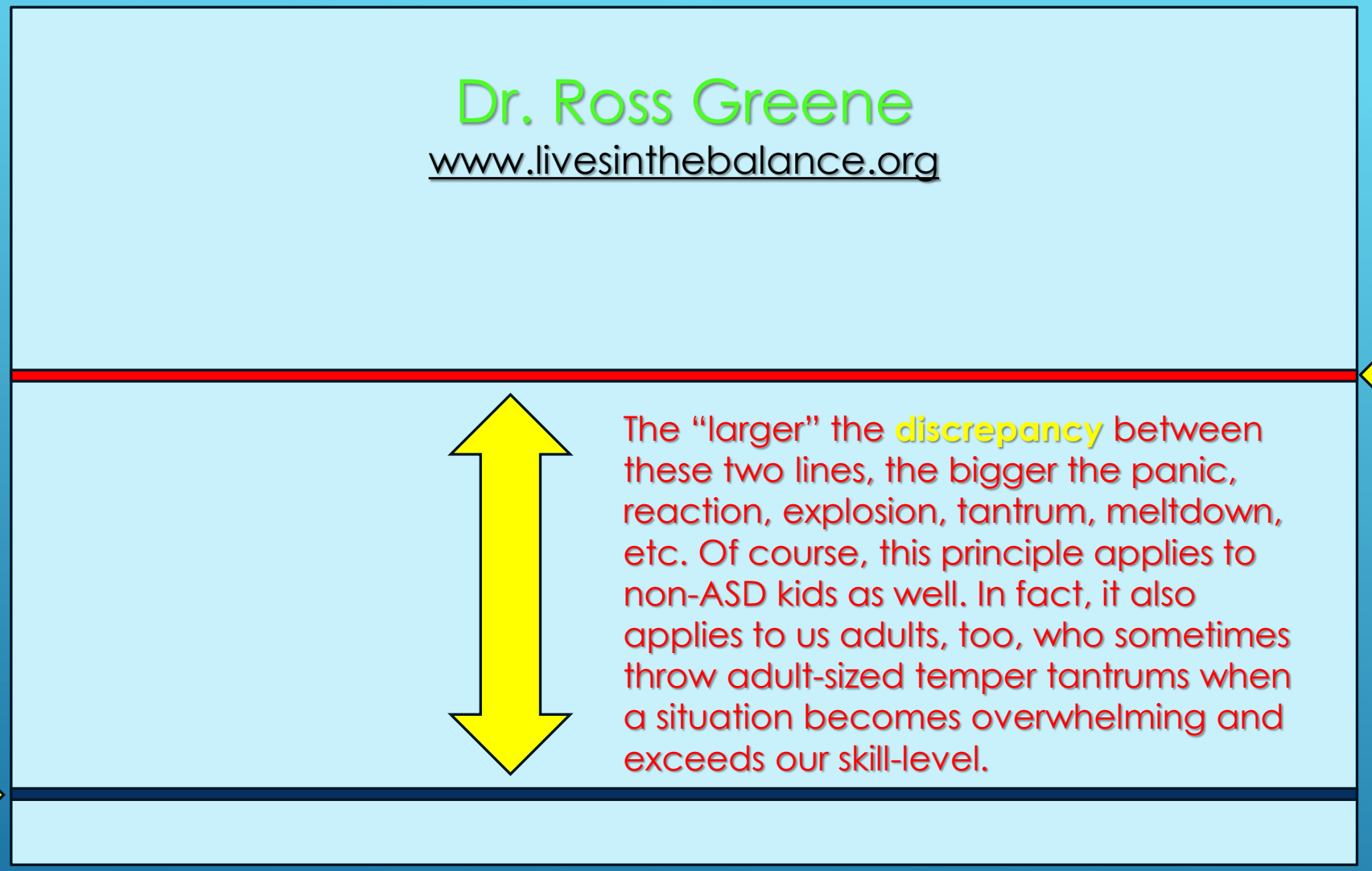
Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

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

Sean Inderbitzen, APSW, MINT

Dr. Ross Greene

www.livesinthebalance.org



The level of spoken or unspoken expectation or demand being placed on the child in the specific areas where skills are lacking.

Child's skill level in a particular area

Of course, not every meltdown is always 100% about a lacking or lagging skill, but think about it: Would the tantrum be *as* dramatic if they did have the skill or ability, but simply didn't feel like doing what's being asked? Also, how often are we adults guilty of throwing commands at kids while expecting them to simply do it whether or not they know how, have been trained, or have the cognitive ability to problem-solve their way through multi-step instructions or not?

Understanding the Five Different States of the Nervous System

The five different states of the nervous system are:

- **Dorsal Vagal State**: This state is part of the parasympathetic nervous system and generally slows things down. It activates when the nervous system senses a threat and believes there's nothing we can do to change it. Internal experiences may include a feeling of calm and safety, while outward signs may include a relaxed heart rate and breathing. 1
- **Sympathetic State**: This state is part of the sympathetic nervous system and prepares the body for action. It speeds up the system to help us respond to danger. Internal experiences may include heightened alertness and energy, while outward signs may include a rapid heartbeat and increased blood circulation to the muscles. 1
- **Ventral Vagal State**: This state is part of the parasympathetic nervous system and appears when we feel safe and supported. It promotes relaxation and restoration, improving digestion, immune response, and social connectivity. Internal experiences may include a feeling of calm and safety, while outward signs may include a stable heart rate and breathing. 1
- **Fight-Flight State**: This state is part of the sympathetic nervous system and prepares the body for action. It is characterized by heightened alertness and readiness to respond to stress. Internal experiences may include racing thoughts and disorganized cognition, while outward signs may include a rapid heartbeat and increased energy. 1
- **Shutdown State**: This state is part of the parasympathetic nervous system and is associated with feelings of immobilization and shutdown. It is often triggered by overwhelming or ongoing threats. Internal experiences may include numbness and flatness, while outward signs may include a lack of physical and emotional engagement. 1

Understanding these states can help in recognizing what's happening in oneself and others, and how to support a shift toward regulation. 1

… but it's not just about whether or not a child has the **skills** to handle the demands being placed on them by a particular set of circumstances (including the behaviors of the adults in their environment), it's also about **HOW the child's nervous system is processing this incoming sensory data on a subconscious level.** See the next slide for a chart that shows the progression of the **Fight/Flight/Freeze/Flock/Fawn reactions** of anyone's/everyone's nervous system in the face of any stimuli that appear threatening.

"Autism Spectrum Disorder is a disorder of a depressed Social Engagement System and depressed ventral vagal circuit."

"But let's be clear, this [statement, above] is not a repeat of the lie of the 1950s when it was believed that ASD was caused by parents being bad parents" – i.e., being abusive and therefore causing ASD by causing trauma.

Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

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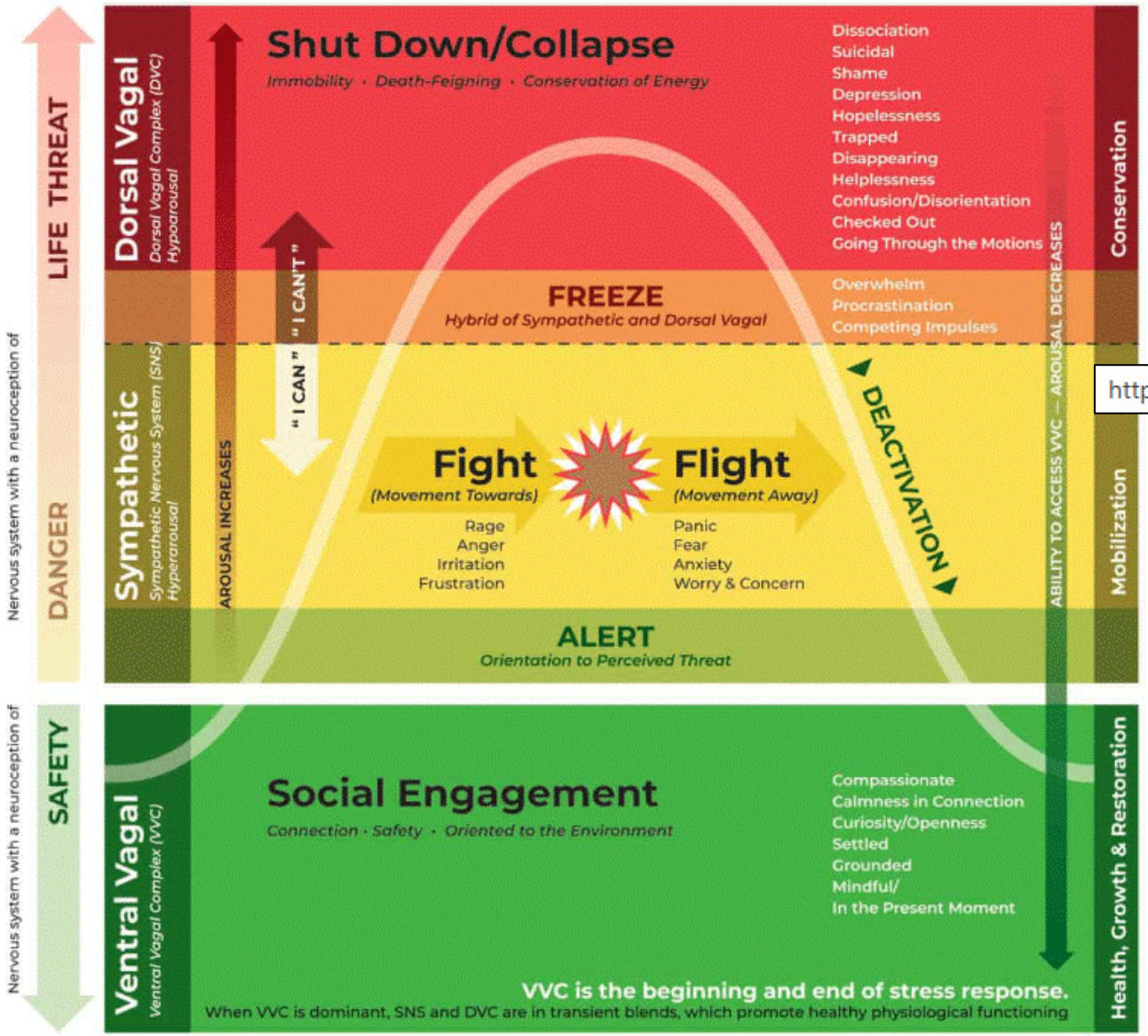
Sean Inderbitzen, APSW, MINT

Polyvagal Theory Chart of Trauma Response



Southwest Trauma Training
RUBY JO WALKER, LCSW

Parasympathetic Nervous System
Dorsal Vagal Complex (DVC)

INCREASES
Fuel Storage and Insulin Activity
Immobilization Behavior (with fear)
Endorphins to Numb/Raise Pain Threshold
Conservation of Metabolic Resources

DECREASES
Heart Rate · Blood Pressure
Temperature · Muscle Tone
Facial Expressions and Eye Contact
Depth of Breath · Social Behavior
Attunement to Human Voice
Sexual Responses · Immune Response

https://themovementparadigm.com/how-to-map-your-own-nervous-sytem-the-polyvagal-theory/

Sympathetic Nervous System *(SNS)*

INCREASES
Blood Pressure · Heart Rate · Fuel Availability
Adrenaline · Oxygen Circulation to Vital Organs
Blood Clotting · Pupil Size · Dilation of Bronchi
Defensive Responses

DECREASES
Fuel Storage · Insulin Activity
Digestion · Salivation · Relational Ability
Immune Response

Parasympathetic Nervous System
Ventral Vagal Complex (VVC)

INCREASES
Digestion · Intestinal Motility
Resistance to Infection · Immune Response
Rest and Recuperation · Health and Vitality
Circulation to Non-Vital Organs (skin, extremities)
Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
Ability to Relate and Connect
Movement in Eyes and Head Turning
Prosody in Voice · Breath

DECREASES
Defensive Responses

© Ruby Jo Walker, LCSW 2023 · Southwest Trauma Training · swtraumatraining.com · Adapted by Ruby Jo Walker from Cheryl Sanders, Anthony "Twig" Wheeler, and Steven Porges

-PVT suggests (per PORGES) that ASD is a common state of threat in which an organism is locked into a defensive state that reflects anxiety, poor social interaction, and hypersensitivity

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Connor Kerns Autism Trauma

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

THE UNIVERSITY OF BRITISH COLUMBIA

Vancouver Campus

Anxiety Stress and Autism Program (ASAP)

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

https://asap.psych.ubc.ca

Research Participation Opportunities at the ASAP Lab!

Providence Health Care

Anxiety, Stress, and Autism Program
Principal Investigator: Dr. Connor Kerns
Ph.D., R. Psych (#2472), Associate Professor

VERSION 1: OCT 1ST 2024

Seeking Young Adults (Ages 18-30)

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

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

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

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

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

What to expect in the study:

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

How do I participate in the study?

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

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

Connor Kerns

Associate Professor

cmkerns@psych.ubc.ca

604 822 6771

Kenny Room 3404 - 2136 West Mall

Lab Website

Google Scholar

Download CV

RESEARCH AREA

Clinical

EDUCATION

PhD, Temple University, 2013

process sensory information. Remember we talked about sensory and motor out? Well, you have almost like a second brain being this enteric nervous system that does something very similar. So the brain and the gut almost mirror each other. They mirror each other. When you have challenges with the gut, you'll have challenges in all these areas that we've been talking about and sensitivity to light, perhaps dislike in certain textures and touch. So then you start to see the sensory defensiveness, you start to see perhaps self stimulating or even injurious behaviors. Aggression, right? So if the fight flight system is overactive, then we are on constant high alert, everything becomes a potential threat. And if things are a potential threat, then we are going to potentially be aggressive if something challenges that, if we don't know what to expect, what comes next Or what will also happen is that we will have GI dysfunction, constipation, and diarrhea because when you're in fight flight, the body will decrease activity in places that it doesn't need. It starts to conserve its energy, if you will. So that's why you will see someone that will have a bowel accident or urination or they'll withhold going to the bathroom because the body in that sympathetic nervous system state is conserving its energy and focusing it elsewhere. Same thing goes for overall health. We may see increased illness and sickness such as respiratory infection due to the stress on the body from the increase of those stress neural transmitters. We also here are seeing the celiac plexus, which also has another name of the

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

From the previous slide: … with ASD folks, the signals being sent **FROM** the gut (Autonomic signals that are outside of conscious control) **TO** the brain may be so variable, dysregulated, and incoherent that these signals increase the person's overall feeling of sensory sensitivity, irritation, and dysregulation, thereby affecting their mood in a negative manner. Then, after the brain receives these autonomic signals telling it that something isn't right, the brain's Fight/Flight/Freeze responses (of the Sympathetic Nervous System) get activated as well – i.e., the brain can only conclude that the entire system is in some kind of danger. Then, because the SNS has been activated, the next thing to be seen is **stress-driven and fear-based behaviors**. Remember, the Fight/Flight/Freeze system might also already be chronically "on" because of past trauma in that person's life, therefore, **problems in the gut only reinforce, maintain, and worsen** the already-existing Fight/Flight/Freeze reactions to perceived danger. Therefore, an ASD person might be **"over-reacting" to little things just as much because of their Autism** as because **of (1) their imbalanced/unhealthy gut flora and/or because of (2) their trauma history (if they have a trauma history)**.

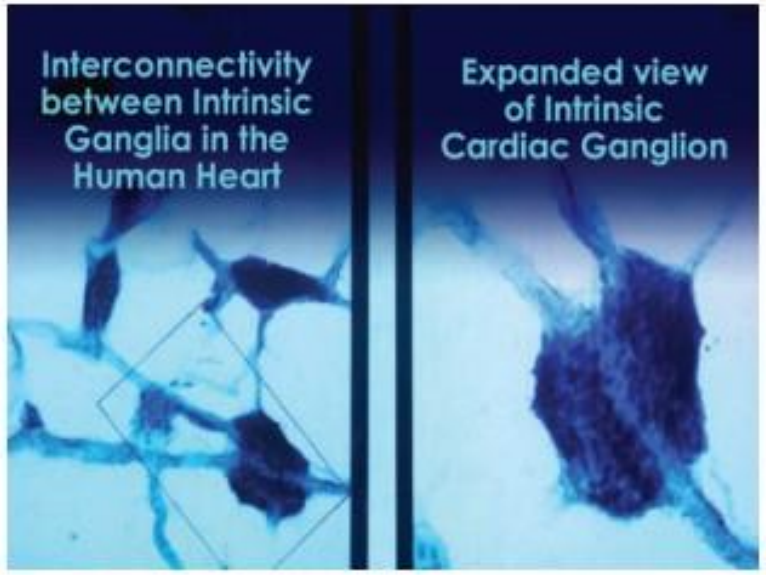
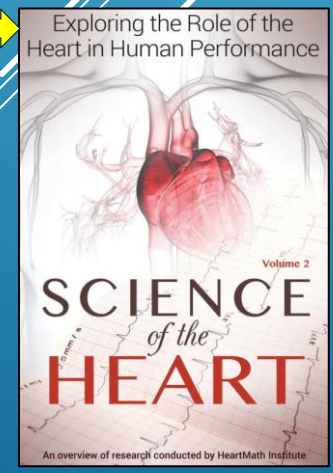


Figure 1.2. Microscopic image of interconnected intrinsic cardiac ganglia in the human heart. The thin, light-blue structures are multiple axons that connect the ganglia. Courtesy of Dr. J. Andrew Armour.

From www.heartmath.org: Did you know that, contained inside the heart walls, are little clusters of neurons called **"ganglia" -** clusters that act like **"little brains"** inside the heart!? These "little brains" don't just receive signals from the brain, but have been found to **generate their own signals**! For more information, go to their website to download a free copy of this interesting and informative ebook:



The reason this is important in understanding Autism is because the Institute of HeartMath has developed some heart-centered "coherence"/relaxation techniques that might be beneficial for ASD people, techniques that do not rely on talking. So! – balance the gut microbiome, AND learn HeartMath's **"Quick Coherence Technique"** and an ASD person can reduce their overall anxiety.

Galperin Autism Consulting LLC

People with developmental disabilities are at an increased risk for abuse specifically related to the degree to which they are unable to protect themselves, flee, or communicate to others what has happened. Like with other abuse victims, the abuser of a person with ASD is often someone they already know or are close to.

Autism and Trauma

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

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

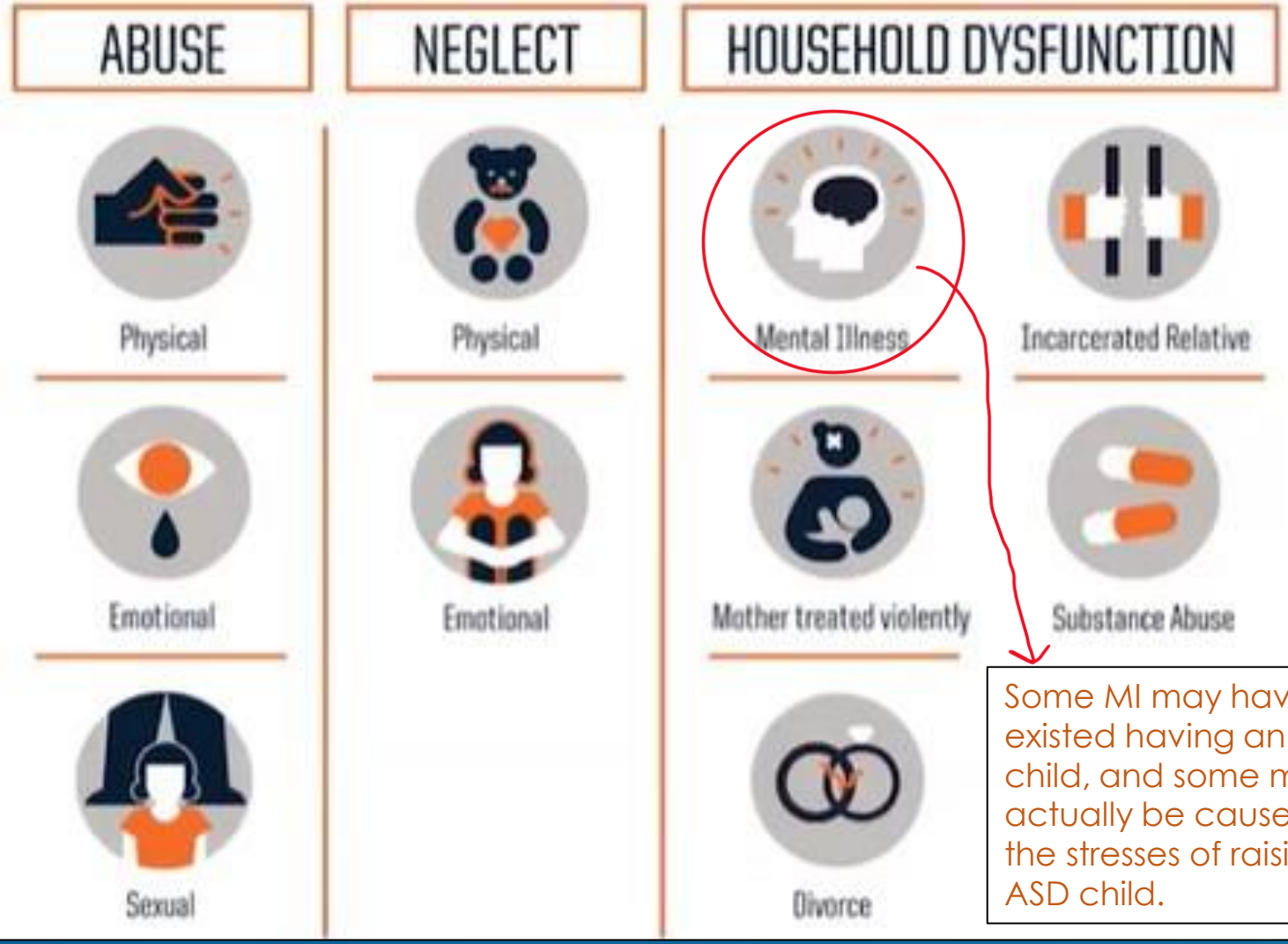
The training, originally presented for OCALI, can be found here:
https://ohioemploymentfirst.org/autism-and-trauma

https://ohioemploymentfirst.org/autism-and-trauma/

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

See the next 6 slides as well

ACEs (Adverse Childhood Experiences)

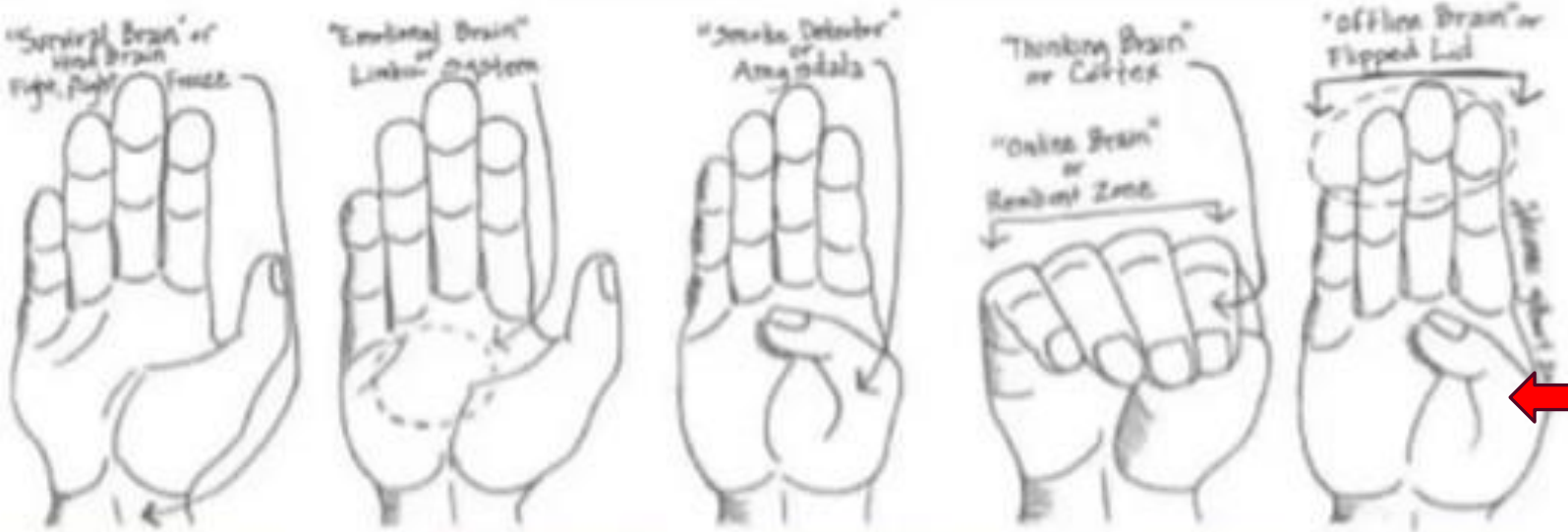


Some MI may have pre-existed having an ASD child, and some may actually be caused by the stresses of raising an ASD child.

Research has shown that when a person has experienced **four or more ACEs**, those experiences are linked to poorer outcomes later on in adulthood in regard to both mental- and physical-health and even their overall life expectancy. So, we can only imagine how much these common ACEs have negatively impacted those with ASD who are also less able to take care of themselves effectively.

Understanding the Brain

Hand Brain Model, Dr. Dan Siegal



Survival Brain	Emotional Brain	Amygdala	Thinking Brain	Offline Brain
Sensation Autonomic functions Survival strategies: fight, flight, freeze, submit, & collapse	Expression/ regulation of feeling Memories relationships/ attachment	Smoke alarm	Critical thinking Problem solving, planning, creativity, beliefs, impulse control	*Survival brain in control* Not able to access the thinking brain.

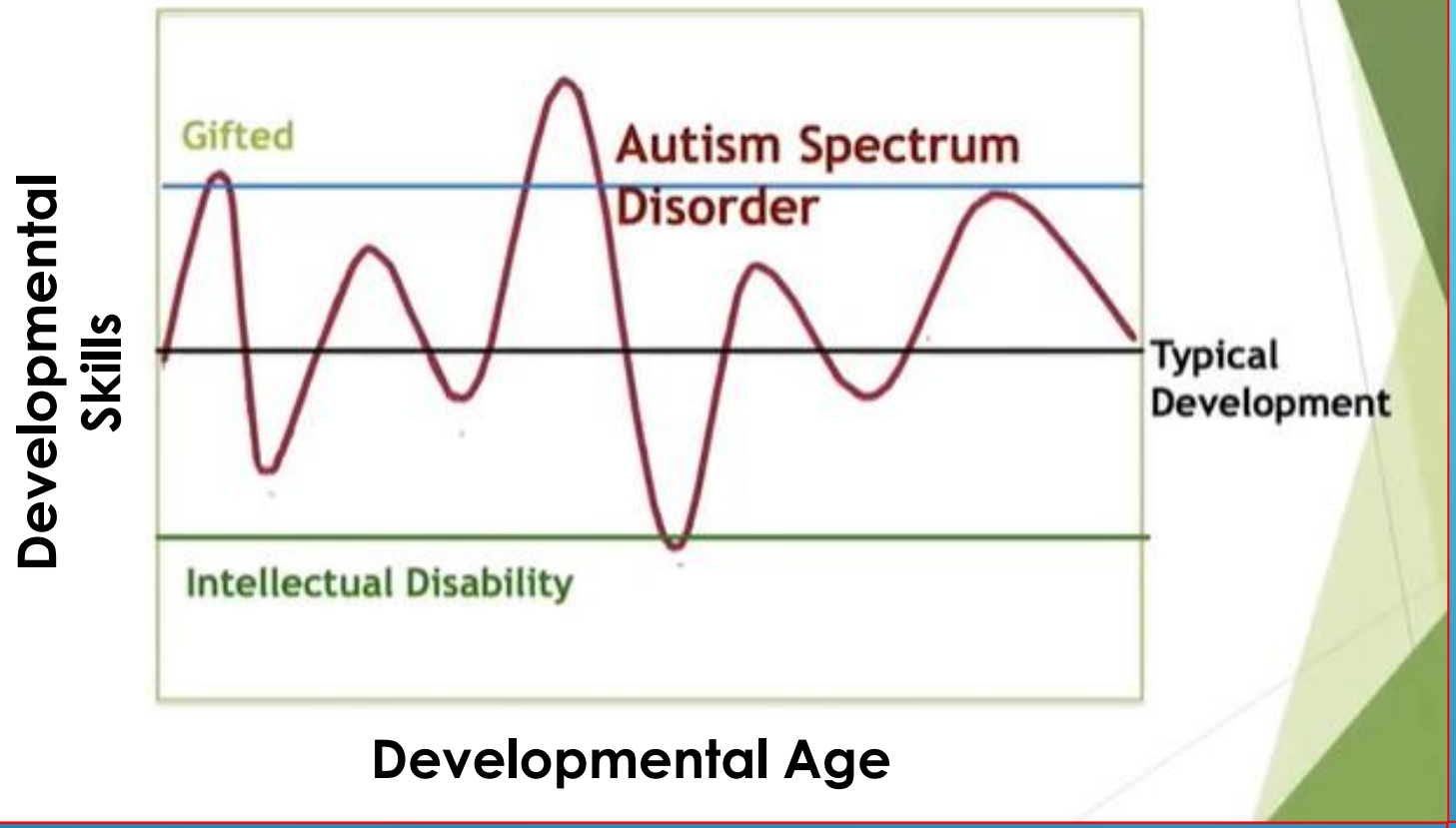
The thumb should be sticking out, since the"smoke detector" Amygdalae, when activated, are what sends the person into being **"offline"** – i.e., the thumb, when it comes out, flips the fingers up, which signifies the end of rational thought until the person is restored to emotional stability, lability, and regulation.

Other trauma: Lack of Understanding

For ASD people, these areas of Social Communication and Sensory challenges are the hardest hit.

For ASD people, when it comes to Executive Functioning, it can often be hard to measure just how well they're functioning cognitively when it comes to learning, understanding information being presented to them, memory, etc. Remember Carly? – she didn't start communicating until she was over the age of 10, but when she did, her ability to spell words correctly was highly developed! Helen Keller is another great example of an older child whose intelligence had been masked by disabilities until Ann Sullivan came along who was able to help her learn to communicate.

It's important to remember that people with ASD are more than just their ASD-rooted challenges. They, too, like everyone else, have their own strengths as well as areas of additional struggle. Just as a person with an IQ over 140 can still struggle with addiction, be selfish, make poor decisions, procrastinate, and keep "forgetting" to honor certain obligations and responsibilities, so too can ASD people. ASD folks have their own learning style, they can experience mental health difficulties, they may also experience physical and medical challenges, and their personality development will be represented by a mixture of positive and negative traits … again, just like everyone else.



It's a human tendency to look at someone, assess how they look, and then make judgements about them based on appearance – e.g., we assume they "should" be functioning a certain way based on how they look. In other words, just because Sally is really good at Math, that doesn't mean we should assume she is equally high-functioning in every area; or, just because an ASD person is really gifted at reading and writing, that doesn't mean we can assume that they are high-functioning in verbal skills, using manners, social cues, etc.

E.g.: Just because Bubba is big and stocky, we can't assume that he'd be interested in or be good at football; or, just because Sally is really tall, we can't assume that she'd be interested in or good at basketball. And yet these are the very conclusions that many parents, coaches, and teachers have falsely made for many decades based on looks!

Clinical Symptoms - Trauma

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

Now, **imagine not being able to verbalize these experiences in any meaningful way** because of one's Autism-based limitations!

The clinical symptoms of PTSD span across four main categories of symptoms (APA, 2013):

Intrusive thoughts and repeated memories, dreams, or flashbacks of the traumatic event. These symptoms present challenges to various areas of life such as sleep hygiene, social interaction, and caring for oneself and others.

Avoidance of reminders of the trauma. This may involve avoiding people, places, activities, and certain interactions that can lead to unwanted memories including physical sensations reminisce of the trauma.

Negative thoughts and feelings. Symptoms can include, negative self-appraisal, loss of interest in things previously enjoyed, Shame, blame, loss of memory related to the trauma, isolating oneself from other people.

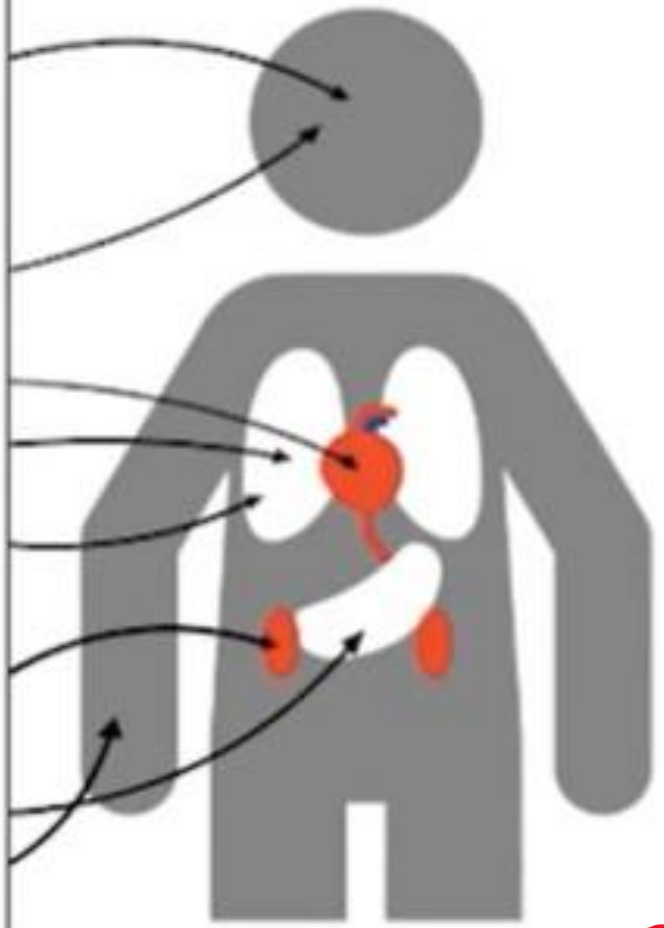
Hyperarousal. Exposure to trauma leads to lack of concentration, challenges modulating arousal levels, hypervigilance, impulsivity, aggression and difficulty sleeping.

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

"FIGHT OR FLIGHT"

ACUTE STRESS RESPONSE

- Increased blood pressure
- Increased blood flow to brain
- Dilation of pupils
- Bronchial dilation
- Increased blood flow to extremities
- Slowing of digestion
- Increased production of neurotransmitters, stress hormones, and catecholamines



- Increased breathing
  Increased heart rate
- Heightened senses
- Hypervigilance
- Increased perspiration
- Decreased production of saliva
- Increased blood flow to skin
- Changes in body temperature
- Improved short-term memory
- Increased alertness

Chronic stress responses in the body, including inflammation, might explain why so many ASD people have **chronic GI problems**.

While the body is focused on increasing production of neurotransmitters in the brain and gut, as well as adrenaline and cortisol in addition to catecholamines during times of stress, this means that the body **is not able to also be nurturing** the increase of good bacteria in the gut at the same time.

Dr. Temple Grandin:

People who experience trauma almost always automatically experience a hyper-arousal of their nervous system … a condition that stays "on" all the time from that point forward. However, "if they are Autistic [their nervous system will get] upregulated even more because a lot of people [on the ASD spectrum] are born with a nervous system that is [already] highly reactive."

"Upregulated" means the same thing as hyper-sensitive, overly reactive, etc.

Complex Trauma

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

Continued, long-term exposure to traumatic events impacts a person at various biopsychosocial levels. There are primary, secondary, and tertiary forms of trauma. The term complex trauma "describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure"

(Complex Trauma Treatment Network of the National Child Traumatic Stress Network, 2016).

Simply HAVING Autism can be "traumatizing" over time. Imagine how "traumatizing" it would be to a neurotypical person if a fly kept landing on their arm once every three seconds for their entire life. Well, this level of irritation, magnified x100, is what ASD individuals with sensory sensitivities experience. And, just as a neurotypical person can become traumatized by witnessing violence or hearing about a loved one being hurt, an ASD person can also be traumatized by these same things … but the impact of trauma on ASD individuals often gets magnified by their inability to process emotions and experiences effectively.

ASD, Trauma, & Biologically-Based Fear Responses:

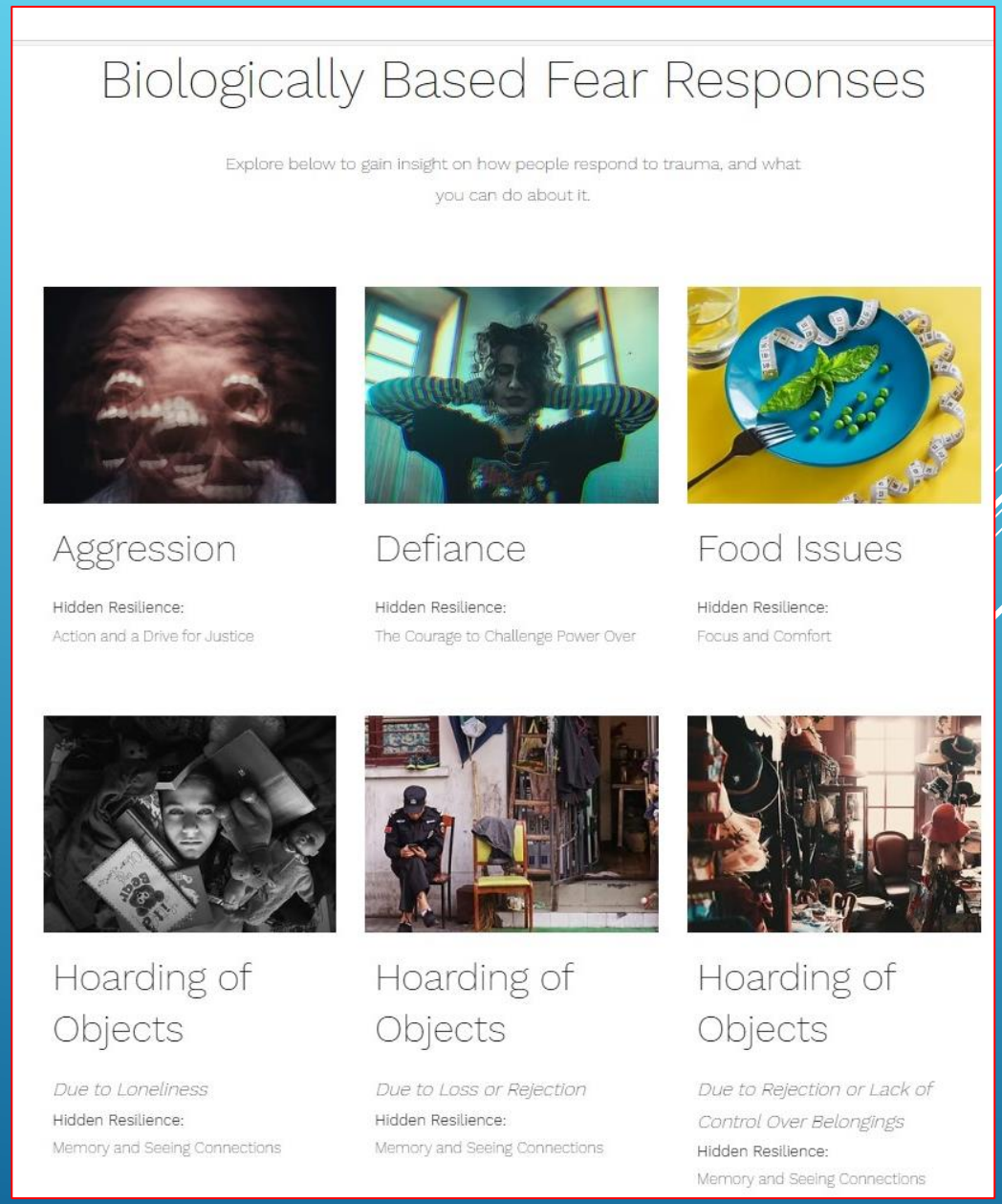
www.findinghopeconsulting.com/general-6

There hasn't been much research on the interactions between trauma and ASD. Suffice to say, people with ASD are impacted by trauma and can develop PTSD, although an ASD person's expressions of trauma might look different.

First, here are the Sympathetic Nervous System's five automatic responses to trauma:

- Flock
- Fawn
- Fight
- Flight
- Freeze

Potentially, an ASD person can react in any/all of these ways. However, Flocking does require a sense of social connection with individuals they would be inclined to flock to under stress; and Fawning requires that the victim sees their abuser as being *a person* … in other words, an abuse victim would never engage in fawning behavior if their abuser was an animal or a robot.

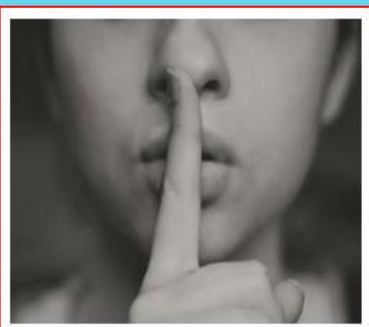


The last slide and this one both show images of topics you can click on at www.findinghopeconsulting.com/general-6. When you click on an image, you'll be taken to a page that describes, regarding the chosen behavior:

- Hidden Resilience
- Is Learned When
- The Drive Behind the Behavior
- Steps to Take to Meet Those Needs

For example, regarding Aggression:

- How aggression represents a person's hidden strength/resilience is that aggression shows they're willing to take action, and it also represents their drive to seek justice and make things right.
- Aggression is learned when people are not protected and when people come from experiences where the safest person in the room is the most violent person in the room, because they are the only one not getting hurt.
- The drive behind aggression is/are: Feeling cheated, treated unfairly, sad, worried, or afraid.
- Steps to Take: Show them you're taking slow, deep breaths, continuing until the tension breaks; Use the safety script for limit-setting; Replace "Calm down" with, "How can I help you feel safe?"



Lying

Due to Fear of Punishment

Hidden Resilience:

Determination & Creativity

Lying

Due to Trying to Meet a Perceived Need

Hidden Resilience:

Determination & Creativity

Lying

Due to Trying to Solve a Problem

Hidden Resilience:

Determination & Creativity

Manipulation

Hidden Resilience:

Resourcefulness

Stealing

Hidden Resilience:

Strategy

Unsafe Sexual Behavior

Hidden Resilience:

Agency & Nurturance

Symptoms of PTSD & How ASD Individuals are Likely to Experience &/or Express Them:

Resources

- **Article: Intersection of Autism and Trauma.** Shared traits and connections of ASD and PTSD. https://doi.org/10.53053/VEMR8039

  Article: Intersection of Autism and Trauma

- **Article: Autism, Adverse Events, and Trauma.** Highlights the importance of recognizing trauma-related symptoms at an early phase and start of trauma treatment. It also provides an overview of the current knowledge about the feasibility and effectiveness of treatment of trauma-related symptoms in people with ASD. https://www.ncbi.nlm.nih.gov/books/NBK573608/

  Article: Autism, Adverse Events, Trauma

- **Resilience Video Series:**

  https://www.findinghopeconsulting.com/resilience-model

  Short Videos on The Resilience Model

Emile Gouws PhD was very Autistic as a child and didn't start talking until almost age 15:

Throughout his childhood and into high school he was severely emotionally bullied. One would think that this chronic exposure to trauma would have done so much damage that he would never have been capable of graduating, going to college, and then earning a PhD. In addition, he also experienced chronic anxiety and distress related to his sensory sensitivities, thereby adding yet another barrier to his ability to learn, retain, and recall information. So, what mitigated the effects of trauma and anxiety so that he could still learn, develop, graduate, and achieve other goals along the way?:

- Like with any child, as long as they have one adult in their life who is both present/available and who is fully committed to doing what's in that child's best interests, then the sky's the limit.
- Emile said, *"My mother was my rock."* Sadly, she died of complications related to COVID-19 in 2021.

The other thing that helped was when he was moved to a remedial school (around age 14) which, for him, turned out to be less anxiety-producing, and also finally gave him a break from the bullying. After this is when he finally began to talk.

- *"My parents exposed me to different social situations and motivated me to not display avoidance."*
- Prior to starting to talk, Emile learned to stop using hand-flapping to express his feelings because he was motivated to fit-in better and knew/learned that hand-flapping attracted emotional abuse.

Are ASD Individuals 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 existence 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, one of the biggest predictors for future violence is if/when a person actually makes 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 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.
- 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 easily be true that the impact of a murderous action on the people who are close to the intended murder victim 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, 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) in the first place.**

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.

Some things to know about ASD:

Marked social impairment and anxiety, lack of empathy, highly rigid thought processes, and very literal interpretation of written and verbal material typify ASD [43]. Persons with ASD can have good technical skills and may be drawn to computers, which are logical and syntax-guided, unlike social interactions, which are guided by semantics and can be confusing and anxiety-provoking [56].

ASD is differentiated from other disorders that may present with social-interaction abnormalities and restricted interests. Unlike schizoid personality disorder, persons with ASD often have a desire to make friends or have intimate relationships, but profound social-skills deficits make them unable to appropriately engage, empathize with, or respond to others. Unlike schizotypal personality disorder, social-interaction impairments in ASD are rooted in empathic and perspective-taking deficits [57].

Core problems faced by individuals with ASD include impairments in interpersonal reciprocity and understanding the effects of their actions on others [54]. Common comorbidities of anxiety, mood, and personality disorders or attention-deficit/hyperactivity disorder (ADHD) may intensify impaired coping ability. Early comorbidity may further impair later social adjustment in youths with ASD, highlighting the importance of early diagnosis and treatment [43].

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].

Personality disorders are enduring, pervasive, inflexible patterns of 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 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].

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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, and intense restricted interests [of a violent nature] [57; 58]. 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 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*

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.

** ** **

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

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www.SCERTS.com
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.

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. 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 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 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/allforthecrunchy** and learn about **heavy metal detoxing** and **parasite cleanses**. These supplements do require some financial expenditure, but there are likely 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 a wonderful resource. 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 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!***

Understanding the Brain-Gut Connection in Autism

Research Shows that Gastrointestinal Issues are More Prevalent in People with ASD:

- There has been so much research into Probiotics and how many diseases and conditions are sourced in the gut that one doctor told me that he can't keep up with all the new discoveries.
- Your digestive tract contains MORE neurons than your entire spinal cord!
- ASD folks are anxious and highly sensitive to things in their environment, so, to the degree that anxiety is often rooted in imbalanced gut flora, then that's the degree to which they can be helped by treating that imbalance.
  - Many ASD folks have sensitivities and/or allergies to Gluten as well as to Dairy products.
- Parasites is the other factor that has gained a lot of attention lately. When people get parasites removed from their body, many are reporting overall improvement in both physical and emotional conditions, including cancer. This is due, in part, to the fact that when parasites are removed, they are no longer stealing nutrition from the person's food, nor are they releasing their own toxins and waste into the person's bloodstream.
  - For example, people who are sensitive to or allergic to Gluten (Celiacs disease, or simply a sensitivity), when they eat Gluten, they feel:
    - "Out of sorts"
    - Cloudy/foggy-headed/headaches
    - Can't concentrate
    - Irritable/prone to exhibiting anger/grumpy
    - Lethargic/loss of motivation
    - An increase in sensitivity to stimuli, resulting in a higher level of perceived stress.

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 **enteric nervous system (ENS)** is a complex network of neurons embedded in the walls of the gastrointestinal tract, often referred to as the "second brain." It is one of the three divisions of the **autonomic nervous system**, alongside the sympathetic and parasympathetic systems, and it governs the function of the digestive system independently from the brain and spinal cord. The ENS contains over **100 million neurons** and plays a crucial role in regulating digestive processes. Wikipedia +2

(The **ENS** branches off of the Vagus Nerve)

Overview of the Vagus Nerve

The vagus nerve, also known as cranial nerve X, is one of the twelve pairs of cranial nerves that emerge from the brain. It is a key component of the **parasympathetic nervous system**, which is responsible for the body's "rest and digest" functions. The vagus nerve extends from the **medulla oblongata** in the brainstem down through the neck and into the chest and abdomen, connecting to various organs including the heart, lungs, and digestive tract. clevelandclinic.org +1

A person's gut biome has also been shown to be linked to the presence of AD/HD and Schizophrenia. In other words, the quality of the bacteria – or lack thereof! – in a person's gut can powerfully impact a person's mental health, both in terms of mood and cognition. In fact, research also shows a strong connection between *gut health and the **quality** of neurodevelopment in the brain!*

- Research article by Heijtz: *Normal gut biota modulates brain development and behavior.*

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

Zenith Herbal

"We're All About Bloodroot"

Antioxidant and anti-inflammatory properties

How does bloodroot aid in promoting gut health?

Bloodroot's ability to aid in gut health is attributed to its **antioxidant and anti-inflammatory properties**. These properties can help to **reduce inflammation** in the gut, which is crucial for maintaining digestive health. Additionally, bloodroot's **antioxidant content** can support the body's detoxification processes, which are essential for maintaining a healthy digestive system. However, it is important to note that bloodroot should be used with caution, as it can be toxic if consumed in high amounts. Always consult with a healthcare provider before using bloodroot or any herbal remedy for health purposes. Dr. Axe +5

Best Ingredients

The Standard Mix

- **Bloodroot** contains **sanguinarine**, a potent alkaloid studied for its potential to support cellular health by promoting apoptosis and inhibiting abnormal cell growth.
- **Cat's Claw Bark** is rich in **alkaloids and antioxidants**, known for supporting **immune function**, reducing inflammation, and **promoting cellular health**.
- **Papaya Leaf** is packed with **enzymes like papain** and powerful antioxidants, known for supporting digestion, boosting immune function, and **promoting healthy cell regeneration.**

Exclusive for the Graviola-Mix

- **Graviola** is effective in **fighting infections** caused by bacteria and viruses, and has **anti-cancer** properties.

External Links

- National Center for Complementary and Integrative Health (NCCIH) on Herbal Supplements: Provides a reputable source on herbal supplements, adding credibility and context to bloodroot's use in alternative health.
  - URL: https://www.nccih.nih.gov/health/herbsataglance
- Facebook Bloodroot Discussion Group: Links to the community mentioned in the post, encouraging readers to join for peer support and tips.
  - URL: https://www.zenithherbal.com/about-us/discussion-groups/

They also have a Bloodroot-based "black salve" topical salve that can be used to heal growths and cancer on the skin.

aspire NUTRITION | Bio-Clear Detoxification Formula

https://go.aspirenutrition.com

Parents LOVE Bio-Clear because it...

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- **Supports Communication Skills**
- **Promotes Better Sleep Quality**
- **Helps Calm Hyperactivity**
- **Enhances Social Interactions**
- **Aids Attention Span**
- **Eases Aggression**
- **Boosts Mood**
- **Supports Immune Response**

Today, we get messages every day from people of all ages saying this probiotic formula helped with their Constipation, Acne, ADD/ADHD, Eczema, Ulcerative Colitis, Irritable Bowel Syndrome, Arthritis, sleep issues, and so much more.

My son was diagnosed with autism shortly before his third birthday. I didn't know what to do or where to turn. And at the time, I had also been extremely sick. So I was researching EVERYTHING I could about nontraditional, natural methods to take care of us both.

That's when I started finding study after study after study on the importance of gut health. I discovered that by healing my gut, I could improve my recurring mono, adrenal fatigue, ulcers, etc...

Potent Detoxification:

Bio-Clear is designed to enhance the body's natural detoxification process. Why is this crucial for children with ASD? Studies suggest that individuals with ASD may have a reduced ability to detoxify and eliminate harmful substances from their bodies.

Bio-Clear's unique formulation promotes the production of sulforaphane. Sulforaphane supports the body's detoxification process and reduces the "toxic load" – the amount of toxic substances in the body.

Immune Support:

A healthy immune system is vital for everyone, but it's particularly essential for children with ASD.

Bio-Clear provides immune support. It boosts the body's natural defenses against infections and illnesses. This could mean fewer sick days and more time for your child to enjoy favorite activities.

Anti-Inflammatory Support:

Persistent inflammation can affect brain function and behavior, which can be especially concerning for children with ASD.

Bio-Clear helps manage the body's inflammatory response. This leads to fewer episodes of irritability or restlessness. It also helps with concentration and learning in school because a healthier brain can focus more efficiently on tasks at hand.

Chemoprotective Properties:

The chemoprotective effects of Bio-Clear can be beneficial for children with ASD. These effects support cellular health and resilience, which is vital for maintaining overall health and specifically brain health.

Your child might show improvements in cognitive abilities such as memory, attention, and problem-solving. Also, behavior could become more predictable and manageable. For instance, a child who used to struggle with temper tantrums might be able to express feelings more appropriately.

This leads to a more harmonious family life and fewer disruptions to routines, enhancing the quality of life for everyone in the family.

Promotes Healthy Aging:

While aging might not be an immediate concern for children, the promotion of healthy cellular aging is. Bio-Clear supports the body's natural defenses against oxidative stress, a process that can damage cells over time.

For a child with ASD who experiences higher levels of oxidative stress, Bio-Clear might help them maintain a steady pace of development, enabling them to keep up with their peers and participate more fully in childhood activities.

This can greatly enhance their social experiences and self-esteem.

Supports Autism Spectrum Disorders:

Bio-Clear has direct benefits for children with ASD.

The ingredients in Bio-Clear have shown to improve social interaction, verbal communication, and behavior – core areas of challenge for children with ASD.

This means that Bio-Clear could support your child in achieving more comfortable social engagements, clearer communication, and more manageable behavior, enhancing their quality of life and easing daily routines for both of you.

By assisting the body's natural processes and directly supporting core areas of ASD, Bio-Clear goes beyond the standard expectations of a detox supplement.

Why Bio-Clear Works Even When Other Detox Supplements Fail...

Your child might be struggling with sensitivity to certain foods or substances, displaying symptoms such as skin rashes, headaches, or even changes in mood and behavior. This might be because kids with ASD often face difficulties in detoxifying their bodies.

Sulforaphane, a compound in veggies like broccoli, has been found to be a potent detoxifier and antioxidant booster. Sulforaphane could be the secret to unlocking better health and well-being for your child.

However, getting enough sulforaphane from daily meals is not straightforward. Because cooking broccoli reduces sulforaphane's potency.

Enter Bio-Clear. This supplement is enriched with BroccoRaphanin®, a patented broccoli seed extract. It's like super broccoli in a pill. It gives your child a big dose of glucoraphanin that turns into sulforaphane. It's like adding a turbo boost to your child's detoxification engine.

Research backs this up - BroccoRaphanin® has been shown to possess over three times the potency of regular broccoli seed. This makes Bio-Clear an especially valuable ally for kids with ASD who could use some extra support in detoxifying their bodies.

To add another layer of potency, Bio-Clear incorporates a unique blend of myrosinase enzymes, derived from white mustard seed, Brussels sprouts, collard greens, and wasabi root. These enzymes help convert glucoraphanin to sulforaphane.

Imagine it like turning the key in the ignition of a car - the engine (glucoraphanin) needs the key (myrosinase enzymes) to start working (convert to sulforaphane).

As strange as this may sound, the variety of expressions and presentations of ASD symptoms that we see across the board is directly related to … the variety of different types and quantities of bacteria in the bowels of each and every ASD person!

From a lecture entitled, *Dissecting the Brain-Gut Connection to Address Sensorimotor Concerns for Autistic Children*, by Varleisha Gibbs PhD, OTC, OTR/L, ASDCS

Note: Many who are "curing" Autism through heavy-metal detoxing and parasite cleanses are learning that – because parasites are highly resistant to being found and killed – you have to first do some things to make them vulnerable.

With its special blend, Bio-Clear packs 4 times the punch compared to similar supplements on the market – a crucial edge for kids with ASD in need of robust detoxification and antioxidant protection.

Beyond the potent detoxification support, Bio-Clear also includes bilberry fruit extract, known for being a super antioxidant. This could be particularly helpful for children with ASD who often face stress, immune problems, and gastrointestinal issues. Imagine your child having fewer stomach aches or being less susceptible to common colds and infections.

Bilberries are like nature's health warriors, carrying 4 times the antioxidants found in blueberries, further enhancing Bio-Clear's overall antioxidant strength.

In a nutshell, Bio-Clear's one-of-a-kind formula combines sulforaphane from an optimized source, amplified by a potent myrosinase blend and bilberry extract.

This triple-action formula offers detoxification, antioxidant support, and overall health promotion for kids with ASD, setting Bio-Clear apart from your average detox supplements.

This could translate to your child feeling more energetic, focusing better at school, and overall being able to enjoy a happier, healthier childhood.

Dysbiosis:

Dysbiosis refers to an **imbalance in the types of microscopic organisms** (bacteria) living in your body, particularly in the gut. This condition occurs when there are too many of some types of bacteria and not enough of others, which can disrupt normal bodily functions and may lead to health issues. It can be caused by various factors, including diet, stress, oral antibiotic use, antibiotic hand sanitizers, and illnesses. Dysbiosis is characterized by a reduction in microbial diversity, often resulting in an increase in harmful bacteria. These bacteria, both the good and the bad kinds, play a direct role in the functioning of the Central Nervous System (CNS): The microbiome of your gut **COMMUNICATES** back and forth with your CNS all the time. In fact, there exist in your gut more neurons than what's found in your entire spinal cord. The theory, then, is that it's this imbalance in microflora in the gut that MAY cause Autism.

Dr. Gibbs makes it clear that her presentation is NOT about trying to effect a "cure" for Autism by changing and treating the gut's microbiome. So … ***why not?*** – "Because neurodiversity is actually a beautiful thing," she says. The goal is to not cure ASD, but to help society to embrace ASD individuals for who they are: THIS IS STILL A VALID GOAL. **At the same time** … for parents who are dealing with moderate to severe presentations of ASD symptoms in their child, there has been a lot of **suffering** involved, and where there's a lot of suffering involved, ***cures or partial cures are certainly worth pursuing whenever possible***. Later on, an entire section in this manual is devoted to looking at **possible cures/partial cures**.

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

See next 2 slides as well

Article: *Infant gut microbiota associated with fine motor skills* (https://europepmc.org/article/MED/34069166):

Background: During early life, dynamic gut colonization and brain development co-occur with potential cross-talk mechanisms affecting behavior. **Methods:** We used 16S rRNA gene sequencing to examine the associations between gut microbiota and neurodevelopmental outcomes assessed by the Bayley Scales of Infant Development III in 71 full-term healthy infants at 18 months of age. We hypothesized that children would differ in gut microbial diversity, enterotypes obtained by Dirichlet multinomial mixture analysis and specific taxa based on their behavioral characteristics. **Results:** In children dichotomized by behavioral trait performance in above- and below-median groups, weighted Unifrac b-diversity exhibited significant differences in fine motor (FM) activity. Dirichlet multinomial mixture modelling identified **two enterotypes** strongly associated with FM outcomes. When controlling for maternal pre-gestational BMI and breastfeeding for up to 3 months, the examination of signature taxa in FM groups showed that *Turicibacter* and *Parabacteroides* were highly abundant in the below-median FM group, while *Collinsella*, *Coprococcus*, *Enterococcus*, *Fusobacterium*, *Holdemanella*, *Propionibacterium*, *Roseburia*, *Veillonella*, an unassigned genus within *Veillonellaceae* and, interestingly, probiotic *Bifidobacterium* and ***Lactobacillus*** **were more abundant in the above-median FM group**. **Conclusions:** Our results suggest an association between enterotypes and specific genera with FM activity and may represent an opportunity for *probiotic interventions* relevant to treatment for *motor disorders*: *Gross motor skills, fine motor skills, communication/verbal (because talking is a motor-based activity), and even visual processing*.

Processing of Pain:

Hyporesponsive individuals may even engage in self-harm (e.g., biting, head-banging, etc.) without seeming to experience much pain. These behaviors are often rooted in the person's attempts to mitigate the special kind of "pain" they experience in relation to sensory overload. **Hyperresponsive** individuals experience cognitive and emotional shut-down in reaction to stimuli that are easily handled and processed by non-ASD individuals.

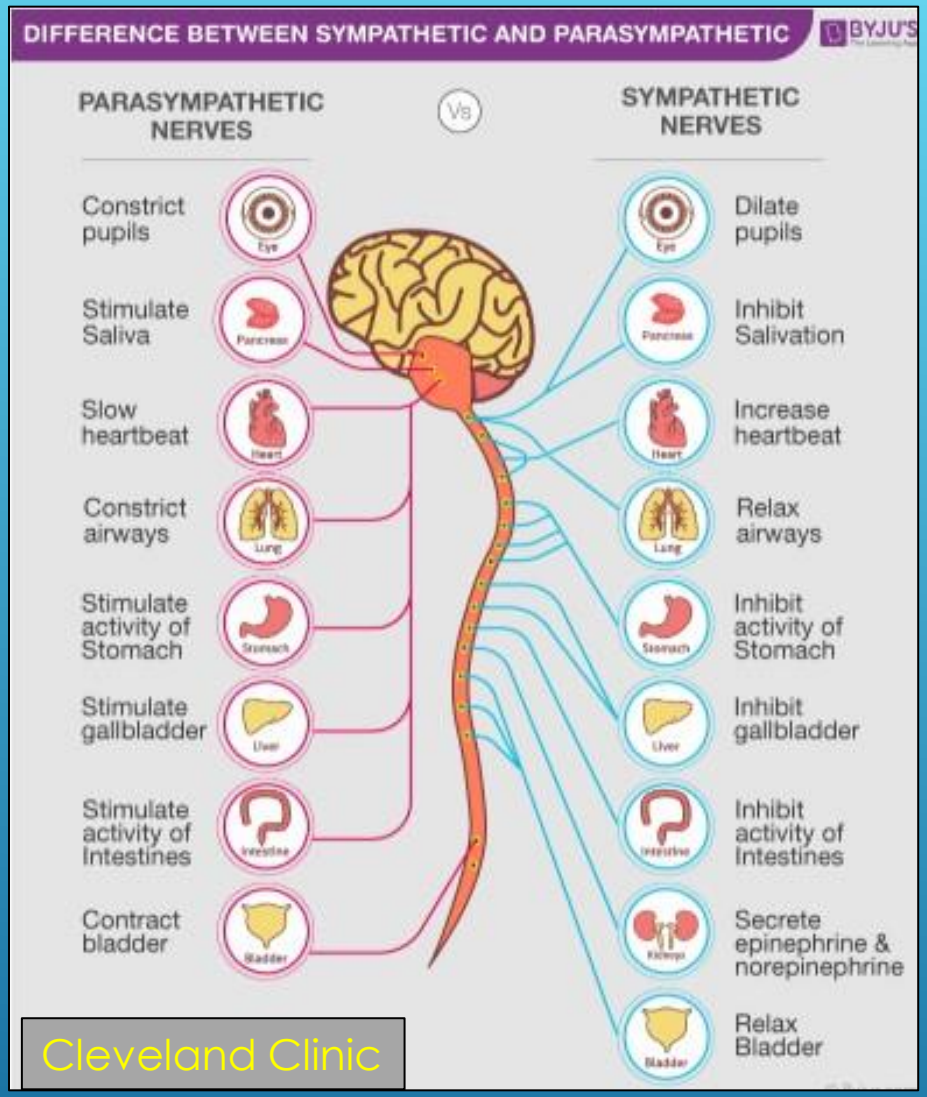
One possibility is to address these problems with processing pain by first addressing gut health imbalances.

Imagine how you feel, as a **non-ASD person**, when all these things are impacting you at the same time:

- Your stomach hurt a lot last night, keeping you from getting much sleep.
- You've only eaten sweets and carbs today, and now you're got heartburn and have a sugar high.
- You just got over having COVID and your entire system just feels flat, lethargic, and devoid of any energy. You still have a sniffly nose and the skin around your nose is raw.
- You have a headache that is making you very sensitive to excessive light and sound.
- You just experienced conflict with a good friend or family member, things are unresolved, and you're really feeling both very hurt and very worried about the relationship. Because of how you're feeling, you smacked the side of their head pretty hard when they said something you didn't like.

Now **add to this list** the things that an **ASD person** often experiences chronically:

- Painful sensory overload.
- Confusion about what to do next on a social/relational basis. Feeling like an outsider.
- Extreme frustration related to not having access to a preferred object and/or activity.



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

Sympathetic NS: Responsible for fight/flight/freeze self-protective responses and arousal.

Parasympathetic NS: Responsible for your body's ability to relax and return to baseline.

3 Types of nerves:

- Sensory
- Motor
- Sensorimotor

"Sensory in, motor out!"

With ASD people, the neurons in the gut may be sending incoherent messages to the brain due to a preponderance of bad bacteria …

Your overall nervous system includes two main subsystems:

Central nervous system (CNS): This includes your brain (your retina and optic nerve in your eyes are considered part of your brain, structure-wise) and spinal cord.

Peripheral nervous system (PNS): This includes every part of your nervous system that isn't your brain and spinal cord.

Your peripheral nervous system also has two subsystems:

- **Somatic nervous system (SNS):** This includes muscles you can control, plus all the nerves throughout your body that carry information from your senses. That sensory information includes sound, smell, taste and touch. Vision doesn't fall under this because the parts of your eyes that manage your sight are part of your brain.
- **Autonomic nervous system (ANS):** This is the part of your nervous system that connects your brain to most of your internal organs.

Enteric Nervous System

Branches off of the Vagus nerve

Over 30 different neurotransmitters utilized

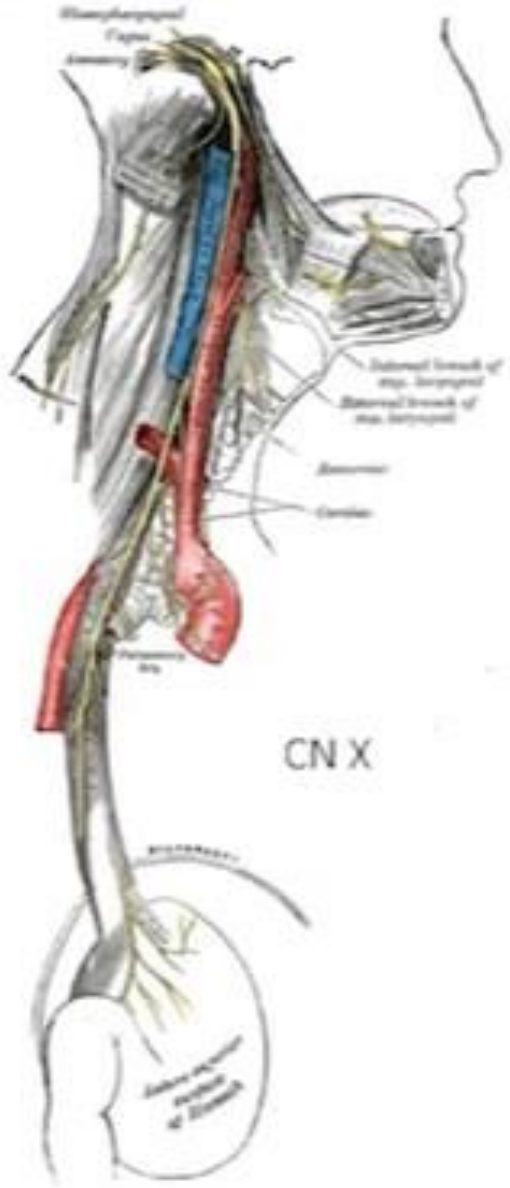
Resembles and Acts similar to the CNS

More than 90% of the body's serotonin is made within the gut

More than 50% of the body's dopamine

Can mediate behavior

Communicates bi-directionally with CNS



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process ~~sensory information. Remember~~ we talked about sensory and motor out? Well, you have almost like a second brain being this enteric nervous system that does something very similar. So the brain and the gut almost mirror each other. They mirror each other. When you have challenges with the gut, you'll have challenges in all these areas that we've been talking about and sensitivity to light, perhaps dislike in certain textures and touch. So then you start to see the sensory defensiveness, you start to see perhaps self stimulating or even injurious behaviors. Aggression, right? So if the fight flight system is overactive, then we are on constant high alert, everything becomes a potential threat. And if things are a potential threat, then we are going to potentially be aggressive if something challenges that, if we don't know what to expect, what comes next Or what will also happen is that we will have GI dysfunction, constipation, and diarrhea because when you're in fight flight, the body will decrease activity in places that it doesn't need. It starts to conserve its energy, if you will. So that's why you will see someone that will have a bowel accident or urination or they'll withhold going to the bathroom because the body in that sympathetic nervous system state is conserving its energy and focusing it elsewhere. Same thing goes for overall health. We may see increased illness and sickness such as respiratory infection due to the stress on the body from the increase of those stress neural transmitters. ~~We also here are seeing the celiac plexus, which also has another name of the~~

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

From the previous slide: … with ASD folks, the signals being sent **FROM** the gut (Autonomic signals that are outside of conscious control) **TO** the brain may be so variable, dysregulated, and incoherent that these signals increase the person's overall feeling of sensory sensitivity, irritation, and dysregulation, thereby affecting their mood in a negative manner. Then, after the brain receives these autonomic signals telling it that something isn't right, the brain's Fight/Flight/Freeze responses (of the Sympathetic Nervous System) get activated as well – i.e., the brain can only conclude that the entire system is in some kind of danger. Then, because the SNS has been activated, the next thing to be seen is **stress-driven and fear-based behaviors**. Remember, the Fight/Flight/Freeze system might also already be chronically "on" because of past trauma in that person's life, therefore, **problems in the gut only reinforce, maintain, and worsen** the already-existing Fight/Flight/Freeze reactions to perceived danger. Therefore, an ASD person might be **"over-reacting" to little things just as much because of their Autism** as because **of (1) their imbalanced/unhealthy gut flora and/or because of (2) their trauma history (if they have a trauma history)**.

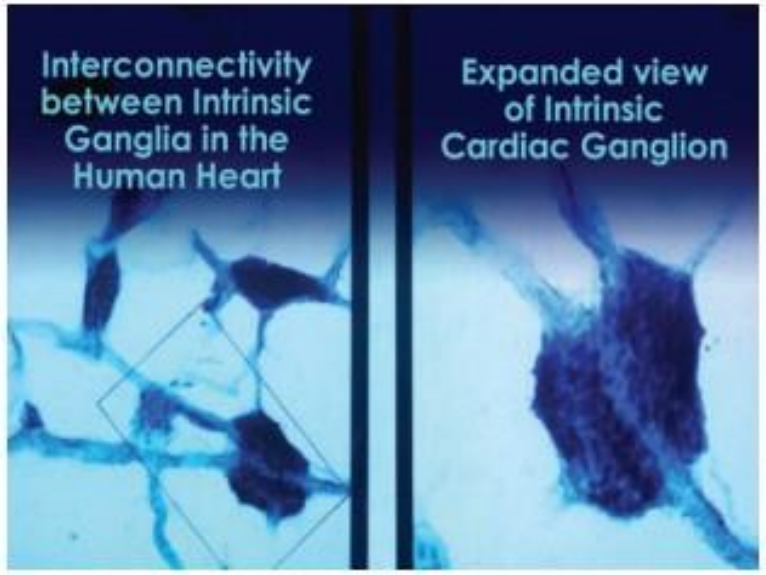
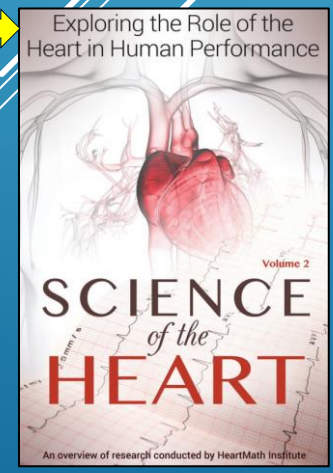


Figure 1.2. Microscopic image of interconnected intrinsic cardiac ganglia in the human heart. The thin, light-blue structures are multiple axons that connect the ganglia. Courtesy of Dr. J. Andrew Armour.

From www.heartmath.org: Did you know that, contained inside the heart walls, are little clusters of neurons called "ganglia," clusters that act like **"little brains"** inside the heart!? These "little brains" don't just receive signals from the brain, but have been found to generate their own signals! For more information, go to their website to download a free copy of this interesting and informative ebook:



The reason this is important in understanding Autism is because the Institute of HeartMath has developed some heart-centered "coherence"/relaxation techniques that might be beneficial for ASD people, techniques that do not rely on talking. So! – balance the gut microbiome, AND learn HeartMath's **"Quick Coherence Technique"** and an ASD person can reduce their overall anxiety.

What causes the microbiome of bacteria in the gut to be/become unhealthy? – and what can you do to improve your gut's health?:

See detailed handout on gut health generated by the ChatGPT AI search engine.

- Something that didn't show up in this hand out, however, is this (from Dr. Gibbs):
  - Studies show that "***dancing*** *can actually improve gut health and that it can increase the number of beneficial bacteria, increasing the bacteria that we need to remove waste, to take-in nutrients, and to connect [the gut] to the [body's overall] neurochemistry that helps with [a] variety of functions*" throughout the body. ***"So, MOVEMENT ITSELF … can improve our gut health!"***
  - Related but unrelated?: Our Border Collie/Australian Shepherd didn't get much exercise in our tiny yard while our boys were in high school. After a while, he became extremely constipated – it took him 20 minutes to squeeze out one tiny little turd – and the flesh around his anus became so necrotic that the vet could shove his middle finger all the way into that flesh if he'd wanted to. Then we moved to a yard with 1.3 acres and 2 neighbors' dogs on the other side of the fence. After our dog spent a few days running around and getting lots of exercise, his problem cleared-up 100%. I think what healed him was simply … increased blood flow. In sports medicine, I believe it's true, too, that injured joints heal faster when the blood flow to that area is increased. **In other words, poor diet + low exercise spells disaster for our gut biome and, by extension, our mental health.**

If your diet is bad, then, "If you don't use it, you lose it" … meaning that your gut, once depleted of its population of healthy bacteria, will *stop producing* healthy bacteria. This, in turn, allows the bad bacteria population to grow and take over. But, if your microbiome improves, your hypersensitivity lessens as a result.

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 connection to the gut, but that~~ movement actually impacts our brainwaves, which we call neural oscillations or brain oscillations. And so this is really kind of the electrochemistry that occurs in the brain as information is traveling to and from the peripheral and central nervous system that there are waves of energy that we can measure through different systems. And so what we've learned is that it's not just the output of that nervous system activity, but that we can actually impact cognitive functioning and overall function through impacting the brainwaves. And how do we do that, through movement. And remember I told you about that study that looked at dance and gut health and that how dance and movement can improve the gut health. So this is another reason why. So when you have movement occurring, it's impacting the synchrony of the brainwaves, which we need synchronicity to feel balance. That in turn is helping to balance out the microbiomes, that ecosystem. What happens when we have rhythmic activity, such as rhythmic breathing even, is that we're producing dopamine, we're producing endorphins. Okay? So remember, the more exposure we have to the production of neural transmitters, then the more we'll have in terms of the bacteria that are helping that production of the neural transmitters. And so remember I talked about increased stress can increase the neurotransmitters, such as ~~neuro~~ or epinephrine, ~~or in that area~~ and decrease production of others. Well, to balance that out, we do things such as rhythmic movement, rhythmic breathing, yoga that will then increase the production of those good neurotransmitters that then will balance out that ecosystem. Even chewing, rhythmic chewing can help with that. ~~And so when~~

~~do safely and efficiently~~. And so it's important for us to look at their motor patterns so that we can address them clinically, at least providing them with support, whether it's adaptive measures or we're providing them with exercises and different things to help to change those patterns so that we can see improvement in that area. ~~There are, I'm sorry, I'm going to go back to that. There~~

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"Be sure to screen for motor [skills or] patterns [of movement] that might not be sufficient, such as those related to **Retained Primitive Reflexes**.

"Consider [implementing] interventions that have nice, **rhythmic patterns** to them."

The Reticular Activating System (RAS) in the brain is the "gatekeeper" when it comes to sensory input and processing in the brain, in conjunction with your brain's emotions-center, the **Limbic System**. The RAS is like the Security checkpoint at the airport. If you don't get through Security, you get detained – you get stuck – *in* Security and are unable to move on and do the purposeful things that you were intending to accomplish.

"If your gut is sending you into Fight/Flight, and you don't [currently] have the neurochemistry [in your gut] to balance things out, and you're anxious and in high stress, guess what? – you don't get to catch the flight!"

(See separate, AI-generated handout on the relationship between the Limbic and the RAC systems)

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Is it possible that, when the gut is full of bad bacteria [and possibly parasites as well, resulting in low nutritional retention] that these conditions create a chronic state of IRRITATION that gets expressed behaviorally through "AD/HD" types of behaviors:

- Trouble concentrating and staying focused
- Impulsive need to get up and move around = trying to self-regulate
- Other attempts at self-soothing
- Bothering others as a way to distract oneself from discomfort
- Irritability/grumpiness
- Foggy-headed / Problems with learning and memory recall

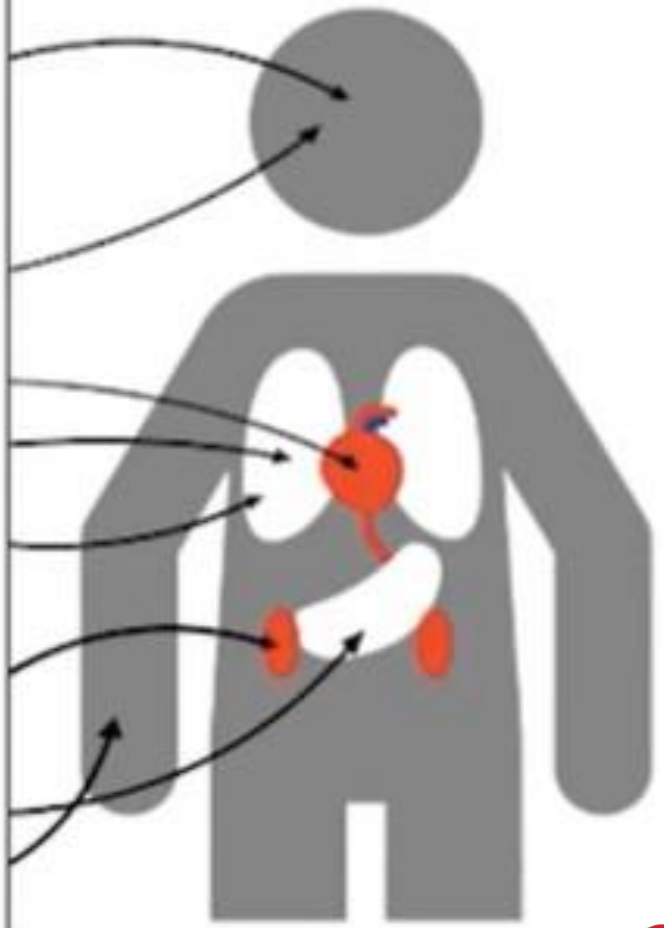
The comment in [brackets] is from Greg Handleton MA, LPCC-S, TRCC

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

"FIGHT OR FLIGHT"

ACUTE STRESS RESPONSE

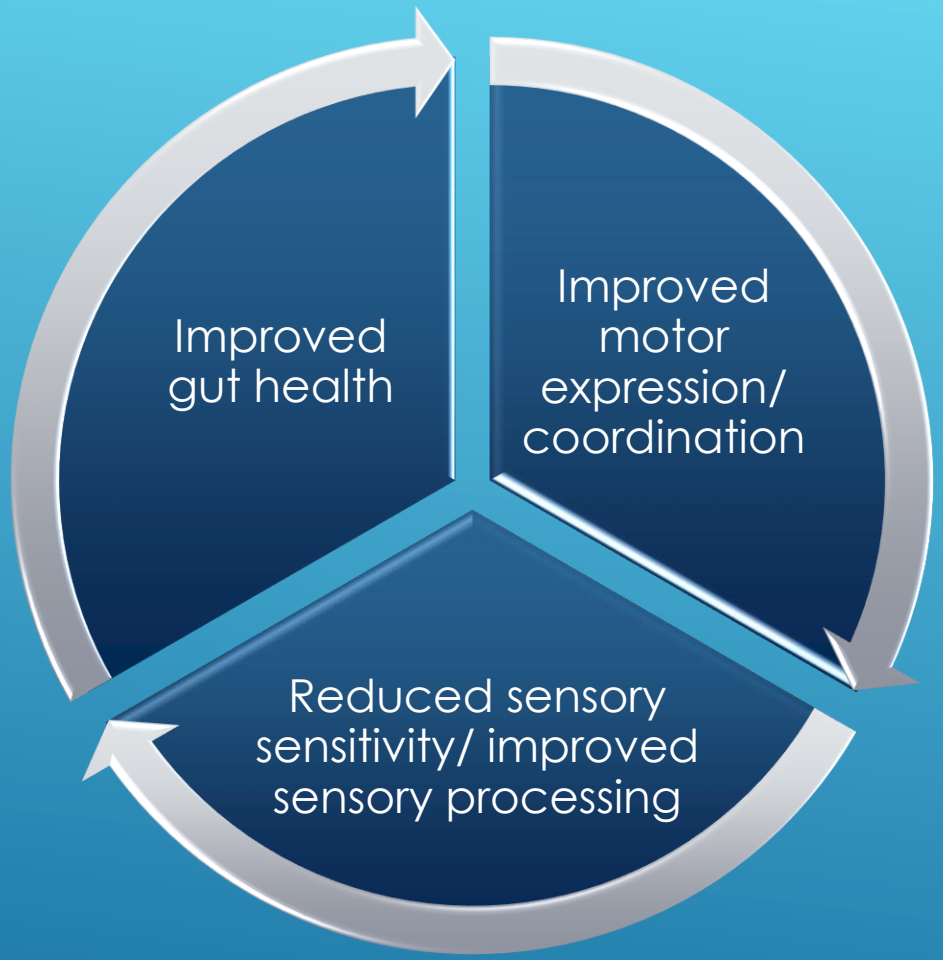
- Increased blood pressure
- Increased blood flow to brain
- Dilation of pupils
- Bronchial dilation
- Increased blood flow to extremities
- Slowing of digestion
- Increased production of neurotransmitters, stress hormones, and catecholamines



- Increased breathing
  Increased heart rate
- Heightened senses
- Hypervigilance
- Increased perspiration
- Decreased production of saliva
- Increased blood flow to skin
- Changes in body temperature
- Improved short-term memory
- Increased alertness

Chronic stress responses in the body, including inflammation, might explain why so many ASD people have **chronic GI problems**.

While the body is focused on increasing production of neurotransmitters in the brain and gut, as well as adrenaline and cortisol in addition to catecholamines during times of stress, this means that the body **is not able to also be nurturing** the increase of good bacteria in the gut at the same time.



"We have to find ways to introduce new [and healthy] foods. We have to find ways to increase motoric activity."

"We know that the research shows us that the **neurotransmitters** in our body are significantly being produced – yes, **PRODUCED** – in the gut. In the gut! Some are being produced [there] at a higher percentage than in our central nervous system … to think that the chemistry that we need to function, to interact, to cognitively function, to have a sense of well-being, [and] to have a sense of reward is coming from our gut!"

"If we have a lack of [bacterial] diversity [in our gut], then you will see **a lack of diverse behavior**. If we have a lack of [bacterial] diversity, we will also see these areas impacted, such as: Challenges with learning, with mood, and overall behavior as well as cortical function … also changes in the visual-motor system, changes in gross motor, etc."

See the **handout** entitled, *"Factors Causing Food Nutrient Depletion."*

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~~their interaction with the world that we're able to see.~~ But again, we have wonderful interventions and activities that we can use to help to improve the lives of those who are dealing with autism being challenged in this area. And one of the major ways to do that is through the vagus nerve. I mentioned that it wanders from the cranium. It's the longest cranial nerve in the body, the longest one, and it continues to have, it has connection to the sympathetic nervous system as well as the parasympathetic nervous system. And so I want to show you a little bit of things that we've done in terms of tapping into the parasympathetic nervous system to address sensory motor activity as well as addressing regulation. ~~So I'm going to stop my share~~

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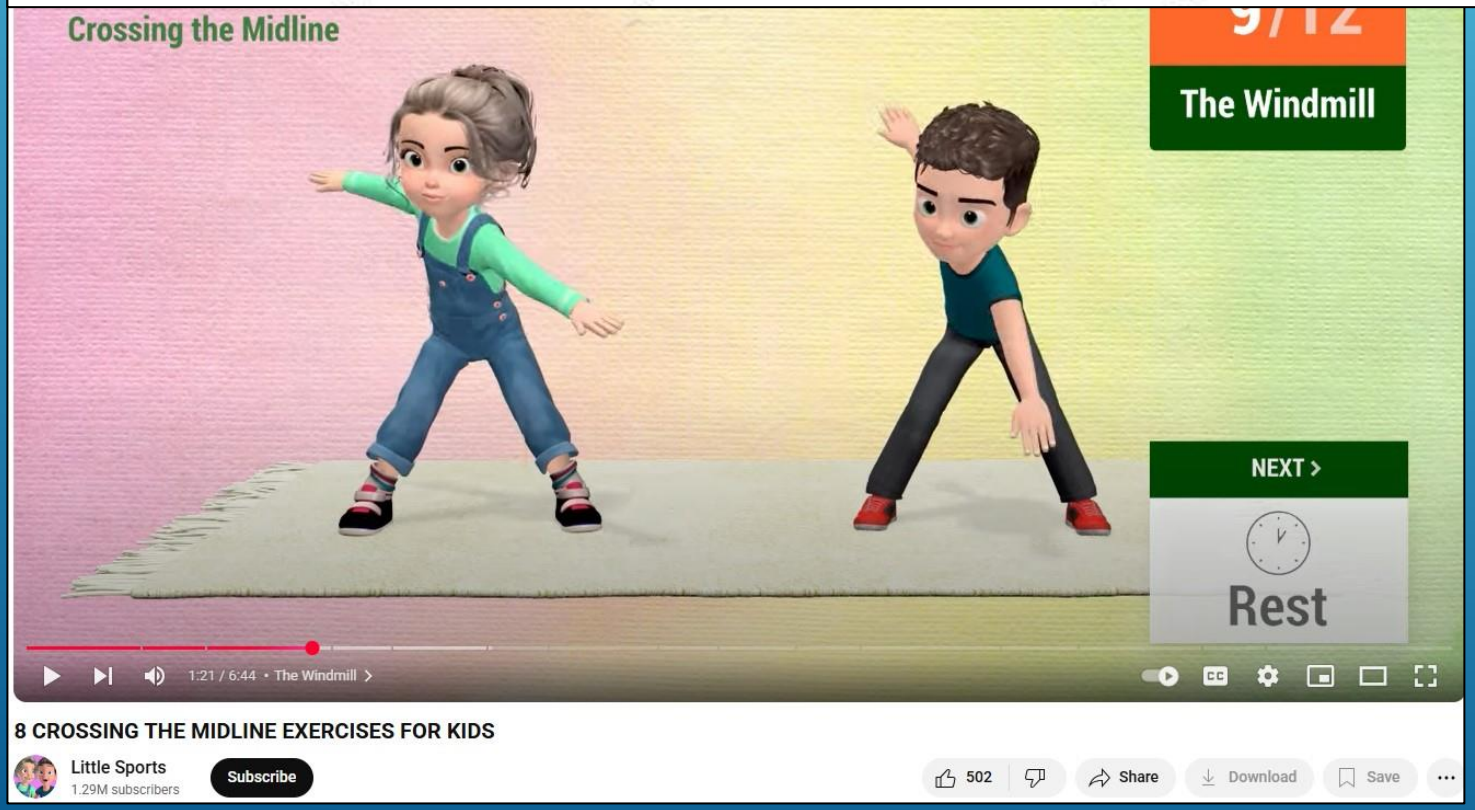

Improve Gut Health to Reduce Anxiety & Emotional/Physical Dysregulation:

- Exercise/movement
- Detox from heavy metals & other toxins
  - Remove certain dental fillings??
- Remove intestinal parasites
- Remove compacted stool in the gut
- Healthy, varied diet; avoid processed foods; add nutrients & trace minerals
- Introduce probiotics
- Teach coping skills
- Vagus Nerve exercises
- Have fun!

https://tacanow.org/family-resources/nervous-system-dysregulation-and-autism/

How Can Parents Help?

While the relationship between the nervous system, the immune system, and autism is complex, there are ways to support your child's overall health:

Focus on calming activities

Help your child engage in activities that activate the parasympathetic system, like deep breathing, gentle exercise, or spending time in nature. These can help calm the nervous system and reduce stress.

Reduce Stress

Try to remove sources of stress for your child. Because our kids are so emotionally connected to their parents, simply changing your own body language to be more open and engaging can reduce stress.

Find your child's joy

Discover the healthy, calming activities your child enjoys and expand on those. People who do what they love are rarely stressed. Gardening and growing food, going on walks, swinging in the park, doing puzzles, creating art, and listening to music are all good examples of calming activities.

Reduce screen time

Screen time should be limited for numerous reasons. First, tablet time is excitatory to the brain. Secondly, screen time negatively affects the body's natural cortisol cycle by triggering your child's fight or flight mode. Lastly, screen time causes hyperarousal of the brain, which suppresses the brain's frontal lobe, the area responsible for impulse control and mood regulation. Consider replacing the screen with something else like an MP3 player or YOTO player.

Prioritize sleep

Sleep is crucial for both the nervous and immune systems to function well. Establishing a calming bedtime routine can improve sleep quality, which in turn supports your child's ability to manage stress and stay healthy. See the TACA article titled "Sleep Issues in ASD" to learn how to address poor sleep.

Consider nutrition

A healthy diet rich in fruits, vegetables, and foods that reduce inflammation (like omega-3 fatty acids) can support both the nervous system and the immune system. Some children with Autism may have allergies or food sensitivities, so it's worth exploring if certain foods trigger behavioral changes that may be associated with inflammation. Use this free downloadable Food Journal to track your child's food reactions.

Work with a healthcare provider

If your child frequently gets sick or experiences immune-related issues, talking to a healthcare provider familiar with autism can help. They may recommend supplements, medications, therapies, or interventions that could balance both the nervous and immune systems.

Discuss supplements that help regulate cortisol with your doctor

Phosphatidylserine, ashwagandha, omega-3 fatty acids, magnesium, L-Theanine, vitamin C, chamomile, and Rhodiola rosea are a few examples of supplements to consider.

Transform your gut microbiome

Try the evolution of probiotics for whole-body health. Founded by PhD doctors and scientists, Pendulum is science-backed with proven clinical results.

https://pendulumlife.com/products/

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Sustain daily energy	—	✓	✓
Supports immune health	—	✓	✓
Lower A1C & blood glucose spikes**	—	—	✓

*Based on preclinical studies. Products not intended for weight loss.
**For the nutritional management of type 2 diabetes.

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*Based on preclinical studies.

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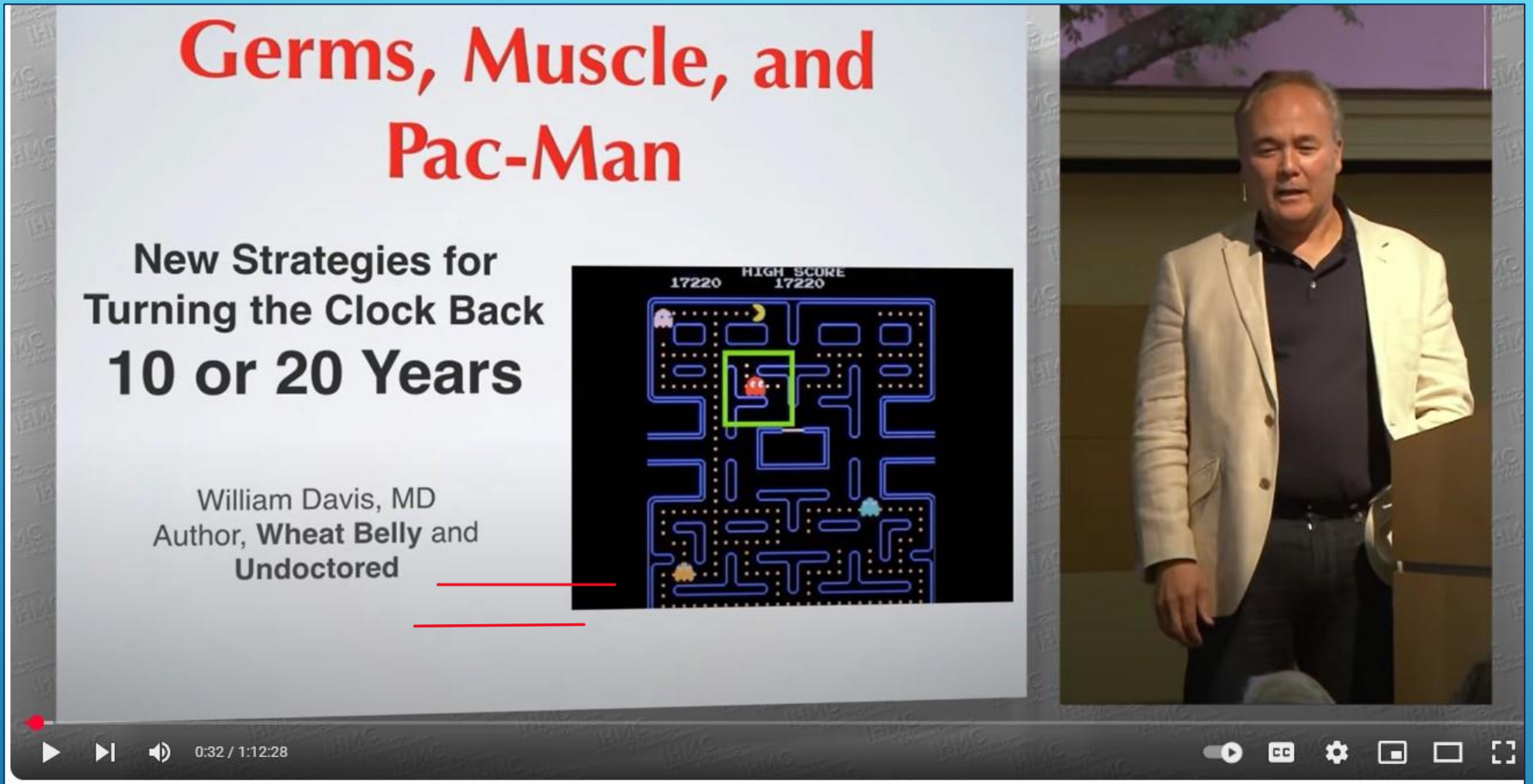

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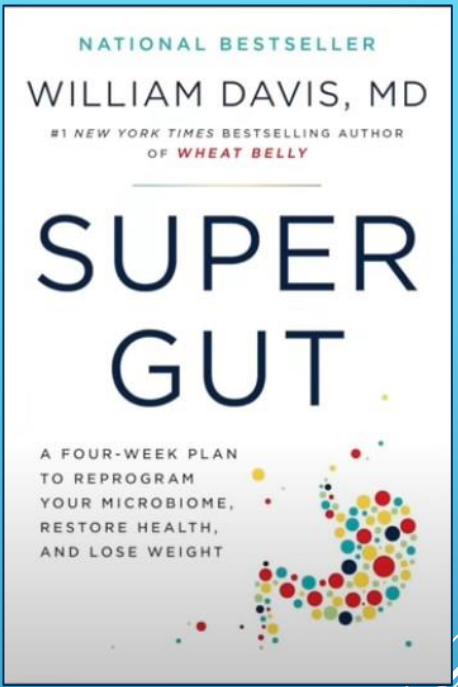

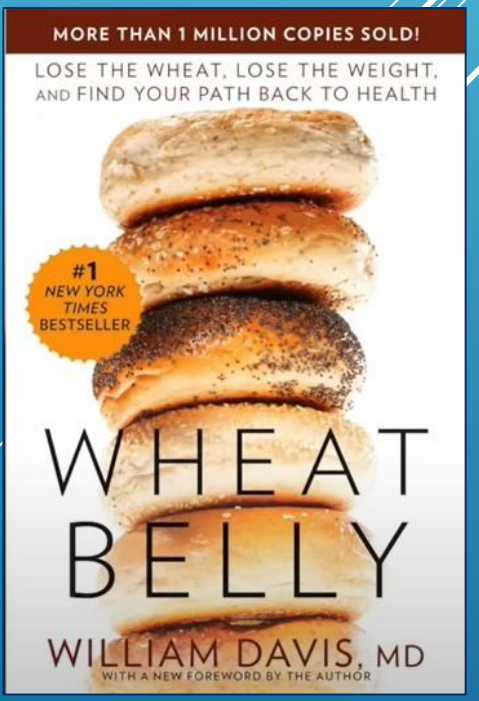

For a good probiotic yogurt recipe, see the next slide:

Probiotic Yogurt: Here are the Directions from Scratch: (you really don't need to put the probiotic pills in subsequent batches if you save 2-3 Tbsp. yogurt from the last L. Reuteri batch):

2 quarts of A2 milk from Kroger (Note: Regular milk will contain the A1 casein protein that has been linked to inflammation, auto-immunity, Alzheimer's, diabetes, heart attacks, etc. Alternatively, you could use half coconut milk/half coconut cream instead).

Subject: Scientific papers re yogurt

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4354898/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5431580/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5431580/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879365/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3707834/

1 or 2 probiotic pills, mix in with a whisk with the capsules discarded:

https://www.biogaia.com/product-country/biogaia-osfortis/?doing_wp_cron=1568133406.6935029029846191406250

3-5 Tbsp. Inulin powder to provide soluble fiber for the bacteria and a little sweetness. You really need to whisk the inulin powder in slowly because it can form clumps. Probably any brand will do. For example, cheap on Amazon:

https://microingredients.com/products/organic-inulin-fos-powder

For another great L. Reuteri yogurt-making video, go to YouTube: *Make Perfect L. Reuteri Yogurt Every Time!*

"**I usually incubate the yogurt for 24-36 hours (36 is best, but not longer)** with an Instant Pot in pint sized mason jars, half full of nascent yogurt, LIDS ON. Make sure that your Instant Pot has a **"Yogurt" setting**. I like to fill the Instant Pot with a half inch of water in the bottom. However, I just got a new yogurt maker from Amazon because my wife uses her Instant Pot so much. I like to eat this yogurt with nuts and berries because they are delicious and because they contain soluble fiber that they need in order to colonize your gut. I started making coconut yogurt with 1/2 and 1/2 coconut milk with coconut creme. Use the same proportions as with regular milk."

Can You Incubate Probiotic Yogurt in Something Other Than an Instant Pot?:

Yes, you can incubate probiotic yogurt by various methods other than a pressure cooker. Here are some effective alternatives. [I'm assuming you'll use glass jars with sealable lids]:

- **Oven Method**: Preheat your oven to a low setting and turn it off. Place your yogurt container inside a baking dish filled with warm water to maintain a stable temperature.

- **Heating Pad Method**: Use a heating pad with the auto-shutoff option disabled and set to a low temperature. Wrap your heating pad around the yogurt container to keep it warm. Apply heat overnight.

- **Water Bath Method**: Fill a cooler with water at a temperature of 110°F and just high enough to cover the jars. Leave it overnight.

- **Slow Cooker Method**: Use a slow cooker to maintain a stable water bath at 110°F. If your slow cooker doesn't run low enough, try keeping it on the warming setting.

These methods provide a cozy environment for the live cultures to thrive, ensuring a successful batch of homemade yogurt. Remember to avoid disturbing the yogurt during incubation to prevent the curd from breaking. **Also see:** https://saladinajar.com/yogurt/more-than-six-ways-to-incubate-yogurt-without-a-yogurt-maker/

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Micro Ingredients Organic Inulin FOS Fiber Powder, 2.2 lb | Quick Water-Soluble Prebiotic for Intestinal & Colon Health | Natural Fiber for Smoothies & Drinks | Vega...

$29.95

($0.94 / ounce)

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It's Just! - Inulin Prebiotic Fiber, Water Soluble, Chicory Root... was removed from Shopping Cart.

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When it Comes to Food Preferences, Remember:

It only **causes harm** any time an adult argues with a child about their food preferences. The fact is, it is often us adults' fault when children become super-finicky and only want sweets. How? – because we introduced them to sugary foods (including baby food, which is often very high in sugar) and unhealthy carbohydrates/processed foods at very early ages. Even giving young toddlers Cheerios because they're so easy to eat is probably training them to crave sugary carbs. ***Again, the time/energy spent fighting with kids about them refusing to eat a particular food is like putting water into a bucket with a hole in the bottom***. It's also equally important to **never shame or degrade a child for refusing to eat a particular food item**. Again, it doesn't do any good, and it will only damage their self-image, damage your relationship, and shift your relationship with them into a Win-Lose dynamic … a dynamic that causes them to see you as the enemy. When I was a kid, I got candy only at my birthday, at Halloween, at Easter, and around Christmas time, but now? – kids' diets are inundated with candy and sweets, including soda pop, on a constant basis. No wonder they don't want healthier foods! One thing you can do is to **add a vitamin and nutrient powder** to their orange juice or other favorite drink. And remember, something like kale or spinach as well as healthy herbs like cinnamon and turmeric can be added in small quantities to **fruit smoothies** and they'll never even taste them. Even organic honey has nutritional value and health benefits. Just be sure to **write down ingredient quantities** so that you can "get it right" the next time you make their favorite smoothie. **Show them** that you've written it all down so that they know you're being consistent.

Decreasing Sugar Intake:

It's the bad bacteria in the gut that craves the sugars! So, when you're sitting on the couch at 8:45 PM and have a sudden craving for sugar-dense ice cream, just know that it's literally the **bad bacteria** in your gut that are creating that craving and holding you hostage to it as you sit there thinking that ***you*** are the one wanting the ice cream! Research has found that, due to general purpose antibiotics, almost everyone's guts no longer contain the good bacteria that had been around since the beginning of the human race, namely: **Lactobacillus Reuteri**. The **probiotic yogurt** we looked at will restore this good bacteria, and with it, a whole host of **beneficial** side-effects for health!

Fortunately, simply focusing on eating whole, unprocessed foods automatically decreases the amount of sugar in your diet.

https://www.healthline.com/nutrition/too-much-sugar#how-to-reduce

Here are some tips on how to reduce your intake of added sugars:

- Swap sodas, energy drinks, juices, and sweetened teas for water or unsweetened seltzer.
- Drink your coffee black or use a natural alternative for a healthier option.
- Sweeten plain yogurt with fresh or frozen berries instead of buying flavored, sugar-loaded yogurt.
- Consume whole fruits instead of sugar-sweetened fruit smoothies.
- Replace candy with a homemade trail mix of fruit, nuts, and a few dark chocolate chips.
- Use olive oil and vinegar in place of sweet salad dressings like honey mustard.
- Choose marinades, nut butter, ketchup, and marinara sauce with zero added sugars.
- Look for cereals, granola, and granola bars with under 4 grams of sugar per serving.
- Swap your morning cereal for a bowl of rolled oats topped with nut butter and fresh berries, or an omelet made with fresh greens.
- Instead of jelly, slice fresh bananas onto your peanut butter sandwich.
- Use natural nut butter in place of sweet spreads like Nutella.
- Avoid alcoholic beverages that are sweetened with soda, juice, honey, sugar, or agave.
- Shop the perimeter of the grocery store, focusing on fresh, whole ingredients.

Bened Life

https://benedlife.com

SHOP SCIENCE COMMUNITY TAKE THE QUIZ

"While I see a lot of claims about probiotics, I was greatly pleased to see a **significant body of scientific literature** supporting the hypothesis that *L. plantarum* PS128 impacts neurochemistry in the brain, specifically **serotonin and dopamine levels**, in a preclinical model."

JACK GILBERT

Director of the Microbiome and Metagenomics Center, UCSD
Bened Life Consultant

Probiotics for *Your Brain*

Your Brain Listens to Your Gut—*Start the Conversation*

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Supports healthy sleep*§

§Single-arm study of PS128™

PROBIOTIC + POSTBIOTIC DUO

If you're new to preserving and fermenting at home, your mind will be blown at how easy it is! Today, I, and a bevy of curious food bloggers, had the opportunity to make our own *kimchi* (or *kimchee*) and *curtido* (or *cortido*), kimchi's El Salvadoran counterpart, from master preserver Ernest Miller at Melissa's Produce. The main ingredients in *curtido* are also cabbage and carrots, but with red onion instead of green, oregano and cumin vs. red chiles and ginger and the vegetables are julienned vs. coarsely chopped – although, as always, it's your kitchen, so tailor the vegetables and spices to your taste.

JUMP TO RECIPE

Kimchi is literally the national dish of Korea – there is even a museum in Seoul where 187 distinct varieties of *kimchi* are recognized. *Kimchi* refers to the wide range of pickled Korean foods which is consumed at nearly every meal – the average Korean eats about ¼ pound of *kimchi* a day, and most of it is still made at home the old-fashioned way.

How are fermented foods good for your gut biome?

Fermented foods are beneficial for your gut biome because they introduce live beneficial bacteria, known as probiotics, which can temporarily enrich the gut microbiome. These probiotics contribute to a balanced microbial community within the intestines, which is associated with improved digestive function and overall health. Fermentation also breaks down complex compounds in food, making nutrients more bioavailable for absorption by the body. Additionally, fermentation can synthesize new nutrients, such as certain B vitamins, and produce beneficial byproducts known as postbiotics, which include short-chain fatty acids (SCFAs) that support gut barrier function and modulate immune responses. Consuming a variety of fermented foods can introduce a wider range of microbial strains and their metabolites, contributing to a more diverse and resilient gut microbiome.

Verywell Health

https://shescookin.com/homemade-kimchi-learning-about-fermented-foods/

shescookin

food travel

HOME RECIPES DRINKS LOW SODIUM TIPS TRAVEL OC DINING & EVENTS LIFESTYLE ABOUT Search this website

For many sensory-challenged kids, texture is at least as important as taste. When trying to introduce new foods, if they don't hate the taste, be sure to try to figure out if the food's texture can be improved if texture is still a barrier. For example, my non-ASD grandson doesn't like squishy foods, so, he didn't like undercooked tater tots until I put them in an air fryer and made them super-crispy on the outside.

https://www.healingunited.today

Begin Healing Now

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First name...

Email...

pwmdl Retype the code...

Get Access

UNBURDEN	PURIFY	NOURISH	OPTIMIZE
• Food and Beverage	• Chlorine Dioxide	• Wet Water	• LifeWave--phototherapy
• Thoughts/People	• DMSO	• Nutrient-Dense Food	• Personal Trainers
• Fillings/Implants	• Structured Nano-Silver	• Cultured/Fermented	• Red Light Therapy
• Medications/Vaxx	• Parasite Cleansing	• Sunshine/Nature	• Bio-electrical
• Addictions	• Fasting	• Sleep	◦ PEMF, Rife
• Location/Vocation	• Herbs for Bacteria, Mold, Candida	• Hope	◦ FSM and Avazzia
• Beauty Routine	• Binders & Chelators	• Purpose	◦ Grounding shoes, sheets
• Hygiene Products	• Enemas/Colonics	• Community	• Magnets/Harmonizers
• Kitchen/Plastics	• Liver Flush	• Foundational Supps*	• Body workers*
• Household Cleansers	• Castor oil	◦ Bee Pollen	• Healing gases
• Unnatural Clothing	• Balneotherapy (Baths)	◦ Organs, Cod liver oil	• Sound Healing
• EMF, Blue Light and Home/Work Lighting	• Algae/grasses/juicing	◦ Sea Salt	• Hydro therapy
		◦ Bone Broth	• Saunas
		◦ Powdered Plants	

Regarding living in our toxin-filled world:

"You can't dry off while you're still in the shower!"

Meet Carrie

WHAT WE DID

1. Changed how she ate.
2. Put her through a personalized cleanse.
3. Taught her how to fast.

IN THREE MONTHS...

Lost 36 lbs. Surgery canceled. Eczema gone. Energy soaring.

Carrie did this during the holidays!

https://www.healingunited.today

Many people make the mistake of, when trying to "get healthy," **jumping** straight from the "managing **Symptoms**" lane to the **Nourish** lane by simply improving their diet. The problem is, accumulated toxins still get in their way, resulting in poor or no results.

Speaking of Nutrition:

beam

Organic Inulin (from Chicory) (Cichorium intybus) (root)	750 mg	†	†
Organic Vegetable Blend	750 mg	†	†
Organic Greens Blend (Organic Alfalfa Leaf Juice Powder (Medicago sativa), Organic Barley Grass Whole Leaf Powder (Hordeum vulgare), Organic Oat Grass Whole Leaf Powder (Avena sativa), Organic Wheat Grass Whole Leaf Powder (Triticum aestivum), Organic Chlorella Powder (Chlorella vulgaris), Organic Spirulina Powder (Arthrospira platensis), Organic Sea Kelp (Ascophyllum nodosum), Organic Broccoli Powder (Brassica oleracea italica), Organic Cabbage Powder (Brassica oleracea var.), Organic Kale Leaf Powder (Brassica oleracea var.), Organic Parsley Leaf Powder (Petroselinum crispum), Organic Dandelion Leaf Powder (Taraxacum officinale), Organic Broccoli Sprout Powder (Brassica oleracea var. italica), Organic Dulse Whole Powder (Palmaria palmata)), Organic Broccoli (Brassica oleracea italica) (bud and stem), Organic Spirulina (Arthrospira platensis) (whole plant)			
Organic Fruit Blend	200 mg	†	†
Organic Apple Fiber Powder (Malus domestica) (whole fruit), Organic Blueberry Powder (Vaccinium corymbosum) (fruit), Organic Pomegranate Powder (Punica granatum) (juice), Organic Beet Root Powder (Beta vulgaris) (root)			
Probiotic Blend (750 Million CFU)	3.3 mg	†	†
Lactobacillus Acidophilus, Lactobacillus Rhamnosus, Bifidobacterium Lactis			
Vitamin K2 (as Menatetrenone) (MK-4)	5 mcg	†	†

*Percent Daily Values are based on a 1,000 calorie diet.
**Percent Daily Values are based on a 2,000 calorie diet.
†Daily Value not established.

NUROJIT

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NUROJIT

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THIOLS

"MERCURY CAPTURERS"

- *Thiol* – A class of *SULFUR-BASED* proteins that bind with heavy metals and help eliminate them from the system. (We'll look in a later section of this curriculum at the connection between heavy metals & ASD, but for now, just know that you want Thiols in your child's blood).
- Thiols include – Glutathione, cysteine, metallothioneine. Glutathione is also a powerful antioxidant.
- Synonym for thiol - "mercaptan" from the Latin mercurium captans : "capturing mercury."
- Chelation – Also sulfur-based; DMPS = Di-*Mercapto* - Succinic Acid

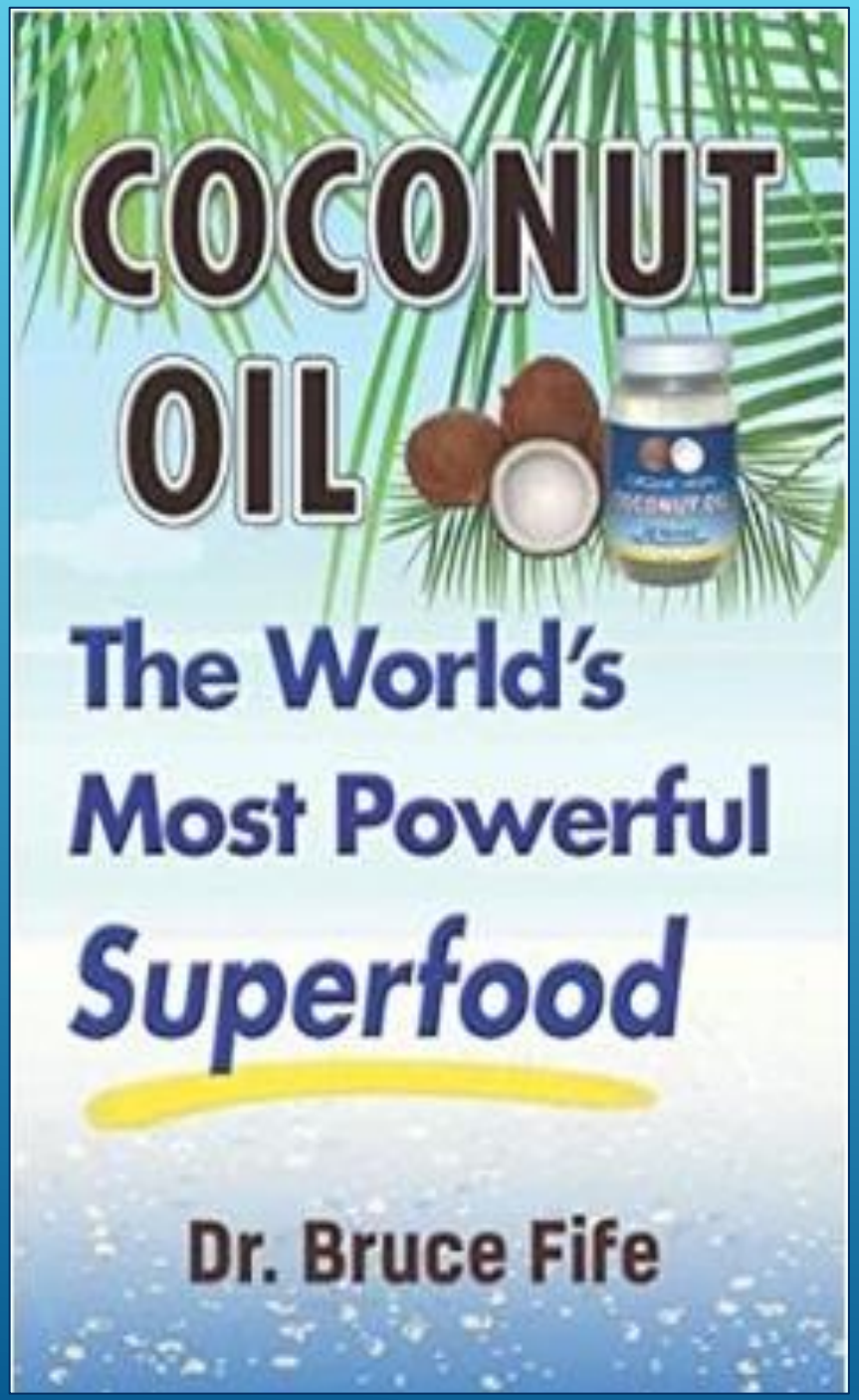
(Thimerosal is a preservative used in vaccines)

Thimerosal Neurotoxicity is Associated with Glutathione Depletion: Protection with Glutathione Precursors

S.J. James[1,*], William Slikker III[2], Stepan Melnyk[1], Elizabeth New[2], Marta Pogribna[2], Stefanie Jernigan[1]

NeuroToxicology 26 (2005) 1–8

- ASD kids have low or depleted levels of "thiols," including glutathione – a powerful antioxidant.
- Low thiols levels are thought to be based on genes - and possible mercury exposure (See: R. Deth).
- Methionine "metabolites" (methionine, cysteine, glutathione) in 20 children with autism compared vs. controls revealed severely abnormal profiles.
- Targeted nutritional intervention with Folinic acid, and Betaine resulted in significant improvement in methylation capacity in children with autism.
- Addition of methyl B-12 to "cocktail" brought all autistic children within normal levels of methionine, cysteine and glutathione.



Thinking about Glutathione from the previous slide:

"In the 1970s it was discovered that **MCTs** (Medium Chain Triglycerides – i.e., the type of fat that comprises most of the fats found in coconut oil) from coconut oil were naturally ketogenic, that is, they could be converted into ketones regardless of how much carbohydrates one eats. Researchers used coconut oil to produce a product known as **MCT Oil**, which consists of 100% MCTs … If you consume enough MCTs in an ordinary [non-Ketogenic] diet, you could raise blood ketones to mild therapeutic levels with results approaching that of the Ketogenic Diet. **Ketones** are considered a super-fuel for the body [as they] increase blood flow to the brain by 39%, increasing circulation and oxygen delivery [to the brain]. Ketones are easily absorbed into cells without the need of Insulin … [and] they enhance immune function and stimulate the production of white blood cells. They have a strong anti-inflammatory action and signal genes to increase production of protective antioxidants, such as **Glutathione**. Ketones, being made of fat, provide for … the growth of new brain cells. They protect the brain from the sticky amyloid plaque deposits that develop in Alzheimer's patients. They interfere with cancer cells' ability to absorb glucose … and improve insulin sensitivity and help moderate blood sugar. The list goes on and on!"

This author also wrote, ***Stop Autism Now!*** (see Resources section).

Click to see full view

Rufus

it require any special cleaning?

ou use it without the heated belt?

Is it easy to transport?

omething else

Ionic Foot Bath Detox Machine, Ion Detox Foot Bath Cleanse, LED Display Spa with Heated Belt, Wrist Strap, Arrays, Liners (Portable Handbag)

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Use for	Foot
Power Source	Corded Electric
Material	Plastic
Item Weight	4.26 Kilograms
Brand	VnioLife

About this item

- 【LCD Display】— Equipped with an upgraded control panel and array to set your foot spa detox time. (ionic foot bath detox machine Max 60 mins, Min 10 mins) After setting, it will automatically count down, no need to stare at the time, you can relax and do what you want to do
- 【Professional and Multi-function】— Foot detox machine system with basin.Water electrolysis technology, water and ion array reaction, detoxify your body, with far-infrared heating belt function, detox foot bath to speed up blood circulation in the body
- 【Neutralize Toxins】— Matching through pre-programmed sequences. Periodic use, in addition to rejuvenating you, can improve your memory and sleep, reduce arthritis pain, rheumatoid arthritis, and boost your immune system
- 【Zipper Carrying Bag】— Portable kit, Easy to store and dustproof, durable, at home spa.Free Regain Health & Vitality Booklet
- After passing the foot detox spa, you will be detoxifying for the next 24 hours or more, so please drink plenty of water. It doesn't all come out of the water as is generally believed. Because there are many acupuncture points on the feet, it is also a way to use foot detoxification

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Add to List

https://purdentixweb.com

In addition, having healthy bacteria in your mouth is just as important as having healthy bacteria in your gut. It's a known medical fact that bad bacteria and fungus in the mouth have – through cuts, bleeding gums, and cavities – made their way to the heart, organs, and brain … where they cause all kinds of problems. Modern practices have destroyed the natural "Bioshield" of good bacteria and minerals that have protected the teeth for millennia, specifically **(1)** Fluoride additives, **(2)** excessive cleaning, and **(3)** antibiotics (pills, contained in food, and hand sanitizers). The **4 good bacteria are**: **(1)** L. Salivarius, **(2)** Lacto bacillus paracasei, **(3)** B. Lactis B1-04, and **(4)** L. Reuteri. When combined with **Tri-Calcium Phosphate**, these all-together restore the Bioshield, which heals your teeth while protecting them as well.

PurDentix - Healthy Gum & Teeth

PurDentix is a dietary supplement formulated to support oral health by blending probiotics and natural ingredients. Designed specifically to target common dental issues such as gum inflammation, bad breath, and sensitivity, this supplement provides a comprehensive solution for anyone looking to enhance their dental hygiene regimen.

The product is based on the emerging understanding of the oral microbiome's impact on overall health, leading to a growing interest in probiotic-based approaches to oral care.

Order Now for Just $49/Bottle

Visit Official Site

Note: There may be natural sources for the 4 good bacteria listed above … ?

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GUT-BRAIN-AXIS
THERAPEUTICS INC.

What is Microbiota Transplant Therapy (MTT)?

MTT is a patented therapy that restructures the gut microbiome by removing harmful bacteria and introducing beneficial microbial communities, purified from select healthy donors.

GBAT
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THERAPEUTICS INC.

Now Let's Talk About Your Child's "I Can" Network

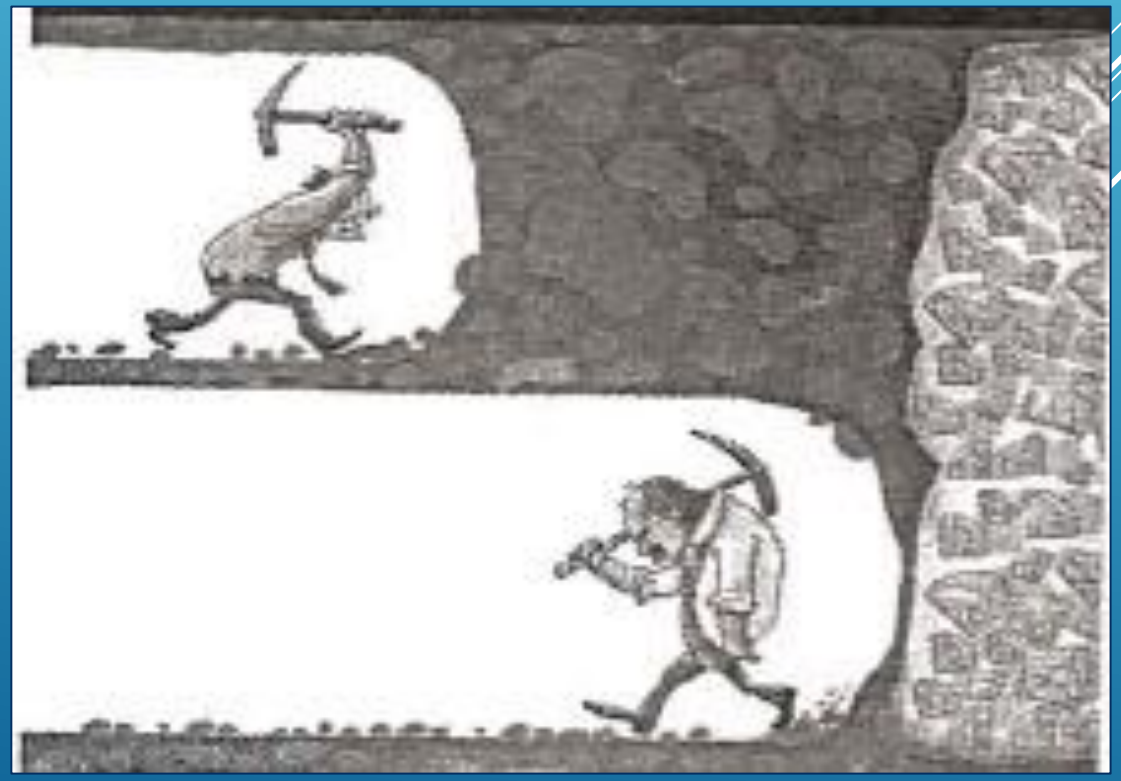
"If you think you can, or think you can't, you're right."

Henry Ford

Consider just how true this quote might be both for neurotypical people *as well as* for people with ASD, people who also want to do well and succeed at anything they're trying to do or accomplish. Obviously, an ASD child's initial goals might be extremely simplistic, childish, and even meaningless to others, but as they get older, many will begin to experience increasing levels of frustration if they are not helped to believe that they can accomplish meaningful goals.

… and …

"Don't Quit 5 Minutes Before Your Miracle!"



In this image the skier represents the parent of an Autistic child. The many trees represent all of the many barriers, challenges, and seemingly insurmountable problems. Our human tendency, of course, is to get so focused on the trees that we **(1)** fail to see the gaps between them, and **(2)** we tend to crash into them and get stuck in a place of hopelessness and even despair.

But the better way to tackle challenges and problems is to:

(1) Focus on them long enough to get a proper understanding of them,

(2) While at the same time looking for options, solutions, partial solutions, baby-steps, resources, information we haven't had before, wisdom from others, etc.

The keys are to (A) **slow down** when you're skiing through a forest so that you don't crash into the trees and, of course, to (B) **FIND THE GAPS** and ski around the trees so that they do not stop you in your tracks.

Chances of Success:

by Greg Handleton MA, LPCC-S, TRCC

Which kids have the best chances?	Kid #1	Kid #2	Kid #3	Kid #4	Kid #5
Feeling loved/supported at home	✓	✓	✓	✓	–
No abuse/neglect at home	✓	✓	✓	–	–
No bullying at school (peers)	✓	✓	–	–	–
No mistreatment by other adults (teachers, others)	✓	✓	–	–	–
Feels understood	✓	–	–	–	–

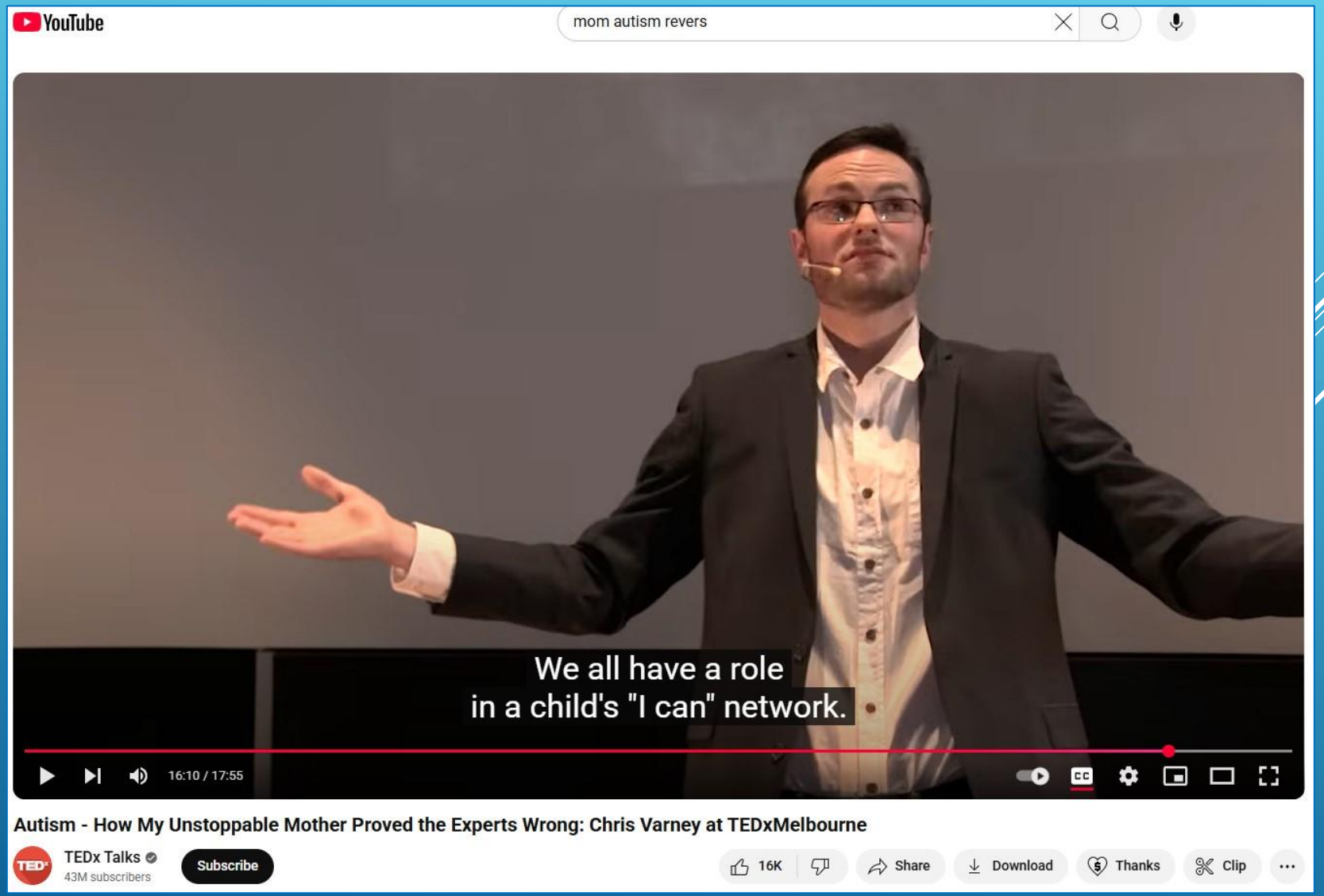
Remember: A neurotypical kid can grow up in a perfect home and still turn out to be an unhealthy adult with an unhealthy lifestyle who hangs around with unhealthy friends. At the same time, this chart simply helps to convey the idea that stacking-up positives in a kid's life can only **INCREASE** their **CHANCES** of "being successful" – i.e., becoming a healthy adult.

Autism - How My Unstoppable Mother Proved the Experts Wrong: Chris Varney at TEDxMelbourne – YouTube

(https://youtube.com/watch?v=T1HQKB2txgY)

Companies are now looking to hire qualified ASD workers because of their remarkable gifts, their overall need to do things "right," and because of how outcome- and quality-driven they are (some would say 'perfectionistic').

One ASD-savvy employer noted that, *"Because James has Autism, he outperforms his neurotypical coworkers."*



https://beccalory.com/autism-saved-life/

Autism Saved My Life

by Becca / February 7, 2018

For 36 of my 40 years, I was disabled. I was cut off from the world but for the tiny bubble that was my bedroom. Barely able to care for myself, angry, scared and lonely, I felt hopeless and broken. Suicidal thoughts were a daily reminder of my inadequacies and failures. I was certain there had been a mistake. I was clearly not meant for this existence. That is until autism entered my world and saved my life.

I'm certain you must be wondering how a deeply depressed and suicidal, disabled person could have been saved by an autism diagnosis. I'm sure it sounds even more strange to say I was disabled until my autism diagnosis. But that is the truth. I was living a paralyzed life of misery, mistakes, inevitable failures and disappointments. Forget succeeding, I was desperately trying to just survive. And just when I was certain it was time to give up, autism turned on the light, handed me a pair of glasses, and said "Here. Can you see now?".

Read the rest of this short but powerful article at the webpage listed above.

Turning Lead into Gold –
by Dr. Thomas Armstrong:

A child who is negatively judged to be …

1) Learning disabled
2) Hyperactive
3) Dyslexic
4) Aggressive
5) Plodding
6) Lazy
7) Immature
8) Phobic
9) Scattered
10) Daydreaming
11) Irritable
12) Preservative

… can alternatively be considered to be …

1) Learning different
2) Kinesthetic learner
3) Spatial learner
4) Assertive
5) Thorough
6) Relaxed
7) Late-blooming
8) Cautious
9) Having many interests
10) Imaginative
11) Sensitive
12) Persistent

These lists are not meant to minimize the pain people go through in dealing with ASD, rather, they're meant to help caregivers find positive labels for "negative" traits which, in reality, are not *ALL* bad.

Dr. Stephen Shore:

A good place to start when trying to figure out what your child's strengths are is to ask this question:

- *"How does my child spend most of their time?"*
  - Abilities? – what are they naturally skilled at doing?
  - Interests? – once identified, work on translating these into skills that society supports and which can possibly help your child to support themselves financially as an adult.
  - Kind of Mind? – many ASD folks are highly visual information processors, but some are so non-visual that they can't even read a basic map (you're likely to see extremes in this area with ASD).
  - Characteristics? – the ASD population has widely varying skillsets; if an ASD person is good at something, they tend to be *very* good at it, but if they need support in a particular area, they tend to need a lot of support.

  ... Then work on matching these positive assets to Vocational possibilities.
- e.g., one man with Asperger's Syndrome (mild to moderate ASD) who was always hyper-focused on trains got a job at a local train station. His job was to stand out on the platform and answer people's questions about where things are, where to go to catch train x, y, or z at a particular time. Since he had all of that information memorized, even though he lacked the normal people skills, he was able to be extremely helpful to everyone seeking precise and accurate information. His communication style was detail-oriented, fact/data-driven, truthful, and very repetitive. He didn't need a lot of diverse social skills at his job because his interactions with people were limited to quick exchanges of factual information.
- TV shows featuring protagonists who are, or are likely, on the ASD spectrum: Monk, The Mentalist, Psych, Sherlock Holmes, Bones, etc.

What is your Autistic child's "Super Power"?

Sam got a job as a stock room manager at a Walgreens:

- **Communication:** He was non-speaking but, even on the job, was able to use the PECS (Picture Exchange Communication System). He would point at pictures that he could access on a tablet.
- **Social Interaction:** He enjoys being with people who understand him and he enjoys interacting with people when interactions are (mostly) predictable.
- **Restricted Interests:** Sam is hyper-focused on things being organized and being in the right place. His mottos could be said to be:
  - *"Everything has a place, and everything in it's place."*
  - *"Get the job done, and get it done right."*

Because of his Autism, Sam **outperforms** his neurotypical co-workers when it comes to the details of the job he's paid to do.

An ASD person's specific interests at age 6 should begin to help inform interventions that will allow that interest to be developed so that, by age 16, vocational options that make sense for that person are able to be pursued.

Dr. Stephen Shore's first paying job was cleaning tables at a large cafeteria-style restaurant, but it was too noisy, had fluorescent lighting, and put him into too many unpredictable social interactions. He then talked to **12 bike shop owners** (bikes were one of his passionate interests), landing a job fixing bikes at the 12th shop. This was ideal because he could work alone in the back, he was an expert on bikes, and "sales" was easy because he'd just talk about the details of bike repairs with the customers. He earned $$ doing repairs later on in college, and he even ran a bike shop of his own for a period of time.

Strengths in ASD Thinking

- Perseverance-ability to focus intensely on one task
- Nonjudgmental listening
- Honesty
- Excellent memory
- Rationality
- Ability to see unique solutions
- Accuracy
- Realism-orientation and memory for details
- Direct communication
- Loyalty
- Visual learning
- Integrity
- Passionate about intense Interests
- Interest in people

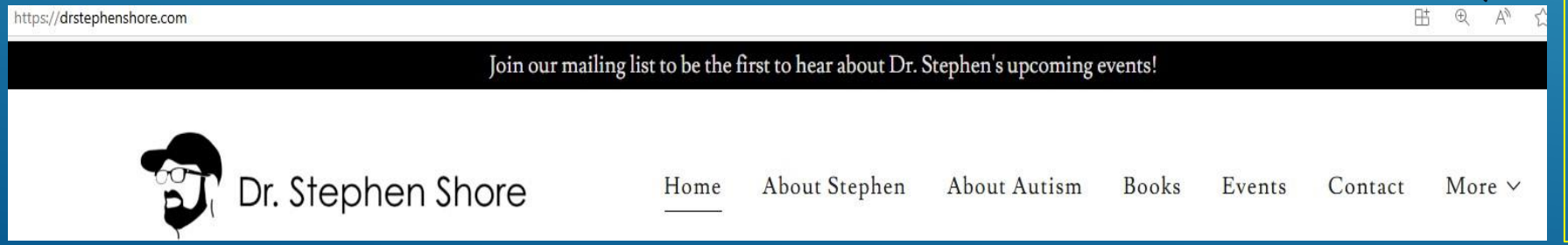
From: A lecture entitled, *Not Just Surviving, But Thriving With Autism,* by Kimberly Clairy O.T. (autistic adult) and her husband, William Miller.

An ASD child's "I Can Network" of supportive adults MUST first establish an authentic, trusting relationship BEFORE trying to implement techniques with/on/at/near the ASD child!

In the 1950s/1960s, Dr. Stephen Shore's parents didn't have access to any real ASD treatments, so, the "experts" recommended institutionalization – i.e., Stephen started LOSING functional communication starting at age 18 months. But instead, his parents *started their own intensive, early intervention program at home, involving*:

- Music
- Movement
- Sensory integration
- Imitation – when they had trouble getting Stephen to imitate *their* behaviors, they started imitating *his*, which helped Stephen become aware of the behavior of other people in his environment. By age 4 he began to speak again due to the many hours his parents spent with him in these areas of home-based intervention. Today Dr. Shore is a college-level professor.

As Stephen's parents **praised** him for his mechanical abilities, this helped him to become aware that **he himself** possessed a positive ability which, in Turn, led to him beginning to make choices in developing that ability.



Stephen's parents refused to see his Autism as a closed door, rather, they played to his strengths, starting with taking apart and reassembling watches at age 4.

Case Example from a lecture by Dr. Stephen Shore:

If there is a ball anywhere in the room, Greg – an elementary school preverbal child with Autism – will find and throw it. Attempts to remove the ball or attempts at keeping it away from him results in catastrophic meltdowns lasting at least ½ hour. Curiously, this behavior happens only with balls. Although written in Greg's educational plan that all balls be kept out of sight/out of reach, his teachers are not always successful at doing so. As a result of Greg's behavior around balls, he is considered to be one of the school's most difficult students. Please do the following:

1. **Indicate** how you would go about determining the functions/meaning behind these behaviors.
2. **Suggest** a plan that allows Greg to successfully be in the same room as a ball.
3. **Describe** what you might do as Greg's teacher to implement this plan.
4. **Consider** how Greg's fascination with balls can be used to increase social interaction.

Ideas:

1. Come into the room with dozens of balls of different sizes, colors, textures, and bounciness.
2. When handing him a ball, hold it right next to your face so that he starts associating you with his preferred activity, thereby building trust and a therapeutic alliance.
3. Now, use the balls to teach skills in counting, sequencing, color identification, developing coordination (throwing at a target or into a bucket), and also in the area of social skills through reciprocal play.
4. If the reason he "has to" throw every ball he sees is because his curiosity demands that he experience for himself how that ball will behave, could this drive be used productively at a job?

In other words, use this intense interest to shape behavior gradually over time!

Helping ASD People Develop Self-Advocacy Skills:

1) **Scan** the environment and recognize the need for self-advocacy – e.g., "I'm lost."
2) **Develop** a self-advocacy plan – e.g., "I'll find someone to ask for directions" (Note: Most ASD people do not have the same hangups about asking for directions that many neurotypical people do).
3) **Explain and Ask**:
    - The ASD person explains what they feel comfortable regarding self-disclosure:
        - "Thank you, but (Explain:) I can't remember all the instructions you're sharing with me right now. (Ask:) Would you be willing to wait a minute while I find something to write on?"
        - The reality might be that the ASD person already feels compelled to write down everything that happens to them
        - There's no automatic need to explain that, "I'm Autistic," but one's Autism certainly can be shared on a case-by-case basis:
            - Some people use a pre-printed business card that contains some basic things that the ASD person is willing to share about themselves with just about anyone they're interacting with
                - Sensory sensitivities
                - Use concrete, direct language vs. idioms
                - Explaining specific social/non-verbal challenges & things that will help

Helping ASD People Develop Self-Advocacy Skills:

Dr. Stephen Shore, when interviewing for his current professor job, had to **advocate for himself to the administrators**, explaining to them the nature of his ASD/sensory sensitivities and his need to wear a baseball cap indoors due to the extreme distress caused by fluorescent lighting (by the way, one study found that AD/HD behaviors in classrooms are greatly reduced when fluorescent lighting is taken away and is replaced by sunlight and incandescent bulbs). When Stephen was in Jazz Band in high school, he drew-up a new seating chart that would remove him from being right in front of the trumpets. He then presented the chart to the band director in order to advocate for himself in a polite and forthright manner.

It all starts with helping an ASD person find their strengths, using their strengths to develop self-worth, supporting the productive use of their interests, and helping them to answer the following question for themselves.

- *What does being Autistic mean to me?* – both in terms of deficits/challenges and strengths/skills.

First, they have to accept that they have Autism:

1) Talk with them and make lists of their abilities/interests/skills and also their challenges.
2) Help them to identify one strength that can help them to compensate for each (deficit) challenge.
3) Non-judgmentally compare their lists to the strengths and challenges that others have. Talk about how everyone succeeds based on maximizing their strengths. *THEN* present the Autism label. Acknowledge how acceptance leads to self-advocacy and the maximizing of their strengths.
    - Another "ingredient" is to help them make friends with other Autistic kids … resulting in having meaningful conversations about the diagnosis and about how the diagnosis is not a death sentence. Autistic adults thrive when they have both Autistic and neurotypical supports!

Could a Montessori School Become Part of Your Child's "I Can Network"?

It depends! …

Some ASD children that are doing poorly in public school might just thrive in a Montessori setting, depending on a number of factors:

- Will staff still have to intervene physically with my child (if that's what has already been happening in public school)?
- What kind of kid-culture does the Montessori school have? Are kids at this school generally more accepting of differences, or is the culture like that of any regular public school?
- Will my child be able to shift focus from one subject to the next, even at their own pace, or are they so fixated on one interest – even while they're at school – that transitions will be difficult?
- Since Montessori schools are rooted in the belief that children can/should be allowed to focus on what they want to learn at any given moment (without being allowed to just sit and play all day long), the question is:
- *"Can my Autistic child do well with self-direction, or, would they feel so lost that the stress of that feeling would set them up for melt-downs and failure?"*

Identifying and Capitalizing on an ASD Person's Strengths & Interests

Benefits of a Neurodiversity, Ability-Based Approach

- Enhances self-esteem, confidence, + sense of self
- Fosters communication, self-awareness and self-expression
- Motivates the desire to engage - relationships
- Supports Emotional Regulation
- May lead to hobbies, leisure activities or employment – IMPROVES QUALITY OF LIFE – for child and family

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A Neurodiversity, Ability-based Approach Changes Perceptions!!

"I highlight the abilities of my autistic students. It levels the playing field"

- Elem. School Music teacher- VA

"Chris gets upset and screams when things get too loud, but he is the best reader in the class."

- Lisa 2nd grader

"Justin is a beacon of light who inspires everyone who meets him".

- Randall Rossilli Jr., Media Studio Owner

When Dr. Stephen Shore was a child, his teachers left him to his interests and to reading in class because **(1)** he wasn't a behavior problem, and **(2)** they didn't understand how to draw him out of his own little world. Un-fortunately, this hands-off approach caused them to overlook his interests instead of leveraging them to reach inside his world and help him to connect with the environment around him. His old interests were:

- Taking things apart and putting them back together again
- Cats

His new interests that developed during his elementary school years were:

- Reading (related to each of the following interests):
  - Geology/geography (cracking rocks open to look inside them)
  - Astronomy
  - Weather
  - Airplanes
  - Dinosaurs
  - Music
  - Volcanoes
  - Computers
  - Bicycles

As a child he learned to play 15 instruments! This interest motivated him to think about college & a degree in music education. Now, he teaches music to ASD kids because it develops in them both music skills and people/social skills. Then, as they become skilled, music opens up all kinds of opportunities, both personally and often in the larger community. He teaches them notes in the context of what they're doing; he doesn't try to get them to memorize the Treble and Bass clefts independently.

In school, he skipped Jazz Band practice because the trumpets behind him were too loud:

Always do a full functional behavioral assessment to find out the whys behind "problem" behaviors.

Think about how his teachers could have used these intense interests in teaching him Math, which was a non-preferred area of study!

Is autism a series of deficits, disorder, and disability or a set of abilities?

How will you transform a weakness or challenge into a strength?

CHALLENGE	STRENGTH	
	Youth	Adult
Everything must be in exact order.	Following structured, broken-down tasks, keeping desks and materials neat and organized	Assembly line inspector making sure each widget is perfectly formed, positioned, and in the right color.
Extreme need for routine.	Ability to remember and follow specific warm-up routines in physical education	At work on time every day. Never calls in sick.
Hypersensitive to sound.	Able to stay in tune when in musical ensembles	Audio engineer.

Neurodiversity in Action

Do look for areas of interest, strengths, and enjoyment

1) What captures the child's or person's attention?

2) Are there particular toys, topics, books, or sensory experiences that keep the child engaged?

3) When does the child/person demonstrate or express positive emotion, excitement, contentment, or a particular heightened focus of attention? Which activities?

4) Does the child/person frequently request particular activities, or ask many questions about a subject of interest?

5) What is the person drawn toward the most/what do they miss the most in any particular setting or environment?
6) What do they get the most upset about if you take it away?
7) What do they comment on the most when they do make comments?

Some ASD people might benefit from being asked – since they tend to hyper-focus on something to the exclusion of the outside world – "Hey, do you know what might make your interest in ____ even more fun?" …

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… then link their preferred activity to something relational in the outside world!

For example:

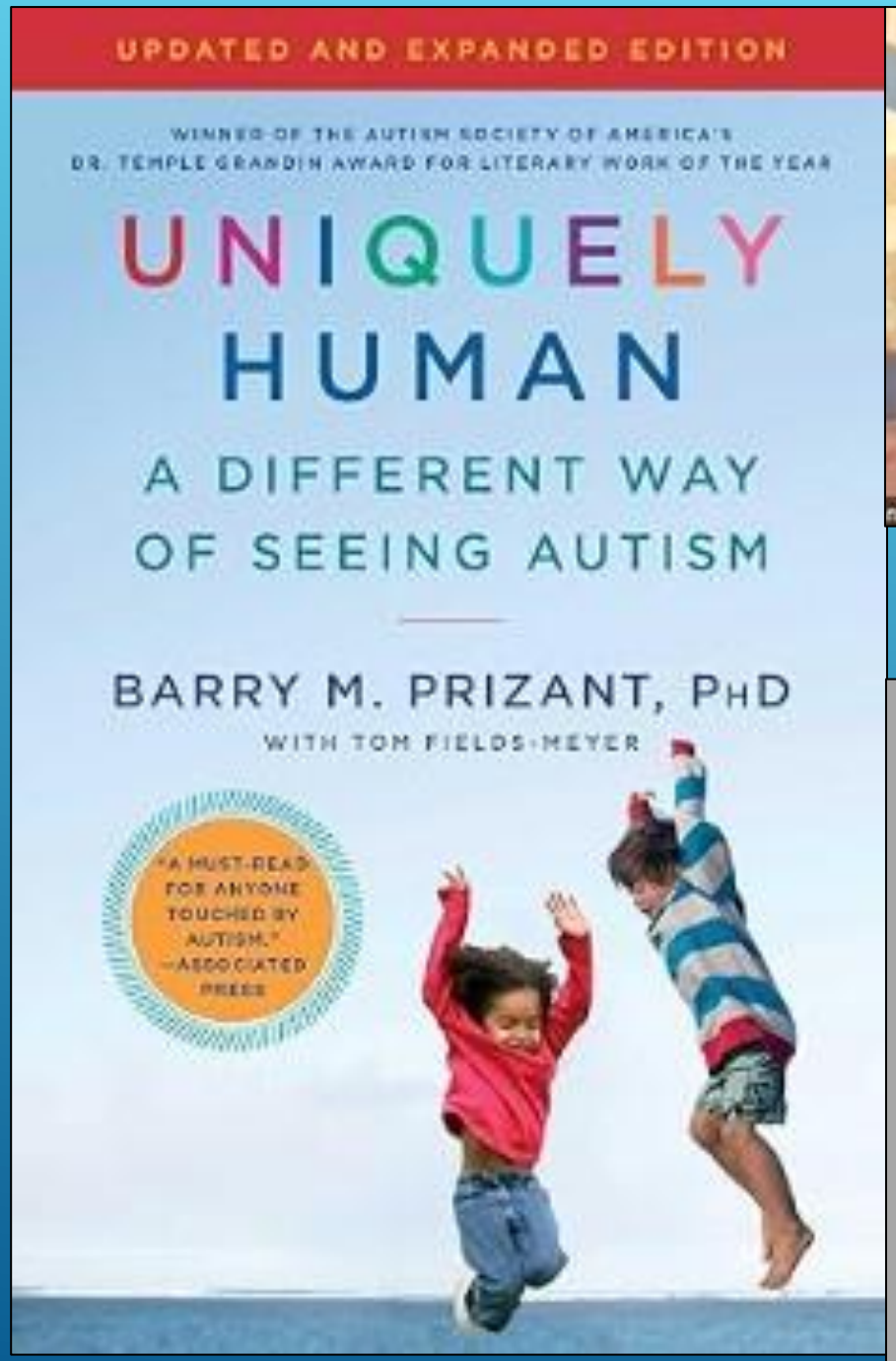
1) Your child is fixated on their interest in **things that feel squishy in their hands** (like Play Doh, Green Slime, etc.)
2) At younger ages, their interest keeps them from noticing other children and other activities going on around them.
3) Once they get into 3-5th grade, you get them hooked up with a neighbor that has a garden. While visiting for the first time, your child learns that each type of plant requires soil that exhibits a certain degree – more or less – of squishiness! The neighbor gives your child the official title of **Plant Dirt Squishiness Guru**. During certain times, your child is invited over to check each plant's soil to make sure it's moist enough for that plant's water intake needs, and, along the way, they learn that carrots need soil that is very sandy in nature so that, when there's not enough rain, the carrot isn't trying to grow down into hard soil.
4) Eventually your neighbor wants to build a greenhouse, which requires the use of soft, squishy concrete. Your child, in helping with this project, learns a lot about the consistency of concrete.

Question: How could this knowledge/interest be funneled into an adult job by the age of 18-24?

Here are some **jobs that involve working with squishy materials**:

- **Plant Nursery Worker**: This role involves caring for and maintaining various plants, including squishy ones like cacti. 1
- **Mechanical Engineer**: While not directly related to squishy materials, this job often involves working with soft or flexible components in machinery. 1
- **Physical Therapist**: This profession involves working with squishy materials like foam rollers and other therapeutic tools. 1
- **Laboratory Technician**: In some scientific roles, you may work with squishy substances for experiments and demonstrations. 1

These jobs highlight the variety of opportunities available that involve working with squishy materials.



Enthusiasms in Action

Xander's Fascination with Dates and Calendars

One day Xander's father, finally tuning-in to what his son was actually writing on a big desktop calendar (vs. assuming he was "just scribbling"), discovers that his son had **memorized** all of the **birthdays** of his classmates and was writing them down!

Question: What kinds of strengths and interests is Xander exhibiting? – and how might these help him to become a productive citizen in the future? Think: **"The Birthday Guy."** Dr. Prizant notes that, after this discovery, the dad started collecting calendars that had information about flowers, countries, animals, etc., and began to use these calendars with his son in so many different ways to expand Xander's knowledge base … to educate him! If it was on a calendar, Xander wanted to look at it and "talk" about it.

Neurodiversity in Action

Don't expect to understand why these interests exist; where they may lead; or how long they will last

1) Do not judge interests in terms of conventionality or logic, as they may be unconventional or defy logical thinking.

2) Initially, we want to observe patterns of interests and strengths that will enable us to move forward

3) Think creatively of possibilities for expanding

4) As with all children, some interests may represent phases that pass.

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Since the special interest(s) of an ASD person **can't** be done 24/7/365, help them know if they can't do it NOW, you can **schedule a near-future time and put it on a calendar for them**.

* https://pubmed.ncbi.nlm.nih.gov/34766788/

From Dr. Barry Prizant: "Focusing on an Autistic person's interests isn't just so that we can catalyze more language development, or better communication, or because doing so might lead to a job ten years down the road; rather, it's about TRUST. It's human nature that we gain trust in a person who shows interest in who we are as a person and in what we [like to] do. We don't really trust someone who is constantly changing the topic when we talk about what we like to do or a talent that we have. This is about helping the Autistic person to feel, just like we all want to feel, like "This person really gets me"!

From Greg Handleton MA, LPCC-S, TRCC: Research* has shown that when a child grows up in an environment where validation is chronically lacking and all they get in place is invalidation, then these kids are more likely to develop a Borderline Personality Disorder. When kids are told, "That's not how you feel," "That didn't really happen," "How could you think that? – nobody else does!" etc., then the child begins to feel like they themselves are not real, that they have no value, etc., resulting in them becoming excessively insecure in adulthood.

Neurodiversity in Action

Do be creative and persistent in introducing new ways to enjoy and employ the interest(s)

1) Think creatively about how interests may be used to encourage participation in a broader range of activities

(e.g., a young K-garten child who had an intense interest in Winnie-the-Pooh characters had difficulty paying attention until his teacher used Winnie-the-Pooh stickers (Monday was Tigger day; Tuesday, Pooh day; which greatly enhanced the child's interest and participation.

Christian – Star wars "word wall" to help with reading

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There's no reason why parents can't work on forming **special interest groups**. If their ASD child is super-interested in reptiles (Herpetology), they can put together an in-person or online/Zoom-based group so that their child can talk to their heart's content about lizards! In this context, then, **social skills can be taught**: Turn-taking, how to affirm what others are saying, etc.

Neurodiversity in Action

Don't expect that attempts to relate the interest(s) to other activities will always succeed.

It may be difficult to predict whether such attempts will be successful. At times, it may be confusing or stressful to even make such attempts.

e.g., one child loved to play *Blue's Clues* at home with his family, but it did not work at school with friends. He insisted it was only a "home game"

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[redacted] Another quick story, A young man I consulted to when he was four, his mom sent in a book that we can give to Joe, Joe is his name. Because we were teaching Joe to request a break. He had a little bit of speech, but we also had break cards. We told him to sign for break as well. And mom sent in a book and said, oh, Joe would probably like to look at this. During his break, we looked at the book, it was pictures of vacuum cleaners cut out from oric, vacuum cleaner catalogs. And we're going, oh, that's interesting. Now ORIC is kind of like the Mercedes-Benz of vacuum cleaners, okay? [redacted] This is Joe in his mid twenties where he made enough money working at a garden center to buy his own oric vacuum cleaner. And I'll never forget, his mom said, we have the cleanest rugs in town, and Joe is kind of a low arousal hypoactive person. He actually likes the noise of the vacuum cleaner, where some kids who are more hyperreactive auditorily, it's aversive to them. And mom just loved it. Mom celebrated his love of vacuum cleaners from early on. And by the way, the cover of that book was called Joe 's Happy Book. Talk about unconventional. [redacted]

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What might Joe's love for vacuum cleaners translate into job-wise as he continues to grow and mature?: The most obvious answer is that he can become a vacuum salesman who is intimately familiar with all of the tech and features of all the vacuum cleaners on the market, perhaps even knowing how each model used to be different but now has x, y, and z improvements. **NOTE:** Joe will likely need help with the social aspect of sales – e.g., don't be too pushy, and don't expect every customer to *share* in your intense passion.

Do nurture the interest(s) and help the person find a place for it in his or her life.

1) Try to understand the specific qualities that underlie the preferred activity or interest (auditory/musical, visual/perceptual, specific topics)

2) Consider how it may relate to and be provided in everyday routines and activities.
- as a solitary activity (e.g., drawing, music) a time to "chill out" and regulate emotionally?
- or, as a social activity involving engagement with others

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"It is estimated that about **15%** of people on the Spectrum have **savant-level** abilities" whether those abilities be with math, music, memorizing things, art, or whatever.

BUT! … (see next slide)

Do look for practical applications of the person's interest(s) or aptitude

Neurodiversity in Action

Don't allow the interest(s) to be so encompassing or narrow that it interferes with progress in other areas.

1) An individual must also learn the skills that will enable successful participation successfully in everyday activities.

2) Whenever possible, use interests to motivate and develop the acquisition of important skills, and allow for the interest to be pursued on a regular basis; but also

3) Recognize that it is not possible to engage in such activities the majority of the time - "there's a time and as place"

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One Autistic boy in England had an **intense interest in flags** (**Note:** A negative label would be 'obsession'). So, while his mother did extol the virtues of this intense interest – noting that his interest has become a "fantastic" vehicle for educating himself (i.e., he memorizes each country's location, their capital city's name, the meanings behind the flag's symbology, some of the country's history and culture, etc.) – she also called it a form of **"escapism."** Dr. Prizant reframed the negative into the positive by explaining that this boy's intense interest is actually how the boy **"regulates himself."** This boy, at age 13, even said, *"When I don't have my flag pole [and flags], I would focus more on the stress of the day and I would feel very tense and very anxious. But when I have [these things], I don't get up thinking, 'Oh no, it's a new day,' [instead] I get up thinking, 'Good, let's put the flag up on the flag pole!'"* The mother noted that, "The reaction from the neighbors has been fantastic … we had one knock on the door to ask about it, and the next thing we know, it's going viral on [our town's] Facebook page and everyone wants to know what the flag of the day is!" Basically, this boy knows every country's flag in the entire world and, geographically, where each country is located. **How many adults still can't tell you all the country names and where they're located!?**

Lesson:
"We can build-in rituals throughout the day around an ASD person's interests if what it does is it basically puts more gas in their tank, if it refuels them, if it helps them to feel some positive emotion" – i.e., if it helps them to become regulated and causes stress to melt away. Don't we *all* try to do this in our own lives?

Hip Hop Dance as a Strength

In the text, "echo" is short for "echolalia."

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[redacted] How do we expand strengths, especially when it's a dramatic strength? In a high school, I was consulting to pre covid, I was asked to focus on one young woman. She had just come into the school, so it was her freshman year in high school. And this is the young woman I was focused on. She spoke in a little bit of echo, some single words, used a picture system at a very elementary level and did not initiate much. And I did find out that she did come from a program where she was in a lot of respondent training and people were not so much following her interests; but as I followed her around the school[redacted] this is an inclusive hip hop dance class. She was unbelievable. She had all of the moves. She had only been in the class two times before. And here's one point where it's okay to be indistinguishable from your peers! I mean, she was in synchrony with all of the other kids. She had this incredible ability to kind of internalize from observing movement and actions, which is not that common in a lot of people. Not that common in me and not that common in a lot of kids on the spectrum. So what did we do? We took photos such as this. We took videos, we brought that back to the classroom. We built language experience stories. We did journaling. And her language really started taking off because not only that, but her affect changed.[redacted] she wasn't interested in talking about things that she wasn't familiar with and she didn't know about or fictional books yet. Journals of her starting out with the hip hop dance class and the moves. And then we had her teach other kids in the class, some of the moves she was learning in hip hop dance; just another example of how let's use something that lights a fire. And in this case, she really knew she was good at it. There was no doubt about it. I mean, the smiling, the looking in the mirror

Neurodiversity in Action

Don't limit the scope of these contacts to the community of persons with disabilities

When possible, make connections with neurotypical peers around shared interests and talents. When a child is able to demonstrate confidence and competence in areas of interest, it often "levels the playing field."

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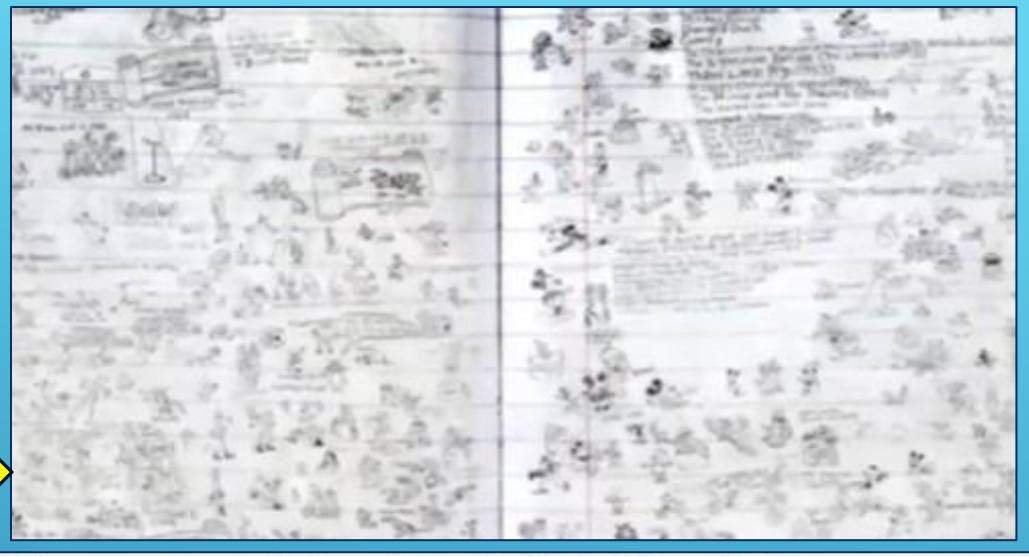
When suddenly **"the weird kid"** is discovered to be **better** than anyone else in the entire school district at x, y, or z, it often changes things for them in a positive way.



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[redacted] This is his composition book That he takes around with him and makes his drawings. Okay, so the prognosis for Justin [redacted] was total dependency his whole life on other people. Basically, quality of life: don't expect much at all. This video was from four years ago. There was a plan in place that Justin helped to make to move into his own apartment. Two years ago, he moved into his own apartment in New Jersey. He takes the Path Train and the New York City subways on his own, and he teaches cartooning and drawing to young children in elementary schools. He also works in bakeries and designs children's birthday cakes with cartoon characters. Again, lifelong interest nurtured. And Justin's one of the coolest people you'll ever meet in your life. He's just a very, very nice young man. [redacted]

SPECTRUM THEATRE ENSEMBLE

A Neurodiverse Theatre Company

[redacted] focusing in on bringing the interests and in some cases the talents of the actors into writing the plays, into writing the music and bringing it all together. I'm a huge endorser, because I'm a musician myself, of bringing the arts in, and there are clearly therapeutic benefits without it being labeled as therapies. And even more so than that, it creates communities of support, which is just absolutely wonderful. [redacted]

Learn about our world. Collaborate with us. Support change.

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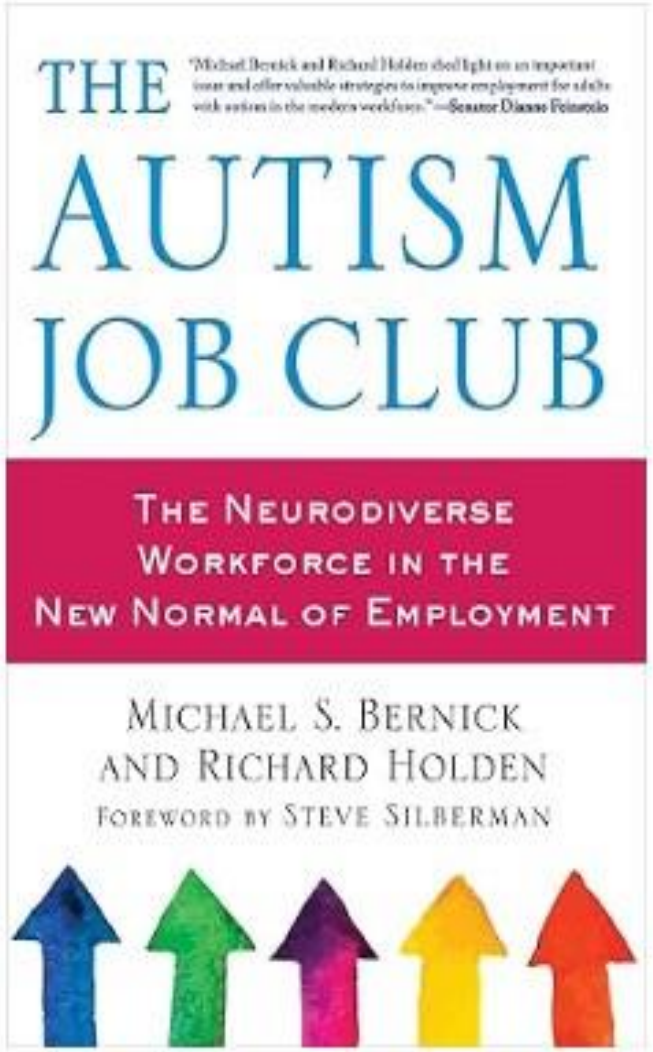


The Autism Job Club: The Neurodiverse Workforce in the New Normal of Employment Paperback – February 6, 2018

by Michael Bernick (Author), Richard Holden (Author), Steve Silberman (Foreword)

4.2 ★★★★☆ (57) 3.4 on Goodreads 51 ratings See all formats and editions

The Autism Job Club is a groundbreaking book for bringing adults with autism and other neuro-diverse conditions into the work world.

This second edition of *The Autism Job Club* includes a new Foreword by Steve Silberman, author of the best-selling *NeuroTribes*, along with an Afterword by the authors. The Afterword covers the many employment initiatives for adults on the autism spectrum launched just in the three years since the book was originally published.

The book has its basis in the autism job club that the authors have been part of in the San Francisco Bay Area, the job-creation and job-placement efforts the club has undertaken, and similar efforts throughout the United States.

The authors review the high unemployment rates among adults with autism and other neuro- diverse conditions more than two decades after the ADA. Bernick and Holden also outline and explain six strategies that, taken together, will reshape employment for adults with autism: the art of the autism job coach; the autism advantage in technology employment; autism employment and the internet economy; autism employment and the practical/craft economy; autism and extra-governmental job networks; autism and public service employment.

The Autism Job Club is a vital resource for adults with autism, their families, and advocates who are committed to neuro-diverse employment, not unemployment. But it also speaks to a far broader audience interested in how to carve out a place for themselves or others in an increasingly competitive job world.

^ Read less

Assessments, More Treatments/ Interventions (see gut health section, above), & Self-Help Tools

SOME MIGHT SAY THAT THIS SECTION IS REALLY
WORTH GETTING EXCITED ABOUT!

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!

Anticipating change...

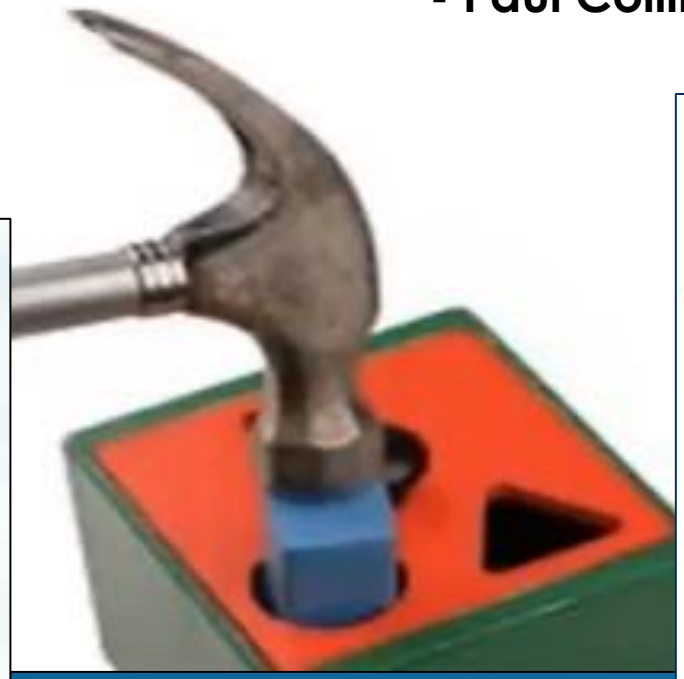
Helps to respond to change!

"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
www.SCERTS.com
www.uniquelyhuman.com

"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!

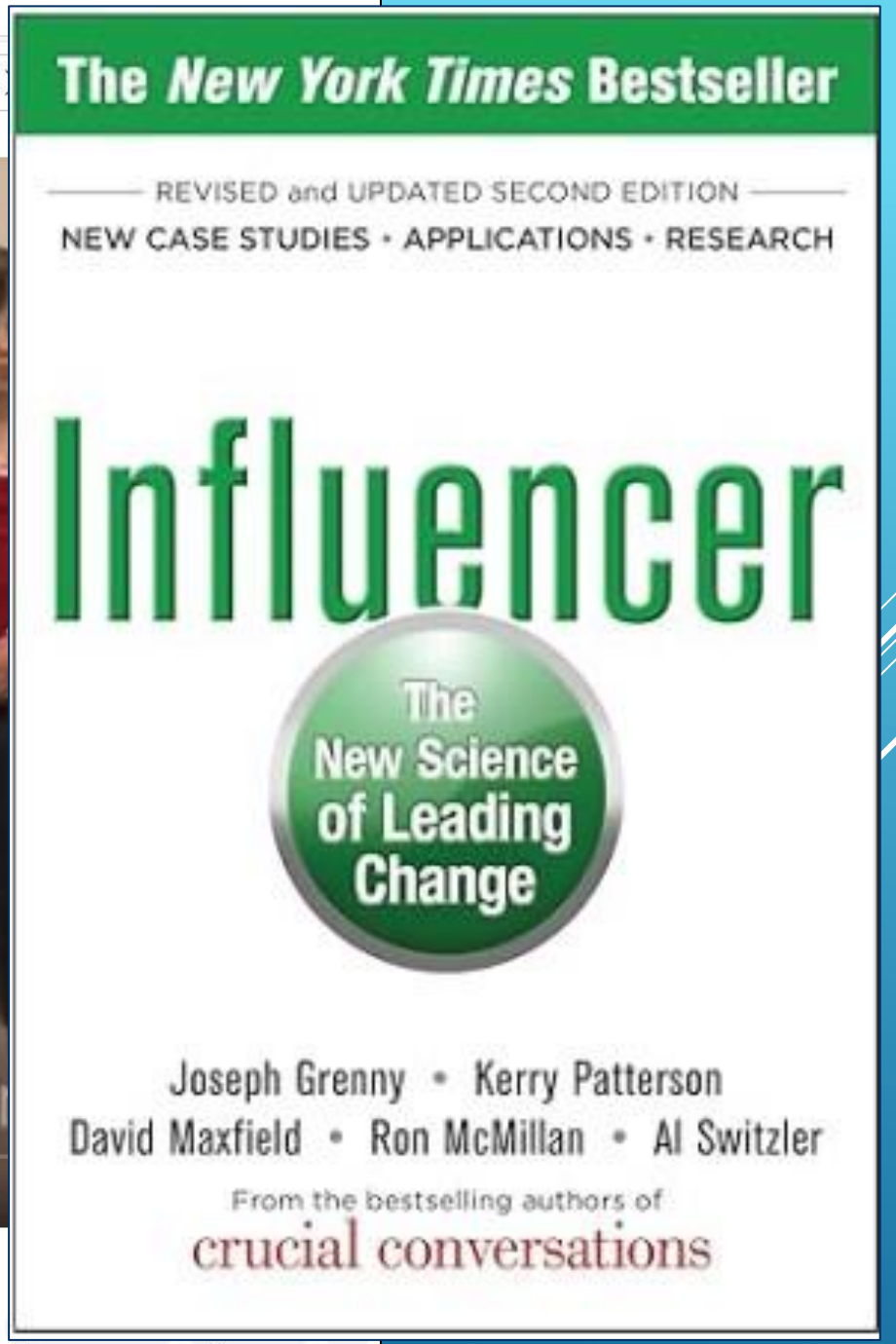
Not only is a person's Way of Being more difficult to define and remains rather abstract when trying to observe and measure it, but … how much damage has been done in the name of "therapy" as doctors have tried to actually change an ASD person's Way of Being? Dr. Stephen Shore (an ASD college professor)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

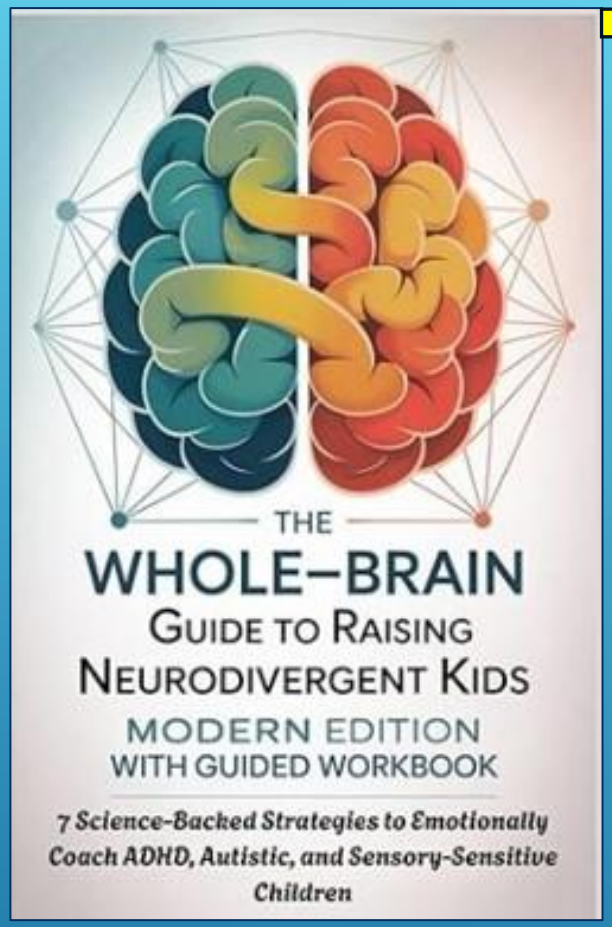
(From PESI.com's ASD certification training: A lecture entitled, *Developing Core Competencies as an Autism Specialist through a Neurodiversity Lens* – Jeffrey Guenzel MA, LPC, and Emile Gouws PhD)

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

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

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





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 doing that is most likely because they're not getting enough nurturing 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 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 would approve of.

"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

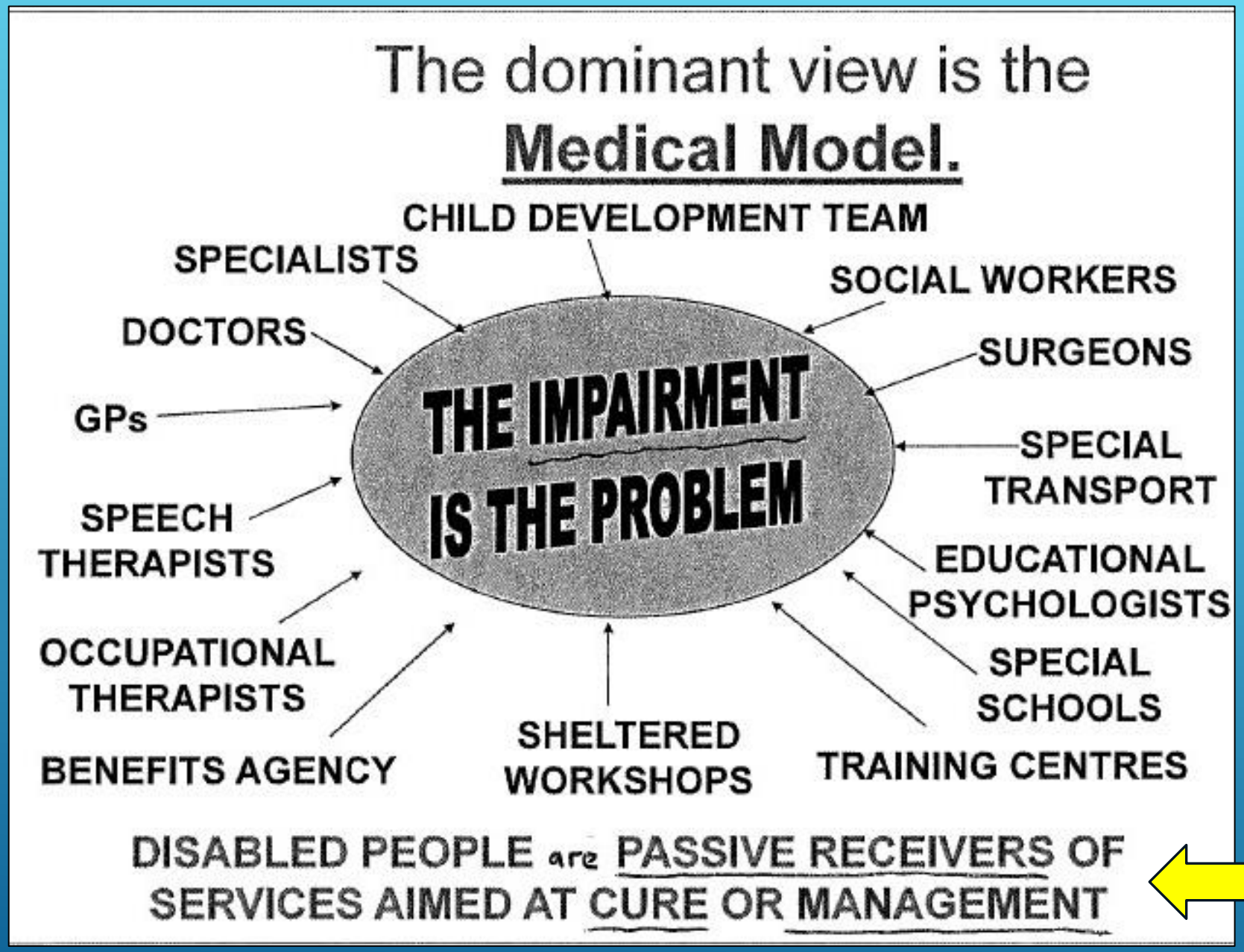
The Traditional Goals of ASD Treatment Based on Outdated Models of Psychiatry:

- 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."
- Question: "How many kids would NOT become aggressive at school if staff handled them from a collaborative, strengths- and needs-based framework?"
- 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:

(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)

- Looks at disabled people from a deficiency point of view:
  - Rooted in evolutionary thinking, "survival of the fittest," and the idea that some races are inherently better than others.
  - Taken to an extreme, this is the same mindset that Adolf Hitler used when purging Germany of those he felt were genetically inferior.
- Treat the symptoms, sometimes with little or no thought being given to trying to actually improve health.
- It's foundational to why we actually have a "Sickcare System," not a "Healthcare System." The only time you see a doctor is when you're sick!
- Kids get diagnosed too frequently with Bipolar Disorder because psychiatry can't exist without pills.
- Make 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.



(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

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 >

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

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

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

- Not to make the person not have ASD, but to help them function *with* their ASD. In other words, help them to become the most highly functioning ASD person that they can be vs. trying to turn them into a poor imitation of a neuro-typical person.
- Deficits need to be overcome with strengths-based strategies.
- Looking at ASD as a Neurobehavioral Disorder (per DSM 5) imposes certain behavioral EXPECTATIONS on the child, which then leads to CORRECTION, which leads to MELT-DOWNS. 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.

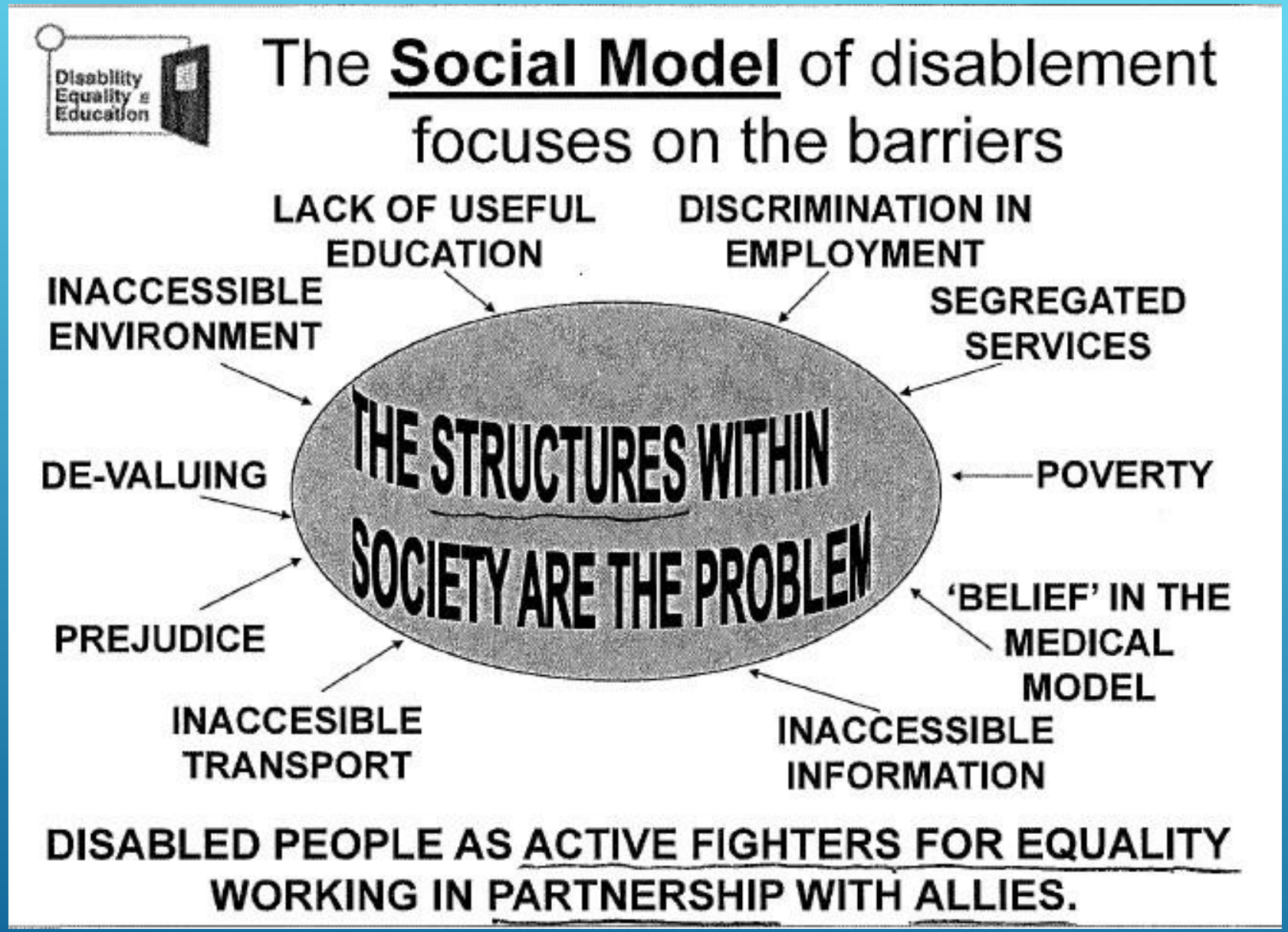
In Treatment, It's Always Acceptable To:

- 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 … what a difference that could make!
- Acknowledge, validate, celebrate, and encourage what an Autistic person can do and is good at.
- Embrace the idea that all people, both ASD and neurotypical, grow up and change along different developmental tracks.

(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) – this slide and the next |

- 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"



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

"Nothing about us without us!"

(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)

"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.

(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)

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

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

- ❑ **Attention-Seeking** (when "acceptable" or positive methods don't succeed).
  - Remember, for all children, getting negative attention is better than getting none at all.
- ❑ **Expressing Pain or Discomfort**
- ❑ **Communicating Overwhelm**
- ❑ **Seeking Help**
- ❑ **Expressing Unmet Emotional Needs**
- ❑ **Escape or Avoidance** (removing themselves from an unwanted task, environment, or person … or demand/expectation being placed on them)
- ❑ **Seeking Predictability** (disruptive acts force adults to stop, slow down, and/or reset routines; ASD kids may use behavior to regain structure)
- ❑ **Exerting Autonomy or Control**
- ❑ **Self-Advocacy**
- ❑ **Testing Boundaries**
- ❑ **Sensation-Seeking**
- ❑ **Sensation-Avoidance**

The "Big Four":

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

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

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

Before Intervening, Learn How To L.E.A.P.:

LEAP Institute

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

The LEAP Story

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

Clinical | Personal | Seminars | Research

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

anosognosia

LEAP (Listen-Empathize-Agree-Partner)

Evidence-based tools to create trusting relationships with people who have **SERIOUS MENTAL ILLNESS and ANOSOGNOSIA** that lead to treatment and recovery

for Professionals, Families & Community Members

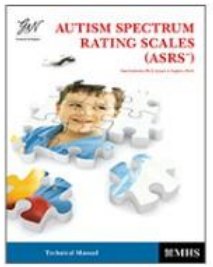
Check out this podcast via the PodBean app for the interesting story about how LEAP developed!

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

Pearson | What can we help you find? | Quick order | Sign in

ASSESSMENTS & SOLUTIONS | LEARNING & TRAINING | ORDERING & SUPPORT

Home > Store > Professional Assessments > Behavior > Autism Spectrum Rating Scales



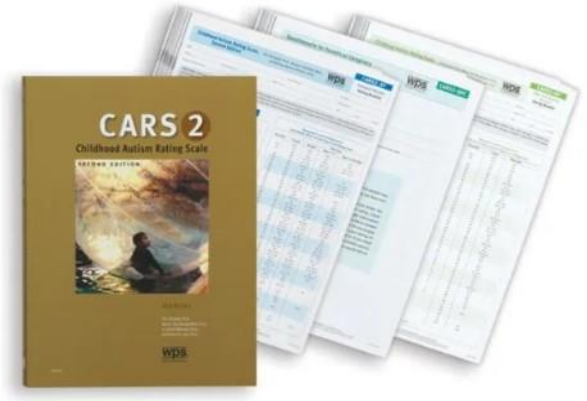
Autism Spectrum Rating Scales

ASRS

Sam Goldstein, PhD, Jack A. Naglieri, PhD

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

Now Available on Q-global!



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

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

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

Other Assessments Being Used:

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

These are used by Clermont County Department of Developmental Dis.

https://www.wpspublish.com/content/research-brief/autism-assessments

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

Developmental and Autism Screening Tools

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

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

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

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

Connor Kerns Autism Trauma

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

THE UNIVERSITY OF BRITISH COLUMBIA

Vancouver Campus

Anxiety Stress and Autism Program (ASAP)

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

https://asap.psych.ubc.ca

Research Participation Opportunities at the ASAP Lab!

Providence Health Care

Anxiety, Stress, and Autism Program
Principal Investigator: Dr. Connor Kerns
Ph.D., R. Psych (#2472), Associate Professor

VERSION 1: OCT 1ST 2024

Seeking Young Adults (Ages 18-30)

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

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

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

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

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

What to expect in the study:

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

How do I participate in the study?

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

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

Connor Kerns

Associate Professor

cmkerns@psych.ubc.ca
604 822 6771
Kenny Room 3404 - 2136 West Mall
Lab Website
Google Scholar
Download CV

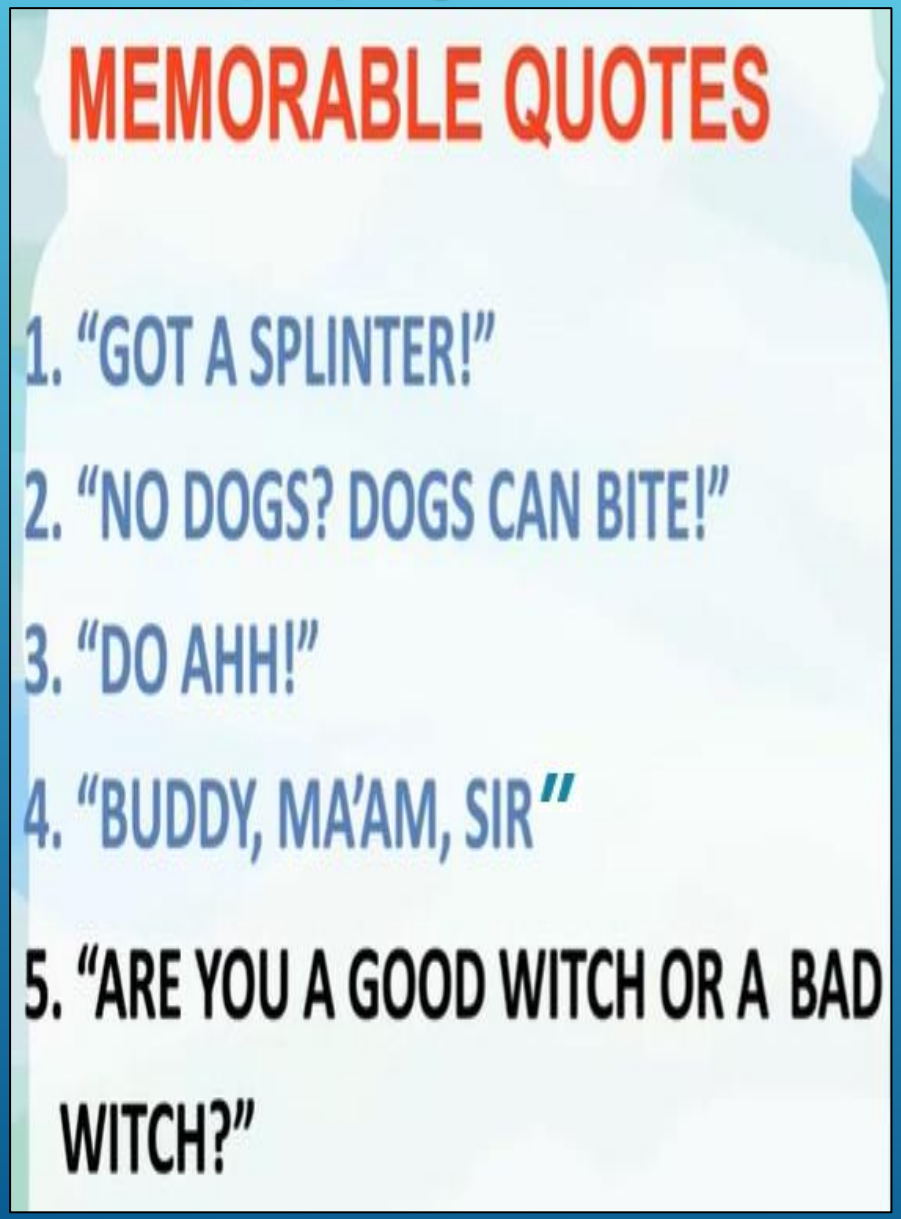
RESEARCH AREA

Clinical

EDUCATION

PhD, Temple University, 2013

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



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

Improving Social Communication in Autistic Clients
Neurodiversity Principles in Action

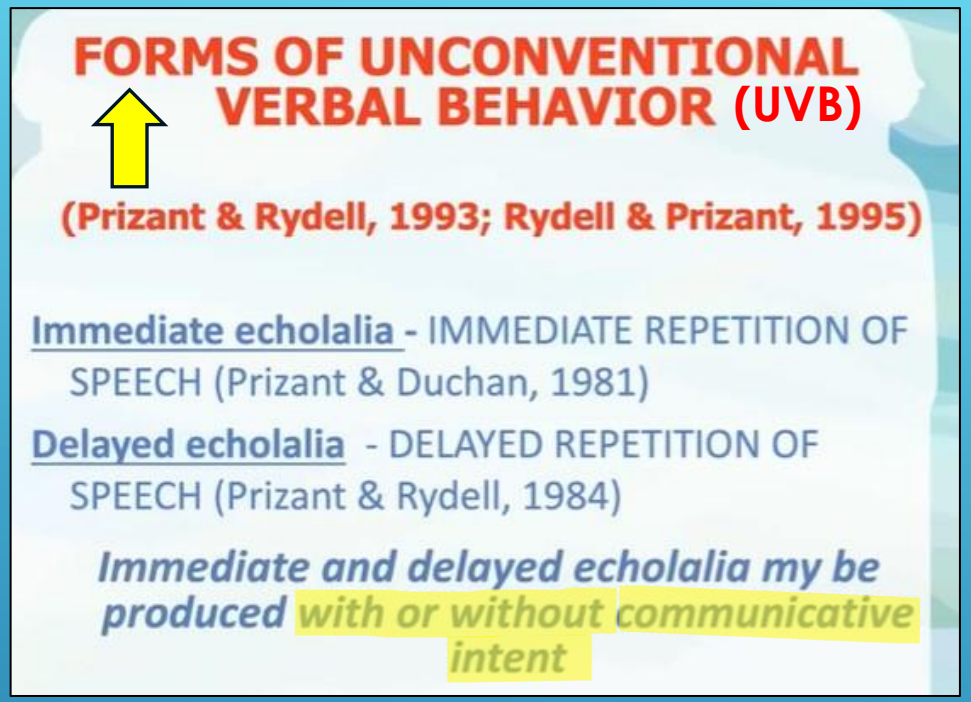
Barry M. Prizant, Ph.D., CCC-SLP
Visiting Scholar
Brown University, Providence, RI
Director, Childhood Communication Services, Cranston, RI

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

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

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

Regarding a boy who'd ask, "Are you a good witch or a bad witch?" when meeting new people, his mother explained that this phrase came from Glinda the Good Witch of the North in The Wizard of Oz when she met Dorothy. The boy was borrowing it to ask new people, "Are you good?"



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

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

Overview of Gestalt Language Processing

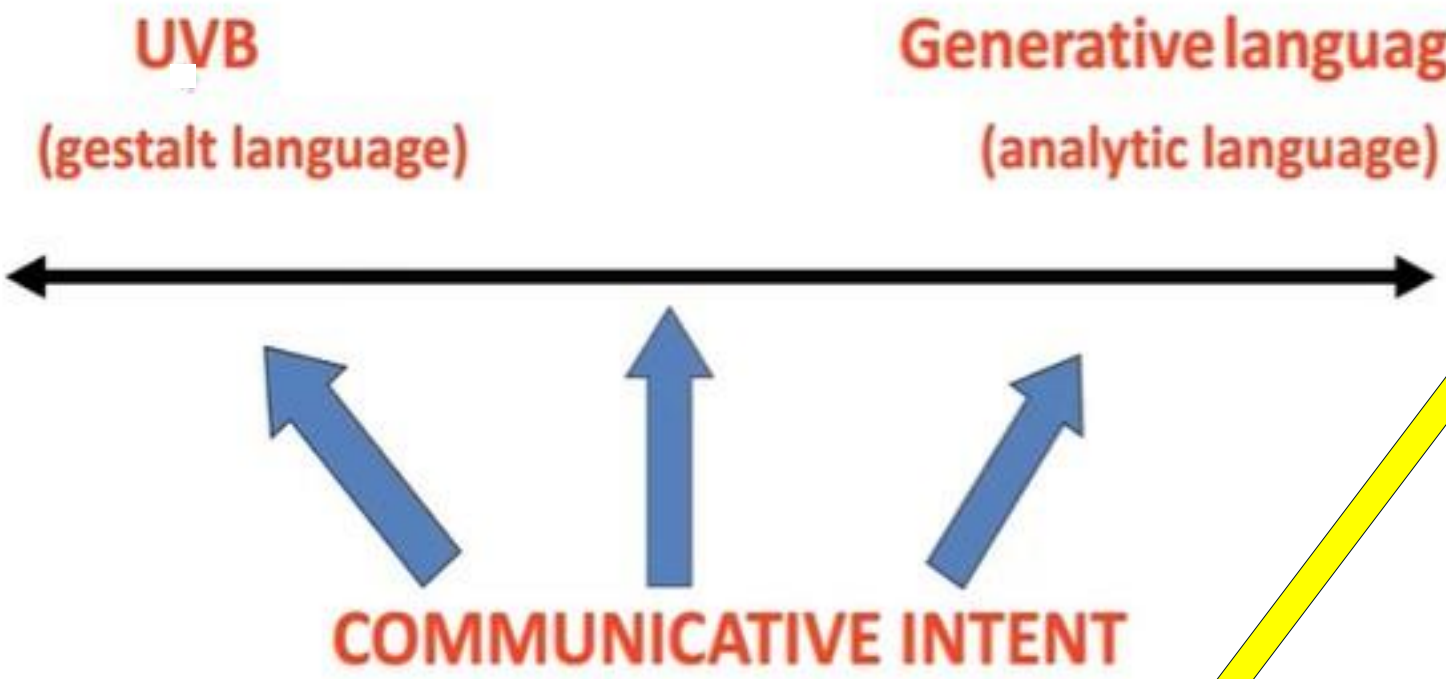
Gestalt language processing (GLP) is a way of acquiring language that involves learning phrases or scripts as whole units. This approach contrasts with analytic language processing, where language is learned one word at a time. Children who are gestalt language processors often start by using **echolalic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

Stages of Gestalt Language Development

Gestalt language development typically follows several stages, which include:

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

Relationship between Unconventional Verbal Behavior and Communicative intent



Echolalia as pathological

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

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

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

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

Improving Social Communication in Autistic Clients

Neurodiversity Principles in Action

Barry M. Prizant, Ph.D., CCC-SLP
Visiting Scholar
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www.SCERTS.com
www.uniquelyhuman.com

Echolalia as progressive and positive

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

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

We should …

"Discourage the use of abatement treatments to target echolalia… that may inhibit the development of true symbolic communication"

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

What do autistic people say??

"Echolalia was the way I learned to communicate through language"

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

"ECHOLALIA ROCKS !!!!"

- Ros Blackburn, Autistic Self-advocate

"I love when science catches up to the autistic experience".

- Judy Endow, Autistic Writer, Social Worker, Consultant

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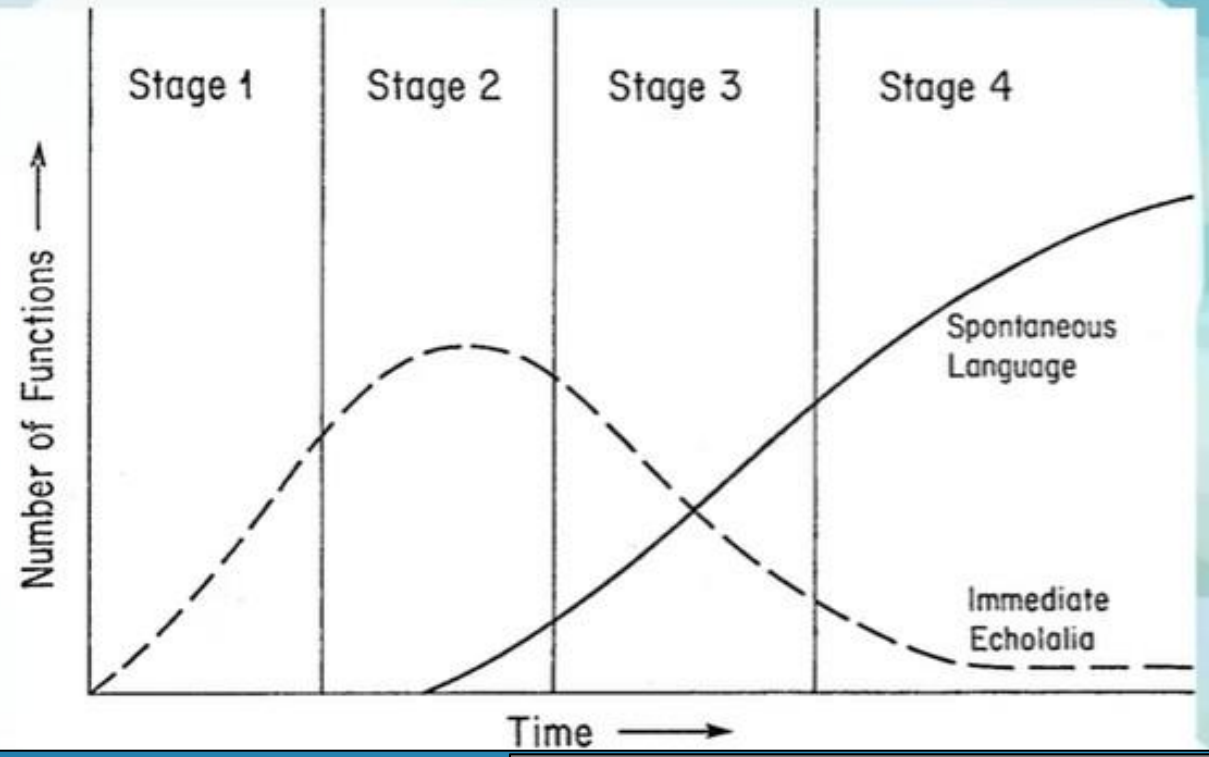
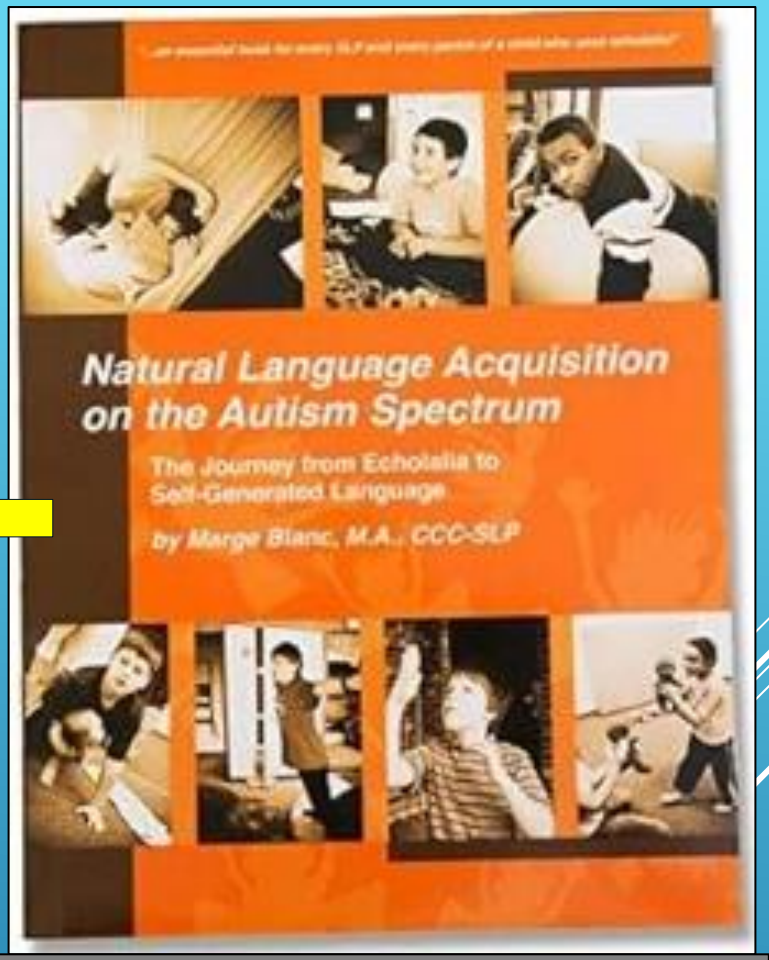
Echolalia and Language Development
(Prizant, 1978; 1983)



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

Book by Marge Blanc, a speech & language pathologist:



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

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

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

In other words, the ASD person starts learning what an entire phrase means in context then, over time, they start learning what individual words within that phrase mean. Finally, they learn how to use individual words from that phrase in different ways not including the original phrase.
We also have to remember that ASD people exhibiting echolalia might have an actual IQ that is far higher than what their expressive language abilities reveal at the beginning.

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

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

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

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10 Calming Strategies for Autism: Reduce Anxiety and Meltdowns

Jan 26th 2025

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

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https://autismparentingsummit.com/autism-learning-network/

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Here's how it works:

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2) We map out a plan tailored to your family.
3) You get instant access to courses, coaching, and community.
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"I used to feel so alone at 2am when nothing was working. Now, I know exactly where to turn. ALN has been a lifeline."

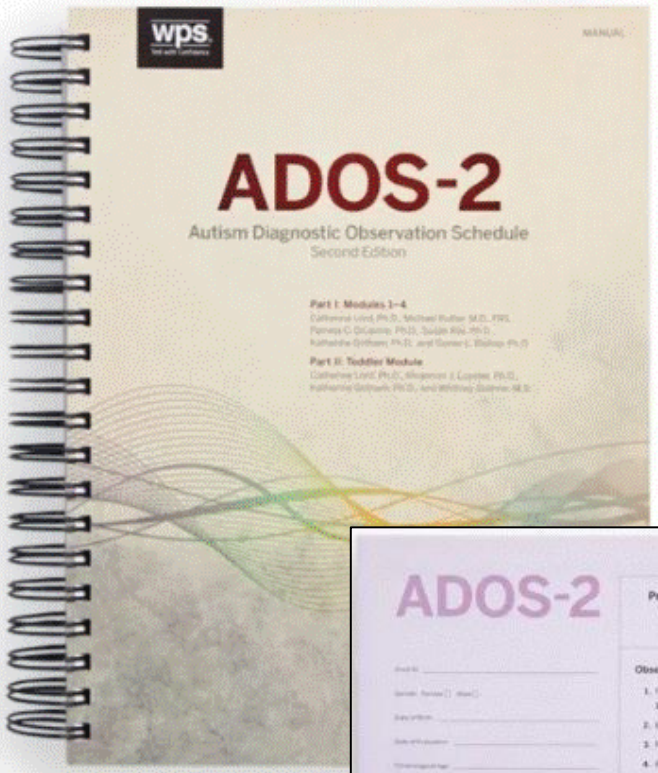
— Sarah M., ALN Member since 2023

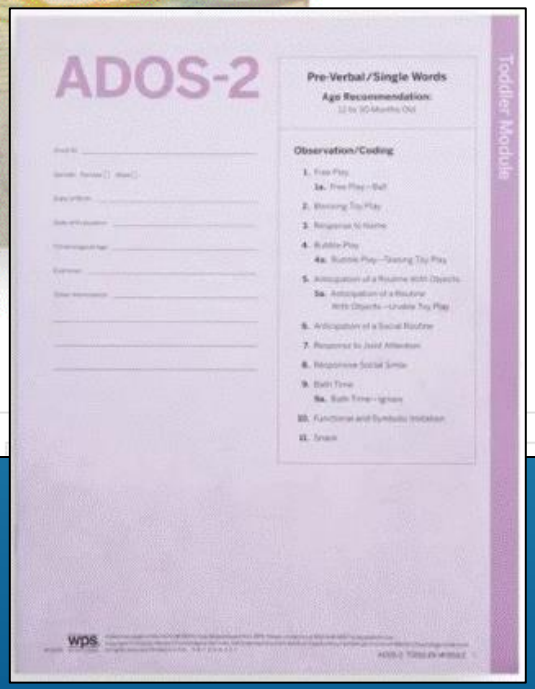
https://www.wpspublish.com/ados-2-autism-diagnostic-observation-schedule-second-edition?

Treating Autism and PTSD Comorbid Through a Polyvagal-Informed Lens

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

Sean Inderbitzen, APSW, MINT





SAMPLE MATERIALS AVAILABLE!

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

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

BENEFIT	Allows you to accurately assess and diagnose autism spectrum disorders (ASDs) across age, developmental level, and language skills
TRANSLATION	Available in Czech, Danish, Dutch, Finnish, French, German, Italian, Norwegian, and Swedish Published Translations
FORMAT	Standardized behavior observation and coding
ADMIN TIME	40–60 minutes
AGES	12 months–adulthood
PUBLISH DATE	2012
QUALIFICATIONS	Level C required About Qualification Levels

"The ADOS-2 is the 'Gold Standard' for Autism testing."

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Cincinnati area

Galperin Autism Consulting LLC

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

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

Recorded Trainings

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

Supporting Families of Children with ASD

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

Autism and Trauma

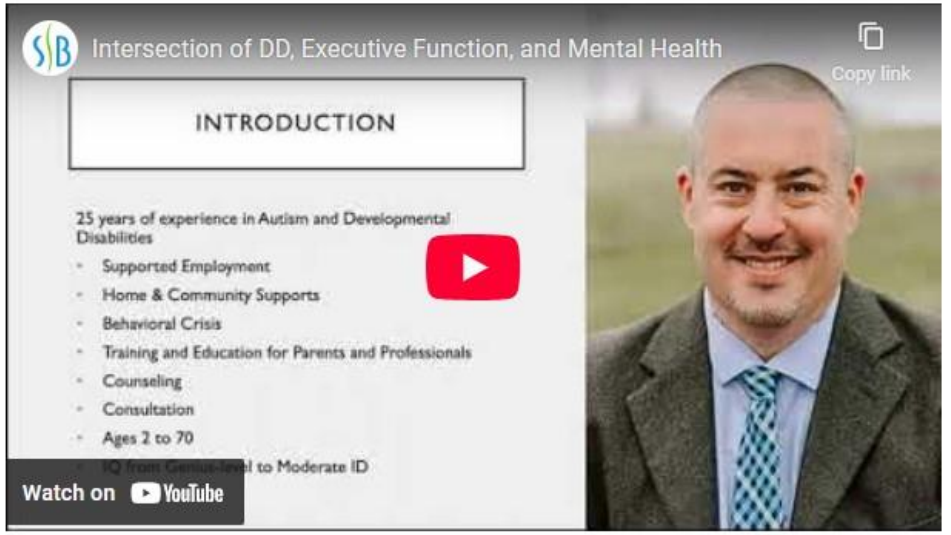
In this session, I discuss how persons with Autism Spectrum Disorder experience trauma. The presentation provides concrete examples on how professionals can help individuals with ASD to understand and navigate traumatic experiences.
The presentation will cover:

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

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

The Intersection of DD, Executive Dysfunction, and Mental Health

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



Galperin Autism Consulting LLC

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

Individualizing Emotional Regulation Strategies

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

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

"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."

Task Analysis

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

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

The Challenge of Eating (for example):

Additional Considerations:

- Is the ASD person willing/able to stop what they're doing to come to the table?
- How the ASD person feels on the front end – e.g., fear of certain sensa-tions they're about to experience (taste, smell, textures, temperatures).

Kim's Problem-Solving Process for Problem Behaviors

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

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

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

For Parents and Professionals:

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

Situation facts only

Orient yourself to the environment

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

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

Experience through his/her lens

EXPERIMENT with solutions

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

Don't Forget…

It is imperative to take into consideration the following:

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

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

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

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

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

… also:

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

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

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

Self-awareness & Discovering the Whys

For me it was essential to:

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

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

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

Questions to ask myself

-What is a result of my processing differences?

-What is a result of the eating disorder?

-How do the they affect each other?

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

Sensory Profile

+

Traits/challenges associated with any underlying conditions

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

Searching for Patterns

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

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

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

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

The short answer is "Yes."

The long answer is:

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

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

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

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

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

What were you thinking: not sure

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

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

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

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

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

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

Self-Awareness and Coping

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

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

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

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

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

Take Time to Have a Full Sensory Assessment Done

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

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

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

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

by Greg Handleton MA, LPCC-S, TRCC

Other Ideas Around Food Sensitivities:

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

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

Self-Regulation & Mindfulness (SAM):

Dr. Varleisha Gibbs

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

Child: **Person Completing Sheet:**

Setting: **Dates:**

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

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

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

Inhibition is about starting and stopping, starting and stopping.

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

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 PESI.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.

igivuWings

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

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https://www.igivuwings.com

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

wasn't confident in it, but I told her that I would help with it and we would plan it out. 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. I like the way she said and the rest of the class. That was great. Okay, so this is Jake. The schedule, it's a left to

"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

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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

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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.

Mini-schedule at Centers

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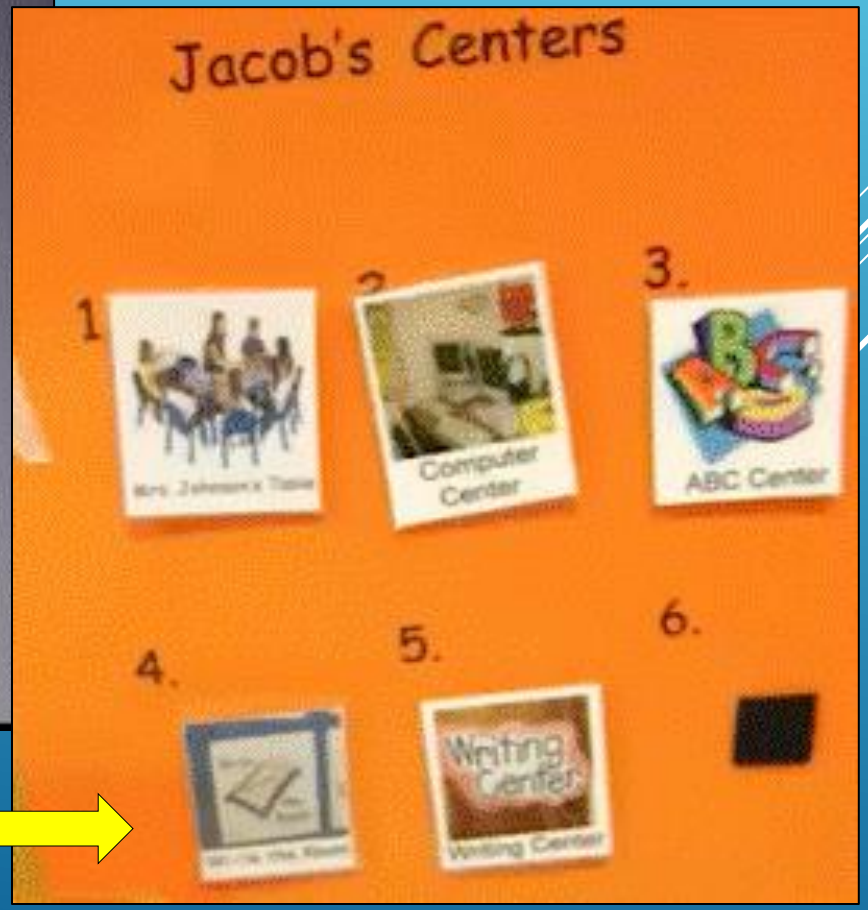

These visuals show Jacob ***where*** to go for each Center, and in what order:

Structure at Home: Schedule

For morning, afternoon, and evening

Techniques for After an Autism Meltdown

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Positive Behavior Flip Book: "Wait" at restaurants!

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.

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

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

Techniques for After an Autism Meltdown

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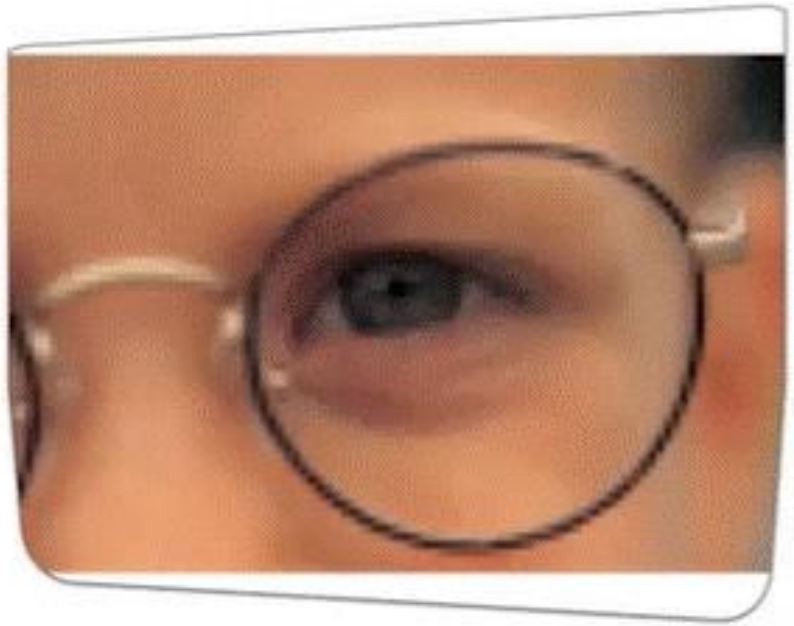
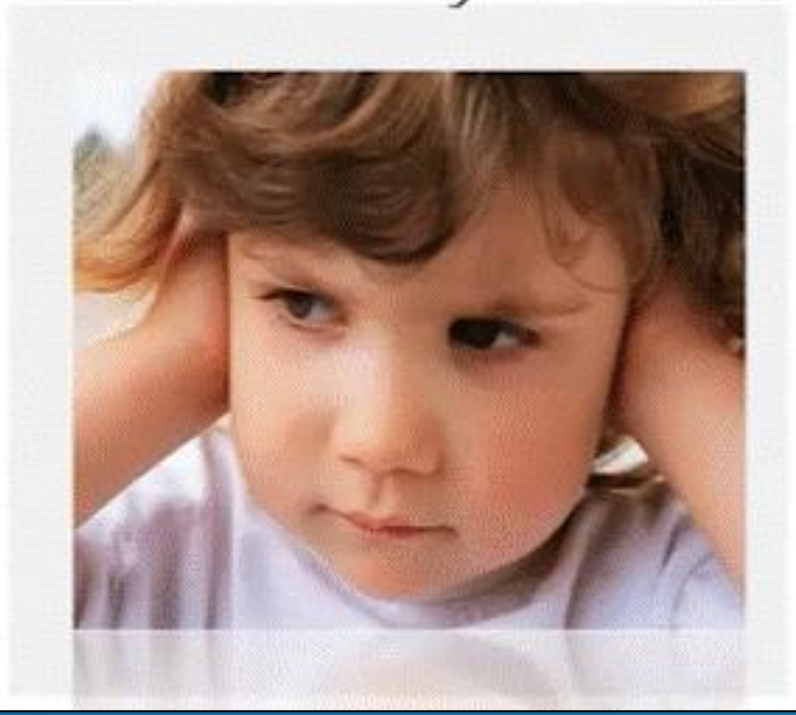
Visual is a strength



Auditory ain't!



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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.

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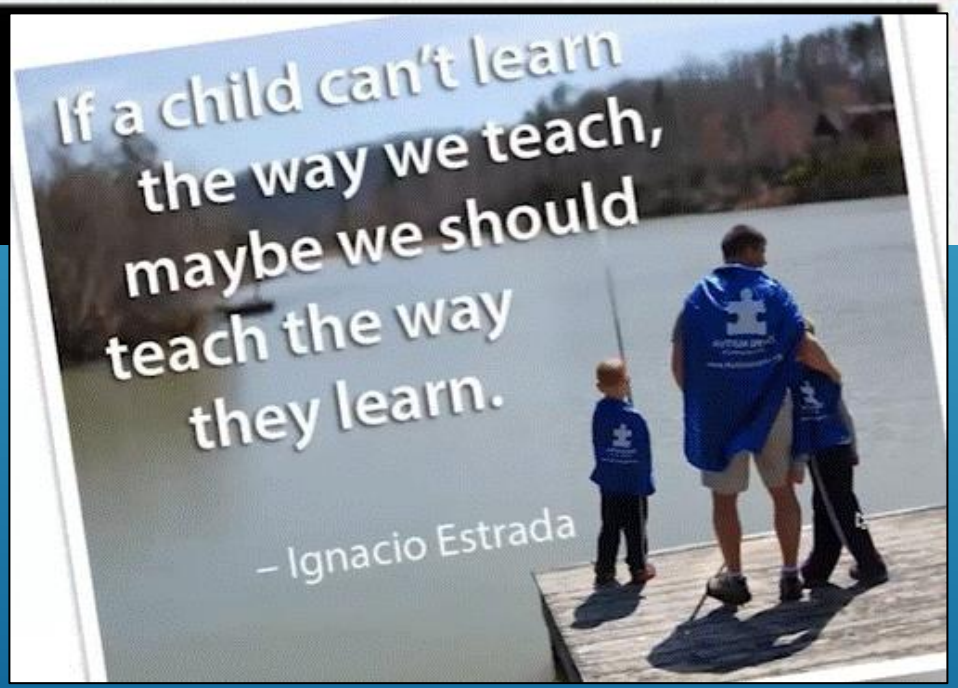
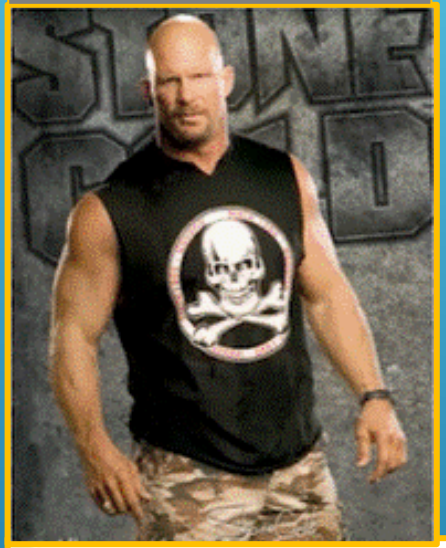


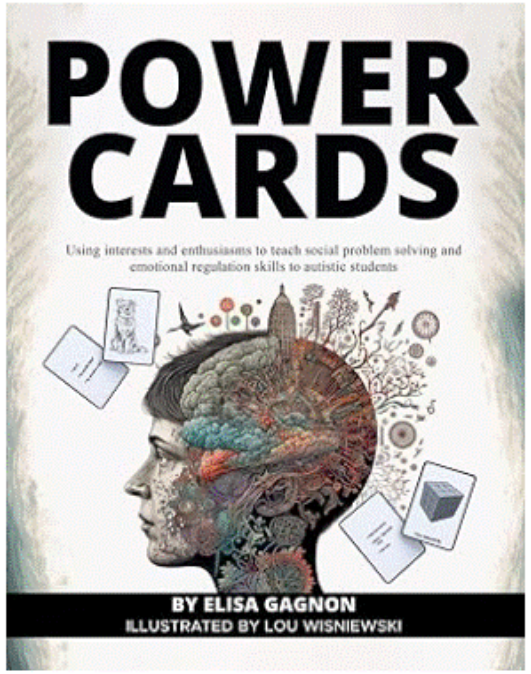
The picture and the text below it go together on the same Power Card:



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

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

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



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

Paperback – December 7, 2023

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

3.9 ★★★★☆ (16) See all formats and editions

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

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

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

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

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

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

Techniques for After an Autism Meltdown

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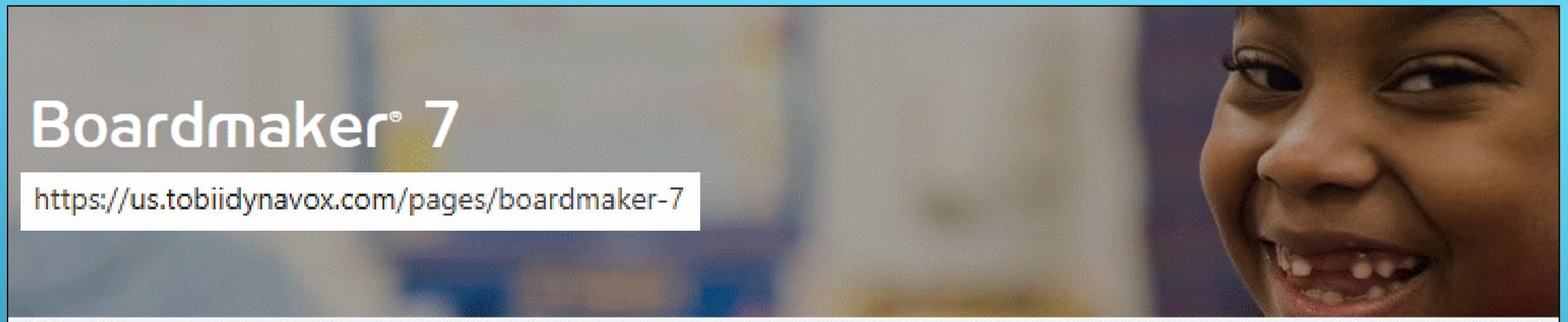
(Part of the 2022 Autism Symposium: What's New + What's Next in Supporting Clients on the Spectrum – by PESI.com)



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https://us.tobiidynavox.com/pages/boardmaker-7

Boardmaker 7

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Teach more, prep less

Discover Boardmaker – a powerful suite of special education tools for your home, school and therapy practice. As the world's leading symbol-based teaching solution, Boardmaker supports learning and communication with its trove of customizable material. Boardmaker 7 is the most robust version of our Boardmaker software yet, including access to over 85,000 PCS® (Picture Communication Symbols). This flexible, time-saving solution is offered as a Standard or Subscription option.

Boardmaker is a suite of special education tools designed to support learning and communication, primarily for students with special needs. It includes software for creating and using pictorial communication symbols (PCS), allowing teachers, speech therapists, and parents to adapt instructional activities and create behavior and communication supports. Boardmaker also offers an interactive web-based platform for creating communication boards and visual schedules, making it a versatile resource in educational settings.

Efficient | Customizable | Symbol-based | Multi-platform

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

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

Valsalva maneuver

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

[edit on Wikidata]

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

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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.

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 it's fat-burning system …

Similarly, immersing just your face into a bowl of ice water for a total of just 10 seconds up to a couple of minutes (taking breaths in between, of course) will work to greatly reduce feelings of stress, anxiety, and even panic (with your doctor's approval, too, of course). This anxiety-relief and even nausea-relief is experienced due to activation of:

The Mammalian Diver Reflex

~~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).

Parent-Child Massage

For adolescent, consider other activities allowing for self-imposed input:

1.Starting with the child's face, use your thumbs to gently massage the lips and surrounding muscles of the face.

2.Gently massage the child's scalp using your fingertips.

3.Massage the child's external ears using slow, circular movements.

4.Next, massage the child's extremities. Starting with the lower body, use your whole hand to gently pull the child's hip toward their feet. Then, pull their shoulder toward their hands when massing the upper body. Gently roll their arms and legs between your open palms. Hold the child's calves and bring their knees toward their chest, holding for a few seconds.

5.Perform a belly massage using the side of your hand closest to the fifth finger and moving in a water paddle motion (one hand follows immediately after the other).

6.Finally, use your hand to gently provide pressure to the belly. From left to right, spell out the inverted letters I, L, U as indicated here (McClure, 2017).

(= the directions a parent's hands will move in when massaging their child's abdomen)

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

Aromatherapy Guide

Essential Oil	Potential Uses
Sweet Orange	Improves mood, increases alertness, and assists with digestion
Lemon	Improves mood and digestive issues
Sandalwood	Has a calming effect and increases focus
Bergamot	Reduces stress and improves dermatological conditions
Rose	Decreases anxiety and enhances mood
Lavender	Decreases stress and has a calming effect
Chamomile	Improves mood and improve positive emotions
Peppermint	Increases energy levels and improves nausea
Ginger root	Improves appetite and boosts immunity
Mandarin	Decreases anxiety and improves dermatological conditions
Ylang-Ylang	Decreases nausea and improves dermatological conditions
Tea Tree	Boosts immunity and improves dermatological conditions
Jasmine	Improves mood

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

Be careful about possible allergies, especially when it comes to putting anything on the skin. Introduce a new oil's aroma very slowly and in a way that doesn't overwhelm your child's olfactory pathways. Usually, you can just have them take a quick whiff of the oil to see if they hate it and, if not, introduce it in a way that, within a few minutes if they want it to be taken away so that they don't smell it anymore, you can easily do so.

Bright Calming Oil by Bright Autism - Essential Kids Oil for Stress Relief - Natural Sleep Aid, Gentle Organic Blend Roll-On 10ml - Great Addition to Your Kids Sleep Routine.

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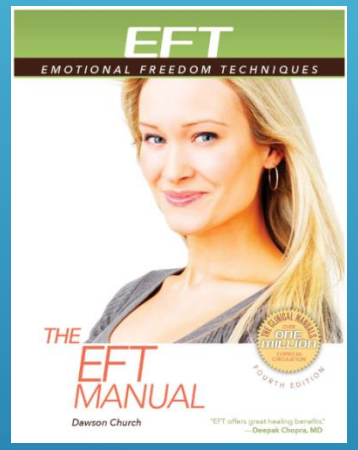
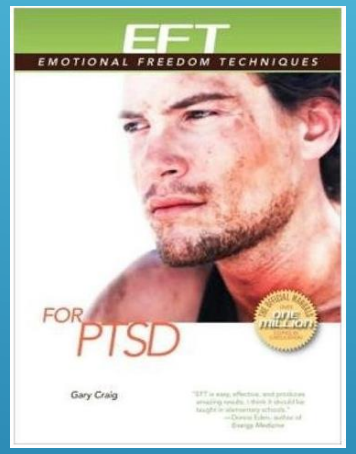
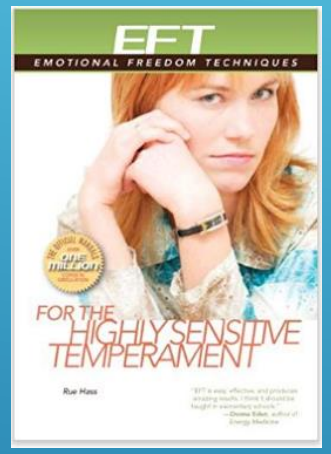
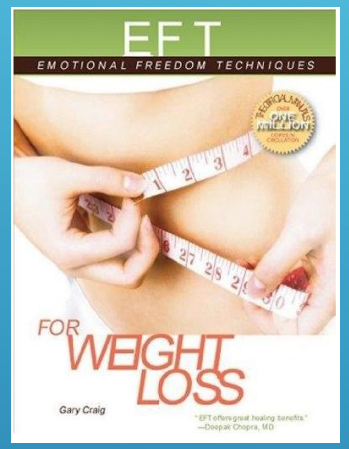
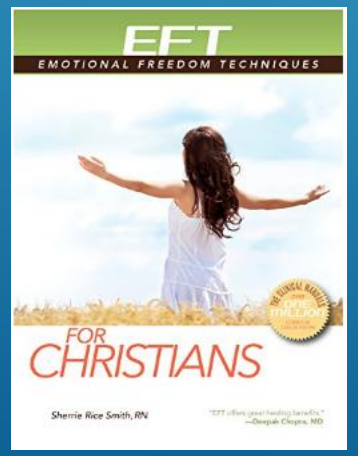
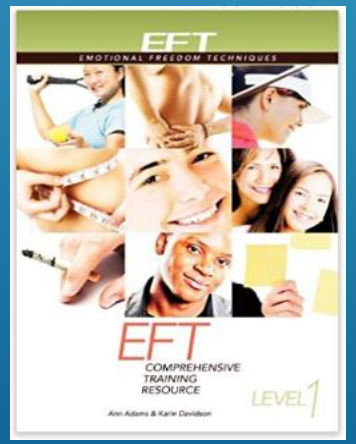


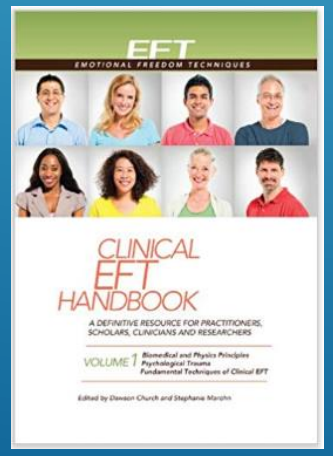


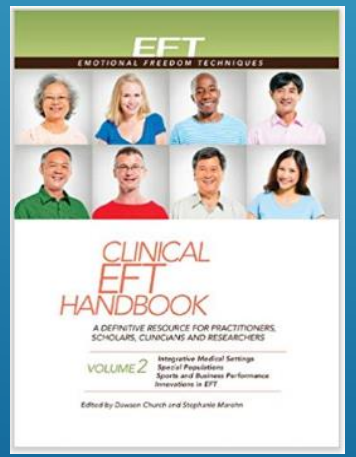










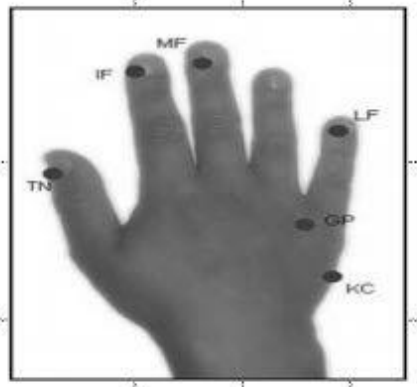


What is Emotional Freedom Technique?

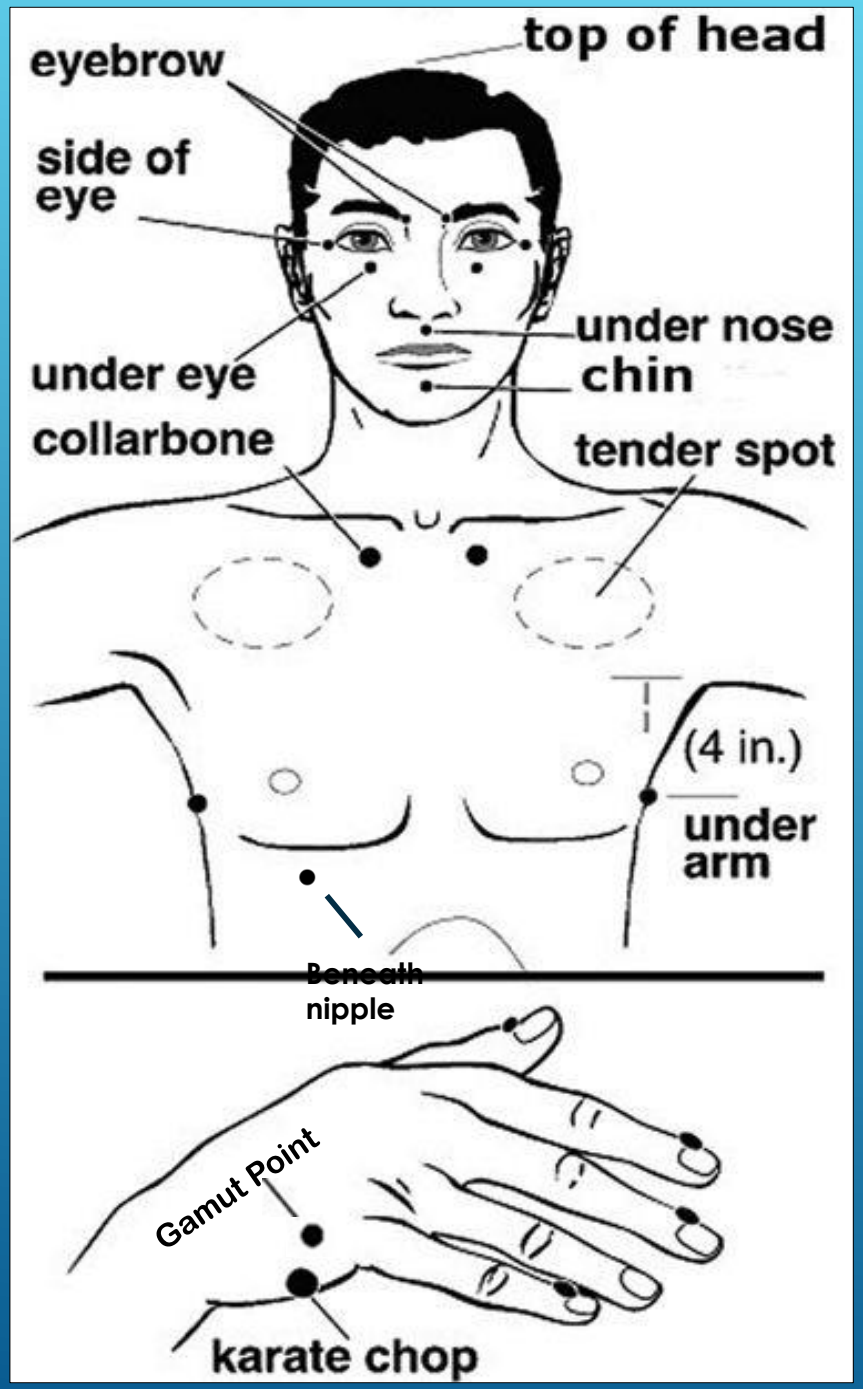
Emotional Freedom Techniques, or EFT, is a self-help method that combines elements of cognitive and exposure therapy with acupressure. Over 200 clinical trials show that EFT is effective for anxiety, depression, pain, PTSD, phobias, and other conditions. Our organization, EFT Universe, pioneered "Clinical 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, forgetful-ness, 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, claustriphobia, 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

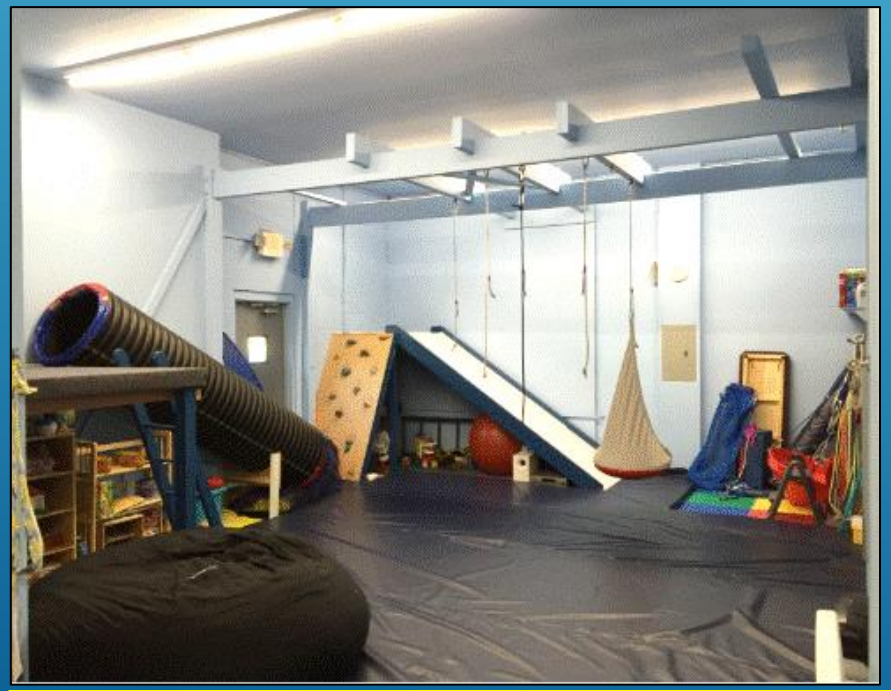
The Enormous Benefits of Tapping Correctly

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)

KID POWER
THERAPY SERVICES

https://kidpowertherapyservices.com



Welcome

Kid Power Therapy Services, Inc. was established in 1999. Therapists joined together to open a small family oriented clinic, where decisions are driven by clients needs.

We provide Speech/Language Therapy and Occupational Therapy to children with a diverse range of communication, speech, sensory, gross motor, and fine motor abilities. Our goal is to provide intense therapy services in an environment that facilitates integration, organization, learning, growth, interaction, and FUN!

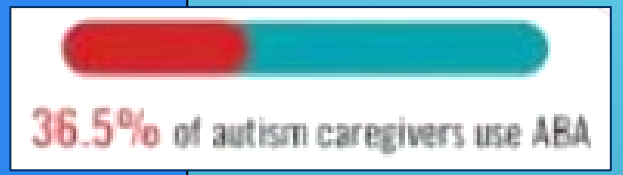
Our Mission is to empower the children and families we serve to maximize their abilities and quality of life. We have experience helping individuals with a variety of diagnoses to include Autism, Down Syndrome, developmental delay, sensory integration disorder, articulation disorders, Apraxia, expressive and receptive language delays, attention disorders, and many more. At Kid Power, we will meet each individual where they are and use individual strengths to develop areas of need.

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

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

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

Applied Behavior Analysis (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.

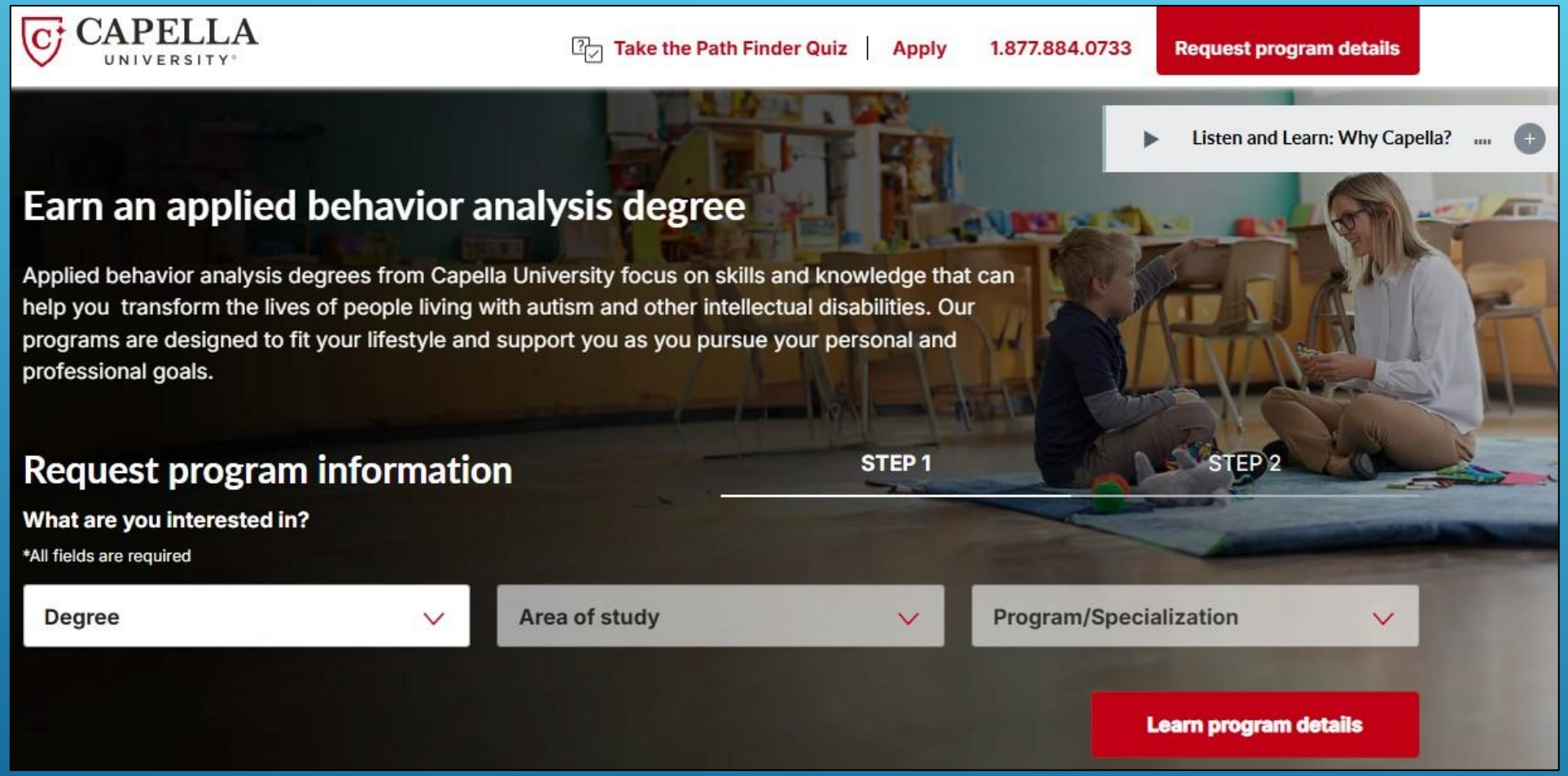
Copilot Answer

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.



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

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.

ABA Therapy

Positive reinforcement

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

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

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

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

Antecedent, behavior, consequence

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

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

1. An **antecedent**: this is what occurs right before the target behavior. It can be verbal, such as a command or request. It can also be physical, such 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!"

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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!

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

Notice how, next to "3." under "The following three steps …" section, it says, "… it can include positive reinforcement of the **desired behavior**, or no reaction for incorrect/inappropriate responses." Gee, this sounds an awful lot like trying to get ASD individuals to **"act" like neurotypical people**, doesn't it? – it sounds very subjective, **leaving the patient out of the process**, since apparently it's the therapist who's deciding on their own which behaviors are "desirable" and which ones are not.

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

Greg Handleton MA, LPCC-S, TRCC

Proper Goals in Working with ASD Clients:

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

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

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

Understand their own autism traits

Develop interoceptive awareness

Create systems to communicate

Discover strategies to regulate

Develop self-acceptance

Promote self-advocacy

Tom's STRENGTHS

SOCIAL:

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

THINKING:

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

SENSING:

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

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

DOING:

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

OTHER:

Patient, hard worker, does not give up, persistent

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

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

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

Gratitude and Growth Statements

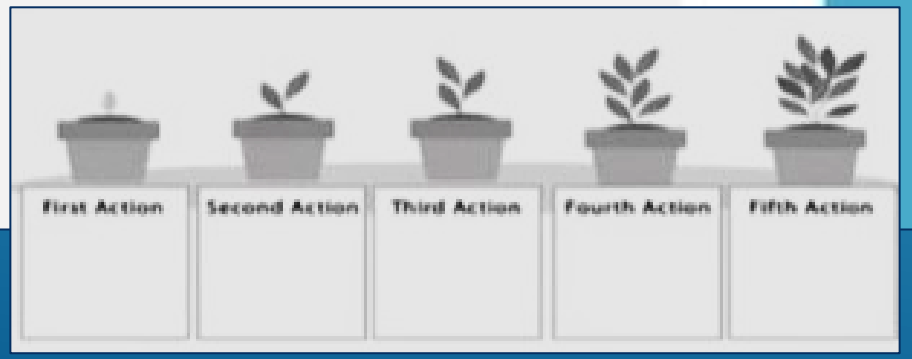
Respect and Empathy Language

Children

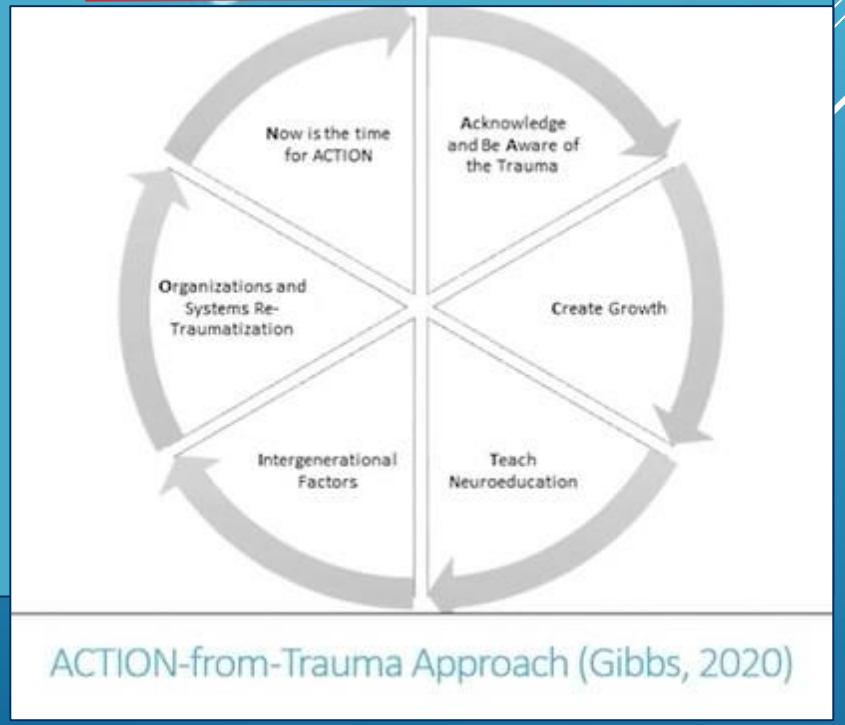
- "What do you need?"
- "Do you need a break?"
- "How can I help?"
- "All done? Or do you need more?"
- "I want to help you."
- "What you experienced is not okay. What support do you need?"
- "Thank you!"
- "I like your hard work!"
- "Wow! Look at how you grew today by finishing your work!"
- "You have grown so much!"

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?

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

Overview of AMSE

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

Purpose and Significance

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

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

Components of the AMSE

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

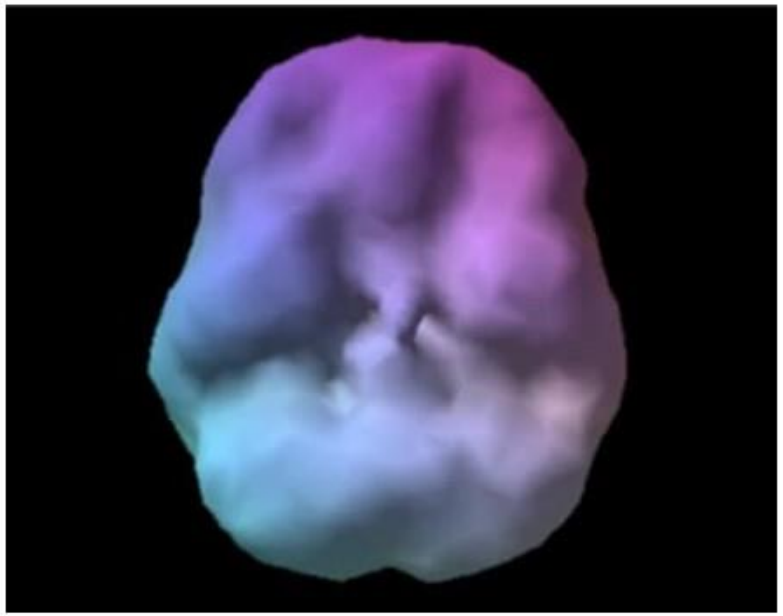
1. **Social Interaction Assessment**: Observes behaviors such as eye contact, joint attention, and social referencing.
2. **Communication Assessment**: Evaluates both verbal and non-verbal communication skills.
3. **Behavioral Observation**: Looks for repetitive behaviors and routines that may indicate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

Amen Clinics

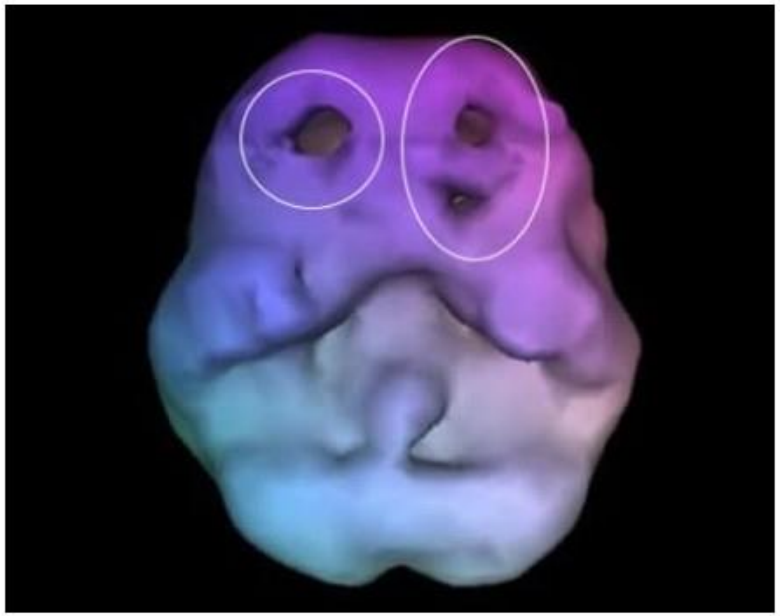
It's funny to think that for over 100 years, Psychiatry was conducted without access to the brain! But now, brain scans are regularly used by neurologists to see which areas of the brain are under-performing, resulting in a better selection of medication(s) that target those specific areas.

ADD/ADHD Brains Work Differently

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



Healthy Brain Scan



ADD / ADHD Brain Scan

Amen Clinics

Why early identification and intervention are so important:

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

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

NEUROMIND

WHAT WE OFFER

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Social Skills & Connection

Independent Living Skills

Educational Consulting

for **neurodivergent** and **neurotypical people** of all ages and abilities

Kimberly Clairy 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 Clairy 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 individual characters and their interactions with other characters).

Finally, her husband (while 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.

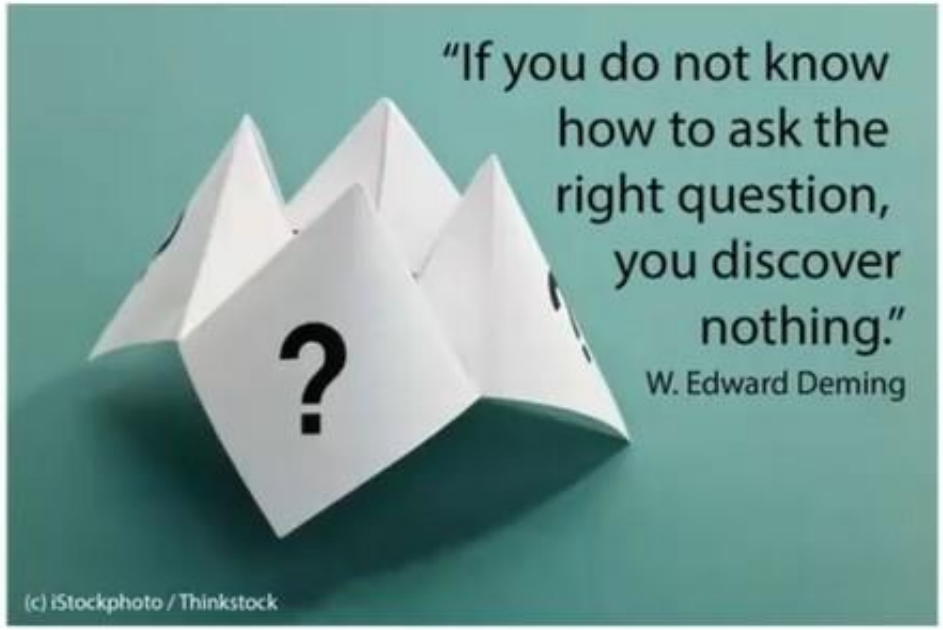
Now, sometimes he will be the one to hit pause, at which time he will ask **her** to explain the social dynamics on the screen … which she has gotten so much better at doing!

Kimberly Clairy 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 Clairy 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 Clairy O.T. (autistic adult) and her husband, William Miller.

Kim Clairy MS, OT: "I have a sensory bag that I take with me with different tools in it. Included in that 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;
- 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 Clairy O.T. (autistic adult) and her husband, William Miller.

Sequencing with First/Then Strips

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

While waiting for wash I can

Go to waterfall
Listen to audiobooks
Pace
Get coffee

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

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

When I feel anger, frustration, or rage

Clap hands & Count to 10

Squeeze fists & Count to 10

Stomp feet & Count to 10

Curl toes & Count to 10

Feel Good Activities

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

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

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

   If no- Go to question 2

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

   Ask for help?

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

Set up a time to finish if I am not done

Remind myself that I can come back to it later

Throw medicine ball 10 times if I become distressed

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

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FOR SCHOOL

When I have bad thinking

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

Say HELP

HOLD UP RED HAND SIGN

PRESS HELP ON AAC

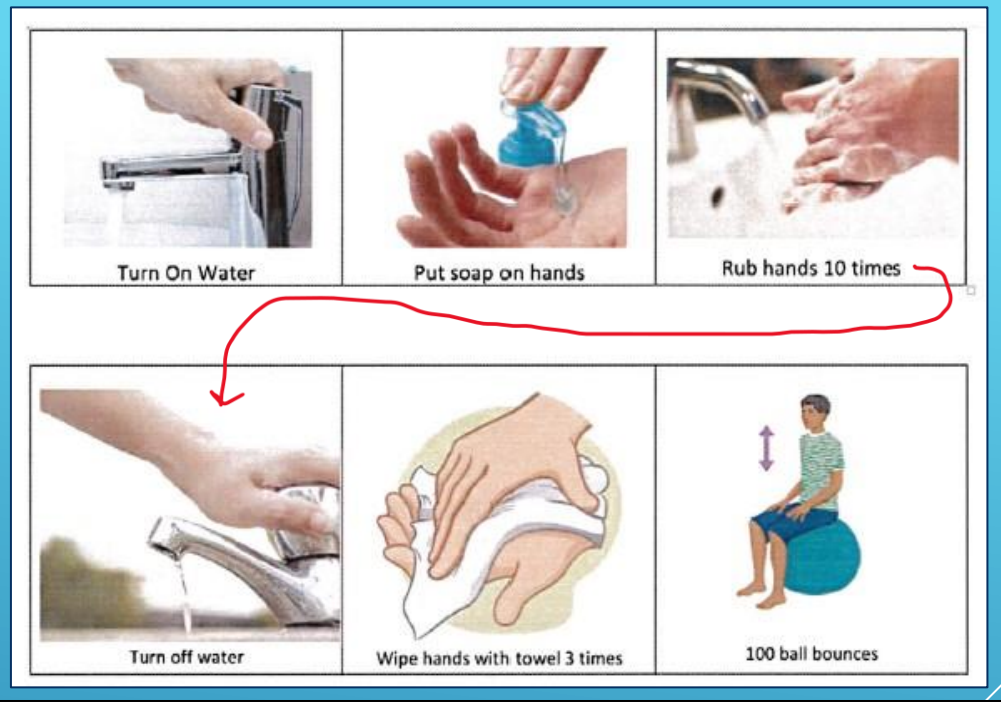
2. Go to safe spot

3. Do coping skills. To cope I can

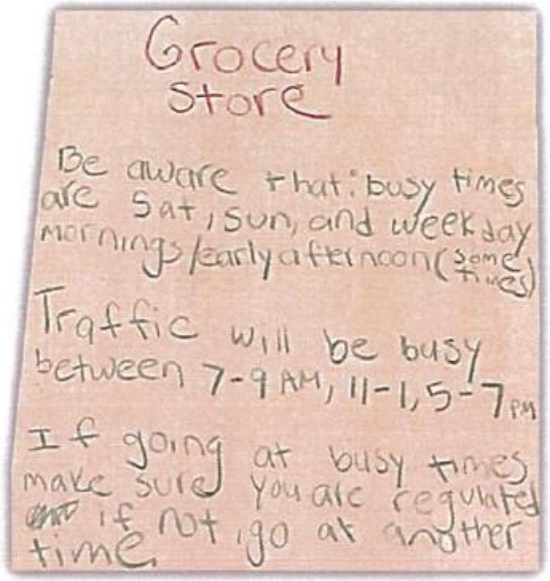
From: A lecture entitled, *Not Just Surviving, But Thriving With Autism,* by Kimberly Clairy O.T. (autistic adult) and her husband, William Miller.

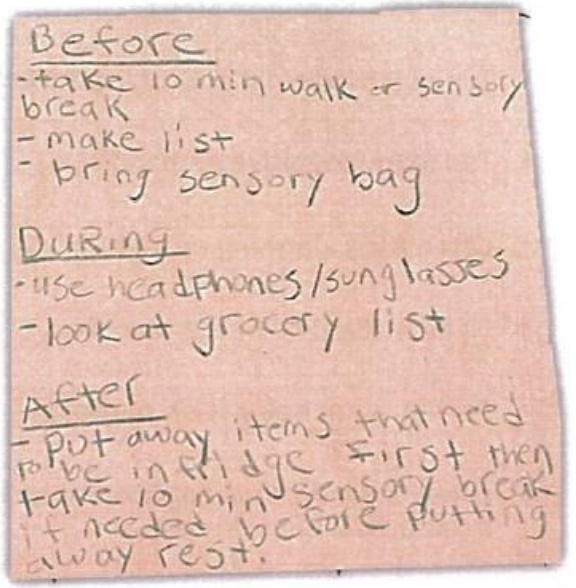
Sensory Coping Keychain Cards- Community Coping

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



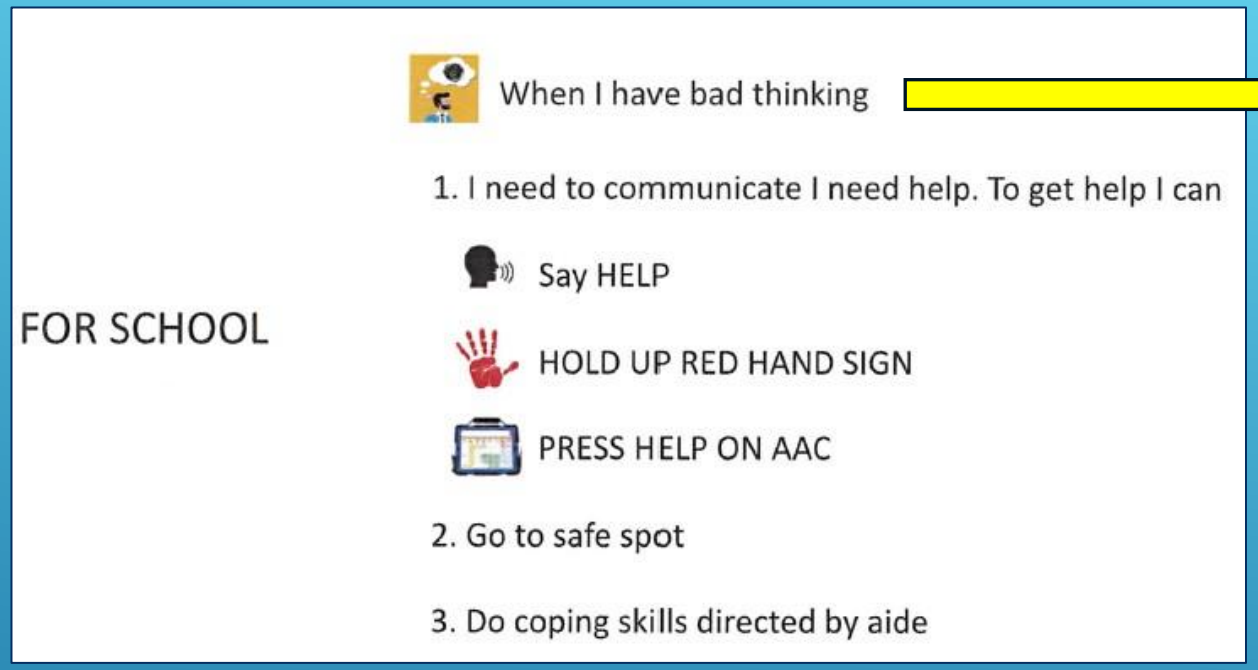
Coping Cards





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

… More Visual Cue Cards:

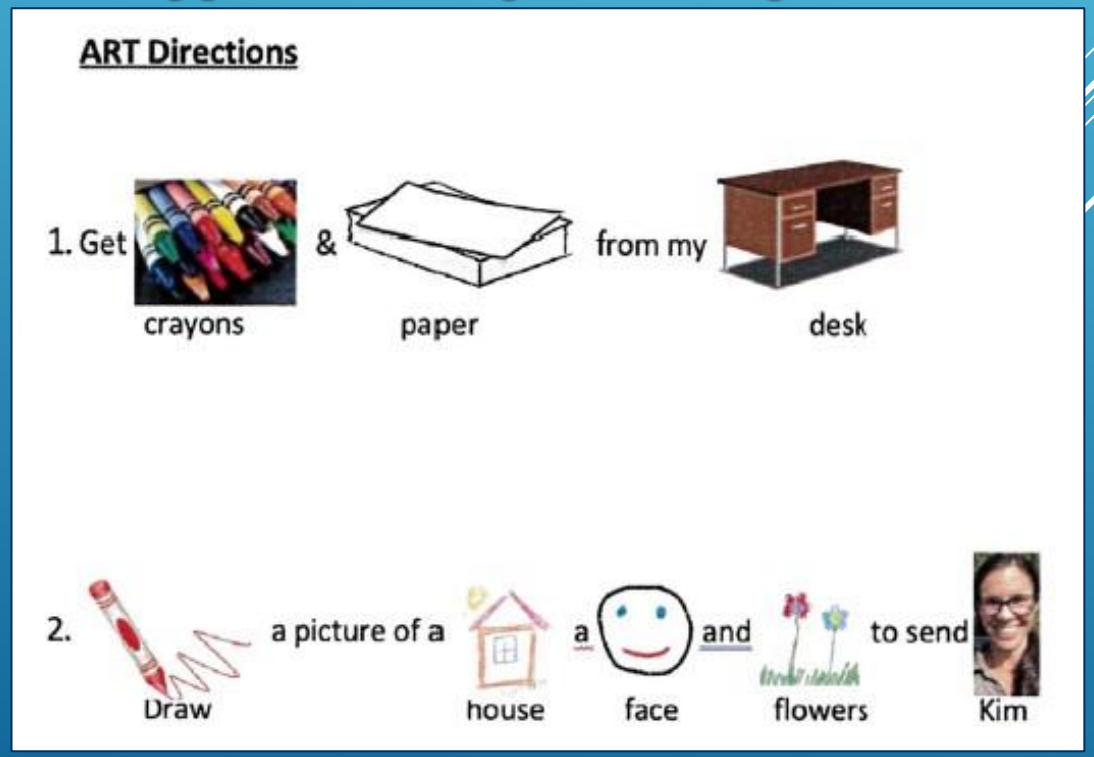


From: A lecture entitled, *Not Just Surviving, But Thriving With Autism*, by Kimberly Clairy O.T. (autistic adult) and her husband, William Miller.

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,
- Aggressive thoughts/thinking, etc.



… More Visual Cue Cards:

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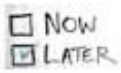


Remind myself that I can come back to it later

Throw medicine ball 10 times if I become distressed

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

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

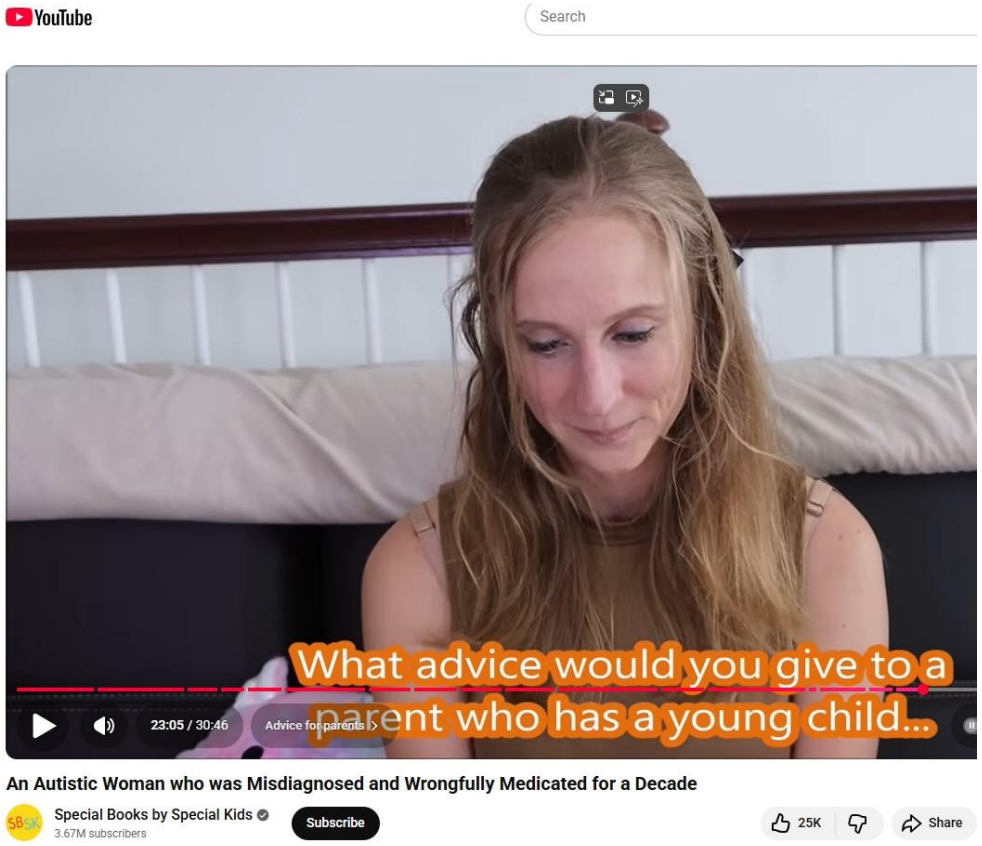
If you need help coping ask for help

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

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.



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 Clairy O.T. (autistic adult) and her husband, William Miller.

https://www.tomatis.com/en/

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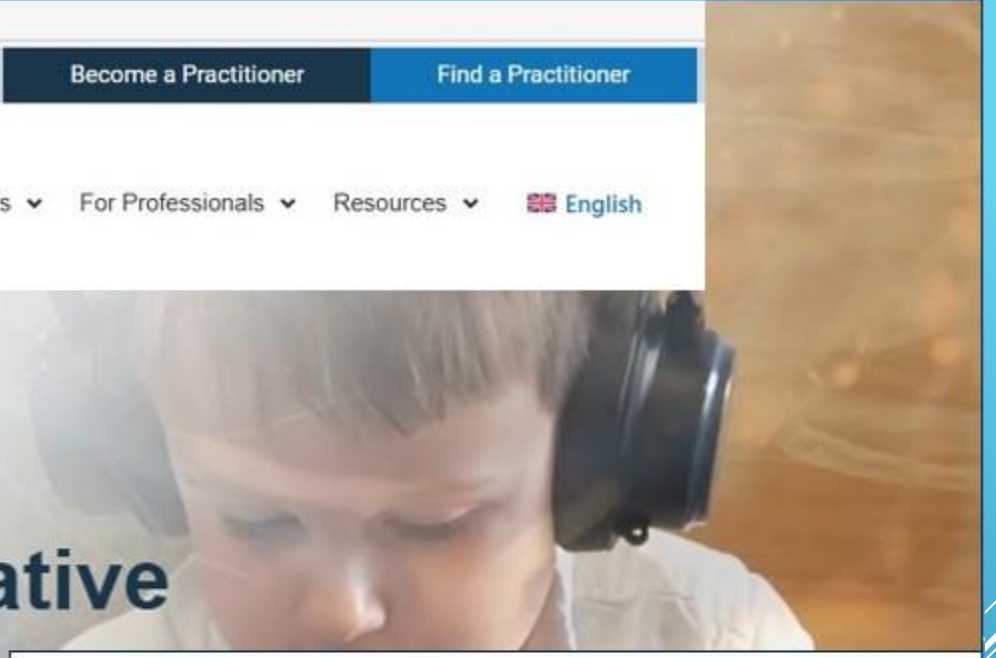

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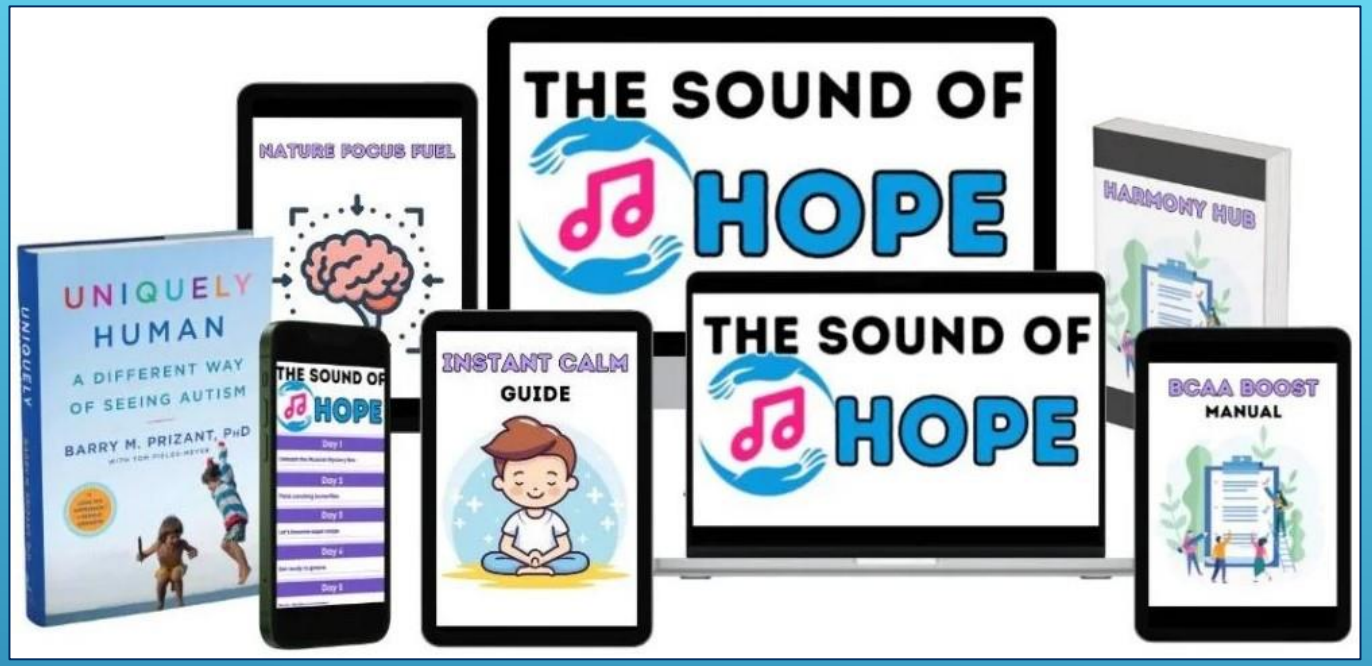
The Tomatis Method Explained

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.

https://www.shurvoice.com
10765 Willfleet Dr, 45241 Ohio Sharonville

Adda Shur
voice teacher/voice therapist
Practitionner L1



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

The Sound of Hope (intro video):

Autism Documentary v2 – Global Academia Mental or https://global-academia.com/mental/documentary/?utm_source=Facebook_Mobile_Reels&utm_medium=Jefa-AUT-tst&utm_campaign=wroDraTesJal&utm_content=wroDraTesJal1&fbclid=IwQ0xDSwL1GLRleHRuA2FlbQEwAGFkaWQBqyN52rlsXgEe5ElbT6O56kn8dtSx82TZu1-dUC9vh-YNegT-XrhnQMx9QyElgXhXjE_rq6U_aem_lVXp9RbYvXxsgqyI9XekZA&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 … ?

Jammin' Jenn music therapy

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

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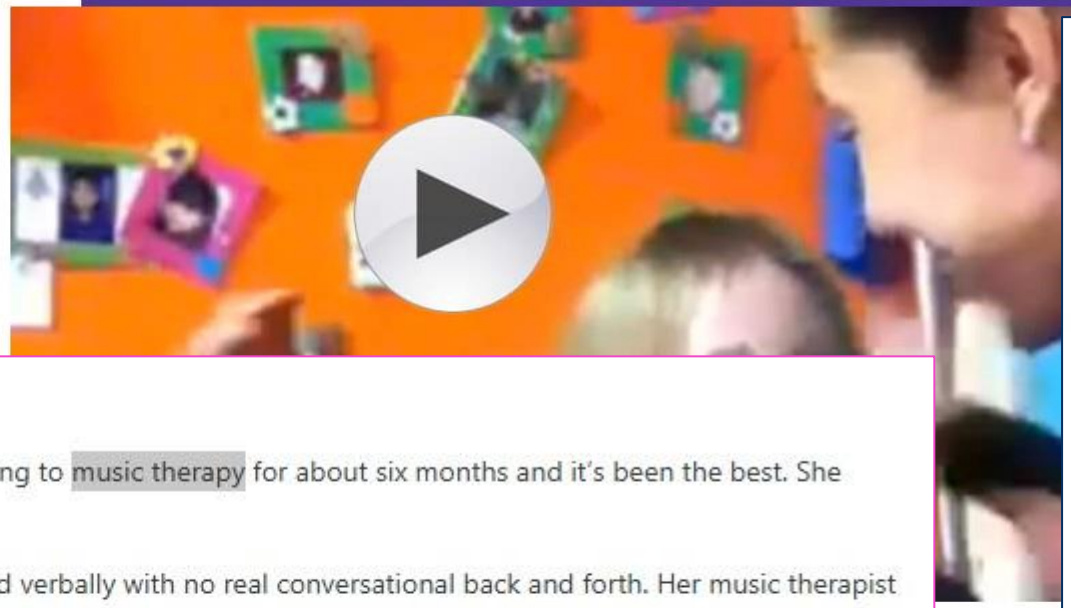
Jammin Jenn featured: Using Instagram Live to Help Children with Autism Cope During the Pandemic



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 ...

Jammin' Jenn music therapy

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

CBD (cannabidiol) may help alleviate symptoms of autism by potentially reducing anxiety, improving social interactions, and enhancing sleep quality.

- **Anecdotal evidence** from families suggests that CBD oils can help reduce stress, aggression, and self-injurious behaviors in autistic individuals. 1
- **Research studies** indicate that CBD may improve social responsiveness and reduce anxiety in children and adolescents with autism spectrum disorder (ASD). 1
- **Dosage recommendations** vary, with some studies suggesting a range from 0.7 mg/kg to 16 mg/kg based on body weight. 1
- **Ongoing research** is essential to fully understand the effectiveness of CBD for autism, as more studies are needed to confirm its benefits. 1 While many families report positive experiences, it is crucial to consult with a healthcare professional before considering CBD as a treatment option for autism. 1

https://drive.google.com/drive/folders/10Ehhrla6WnEhM9Qdwx4aYjh1okv3G2Qq?usp=sharing –

First file:

333Hz - Stimulation of Brain Neuroplasticity

The 333Hz frequency is responsible for stimulating brain neuroplasticity, which triggers the production of new cells and increases cognitive brain capacity. For non-verbal autistics or those who do not yet communicate adequately, this frequency will help stimulate an increase in cerebral synapses, thus supporting the speech process.

Listening recommendations: Listen for 30 minutes before sleeping and let it play for at least 2 hours after you fall asleep. There is no problem with listening all night. If possible, use headphones, but if that's not feasible or there is resistance to using headphones, you can use a small speaker in the room. Always maintain a soft volume, whether using headphones or a speaker.

Second File:

440Hz Neurogenesis |Music to Generate New Neurons]

The 440Hz frequency can also be used to stimulate the process of brain neurogenesis and the creation of new cells.

Listening recommendations: This frequency can be listened to while studying, reading, or doing some task. The use of headphones or ambient sound is optional. It is recommended to listen for at least 30 minutes daily, over a period of 21 days to 3 months.

Third File:

528Hz Complete Body Regeneration

Relaxing music based on the 528Hz Solfeggio frequency, which is also known as the frequency of love, miracle tone, transformation frequency. Here are some benefits of 528Hz Solfeggio frequency music:

✓ Returns human DNA to its original and perfect state.

✓ Brings transformation and miracles into your life.

✓ DNA repair is followed by its beneficial effects of increased energy.

✓ Helps boost self-confidence and self-esteem.

Listening recommendation: This track can be listened to at any time of the day for a minimum period of 30 minutes during a relaxation moment.

Pure Tone Therapy Sound Healing & Meditation Tool, Solfeggio Frequencies and 432Hz Miracle Tone, Continuous Play and 3-Minute Timer

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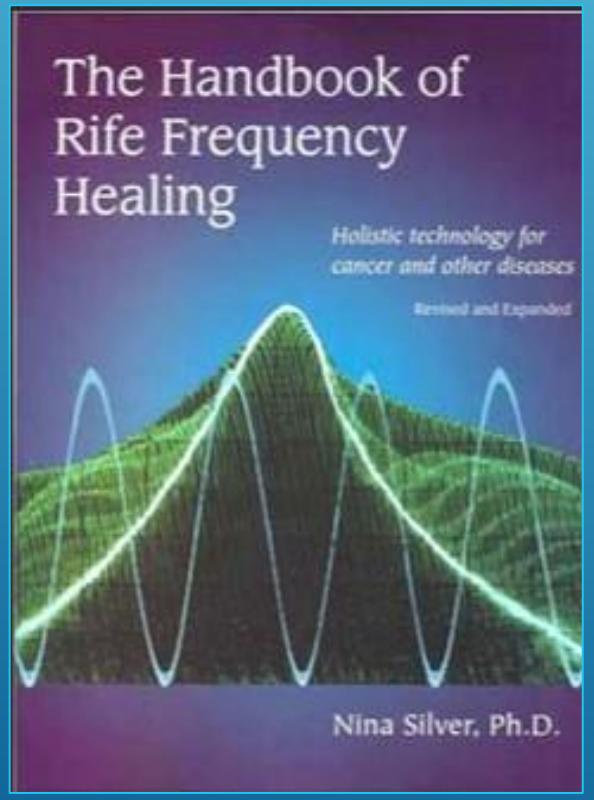
Music Tracks	[INFERRED] A list of 10 track names or track detail objects



"Healing frequency-generating machines," or "'Rife' machines" are generally rejected by standard/licensed medical practitioners, so … do your research. I haven't seen anything saying they cure ASD, but in light of the helpfulness of Music Therapy, these calming sound-generating machines might be helpful for some, as well.

https://i-asc.org/s2c-spelling-to-communicate/get-started-with-s2c/

I-ASC (International Association for Spelling as Communication)

ABCDE MENU UVWXYZ

GIVE

EN

GET STARTED WITH S2C

LET ME SPELL IT OUT FOR YOU

not being able to speak does not affect your ability to understand and think

(designed to help non-verbal people)

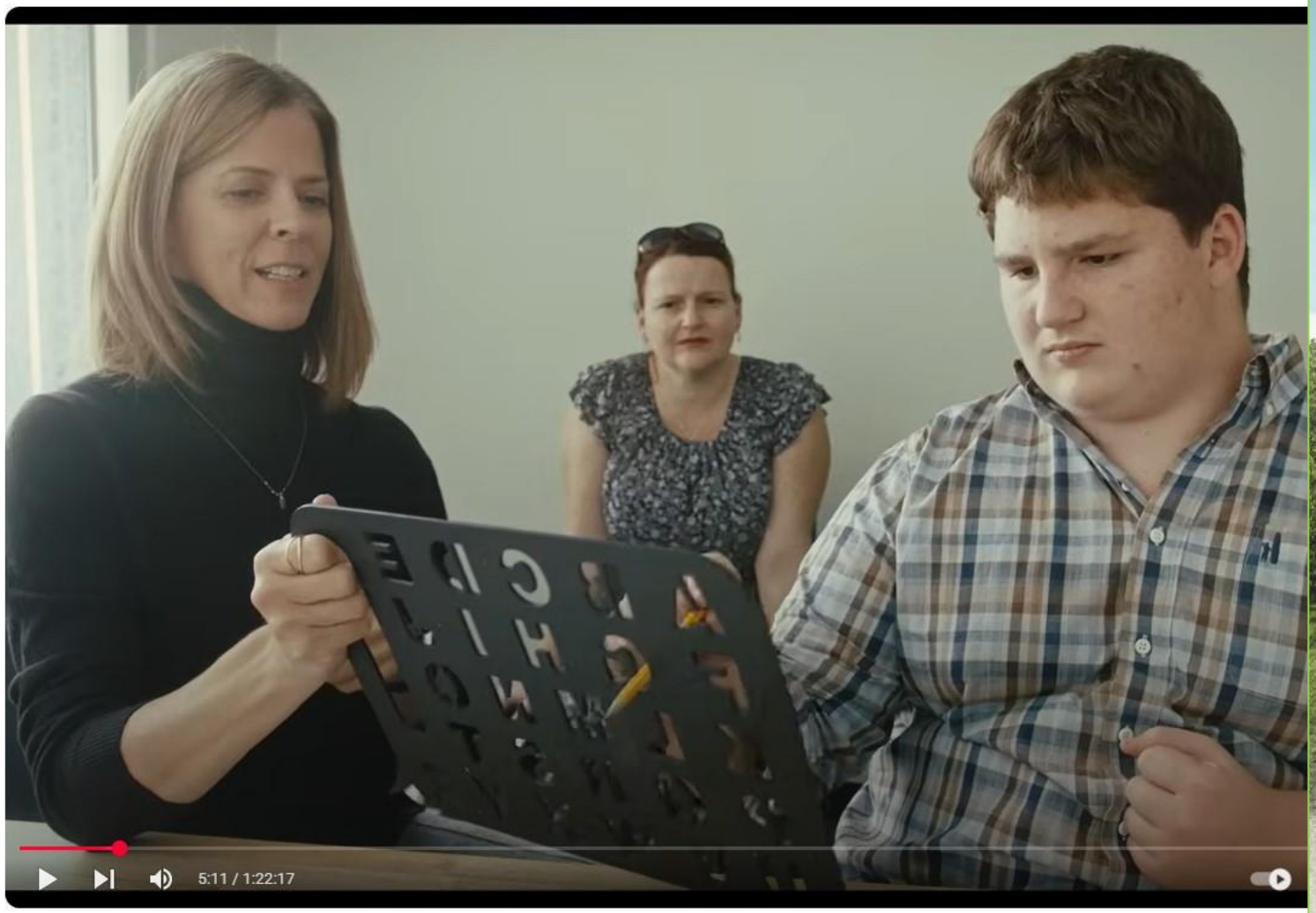
(S2C = Spelling to Communicate)

I-ASC PRACTITIONERS ARE GLOBAL LEADERS IN S2C

https://www.youtube.com/watch?v=8h1rcLyznK0

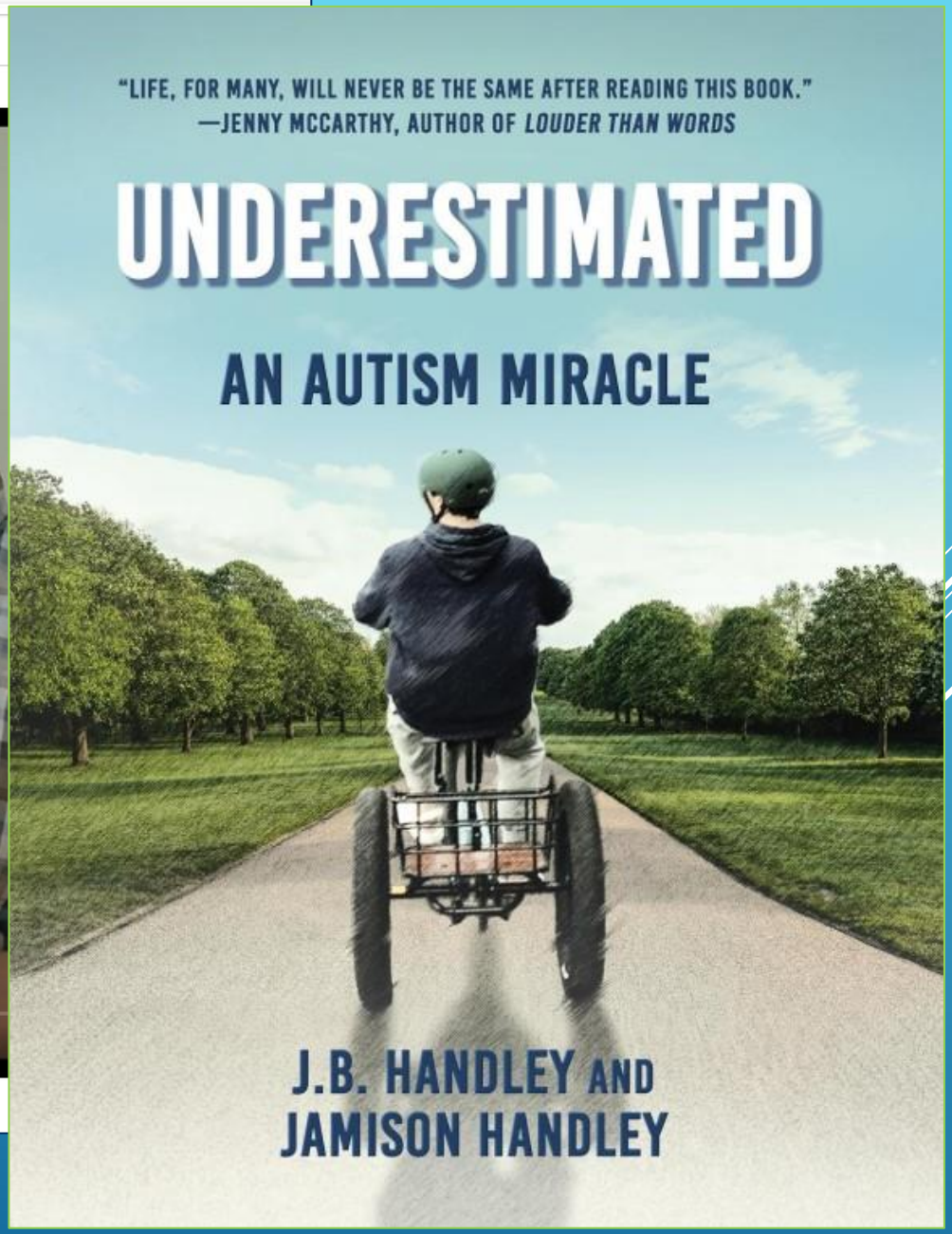
YouTube

Search



SPELLERS THE MOVIE (Documentary)

https://youtube.com/watch?v=8h1rcLyznk0



From: Spellers – The Movie

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

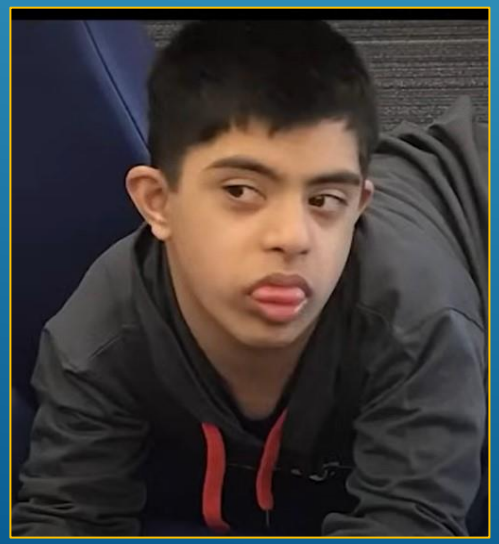
"The early research in autism focused on the cognitive disabilities, and that is mostly due to the researchers being psychologists or psychiatrists who focus primarily on the cognitive aspect. ***The assumption that individuals right from the get-go who have Autism also have a cognitive disability is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

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

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

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

- Adolf Hitler: He reduced all Jews and non-Aryan races down to being of animal intelligence which, in turn, gave him justification for treating them like animals.
- In 2008-2010 my wife and I worked in a residential children's home where the Director told us a story about "the last time I handcuffed a kid to a chair." I remember thinking, "What did I just hear?"
- In a TED Talk that got included in the documentary, *Spellers – The Movie*, one mom (Dr. Vaishnavi Sarathy) talked about her son (see image). She came into his classroom one day to see that he had been strapped to a chair in front of all his peers. She felt that his dignity had been violated simply because his appearance triggered a universal assumption of non-intelligence. The truth is that when given access to the S2C program (using finger-spelling boards), he was able to articulate his thoughts and feelings quite intelligently without speaking (see next slide). He used the board to communicate, "*I am a rudderless ship in a sea of thought.*" Does that sound like non-intelligent communication?



Click to see full view

Adult Communication Board - Non-Slip, Portable Letter Chart for Non-Verbal, Stroke Recovery, Effective Visual Aids for Non-Speaking Patients, Pain Scale, QUERTY or ABC (QUERTY)

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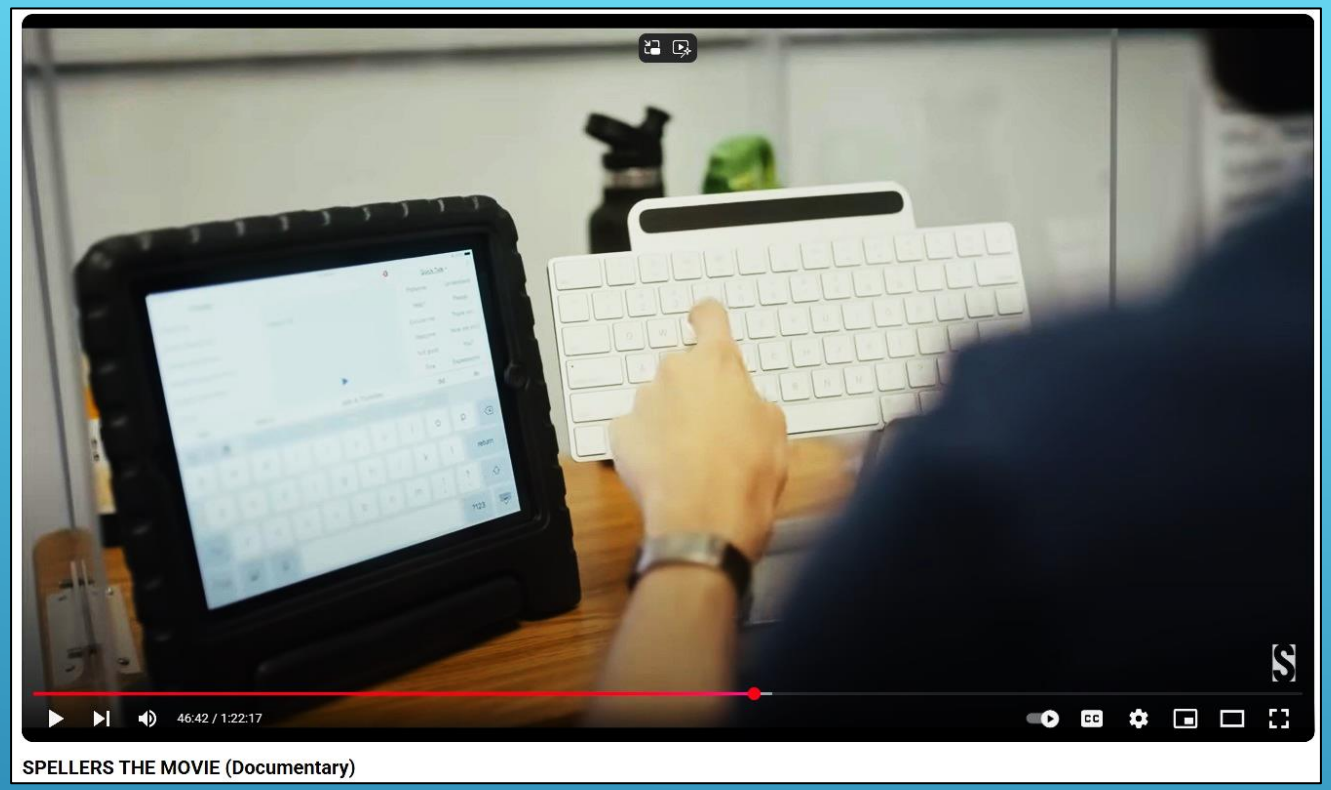
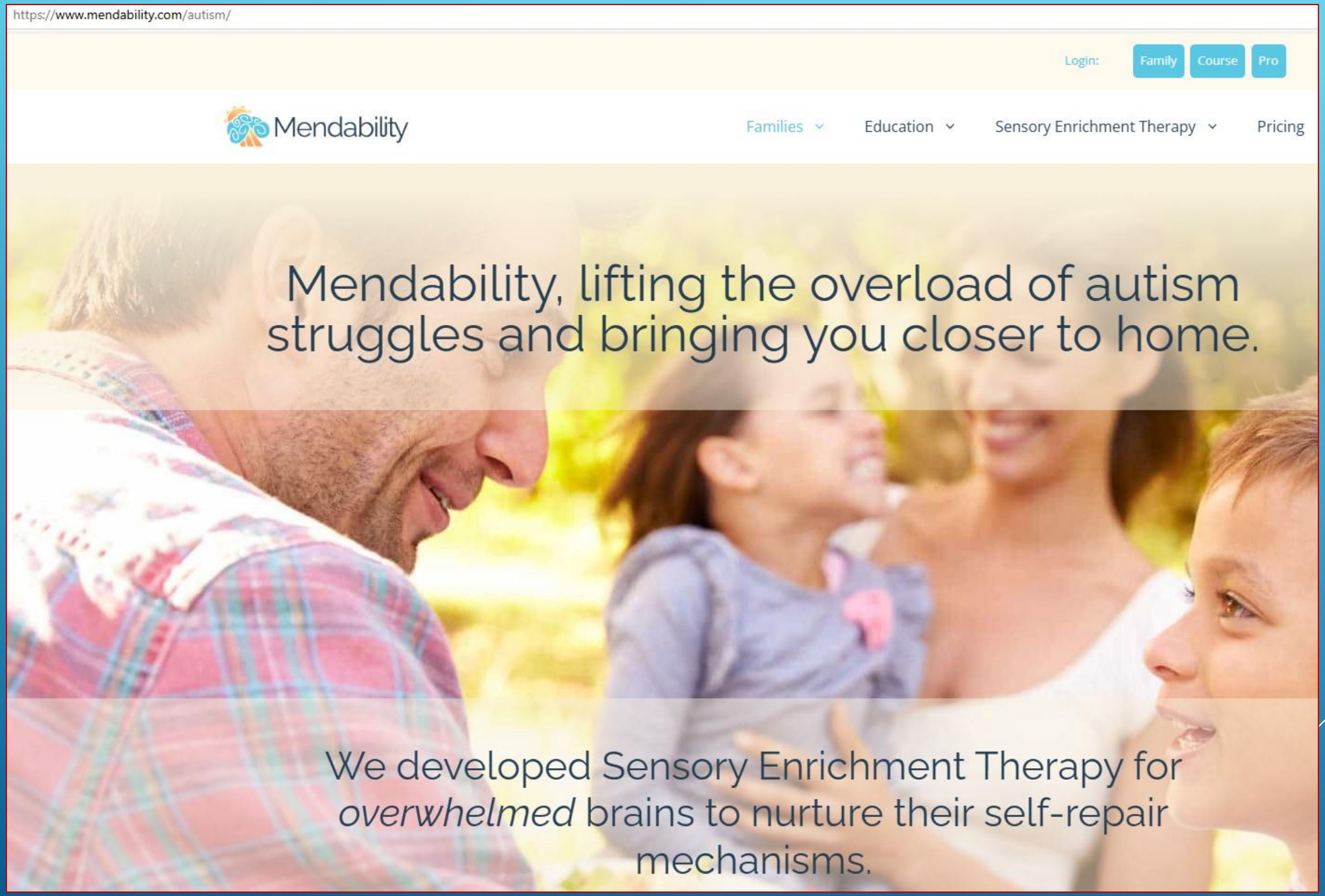
Since **keyboard-ing** is often made into a later goal in OT sessions, using this pad now will prepare them for success at that later stage of motor skill develop-ment.

One adolescent (age 15-ish), wearing noise-blocking headphones, used the spelling board to say:
"Sensory stimuli assault my body constantly. These brushes help me to feel my hands."



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."



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

Sensory Enrichment Therapy (SET)

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

Environmental Enrichment Therapy for Autism: Outcomes with Increased Access

Eyal Aronoff [1], Robert Hillyer [1], Michael Leon [2,*]

▸ Author information ▸ Article notes ▸ Copyright and License information

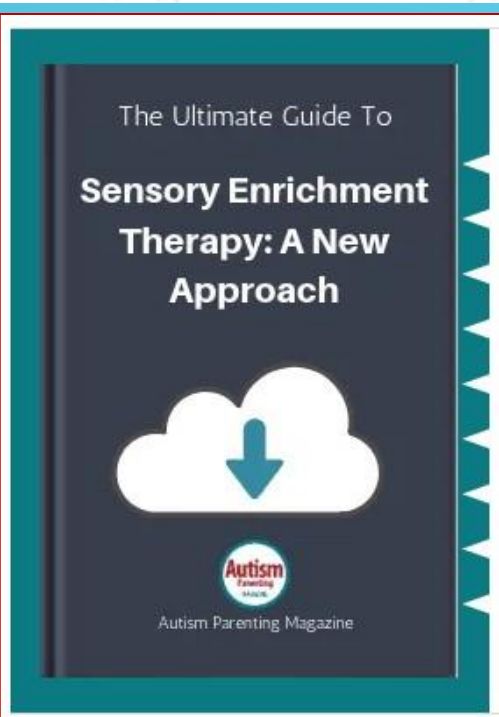
PMCID: PMC5046013 PMID: 27721995

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

Abstract

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

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



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Sensory Enrichment Therapy: A New Approach

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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.

Structured Sensory Enrichment Therapy: Individual programs

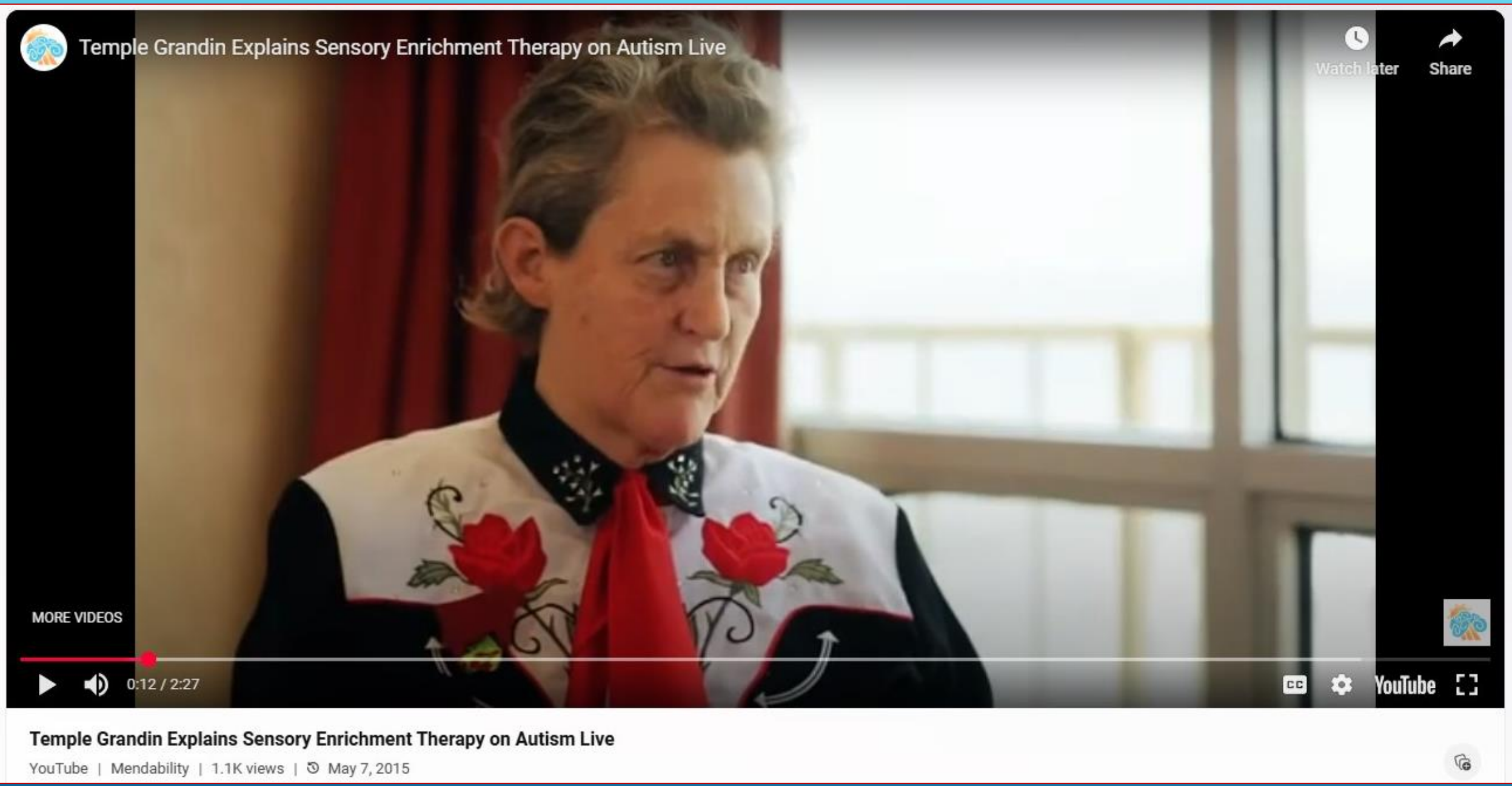
Structured SET involves more than just good sensory ideas such as those outlined above. To create an individual program, SET begins with an assessment that gives an idea of which areas of the brain to focus on, and therefore which daily sensory enrichment exercises to follow. A set of three or four exercises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



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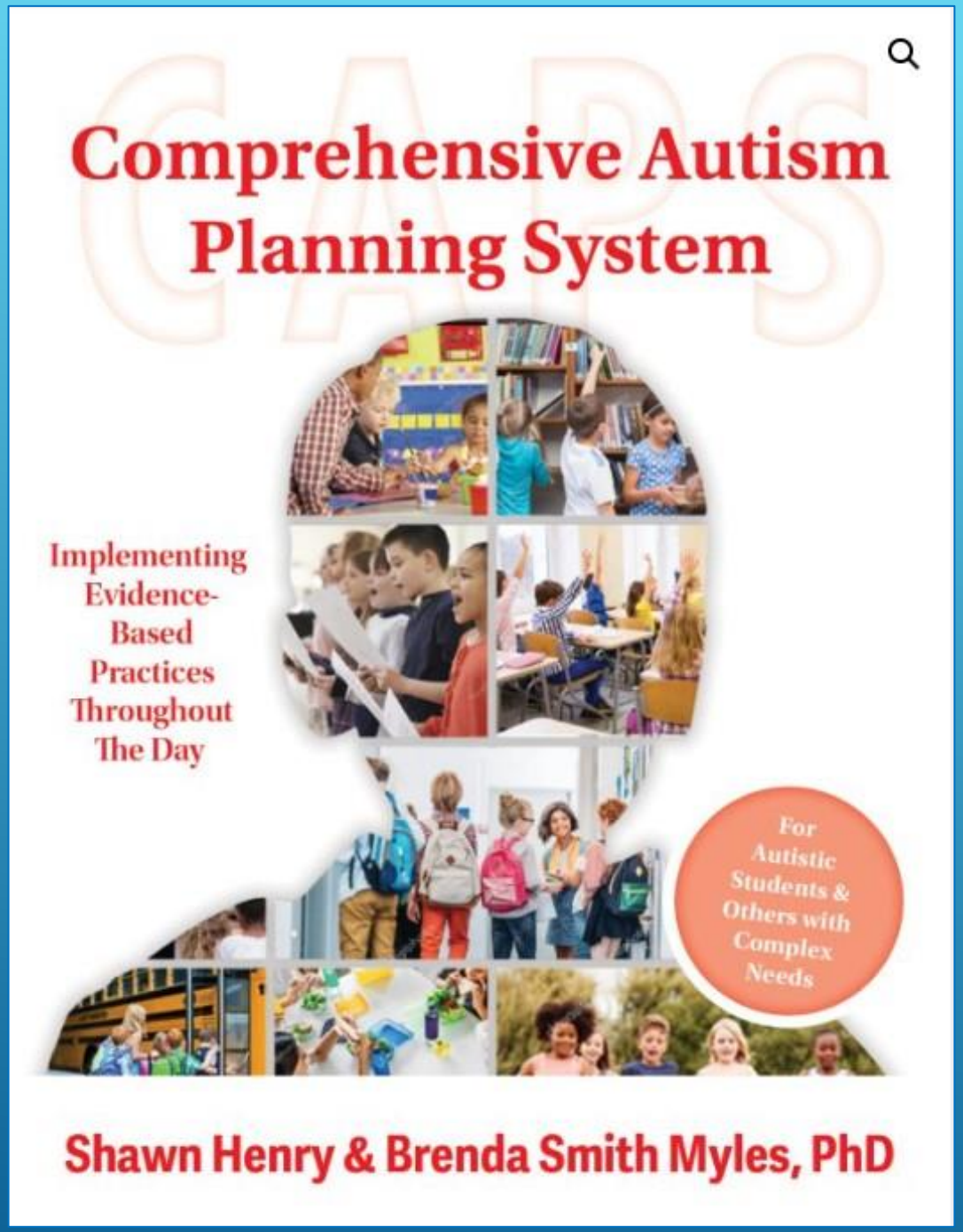
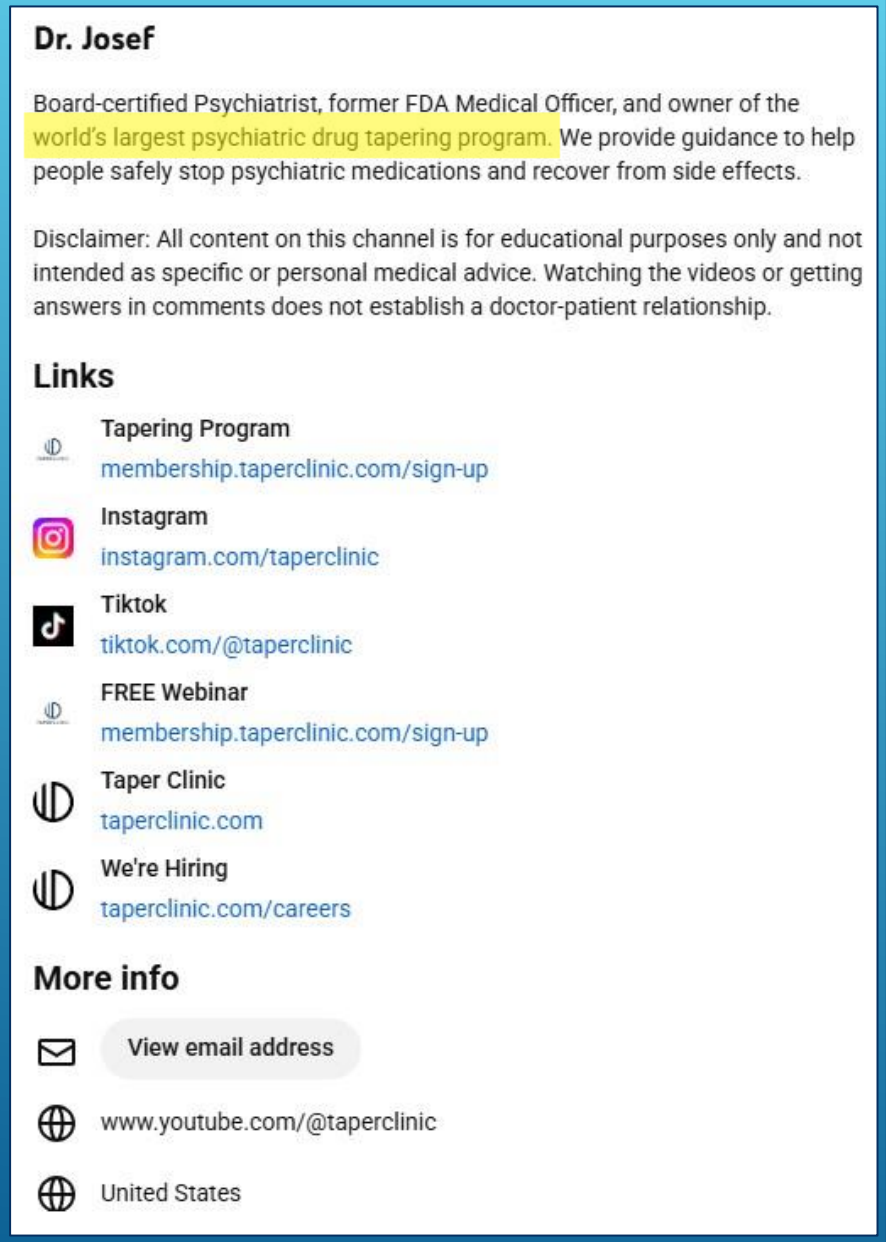

Comprehensive Autism Planning System
Implementing Evidence-Based Practices Throughout The Day
For Autistic Students & Others with Complex Needs
Shawn Henry & Brenda Smith Myles, PhD

Brenda Smith Myles PhD - Shawn Henry - Autism planning system

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

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."



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.

Video: The Journey - Autism and Trauma

Strategies

1. Understand Learning Styles in ASD
2. Control and Choice
3. Be Proactive
4. Structure for independence
5. Build from success
6. Give Affirmations

- 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.

Structure for Independence

WRITTEN

Sheets, Windex & paper towels, Pledge w/ cloths

Sally's Morning Schedule

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

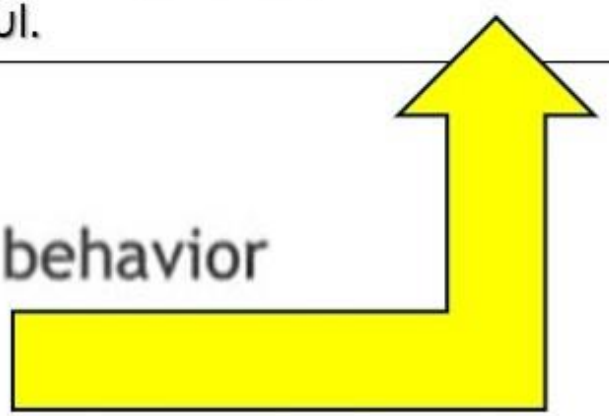
- Allow choices whenever appropriate
- Errorless: At first, make all choices acceptable choices so that they can't make a mistake by choosing the "wrong" one.

"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.

Affirmations

- Research shows it's best to praise kids for effort, not smarts, or even for success. If you're going to praise them for success, be sure to emphasize how great it was that they put in the EFFORT to become successful.



- Affirmations for Kids
  - Positive feedback for positive behavior
  - Positive feedback for success
  - Immediate affirmation (catch them doing good):
    - "You helped your sister set the table, thank you!"
    - "You were frustrated, but you used your coping skill!"
  - Delayed affirmation (if immediate affirmations embarrass them)
    (Or if they're busy & won't really be able to receive the feedback until later)
  - I am: _____

Emotions

I have feelings & I know you too have feelings.

I may not respond the same as you to situations but that doesn't mean I don't care... I mostly look at situations logically and may not connect a feeling to it

The way you label emotions may be different than mine. This can lead to miscommunications.

I am often VERY perceptive to your emotions and body states. This can become overwhelming at times. Its also confusing if how you act isn't matching up with how I see you.

I am very sensitive especially to those who are "misfits."

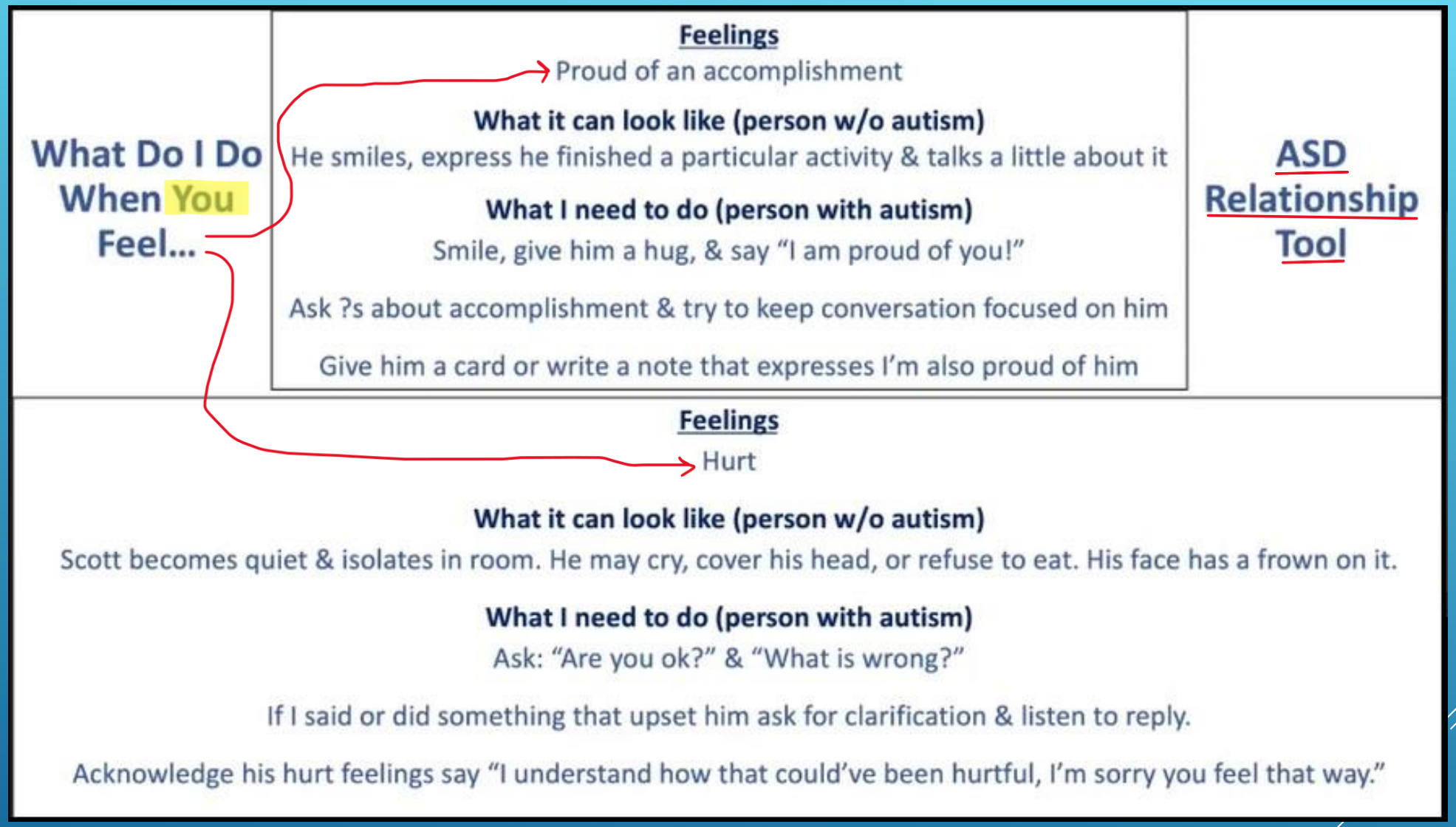
Interoception: This word is a label for all of the ways in which a person experiences internal feelings and sensations:

- The skin on my face and on left side of my neck feel sensitive - am I getting sick?
- My stomach's rumbling - am I hungry? Do I have to go to the bathroom?
- My body feels heavy - am I sad?
- I just feel "not right"? – a little disoriented.
- My left hand has fallen asleep.

"I was doing a class for young adults on emotions, on **interoception**, which is your body's internal [sensations]. I asked a young lady, 'Have you ever felt sad?' And she said 'Yes, when my grandfather died.' Then I asked her for another time. 'Yes, when my dog died.' And I asked her for another time. 'When my goldfish died.' And so she was connecting the word 'sad' [only] to somebody dying and not to other situations. It was sad when somebody died, [but she was just parroting the word 'sad' without feeling it. Sad] wasn't the actual experience that she felt in her body, which is so important for people with Autism to learn. **We need to learn what those body experiences are and how to connect them with emotion words, and [then we need to learn] how to express them.**" In that class, then, Kim had to give examples to the girl, like, you can also be sad when you lose your job. Giving those examples for them to begin to understand and make those connections is invaluable.

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

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



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

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.

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism,* by Kimberly Clairy 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 papya 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

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.

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:

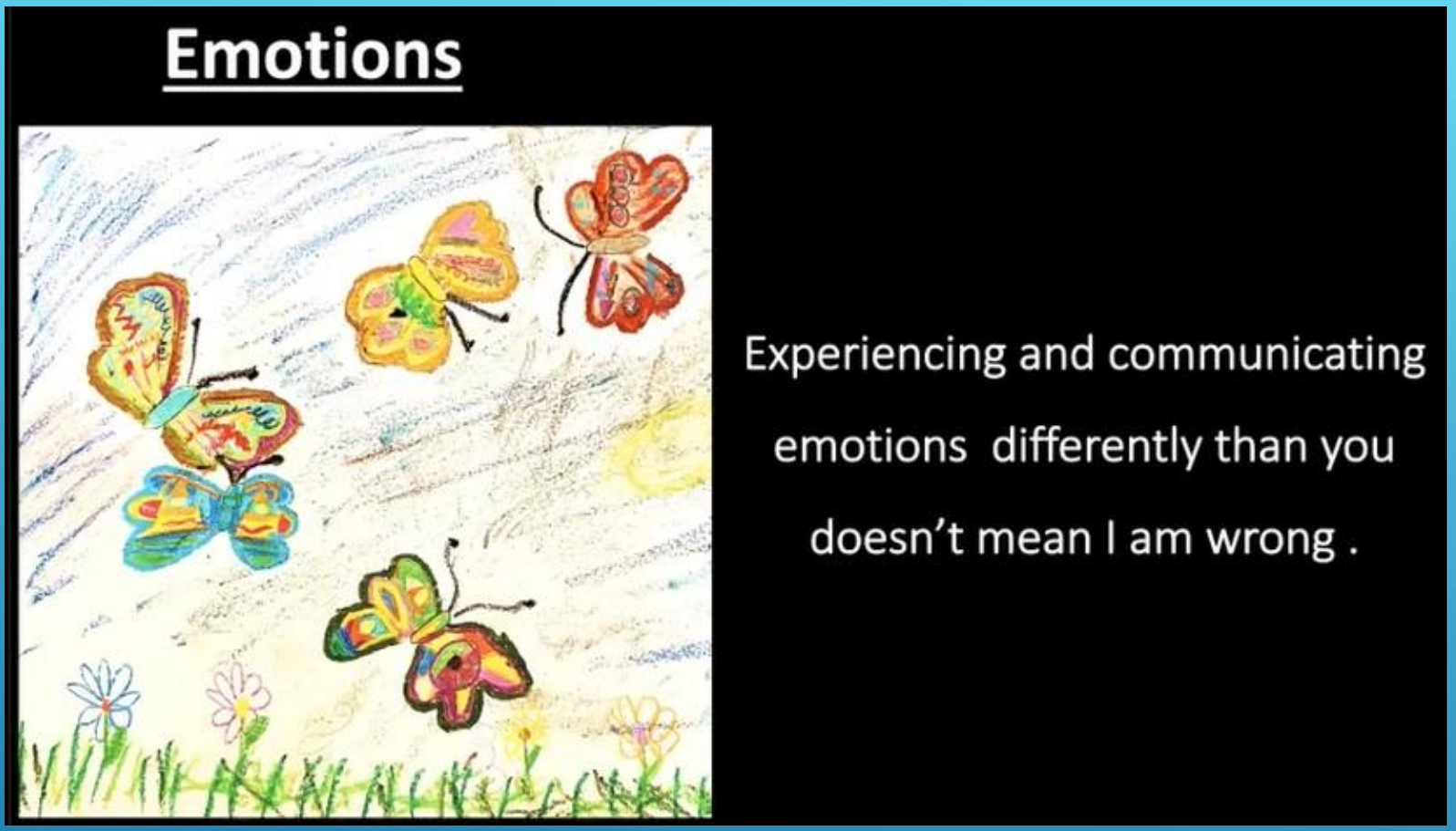
If a 6-I need to be aware that I may need to implement a coping strategy soon so I do not escalate further.

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.

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



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

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

From: A lecture entitled, *Not Just Surviving, But Thriving With Autism,* by Kimberly 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

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

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Interoceptive Awareness Tool

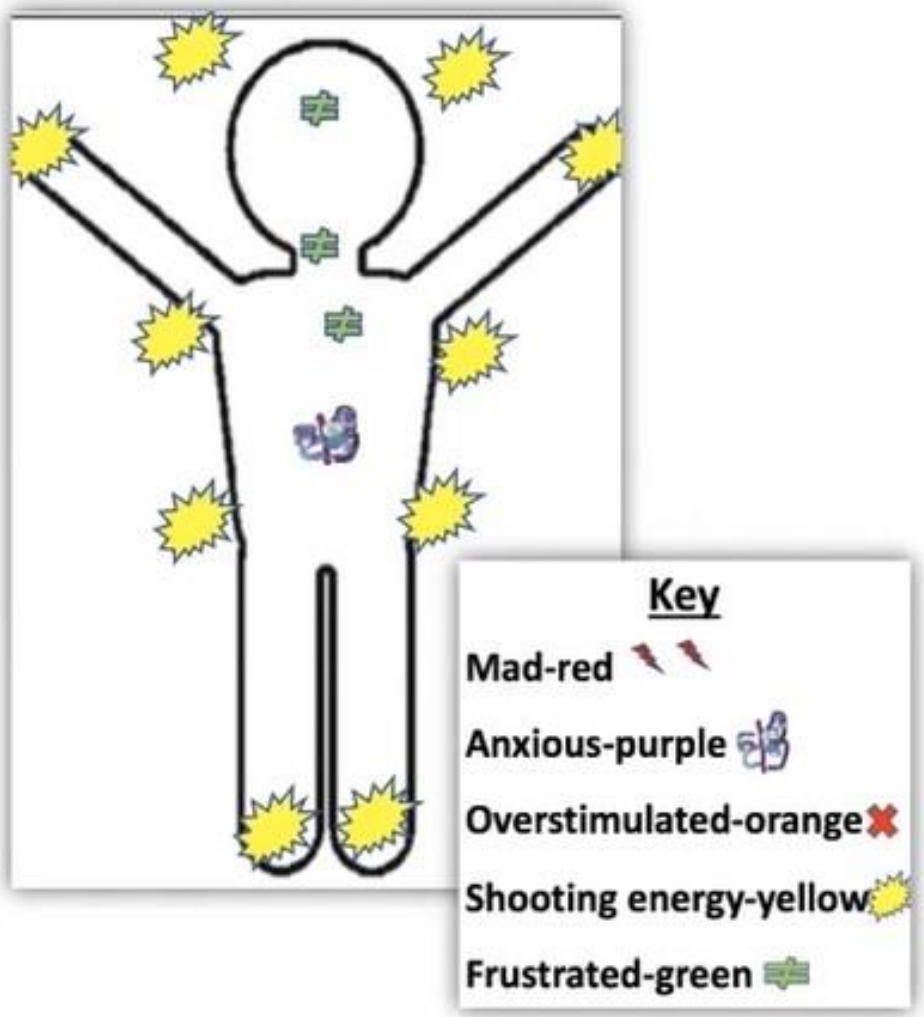
Sensations, Feelings, and Urges:
What they may indicate & how to cope

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.

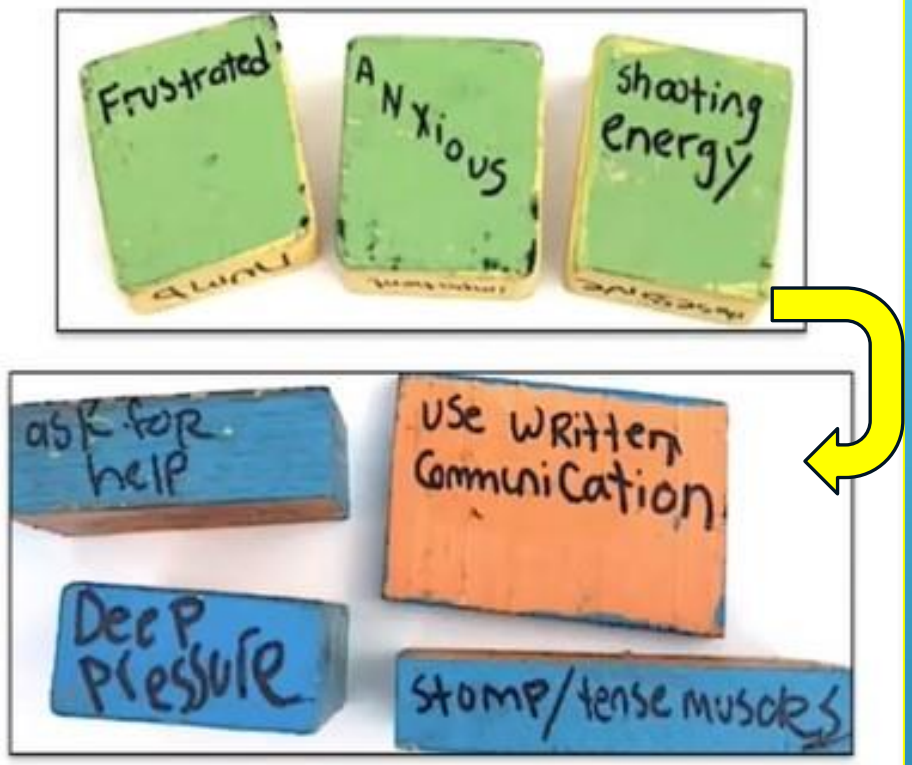
"One of the things that I made to help myself is this **key chain**. And on the key chain, I have different feelings or urges. On the example on the screen, I'll do tummy hurting. I would feel my tummy hurting and your tummy can hurt for tons of different reasons. But I at first was just noting okay, 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 Clairy O.T. (autistic adult) and her husband, William Miller.

Feelings Person



Coping Blocks



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

Number System

What is it?

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How to use:

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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.

Kim Clairy 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.

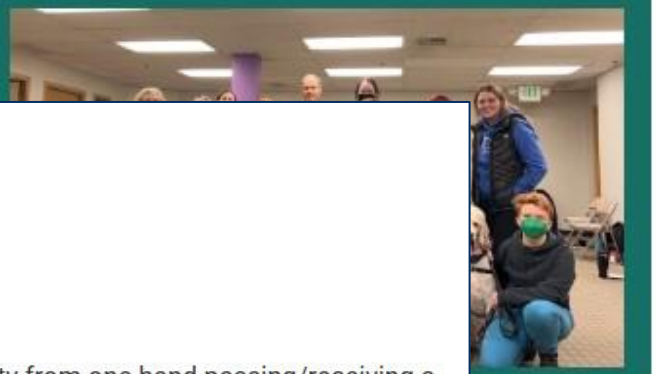
From: A lecture entitled, *Not Just Surviving, But Thriving With Autism,* by Kimberly Clairy O.T. (autistic adult) and her husband, William Miller.

Kimberly Clairy (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."

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

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 Exrcises
- Intermediate Exercises
- Advanced Exercises

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ule

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

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

https://5pointscale.com

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

Dr. Varleisha Gibbs:

Teaches kids the FADS and the JELs:

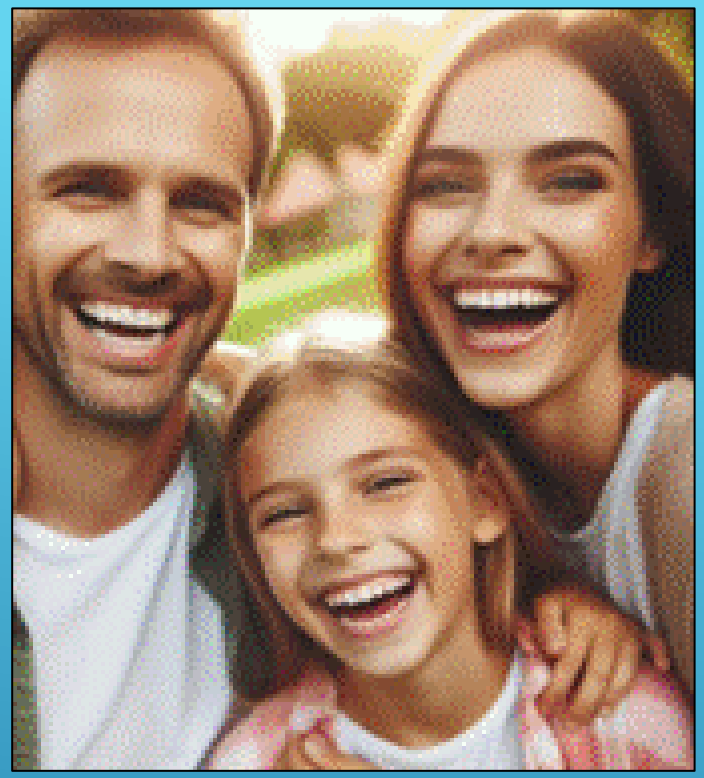
FADS = Fear, Anxiety, Desire, and Sadness: "Say hello to these emotions, and then goodbye" fairly quickly, as these emotions suppress the immune system.

JEL: Joy, Enthusiasm, and Love: "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 …

Laughter

oxygenates

the brain



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)

Oxytocin: It's a neuropeptide hormone produced primarily in the Hypothalamus and released by the posterior pituitary gland. It plays essential roles in social bonding, maternal behaviors, childbirth, sexual reproduction, stress reduction, and wound healing. Basically, it plays a vital role in the experience of close emotional attachments.

🌿 Health Benefits of Oxytocin

Oxytocin influences the body and brain in multiple beneficial ways:

🧠 Mental & Emotional Health:

- ✓ **Enhances emotional bonding** (especially between mother and infant or between romantic partners)
- ✓ **Reduces stress and anxiety** (lowers cortisol levels)
- ✓ **Improves trust and empathy** in social interactions
- ✓ **Supports emotional resilience** and reduces symptoms of depression (in some cases)

❤️‍🩹 Physical Health:

- ✓ **Facilitates childbirth** by stimulating uterine contractions
- ✓ **Supports breastfeeding** through the milk ejection reflex
- ✓ **Accelerates wound healing** via anti-inflammatory effects
- ✓ **Lowers blood pressure** through vasodilation
- ✓ **May improve heart health** by reducing stress and promoting parasympathetic activity

🧬 Possible Additional Effects (still being researched):

- ✓ May play a role in **autism spectrum disorders** and improving social function
- ✓ Investigated for **PTSD treatment**
- ✓ May help with **addiction recovery** by reducing withdrawal anxiety and cravings
- ✓ Can influence **dietary behavior and satiety**

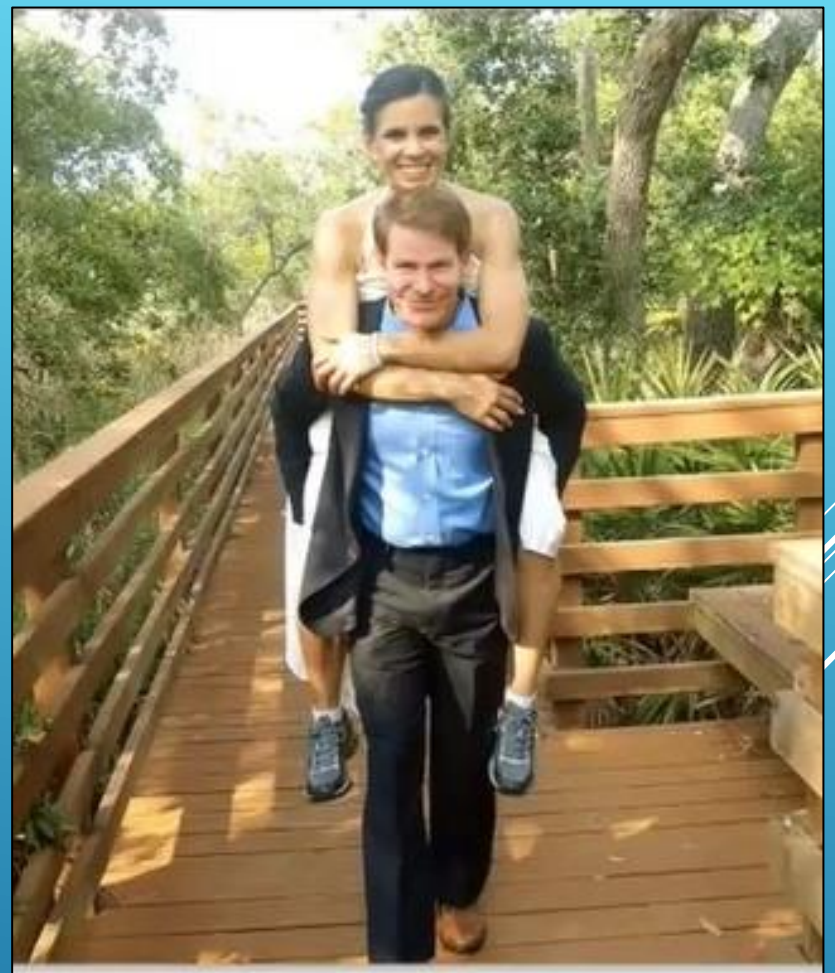
Asking an autistic person to rate their pain using the traditional 10-point pain scale might be too confusing, especially for a child with autism. Without clear ideas about what each number means, individuals can easily become overwhelmed. Using a 5-point scale can simplify the 10-point system, while 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 be become predictable and reassuring during follow up visits.

https://5pointscale.com

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

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



Website: www.Kimclairy.com
Email: kjclucy@gmail.com

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

https://5pointscale.com/blog.html

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.

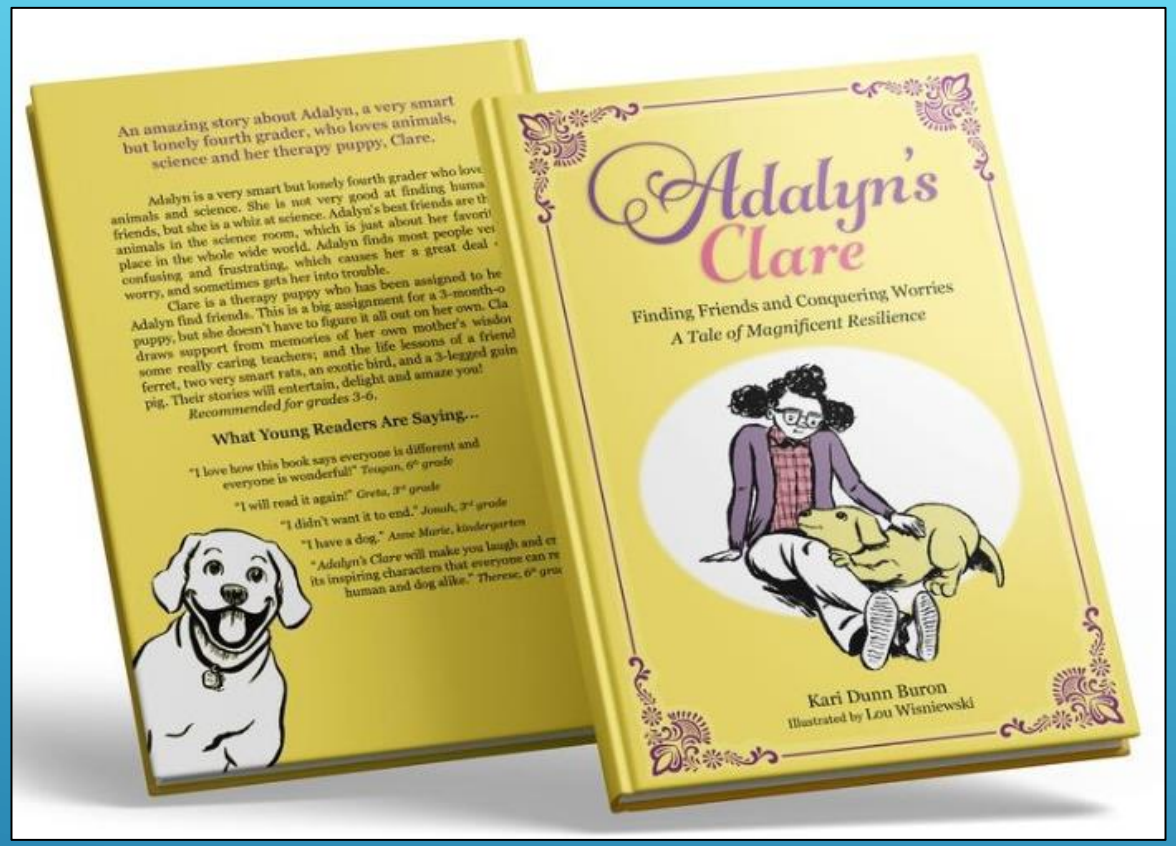
The 5-point scale is based on Simon Baron Cohen's learning theory of Hyper-systemized learning preference (suggesting that most autistic individuals have stronger skills in the use and understanding of systems versus learning through social/emotional language). Teachers and parents typically use social/emotional *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.

The Start of a 5-point scale on getting interrupted

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

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



https://5pointscale.com/blog.html

Adalyn is presented in a straightforward and honest manner, as a girl who is trying to behave as expected while coping with her "worries", but also as one who makes mistakes – sometimes big ones. Clare is a puppy who is learning as well. So, she seeks help from some endearing animals in the science room, who advise her to try to find Adalyn a "pack" of other kids like her that she can relate to. Notably, finding a small group of peers that share interests similar to Adalyn's is not all that difficult, demonstrating one of the author's premises that Adalyn, while different from her peers, share more commonalities with them than differences.

In its short 114 pages, **Adalyn's Clare manages to address almost every common issue that challenges those on the autism spectrum** (as well as many other children in general) – tolerating social and behavioral differences; bullying; maintaining self-control; the balance between independence and seeking help; and even how to handle verbal threats in the age of "zero tolerance". The book even reveals the contrast between insightful and insensitive teachers for the purpose of emphasizing the importance of sensitivity in both adults and students. By so doing the author skillfully and nonjudgmentally underscores the importance of opening oneself up to new knowledge, becoming more compassionate, and admitting one's mistakes.

Peter Vermeulen – ASD Resources

https://autismincontext.be -

Look on this website for Downloads, one of which is the **Autism Good Feeling Questionnaire** … a very important tool in helping parents and professionals to identify strengths and specific behaviors that can be used as rewards, as go-to activities for self-regulation, etc.

If you are **a person on the autism spectrum** and you want to read more about a H.A.P.P.Y.® plan for you: [What is H.A.P.P.Y. ®?]

Click on this link

https://petervermeulen.be/the-h-a-p-p-y-programme.eng/

H.A.P.P.Y.

Happiness in Autism Personal Project for Young people

"Brilliant project – a simple idea framed in a simple way."

Person on the autism spectrum who participated in the H.A.P.P.Y project.

"It is evident that the H.A.P.P.Y.® Program is driven by a genuine commitment to prioritizing the happiness and overall well-being of individuals with autism, and I commend Peter for his dedication to this cause."

— Mysa, mother of an autistic child

H.A.P.P.Y.® is a programme that results in an **autism friendly and personalized workbook** for a *young* (between 0 and 99 years…) person on the autism spectrum with suggestions for activities that are concretisations of 10 evidence based wellbeing strategies.

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Kelly Mahler

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Hi, I'm Kelly Mahler – Interoception Groupie and Occupational Therapist

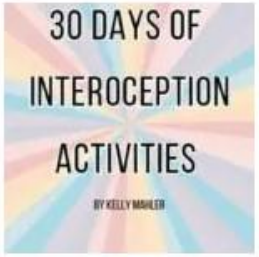
I teach professionals, caregivers and self-helpers how to use evidence-based supports that facilitate discovery and validation of each person's unique interoception experience which in turn empowers people with self-understanding, self-regulation, health, well-being and social connection.

Through my award-winning resources (including The Interoception Curriculum® and Interoception Activity Cards®), thriving Facebook community and top-ranked live online trainings, I provide practical and confidence building resources for over 180,000 professionals, caregivers & self-helpers.

READ KELLY'S STORY

See next two slides for examples of free, downloadable resources when you provide Kelly with your email address.

https://www.kelly-mahler.com



Activity Booklet

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Compliance Based Approach vs Interoception Based-Approach

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Clues of IA Extremes (not exhaustive nor prescriptive)

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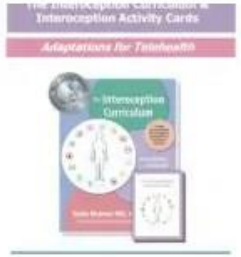

The Interoception Curriculum & Activity Cards in Telehealth

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Good stuff!!

Interoception Daily Activity List

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Interoception Reference List

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The Vast Influence of Interoception

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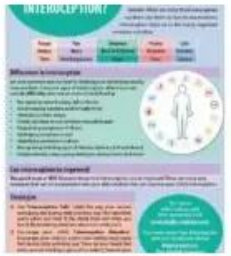

What is Interoception Handout

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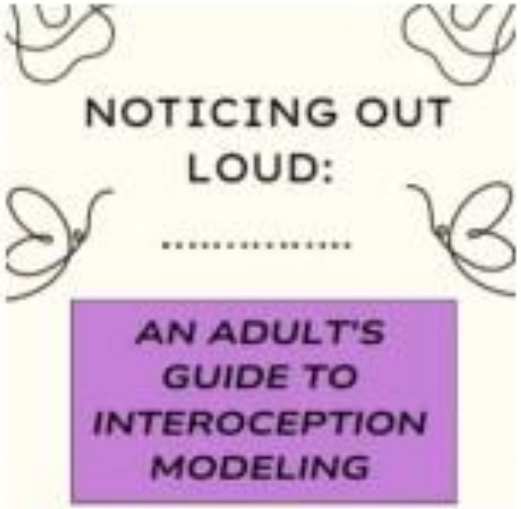

Noticing Out Loud: An Adult's Guide to Interoception Modeling

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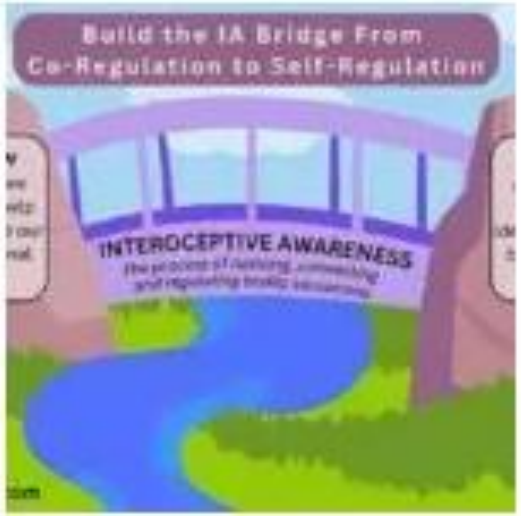

Build the IA Bridge From Co-Regulation to Self-Regulation

DOWNLOAD NOW

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.

https://autismincontext.be/browse/downloads/autism-good-feeling-questionnaire-english

Dr. Temple Grandin: "One big problem I'm seeing with young adults is video game addiction. Let me tell you what you do with video game addiction: Car mechanics. At a recent conference I heard of an adult video game addict who discovered that cars are much more interesting … actually, that *fixing* cars is much more interesting than video games. If we don't expose ASD and AD/HD kids to these things, how can they know if they like it?"

The principle here is that as enthralled as kids get with the high-end graphics of video games these days, there's still hope … *IF* parents are willing to keep trying to hook them into something MORE interesting; and in order to do that, it's a trial-and-error process. The key is to keep trying to expose them to other, pro-social, life-skill-based, intriguing activities that they've never tried before.

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!"

Sensory Blindness: *(Some research shows that ASD kids don't hear voices as being noteworthy!):*

Anxiety and sensory overload can create what Emile Gouws PhD calls, "Sensory Blindness" or the inability to notice and process certain sensory input. As a toddler, Emile experienced the "Flight" part of the Sympathetic Nervous System's Flock/Fight/Flight/Freeze/Fawn response and therefore didn't/couldn't pay attention to visual and/or auditory data. This "Sensory Blindness" also affected his working memory, as evidenced by how he couldn't remember people's faces in connection with their names, nor was he able to retain information being taught later in his early elementary years. Note: Anyone experiencing a trauma of any kind will naturally struggle with working memory to one degree or another as adrenaline and cortisol are the stress hormones that move a person from being in a learning and information-retention mode into a survival and self-protection mode. When ASD people are experiencing chronically high levels of anxiety and stress related to:

- Sensory overload,
- Emotional abuse by others who are mishandling their symptoms (whether that be family members, peers, school personnel, doctors, or other adults),
- Not having age-appropriate coping- and problem-solving skills,
- Not being able to feel understood due to a lack of adequate verbal communication, and
- Constantly being expected to replace their preferred routines with "normal" behaviors, etc. …

… all of these factors combine to create a perfect storm of frustration, resulting in:

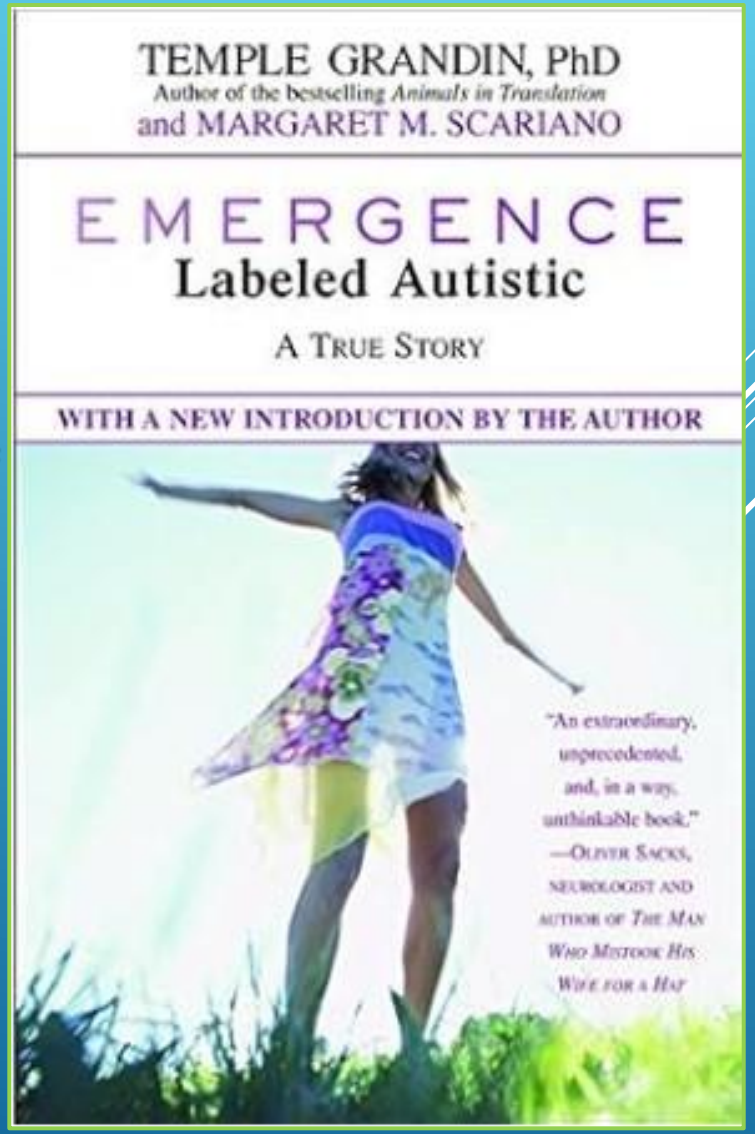
- Emotional dysregulation
- Fear about facing the same stressors again, which only reinforces their resistance and desire to withdraw.

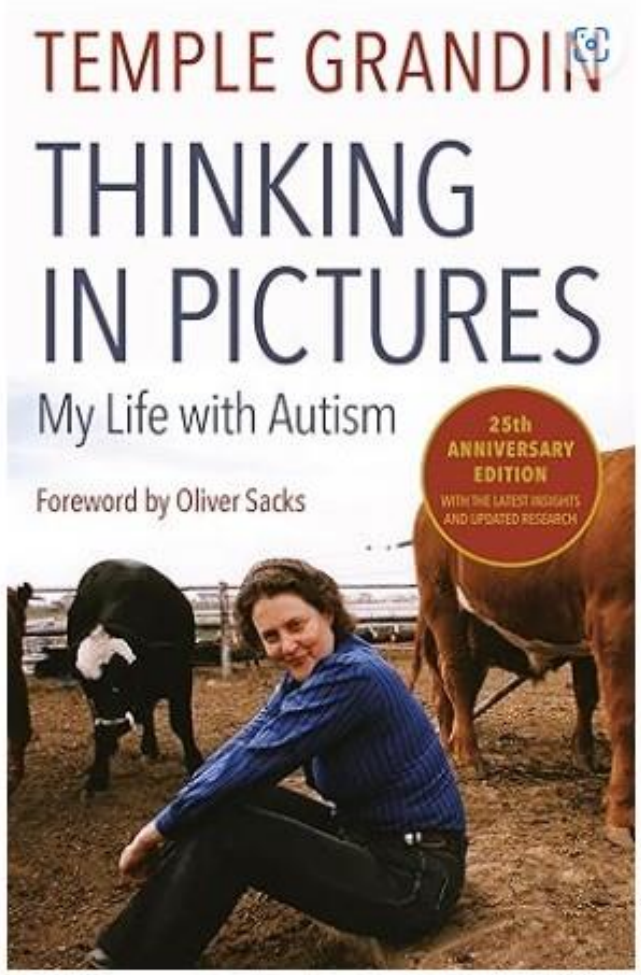
"Help ASD people to build the capacity to adjust and think on their feet in situations where they don't know what to do or know what the rules are" (Emile Gouws PhD):

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

Dr. Temple Grandin:

- She was non-verbal until age 3.5 - she was fortunate to receive early speech therapy.
- Her teachers taught her how to wait and take turns through playing board games.
- She was mainstreamed into a normal Kindergarten at age 5.
- Today she is a professor of animal science at Colorado State U.
- She was featured on NPR and BBC where she was the focus of a documentary entitled, ***The Woman Who Thinks Like a Cow***.
- Also, she did a TED Talk in 2010.
- HBO made an Emmy Award winning movie about her life entitled, ***Temple Grandin***.
- She was bullied as a child through high school. The only places she thrived were in activities involving horses or model rockets. Today, half of the cattle in the U.S. are handled in facilities she has designed.
- Her book was one of the first, first-person accounts of the experience of Autism vs. clinical books written by psychologists and therapists.
- To this day she can't follow rapid chit-chat conversations taking place between two or more people … she simply gets lost/can't keep up.
- "The worst thing you can do with a three-year-old that's not talking, regardless of the diagnosis, is to do nothing. Don't let them sit in the corner and zone-out on electronics. You have to get someone working with them."
- "Don't get label-locked. Parents need to look at the whole child."
- "A lot of people working in Silicon Valley are autistic."





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

Illustrated, January 10, 2006

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

4.7 ★★★★½ 1,761 ratings

Teachers' pick

See all formats and editions

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

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

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

Report an issue with this product or seller

Print length	Language	Publisher	Publication date	Dimensions
270 pages	English	Vintage	January 10, 2006	7.9 x 5.1 x 0.7 inches

Therapeutic device designed to calm hypersensitive individuals:

A **squeezing machine**, also known as a **hug machine** or **squeeze box**, is a therapeutic device designed to **calm hypersensitive individuals, especially autistic individuals**. It provides **deep pressure stimulation**, allowing the individual to control the amount of pressure and find relief from sensory processing difficulties. The **Temple Grandin "squeeze machine"** was developed by an autistic teenager and is now used by many individuals.

From Temple Grandin: "Using my squeezing machine helps desensitize me because I control that. That's important. And then I got to where I could like hugging people, because I got desensitized, whereas it used to be that if you touched me, I'd pull away. Being able to control, that is helpful."

Sensory Integration: An Evidence-Based Intervention:

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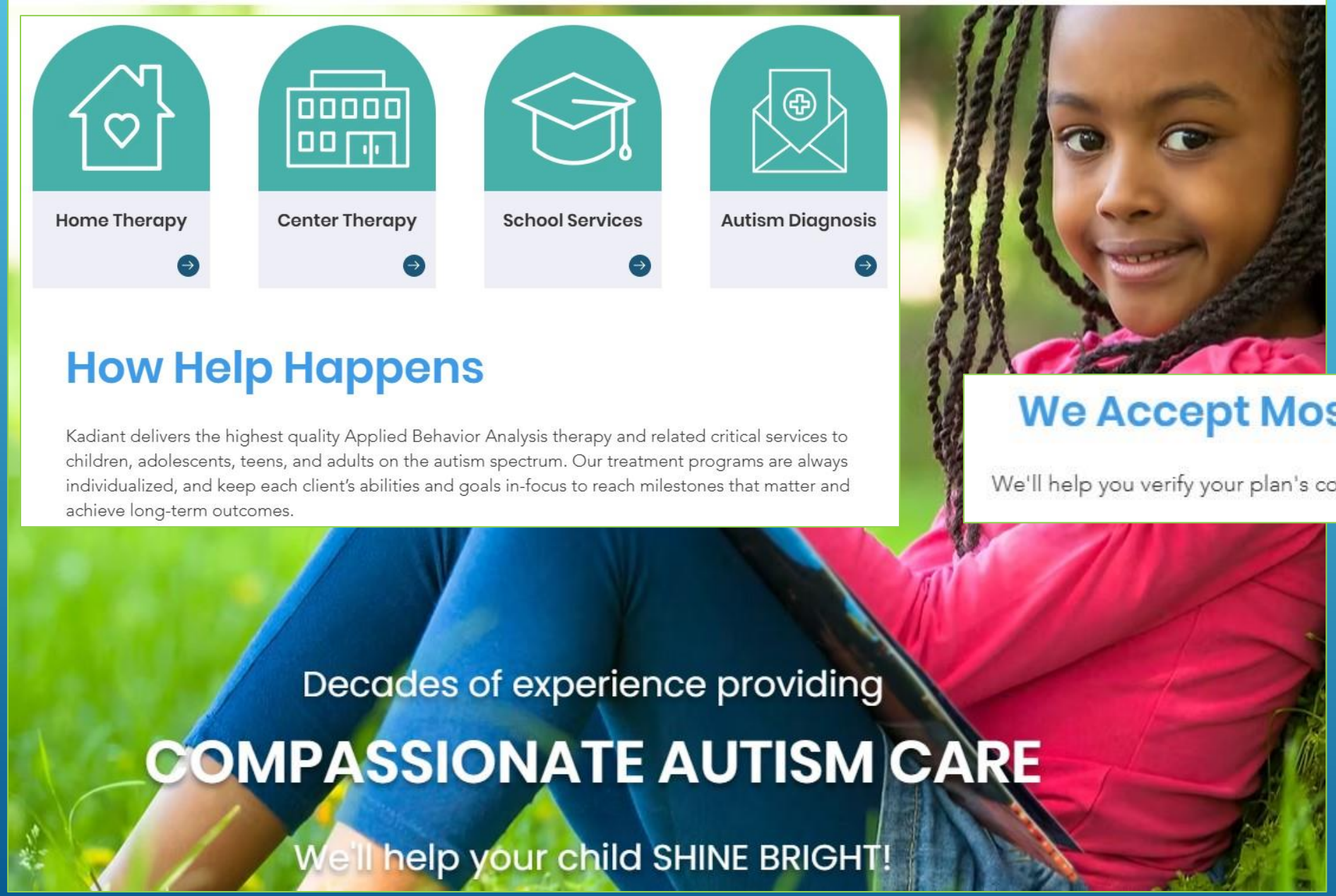

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https://vestibular.org/article/diagnosis-treatment/treatments/vestibular-rehabilitation-therapy-vrt/

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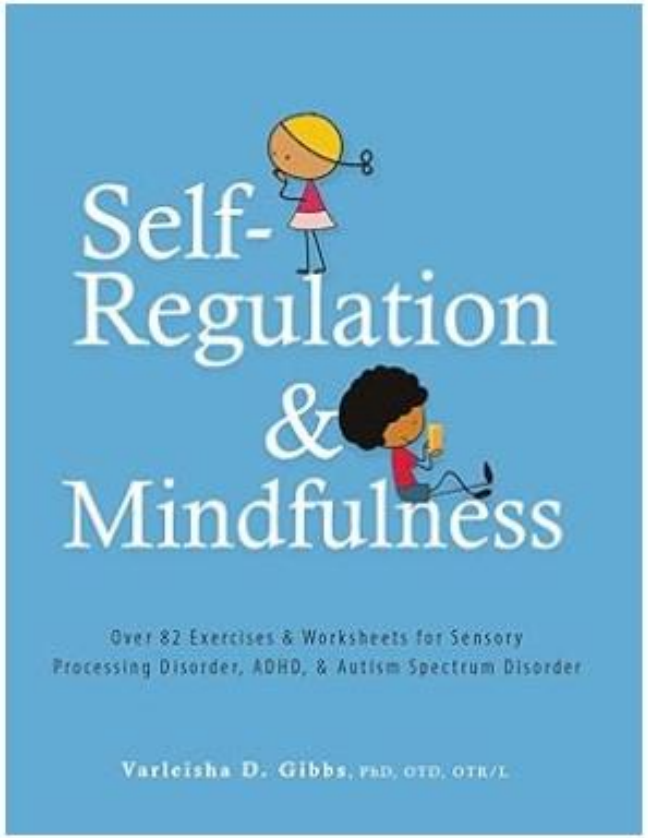
VESTIBULAR REHABILITATION THERAPY (VRT)

VIEW THIS SECTION'S ARTICLES

Diagnosis & Treatment | Treatments | Vestibular Rehabilitation Therapy (VRT)

ARTICLE SUMMARY

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



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Varleisha Gibbs — Follow

Self-Regulation and Mindfulness: Over 82 Exercises & Worksheets for Sensory Processing Disorder, ADHD, & Autism Spectrum Disorder

Paperback – September 21, 2017

by Varleisha Gibbs (Author)

4.5 ★★★★½ 474 ratings — See all formats and editions

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Varleisha Gibbs, PhD, OTD, OTR/L, has created a unique, evidence-based resource for helping children who have trouble **self-regulating, staying focused, managing their senses** and **controlling their emotions.**

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- Vision and Sound Skills
- Movement Coordination
- Inhibition Techniques

Read less

Approaches to Treating Autism

Behavioral Intervention:

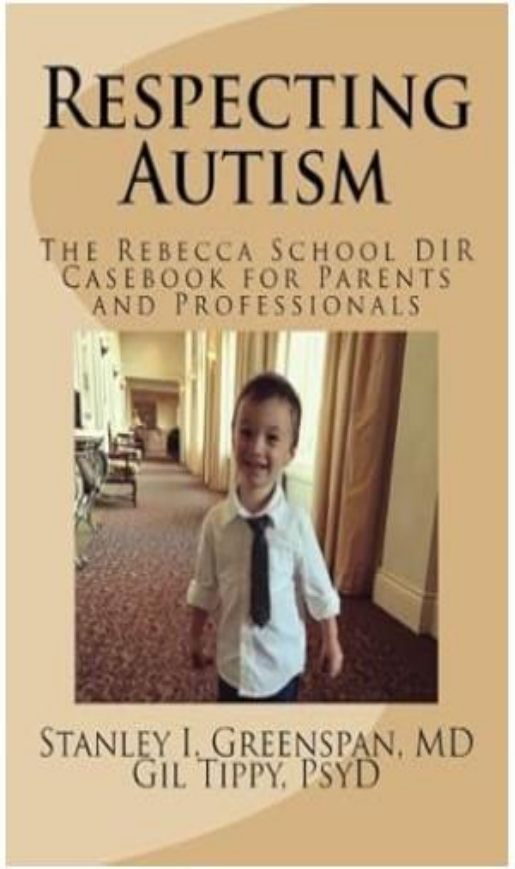
- **ABA (Applied Behavioral Analysis)** – Dr. B.F. Skinner
  - Complaint: ABA relies on reinforcers, conditioning, and other elements from Behaviorism even though ASD children do not have a behavior-based problem.

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.



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

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

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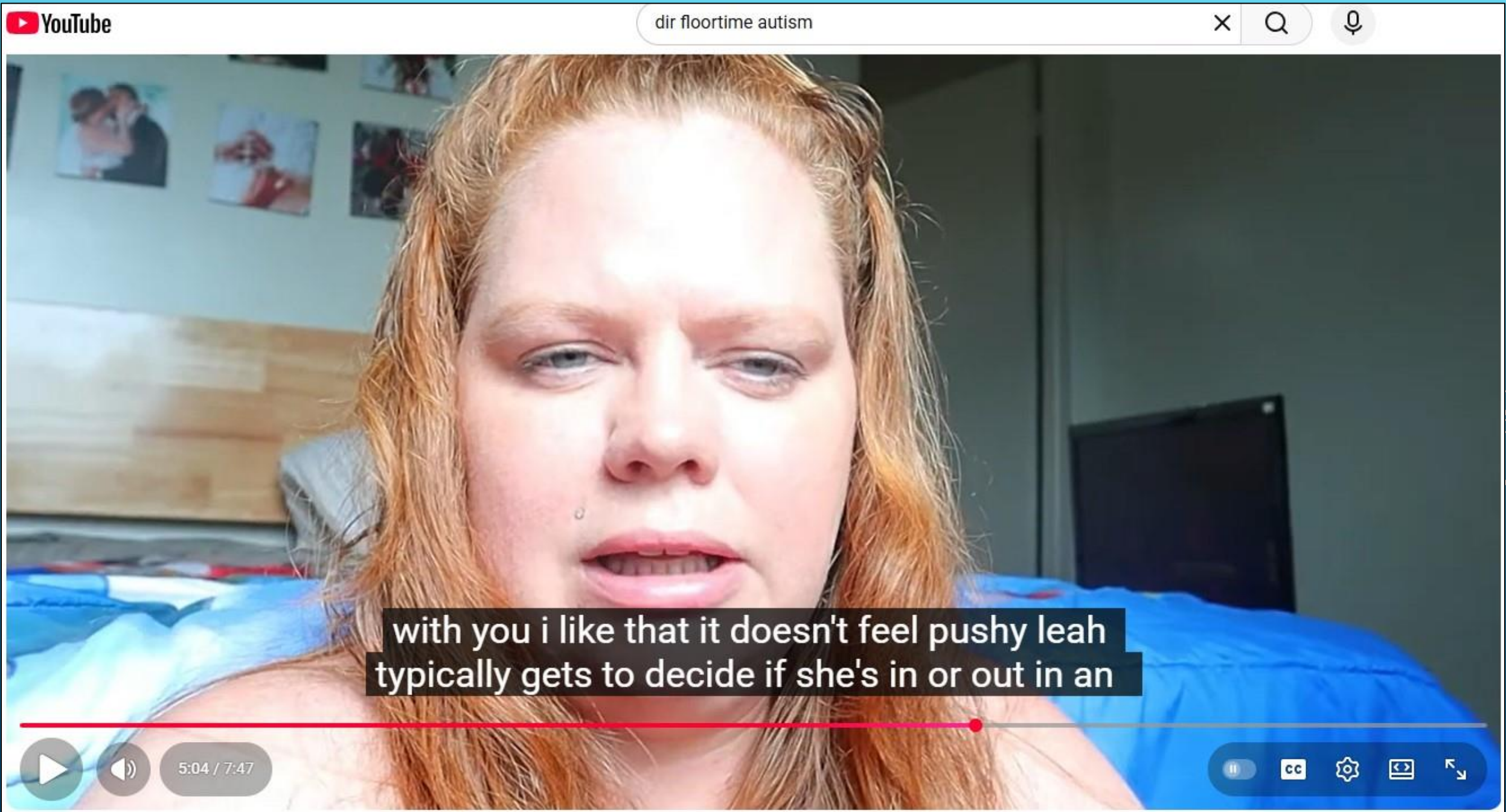
DIRFloortime®: Key Ideas

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

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

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

[redacted] 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. [redacted]



Autism Therapy For Two Year Old/DIR FLOORTIME THERAPY WITH FOOTAGE!

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.

ICDL 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

ICDL 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."

ICDL 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.

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.

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.

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

PESI
2022 Autism Symposium

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

Gil Tippy, PsyD

Play enriched Preschools

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

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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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"].

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."

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:

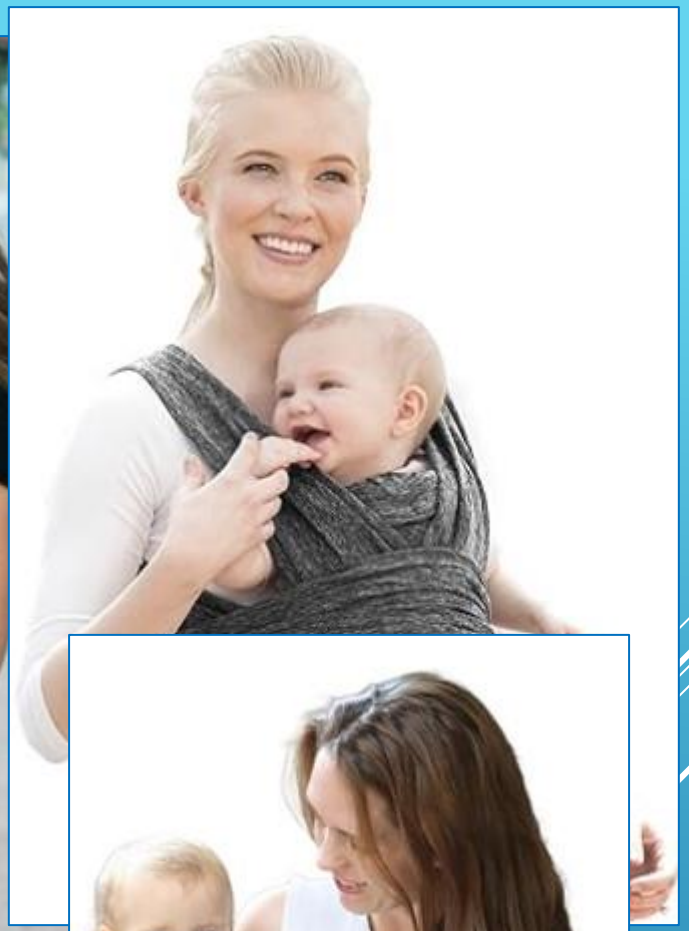
- *"You have to stretch. You don't push them into horrible sensory overload. You stretch just a little bit outside the comfort zone, and give them some CHOICES: 'We can try this, or we can try that.'"*
- *"I have problems with sound sensitivity. One thing that helps with that is sometimes the child can 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 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 is 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 environment from long years of being exposed to them along with the 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 to what degree 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.



= 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"?

https://nationalautismresources.com/the-picture-exchange-communication-system-pecs/

FREE U.S. SHIPPING ON ORDERS OVER $89 (Excludes items with truck symbol, AK & HI)

NATIONAL Autism Resources

Search Our Store

877-249-2393

Teaching Toys & Gifts Calming Sensory & OT Resources

The Picture Exchange Communication System (PECS®)

What is PECS?

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

Shop All Picture Communication Visual Supports ››

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

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

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

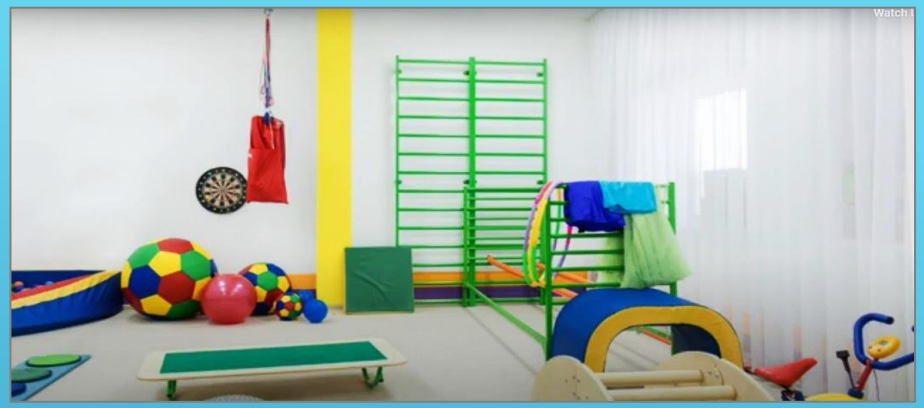
Noise-Blocking Headphones:

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

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

CLASI

Partnership | Scholarship | Mentorship



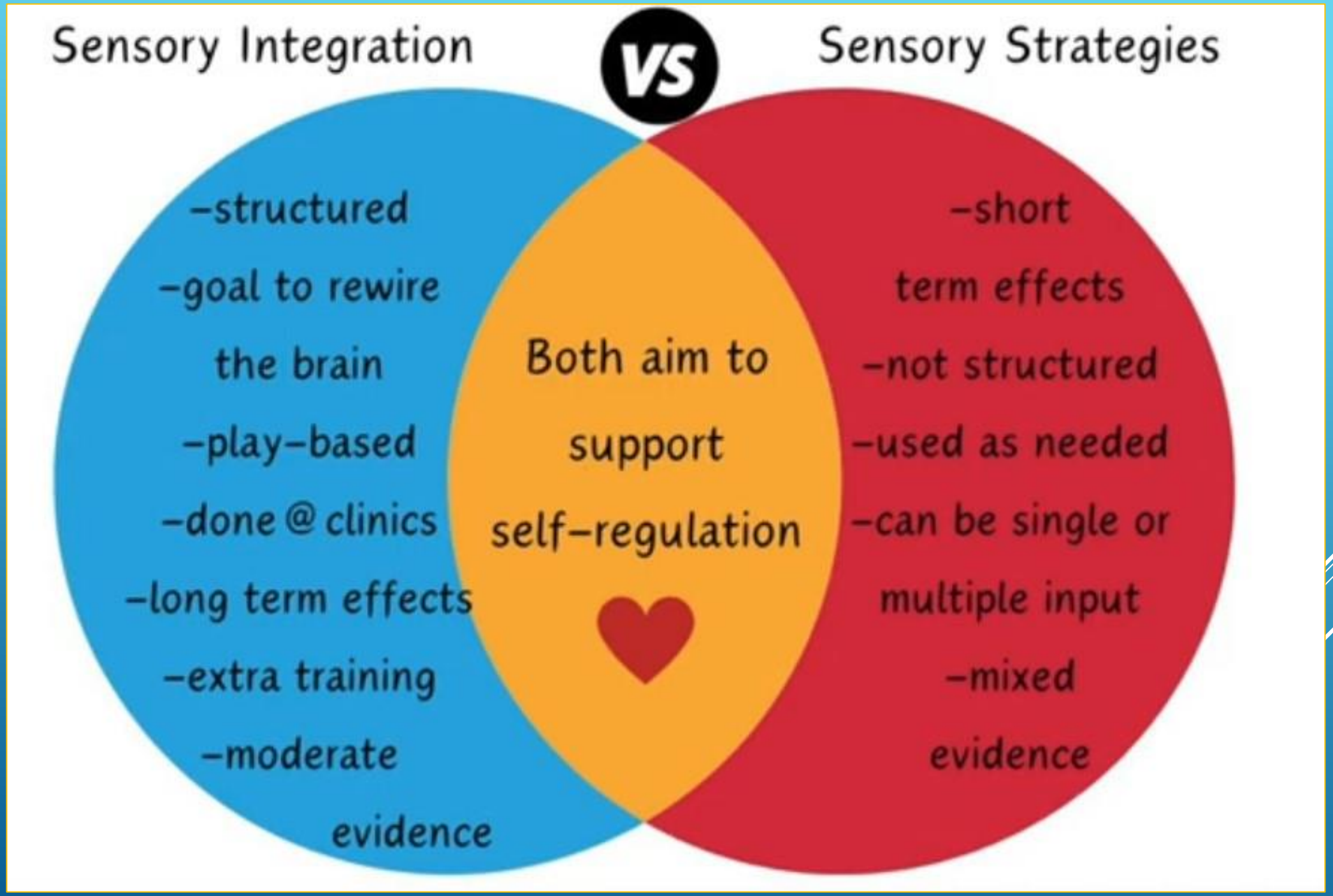
About Ayres Sensory Integration®

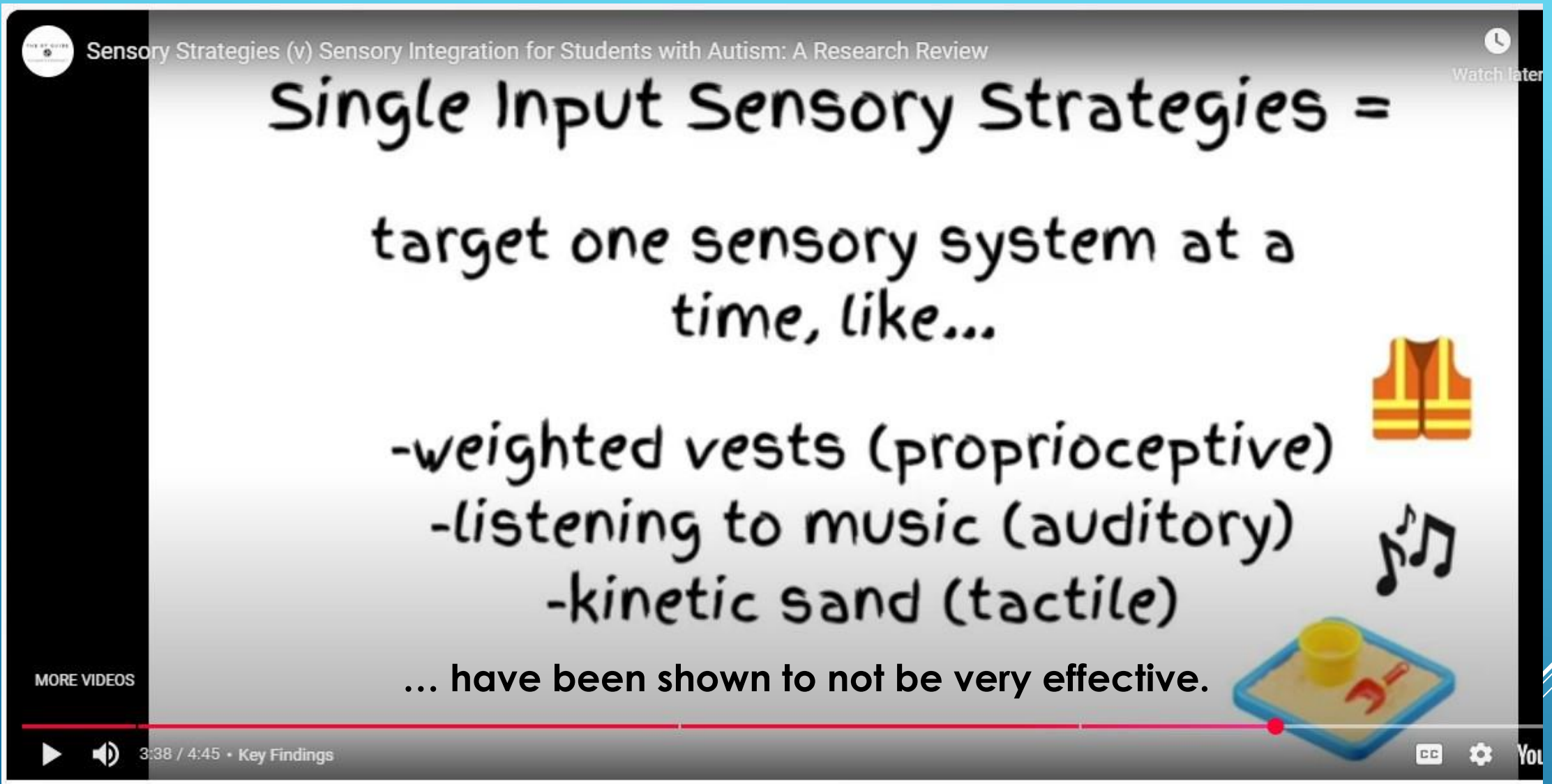
https://www.cl-asi.org/about-ayres-sensory-integration

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

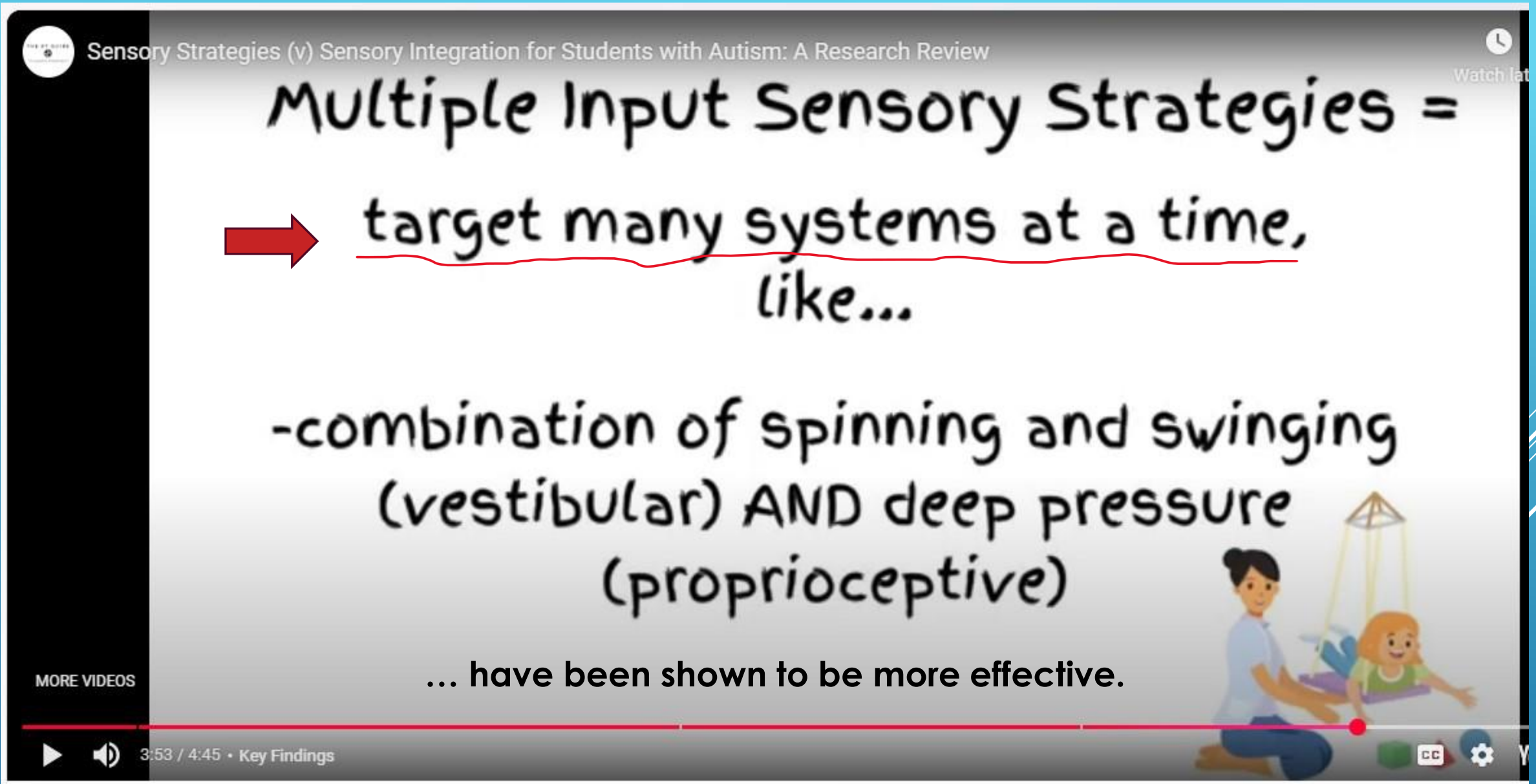
Ayres Sensory Integration® (ASI) is a well-established and growing area of therapeutic practice with applications in various settings including the home, school, and community. Developed by A. Jean Ayres, PhD, OTR, FAOTA, an occupational therapist, psychologist, and neuroscientist, this framework was 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.


Sensory Integration
VS
Sensory Strategies
-structured
-goal to rewire the brain
-play-based
-done @ clinics
-long term effects
-extra training
-moderate evidence
Both aim to support self-regulation
-short term effects
-not structured
-used as needed
-can be single or multiple input
-mixed evidence



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.


Sensory Strategies (v) Sensory Integration for Students with Autism: A Research Review
Watch lat
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
CC
Sensory Strategies (v) Sensory Integration for Students with Autism: A Research Review

Appendix B

Sensory Integration Assessment Tools

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

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

A Guide to Sensory Integration Problems

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

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

Appendix C

Sensory Integration Clinical Activities

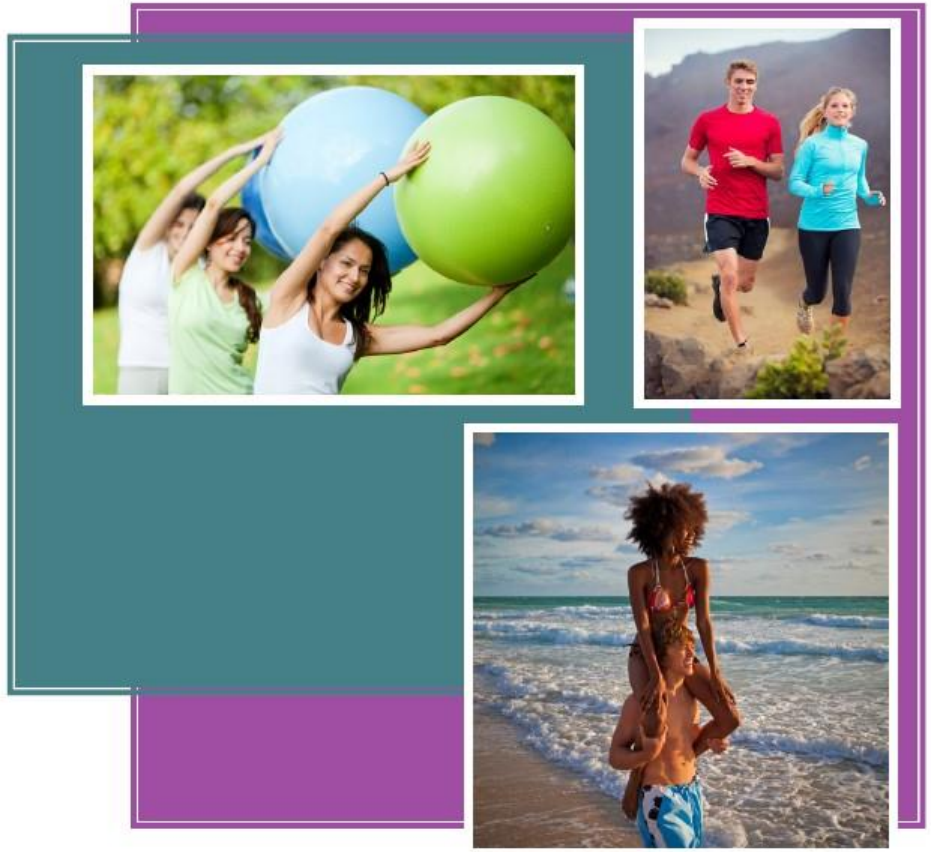
Activity	Description
Cranio-sacral therapy and myofascial release therapy	May be used for self-regulation, arousal, and increased postural mobility. A session may start with 10-20 minutes of work to organize the client and establish a functional arousal state.
Deep touch pressure	May be used alone using 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



A Guide to *Sensory Integration* for Adolescents and Young Adults

By Miranda W. Wilson, OTS
&
Teresa A. May-Benson, ScD, OTR/L, FAOTA

Spiral foundation

Spiral foundation

"How do I know?" Checklist

__ 1. Difficulty focusing attention or over-focused and unable to shift to the next task

__ 2. Low muscle tone; tends to lean on arms or slumps when sitting

__ 3. Difficulty learning new motor tasks (a new dance, sport or exercise activity, how to drive)

__ 4. Reverse numbers and letters, has trouble spacing them, or processes them backwards

__ 5. Difficulty learning the "proper" typing method

__ 6. Breaks pencils frequently or writes with heavy pressure

__ 7. Motion sickness (from car, airplane, amusement park rides, etc.)

__ 8. Difficulty paying attention, following instructions, or following a conversation

__ 9. Dislikes changes in routine; difficulty with transitions from one activity to another

__ 10. Difficulty seeking out and maintaining relationships; may prefer solitary activities over group participation

__ 11. High energy, hyperactive, restless when sitting through class or a movie

__ 12. Dislikes showers, hugs, haircuts and/or hair brushing

__ 13. Overly sensitive to touch, taste, sounds or odors

__ 14. Prefers sedentary tasks (avoids sports or physical activities)

__ 15. "Thrill seeker" (loves fast and/or dangerous activities, sports, and rides)

__ 16. Difficulty making decisions

__ 17. Limited diet (avoids foods of certain textures or flavors)

__ 18. Attached to comfort objects (i.e. favorite blanket, stuffed animal)

__ 19. Avoids crowded places such as movie theatres, sporting events, concerts, etc.

__ 20. Loves crunchy or spicy/flavorful foods

**Note: People with sensory processing disorder show many different signs and have different challenges. This list shows some common behaviors but is not comprehensive.

hopebridge
Autism Therapy Centers

Location	Center Hours	Phone
1001 Ford Cir, Suite A, Milford, OH 45150	Monday – Friday | 8:30am-6pm	(513) 831-2578

Autism Testing & Diagnosis*

Early identification of autism is the first step to effective intervention. Hopebridge provides autism testing, as well as ABA, OT and speech evaluations to get the answers your family needs to set the stage at a young age.

ABA Therapy

Applied Behavior Analysis is the basis of Hopebridge's comprehensive 1-on-1 therapy. By using these targeted techniques and principles of learning in collaboration with other therapies, we influence significant, positive change and independence.

Occupational Therapy*

The beauty of pediatric OT is that it teaches kids through what they love most – playtime! Hopebridge creates fun and supportive environments to address sensory, cognitive, perceptual and fine motor skills, including self-care and handwriting.

Speech & Language Therapy*

All children communicate in some form, even if nonverbal. It's our job teach them how to communicate their wants in a way that is understood by others. This ranges from developing oral motor control to make sounds, to using words to create meaningful relationships.

Feeding & Swallowing Therapy*

Our team mixes therapies for children having challenges with food. From mechanical concerns to sensory aversions, we cover it to lead your kiddo to the nutrition he or she needs, and the smoother functioning mealtimes you desire.

Family Training

At Hopebridge, therapy doesn't stop at the center doors. To achieve success, it's imperative parents and caregivers are involved to pursue new skills. Hopebridge offers training and support opportunities to help you bring these practices into the home.

Positive Leaps

Phone: (513) 845-2789
Fax: (513) 777-0017
Email: admissions@positiveleaps.org

4600 Beechwood
Cincinnati, OH 45244

Learn More About Us

(513) 845-2789
admissions@positiveleaps.org

Our Treatment Programs

Our specialized child behavioral therapists are always taking additional training to assist the children and families better referred to Positive Leaps. Our staff currently maintains the following current courses and professional designations:

- Trauma-focused cognitive Behavior Therapy
- Dialectical Behavioral Therapy for Youth
- Trauma Focused Integrative Play Therapy
- Play Therapy
- Treatment for Bullying (for victim and perpetrator)
- Child-Parent Relationship Training
- Parent-Child Interaction Therapy
- Art Therapy Techniques for Anxiety and Trauma
- Group Therapy Techniques for Young Children and Youth

Feel free to call and ask if these therapy modalities have been found to be effective with Autism or not ☺

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.

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

The balance board can be found on Amazon.

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

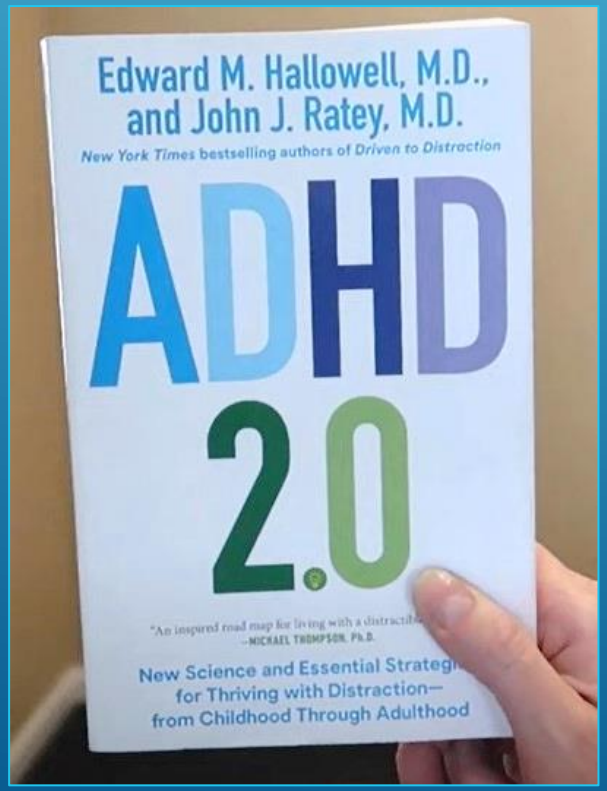
The book mentions a program called Zing Performance. Some of the movements in this video were found from Zing videos. https://www.zingperformance.com/

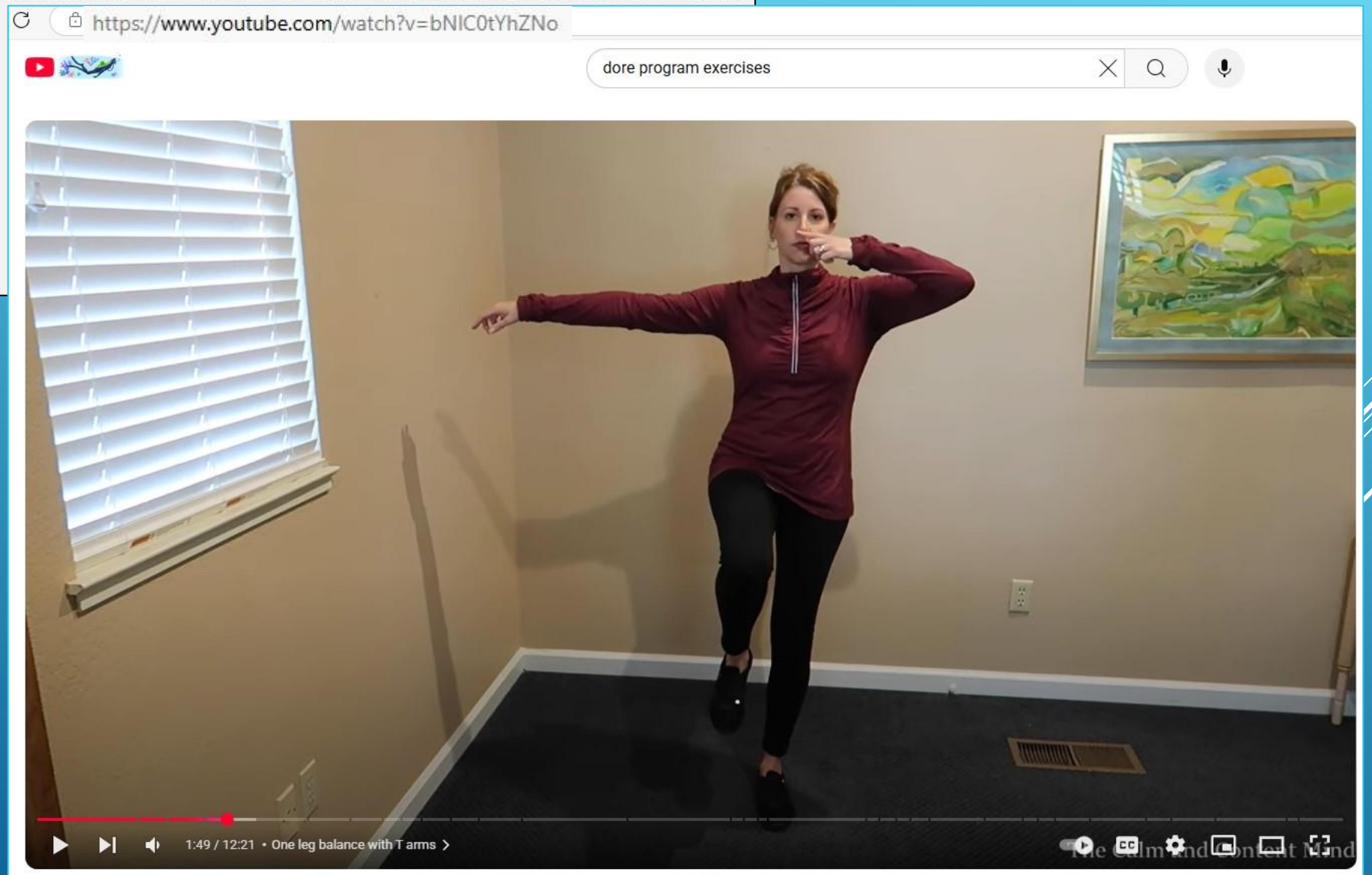
Crossing the midline research:
https://www.ncbi.nlm.nih.gov/pmc/arti...

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/

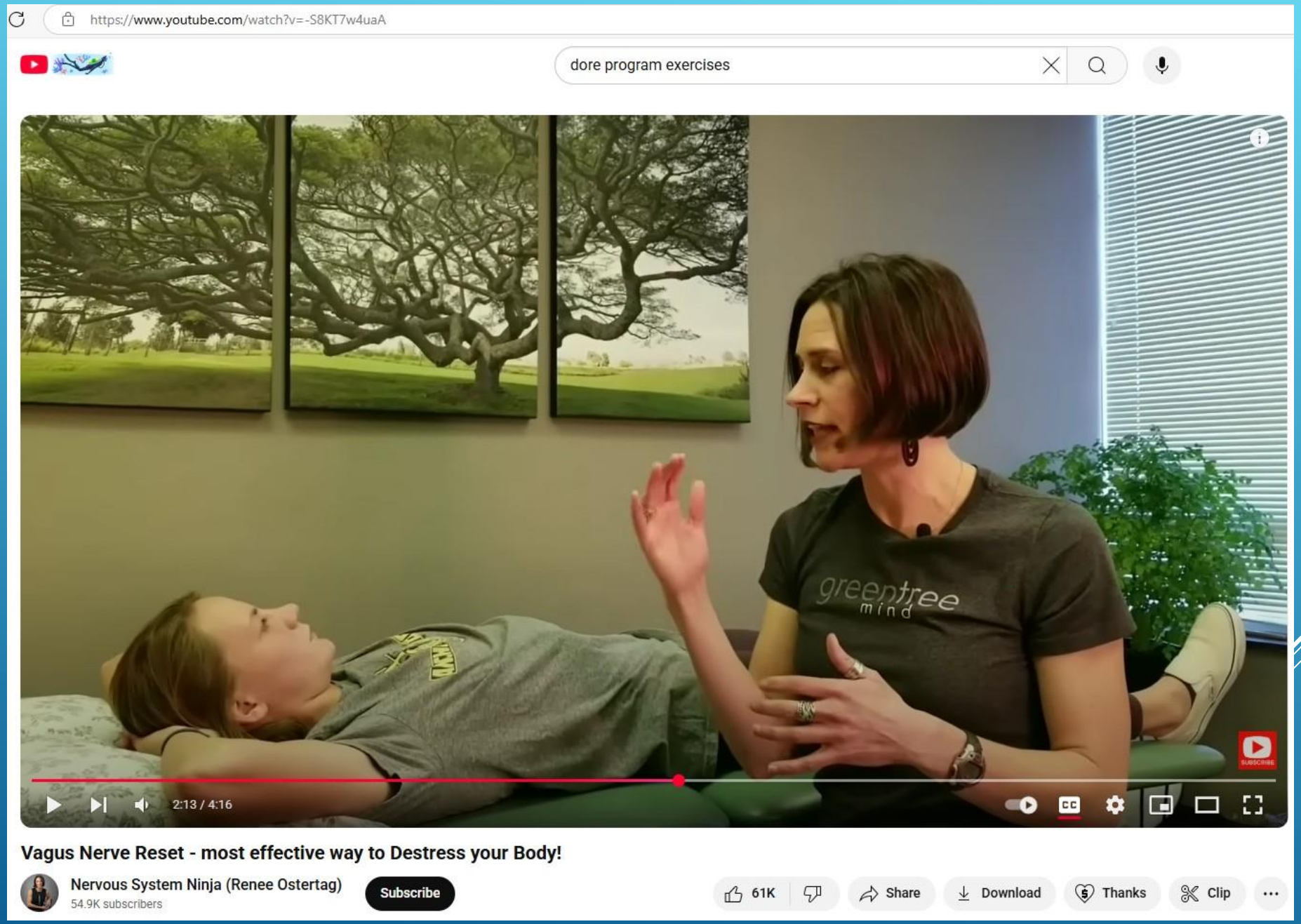
Rubber balls and bean bags:
https://bavxresources.com/





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

https://www.youtube.com/watch?v=-S8KT7w4uaA



What is the vagus nerve?

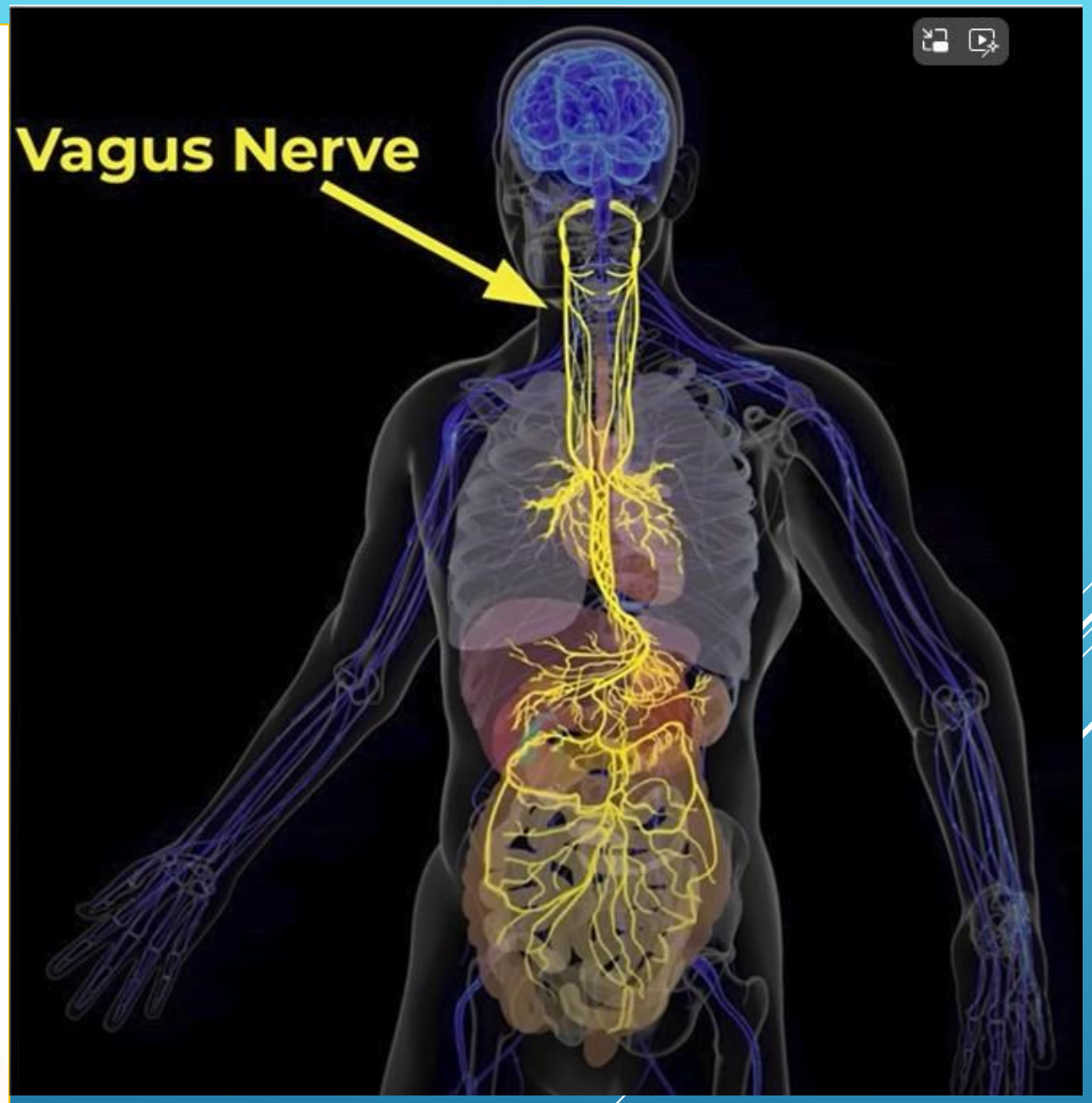
The vagus nerve is the longest and most complex cranial nerve in your body, wandering from the brain to your abdomen. Some might say it's your body's natural superpower, since it plays a crucial role in many bodily functions, including digestion, heart rate, immunity, and stress.

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.

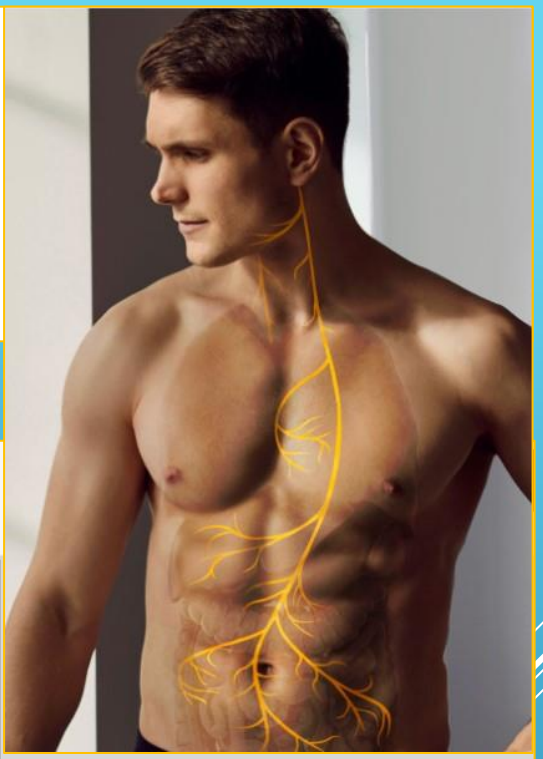
When the vagus nerve is working properly, your body is in balance. However, when we feel stressed or anxious, this is a sign that our "fight or flight" response (sympathetic system) is overworked, and the "rest and digest" function (parasympathetic system) hasn't been keeping up to rebalance the nervous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



truvaga

https://www.truvaga.com/truvaga/

The **vagus nerve**, also known as the tenth cranial nerve, originates in the **medulla oblongata** of the brain and extends through the neck, chest, and abdomen. It runs down both sides of the body, with the **left vagus nerve** traveling down the left side and the **right vagus nerve** down the right side, ultimately reaching the **large intestine**. This nerve plays a crucial role in regulating various bodily functions, including heart rate and digestion. Verywell Health +3



truvaga

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Truvaga Plus

★★★★½ 80 Reviews

$499.00

Or 4 interest-free payments of $124.75 with afterpay

Starting at $46/mo or 0% APR with affirm. See if you qualify

Pay with HSA/FSA Save an average of 30% Learn More

Experience optimal well-being with our newest vagus nerve stimulator. Truvaga Plus is our latest hand-held vagus nerve stimulator designed to elevate your day-to-day experience through quick and gentle activation of your vagus nerve.

Perfect for power users seeking long-term, multiple daily sessions. Featuring new app enablement, rechargeable feature, and unlimited sessions. Truvaga Plus is set to address stress, sleep, calmness, and mental clarity all in one go. Offering a holistic solution for a healthier, more balanced you.

Key Benefits:

- **Stress Relief in Minutes:** Target and help alleviate stress at its source with 2-minute sessions.
- **Deep, Restful Sleep:** Support deep, restful sleep as Truvaga Plus balances the body's nervous system so you can wake up refreshed.
- **Calm Amid Chaos:** Navigate life's challenges calmly. Truvaga Plus promotes a peaceful outlook even in the most chaotic of situations.
- **Sharper Focus:** Experience enhanced mental clarity. Truvaga Plus helps clear mental brain fog for sharper thinking and focus.

"The Vagus nerve is the only nerve coming from the brain that innervates and connects to all the organs and glands; it allows communication from the [neurons in the] gut to the brain" – Dr. Varleisha Gibbs

Why is stimulating the vagus nerve important?

Stimulating the vagus nerve activates the parasympathetic nervous system, which regulates mood, digestion, the immune response, and cardiovascular function, primarily working to sustain balance. When the nervous system is in balance, these functions work harmoniously, allowing the body to operate more efficiently, having many positive effects on our health.

Vagus nerve stimulation, also affects the levels of crucial neurotransmitters in the brain, such as serotonin, generating an improved ability to address emotional and physiological symptoms, leading to an improved overall wellbeing.

Vagus Nerve Calming Technologies:

BEST RATED 2025

PULSETTO

Pulsetto

Excellent

9.9

User Ratings (3327)

- Quick 4-Minute Sessions
- App-Controlled
- Multiple Modes
- Clinically Tested
- Portable Design
- User-Friendly Interface
- Positive User Feedback
- Improves Sleep Quality
- Reduces Stress Levels
- Regularly runs out of stock

Limited Time Sale!

Visit Site

Full Review Below

#2

truvaga

Truvaga

Very Good

8.9

User Ratings (2174)

- 2-Minute Sessions
- Handheld Device
- No App Required
- Clinically Backed
- Improves Sleep
- Reduces Anxiety
- Higher Price Point
- Limited Availability

Visit Site

#3

HOOLEST

VeRelief Prime

Good

8.2

User Ratings (1968)

- Immediate Calm
- Pocket-Sized
- No Meds Needed
- Doctor Recommended
- Easy Setup
- Reduces Panic Attacks
- Requires Gel Refills
- Subscription Model

Visit Site

PULSETTO

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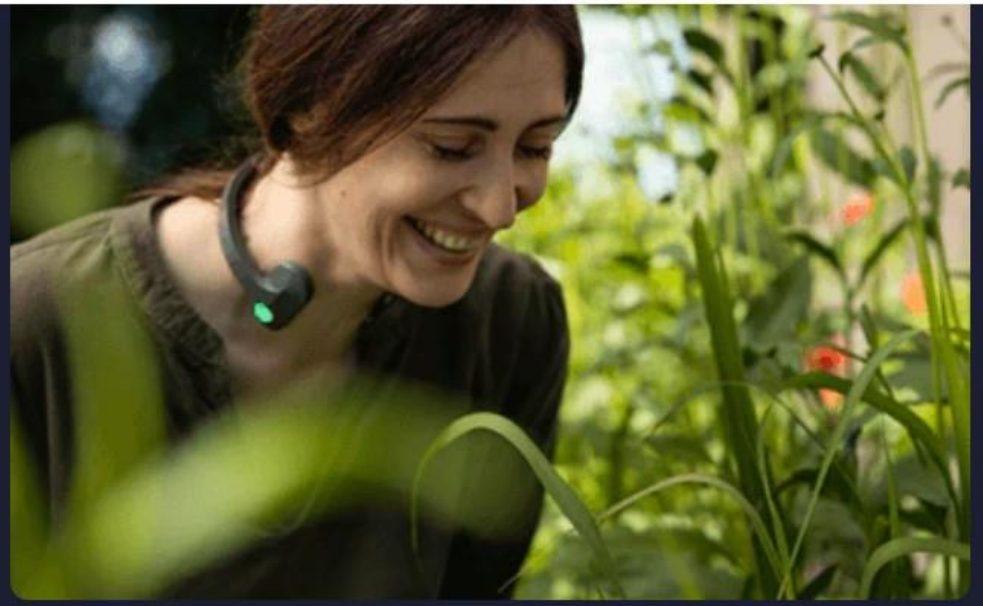
Only 4 minutes to reduce stress and feel healthy

Stimulating the vagus nerve activates your nervous system, which helps your body "rest and digest." Your heart rate will slow, and you'll feel calmer, less stressed, and less anxious.

Shop Pulsetto →



Balance your nervous system

Using the Pulsetto vagus nerve stimulator to activate the parasympathetic nervous system helps your body rest, restore, and reset.

Vagal tone for improved health

Pulsetto tech can help you beyond simply relaxing – the vagus nerve is vital in the control of inflammation as well as the management of food intake and feeling sated.

See results fast

The Pulsetto vagus nerve stimulator harnesses cutting-edge science to activate the vagus nerve quickly and effortlessly.

Say goodbye to fatigue

Vagus nerve stimulation improves sleep quality, which can boost your mood, help you get more rest, and erase fatigue from your daily life.

Can Autism be Cured, Healed, or be Made Less Severe?

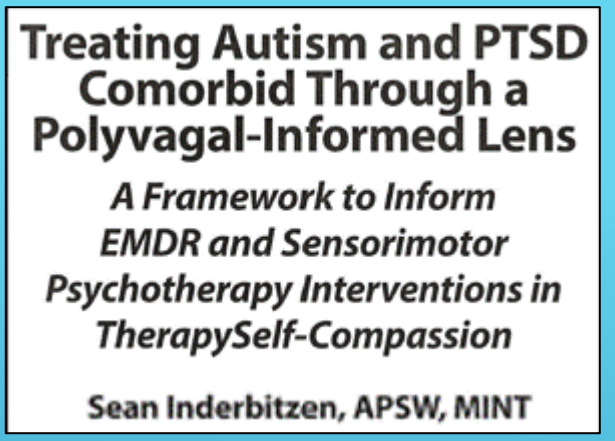
Can Autism be Cured?:

The official answer is "no" because it is noted that ASD is neurodevelopmental in origin. Dr. Dotson states, *"There is absolutely no link between autism and vaccines."* However:

- Social Media has been awash lately with both anecdotal stories about, as well as some outspoken whistleblowing doctor's assertions that ASD can, in certain cases, be **reversed**. How is this possible?:
  - Through the detoxification of the body from the heavy metals that are often found in vaccines, and which enter the body from the environment, and
  - Through the detoxification of the body from parasites, which seem to use heavy metals for masking their presence from the body's immune system.
  - Some even speculate that excessive amounts of folic acid and other prenatal vitamins might play a role as well (related to a mutation).
  - I've also heard it said that AD/HD and ASD represent a type of brain damage that has been caused by heavy metal sensitivities.

*"You can have a set of genes that predispose you to having **lower Heart Rate Variability (HRV)** – [which has been shown to characterize most people with Autism] – which would put you at a [higher] likelihood to be diagnosed. But I think it shifts the way we look at Autism when we think about it as [being] **state-specific**, **NOT** lifelong and enduring, [and therefore as being a] **modifiable condition**."* – Sean Inderbitzen PhD

NOTE: Sean's ASD symptoms have been almost completely extinguished by the age of 31. It's just interesting to see how Temple Grandin PhD would say that she is still very Autistic but has learned certain coping and communication skills, whereas Sean Inderbitzen PhD would say that – in practical terms – he's no longer Autistic and has also learned certain coping and communication skills!



"Low" HRV being characteristic of **ASD folks** means that their HRV does not naturally deviate as **widely** as the HRV of neurotypicals – i.e., their HRV tends to **STAY** in Fight/Flight mode vs. neurotypicals whose HRV can be very calm, then **ranging** all the way up to extreme incoherence in times of extreme stress.

In the early 1980s, vaccine manufacturers routinely lost in court, so they lobbied hard in Congress to pass the 1986 National Childhood Vaccine Injury Act to give themselves liability protection. And **they pinky-swore to make vaccines safer** but there was no legal mechanism in the bill to enforce that promise so they never did. With complete liability protection, Big Pharma proceeded to add as many vaccines as possible to the schedule. **Prior to 1986, there were 3 routine vaccines totaling 7 injections**. Today the CDC's Maternal and Child & Adolescent vaccine schedules include 19 vaccines requiring 76 injections with 94 total doses of antigen. (source) (I'm actually less worried about the antigens than the other ingredients in the shots).

https://deeprootsathome.com/triplets-begin-regression-into-autism-within-hours-of-vaccination/

Deep Roots at Home

Home About Podcast Shop Blog

Triplets Began Regression Into Autism Within Hours of Vaccination

2.7K VIEWS

Published: May 24, 2025
By Jacqueline • 4 Comments

678 678 SHARES

Triplets Descend Into Autism

On June 25, 2007, David and Brenda McDowell took their triplets to a scheduled "well baby" visit with their healthy, completely neuro-typical nine-month-old triplets. On this visit the planned vaccination was pneumococcal. **"All three children regressed into autism within hours of vaccination. The triplets were diagnosed with autoimmune encephalitis. A geneticist explained that the chance to this happening to 2 of our triplets would be 1 in 4 million. It happened to all 3. It is not genetic." "Upon injection, our daughter Claire screamed and became inconsolable, with immediate swelling in her leg. We figured this was a normal reaction to a shot, so we went on to give both boys their shot."**

Brenda said, "I am an educational audiologist who works with autistic children, so when by 12 noon Claire lost all of her facial expressions and her reflexes disappeared, I recognized that she was regressing before my eyes. By 2 pm we watched Richie shut down like Claire. By 5 pm we watched in disbelief as Robbie lost all eye contact and desire to communicate. The vaccine injury to our triplets was acknowledged by our doctor but *was not reported to the vaccine adverse event reporting system (VAERS), even though we specifically requested it*. We were unaware that we could self-report. Where are all of the people who said that vaccines were safe?" Watch a longer, more detailed and insightful video of the triplets' story here. **Autism appears NOT to be "genetic." There are vulnerabilities in some people's genes (like MTHFR) that make it harder to methylate toxins/metals/chemicals**, and **exposure to enough of an environmental load turns ON these gene expressions. Without the environmental assault, the condition or symptom wouldn't show up. Saying something is "genetic" is saying it will show up either way. There is a reason ASD is a "spectrum" *—the variance is directly proportional to the level of methylation challenge one has and the volume of environmental triggers they experienced*.**

Methylation is a biochemical process involving the addition of a **methyl group** to a substrate, which can include DNA and other molecules. This process plays a crucial role in **gene expression**, as it can alter how genes are turned on or off, impacting various biological functions. Methylation is also important for regulating numerous bodily systems, including cardiovascular, neurological, and reproductive functions. Overall, it is a vital metabolic process that influences health and disease. Wikipedia +4

Methyl group

In organic chemistry, a methyl group is an alkyl derived from methane, containing one carbon atom bonded to three hydrogen atoms, having chemical formula CH_3. In formulas, the group is often abbreviat...

Cerebral Folate Deficiency (CFD)

What does this have to do with MTHFR?

Not much. **There is no direct link between CFD in autism and MTHFR.**
MTHFR is a single nucleotide polymorphism (SNP) that is found in 40-60% of the population. It can make it harder for the body to use folate. However, the treatment for MTHFR is typically a low dose of 5MTHF (methylfolate), methyl B12, and B6. (These are typically the first things prescribed by a functional medicine doctor for autism.)

By contrast, Cerebral Folate Deficiency (CFD) can result in a severe folate deficiency in the brain, and it is caused by autoimmunity, mitochondrial dysfunction, or specific genetic abnormalities. It requires a much higher dose of folinic acid to flood the brain with folate.

D,l -leucovorin (folinic acid)

CFD in Autistic Patients

Cerebral Folate Deficiency (CFD) in autistic patients is primarily treated with **d,l -leucovorin (folinic acid)**. This treatment aims to restore the levels of 5-methyltetrahydrofolate (5-MTHF) in the cerebrospinal fluid (CSF), which is crucial for the proper functioning of the central nervous system.

The treatment process involves measuring 5-MTHF levels in the CSF, which can be done through a lumbar puncture. If the levels are below the normal range, it indicates CFD. The recommended dose of leucovorin typically ranges from 0.5 mg/kg to 2.0 mg/kg per day.

It is important to note that while leucovorin is the standard treatment for CFD, dietary changes and supplementation with high-dose methyfolate may also be considered. However, folic acid is not recommended as it can block folate receptors in some children, potentially worsening the condition.

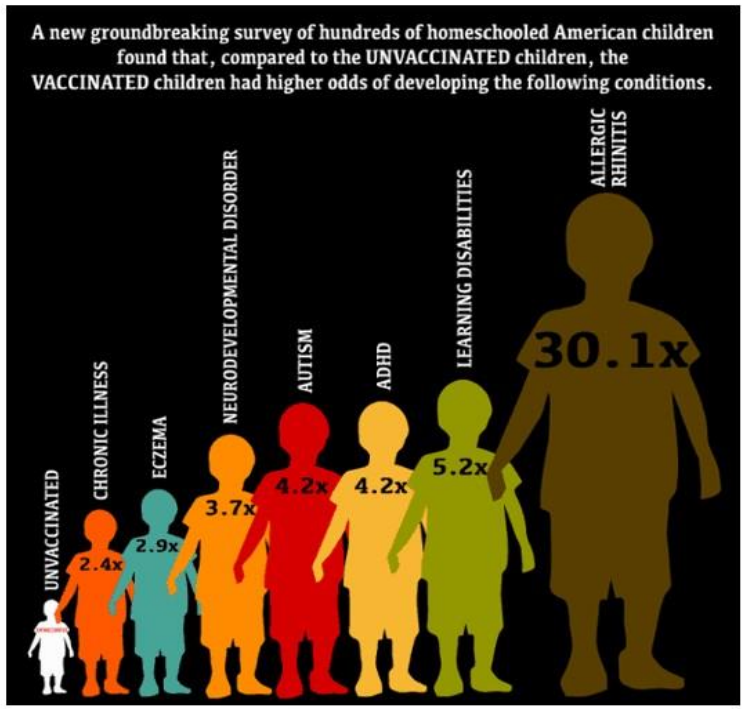
The treatment for CFD in autistic patients has shown positive effects on various symptoms, including communication, attention, and motor function. Clinical trials have demonstrated that high-dose folinic acid supplementation can improve these outcomes in children with ASD who test positive for folate receptor autoantibodies (FRAAs). MEDMAPS +2

https://deeprootsathome.com/triplets-begin-regression-into-autism-within-hours-of-vaccination/

The autism rate skyrocketed in the 1990s (see the graph above) and has continued to increase ever since. Rates of ADHD and other chronic illnesses soared too —and those are probably vaccine injuries as well.

[Triplets Began Regression Into Autism Within Hours of Vaccination]

Click here: Ctrl + cursor click, to watch the video



(Image Source) *These are statistics from 2017. It is worse now...*

But autism spectrum disorder (ASD) is more costly than those other conditions because it's a lifelong disability with no known effective treatment (yet, some parents have been able to recover their children through holistic and alternative therapies as you will see below). (source)

2025

COVID x3 (pregnancy)
Influenza (pregnancy)
RSV (pregnancy)
Tdap (pregnancy)
Hep B (birth)
Hep B (2 months)
Rotavirus (2 months)
DTaP (2 months)
HIB (2 months)
PCV (2 months)
IPV (2 months)
Rotavirus (4 months)
DTaP (4 months)
HIB (4 months)
PCV (4 months)
IPV (4 months)
Hep B (6 months)
COVID x3 (6-12 mos.)
Rotavirus (6 months)
DTaP (6 months)
HIB (6 months)
PCV (6 months)
IPV (6 months)
Influenza (6 months)
Influenza (7 months)
HIB (12 months)
PCV (12 months)
MMR (12 months)
Varicella (12 months)
Hep A (12 months)
DTaP (15 months)
Influenza (18 months)
Hep A (18 months)

Influenza + COVID (2 years)
Influenza + COVID (3 years)
DTaP (4 years)
IPV (4 years)
MMR (4 years)
Varicella (4 years)
Influenza + COVID (4 years)
Influenza + COVID (5 years)
Influenza + COVID (6 years)
Influenza + COVID (7 years)
Influenza + COVID (8 years)
Influenza + COVID (9 years)
Influenza + **COVID** (10 years)
Influenza + COVID (11 years)
Meningococcal (11 years)
HPV x3 (9-15 years)
Influenza + COVID (12 years)
Influenza + COVID (13 years)
Influenza + COVID (14 years)
Influenza + COVID (15 years)
Influenza + COVID (16 years)
Meningococcal (16 years)
Influenza + COVID (17 years)

94 DOSES before age 18

(Children who miss shots, travel internationally, are high risk, immunocompromised, have special medical indications will get more. Doses counted by earliest age and max doses recommended.)

(Image Source) *The "Vitamin" K jab isn't in this list as it technically isn't a vaccine, but it carries a BLACK BOX warning.* Read more here.

"There is absolutely no link between autism and vaccines" … *really*, Dr. Dotson?

<u>We do well to remember that</u>:

- PhDs are human, too.
- PhDs are as prone to remaining loyal to "what I was taught to be true" just as much as anyone else.
- The pharmaceutical industry makes lots of executives and doctors very rich.
- New research that debunks old ideas is almost always initially met with skepticism, denial, vigorous opposition & "nothing to see here" kinds of responses.
- Some kids *do* seem to regress into autism within just a few days of receiving a battery of vaccines. See video in later slide.

https://pubmed.ncbi.nlm.nih.gov/21623535/

> J Toxicol Environ Health A. 2011;74(14):903-16. doi: 10.1080/15287394.2011.573736.

A positive association found between autism prevalence and childhood vaccination uptake across the U.S. population

Gayle Delong [1]

Affiliations + expand

PMID: 21623535 DOI: 10.1080/15287394.2011.573736

Abstract

The reason for the rapid rise of autism in the United States that began in the 1990s is a mystery. Although individuals probably have a genetic predisposition to develop autism, researchers suspect that one or more environmental triggers are also needed. One of those triggers might be the battery of vaccinations that young children receive. Using regression analysis and controlling for family income and ethnicity, the relationship between the proportion of children who received the recommended vaccines by age 2 years and the prevalence of autism (AUT) or speech or language impairment (SLI) in each U.S. state from 2001 and 2007 was determined. A positive and statistically significant relationship was found: The higher the proportion of children receiving recommended vaccinations, the higher was the prevalence of AUT or SLI. A 1% increase in vaccination was associated with an additional 680 children having AUT or SLI. Neither parental behavior nor access to care affected the results, since vaccination proportions were not significantly related (statistically) to any other disability or to the number of pediatricians in a U.S. state. The results suggest that although mercury has been removed from many vaccines, other culprits may link vaccines to autism. Further study into the relationship between vaccines and autism is warranted.

PubMed Disclaimer

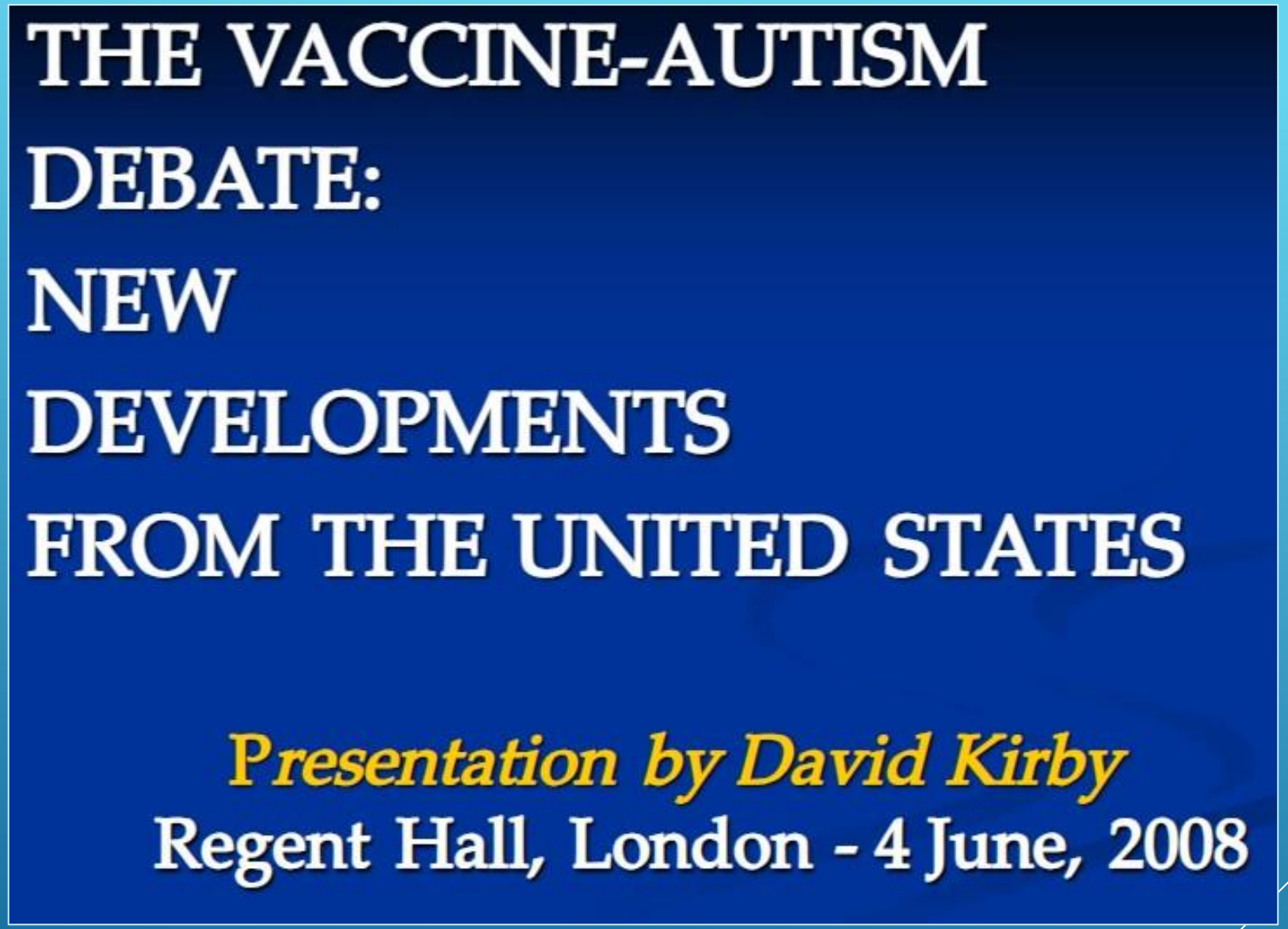
Similar articles

A comparative evaluation of the effects of MMR immunization and mercury doses from thimerosal-containing childhood vaccines on the population prevalence of autism.

Geier DA, Geier MR.

Med Sci Monit. 2004 Mar;10(3):PI33-9. Epub 2004 Mar 1.

PMID: 14976450



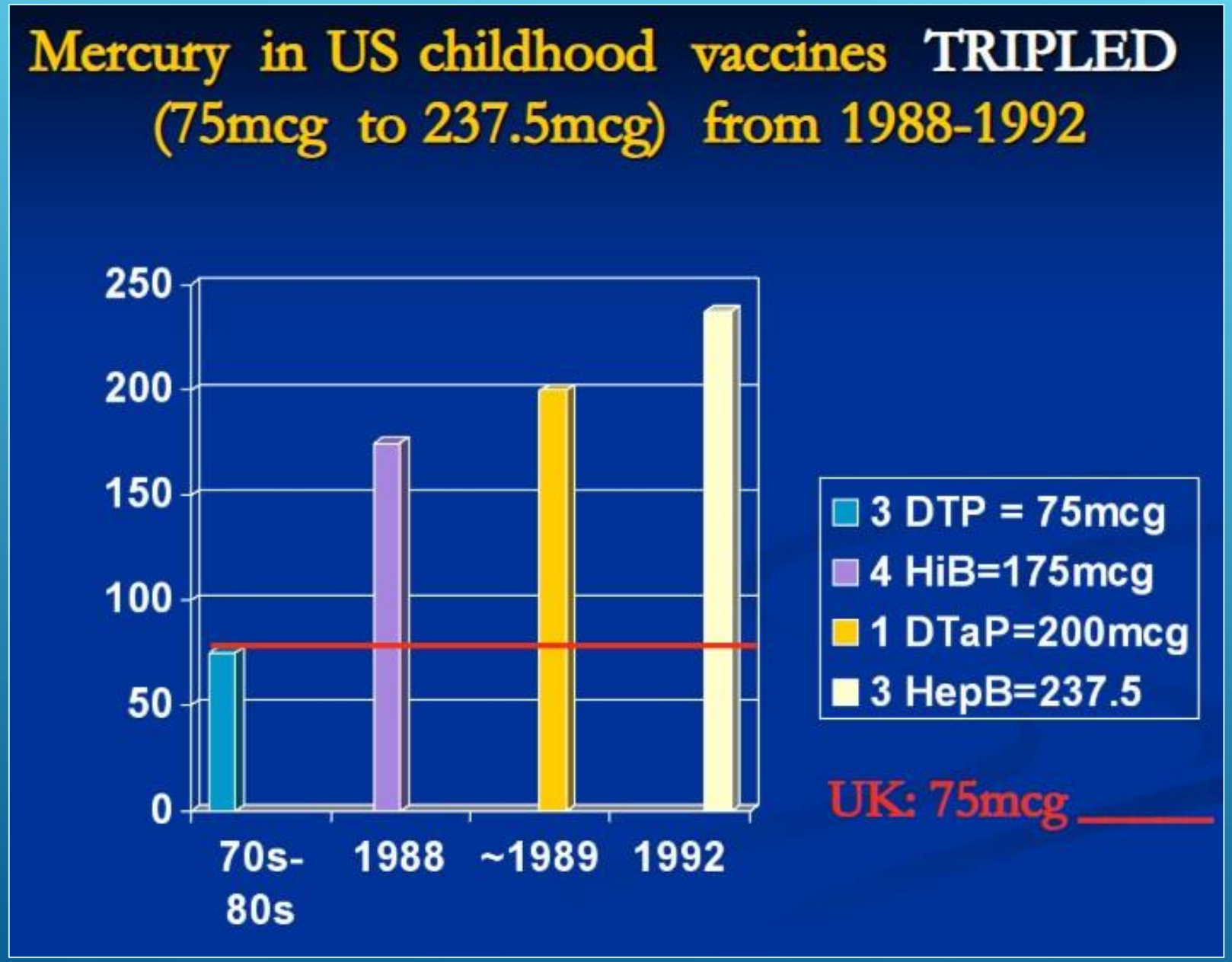
See the next four slides, which come from David Kirby's presentation:

Porphyrinuria in Childhood Autistic Disorder: Implications for Environmental Toxicity

TOXICOLOGY AND APPLIED PHARMACOLOGY - 15.3 (March, 2006)

- Urine samples from 100s of French children yielded "evidence for a link between autism and heavy metals."
- ASD samples had high levels of porphyrins – used to produce of *haem*, oxygen-carrying part of haemoglobin.
- Heavy metals block haem, causing porphyrins to accumulate in urine.
- Coproporphyrin was 2.6 times higher in autism vs controls.
- One author said it was "Highly likely heavy metals are responsible for childhood autism in a majority of cases."

Evidence That Supports a Vaccine-ASD Link:



Three slides from now, we'll look at two different types of Mercury: One that is harmful in high concentrations, and one that gets eliminated from the body much more quickly and easily. Which type of Mercury is this researcher speaking about … ?

!!!

Why are Heavy Metals Like Mercury and Aluminum Showing Up in Childhood Vaccines?

https://www.cdc.gov/vaccine-safety/about/thimerosal.html

For Everyone

DECEMBER 19, 2024

KEY POINTS

- Thimerosal is a mercury-based preservative that has been used for decades in the United States in multi-dose vials (vials containing more than one dose) of medicines and vaccines.
- There is no evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site.
- In July 1999, the Public Health Service agencies, the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure.

Fact

Thimerosal was taken out of childhood vaccines in the United States in 2001.

Research does not show any link between thimerosal in vaccines and autism, a neurodevelopmental disorder. Many well conducted studies have concluded that thimerosal in vaccines does not contribute to the development of autism.135 Even after thimerosal was removed from almost all childhood vaccines, autism rates continued to increase, which is the opposite of what would be expected if thimerosal caused autism.

Thimerosal: (vaccine additive):

About Thimerosal:

Mercury is a naturally occurring element found in the earth's crust, air, soil, and water. Two types of mercury to which people may be exposed — Methylmercury and Ethylmercury — are very different.

Methylmercury is the type of mercury found in certain kinds of fish. At high exposure levels methylmercury can be toxic to people. In the United States, federal guidelines keep as much methylmercury as possible out of the environment and food, but over a lifetime, everyone is exposed to some methylmercury. Thimerosal contains Ethylmercury, which is cleared from the human body more quickly than methylmercury, and is therefore less likely to cause any harm.

> **Ethylmercury (Thimerosal) is eliminated from the body more efficiently than naturally occurring methylmercury.** While the body can eliminate ethylmercury from vaccines, it may not be as effective as naturally occurring methylmercury. Therefore, **you do not need to do something specific to clear ethylmercury out of your body; it is generally more efficiently processed and excreted.** Stack Exchange

Purpose of Thimerosal:

Thimerosal is added to vials of vaccine that contain more than one dose (multi-dose vials) to prevent growth of germs, like bacteria and fungi.

Introduction of bacteria and fungi has the potential to occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Contamination by germs in a vaccine could cause severe local reactions, serious illness, or even death. In some vaccines, preservatives, including thimerosal, are added during the manufacturing process to prevent germ growth.

THIOLS

"MERCURY CAPTURERS"

- *Thiol* – A class of *SULFUR-BASED* proteins that bind with heavy metals and help eliminate them from the system.
- Thiols include – Glutathione, cysteine, metallothioneine. Glutathione is also a powerful antioxidant.
- Synonym for thiol - "mercaptan" from the Latin mercurium captans : "capturing mercury."
- Chelation – Also sulfur-based; DMPS = Di-*Mercapto* - Succinic Acid

Thimerosal Neurotoxicity is Associated with Glutathione Depletion: Protection with Glutathione Precursors

S.J. James[1,*], William Slikker III[2], Stepan Melnyk[1], Elizabeth New[2], Marta Pogribna[2], Stefanie Jernigan[1]

NeuroToxicology 26 (2005) 1–8

- ASD kids have low or depleted levels of "thiols," including glutathione – a powerful antioxidant.
- Low thiols levels are thought to be based on genes - and possible mercury exposure (See: R. Deth).
- Methionine "metabolites" (methionine, cysteine, glutathione) in 20 children with autism compared vs. controls revealed severely abnormal profiles.
- Targeted nutritional intervention with Folinic acid, and Betaine resulted in significant improvement in methylation capacity in children with autism.
- Addition of methyl B-12 to "cocktail" brought all autistic children within normal levels of methionine, cysteine and glutathione.

Autism: High levels of Aluminum have been found in the brain, at least as high as their grandmother who died of Alzheimer's who had lifelong contact with Aluminum through the environment. This means that the Aluminum is being introduced, otherwise how could a 15 year old ASD boy, upon his death, be found to have levels higher than what's found in the elderly? The Aluminum is found in the housekeeping cells of the brain and in white blood cells, macrophages, and lymphosytes … which, in turn, transport Aluminum into the brain.

Alzheimer's: Aluminum is associated with Alymoid – associated with cell death in the brain: Amyloid structures are associated with Alzheimer's.

Political Positions Aside, one news headline from 7/1/2025 read, "Breaking: Robert F. Kennedy Jr. says the CDC covered up an internal study which found a 1135% increase in Autism risk from Hepatitis B vaccine." This increase in risk was tied directly to this vaccine being given at birth.

- **Question:** WHY are they giving Hepatitis vaccines to all babies in the first place!?
  - Hepatitis is normally only contracted through exposure to bodily fluids, such as is commonly experienced through sex and/or intravenous drug use. Are these two activities something that the medical community should be so worried about happening with babies?

THIOLS "MERCURY CAPTURERS"

Metallothionein is not specifically mentioned in the results as being used to treat low thiol levels in children. However, it is known to play a role in metal detoxification and may help in managing metal levels in the body. For treatment, it is recommended to consult healthcare professionals for appropriate dosing and usage based on individual health needs. National Institutes of Health (NIH) +4

As we just looked at, Thiols are molecules that attract and capture Mercury and, perhaps, other heavy metals as well. Another word for "Mercury capturers" is "Mercaptans." Here's a list of Mercaptans known to science:

- Glutathione
- Cysteine
- Metallothionein

Cysteine is used in the treatment of low thiol levels in children primarily through cystine-binding thiol agents. These agents aim to maintain low urine cystine concentrations while minimizing adverse effects. Additionally, treatments may involve lowering urinary cystine levels and increasing cystine solubility.

Since ASD kiddos have been found to have low or absent levels of Thiols in their system, this low-Thiol condition has been treated with:

- Folinic Acid
- Methyl B-12

Yes, Methyl B-12 (methylcobalamin) is used to treat low thiol levels in children. Studies have shown its efficacy in treating vitamin B12 deficiency anemia in children, particularly those with macrocytic anemia and low holotranscobalamin levels.

Folinic acid is used to treat megaloblastic anemia in children, which can be caused by low folate levels. It is FDA-approved for this purpose and can help restore folate levels in the brain, particularly in children with autism who may have cerebral folate deficiency. However, it is not specifically mentioned in the results whether it is used to treat low thiol levels. Therefore, while folinic acid is beneficial for treating megaloblastic anemia, its use for low thiol levels in children is not explicitly confirmed in the available information. National Institutes of Health (NIH) +1

Glutathione may be used to treat low thiol levels in children, particularly in those with conditions like autism spectrum disorder (ASD).

- **Studies suggest** that glutathione supplements can improve antioxidant capacity and reduce oxidative stress in children with ASD. 1
- **Anecdotal reports** indicate that oral and transdermal glutathione are being used by clinicians to improve glutathione levels in children diagnosed with ASD, although empirical evidence is lacking. 1
- **Glutathione is generally considered safe** for children aged 4 and older, especially in specific medical situations, but it is essential to consult a healthcare professional for appropriate dosing. 1

Always consult a healthcare professional before starting any supplementation regimen.

Glutathione is an organic compound made of the amino acids glutamate, cysteine, and glycine. It is an antioxidant in plants, animals, fungi, and some bacteria and archaea. Glutathione is capable of preventing damage to important cellular components caused by sources such as reactive oxygen species, free radicals, peroxides, lipid peroxides, and heavy metals. It is a tripeptide with a gamma peptide linkage between the carboxyl group of the glutamate side chain and cysteine. The carboxyl group of the cysteine residue is attached by normal peptide linkage to glycine.

Wikipedia

https://tacanow.org/family-resources/leucovorin-for-autism/

How do I know if my child needs Leucovorin?

The only way to know for certain is to do a lumbar puncture (spinal tap) because that can tell you the level of folate (5MTHF) in the brain. Because this is an invasive test, many doctors will prescribe an empirical trial of leucovorin to see if your child is a responder.

Other than that, the only other possible testing is a blood test called a FRAT (Folate Receptor Autoantibody Test). This looks for blocking or binding autoantibodies in the blood. If the test reveals autoantibodies, this may indicate that the brain is not getting the folate it needs.

The FRAT is a test kit that you have to order and have mailed to you. Once you get it, you fill out the requisition form and bring it to your doctor to sign off on. Then get the blood drawn and sent to the lab. The results are sent to your doctor. To learn how to read these test results, please read the book called "The Folate Fix by Dr Frye."

What is Leucovorin?

Leucovorin is best known for treating cancer patients to protect them against chemotherapy and methotrexate toxicity. However, in autism, **Leucovorin is used to treat low folate levels in the brain**. This is called **Cerebral Folate Deficiency (CFD)**, and it happens when there is low folate (vitamin B9) in the brain but normal folate levels in the blood.

You may have seen media coverage on this topic on CBS Evening News, Fox News, and in The New York Post. Interestingly, **TACA (The Autism Community in Action)** has been talking about Leucovorin treating autism for over ten years!

Leucovorin is a prescription high-dose calcium folinic acid. It is vitamin B9, but this is NOT the same as folic acid. *Please note that folic acid is detrimental to those with Cerebral Folate Deficiency because it blocks folate receptors.* Leucovorin comes in 5mg, 10mg, 15mg, and 25mg tablets, which are much higher dose than over-the-counter supplements. Over-the-counter folinic acid is usually dosed in much smaller micrograms (mcg), and Leucovorin is dosed in higher dose milligrams (mg). The tablets can be crushed and added to food for consumption. A bit of applesauce works well. It can also be compounded into a liquid form, but this will not be covered by insurance.

Additionally, since Leucovorin is only available via prescription, its quality is regulated by the FDA. In some circumstances, if folate is extremely low in the brain, Leucovorin injections may be prescribed.

Leucovorin is a form of folic acid used primarily to reduce the side effects of certain medications, particularly methotrexate, and to treat specific types of anemia.

What is Leucovorin?

Leucovorin, also known as folinic acid, is a reduced form of folic acid (vitamin B9) that helps the body produce and maintain new cells. It is particularly important in situations where folic acid levels are low or when the body is exposed to folic acid antagonists, such as methotrexate, which can inhibit the effects of folic acid. Drugs.com +1

President Trump, Secretary Kennedy Announce Bold Actions to Tackle Autism Epidemic

https://www.hhs.gov/press-room/hhs-trump-kennedy-autism-initiatives-leucovorin-tylenol-research-2025.html

First, the U.S. Food and Drug Administration (FDA) will act on a potential treatment for speech-related deficits associated with ASD. The FDA today is publishing a Federal Register notice outlining a label update for leucovorin for cerebral folate deficiency, which has been associated with autism. This action establishes the first FDA-recognized therapeutic for children with cerebral folate deficiency and autistic symptoms.

The change will authorize treatment for children with ASD, with continued use if children show language, social, or adaptive gains. Following the label update for ASD, state Medicaid programs will be able to cover leucovorin for the indication of ASD, in partnership with the Centers for Medicare & Medicaid Services (CMS). Finally, the National Institutes of Health (NIH) will launch confirmatory trials and new research into the impact of leucovorin including safety studies.

While promising, it is important to note that leucovorin is not a cure for ASD and may only lead to improvements in speech-related deficits for a subset of children with ASD. Furthermore, this treatment must be administered under close medical supervision and in conjunction with other non-pharmacological approaches for children with ASD (e.g., behavioral therapy).

Remember this from way back at the beginning (around Slide #30)?:

Cell Danger Response:

- The activation of this cellular response would indicate that Autism is a **metabolic reaction of shutdown** triggered by **toxins** (including heavy metals stored in the brain), infections/illness, or chronic stress.
- Well, it's also true that there's a genetic mutation called "MTHFR" that, when present, keeps the body from detoxing excess hormones. This can lead to the development of all kinds of conditions. This mutation can be detected via blood or saliva testing. From:

https://biologyinsights.com/mthfr-and-autism-exploring-the-potential-for-recovery/

"Research explores the link between MTHFR gene variations and Autism Spectrum Disorder (ASD). Some studies suggest a higher prevalence of specific MTHFR polymorphisms, such as C677T and A1298C, in individuals with autism. These genetic variations can lead to decreased MTHFR enzyme activity, affecting the body's methylation processes. **Impaired methylation due to MTHFR variants might contribute to challenges seen in individuals with autism.** For instance, dysfunctional methylation can affect DNA expression during neurological development. It may also **influence the synthesis of neurotransmitters** like serotonin and dopamine, which are crucial for communication between neurons and can impact behavior and cognition in autism. Dysregulated methylation could contribute to **inflammation within the brain, an observation made in individuals with autism**. While an association is suggested, MTHFR variations are **not considered a direct cause** of autism, but rather a potential contributing factor in some individuals. Ongoing research aims to clarify the exact mechanisms involved."

https://tacanow.org/family-resources/medical-article-common-medical-issues/the-cell-danger-response-in-autism/

The Autism Community in Action (TACA) provides education, support, and hope to families affected by autism.

LEARN ABOUT OUR MISSION, VISION, & VALUES

TACA
THE AUTISM COMMUNITY in ACTION

HOPE THROUGH ACTION STARTS HERE

Connection between autism and cell danger response

The connection between autism and the cell danger response (CDR) lies in the chronic activation of this cellular response during early child development. The CDR is a natural and universal cellular reaction to injury or metabolic stress, and in autism, this response becomes persistent, leading to a range of symptoms. The CDR is primarily regulated by adenosine triphosphate (ATP), the body's chemical energy currency, and the pathways that develop normally in autism are altered. This altered metabolism is linked to heightened sensitivity to environmental stimuli, contributing to sensory sensitivities and other symptoms associated with autism. The CDR hypothesis suggests that all core symptoms of ASD are traceable to a treatable metabolic syndrome, which can be improved by targeting the root cause of ASD—abnormalities in purinergic signaling.

Cell Danger Response (CDR) describes the body's normal response to stress, such as injury, infection, extreme emotional stress, and/or trauma. Unfortunately, in chronic illnesses, it becomes stuck, preventing the completion of the healing process.

In other words, the cell danger response turns on as it should, but cannot turn off when the danger is no longer there.

When stuck in this response, energy (ATP) leaks outside the cell, and cells divert cellular energy required to live and thrive to protect themselves, resulting in chronic fatigue (Mitochondrial Dysfunction) and lasting inflammation.

It produces an **overactive immune response** that persists long after the acute infection or injury has passed.

All stressed cells leak ATP (energy), as a signal of that stress to neighboring cells. However, in autism, leaking ATP inhibits the healing cycle. Interestingly, even after the pathogenic trigger (illness/stressor) is removed or resolved, the healing cycle and typical development do NOT progress normally.

Furthermore, in the more severe form of mitochondrial disease, there is low intracellular ATP (low energy inside the cell). However, the big difference is that in autism, there is increased extra-cellular ATP (extra energy outside the cell) from ATP leaking from the cell.

Treatment Approach:

https://tacanow.org/family-resources/medical-article-common-medical-issues/the-cell-danger-response-in-autism/

Remove Cellular Stressors

Lower exposure to toxins

Treat pathogens (chronic bacterial or viral infections, pathogenic gut bacteria, fungal overgrowth, and more)

Lower EMF Exposure

Support Mitochondria

Nutrient-dense, diverse diet

Mitochondrial Cocktail

This is a combination of supplements that support the mitochondria given at therapeutic doses.

Grounding

Exercise

Movement tells the cells to produce more energy

HBOT (if the body can produce more mitochondria – run MitoSwab to check)

Safe detoxification strategies

Phospholipids that support the flexibility of the cell wall

Consider medications that may be harming the mitochondria

Notable medications are Acetaminophen (Tylenol), Risperidone (Risperdal), Valproic Acid (Depakote), Propofol, Fluoxetine (Prozac), and Haloperidol (Haldol), beta-blockers (propranolol), Hydrocortisone

Nervous System Regulation

Brain retraining

- Neurofeedback, DNRS, Primal Trust

Limbic system healing

- Yoga, deep breathing exercises

Vagus nerve toning

- This acts as the brake on the fight or flight response
- Gargling, singing, humming, laughing

Better sleep health

Reduce emotional stress

Improve cell signaling

Antioxidants to combat oxidative stress

Red Light therapy

- Helps cells respond to damage and rejuvenate.

NAD+

- There are nasal sprays, patches, and infusions

https://tacanow.org/family-resources/medical-article-common-medical-issues/the-cell-danger-response-in-autism/

The promise of anti-purinergic drugs

We are encountering new environmental triggers every day. It's not enough to simply remove existing environmental triggers. We must create a new path with anti-purinergic drugs that stop the ATP from leaking from the cell.

https://tacanow.org/family-resources/medical-article-common-medical-issues/the-cell-danger-response-in-autism/

Suramin is an anti-purinergic agent that stops the cell from leaking ATP (energy).
A 2017 Study (using one dose of IV suramin) resulted in a significant difference in kids who received Suramin, but no difference in the placebo group.
The children had increased language and social interaction, lower stims, and restricted interests.
One child finished 3 years' worth of work in 3 weeks at school.
Pharmaceutical companies are creating new formulas of anti-purinergic drugs, and they are being trialed.
Important details are to be determined in future trials, such as best doses, mode of delivery, and time intervals.

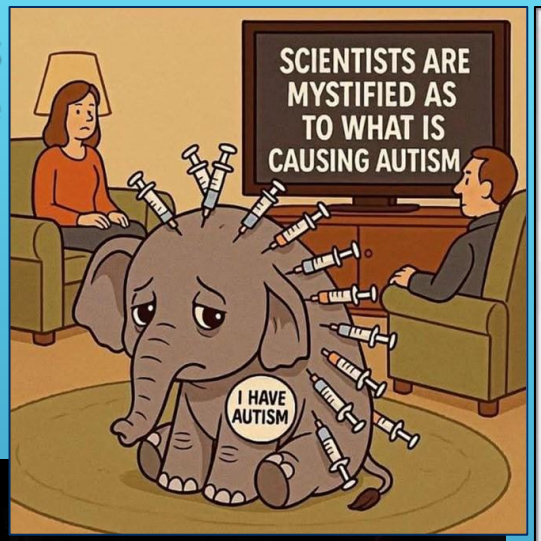
These drugs are NOT available for use yet, but hopefully, soon, the trials will be completed in the US and can go to the FDA for approval.

Conclusion
The unresolved cell danger response theory contributing to chronic illness, including autism, is viable. Until there is a pharmaceutical treatment developed, there are numerous other options to support the body on a cellular level, including removing stressors, supporting the mitochondria, nervous system regulation, and improving cell signaling.

National Autism History Museum
VIDEO ARCHIVES
A project of The Autism Research Institute

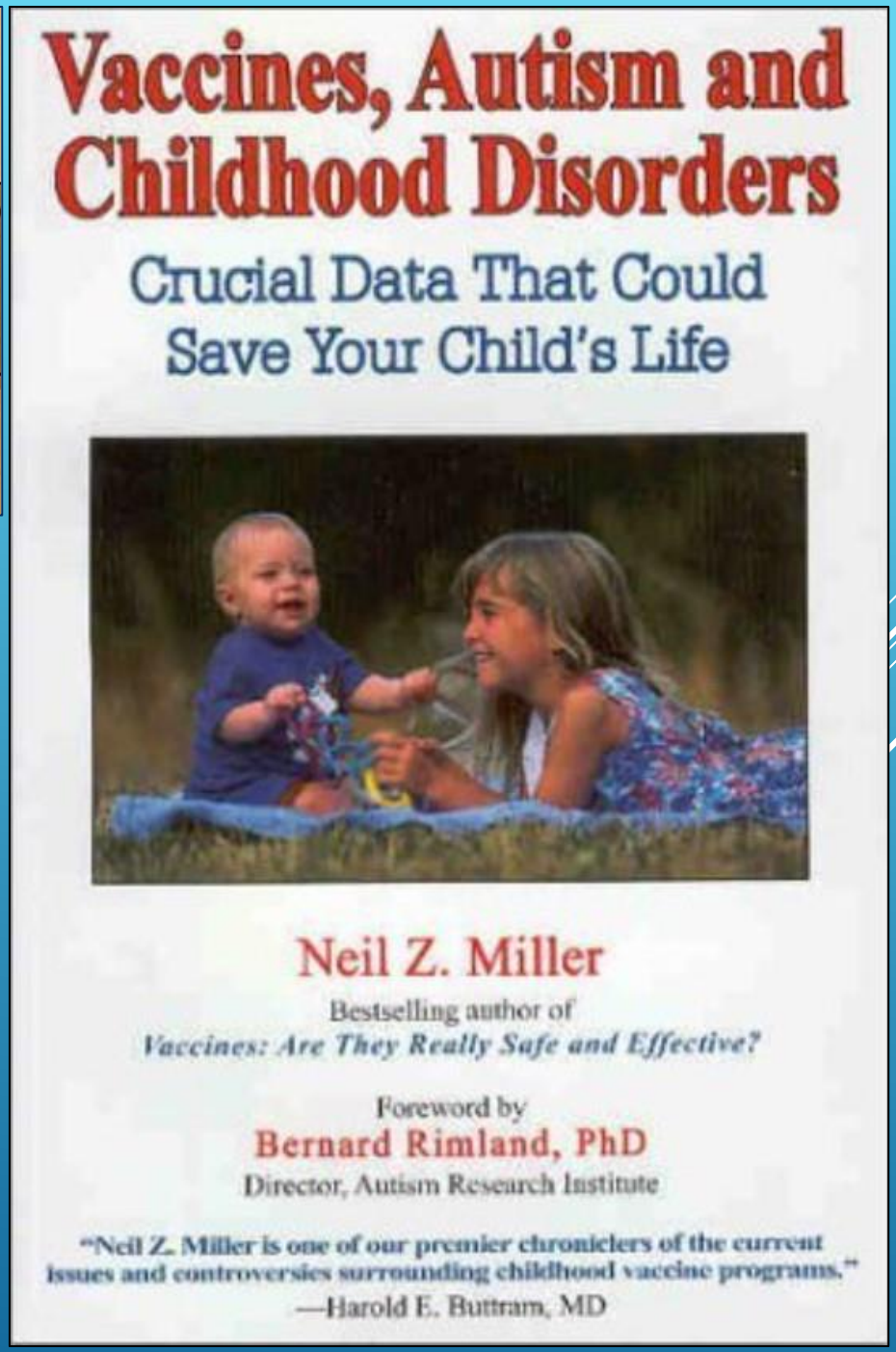
Another tremendous video resource

https://autism.org



VAXXED MOVIES

https://live.childrenshealthdefense.org/chd-tv/



Note: Many who are "curing" Autism through **heavy-metal detoxing** and parasite cleanses are learning that – because parasites are highly resistant to being found and killed – you have to first do some things to make them vulnerable: e.g., breaking down the parasites' "biofilms" (protective mucus coating) by using:

- Proteolytic Enzymes, and
- NAC (N-Acetyl-Cysteine) – an amino acid.

You must also make sure to have appropriate "binders" ready, namely, compounds (such as activated charcoal capsules, etc.) that will absorb the toxins and waste products that parasites release into your body when they're dying.

Another important area – mostly for adolescents and adults (although younger children with very large abdomens could easily benefit from this, too) - in addition to detoxing and parasite removal is: Bowel cleansing.

Research shows that most adults have several pounds of impacted stool clogging-up their bowels. So, just as parasites steal nutrition from the foods you eat, impacted stool also makes it difficult for the intestinal lining to absorb nutrients. In other words, food that has just been sitting in your bowels without being processed properly is basically just sitting there rotting, and this also makes it difficult for your gut flora to be healthy.

symmes
Chiropractic & Nutrition Center

https://symmeschiro.com

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(513) 583-8000

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Friday	7:30 AM - 5:30 PM
Saturday	Closed
Sunday	Closed
Monday	8:30 AM - 7 PM
Tuesday	9 AM - 6:30 PM
Wednesday	8:30 AM - 7 PM

From a friend of mine:
"In my humble opinion, Dr. Clark is why my daughter never went fully Autistic before we figured out what was going on with her."

Elizabeth Clark, D.C.

Graduated with a Bachelor's Degree in pre-med biology from Oral Roberts university followed by a degree from Logan College of Chiropractic. Dr. Clark has been in active practice since 1991 in the Cincinnati area. Post-graduate training includes Electrodermal Skin Testing, Nutritional Body Balancing, Muscle Response Testing, Nutritional Response Testing, Allergy Desensitization and Sacro-Occipital Technique.

Her focus is on nutritional support and systemic balancing which consists of whole food supplementation, non-classical homeopathic remedies, herbs and lifestyle recommendations to allow the body to best balance itself. Allergy desensitization is a simple, painless, low-force technique used to help the nervous system reduce reactions to allergens. It is very effective on adults and children of all ages especially when done in conjunction with nutritional balancing.

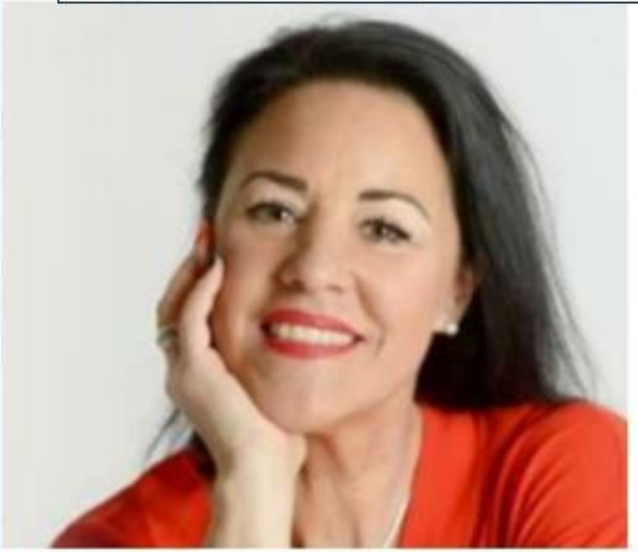
Dr. Clark uses this blend of skills to detect and address nutritional and structural imbalances which then allows the body the ability to best correct itself. Many seek out Dr. Clark because of her excellent results reducing allergy and hypersensitivity symptoms. Her goal is to pass on knowledge to enable her patients to have control over their own health and understand the spirit-soul-body connection of their well-being.

https://live.childrenshealthdefense.org/chd-tv/events/the-autism-cover-up-simpsonwood-scandal-25-years-of-fraud-and-corruption/history-of-autism-advocacy-bernard-rimland/

E53: Kerri Rivera

Autism is Not Forever - The Blueprint for Healing that Doctors Don't Know

https://www.healingunited.today/Kerri-Rivera-Autism-Is-Not-Forever



EPISODE SUMMARY

What if everything we've been told about autism is wrong? What if this condition that affects 1 in 32 children isn't genetic, permanent, or untreatable, but instead represents a massive poisoning crisis that can be reversed?

Kerri Rivera joins us to share her extraordinary journey from desperate mother to pioneering healer who's helped over 5,000 children recover from autism. After watching her own son slip away between 12-24 months old, becoming nonverbal after vaccinations, Kerri refused to accept the medical establishment's grim prognosis.

Through relentless research and divine appointments with mentors like Dr. Bernard Rimland, Kerri discovered and refined protocols that have transformed thousands of lives. Her approach centers on chlorine dioxide therapy, specialized dietary interventions (particularly low-glutamate and carnivore diets), parasite protocols, and addressing the gut-brain connection.

"You can recover your child from autism," Kerri explains. "But it's work. Between 18-36 months of consistent effort, you can take your child back to the path they were destined to follow." Kerri walks us through her toolkit: removing inflammatory foods, implementing chlorine dioxide, addressing parasites, improving stomach acid, and supporting detoxification pathways.

This conversation isn't just for parents of autistic children—it's for anyone concerned about the exponential rise in chronic illness in our children. If we continue on our current trajectory, projections suggest half of all children could be diagnosed with autism within 15-25 years.

Kerri has faced extraordinary censorship for her work—deplatforming, demonetization, SWAT raids, and relentless smear campaigns. Yet she continues offering hope because she's witnessed too many recoveries to stay silent.

LISTEN TO THE INTERVIEW

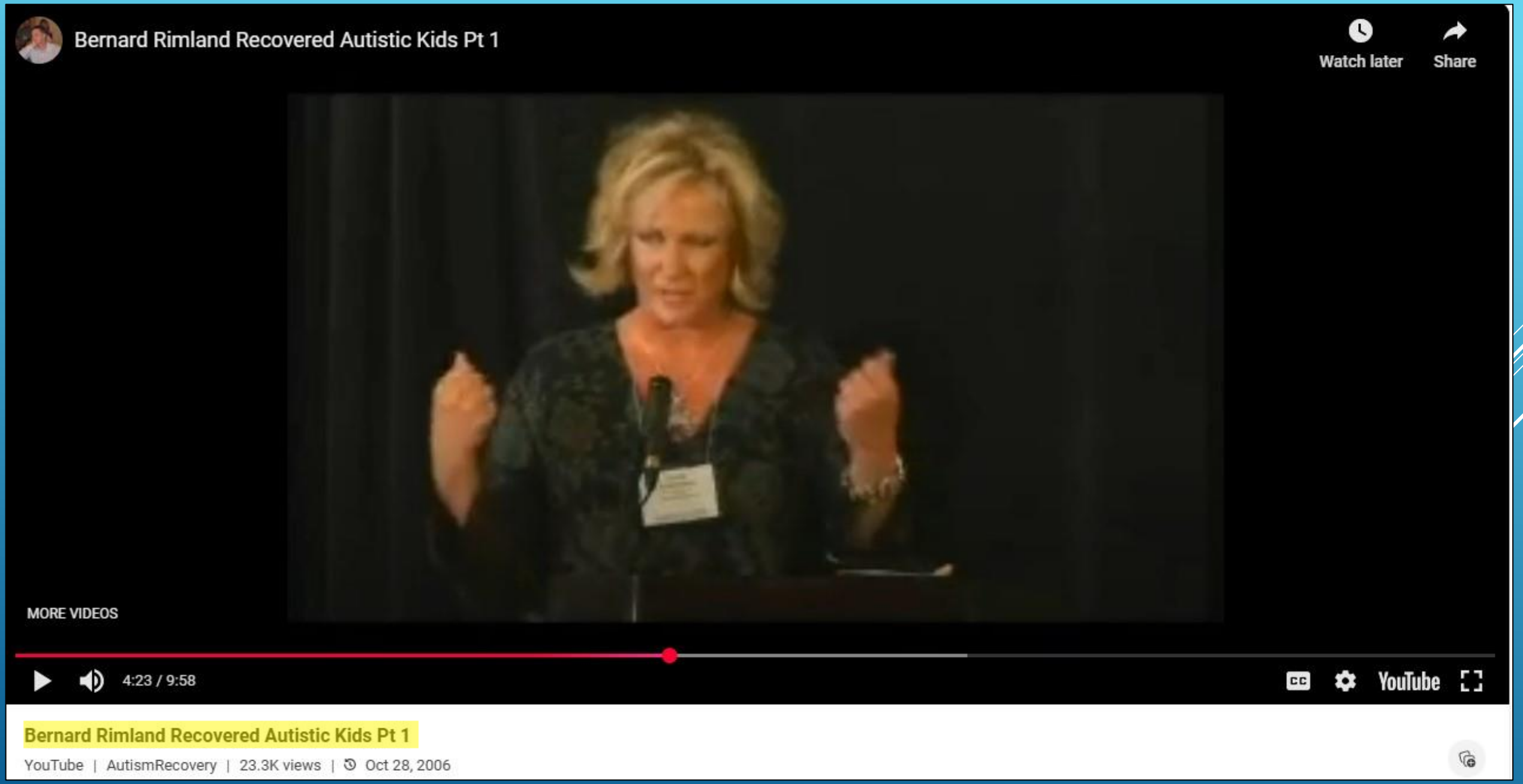
WATCH THE INTERVIEW

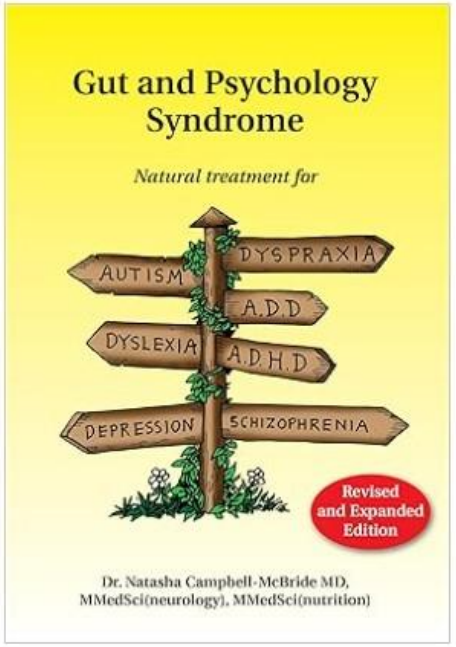
Dr. Rimland: "Early on in Psychiatry's analysis of the causes of Autism it was repeatedly declared as fact that "the Refrigerator Mother" was the cause; in other words, Autism was the result of a child having a mother who was emotionally cold and distant while only caring for their child's physical needs. Sadly, however, there was no real evidence to support this – it was simply conjecture. Therefore the only treatment that was made available was counseling for the mother to find out why she hated her child and didn't want her child. And if she denied it, it was called 'Denial!'"

Children's Health Defense

CHD.TV
CHILDREN'S HEALTH DEFENSE LIVE, VIDEO, AUDIO

https://www.bing.com/videos/riverview/relatedvideo?q=dr.+bernard+rimland





Gut and Psychology Syndrome: Natural Treatment for Autism, Dyspraxia, A.D.D., Dyslexia, A.D.H.D., Depression, Schizophrenia Revised & enlarged Edition

by Natasha Campbell-McBride (Author)

4.6 ★★★★½ 2,710 ratings

See all formats and editions

Dr. Natasha Campbell-McBride set up The Cambridge Nutrition Clinic in 1998. As a parent of a child diagnosed with learning disabilities, she is acutely aware of the difficulties facing other parents like her, and she has devoted much of her time to helping these families. She realized that nutrition played a critical role in helping children and adults to overcome their disabilities, and has pioneered the use of probiotics in this field. Her willingness to share her knowledge has resulted in her contributing to many publications, as well as presenting at numerous seminars and conferences on the subjects of learning disabilities and digestive disorders. Her book *Gut and Psychology Syndrome* captures her experience and knowledge, incorporating her most recent work. She believes that the link between learning disabilities, the food and drink that we take, and the condition of our digestive system is absolute, and the results of her work have supported her position on this subject. In her clinic, parents discuss all aspects of their child's condition, confident in the knowledge that they are not only talking to a professional but to a parent who has lived their experience. Her deep understanding of the challenges they face puts her advice in a class of its own.

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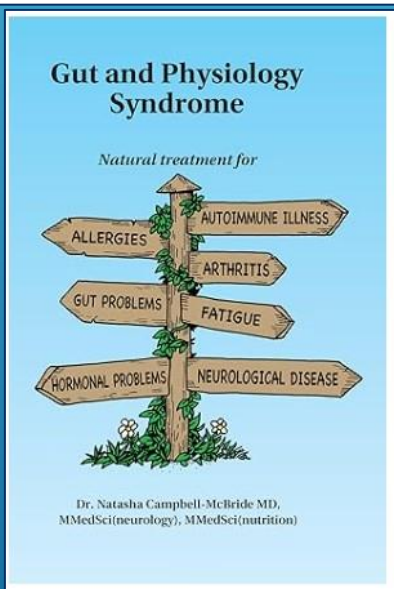

Read sample

Follow the author

Gut and Physiology Syndrome: Natural Treatment for Allergies, Autoimmune Illness, Arthritis, Gut Problems, Fatigue, Hormonal Problems, Neurological Disease and More Paperback – October 13, 2020

by Natasha Campbell-Mcbride MD (Author)

4.7 ★★★★½ 881 ratings

See all formats and editions

"Dr. Natasha has done it again! *Gut and Physiology Syndrome* takes an in-depth look at the underlying causes of today's health crisis--environmental and dietary poisons--and then provides a comprehensive plan for detoxification and nourishment to achieve the good health and clear mind that is the birth right of every adult and every child."–Sally Fallon Morell, President of The Weston A. Price Foundation

Companion volume to the bestselling *Gut & Psychology Syndrome*—the book that launched the GAPS diet—which has been translated into 22 languages and sold more than 300,000 copies.

Since the publication of the first GAPS book, *Gut and Psychology Syndrome,* in 2004, the GAPS concept has become a global phenomenon. People all over the world have been using the GAPS Nutritional Protocol for healing from physical and mental illnesses.

The first GAPS book focused on learning disabilities and mental illness. This new book, *Gut and Physiology Syndrome*, focuses on the rest of the human body and completes the GAPS concept. Allergies, autoimmune illness, digestive problems, neurological and endocrine problems, asthma, eczema, chronic fatigue syndrome and fibromyalgia, psoriasis and chronic cystitis, arthritis and many other chronic degenerative illnesses are covered. Dr. Campbell-McBride believes that the link between physical and mental health, the food and drink that we take, and the condition of our digestive system is absolute. The clinical experience of many holistic doctors supports this position.

Read less

https://www.instagram.com/reel/C_h34n5I2Iz/?igsh=ZzI4Zm9idWVocXB6

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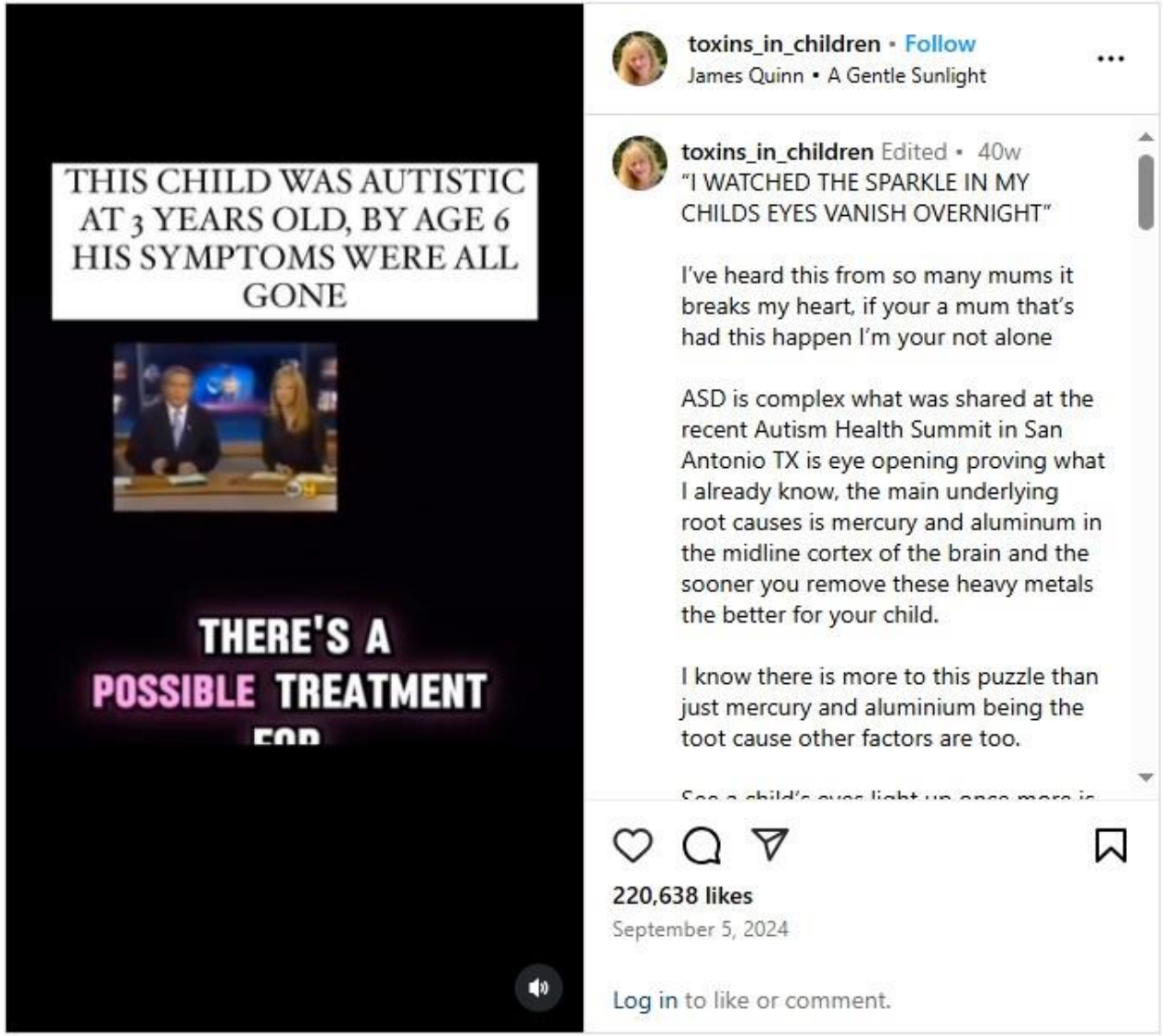
Toxins_in_children:

[Instagram]

Click on this link to watch the video!



Body Toxin Chart

touchstone essentials
TheGoodInside.com

Everyday exposure to a variety of heavy metals in air, food, and water adds up. Most heavy metals accumulate in the body where they can affect multiple organs and systems and create health issues.

ARSENIC

33 As 74.922

FOUND IN:
Water, Food and Air Pollution

AFFECTS:
Brain, Heart, Skin and Cancer

MERCURY

80 Hg 200.59

FOUND IN:
Fish, Silver Fillings, and Fluorescent Light Bulbs

AFFECTS:
Brain, Immunity, and Kidneys

LEAD

82 Pb 207.2

FOUND IN:
Water, Food and Old Paint

AFFECTS:
Brain, Bones, Liver and Kidneys

ALUMINUM

13 AL 26.982

FOUND IN:
Water, Food and Medications

AFFECTS:
Brain and Bone

CHROMIUM

Hexavalent Chromium [Cr(VI)]

24 Cr 51.996

FOUND IN:
Water, Food and Industrial Pollution

AFFECTS:
Kidneys, Lungs and Immunity

CADMIUM

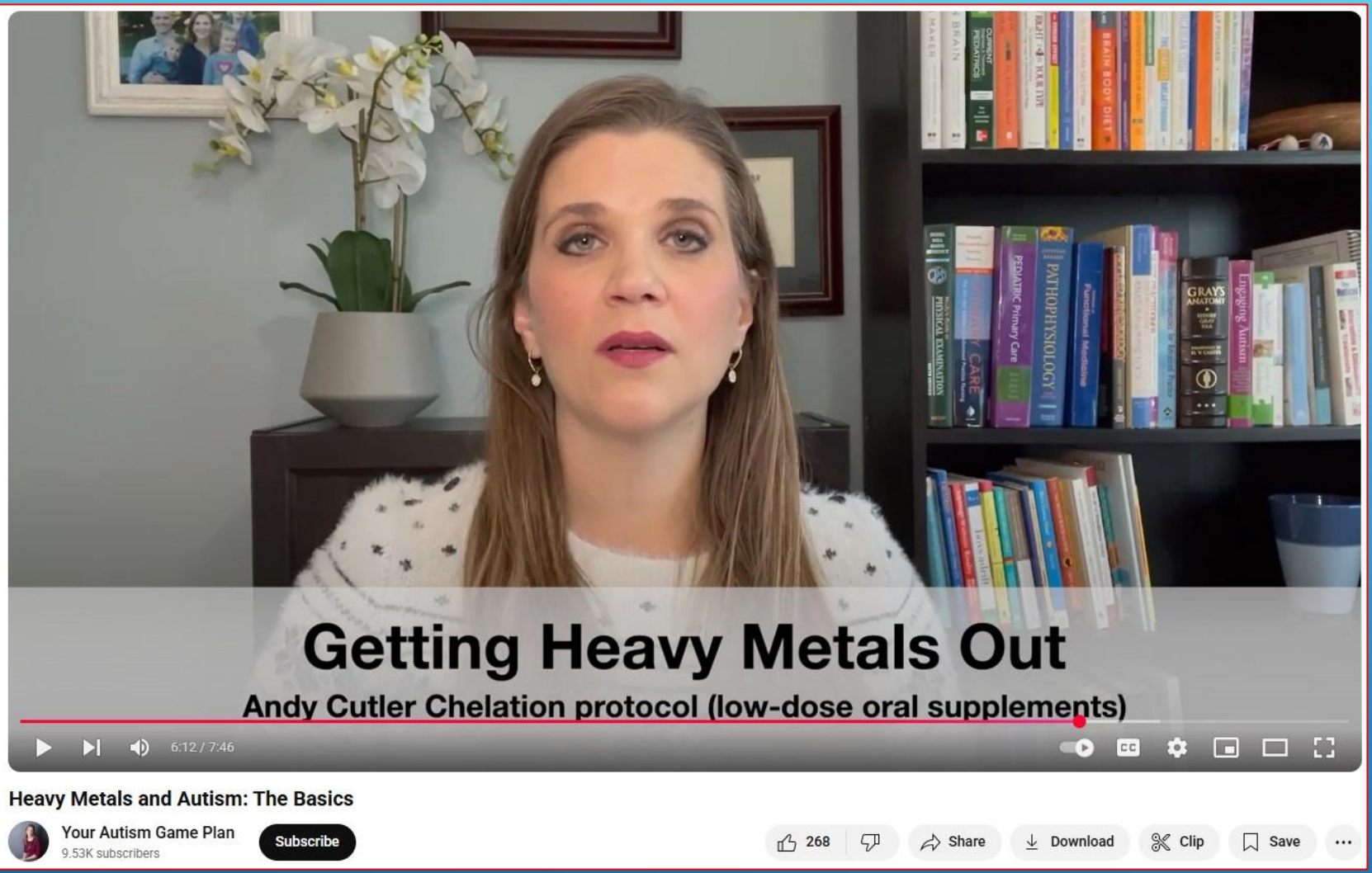
48 Cd 112.41

FOUND IN:
Food, Air Pollution and Cigarettes

AFFECTS:
Heart, Kidneys and Bones

Heavy Metals and Autism: The Basics

(https://youtube.com/watch?v=YDYcXH5Tc88)



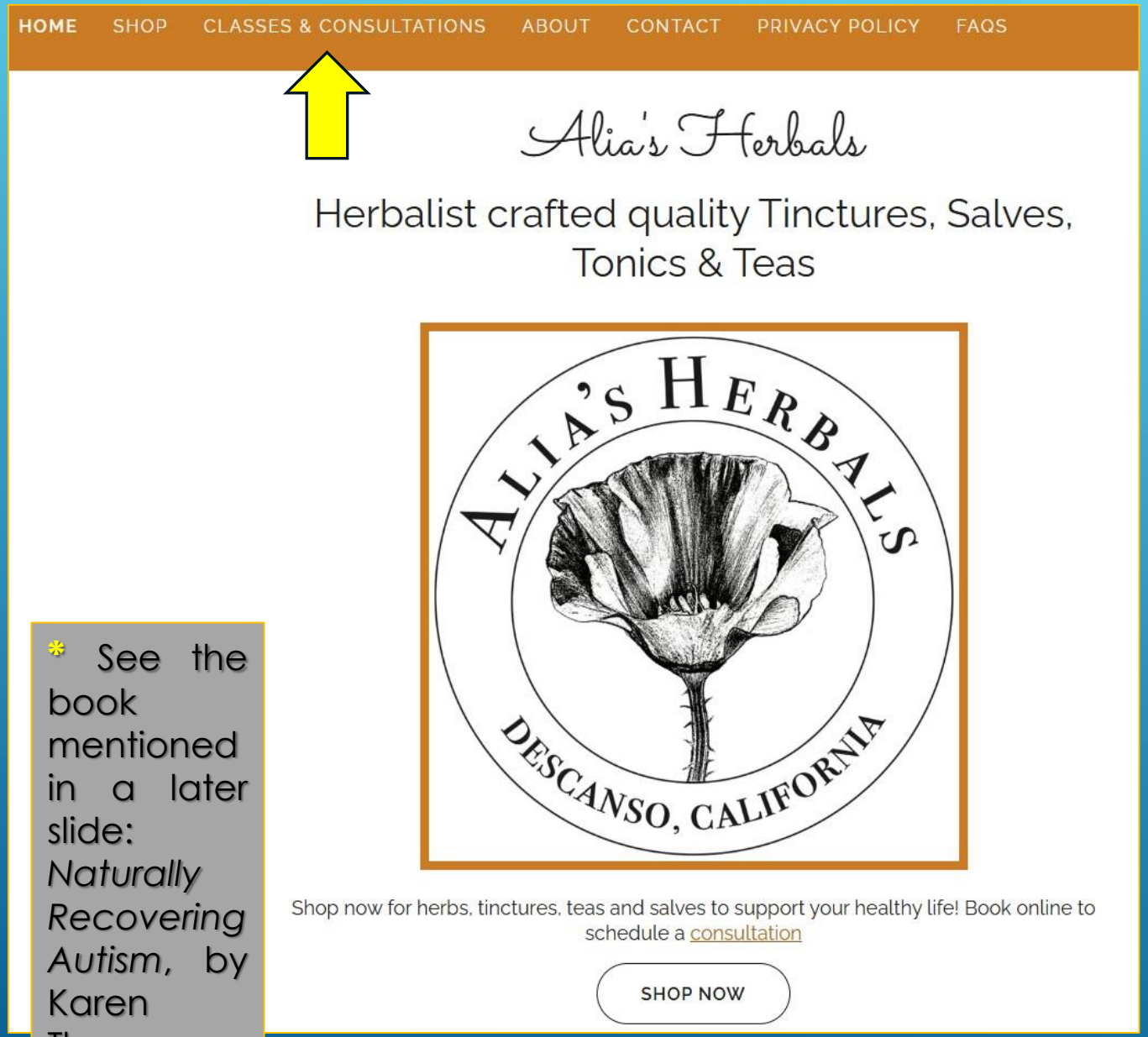
Note: The link contained in this video's description for accessing her **course** is no longer good. She's only seeing clients in Illinois and remotely for Florida residents. See her YouTube videos for more help until, hopefully, she decides to make her course available again!

The problem with heavy metals is that they take-up receptor sites in the brain that would otherwise be used by good/dietary metals, such as Zinc, Copper, and Iron. In the case of Lead, the body ends up tucking it away in both the bones and … in the brain (probably because there's lots of fat in the brain). The problem is, Lead is notorious for causing neurological and, therefore, cognitive functioning problems.

Sources of heavy metals:

- Lead pipes (public water)
- Lead paint
- Pollution
- Food
- Large fish (Mercury)
- Cavity fillings (Silver, Mercury)
- Foods and dietary supplements from China and India
- Cosmetics (metallics)??

https://aliasherbals.com/



* See the book mentioned in a later slide: *Naturally Recovering Autism*, by Karen Thomas.

Whenever you're able to speak with a naturopathic doctor or other natural health professional about (1) heavy metal detoxing and/or (2) parasite cleanses, here are some of the things you will likely want to ask about:

- Man-made supplements (usually blends) vs. natural herbs vs. medications (like Ivermectin and Fenbendazole).
- How to make any parasites vulnerable before starting either (1) or (2).
- Dosage/quantities/frequency based on your bodyweight.
- What are the stages of treatment?: Gut repair, heavy metal detox, brain repair*, parasite cleanse … anything else?
- Does liver health need to be tested first?
- Are there any known, negative interactions between your current medications and any particular herb, supplement, product, or medication.
- Binders: Which ones are the best to use so that you don't experience constipation or other negative effects.
- What to expect once parasites start dying off.
- Are product instructions complete?

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Quantity

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Parasite Cleanse Bundle

This bundle includes a combination of tinctures and teas that are known to lead to an effective and holistic parasite cleanse.
The products included are:

- Parasite Cleanse Tincture
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- Digestive Bitters Tincture
- Alkaline Tea

https://aliasherbals.com/

Natural Zeolite Detox Product

https://thegoodinside.com/shop/product/pure-body-extra-strength

touchstone essentials | SHOP | Collaborate | Community | Why Touchstone

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Pure Body Extra

60 mL | 30 Day Supply

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SINGLE | 3 PACK (BIG SAVINGS) | 5 PACK (BEST SAVINGS)

$79.95 $63.83 with Monthly AutoShip Subscription (SAVE 20%)

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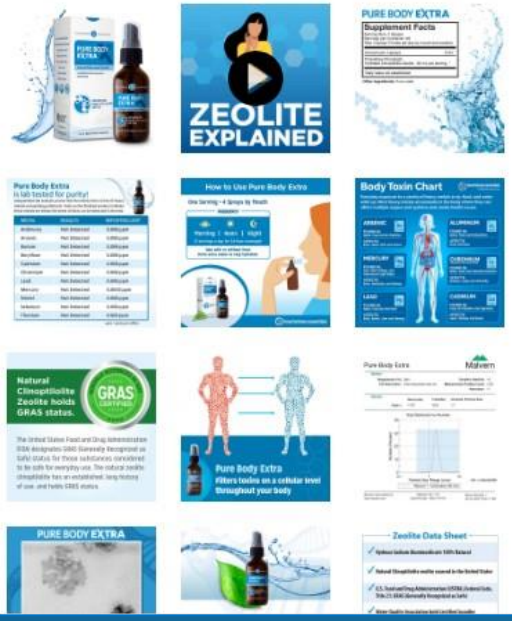

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https://www.nutreance.com/products/allogard

Is Taking Zeolite Worth the Risk?

Most detox supplements that contain **zeolite** can cause serious side effects and even worsen toxicity.

Zeolite, a type of mineral comprised of aluminum and silicon compounds, is one of the most popular ingredients for detoxification. While some reports suggest that high doses of zeolite can help clear harmful contaminants from the body, overwhelming evidence indicates this metallic powder can cause serious side effects.

Zeolite interferes with the ionic composition and regulation of acid levels in the gastrointestinal tract. For this reason, digestive distress and dehydration are common health issues associated with its consumption. More importantly, zeolite products often contain toxic levels of heavy metals, as many are derived from polluted natural sources. In this way, taking a zeolite supplement can worsen toxicity.

https://thegoodinside.com/

"You only get one chance to grow a healthy baby. One day, everyone will know that **detoxification is essential to creating the best possible environment for baby to grow. Today, with the clinoptilolite product Pure Body, you don't have to wait.**

For anyone looking to decrease their toxic exposure, **I recommend Pure Body for its unprecedented third-party testing for purity, safety and efficacy.**"

VICKI LATHAM // BOARD CERTIFIED OB/GYN PHYSICIAN ASSISTANT

OVERVIEW | BENEFITS | ▸ SCIENCE | FAQ | REVIEWS

With over 300 studies listed on PubMed on the beneficial properties of the zeolite Clinoptilolite, this mineral has gained increasing renown for its natural ability to trap toxins, heavy metals and environmental pollutants.

While synthetic zeolites are used in industrial applications, human and animal studies show benefit with whole, natural zeolite. **Pure Body Extra** uses natural zeolite, purified to perfection, and nanosized for a whole-body detox.

> *"I advocate liquid zeolite in my book, 'Toxic Free'. And that's where Pure Body comes in. When the toxicants are gone, all the rest of your cells can function, your organs start functioning and then you have health. There are other zeolite products out there, and from what I've seen, none of them compare."*
>
> *—Debra Lynn Dadd, Consumer Advocate*

Third-Party Testing:

Our proprietary cleansing process ensures a zeolite purified to perfection, backed by independent analysis that proves it's as squeaky clean as we say. At Touchstone Essentials, we're so confident in the science of our products that we put our results right on the website (makes you wonder why others don't).

Ivermectin & Fenbendazole For Parasites Cleanse
Ivermectin + Fenbendazole
Mental Clarity
Non-GMO
Cancer Support
100% Pure
iverpure
CELLTOX
Advanced Cancer Cell & Parasite Detox Formula
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Parasite Cleanse Backed by Science
Shop now

Ask Rufus

Liver Cleanse Detox & Repair for Heavy Metal Detox, Gut Health, and Energy - Zeolite for Adults with Noni, Glutathione, NAC, Chlorella, Spirulina, ALA, Cilantro, Milk Thistle & Shilajit, 90ct

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4.7 ★★★★½ (97) | Search this page

#1 Best Seller in Noni Herbal Supplements

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Item Form	Capsule
Manufacturer	Etta Vita
Package Information	Bottle
Flavor	Odorless

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In Stock

Quantity: 1

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- Chlorella
- L-Glutathione
- Spirulina
- Cilantro
- ALA (Alpha Lipoic Acid)
- NAC (N-Acetyl-L-Cysteine)
- Milk Thistle
- Shilajit
- Noni
- Selenium

Note: Shilajit is a complex organic compound derived from ancient mats of decomposed plants found at certain elevations in the Himalayan Mountains that contain most of the trace minerals needed by your body's cells. Shilajit is often a stand-alone product that, **when produced cheaply, often contains heavy metals and other impurities**. The brand that seems to have the best reputation for purity is **Nurojit**. So, I'm not sure how pure the Shilajit in this Etta Vita brand is … ??

https://www.nutreance.com/products/allogard

nutreance Allogard Products Help

Allogard

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VIDEO

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IV chelation therapy is a medical treatment that uses special drugs to bind to metals in the blood, allowing them to be removed from the body through urination. The therapy is typically administered through an intravenous (IV) line, with common chelating agents including **ethylenediaminetetraacetic acid (EDTA)**. Treatments usually last from **30 minutes to several hours** and may be done weekly. While it is primarily used for treating **heavy metal poisoning**, it is not FDA-approved for other conditions like heart disease or autism. WebMD +3

Chelation Therapy: Purpose, Procedure, and Side-Effects ...
https://www.webmd.com › balan...

Chelation therapy for heart disease: Does it work? - May...
https://www.mayoclinic.org › dis...

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WebMD
https://www.webmd.com › balance › what-is-chelation-therapy

Chelation Therapy: Purpose, Procedure, and Side-Effects - WebMD

Sep 20, 2023 · Chelation therapy uses special drugs that bind to metals in your blood. You get the chelating medicine through an intravenous (IV) tube in your arm. It's also...

Holistic Medicine

Takeaways. Holistic medicine is an approach to health care that takes the whole person – mind, spirit, and body – into consideration. It includes a v...

Chelation therapy is a medical procedure that involves the administration of chelating agents to remove heavy metals from the body. Chelation therapy has a long history of use in clinical toxic... +
Wikipedia

Researchers conducted a large series of studies to assess whether chelation therapy may help **reduce** the risk of cardiovascular events in people who have previously had a heart attack.

A doctor should only ever prescribe chelators in cases of **metal poisoning**. These medications have serious side effects and may sometimes bind to traces of metal that are essential in the human body.

It has **not been approved** to do this kind of chelation therapy at home. So, be **very careful** and always talk to your doctor.

New To Chelating? Start Here

The protocol for the chelation of mercury and heavy metals, according to Dr. Andrew Cutler Ph.D., P.E, can seem overwhelming to learn at first. On this page, we have tried to simplify this learning process in as concise a manner as possible. Before beginning the chelation for mercury, it is strongly advised that you follow these guidelines:

1. Find Support & Learn

a) Join one or more of the support groups below;

The value of such support groups cannot be underestimated. Many questions will come up along the way, and there are many good people out there waiting to offer help;

- **Join the ACC Discussion Forum**, which adheres strictly to Dr Andy Cutler's protocol.
- **Facebook Group: Andy Cutler Chelation : Safe Mercury and Heavy Metal Detox**

b) Listen to these interviews with Dr Andy Cutler

They provide an extremely helpful and easy introduction to Andy's protocol, and a great primer for his books. Listen to them in the car, out on a walk, or in the kitchen cooking dinner;

Contents [hide]

1 1. Find Support & Learn
1.1 a) Join one or more of the support
1.2 b) Listen to these interviews with D
1.3 b) Order Dr Andy Cutler's book Am
Diagnosis and Treatment
1.4 c) Read this article, and the genera
chelation before you start.
2 2. MOST IMPORTANT! Remove Any Me
3 3. What is oral chelation?
4 The Cutler protocol of oral chelation
4.1 Hair testing
4.1.1 Deranged mineral transport in a hair test
4.2 1) The DMPS Challenge test: WARNING: Do not do challenge tests!
4.3 2) The EDTA challenge test. WARNING! Do not do!
4.4 3) The 24 hour fractionated urine porphyrin tests
4.5 THE CHELATION PROCEDURE – AFTER DENTAL REVISION
5 DR ANDY CUTLER'S ORAL CHELATION PROTOCOL
5.1 So what chelating agents should we be using to chelate?
5.2 TYPES OF CHELATORS
6 DMSA
7 ALA
8 DMPS
8.1 Oral mercury chelation: general guidelines

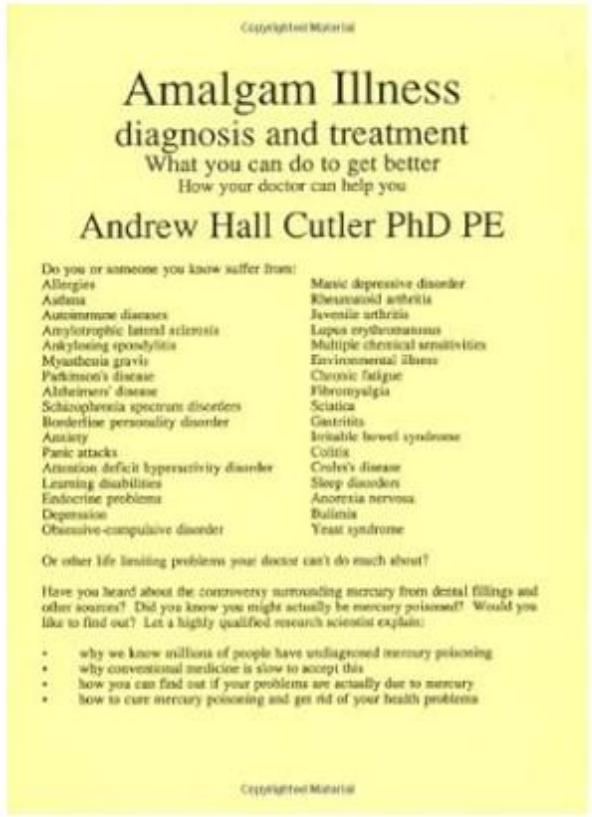
- **Wise Traditions Podcast with Dr. Andy Cutler**
- **Mark Schauss Interview of Doctor Andy Cutler**
- **The Reality of Mercury Poisoning And What You Can Do About It - Episode 38**
- **Mercury Chelation Could Be The Answer To Your Mystery Illness - Episode 39**

a·mal·gam
[əˈmalgəm]

noun
a mixture or blend:
"a curious amalgam of the traditional and the modern"

Similar: combination | union | merger | blend | mixture | mingling

- *chemistry*
  an alloy of mercury with another metal, especially one used for dental fillings:
  "amalgam fillings"



Follow the author

Andrew Hall Cutler

Follow

Amalgam Illness: Diagnosis & Treatment: What You Can Do to Get Better, How Your Doctor Can Help You Paperback – June 21, 1999

by Andrew Hall Cutler (Author)

4.4 ★★★★½ 142 ratings

See all formats and editions

Amalgam Illness: Diagnosis and Treatment starts with a detailed explanation of why to consider amalgam illness to be something that some people must have by comparing the well known statistics for how much mercury people absorb from their fillings to the well known statistics of how sensitive different members of a population are to a given toxin. This is for people who really don't know if they believe in amalgam illness or not (the other material available is rather sensational and I can't blame anyone reading it for having questions) before going any further.
Amalgam Illness: Diagnosis and Treatment discusses how to deal with physicians if you think you have a controversial disease - especially if you have the great "luck" to be covered by a managed care plan.

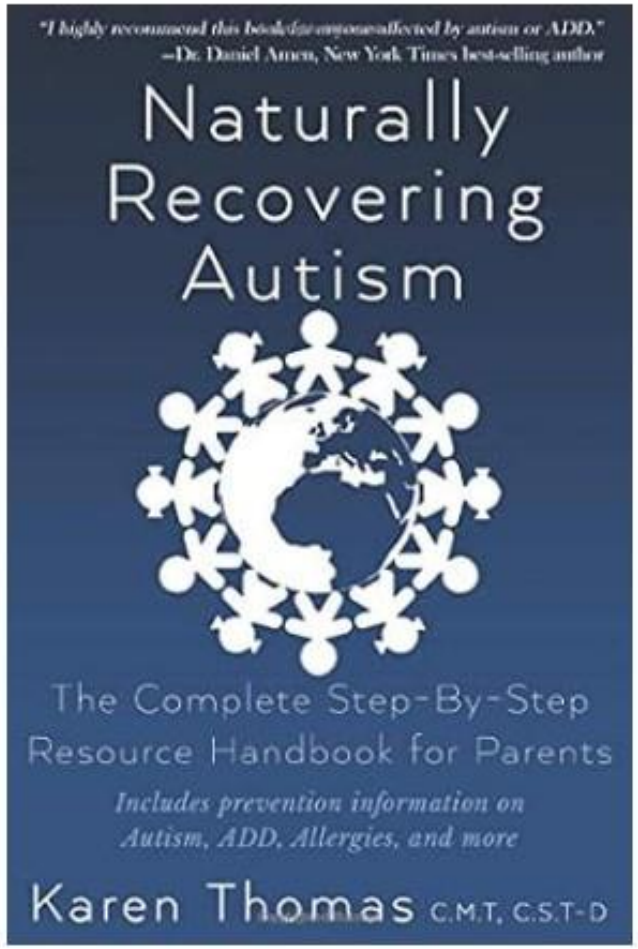
A key section is devoted to diagnosis - how to tell if you actually have amalgam illness instead of something else. It is also possible to be mercury poisoned from something other than amalgam, and the testing and examination described here is diagnostic regardless of the source.

How to get the dental work done safely if you have decided amalgam fillings are the problem is briefly described - there is a robust industry of amalgam free dentists if you know how to look for them.

The use of drugs and nutritional supplements to get the mercury out of your system is carefully presented - there are some important factors here that are not well described in the previous books on the subject and not all physicians who claim they know what to do actually give good advice.

Then comes what turns out to be the major section of the book - how to treat all the related health conditions amalgam illness can cause so as to relieve them while mercury detoxification proceeds. Since amalgam illness is not widely recognized in the medical community, most people with it get pretty sick before they get motivated to bounce around between doctors and eventually end up in front of one who tells them about it. So most victims have pretty serious, unpleasant health problems (like fibromyalgia or severe allergies) and they really need to make these STOP for the year or two it can take to get fully detoxed and let your body heal.

There are extensive tables of what to use for different conditions, a description of all the drugs and nutritional supplements suggested in the book, and appendices covering things like what the assorted clinical laboratory tests you might get actually mean, what other helpful books are that you might use, and supporting information like what the chelating agents are and how they work.



Naturally Recovering Autism: The Complete Step By Step Resource Handbook for Parents Paperback – February 13, 2018

by Karen Thomas (Author)

4.4 ★★★★☆ (124) See all formats and editions

Drug-free recovery is possible. Karen Thomas knows first-hand what it is like to have a child with autism and the confusion around what can be done to help your own child get better. Karen was told to drug her son and try therapies. Her holistic background as a craniosacral therapist led her to know there was a better way to naturally work with the causes, not just the symptoms. Due to over a decade of her own research and personal experience, today Karen's son is fully recovered from his symptoms of autism. She now shares this wealth of information with other parents to assist in their children's recovery from autism to give them a clear guide and offer reliable, natural resources on autism recovery. Naturally Recovering Autism is *the* parent's resource guide. It will help you know what you need to do to get the optimum results.In this step-by-step guide, you will master the three stages that are crucial to recover from the physical, emotional and behavioral symptoms of autism. In healing your child's body, you will also improve abilities such as learning, social adaptability, and self control. The three stages are: Stage 1: Repairing the gut; Stage 2: Natural heavy metal detoxification; Stage 3: Brain repair and support. Karen Thomas has become one of the most trusted resources of parents of children on the autism spectrum. Personally, having experienced the challenges of finding the right resources and the right way to implement them, she now shares this with others.Karen Thomas is the founder of Naturally Recovering Autism, https://naturallyrecoveringautism.com

Report an issue with this product or seller

I have also seen a lot of promotion of a **4th step**, namely, detoxing the body from **PARASITES**, which is something that most M.D.s do not see as representing a real health issue in today's modern age. However, people who have pets seem to be especially susceptible. Parasites, I've read, seem to use heavy metals as a way to shield themselves from detection by the body's immune system. Some have even connected parasites with cancer: Get rid of the parasites, and the cancer cells also go away. Anyone using nutritional supplements to help with ASD brain function can understand that parasites steal nutrition before it reaches the cells. Karen's website is www.naturallyrecoveringautism.com.

Hi Greg,

Have you ever been told that your child cannot recover from autism? I have, and I know how discouraging that can feel. Yet today, my son no longer exhibits the symptoms that once defined his diagnosis.

Sometimes, when parents hear this, they respond with hesitation, as if recovery means changing "who" their child is. But autism is not a *who*. It's a *what*. And the "what" can be addressed.

When biological imbalances are resolved, the brain begins to function more clearly, and many of the symptoms we associate with autism can fade or disappear. In my son's case, those symptoms are gone, and he now lives a full, happy, and independent life. His world looks very different now than it did before.

There are **four stages** I've identified in the recovery journey:

1. Healing the gut and balancing the microbiome
2. Natural heavy metal detoxification
3. Clearing the co-infections (mold, Lyme, PANS/strep, parasites)
4. Brain support and repair

Each week, I'll walk you through one of these stages. Today, we begin with **Stage 1: Healing the Gut**.

Why Gut Healing Comes First

Autism is often a **symptom** of deeper underlying issues—things like chronic inflammation, toxins, infections, immune dysregulation, and imbalanced gut flora. These biological stressors interfere with brain function and behavior.

"PANS (Pediatric Autoimmune Neuropsychiatric Syndrome) and PANDAS (linked to streptococcal infection) can cause an overactive immune response. In Autism, the immune system is often already dysregulated. In PANS, the immune system may attack the brain, causing flare-ups with sudden behavioral or cognitive changes. Symptoms can include tics, strep throat, flu-like symptoms, speech regression, OCD, or [more general] anxiety."

"To **test your home for mold**, use an ERMI or HERTSMI test from **www.mycometrics.com**. If remediation is needed, **Wondermakers** trains professionals in proper mold removal. Mold can contribute to leaky gut, hormone imbalances, & dietary intolerances (e.g., gluten, dairy, etc.)."

Better Sleep | Clearer Thinking | Calmer Moods

PLUS... get our free resource:
Transitioning Picky Eaters: Getting More Nutrition Into Your Child's Diet

"Autism can be a symptom, not a diagnosis. It can be the result of … factors such as toxins, pathogens, infections, a compromised immune system, and inflammation in the brain. The co-infections can include mold biotoxins, PANS, Lyme disease, and parasites."

https://naturallyrecoveringautism.com

*** More options designed to help reduce and possibly eliminate symptoms of Autism ***

https://tryrosabella.com/products/rosabella-moringa-powder-capsules-sub?variant=46396882354431

Rosabella

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(4,061)

Rosabella Moringa Powder Capsules

"It took about a week for the effects to kick in, but my mood is better, I am sleeping through the night, the nagging joint pain is a 2/10 instead of a 5-6/10, would highly recommend". - Rebecca R., United States

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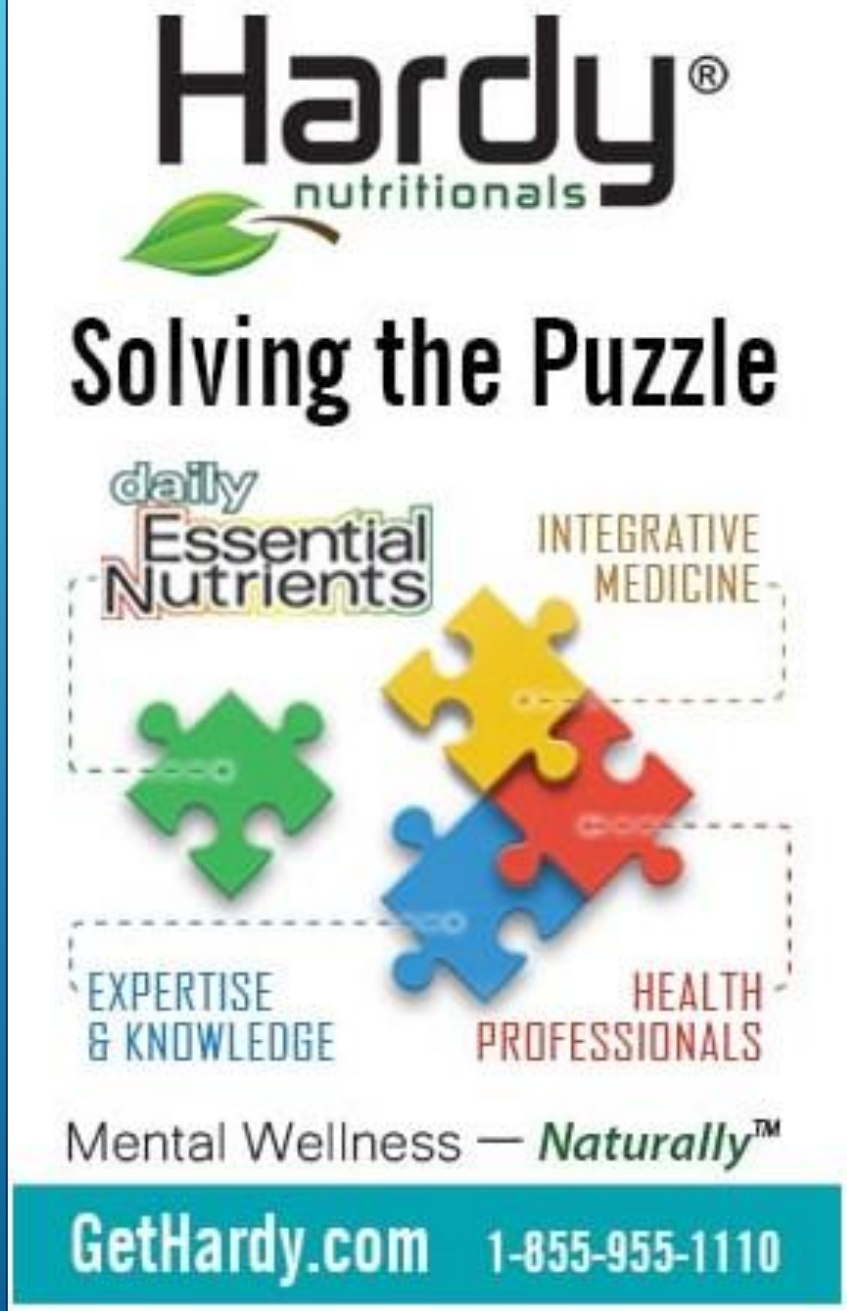
This website reports that in a controlled study on Schistosoma Mansoni infection, mice given Moringa leaf extract alone experienced a **62.9% total reduction in parasite worm load.** Male worms fell by 72.5%, females by 64.2%, and worm couples by 42.8% compared to untreated controls. This is as effective as Albendazole and Mebendazole, the most common prescription parasite drugs. The problem is that these drugs act like harsh cleanses. They kill worms, but they don't repair the gut lining parasites have destroyed. They leave people dealing with nausea, pain, diarrhea, dizziness, and liver stress while doing nothing to restore the nutrient deficiencies parasites have caused. Moringa can solve your joint pain, chronic fatigue, memory loss, brain fog, poor digestion, restless sleep, and intense cravings by eliminating parasites and gut health restoration.



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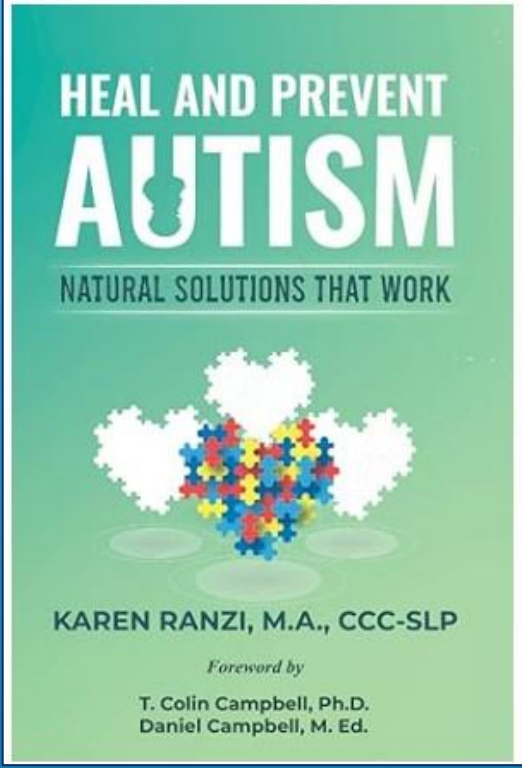

Heal and Prevent Autism: Natural Solutions That Work Paperback –

August 10, 2021

by Karen Ranzi (Author)

4.5 ★★★★½ (28)

See all formats and editions

In *Heal and Prevent Autism: Natural Solutions That Work*, Karen Ranzi, M.A., CCC-SLP, Speech Pathologist and Holistic Health Coach, looks deeply into toxic exposures children are faced with daily. Toxicity overwhelms the child's physiology resulting in a toxic load. *Heal and Prevent Autism* explores research on the causes of autism and reveals opportunities to help avoid and/or escape the autism spectrum if desired. Focusing on a healthy immune system cannot be left out as usual. *Heal and Prevent Autism: Natural Solutions That Work* emphasizes a plant- powered lifestyle both for prevention and turning around autism symptoms. Chapters include: heavy metal detoxification, role of the gut microbiome, plastics, nutritional deficiencies, environmental toxic chemicals also in personal care products, raw plant foods positive role against autism and other neurological disorders, how eating choices affect behavior, exploration of essential fatty acids, solutions for EMF radiation, natural cure for seizures, plant foods for brain health, creative fun lifestyle tips, delicious fresh wholesome recipes, therapies that boost mood, communication and engagement, and so much more.

Karen Ranzi's speech pathology specialty works in tandem with her success as lifestyle transition coach. She's discovered a powerful method for avoiding attention deficit disorder and autism. Forty years ago, autism was 1 in 10,000. Today in my state of New Jersey autism is 1 in 32 children. Autism is growing at an alarming rate.

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What If? …

Remember Carly from the ABC news story in our Success Stories section, the girl who began communicating at age 14 by typing-out her words? Carly described how she "can't sit still because my legs feel like they're on **fire or it feels like a hundred ants are crawling up your arms."** Now, think about Brenda McDowell, the mother of the triplets (who quickly regressed after receiving a cluster of vaccines) saying that the moment the vaccine injection entered her daughter's leg, she began **screaming in pain**.

What if some kids' have a **predisposed sensitivity** to one or some of the (heavy metal) ingredients contained in vaccines – even if it's EthylMercury, which normally is easily eliminated – such that they experience it like **a fire** being injected into their veins? – and then, to block out the chronic, internal pain, they physically act-out as a distraction and/or as a way to try to mitigate that pain, like what non-ASD people do by putting an ice cube on a 1st or 2nd degree burn?

https://beacons.ai/allforthecrunchy

Stay up to date

📩 Want help detoxing your child or healing your gut naturally? Join 2,000+ parents and wellness seekers getting weekly tips, discounts & detox protocols straight to their inbox. 🎁 Bonus: Free Metals Toxicity Chart when you sign up!

First Name

Email

Submit

This is for educational purposes only, my content does not substitute professional medical advice or consultations with healthcare professionals.

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Removes heavy metals, mycotoxins (mold) and PFOA's. Get $50 on your first order. Cancel anytime!

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Step By Step How I Cleared Parasites (With Photos)

MY SON'S STORY

Testimonials

The Hidden Toxins Around Us Ebook

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Get for free

A Guide to Heavy Metals and Low-Tox Living

PARASHIELD PARASITE CLEANSE (step 2)
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Just released! Telo-Vital (Step 3)
Take back your youth! This botanical blend is specifically designed to activate the "youth enzyme" called telomerase which replenishes telomere length. The longer your telomeres, the younger you appear and feel!

Touchstone Essentials Store
Discover goodness and more at Touchstone Essential's Shop Detox Essentials (Pure, Organic, Trusted)

What sets apart Touchstones Essentials Zeolite?
FDA has granted touchstone zeolite with GRAS status, 3rd party tested backed

A Complete Guide to Zeolite Detox, Benefits, and Usage
Discover how you can detox with zeolite, everything you need to know about this natural mineral, the types of zeolite supplements, and zeolite's many benefits.

How Environmental Toxins Impact the Body
Toxins contaminate food, air, water, soil, and even dust within our homes. Discover what toxins we face and the symptoms they can trigger.

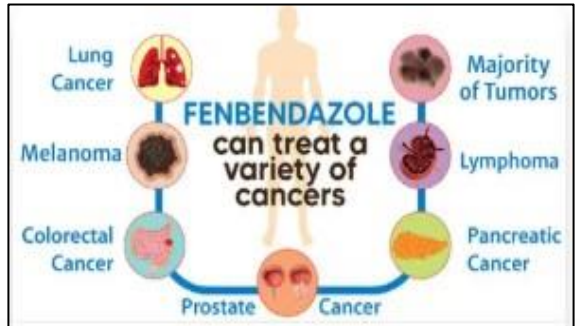
Metals toxicity chart
Is Your Child Affected? Check the Symptoms

https://deeprootsathome.com/topics/detoxing/

Fenbendazole, an animal de-wormer, has been used to remove parasites from humans …

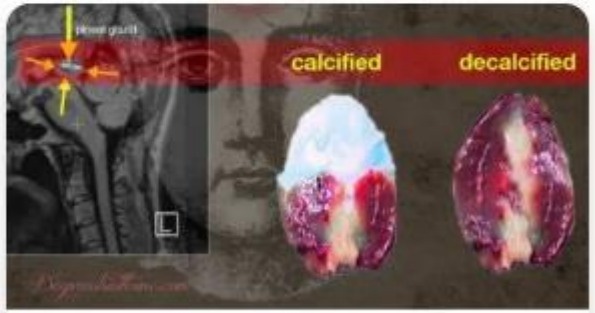
Deep Roots at Home

Detoxing (podcast posts)



Fenbendazole Q & A: Important Things to Know, Useful Tips

Methylene Blue and Your Gut Microbiome: What You Should Know



How To Decalcify the Pineal Gland & Also Undo the Damage

Why Zeolite Is So Good For Cleaning Up the Entire Body

If You're Very Sick with No Explanation, Look Into Magnesium

… however, please see the next two slides for more information.

The reason deworming in humans is important is because parasites, when present, **prevent the development of gut health** … and gut health is **crucial** for mitigating ASD symptoms.

How Does Fenbendazole Work?

https://joe-tippens-protocol.com/

(an animal de-wormer that has been used in parasite purging):

Fenbendazole eliminates parasites by inhibiting the production of microtubules, which are structural components of cells that enable intracellular transport. This microtubule disruption also applies to cancer cells, which rely on these structures to sustain their rapid, uncontrolled division. Essentially, fenbendazole stops mitosis by the same mechanism that it kills parasites.

Fenbendazole attacks malignancies [cancer cells] through several key pathways:

1. Triggering apoptosis (programmed cell death). It does this by arresting the cell cycle via microtubule disruption.

2. Restricting cancer cell glucose uptake. High glucose consumption fuels uncontrolled tumor growth, as seen in PET scans demonstrating the Warburg effect of aerobic glycolysis. Fenbendazole appears to limit this key energy source by reducing glucose transporters and the hexokinase 2 enzyme. This starves cells of division-enabling sugars.

3. Reactivating the tumor suppressor p53 gene. Fenbendazole restores p53 function, which is a strong tumor suppressor. Humans don't have much of this gene, but fenbendazole helps activate it.

Additionally, malignant cells seem unable to develop resistance to fenbendazole with prolonged use, unlike traditional chemotherapy drugs. This enables long-term administration without loss of efficacy.

A major way cancer cells develop chemoresistance is through P-glycoproteins— special pumps expelling anti-cancer drugs from the cell before they can exert effects. However, research shows malignant cells do not identify fenbendazole as a compound to eject via these pumps. So unlike other agents, fenbendazole remains inside cancer cells. By avoiding efflux by P-glycoproteins, fenbendazole can retain its potency long-term. **However (see next slide) …**

Also from https://joe-tippens-protocol.com/

The Food and Drug Administration (FDA) and European Medicines Agency (EMA) both prohibit fenbendazole for human use. The dose used in animals is greater than 100 fold of the amount that is considered safe for human intake. This is because research has shown risk of serious side effects, such as hepatitis, bleeding and death. Patients should always consult with their oncologists or healthcare providers to explore the most appropriate and effective treatment options based on their specific cancer type, stage, and individual health conditions. Research continues to investigate fenbendazole's potential role in cancer therapy, but until more conclusive evidence emerges, it should not be used as a treatment for cancer. [Note: My only doubt about this warning comes from thinking that the FDA is in-cahoots with Big Pharma].

From www.deeprootsathome.com:

Medical Disclaimer: I am no longer a practicing medical professional [RN], and I am not a doctor. I am a mother. I do seek scientific confirmation of the safety and effectiveness of the herbs and remedies I use. Using remedies is a personal decision. Nothing I say on this blog is intended to treat or prevent disease. Consult your own doctor.

Dr. Stefanie Weinstein seems to be another online proponent of **heavy-metal detoxing and parasite purges**. I saw her on Facebook and have been working on trying to verify that she is, in fact, an M.D. I ended up using FB Messenger to communicate back and forth. As of right now, she ***seems*** to be legit. Here are the **ingredients** in her recommended detox and parasite kit, which runs $500.00 for a 90 day supply:

- Ivermectin (de-wormer)
- Fenbendazole (de-wormer)
- Praziquantal (paralyzes the parasites)
- Curcumin (Turmeric)
- Zinc
- Vitamin D3
- Liposomal Vitamin C

If/when I get more details on ordering from Dr. Weinstein, I will do my best to pass them along. In the meantime, see the next slide for what appears to be the best brand for Magnesium **for adults** (again, purity is the key, as compared to vitamins coming from China that are notoriously "dirty" and contaminated with heavy metals).

ORGANICS
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Premium wellness for adults

Why Choose Our Magnesium

Unique Formula

With Chelamax® magnesium and zinc, you can expect even greater magnesium absorption. Plus, placing the powder in vegan capsules allows for easier digestion.

High Potency

POTENCY

Each serving of our Magnesium Glycinate contains 1250mgs of chelated magnesium, equal to 275mg of elemental magnesium per serving.

Bioavailability

BIO

We use the most bioavailable form of magnesium available for unmatched efficacy.

Don't Like Pills?

No problem! Just empty 3 capsules into your smoothie or drink every morning!

Destroying Parasites:

This is important because parasites rob you and your child of vital vitamins, minerals, and nutrients, and they also reportedly thrive on and benefit from heavy metals in your system. In other words, heavy metals and other toxins help parasites to thrive which, in turn, keeps you stuck in a cycle of dis-ease, feeling not-well, lacking energy, having trouble thinking and concentrating, etc. My understanding, then, is that parasites are like bad bacteria in how their presence forms the foundation for many problematic mental health symptoms.

There are several natural herbs that are known to have a significant impact on parasites. You can find many products online that include some/most/all of these ingredients together, usually in a form that can be used for making a parasite-fighting tea:

- Cloves
- Black Walnut Hull
- Wormwood
- Ginger Root

Binders: See next slide

Tea Ingredients:

- 1 tsp. Wormwood (anti-parasitic)
- 1 tsp. Cloves (kills parasite eggs)
- 1 tsp. Black Walnut Hull (kills adult parasites)
- 1 tsp. Ginger Root (soothes digestion, anti-inflammatory)
- 3-4 slices of Lemon (boosts liver detox)

You'll want to talk with a holistic doctor or naturopathic specialist, since "natural cures" like this tea are far less expensive than most curated products available online!

Binders:

1) **Zeolite**
   - See previous slides
2) **Diatomaceous Earth (food grade)**
   - Sharp, microscopic edges damage parasites' outer membranes.
   - Use: 1 tsp.-1 tbsp. in water daily – start slow. Drink plenty of water to avoid constipation.
3) **Bentonite Clay (food grade)**
   - Binds to toxins, heavy metals, and microbes.
   - Use: Start with ½ tsp. daily. Mix with water or juice. Ensure hydration. Do NOT use with certain medications.
4) **Chlorella**
   - A green algae that binds to heavy metals and may help clear parasite waste. Nutrient-rich, and supports detox pathways.
   - Use: Tablets or powder, often paired with Cilantro extracts or powders.
5) **Psyllium Husk**
   - Adds bulk to stool, helps sweep parasites and binders out of your system through defecation.
   - Use: Mix with water and consume quickly, follow with more water.
6) **Activated Charcoal**
   - Activated charcoal can help remove certain toxins from the body by trapping them in the gut, preventing absorption. It is effective against specific poisons and can aid in detoxification after exposure to harmful substances. However, it does not remove all toxins, such as heavy metals, alcohol, or pesticides. Its porous structure allows it to absorb various substances, but should be used with caution to avoid constipation.

Suramin:

The W.H.O. gives it to people in Africa for free, but here in the U.S., the CDC only allows it to be dispensed under strict medical supervision.

Dr. Robert Niviaux

Autism Treatment Center of America®

https://autismtreatmentcenter.org/the-son-rise-program-online/

$999 for 12 months of access

Continued access for $45 p/month after your first 12 months.

Get started for only $41.25 per month

$45/month after your first 12 months.

The Son-Rise Program Online provides families with effective autism therapy and support through a new comprehensive online platform. This online training platform offers a warm, welcoming space where love, understanding, and progress come together. This program will provide the training you need to **start your own at-home autism therapy program**.

Our enhanced platform is tailored to your family's unique needs and encompasses a wide array of autism tools, providing you with courses, community, & resources.

"We are delighted that you have contacted us for information about ***Do Autism Differently®***, formerly, ***The Son-Rise Program®***. We so look forward to helping you and invite you to set up a complimentary 25-minute initial phone call with a Program Advisor so that we can answer any questions you may have and explain the program and the ways in which you can use it to change the direction of your child's life. If you would like, we can also share what we have seen first-hand, and the hundreds of stories that families have shared with us that show the profound impact this program can have."

Key Learnings Include:

- Mastering the groundbreaking Son-Rise Program "Joining Technique" through engaging video examples.
- Expanding your child's capacity for longer and more meaningful interactions

From an ATCA representative: *"We show you how to create connection with acceptance to further the relationship by becoming* ***a force of nature****! By this I mean you can become* ***so attractive*** *to a person on the spectrum because you are fun, thoughtful, patient, and can* ***be so present with*** *that amazing child that* ***they want to communicate with you****. You will celebrate with them,* ***building a bridge*** *to them so they come to you. You will learn how to* ***follow their lead*** *and to* ***use*** *their repetitive regulation to* ***connect****."*

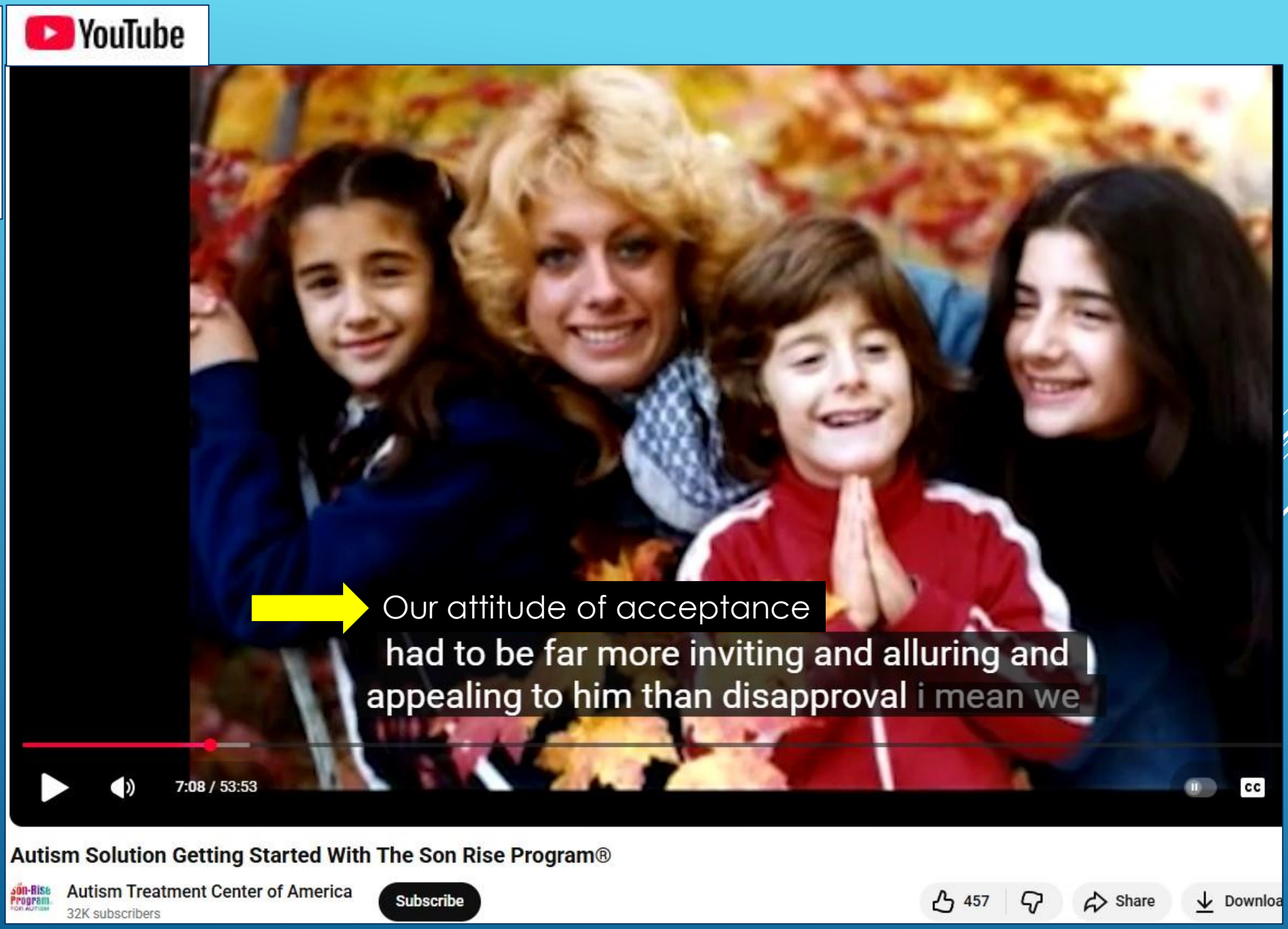
We also recommend that you get these resources as they are so easy to understand, simple to implement and can allow you to see the impact of *The Son-Rise Program* right away:

- Barry Neil Kaufman's book; ***Son Rise: The Miracle Continues*** is the real-life story of how *The Son-Rise Program* began. Deeply moving and inspiring, a must-read for any parent looking for hope for their autistic child.
- We strongly encourage you to watch this beautiful movie, which was produced from the book mentioned above: **Son-Rise: A Miracle of Love**. It's touching, emotional, and inspiring in so many ways.
- Raun Kaufman's book; ***Autism Breakthrough*** is a step-by-step guide to *The Son-Rise Program that* will allow you to begin using some of the techniques right away. Raun was severely ASD as a child, but now runs the Do Autism Differently program of the Autism Treatment Center of America (formerly the Son-Rise Program).
- Kate C. Wilde's book; ***Autistic Logistics*** will offer you specific techniques to help with all the 'real life circumstances surrounding eating, sleeping, crying, and so many 'day to day' moments that can be challenging.
- Please watch: **Autism Solution: Getting Started With The Son-Rise Program®**. This video is an introduction to *The Son-Rise Program* with some practical teaching tools that **you can begin using today**. You will be introduced to three techniques that you can begin using *immediately* with your child. Pick one or two areas of challenge to work on throughout the week. *We can't wait to hear how this goes for you!!!*

Autism Treatment Center of America

From a current phone rep at ATCA:

"we do have an excellent parent-run therapy program that we use to train parents to get into the world of people on the spectrum at any age."



YouTube

Search

Watch up through 6:49!!

Autism: Never Give Up! (Clip 2 of 4) The Son-Rise Program® Autism Treatment

Additional Resources

(the first group of slides pertain to local resources, some of which do not have to do with Autism, per se)

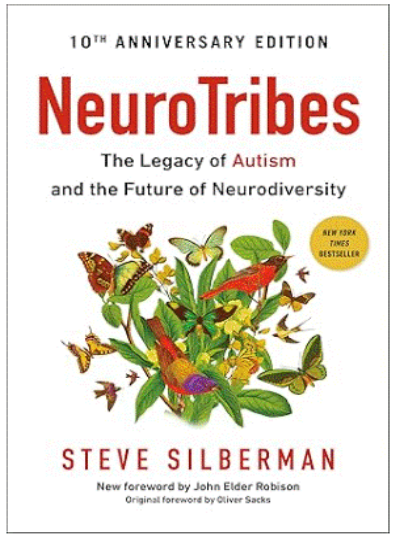
If you'd like to do some research on a website or business prior to reaching out to them, there are several ways to do so:

1) Type the name of the business or website into the search bar at the Better Business Bureau's website, https://www.bbb.com
2) Type the name of the business or website into the search bar at https://www.trustpilot.com
3) And, of course, you can always look for reviews at https://www.yelp.com
4) Just type the name of the business + "reviews" into Google and see what else might come up

Uniquely Human: The Podcast

(interviews with 25+ autistic people)

www.uniquelyhuman.com



Read sample | ▶ Audible sample

Follow the author

Neurotribes: The Legacy of Autism and the Future of Neurodiversity

Paperback – August 23, 2016

by Steve Silberman (Author), Oliver Sacks (Foreword)

4.7 ★★★★★ (4,021) 4.3 on Goodreads 17,575 ratings

Goodreads Choice Award nominee

See all formats and editions

This *New York Times*–bestselling book upends conventional thinking about autism and suggests a broader model for acceptance, understanding, and full participation in society for people who think differently.

"Beautifully told, humanizing, important."—*The New York Times Book Review*
"Breathtaking."—*The Boston Globe*
"Epic and often shocking."—*Chicago Tribune*

WINNER OF THE SAMUEL JOHNSON PRIZE FOR NONFICTION AND THE CALIFORNIA BOOK AWARD

What is autism? A lifelong disability, or a naturally occurring form of cognitive difference akin to certain forms of genius? In truth, it is all of these things and more—and the future of our society depends on our understanding it. *Wired* reporter Steve Silberman unearths the secret history of autism, long suppressed by the same clinicians who became famous for discovering it, and finds surprising answers to the crucial question of why the number of diagnoses has soared in recent years. Going back to the earliest days of autism research, Silberman offers a gripping narrative of Leo Kanner and Hans Asperger, the research pioneers who defined the scope of autism in profoundly different ways; he then goes on to explore the game-changing concept of neurodiversity. *NeuroTribes* considers the idea that neurological differences such as autism, dyslexia, and ADHD are not errors of nature or products of the toxic modern world, but the result of natural variations in the human genome. This groundbreaking bookwill reshape our understanding of the history, meaning, function, and implications of neurodiversity in our world.

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Hardcover **$13.68**

Paperback **$15.84** prime

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In Stock

Quantity: 1

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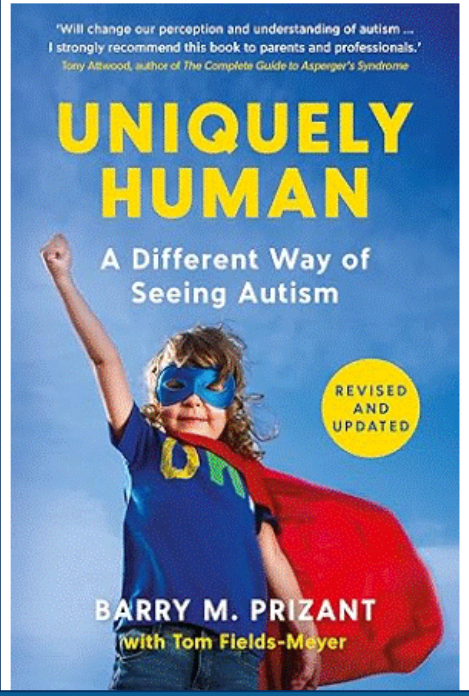
NeuroTribes gives you the history of the Autism diagnosis and related treatments, while **Uniquely Human** ushers you into the world of a much more strengths- and interest-based approach of intervening, an approach based on respect and valuing the ASD person as a person of intrinsic worth.



Uniquely Human: A Different Way of Seeing Autism - Revised and Expanded Paperback – April 21, 2022

by Tom Fields-Meyer (Author)

4.6 ★★★★★ (237) 4.5 on Goodreads 6,932 ratings

Part of: Human Horizons (16 books)

See all formats and editions

Essential reading for parents, teachers, therapists and anyone who cares for people on the autism spectrum - now revised and expanded

A REVISED AND EXPANDED EDITION

Winner of the Autism Society of America's Dr Temple Grandin Award

Autism is a different way of being human. By understanding autistic behaviours as strategies to cope with a world that feels chaotic and overwhelming, Barry Prizant seeks to enhance abilities, to teach new skills, help individuals build on their strengths and develop coping strategies to achieve a better quality of life.

Revised and updated with new material on identity and intersectionality and a chapter on autistic advocacy. Uniquely

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Mobility Vehicle Detailing

Music Lessons

Nail Services

Specialized Cleaning Services

Virtual Occupational Therapy

Yoga Classes

https://autismcincy.org/social-programs/teens/

AUTISM CONNECTIONS

ABOUT US | SOCIAL PROGRAMS | SUPPORT GROUPS | RESOURCES AND EDUCATION | EVENT CALENDAR | GET INVOLVED

Teen Time Hangouts

CLICK HERE TO REGISTER FOR SEPTEMBER'S PROGRAM ↓

Registration will close at 11:59 p.m. on Thursday, September 11, 2025.

Join us and other teens to make original acorn and pine cone creations, enjoy a pizza dinner, and more – all while socializing with other teens!

Teen Time Hangouts is a social program designed to encourage engagement and independence, help develop social skills, and provide a hang-out space for teens with autism ages 13-18.

Sessions are held on the second Friday of each month at Linden Grove School from 5:30-7:30 p.m.

- Please register to receive program-specific emails about event reminders, parking, group location, and cancellations.
- Families must register for each in-person Teen Time session.
- Fee payable by credit card at registration.
- Fee includes supplies, pizza, drinks, and support staff.
- Pizza and drinks will be provided for teens.

2nd Friday of Each Month
Next Program: Friday, September 12, 2025

5:30-7:30 p.m.

$20 per Teen (+ $0.91 processing fee)

Linden Grove School
4122 Myrtle Ave, Cincinnati OH 45236

September's Theme
Festive Fall Fun

Organizer
Autism Connections
(513) 561-2300 ext. 103
connect@autismcincy.org

VIEW SEPTEMBER'S FLYER

Women Helping Women

If you are currently experiencing abuse, please call or text our 24-Hour Hotline directly at 513-381-5610 for immediate help. For all other inquiries, please use the contact form on the website: https://womenhelpingwomen.org

At WHW, our dedicated team is **united by a mission to prevent gender-based violence** and empower survivors. We envision a world where all people are safe, liberated, and thriving.

Purpose & Vision

Our Team

Board

Culture

History

Annual Report

Survivor Services:

- Hotline
- Live Chat
- DVERT™
- Hospital
- Support Groups
- Legal Advocacy
- Francie Garber Pepper Survivor Equity Fund

WOMEN HELPING WOMEN

CHRISTIAN HELP CENTER

Financial Assistance Program

Our Financial Assistance Program may provide rent and electric bill assistance for those who qualify, and we still provide food and hygiene by appointment.

Apply for Assistance

Personal & Food Items

The Christian Help Center provides a well stocked food, diapers and personal items pantry. This service is available by APPOINTMENT ONLY on **Tuesdays** from **11:30-2pm.**

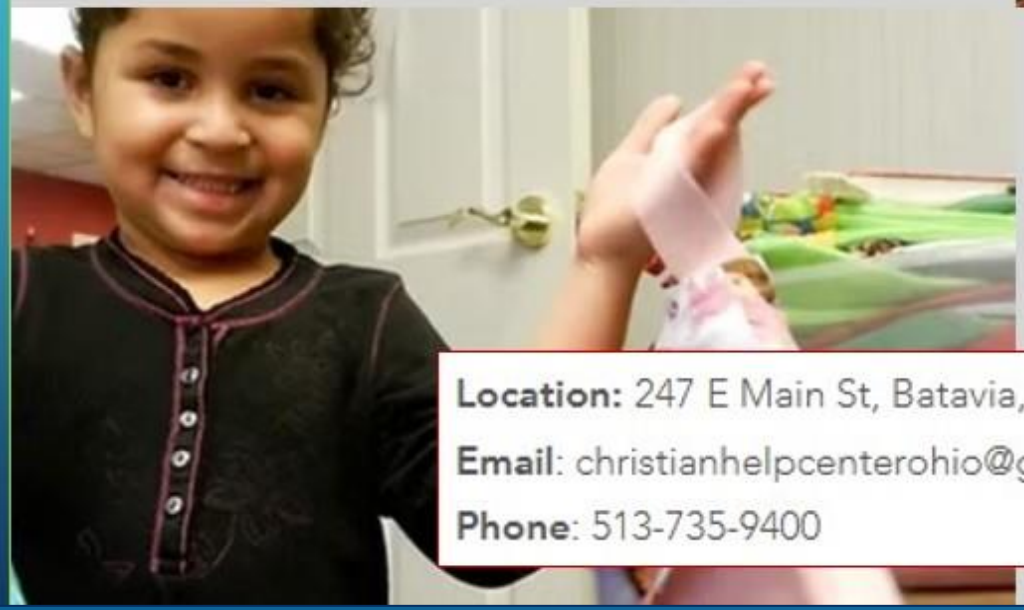
Please call us at **(513) 735-9400 Box 1** and follow directions on how to make an appointment.

www.christianhelpcenterohio.org

What Sets Us Apart

The Christian Help center is a unique Christian ministry located in the heart of Batavia. We serve all of Clermont county as well as Eastern Hamilton and Brown county.

We are unique in the sense that we recognize and value both the physical and spiritual needs of our guests. On a visit to the help center you will witness a loving, caring, committed Christian family caring for one another and also busy serving the immediate needs of people from every walk of life.



Location: 247 E Main St, Batavia, OH 45103

Email: christianhelpcenterohio@gmail.com

Phone: 513-735-9400

Infants & Children Grace for Kids

Many of the people we serve are young families and single mothers. We stock diapers, baby wipes, formula, bottles and other items to help provide for the needs of their children.

This service is extremely important because you cannot purchase these kinds of items with food stamps.

Enjoy our church service while your children are cared for in our Grace for Kids room with trained, caring servants, Please call if your coming with your children so we can be better prepared.

Impacting tomorrow

www.impactingtomorrow.com

5163 Wolfpen Pleasant Hill Road Milford, OH 45150

(513) 826-0399

The Market Off 50 is one of two storefronts that Impacting Tomorrow operates. The Market is fully stocked with fresh produce, dairy, meat and shelf stable items. Our guests do their own shopping in the Market—they choose their own groceries from the Market and take home the things that they want to fill their cabinets with. All groceries in the Market are provided to our guests free of charge.

The Boutique Off 50 is the clothing storefront operated by Impacting Tomorrow. Clothing items are available for men, women and children of all ages. Our guests do their own shopping in the Boutique—they choose the items that fit their needs and personal style. We also carry cleaning products and personal care items in the Boutique. All items are free of charge to our guests.

LINDEN GROVE SCHOOL
Hope. Growth. Joy.

This a **private school** in Deer Park, 99% of students are on the Autism Spectrum, and most of them are able to attend with the help of the **Ohio Autism Scholarship**

K – 8th grade

From our Students

4122 Myrtle Ave.
Cincinnati, OH 45236

Phone: 513-984-2215

Fax: 513-984-2272

info@lindengroveschool.org

Mission

Linden Grove School helps autistic and neurodivergent learners unlock their educational and social potential.

Give Like A Mother

Aubree Story - Give Like A Mother (GLAM)
aubree.story@givelikeamother.org

What is Give Like A Mother?

Give Like A Mother (GLAM) is a nonprofit dedicated to ensuring that local children and teens in need have access to seasonally appropriate clothing.

Though we operate on donations of gently used items, we are committed to providing high-quality, in-style clothing that kids can wear with confidence. When children feel good about what they're wearing, it can boost their self-worth, reduce the risk of ridicule, and ultimately support their success in school and beyond.

Our name may be fun and a little sassy, but it carries a serious challenge. Mothers give everything they can for their children—yet sometimes, even that isn't enough.

That's why we're asking you: **Will you Give Like A Mother and help a child in need?**

Our Mission

To ensure that children in our community have appropriate clothing needed to provide safety, comfort, and higher self-worth.

LEARN MORE

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www.4CforChildren.org

4C for Children is a Child Care Resource & Referral Agency that supports everyone who cares for young children, from parents to childcare providers, to ensure high-quality early education and care for all children. We are the only agency in 15 counties in Ohio that:

- **Offers free child care referrals** both online and in person and helps parents understand how to choose a quality option.

- Find help **navigating local and state assistance for children**: **Parent and Youth Ambassadors (PYAs)** are a single, in-person resource who help families navigate state and local services and benefits for children ages birth to 21. PYAs accompany families on the journey of connecting with agencies and government services, and applying for the assistance needed. All services provided are FREE. This service helps families identify and connect to resources but does NOT issue material resources, such as cash or vouchers.

An Innovative, Online
Life Skills Curriculum for Youth & Adults

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Topics Include:

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THE FAMILY NEEDS CENTER

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  - *Diapers*
  - *Baby Wipes*
  - *Shampoo*
  - *Body Wash*
  - *Toilet Paper*
  - *Dish Soap & Detergent*

Every 1st and 3rd Wednesday from 2:00 – 6:00

- *No appointment needed*
- *No questions asked*

- Check out their FB page for updates on weather or illness related closings.

https://www.ipmfoodpant

InterParish Ministries

Our Programs

Drive-Through Pantry

Neighbors drive up to receive biweekly groceries, including meat, eggs, dairy, and produce.

Read More

Choice Pantry

We bring groceries to communities across Southeast Ohio, distributing food at various locations.

Read More

Mobile Food Pantries

We bring groceries to communities across Southeast Ohio, distributing food at various locations.

Read More

Pop-up Food Pantries

Pop-Up Pantries connect families with food and resources, fostering community engagement and partnerships.

Read More

Food Resource Hub

We supply food to schools, churches, housing complexes, and agencies, improving access for families.

Read More

Fresh Start Kitchen

We provide families starting over with essential kitchen items to help them prepare meals in their new homes.

Read More

Backpack of Basics

Our backpacks provide essential items for unhoused individuals, distributed through social service agencies.

Read More

IPM FOOD PANTRY

Tel: 513-561-3932

Contact Us!

4623 Aicholtz Road

Cincinnati, Ohio 45244

PANTRY HOURS:

Drive Through

Monday & Tuesday	10:00am - 12:00pm
2nd and 4th Monday	4:30pm- 6:00pm
Wednesday	CLOSED
Thursday & Friday	10:00am - 12:00pm

Choice Pantry

Monday & Tuesday	12:30pm - 2:30pm
Wednesday	CLOSED
Thursday	12:30pm-2:30pm

CONTACT US

Address

Ohio Safety Net Alliance
C/O Clermont County Community Services
3003 Hospital Drive
Batavia, OH 45103

Phone

(513) 327-8353

Email

connect@ohiosafetynet.org

The Ohio Safety Net Alliance is a **collaboration** of public and private entities (non-profit agencies, government entities, faith-based organizations and corporate partners), each dedicated to providing the most effective and efficient emergency services to Ohio residents struggling to meet their basic needs.

Inspired by the NKY SafetyNet Alliance formed in June 2007 in Northern Kentucky, the Clermont County Safety Net Alliance launched in 2012 to address the needs of Clermont County residents. In 2024, we expanded our network to encompass ALL Ohio counties. In Clermont County alone, we have 180+ agencies and 470+ agency representatives in our network.

We have currently established Clermont, Adams-Brown and Hamilton County Safety Net Alliance chapters.

A unified website allows us to refer clients to agencies in other counties, check for duplicate services, and simplify processes for agencies serving multiple counties. Each county established has its own chapter, executive team, administrator, fiscal agent, and networking opportunities.

Working together voluntarily, these community partners are ideally positioned to identify current trends, duplication of services, opportunities for collaborations and share valuable resources, referrals and information.

OhioRISE | Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multisystem needs

Options for Initiating a Referral to OhioRISE/CANS Assessment

Option 1

Contact the youth's managed care organization (MCO) directly.

- The MCO must ensure an initial CANS assessment appointment for the purpose of determining OhioRISE eligibility is scheduled within 72 hours of referral to the MCO.
- The MCO must have a process in place to ensure the initial CANS assessment is completed within 10 business days after scheduling.

MCO	AmeriHealth Caritas	Anthem Blue Cross and Blue Shield	Buckeye Community Health Plan	CareSource Ohio, Inc.	Humana Healthy Horizons in Ohio	Molina Healthcare of Ohio, Inc.	UnitedHealthcare Community Plan of Ohio, Inc.
Phone Number for **Youth and Families**	833-764-7700	844-912-0938	866-246-4358	800-488-0134	877-856-5702	800-642-4168	800-895-2017

See next slide for two additional options

OhioRISE | Resilience through Integrated Systems and Excellence

Options for Initiating a Referral to OhioRISE/CANS Assessment, cont.

Option 2

If the child or youth is in fee-for-service Medicaid, contact the **Medicaid Consumer Hotline at 800-324-8680 (TTY: 711)** to identify nearby CANS assessors that can be contacted to schedule a CANS assessment.

Option 3

Contact **OhioRISE Member Services at 833-711-0773 (TTY: 711)** from 7 a.m. to 8 p.m. Monday through Friday.

- Aetna Better Health of Ohio will work with the youth and if applicable, their MCO, to coordinate a referral for a CANS Assessment to determine eligibility for the OhioRISE program.

See next slide for services provided and eligibility requirements

OhioRISE

Resilience through
Integrated Systems and Excellence

OhioRISE Eligibility

Children and youth who may be eligible for OhioRISE:

- ✓ Are eligible for Ohio Medicaid (either managed care or fee for service),
- ✓ Are age 0-20, and
- ✓ Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/psychiatric residential treatment facility admission.

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- ✓ Intensive and Moderate Care Coordination NEW
- ✓ Intensive Home-Based Treatment (IHBT) ENHANCED
- ✓ Psychiatric Residential Treatment Facilities (PRTF) NEW
- ✓ Behavioral health respite ENHANCED
- ✓ Flex funds to support implementing a care plan NEW
- ✓ 1915(c) waiver that runs through OhioRISE NEW
  - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) NEW
  - Also covered outside of OhioRISE (managed care or fee for service)

Legal Aid Society of Southwest Ohio, LLC

An Affiliate of the Legal Aid Society of Greater Cincinnati

Legal Aid Line: 513.241.9400 or toll free 800.582.2682

MISSION

The mission of the Legal Aid Society of Greater Cincinnati is to resolve serious legal problems of low-income people, to promote economic and family stability, and to reduce poverty through effective legal assistance.

GOALS

- Secure safe, affordable housing for low-income families and establish stable neighborhoods
- Secure income and health benefits for eligible families and individuals
- Facilitate employment by removing barriers
- Improve education outcomes for low-income children
- Improve health and safety for at-risk children
- Prevent intimate partner and family abuse

https://myrydenemt.com

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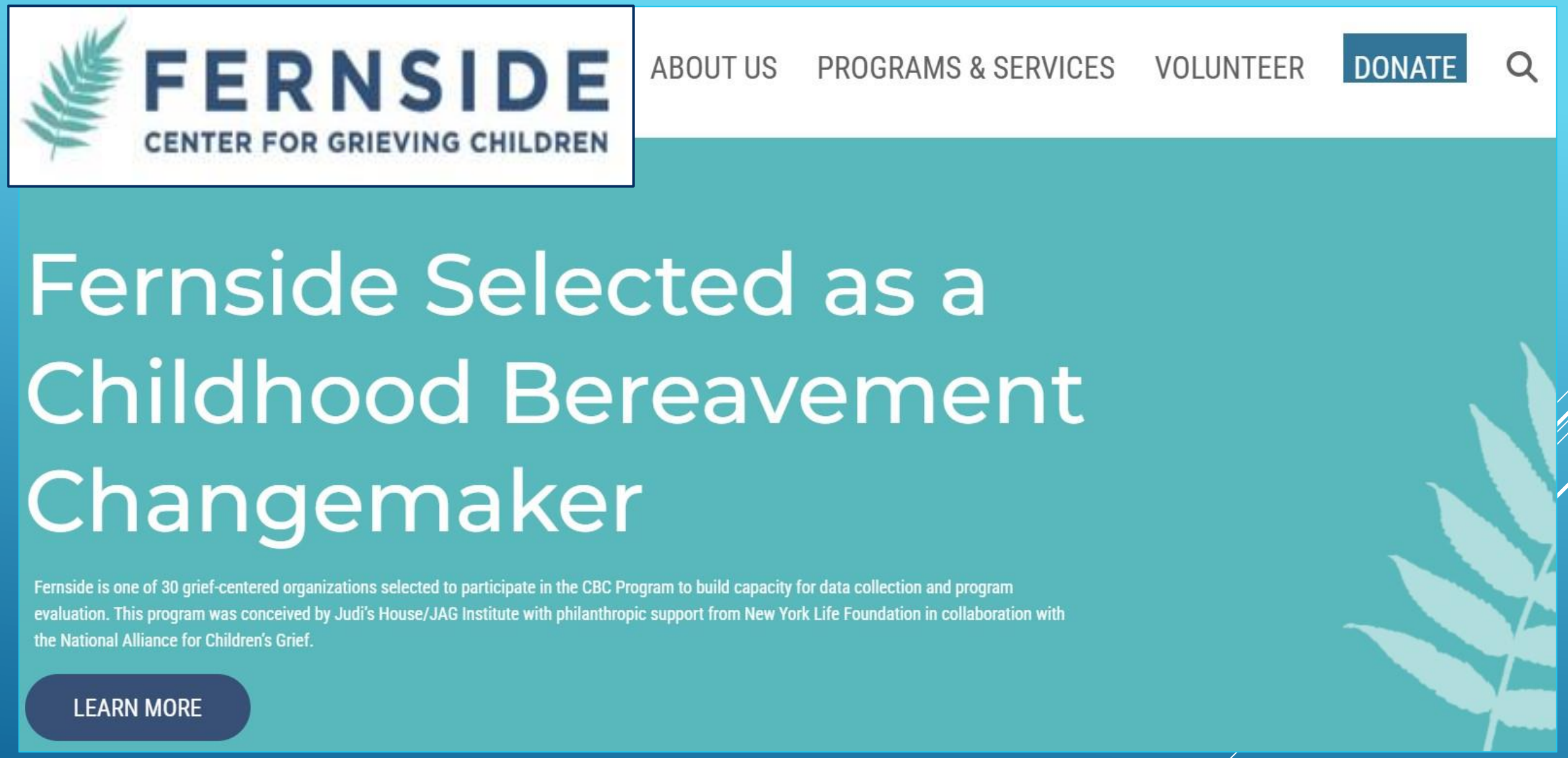
NEMT MyRyde
Non Emergency Medical Transport

Customer Care Email	Dispatch Email	Dispatch Contact Number
myrydenemt@gmail.com	dispatch.myryde@gmail.com	(513) 218 6471



https://fernside.org

4360 Cooper Rd, Cincinnati, OH 45242

(513) 246-9140

CLERMONT COUNTY PUBLIC LIBRARY

https://clermontlibrary.org

HAPPENING THIS WEEK (sample)

See their amazing calendar of events throughout the year!

Storytime

Thu, May 15, 10:30am - 11:30am
Bethel Branch - *Bethel Meeting Room*

Dance and Movement with Dance Etc.

Thu, May 15, 10:30am - 11:30am
Miami Township Branch - *Miami Township Combined Meeting Room*

Registration is now closed

Homeschool Hangout: Color Theory in Art

Thu, May 15, 11:00am - 12:00pm
New Richmond Branch - *New Richmond Meeting Room*

Registration is now closed

Teen Craft Time

Digital Resources

LIBBY AND OHIO DIGITAL LIBRARY
eBooks, audiobooks, magazines

HOOPLA
Audiobooks, eBooks, graphic novels, magazines, music, movies and TV

KANOPY
Movies and TV

FREADING
eBooks

CLERMONT LIBRARY APP
Access your library account, the catalog, and more

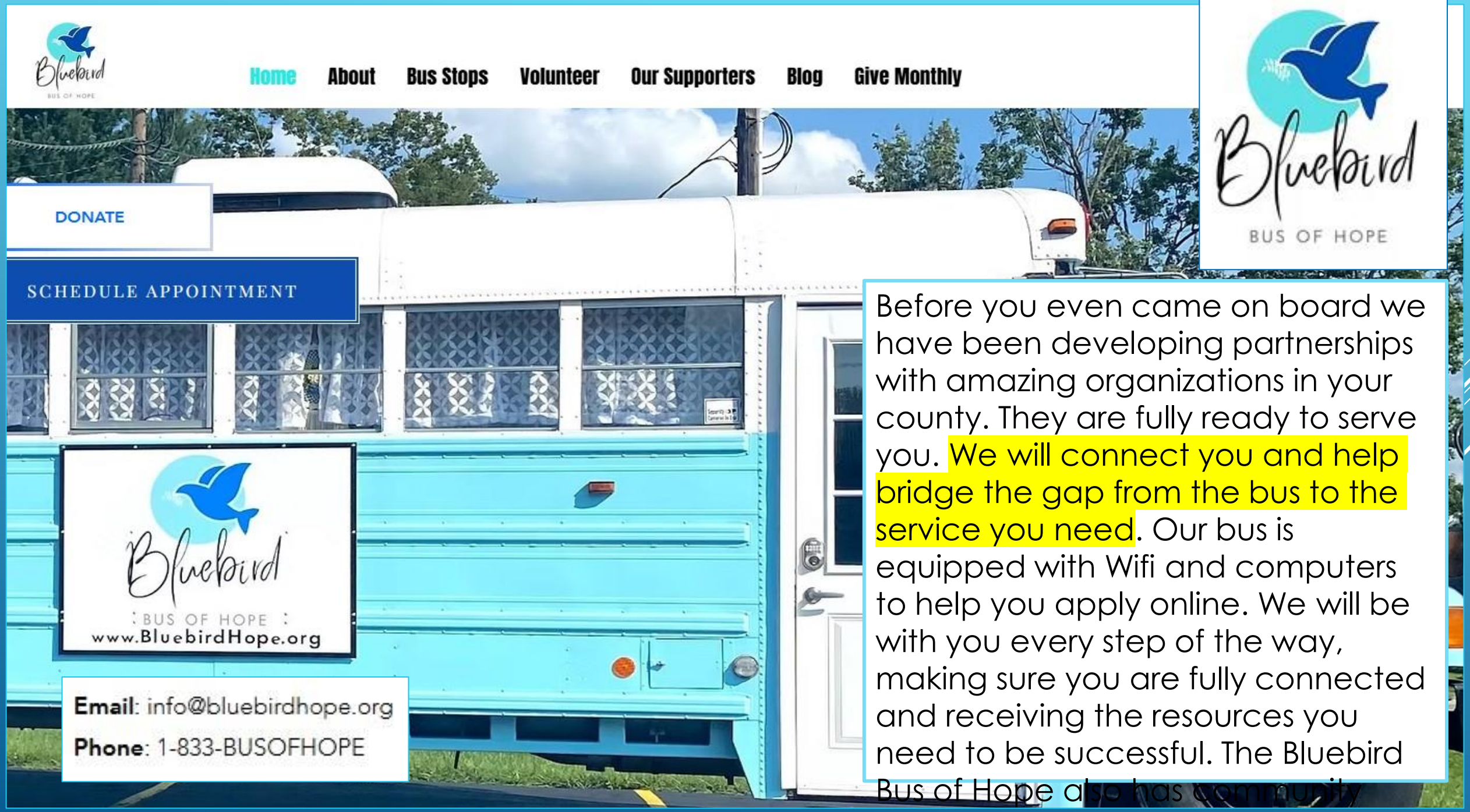
CONTACT US

Clermont County Public Library
5920 Buckwheat Road
Milford, OH 45150

Main phone number:
(513) 732-2736

Account Helpline:
(513) 735-7144

info@clermontlibrary.org



Before you even came on board we have been developing partnerships with amazing organizations in your county. They are fully ready to serve you. We will connect you and help bridge the gap from the bus to the service you need. Our bus is equipped with Wifi and computers to help you apply online. We will be with you every step of the way, making sure you are fully connected and receiving the resources you need to be successful. The Bluebird Bus of Hope also has community

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ESTD. 2024

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learn@letters2literacy.info

www.letters2literacy.org

77 N. Depot Ln. Batavia, OH 45103

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VILLAGE OF BATAVIA

TUTORING PAYMENT | ABOUT US | PROGRAMS | OUR IMPACT | WAYS TO GIVE | RESOURCES

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Reading

Speech Therapy

Occupational Therapy

ONE 2 ONE TUTORING

- 30 minute, one on one sessions
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- Research and Evidence based Interventions

IS YOUR CHILD STRUGGLING?

WE CAN HELP!

CHARITABLE PHARMACY

A Last Resort Safety Net

The St. Vincent de Paul Charitable Pharmacy provides a last resort safety net for those who have no other way to access their prescription medications. Our three locations are in Don & Phyllis Neyer Outreach Center, inside our Western Hills Thrift Store, and next to our Milford Thrift Store.

Main Office: 1125 Bank Street, Cincinnati, Ohio 45214 | 513-562-8841

Social Services: Please check out the Get Help page on our website for a complete listing of the wide variety of services that we offer. To get help in one of these areas, please call 513-421-0602, leaving a message for what area you need assistance with. We will get back to you with how we may be able to help as quickly as possible. Please note that during busy periods, when call volume is extremely high, it may take more than 24 hours to return your call.

Food Pantry: Please check eligibility by calling our Help Line at 513-421-0602.

Same-day prescription fills are required to be dropped off at least 30 minutes prior to closing:

3 Charitable Pharmacy Locations:

Neyer Outreach Center

1146 Bank Street, Cincinnati, OH 45214

(513) 345-4916

Mon, Tues, Thurs, and Fri: 9AM-4PM (Closed Noon-12:30pm for lunch)

Weds: 10AM-4PM (Closed Noon-12:30pm for lunch)

Sat: 9AM-Noon

Western Hills

3015 Glenhills Way, Ste B, Cincinnati OH 45238

(513) 347-0743

Tues, Wed, Fri: 9AM-4PM (Closed Noon-12:30pm for lunch)

Sat: 1PM-4PM

Milford

813 Main St, Ste A, Milford, OH 45150

(513) 248-5535

Mon, Thurs: 9AM-4PM (Closed Noon-12:30pm for lunch)

https://svdpcincinnati.org

Redemption Ranch Family Ministries, INC

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GET IN TOUCH

REDEMPTIONRANCHFAMILYMIN@GMAIL.COM

2359 WARRIOR WAY

GOSHEN, OH 45122

(513) 356-6242

(EAL sessions are only available during the warmer months)

Equine-Assisted Learning (EAL) activities lie at the heart of Redemption Ranch's vision for helping both youth and adults to find healing. In addition, the spiritual component is fully OPTIONAL, meaning, a youth or adult can still fully benefit from EAL sessions without "having to" also receive care in a Christian or Biblical context. This allows for people of all persuasions to still benefit 100% from the incredible experiences waiting for them in the stable, in the corral, or in the pasture.

NATURE

Nature allows people to experience the healing properties of God's creation.

SPORTS

Sports are a powerful way for people to lean about themselves and each other.

MENTORING

Offers a partnership where strength, encouragement, and support are found.

ANIMALS

Interaction with animals helps people learn to care for the wellbeing of another and cope with life stress and difficulty.

www.redemptionranchfamilyministries.org

Services are **FREE**, however, horses are expensive! A kind donation of any size will always be greatly appreciated.

Cincinnati Therapeutic Riding and Horsemanship

a 501 (c) (3) Not for Profit Corporation

Since 1985, we have remained committed to improving the lives of individuals impacted by disabilities and unique challenges through equine assisted services.

Hippotherapy

A treatment strategy in which the movement of the horse is utilized by specially trained, certified occupational therapists, physical therapists, and speech-language pathologists to address a variety of impairments and limitations with the goal of achieving functional outcomes.

"I've had parents tell me that their [ASD] child spoke their first words on a horse – I've heard that five or six different times. You have rhythm and balancing when you ride a horse. That is something that's extremely valuable. Also, it's a fun activity. You are out there with other people, so you have three things there that are really good about therapeutic riding. It's also an activity to get kids out of the house." – Dr. Temple Grandin

Autism Connections

Education

- What is Autism?
- Diagnoses
- Facts and Stats

Helpline

(513) 561-2300 ext. 101

Extensión Española 102

info@autismcincy.org

Monday through Friday
10 a.m. – 4 p.m. ET.

Martes y Jueves de 10 a 12 Horas.

Resources

LIFE Skills
Learning Independence for Everyday (LIFE) Skills multi-week social skills programs

Newsletter
Stay in the know with our monthly newsletters

Book Reviews
Our take on books relating to autism and developmental disabilities

Possibilities for Diverse Abilities
Resource Catalog 2023

Social Programs

Kids Exploring Fun
Engagement, socialization, creativity, and FUN for kids ages 4-12

Teen Time Hangouts
Crafts, games, pizza, and hanging out for teens ages 13-17

Adult Socials
Connection, engagement, and independence for adults ages 18+

Support Groups

Adult Support Group
Support for adults with autism ages 18+

Teen Connections
Support for teens ages 13-17

Sibling Support Group
Support for siblings of individuals with autism any age

Parent & Caregiver Support Group
Support for parents and caregivers of individuals with autism any age. ¡También para padres y cuidadores!

AUTISM CONNECTIONS

https://autismcincy.org

In-Person Support Group

Sessions with a facilitator are held on the fourth Sunday of each month at Linden Grove School from 6:30-8 p.m.

- Registration not required, just show up!
- Program cancellations in the event of inclement weather will be emailed to our Parent and Caregiver Newsletter Emailing List and posted on our Facebook page.

4th Sunday of Each Month

6:30-8 p.m.

Free
Registration Not Required

Linden Grove School (Middle School Building)
4122 Myrtle Ave, Cincinnati OH 45236

Organizer
Autism Connections
(513) 561-2300
connect@autismcincy.org

Follow Us on Facebook

VIEW FLYER

Online Support Group

Second Tuesday of each month from 12-1:30 p.m. ET on Zoom

- If you plan to participate, please register in advance. After you complete registration, a Zoom link and passcode for this support group will be sent to your email address.
- Registration is only required once.
- View the flyer to learn more.

2nd Tuesday of Each Month

12-1:30 p.m. ET

Free

Online via Zoom
Registration Only Required Once

Organizer
Autism Connections
(513) 561-2300
connect@autismcincy.org

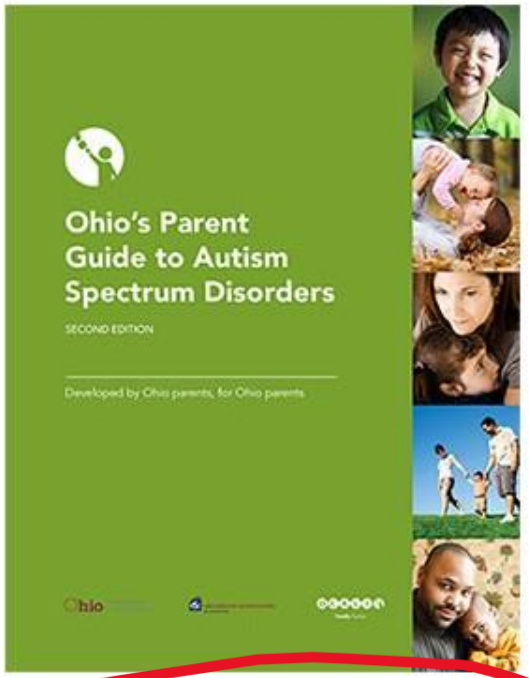
Follow Us on Facebook

REGISTER HERE

Now for a look at books, websites, and a broader range of resources outside our local area:

Ohio's Parent Guide to Autism Spectrum Disorder

This manual provides an overview of the world of autism spectrum disorders (ASD). It was developed by Ohio parents of individuals with ASD who have a broad range of experience with interventions, resources, and services. The group's work began with the question: *What do you wish you had known the first year your child was diagnosed?* The manual covers a wide range of topics of interest to families, and each chapter contains rich reference materials, including books, websites, and names of organizations where additional information on each topic may be obtained.



Download the full Ohio's Parent Guide to ASD (PDF)

Chapters

- Introduction
- What is an Autism Spectrum Disorder?
- Screening and Diagnosis
- Living with ASD
- Interventions
- Accessing Educational Services
- Social Service Programs
- Advocacy and Disability Awareness
- Future Planning
- Definition of Autism Spectrum Disorder
- Useful Forms
- Navigating the Rough Waters
- Letter to Request a Multi-Factored Evaluation
- Process for Determining Eligibility for Special Education Services

https://ocali.org/ohio_parent_guide_to_ASD

AngelSense

https://www.angelsense.com/

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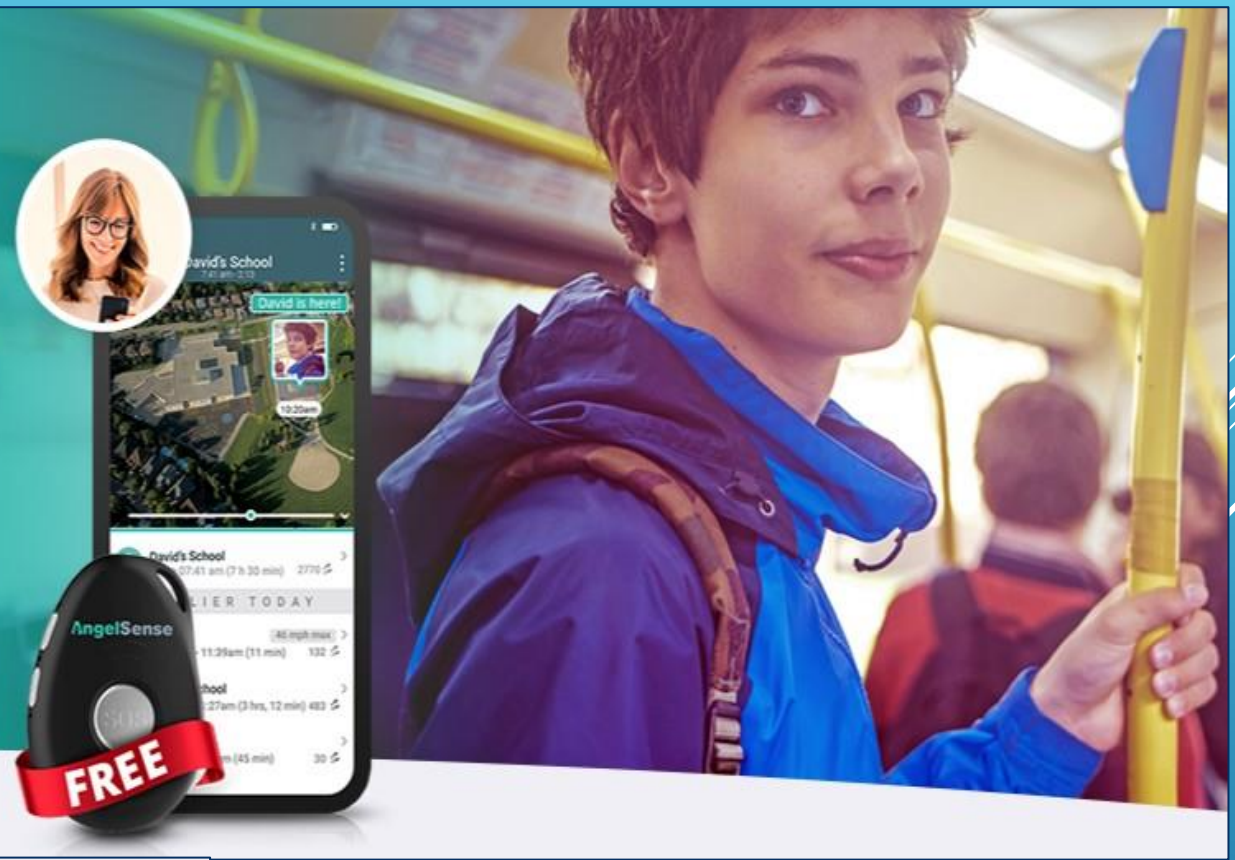
SEE PLANS



Best App for Special Needs Caregivers
Based on +400 Reviews

Google Reviews
"can't imagine life without it"

Trustpilot
Excellent
TrustScore

safewise
"Best for kids with disabilities"

This device saved one mom's Autistic son from disaster when, having gotten on the wrong bus (NY city), the bus driver dropped him off at a public library and left him there unsupervised!

https://confidentlylearning.com/replay

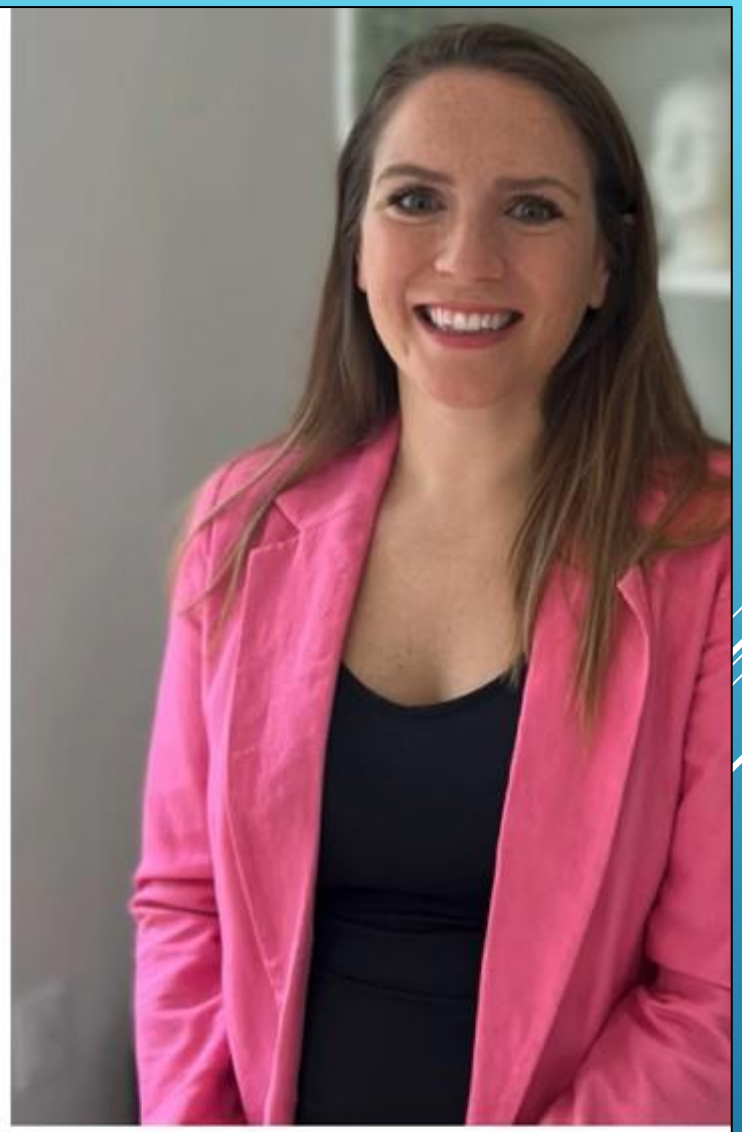
Just go to this URL for a free introductory video

How Determined Parents Help Their Autistic Children Improve The 'Cognition-Communication Connection' So They Can Keep Up In Conversations, Socialize Confidently, And Become More Independent

…even if they've already tried tutors, speech therapists or psychologists

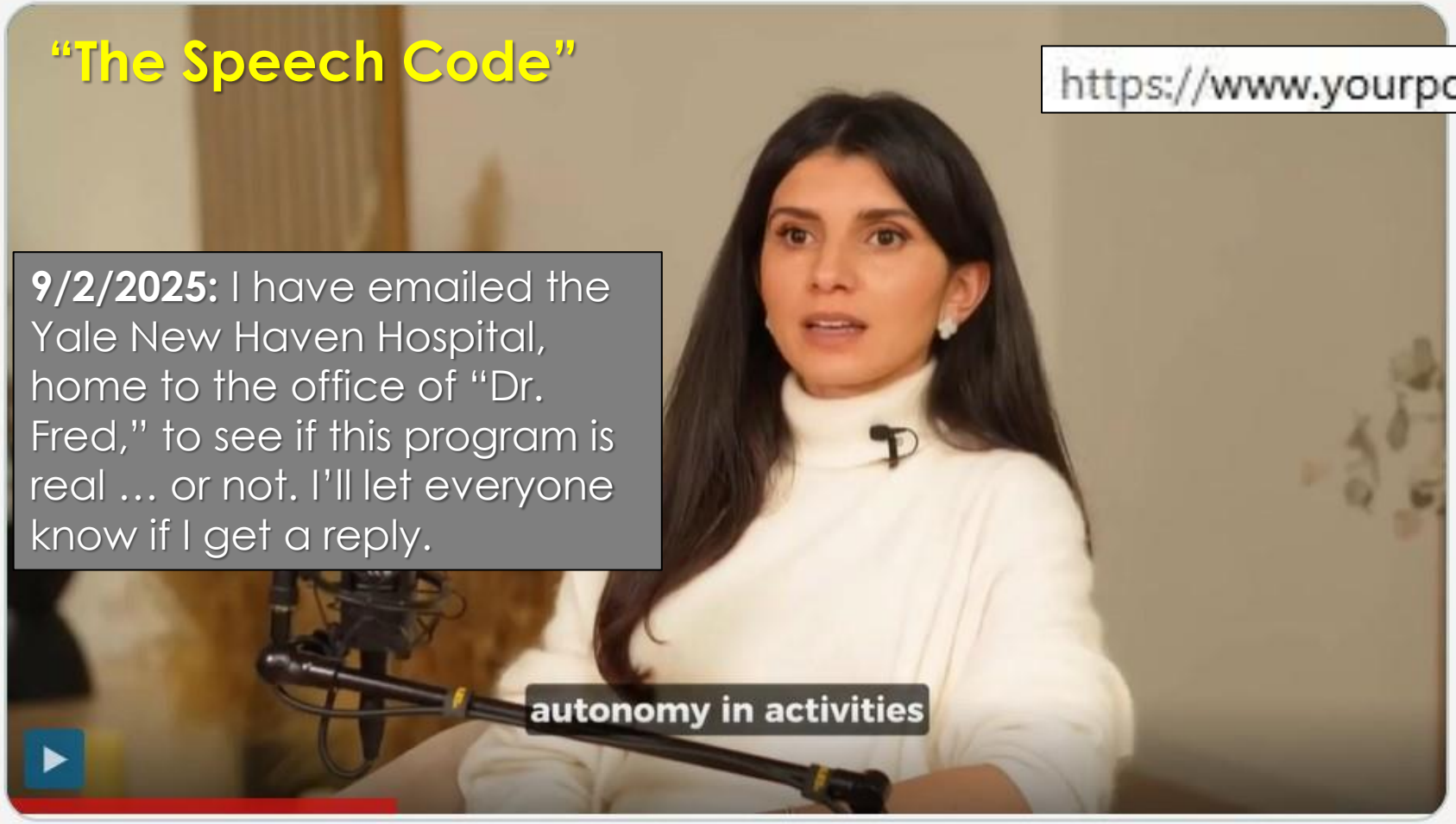
By Eloise Zareian

Expert and Mother



JUST 14 DAYS USING THIS LITTLE-KNOWN THERAPY HELPED MY NONVERBAL CHILD MORE THAN 3 YEARS OF ABA

*Just by letting them listen to **specific frequencies** through this App*



9/2/2025: I have emailed the Yale New Haven Hospital, home to the office of "Dr. Fred," to see if this program is real … or not. I'll let everyone know if I get a reply.

i.e., certain audio tracks are played which, in turn, stimulate neuronal development of auditory channels.

Just go to this URL for a free introductory video

https://www.yourpotentialpro.com/thespeechcode

I'm usually a little bit skeptical any time a business says what they are expert in is a "little known" thing amongst other professionals addressing the same problems, plus, this woman is clearly not actually doing the talking … which means she's likely an AI avatar. They also push you to "act now," basically. So, chances are this is a scam …

Autism Parenting Magazine:

Featured Articles (clickable links):

- **Understanding and Managing Bossy Behavior in Autism**
  Learn practical ways to guide bossy tendencies into calmer, more positive interactions. Read more

  Autism and Bullying: Why Does It Happen?
  Discover why social differences make kids more vulnerable to bullying and ways to protect them. Read more

  9 Tips on How to Introduce Yourself to a Child with Autism
  Learn easy tips to introduce yourself in a calm, friendly way that helps kids feel comfortable. Read more

  Accommodations for Autistic Students: All You Need to Know
  Explore school accommodations that match your child's strengths, needs, and learning style. Read more

  Autism Success Stories: Independence and Work
- Inspiring stories reveal how support and opportunity lead to growth, purpose, and independence. Read more

Autism Parenting Magazine:

Featured Articles (clickable links):

Autism and Aggression: A Social Story for Hitting
Explore how a simple social story can help kids manage hitting and express emotions safely. Read more

Skin Picking in Autism: Causes and Management
Learn how to help your child reduce skin-picking and feel calmer and more comfortable in their own skin. Read more

What Do You Mean I'm Not Communicating?
Find out how your child may already be communicating in their own way and how you can respond with understanding and support. Read more

Homeschooling a Child with Sensory Issues: Movement Strategies
Discover simple movement ideas to make homeschooling smoother and help your child stay calm and focused. Read more

Autism Success Stories: Growth and Future Dreams
A touching story of a boy's journey from early challenges to confidence, independence, and big dreams for the future. Read more

MIGHTIER

For Families | For Partners and Providers | Resources | Start Free Trial

For children with autism, navigating emotions can be challenging.

Meet Mightier. A digital solution that teaches coping strategies through play.

Take Questionnaire | Start Free Trial

Learn and practice calming skills while you play.

Progressive Muscle Relaxation | Deep Breathing | Mindful Tracing | Crossing The Midline

MIGHTIER

Useful with Autistic children as well???

https://www.mightier.com/how-it-works/

MIGHTIER For Families For Partners and Providers Resources

How Mightier Works

Your child learns emotional regulation and practices calming skills while wearing a heart rate sensor and playing games.

Start Free Trial

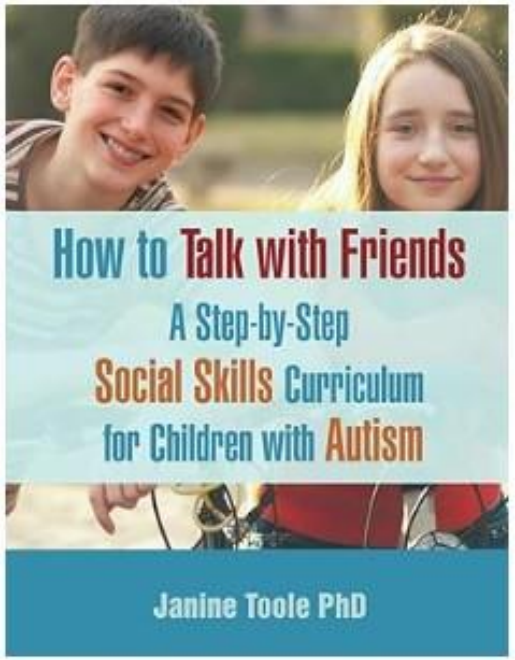
Mental healthcare

Built for kids

Mightier helps kids control emotions, build confidence, and improve mental health while supporting the whole family.

Start Free Trial | Take Questionnaire

https://vimeo.com/793413288



Read sample

Follow the author

How To Talk With Friends: A Step-by-Step Social Skills Curriculum for Children With Autism

Paperback – October 5, 2016

by Janine Toole PhD (Author)

4.5 ★★★★½ (163)

See all formats and editions

Is your neurodiverse learner struggling to connect with his peers?

As elementary and middle school progresses, navigating the social world can become more challenging for neurodiverse tweens and teens. Conversation becomes a key part of friendships, and learners who struggle with conversation skills will find it difficult to build relationships with their peers.

"How to Talk with Friends" provides a comprehensive, easy-to-follow curriculum designed to help children participate with their peers.

Easily adaptable for both **group and individual use**, students learn how to:

- Begin a conversation by asking about their friend's interests.
- Respond to a friend with appropriate comments, follow-up questions and follow-up comments.
- Track the movement of a conversation topic.
- Appropriately change a topic during a conversation

Read more

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Print length	Language	Publication date	Dimensions	ISBN-10
277 pages	English	October 5, 2016	8.5 x 0.63 x 11 inches	0995320802

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Deliver to Gregory - Bethel 45106

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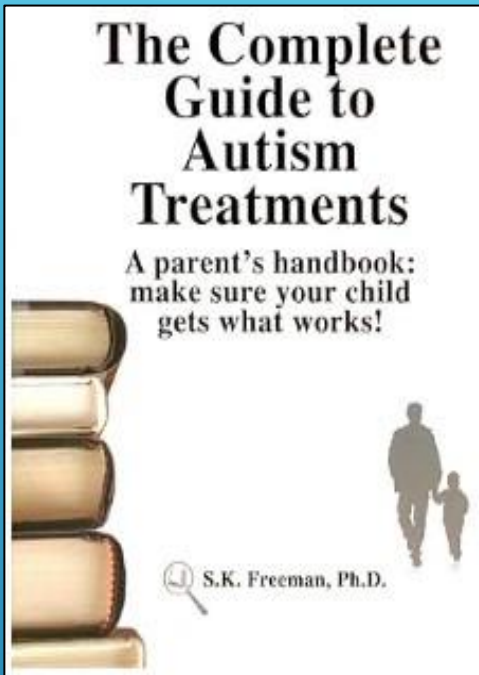

Read sample

Follow the author

Dr. Sabrina Freeman

Follow

The Complete Guide to Autism Treatments, A Parent's Handbook: Make Sure Your Child Gets What Works! Paperback – February 20, 2007

by Dr. Sabrina Freeman (Author)

3.8 ★★★★☆ (12)

See all formats and editions

The Complete Guide to Autism Treatments was inspired by parents of children afflicted with autism. After speaking with several thousands of parents about various treatments and answering similar questions over and over again, Dr. Freeman realized that parents need a clear way -- a guide -- to help make appropriate treatment decisions for their child.

To this end, Dr. Freeman gives her scientific evaluation of most of the major and minor autism treatments available today, and then personalizes the analysis by telling the reader whether or not she would use the treatment on her own child. In other words, at the end of the day, how did she apply her understanding of the science to her own child?

With this book, it is Dr. Freeman's sincere hope that everyone will be able to evaluate all the current and future autism treatments available. It is crucial to be able to ask the right questions and find the flaws in the science behind every purported treatment, or to find the evidence, where it exists, that the treatment is effective. At a minimum, understanding the scientific method will protect thousands of children from quackery and, hopefully, provide parents and professionals with the tools to discern those treatments that *are* effective for children afflicted with autism.

Section One of *The Complete Guide to Autism Treatments*, scrutinizes the range of treatment options offered to parents of children with autism and uses the tools of the scientific method to evaluate each treatment method so that parents can make sure that the treatment they have chosen for their child stands up to the claims made by the treatment provider.

Section Two of the book is designed to provide a background in science for parents or professionals who are newcomers to the scientific method. The book can be used as a reference guide, flipping quickly to a specific treatment of interest, or it can be read as a comprehensive guide to every autism treatment advertised in the marketplace.

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Deliver to Gregory - Bethel 45106

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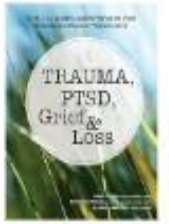

Trauma, PTSD, Grief & Loss: The 10 Core Competencies for...

★★★★½ 289

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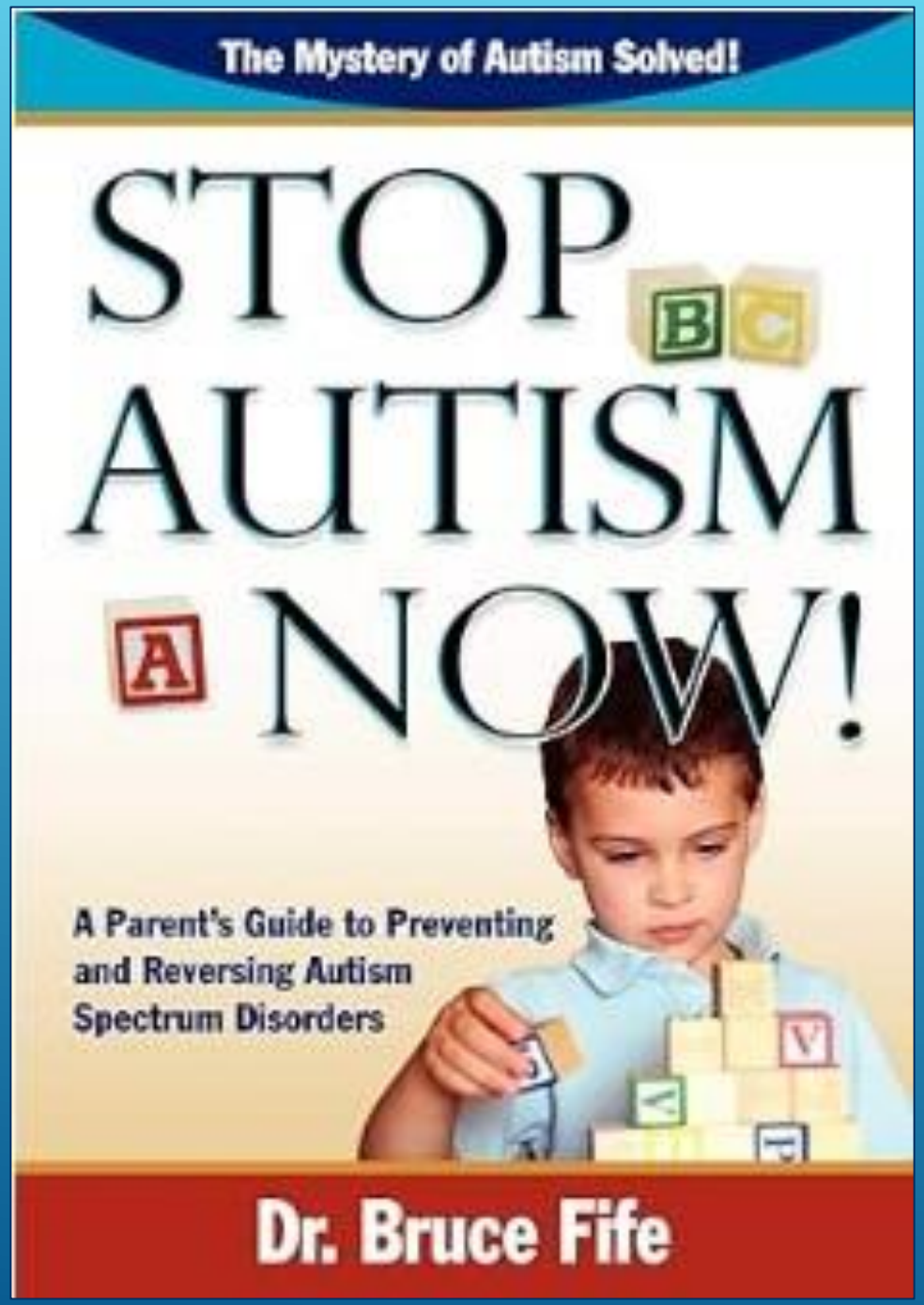
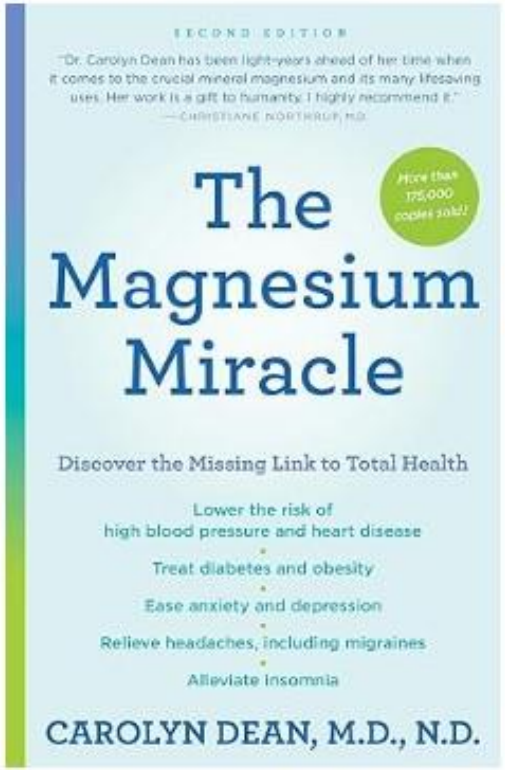


Over 1 million people have autism. This number is rapidly growing. Over the past 12 years there has been a 17 percent increase in childhood developmental disabilities of all types including autism, attention deficit hyperactivity disorder (ADHD), epilepsy, mental retardation, and others. Currently in the United States, 4 million children have attention deficit hyperactivity disorder, the most common learning disability, and an incredible one in six children are classified as learning disabled. Why the sudden astronomical rise in developmental disabilities? Most doctors have no clue what causes autism, nor any idea how to prevent or even treat it. The only medically recognized form of treatment is an attempt to teach affected children how to manage the disorder and live with it. Antidepressants, antipsychotics, and stimulants are often prescribed to help cope with symptoms. No possibility of a cure is offered, as the condition is considered permanent—in other words "hopeless." Autism, however, is not a hopeless condition. It can be prevented and successfully treated without the use of drugs. This book describes an innovative new dietary and lifestyle approach that has proven very successful in reversing even some of the most severe developmental disorders, allowing once disabled children to enter regular school and lead normal, happy, productive lives. There is a solution. You can stop autism now!

"Dr. Fife has done an outstanding job on Stop Autism Now! This book gives the latest stats on the pervasiveness of autism spectrum disorder and more importantly, viable solutions. With food lists and recipes galore, Dr. Fife makes the diet doable and manageable and worth your effort to try it."--Carolyn Dean, MD, ND, Author of The Magnesium Miracle



Read sample | ▶ Audible sample

Follow the authors

Carolyn Dean — Follow

Dr Carolyn Dean MD ND — Follow

The Magnesium Miracle (Second Edition) Paperback – Big Book, August 15, 2017

by Carolyn Dean M.D. N.D. (Author)

4.6 ★★★★½ (1,588) 4.2 on Goodreads 1,547 ratings

See all formats and editions

Now updated with 30 percent new material, the only comprehensive guide to one of the most essential but often-overlooked minerals, magnesium—which guards against and helps to alleviate heart disease, stroke, osteoporosis, diabetes, depression, arthritis, and asthma

Magnesium is an essential nutrient, indispensable to your health and well-being. By adding this mineral to your diet, you are guarding against—and helping to alleviate—such threats as heart disease, stroke, osteoporosis, diabetes, depression, arthritis, and asthma. But despite magnesium's numerous benefits, many Americans remain dangerously deficient. Updated and revised throughout with the latest research, this amazing guide explains the vital role that magnesium plays in your body and life. Inside you will discover

- new findings about the essential role of magnesium in lowering cholesterol
- improved methods for increasing magnesium intake and absorption rate
- how calcium can increase the risk of heart disease—and how magnesium can lower it
- a magnesium-rich eating plan as delicious as it is healthy
- information on the link between magnesium and obesity
- vitamins and minerals that work with magnesium to treat specific ailments
- why paleo, raw food, and green juice diets can lead to magnesium deficiency

The Magnesium Miracle, now more than ever, is the ultimate guide to a mineral that is truly miraculous.

Praise for *The Magnesium Miracle*

"Dr. Carolyn Dean has been light-years ahead of her time when it comes to the crucial mineral magnesium and its many lifesaving uses. Her work is a gift to humanity. I highly recommend it."**—Christiane Northrup, M.D.**

"Throughout this volume and with utmost clarity, Dr. Carolyn Dean presents invaluable recommendations—based on the latest magnesium research. Virtually every American can benefit."**—Paul Pitchford, author of *Healing with Whole Foods***

"Dr. Carolyn Dean has the best credentials for bringing solutions to those suffering from the hidden magnesium disorders that affect most of us. This book needs to be read by anyone wishing to improve their quality of life."**—Stephen T. Sinatra, M.D., author of *The Sinatra Solution: Metabolic Cardiology***

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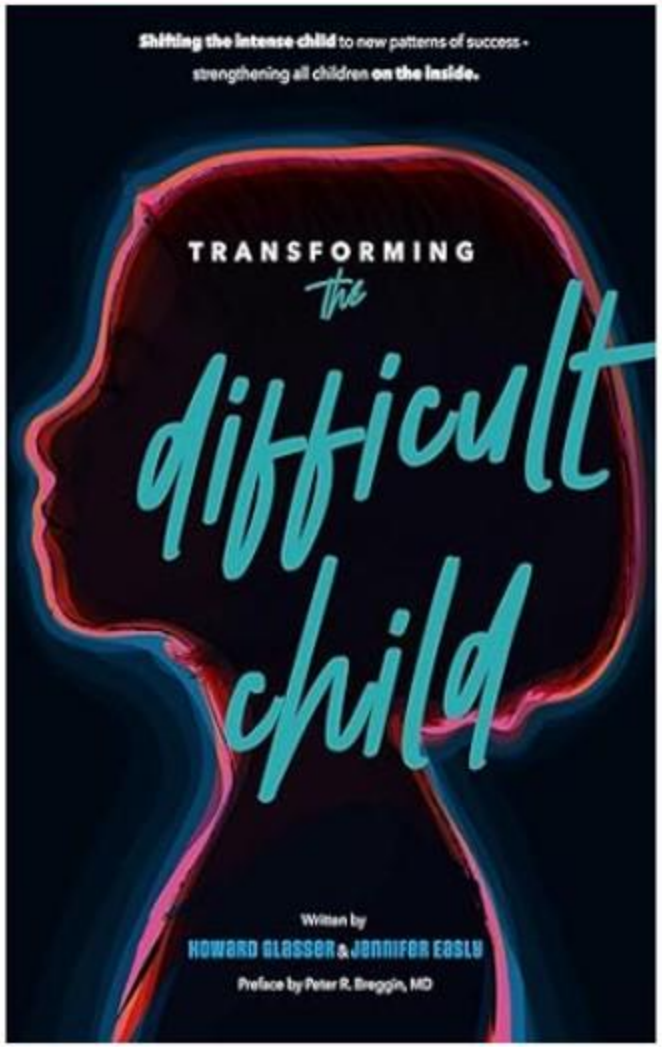

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Transforming the Difficult Child: The Nurtured Heart Approach

Paperback – April 1, 1999

by Howard Glasser (Author), Jennifer Easley (Author)

4.6 ★★★★½ (944) 4.0 on Goodreads 649 ratings

See all formats and editions

Transforming the Difficult Child brings to life a new way of shifting intense children to a solid life of success. The Nurtured Heart Approach puts a refreshing spin on both parenting and teaching and reveals new techniques and strategies that create thoroughly positive behaviors. This is the newly updated 2016 revision.

Report an issue with this product or seller

Some would say that this is one of the most important and life-changing parenting books ever written. Author and therapist Howard Glasser obtained a reputation for achieving high levels of success with the most "difficult" kids. His method is called The Nurtured Heart Approach, which anyone can receive training in. There are also available a workbook and a book geared towards helping teachers implement The Nurtured Heart Approach at school. If your child is on the **Autism Spectrum** (or suspected to be), it would be worthwhile to contact https://www.nurturedheartinstitute.com with your questions.

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https://www.rootedrhythm.com

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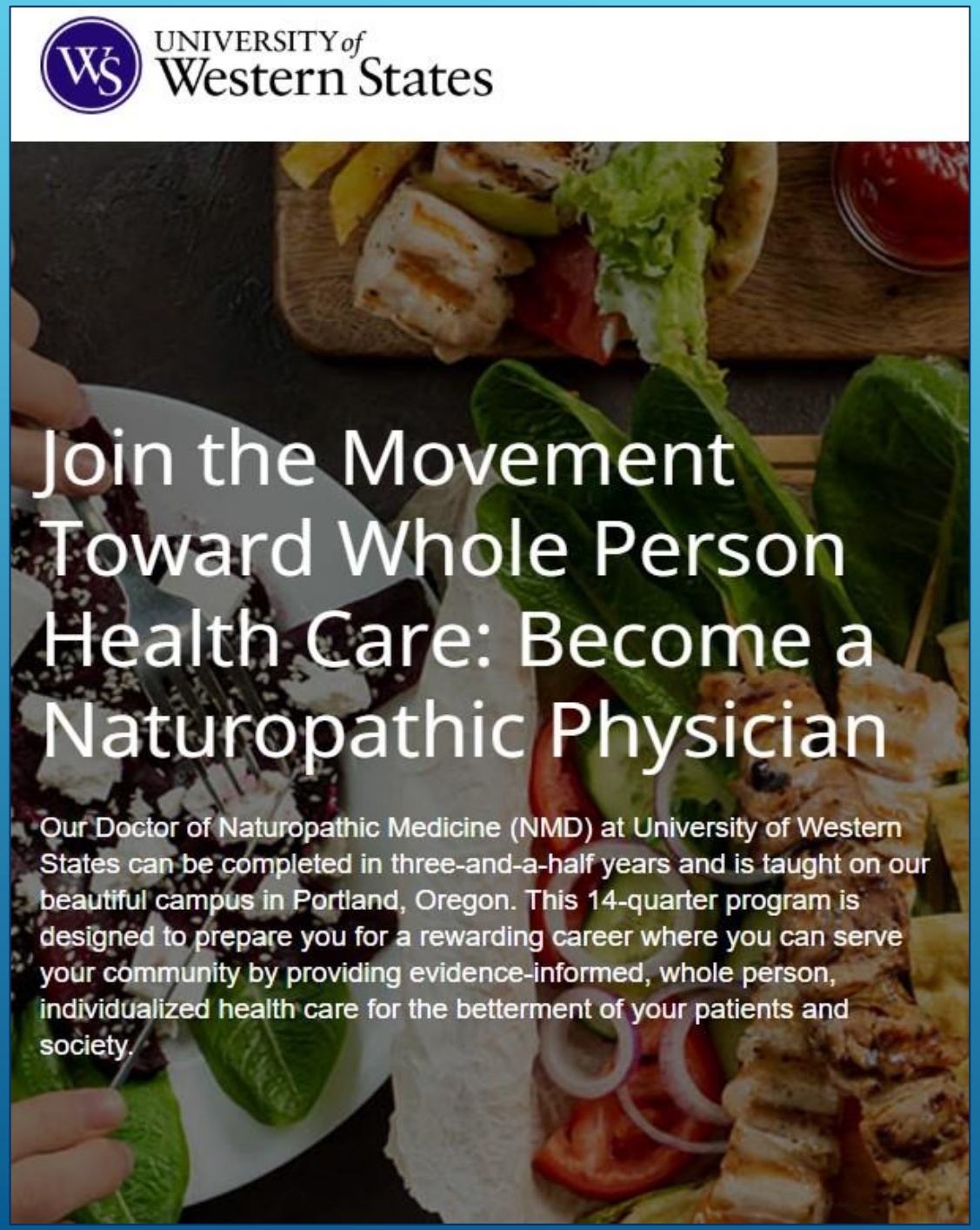
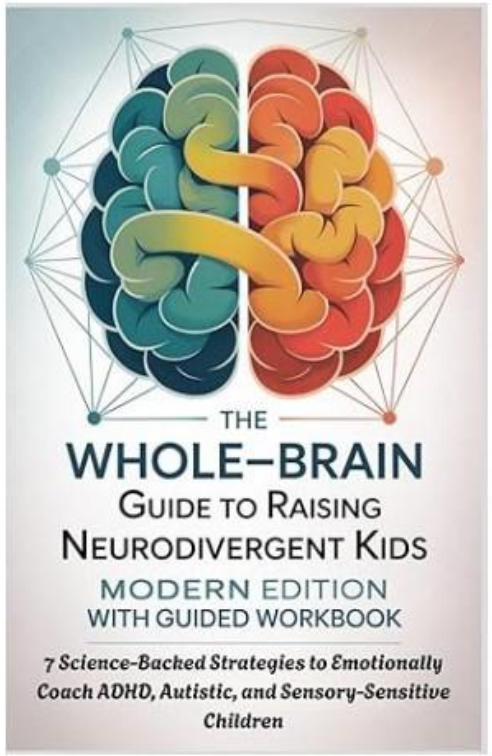
- **You already have a special bond** with your sensitive child, and you want to deepen your connection even further.



Perhaps this school might be able to help you find physicians in your area who have graduated from their Naturopathic program? – i.e., doctors skilled in the use of natural supplements and remedies:

https://www.uws.edu/learn/



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Emergence Institute — Follow

THE WHOLE-BRAIN GUIDE TO RAISING NEURODIVERGENT KIDS - Modern Edition With Guided Workbook: 7 Science-Backed Strategies to Emotionally Coach ADHD, Autistic, and Sensory-Sensitive Children

Paperback – Large Print, June 15, 2025

by Emergence Institute (Author)

5.0 ★★★★★ (1) — See all formats and editions

What if I told you that your "difficult" child isn't broken... they're actually a genius waiting to be unlocked?

Right now, you're living in survival mode. The daily meltdowns that leave you questioning everything. The school calls that make your heart sink. The judgment from other parents who just don't understand. The exhaustion of trying everything while watching your brilliant child struggle in a world that wasn't built for their beautiful, complex brain.

You've read the generic parenting books. You've tried the cookie-cutter solutions. Nothing works because your neurodivergent child doesn't fit the mold, and frankly, thank goodness they don't.

THE WHOLE-BRAIN GUIDE TO RAISING NEURODIVERGENT KIDS isn't another parenting book filled with empty theories. This is your child's personalized roadmap to thriving, backed by cutting-edge neuroscience and packed with **15 interactive worksheets** that transform abstract concepts into concrete daily victories.

Inside, you'll discover the **Sensory Reset Protocol** that stops overwhelm in its tracks, the **Communication Bridge Building** techniques that finally help you understand what your child is really trying to tell you, and the **Strength-Based Motivation System** that turns their obsessions into superpowers.

But here's what makes this revolutionary: While other books tell you what to do, this guide shows you exactly HOW to do it. Every strategy comes with step-by-step worksheets, assessment tools, and real-world applications that work for ADHD, autistic, and sensory-sensitive children.

You'll never feel alone in this journey. We're so committed to your success that we include **FREE ongoing support** via email. When you get stuck, we're here to help you navigate the challenges.

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"This book provides something different from the endless stream of behavior modification techniques and coping strategies that fill [the pages of] most parent resources. Instead of teaching you how to change your child, it teaches you how to understand your child's unique neurological patterns and create family systems that honor those patterns while building essential life skills." – page 14

TACA THE AUTISM COMMUNITY in ACTION

ABOUT AUTISM WHO WE ARE WHAT WE DO WAYS TO HELP EVENTS RESOURCES SHOP GET SUPPORT DONATE

MENTOR PROGRAM https://tacanow.org/what-we-do/mentor-program/

Experienced & Well-qualified Mentors You Can Trust

Empowering Parents. Building Confidence. Creating Community.

The TACA Mentor Program connects families navigating the autism journey with experienced parent mentors who offer one-on-one guidance, support, and lived experience. Each mentor is a fellow parent who has walked a similar path—and is now ready to help you navigate yours.

The Mentor Program is grounded in the belief that when you teach a parent how to advocate, problem-solve, and access resources, they can change their child's future—and help others along the way.

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THE AUTISM COMMUNITY in ACTION

TACA PROVIDES EDUCATION, SUPPORT AND HOPE TO FAMILIES LIVING WITH AUTISM

TACA THE AUTISM COMMUNITY in ACTION ohio

TACA Ohio Chapter - The Autism Community in Action

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(The next slide provides information about a different "TACA" organization)

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Talking About Curing Autsim (TACA)

https://frnohio.org/resources2/listing/talking-about-curing-autsim-taca

Multiple Lifespans

(855) 726-7810 toll free

https://www.tacanow.org/

(The previous slide provides information about a different "TACA" organization)

General Information

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Family Resource Network Coordinator

The Ohio State University, Nisonger Center

1581 Dodd Drive, Columbus, OH 43210

Phone: 614-293-2134

Email: Tracey.Manz@osumc.edu

Celia F. Schloemer

Family Support Coordinator, UC UCEDD

CCHMC

Phone: 513-636-4723

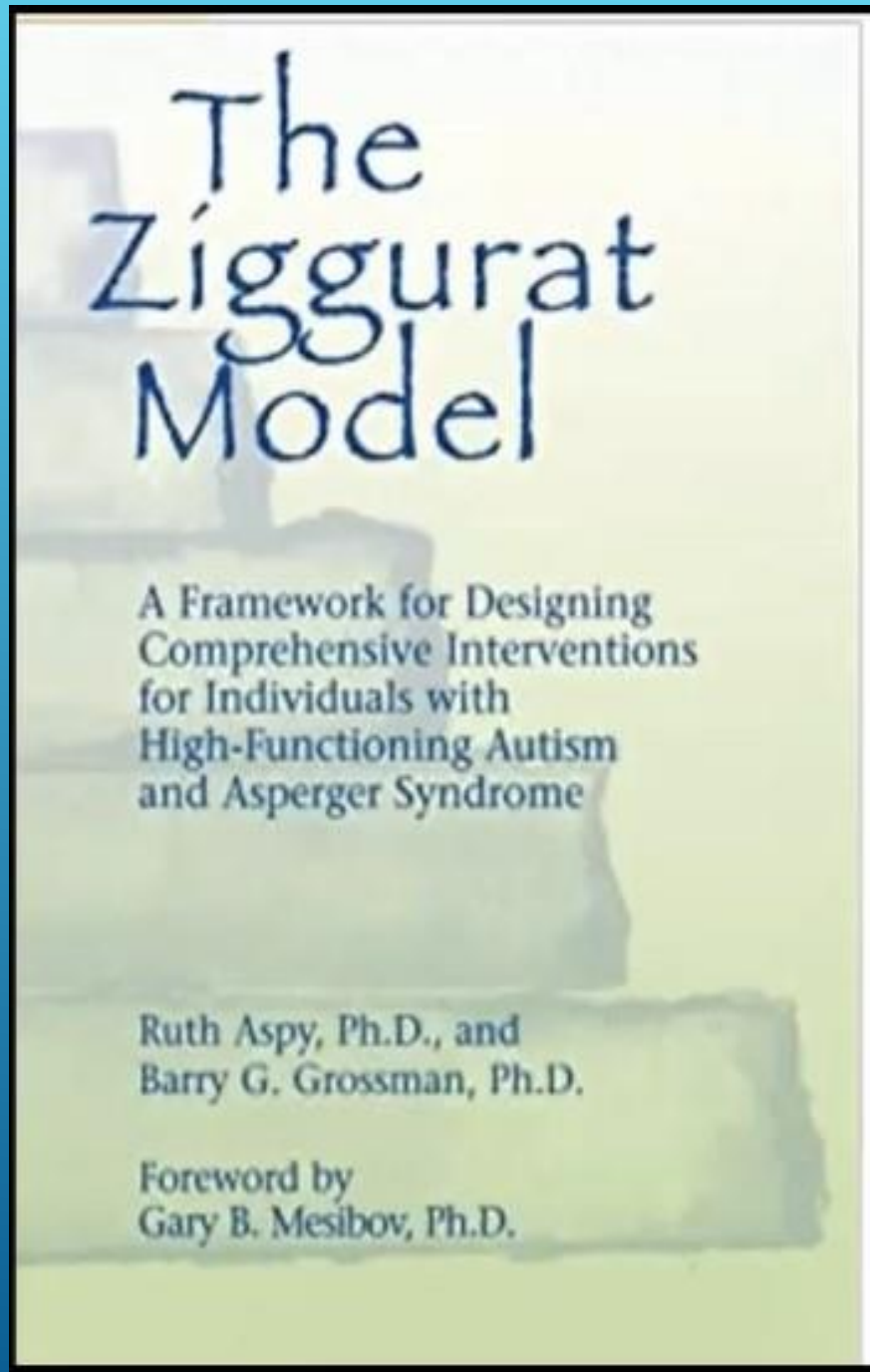
Email: Celia.Schloemer@cchmc.org

Mission & Position Statement

Talk About Curing Autism (TACA) is a national non-profit 501(c)(3) organization dedicated to educating, empowering and supporting families affected by autism. For families who have just received the autism diagnosis, TACA aims to speed up the cycle time from the autism diagnosis to effective treatments. TACA helps to strengthen the autism community by connecting families and the professionals who can help them, allowing them to share stories and information to help improve the quality of life for people with autism.

Vision Statement

TACA believes in early diagnosis, intensive therapies and medical intervention for children affected by autism. With early intervention, medical treatment unique to each person's needs and necessary support services for families many children can improve greatly and some can recover from their autistic symptoms. We believe the future is not defined for many children affected by autism. Hope and recovery is possible.



A framework for designing comprehensive interventions

Can be used by healthcare providers, educators, support staff, employers, and individuals with autism

One of the few tools that would have made a greater impact for me if I had been introduced to it early on

For those with ASD it can:

- Serve as a self-help guide
- Be a tool for self-advocacy
- Bridge the gaps with providers

Barry Grossman and Ruth Aspy's website: www.texasautism.com/blog/

What is the Ziggurat Model?

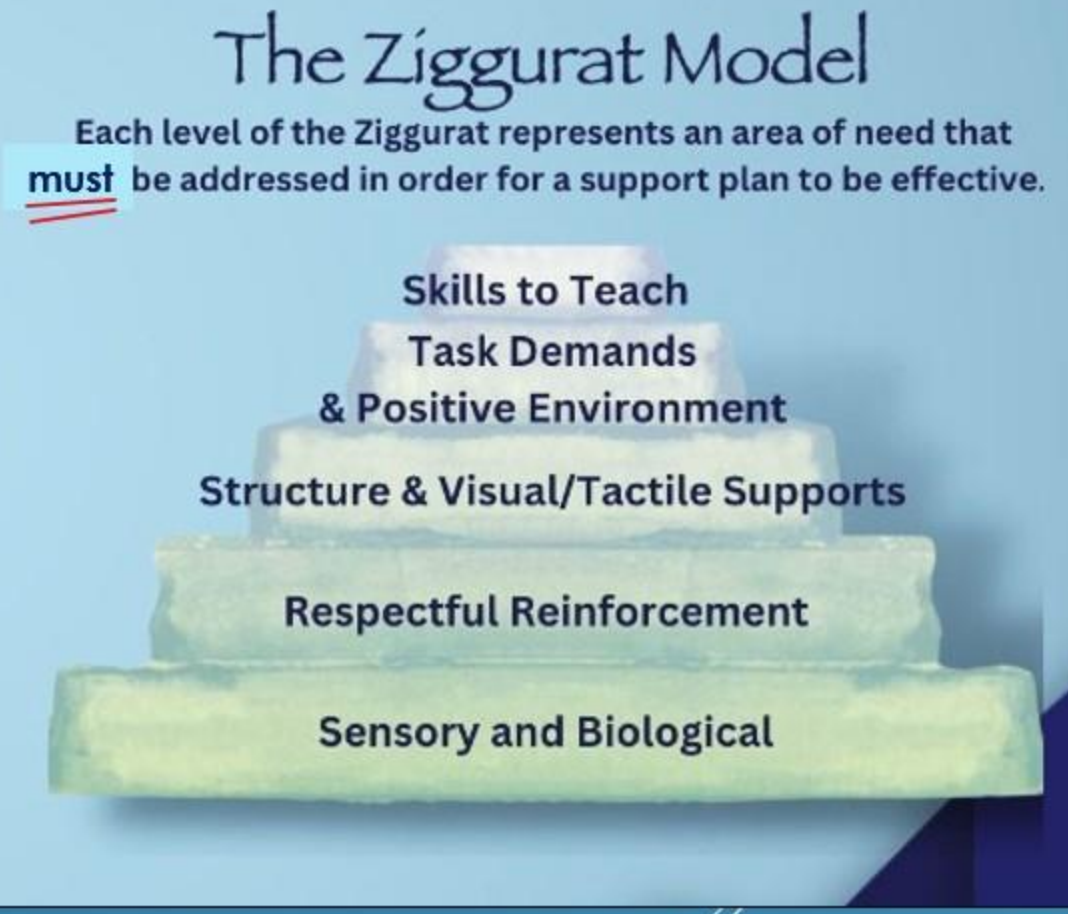
The Ziggurat Model is a framework designed to meet underlying needs while capitalizing on strengths.

For more than 15 years, the Ziggurat Model has been helping autistic individuals, parents, teachers, and professionals to navigate autism. It's a complete system equipped with strategies and support, designed to make a complicated subject simple.

There's no doubt that you've found plenty of research about autism. But have you found an effective plan with interventions specific to the autistic person you're working with?

Experience the Benefits

Free Preview



https://zigguratgroup.com

https://www.zigguratgroup.com/pages/services

The Ziggurat Group

ZIGGURAT MODEL COURSES STORE SERVICES RESOURCES ABOUT US SIGN IN

The Ziggurat Group

Counseling and Evaluation for Autistic Individuals and Families

Welcome

The Ziggurat Group is dedicated to helping autistic individuals improve their lives. We offer specialized counseling and team autism evaluation services to children and adults. Our broader mission is to increase acceptance of autism and neurodiversity and to improve services and supports. We offer resources and training to help attain this goal.

Please contact us for questions about our services.

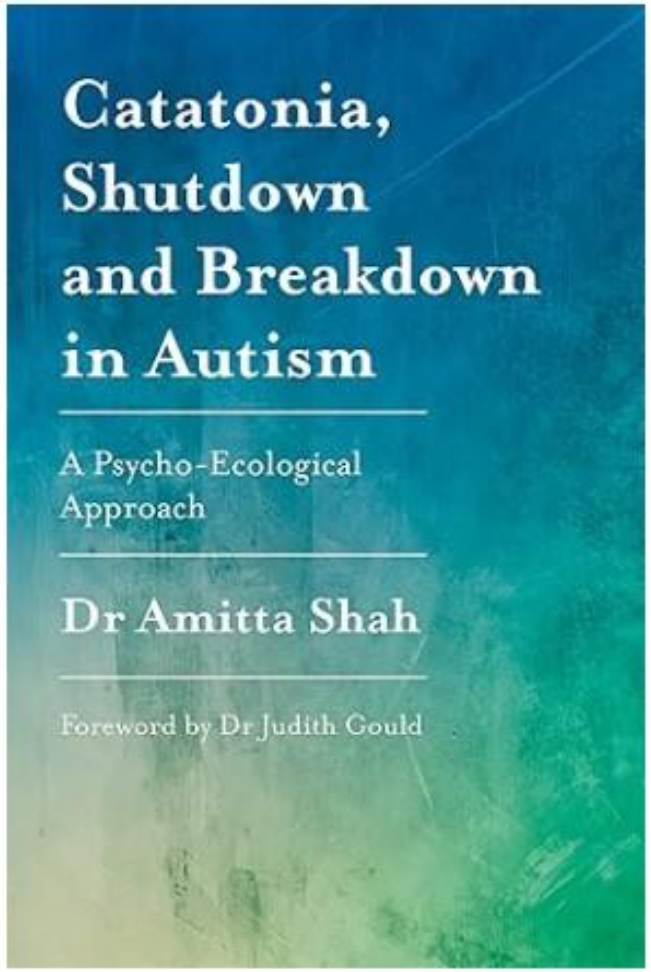
214-227-7741 Send email Send Secure Message

The Ziggurat Model: A Framework for Designing Comprehensive Interventions for Individuals With High-Functioning Autism and Asperger Syndrome Paperback – January 1, 2008

by Ph.d. Aspy, Ruth (Author), Ph.D. Grossman, Barry G. (Author), Gary B. Mesibov (Foreword)

4.5 ★★★★½ 47 ratings See all formats and editions

The Ziggurat Model is a valuable resource for public school professionals who must remain in compliance with federal and state guidelines. Specifically, recent trends in special education law emphasize the use of scientifically based research approaches along with a focus on Response to Intervention (RTI). Additionally, there is a strong push for incorporating positive behavioral interventions and supports (PBIS) based on a functional behavioral assessment. The Ziggurat Model is consistent with these practices.The Ziggurat Model is unique. While it is easy to find volumes of information describing specific interventions, it is difficult to find information on how to develop an intervention plan. This book presents a process and framework for designing comprehensive interventions for individuals of all ages with autism spectrum disorders. The Ziggurat Model was designed to simplify a complex process. Parents and professionals will find the framework of the Ziggurat Model to be a guide in developing more thorough and effective interventions.While the Ziggurat Model is designed to address the needs of all individuals with autism spectrum disorders, this book is written explicitly for the higher functioning population. The book includes assessment tools, case scenarios, and many interventions that were developed with their needs in mind.



Catatonia, Shutdown and Breakdown in Autism Paperback – August 21, 2019

by Shah (Author)

4.6 ★★★★½ 89 ratings

See all formats and editions

This ground-breaking book provides the first detailed clinical analysis of the various manifestations of catatonia, shutdown and breakdown in autistic individuals, with a new assessment framework (ACE-S) and guidance on intervention and management strategies using a psycho-ecological approach. Based on Dr Amitta Shah's lifetime of clinical experience in Autism Spectrum Disorders, and her research in collaboration with Dr Lorna Wing, this much needed book will be a valuable resource for professionals, autistic individuals and their families and carers.

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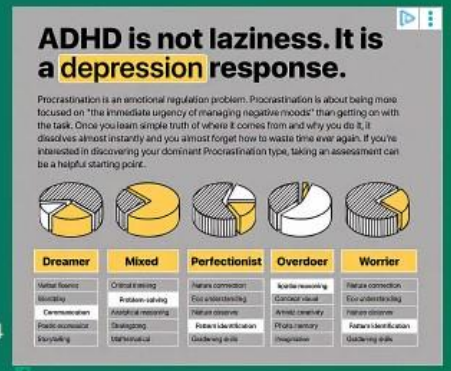
Print length	Language	Publisher	Publication date	Dimensions
160 pages	English	Jessica Kingsley Publishers	August 21, 2019	5.98 x 0.37 x 9.02 inches

See all details

Autism Asperger Publishing Company: Spotlight on Autism Community Voices

NeuroLaunch editorial team

August 11, 2024



Quick Navigation

A Brief History and Mission

Unique Focus of Autism Asperger Publishing Company

Key Publications and Best-Selling Titles

Impact on the Autism Community

Publishing Process and Author Support

Future of Autism Asperger Publishing Company

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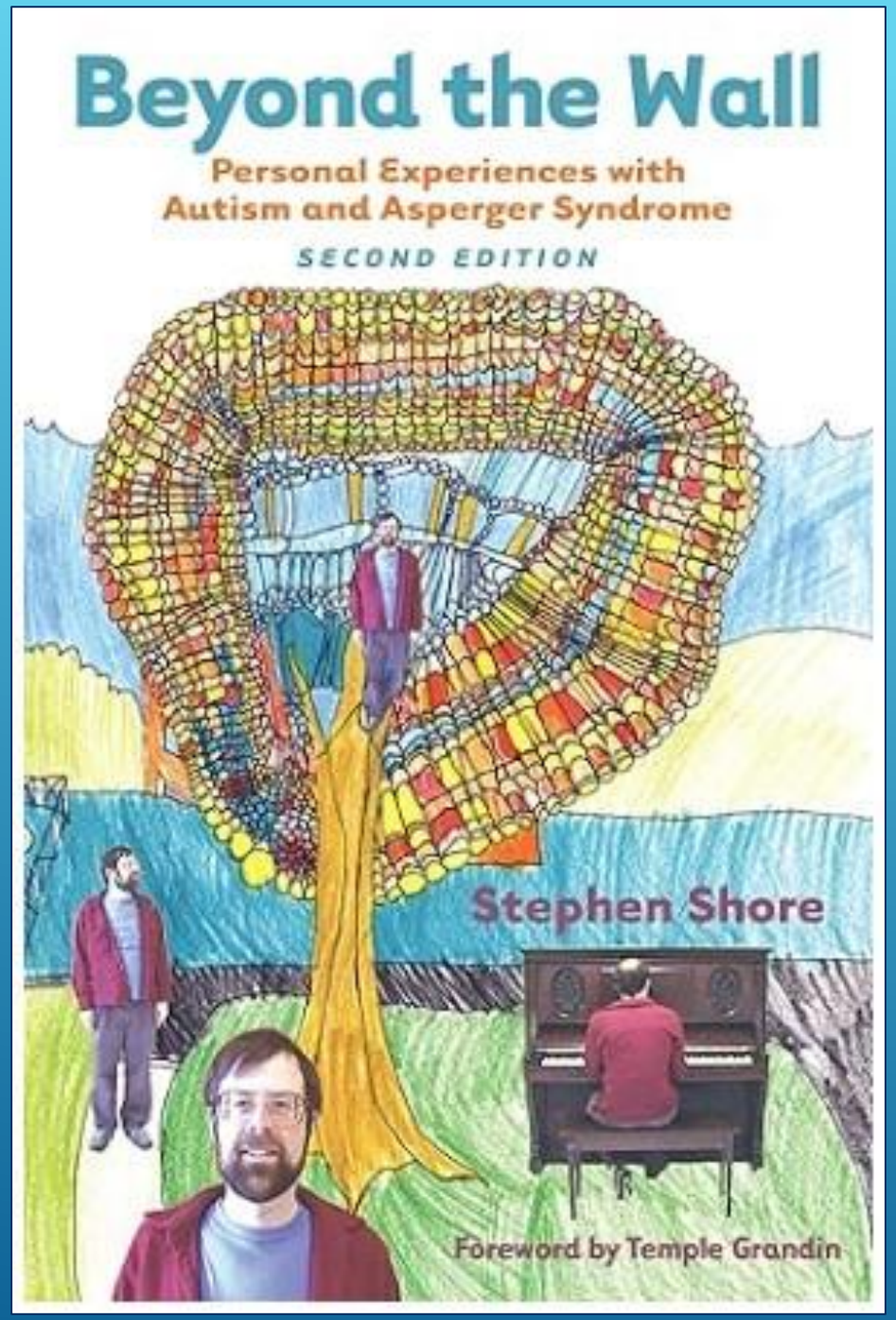
From the pages of specialized books, a quiet revolution in autism understanding is reshaping minds and lives, one carefully chosen word at a time. In the realm of autism literature, one publisher stands out for its dedication to empowering voices within the autism community: Autism Asperger Publishing Company. This pioneering organization has been at the forefront of providing valuable resources, insights, and support for individuals on the autism spectrum, their families, and professionals in the field.


Beyond the Wall
Personal Experiences with
Autism and Asperger Syndrome
SECOND EDITION
Stephen Shore
Foreword by Temple Grandin

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Temple Grandin, Ph.D.

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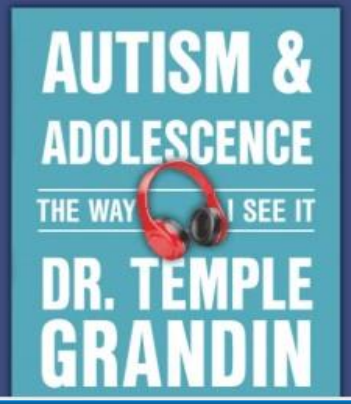
July 29 - Denver, CO
August 14 - Hershey, PA
August 18 - Webinar
August 20 - New Orleans, LA
August 23 - Flint, MI
September 10 - Dallas Forth Worth
September 11 - Knoxville, TN
September 15 - Missoula, MT
September 19 - Cincinnati, OH
November 19 - Memphis, TN

Temple's Latest Books!



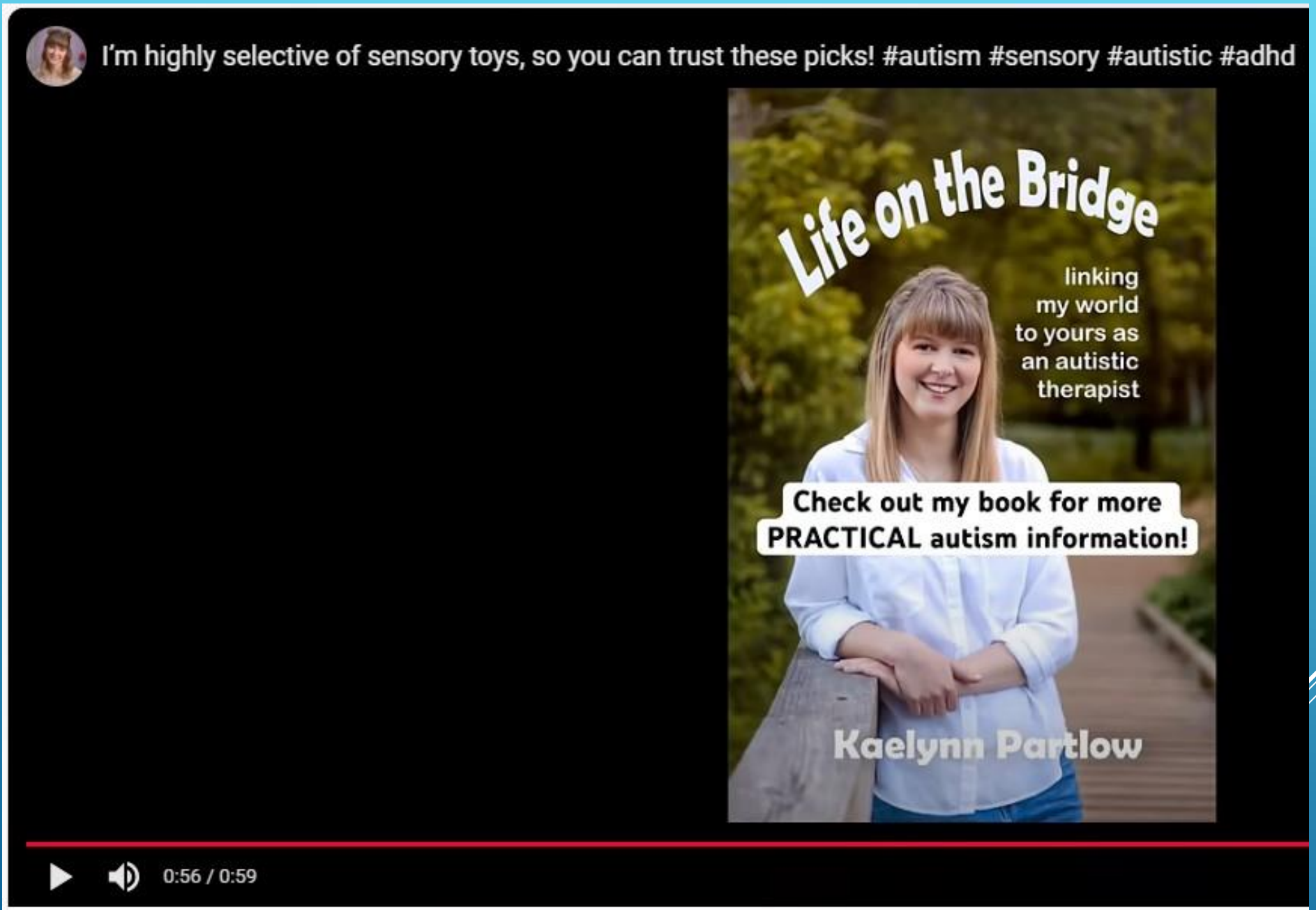
Temple Grandin is the 2024 Lifetime Achievement Award Winner!

Every year, the Denver Business Journal honors women who are getting business done and helping their communities thrive.

The DBJ is happy to announce that, for the 25th anniversary of its OWIB event, it has chosen agricultural icon, academic superstar and autism advocate Temple Grandin as its 2024 Lifetime Achievement Award winner.

Read the full article!

Webinars and Conferences


I'm highly selective of sensory toys, so you can trust these picks! #autism #sensory #autistic #adhd
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therapist
Check out my book for more
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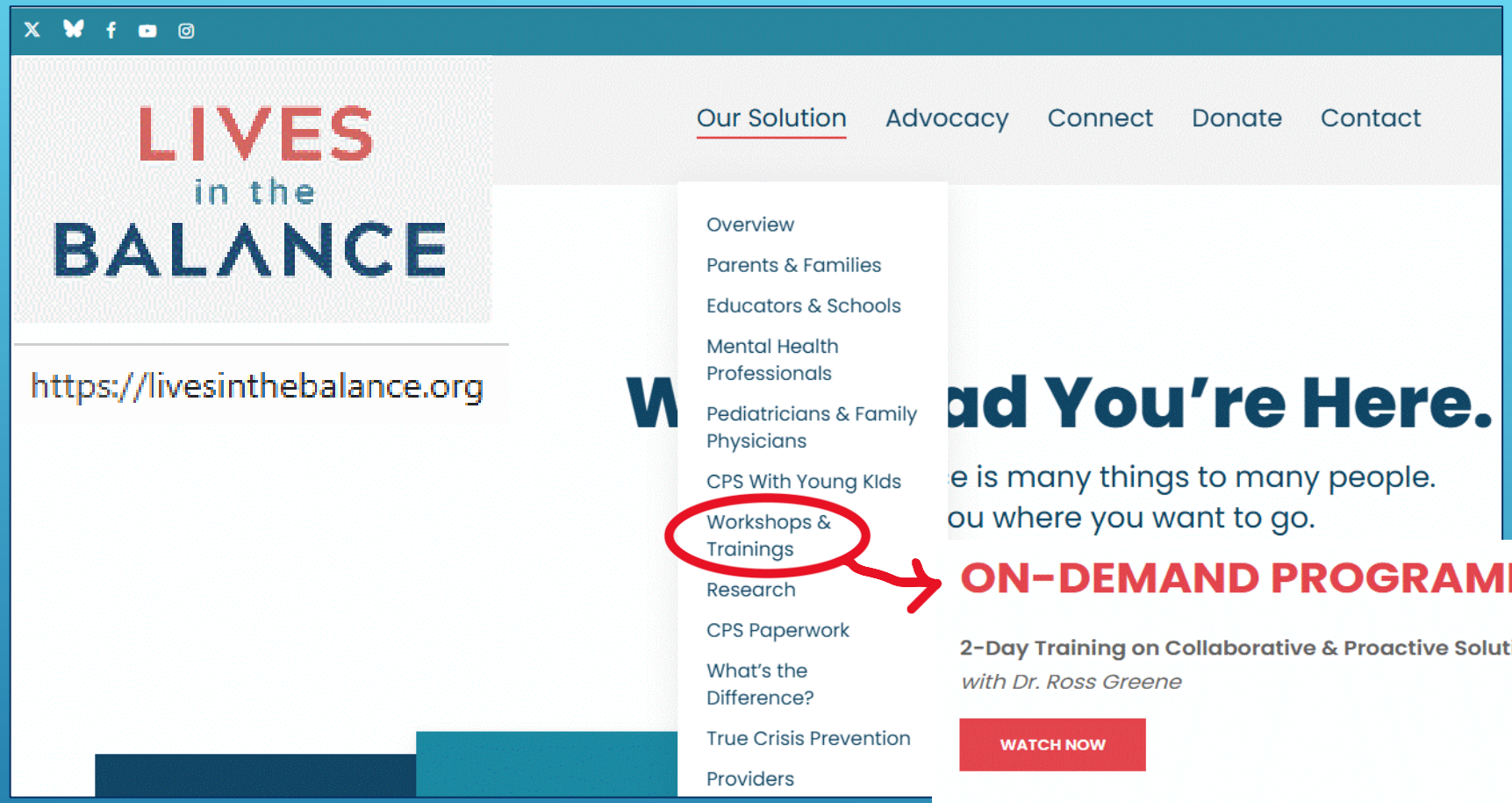

"**CPS**" is Dr. Ross Greene's **Collaborative Problem Solving** training for parents, teachers, and other adult caregivers.

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2-Day Training on Collaborative & Proactive Solutions *with Dr. Ross Greene*

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School Implementation of CPS: Building leadership density & a positive culture *with Principal Ryan Gleason* **(FREE!)**

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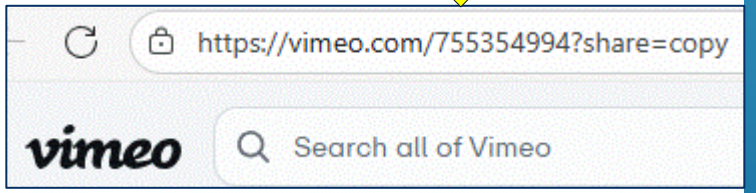
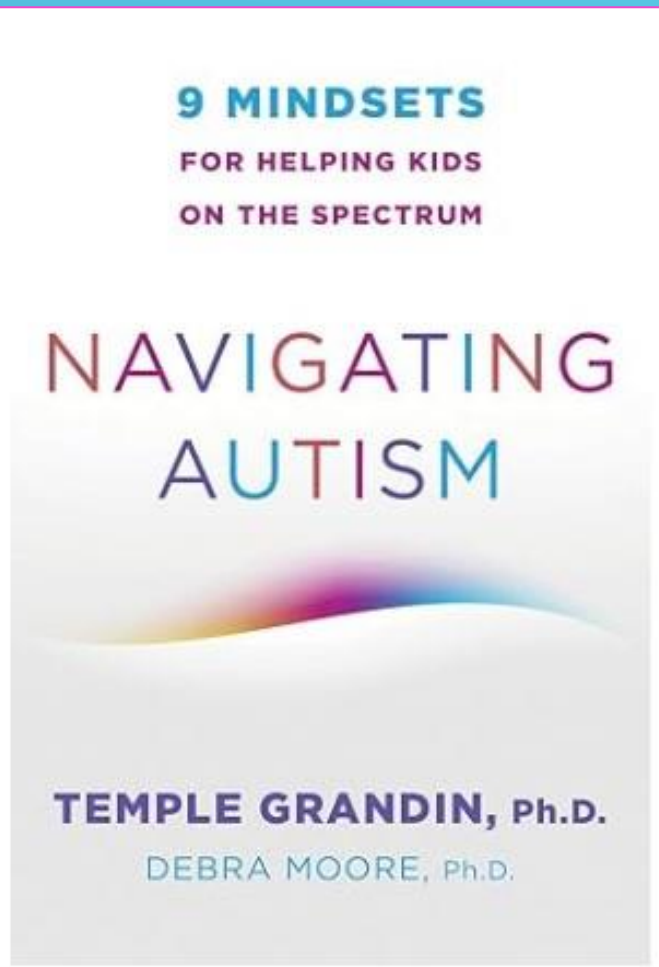
CPS & the Neurodivergent Student *with Dr. Stacy Haynes* **(FREE!)**

WATCH NOW





Navigating Autism: 9 Mindsets For Helping Kids on the Spectrum

Paperback – September 21, 2021

by Temple Grandin (Author), Debra Moore (Author)

4.8 ★★★★★ 525 ratings

See all formats and editions

Empowering strategies for anyone who works with children and teens on the spectrum.

International best-selling writer and autist Temple Grandin joins psychologist Debra Moore in presenting nine strengths-based mindsets necessary to successfully work with young people on the autism spectrum. Examples and stories bring the approaches to life, and detailed suggestions and checklists help readers put them to practical use.

Temple Grandin shares her own personal experiences and anecdotes from parents and professionals who have sought her advice, while Debra Moore draws on more than three decades of work as a psychologist with kids on the spectrum and those who love and care for them. So many people support the lives of these kids, and this book is for all of them: teachers; special education staff; mental health clinicians; physical, occupational, and speech therapists; parents; and anyone interacting with autistic children or teens.

Readers will come away with new, empowering mindsets they can apply to develop the full potential of every child.

6 figures

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CLERMONT COUNTY BOARD of Developmental Disabilities

D.D. did 492 ASD intakes in 2024, 186 more than in 2023!!

Thomas A. Wildey Center

2040 US Highway 50
Batavia, OH 45103
(513) 732-7000

The Thomas A. Wildey Center is located one mile west of Owensville.

Programs and services located at the Wildey Center:

Behavioral Health Services
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Community Relations
Community Support Services
Early Intervention including Service Coordination & Hearing Services
Facilities/Maintenance
Human Resources
Investigations
School Age Services
Service and Support Administration
Superintendent's Office

SERVICES ▾ EMPLOYMENT ▾

- Administration ▸
- Children and Teens ▸
- Behavioral Health Services ▸
- Community Support Services ▸
- Family Support Services
- Intake, Information & Referral
- Investigations
- Provider Support
- Self Advocacy at Clermont DD
- Service and Support Administration/Waiver Services
- Other Services and Programs ▸
- Respite Program (GOT Respite)

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Clermont DD Main	513.732.7000
EI Service Coordination	513.732.5115
Early Intervention	513.732.7026
Behavioral Health Srvs.	513.732.5027
Respite – Gift of Time	513.732.5037
Wildey School Age	513.732.7015

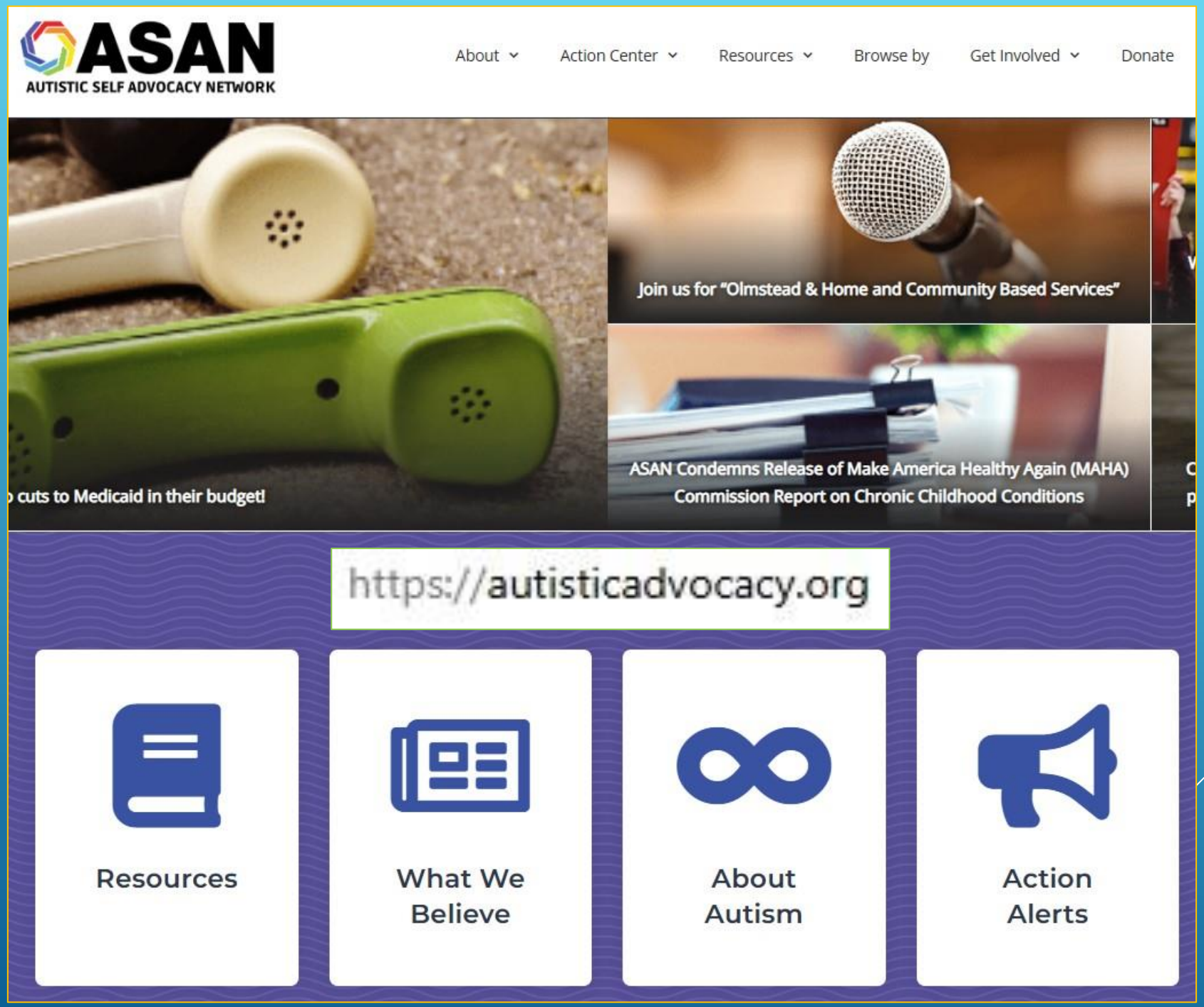
General Information

Clermont County Board of Developmental Disabilities
2040 US Highway 50
Batavia, OH 45103

Main Phone:
513.732.7000

Programs & Services:
ldavis@clermontdd.org

The Clermont County Board of Developmental Disabilities will assess your child for eligibility for services based on a number of factors, however, it seems to be the case that the cutoff Full Scale IQ score cannot be higher than 69. Still, please do reach out to them for clarification. As the number of youth diagnosed with ASD continues to climb, just know that the Board is doing their best with limited staff, money, and resources.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ASAN Condemns Release of Make America Healthy Again (MAHA) Commission Report on Chronic Childhood Conditions
https://autisticadvocacy.org
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autism speaks

What is autism? | Help & information | Our work | Get involved | ¿Que es el autismo?

Information by topic | Directory | Resource Guide | Autism Response Team

What is autism? | Help & information | Our work | Get involved | ¿Que es el autismo?

Learn the signs
- Symptoms of autism
- What causes autism?
- Asperger syndrome
- Autism statistics and facts

Learn about screening
- Screening questionnaire
- First Concern to Action
- Autism diagnostic criteria: DSM-5
- Newly diagnosed

Associated conditions
- Sensory issues
- Mental health

Interventions
- Access services
- Insurance
- Caregiver Skills Training (CST)

https://www.autismspeaks.org/

Autism Speaks is more of a national organization. It is not clear how helpful they are or can be when it comes to helping with local services.

Tools to help you get started

Autism Speaks has developed a series of comprehensive tool kits to help you and your family access the services and supports you need after a new autism diagnosis.

100 Day Kit for Newly Diagnosed Families of Young Children (under 5)

100 Day Kit for Newly Diagnosed Families of School Age Children (5-13)

Adult Autism Diagnosis Tool Kit

https://ivyrehab.com/therapy-services/pediatric-therapies/applied-behavior-analysis-aba/

Therapy Services | Locations | Patient Services

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ATHLETIC THERAPY
SPECIALTY TREATMENTS
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PEDIATRIC THERAPY
PEDIATRIC PHYSICAL THERAPY
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OCCUPATIONAL THERAPY
ABA THERAPY

How we approach ABA therapy.

Once it's determined your child is a good fit for ABA therapy, they're evaluated by one of our Board-Certified Behavior Analysts (BCBA.) Our clinics focus on achieving individualized goals, tailored for your child. Each session is designed to track progress and adapt treatment plans as needed. We'll start with a skills assessment, such as ABLLS-R or VB-Mapp. After the assessment, we'll write a comprehensive plan that drives your child's educational program. All of our BCBAs work closely and collaboratively with your family, school and other therapists to provide a comprehensive treatment approach that includes a range of effective strategies. Want to learn how our approach might work for your family? Request an appointment.

Individualized services include:

- Personalized treatment plans
- All-day programs
- Clinic-based program
- One-on-one therapy
- Collaboration with speech and occupational therapy

Utilizing strategies that include:

- Natural environment training (NET)
- Discrete trial training (DTT)
- Pivotal response training (PRT)
- Antecedent based interventions
- Social skills training
- Visual supports
- Video modeling

ABC PEDIATRIC THERAPY - CINCINNATI - RED BANK ROAD

ABC PEDIATRIC THERAPY

4325 Red Bank Road
Cincinnati, OH 45227

Phone: +1 513-271-2419

ABC PEDIATRIC THERAPY - CINCINNATI - ANDERSON - COMING SOON!

ABC PEDIATRIC THERAPY

8118 Beechmont Ave
Cincinnati, OH 45255

Phone: +1 513-277-3601

ABC Pediatric Therapy – Milford

ABC Pediatric Therapy

703 State Route 28

Milford, OH 45150

Phone: +1 513-587-8699
Fax: +1 513-815-4385

The following list was provided by a staff member at AutismConnections/AutismCincy in late 2024:

https://capapsych.com/

https://clermontdd.org/services/community-support-services/intake-and-eligibility/

https://www.sevenhillspsychology.com/meet-the-team

https://www.lcpsych.com/home/our-team/suzanne-collins/

https://lindnercenterofhope.org/leadership/clipson-elisha-eveleigh-phd/

https://www.lcpsych.com/home/services/

https://ascentpsych.com/

https://transitions-bh.com/

https://www.swocog.org/services#FamilySupportServicesProgram

https://envisionohio.org/

https://ocali.org/ohio_parent_guide_to_ASD

https://ocali.org/family-and-community-outreach-center

https://iamboundless.org/boundless-health-center

NEUROSOLUTION
CENTER OF AUSTIN

ods Stories Team Shop More Get In Touch!

BETTER IS POSSIBLE

conditions that we treat in our clinics

The brain and nervous system are interconnected with every system in the body. We identify the root causes of symptoms and develop targeted treatment plans to address them.

https://www.neurosolutionatx.com

DYSTONIA & MOVEMENT DISORDERS

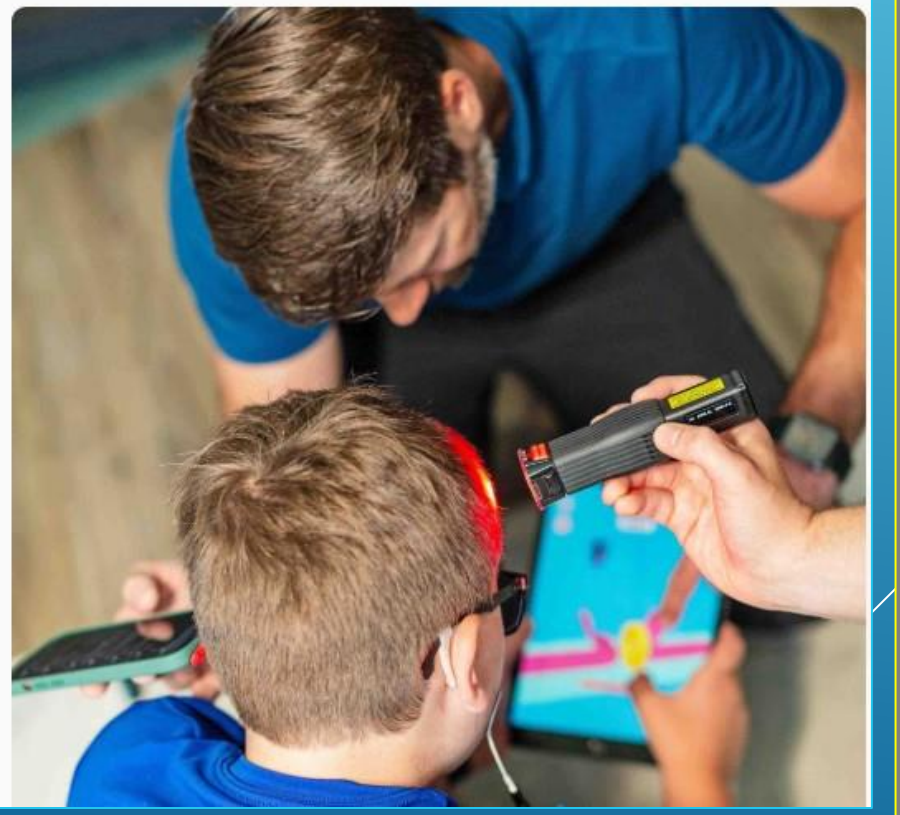
Specialized care at NeuroSolution enhances mobility, alleviating movement disorder symptoms.

AUTISM

Personalized programs at NeuroSolution support development, improving communication and social skills.

TOURETTE'S

Personalized options at NeuroSolution manage Tourettes, enabling a fulfilling life.



This clinic is in Texas, but it's included here because of the wide range of neurological conditions they treat, including:

Autism, Tourette's, OCD, Complex conditions, Dystonia & movement disorders, etc.

I did email them twice but, sadly, never heard back ☹ … but, hey, you're a parent, so, Get In Touch!

Amen Clinics

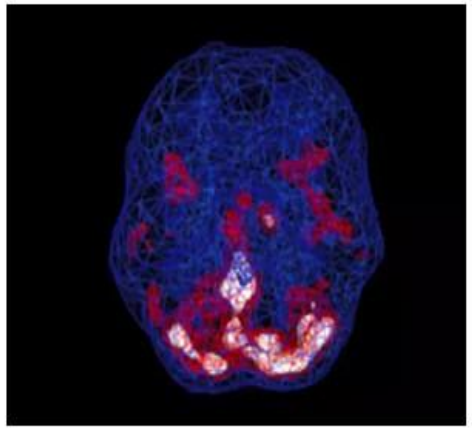
844-643-0152

Neurologist Dr. Daniel Amen has used brain imaging to identify 7 different types of Attention Deficit Disorder:

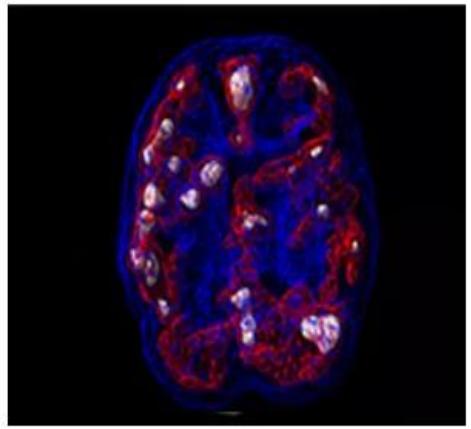
- Classic ADD
- Inattentive ADD
- Overfocused ADD
- Temporal Lobe ADD
- Limbic ADD
- Ring of Fire ADD
- Anxious ADD

As many people already know, AD/HD is often considered to be on the same continuum of symptoms as Autism (ASD). These seven different types are treated differently at Amen Clinics because of the differences in the areas of brain activity or inactivity.

Autism spectrum disorder is one of the fastest growing developmental disorders in the U.S. today. Early brain development is affected by ASD, including the way neurons communicate with one another leading to a wide array of problems including difficulty with everyday skills. However, there is not just one brain problem found in adults and children with autism—there are 8 to 10 suspected factors that can influence abnormal brain function leading to this developmental disability. During the past three decades, Amen Clinics has seen more than 1,000 children and adults with an autism diagnosis. The SPECT imaging studies of these patients reveal that their brain patterns tend to have areas of high activity, low activity, or areas of both in some cases. Knowing a patient's brain pattern can lead to more effective treatment options.



Healthy Brain Scan



ASD Brain Scan

Because brain patterns in autism spectrum disorder can be varied, it is even more important to look at the brain using SPECT imaging in order to create the most effective autism treatment plan. Abnormal activity is often seen in the cerebellum, anterior cingulate gyrus, amygdala, and the temporal, frontal, and parietal lobes. Brain SPECT scans also serve as a very useful tool for measuring the progress of treatment and positive changes in an adult's or child's symptoms and to continue finding the best and most effective treatment options for each patient. These range widely and might include teaching children (or adults) behavior modifications to reduce unwanted behaviors, techniques to improve social communication and social interactions, educational interventions, life skills training, speech therapy, medication and/or supplement management, sensory integration therapy, lifestyle adjustments, and physical therapy as well as complementary and alternative treatments.

Cincinnati Children's®

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https://www.cincinnatichildrens.org/service/k/autism

KELLY O'LEARY CENTER FOR AUTISM SPECTRUM DISORDERS

- Treatments and Services
- What to Expect
- Patient and Family Resources
- Patient Stories
- Research
- Meet the Team
- Contact / Refer

EXISTING PATIENTS
MyChart Scheduling

CALL US TO SCHEDULE
513-636-4611

Help for Your Child with an Autism Spectrum Disorder

Your child's journey with autism spectrum disorder (ASD) may feel uncertain and challenging. Families need to partner with a trusted autism center for care. The Kelly O'Leary Center (TKOC) is here to help individuals with ASD and their families by providing a diagnostic program, treatment, and support services. We also provide parent education and training programs that enhance the lives of individuals with ASD and their families.

Why Choose Us

The Kelly O'Leary Center strives to improve the health, quality of life, and outcomes for children and adolescents with ASD through:

- Family-centered care, including transition to adulthood.
- Evidence-based clinical care in an interdisciplinary model.
- Training to build leadership and capacity in the field of ASD.
- Participation in innovative research.
- Advocacy with and on behalf of individuals with ASD.
- Collaboration with families, the child's medical team, schools, and community agencies.

The Kelly O'Leary Center for Autism Spectrum Disorders is located in the Division of Developmental and Behavioral Pediatrics (DDBP).

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

Resources & References: Where Can I Learn More?

Books on Sensory Integration:

- Aron, E. N. (1997). **The highly sensitive person: How to thrive when the world overwhelms you.** New York: Broadway Books.
- Colley, M. (2006). **Living with dyspraxia: A guide for adults with developmental dyspraxia (4th ed.).** Philadelphia: Jessica Kingsley Publishers.
- Dunn, W. (2007). **Living sensationally: Understanding your senses.** Philadelphia: Jessica Kingsley Publishers.
- Heller, S. (2002). **Too loud, too bright, too fast, too tight: What to do if you are sensory defensive in an over stimulating world.** New York: Harper Collins.
- Heller, S. (2013). **Uptight & off center: How sensory processing disorder throws adults off balance and how to create stability.** Kindle eBook.

Websites on Sensory Processing Disorder & Sensory Integration:

- **The Spiral Foundation**: www.thespiralfoundation.org
- **Sensory Processing Disorder Foundation**: www.spdnetwork.org
- **SI Global Network**: www.siglobalnetwork.org
- **Sensory Processing Disorder Resource Center**: www.sensory-processing-disorder.com

Journal Articles:

Sensory Processing Disorder & Anxiety:

- Kinnealey M., Fuiek M. (1999). **The relationship between sensory defensiveness, anxiety, depression, and perception of pain in adults.** *Occupational Therapy International, 6,* 195-206.
- Pfeiffer, B. (2012). **Sensory hypersensitvity and anxiety: The chicken or the egg?** *Sensory Integration Special Interest Section Quarterly, 32*(2), 1-4.
- Engel-Yeger, B., & Dunn, W. (2011). **The relationship between sensory processing difficulties and anxiety level of health adults.** *British Journal of Occupational Therapy, 74,* 210-216(7).

Assessment & Treatment:

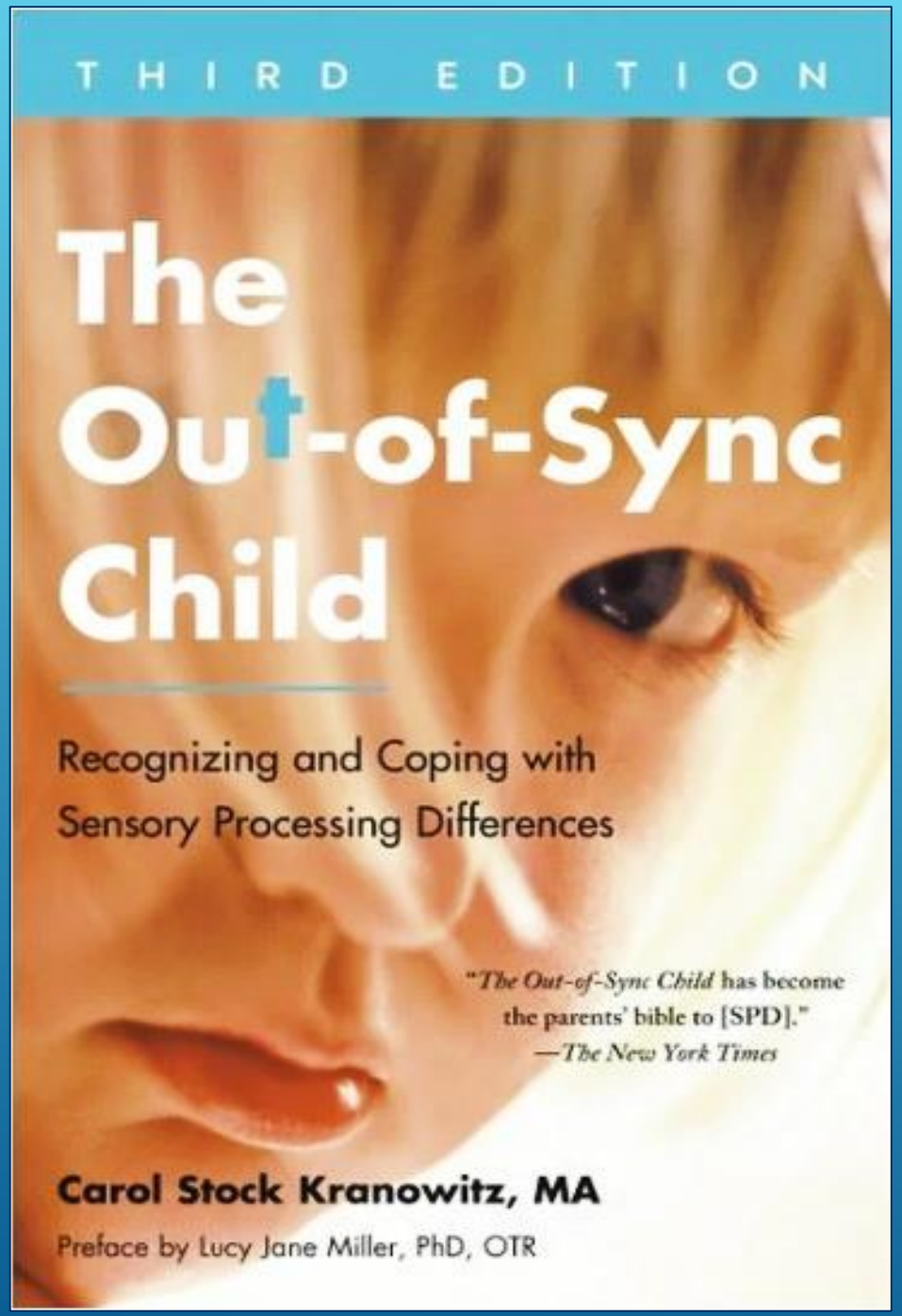
- May-Benson, T. A., & Champagne, T. (2011). **Occupational therapy using a sensory integration-based approach with adult populations.** Bethesda, MD: American Occupational Therapy Association.
- May-Benson, T. A., & Kinnealey, M. (2012). **An approach to assessment of and intervention for adults with sensory processing disorders.** *OT Practice, 17(17), CE 1-8.*
- May-Benson, T. A. (2009). **Occupational therapy for adults with sensory processing disorder.** *OT Practice, 14*(10), 15-19.
- Pfeiffer, B., & Kinnealey, M. (2003). **Treatment of sensory defensiveness in adults.** *Occupational Therapy International, 10,* 175-184.

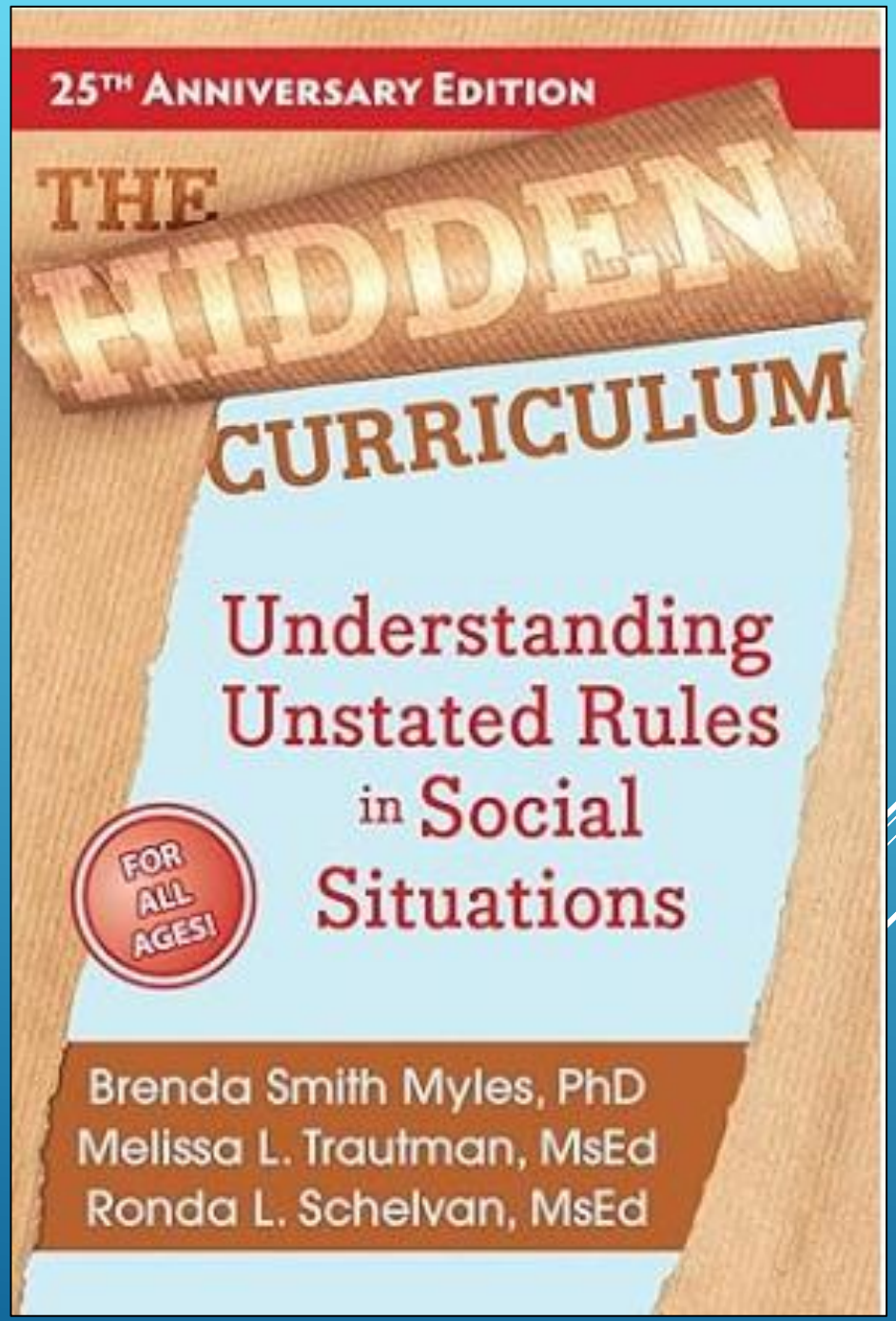
Description of needs/challenges of individuals with SPD

- May-Benson, T. A. (2011). **Understanding the occupational needs of adults with sensory processing disorder.** *OT Practice, 16*(10), 13-17.
- May-Benson, T. A., & Patance, S. (2014). **Characteristic of adults seeking sensory integration-based occupational therapy services.** Spiral Foundation self-study series. Newton, MA: The Spiral Foundation
- Larsson, C., & Martensson, L. (2009). **Experiences of problems in individuals with hypersensitivity to odours and chemicals.** *Journal of Clinical Nursing, 18,* 737-744.
- Kinnealey, M., Oliver, B., & Wilbarger, P. (1995). **A phenomenological study of sensory defensiveness in adults.** American Journal of Occupational Therapy, 49, 444-451.

Other Journal Articles on Sensory Integration

- Kinnealey, M., Koenig, K. P., & Smith, S. (2011). **Relationships between sensory modulation and social supports and health-related quality of life.** American Journal of Occupational Therapy, 65, 320-327
- Cousins, M., & Smyth, M. M. (2003). **Developmental coordination impairments in adulthood.** *Human Movement Science, 22,* 433-459.
- Turner, K. A., Cohn, E. S., & Koomar, J. (2012). **Mothering when mothers and children both have sensory processing challenges.** *British Journal of Occupational Therapy, 75,* 449-455.
- Jerome, E. M., Liss, M. (2005). **Relationships between sensory processing style, adult attachment, and coping.** *Personality and Individual Differences, 38,* 1341-1352.

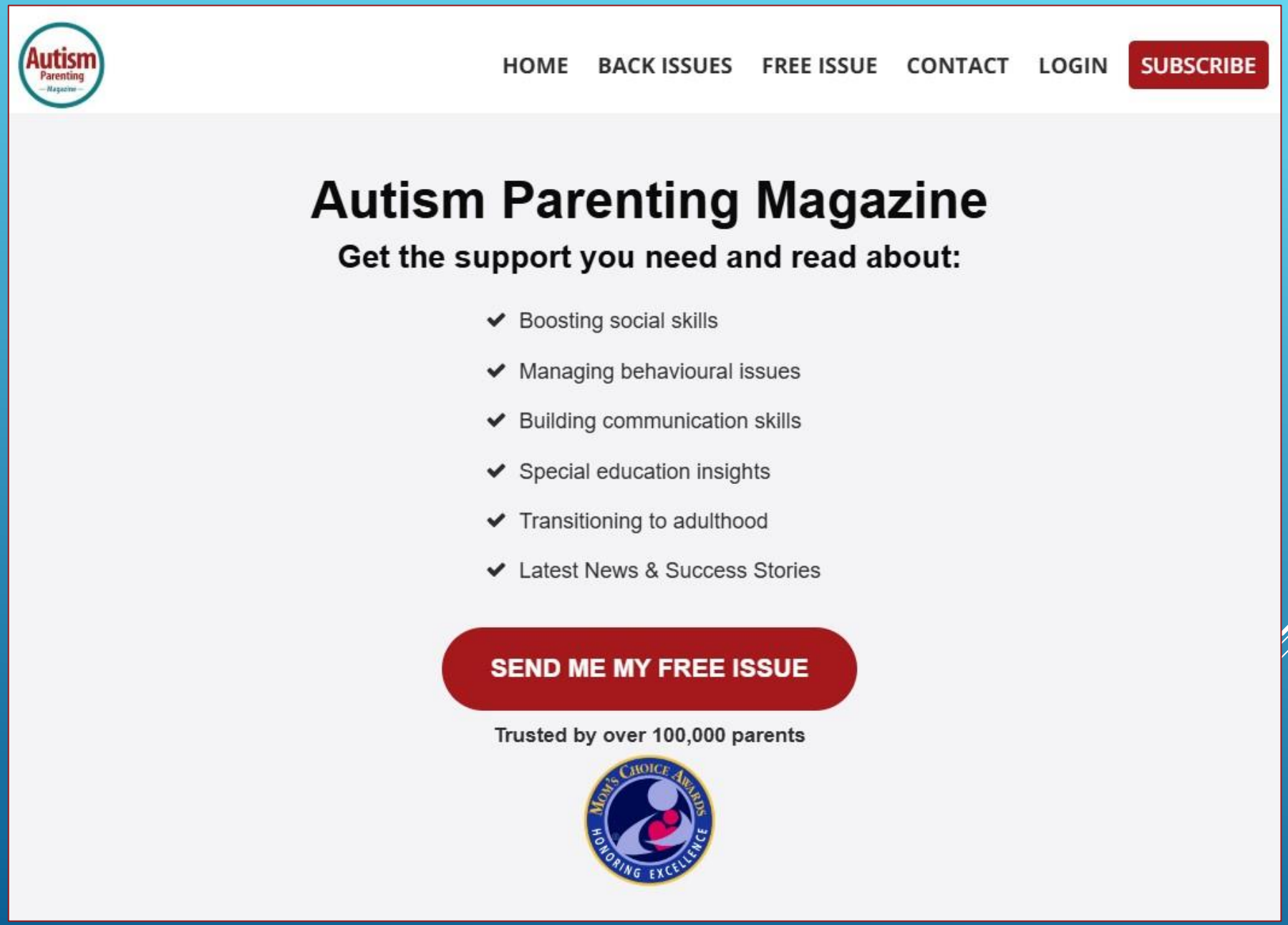

THIRD EDITION
The Out-of-Sync Child
Recognizing and Coping with Sensory Processing Differences
"The Out-of-Sync Child has become the parents' bible to [SPD]."
—The New York Times
Carol Stock Kranowitz, MA
Preface by Lucy Jane Miller, PhD, OTR


25TH ANNIVERSARY EDITION
THE HIDDEN CURRICULUM
Understanding Unstated Rules in Social Situations
FOR ALL AGES!
Brenda Smith Myles, PhD
Melissa L. Trautman, MsEd
Ronda L. Schelvan, MsEd

ORGANIZATIONS:

- The Thompson Center for Autism & Neurodevelopmental Disorders at the University of Missouri
- www.autismspeaks.org
- www.autisticadvocacy.org

https://www.autismparentingmagazine.com/getfreeissue/



So many people are dealing with cancer and/or loved ones who have been diagnosed with cancer that I couldn't help but include this webpage for everyone to see. There are **a lot of links** contained within this article on the DeepRootsAtHome website, so, be prepared to be doing some in-depth research. We already looked at a separate joe-tippins-protocol.com website earlier, which included some warnings about Fenbendazole. In that same article it was noted that Joe Tippins, when he got cured, had used this protocol **and** had been participating in a clinical trial using a cancer-fighting drug called **Keytruda**.

https://deeprootsathome.com/joe-tippins-fenbendazole-protocol/

Deep Roots at Home

Home About Podcast Shop Blog

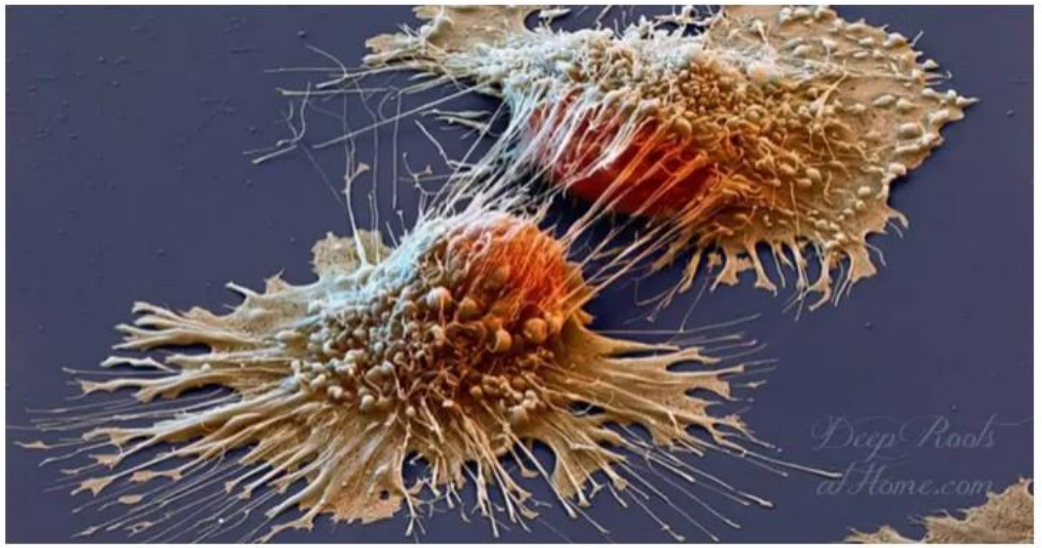
Joe Tippins's Fenbendazole Protocol For Cancer

214.7K VIEWS | *Modified: Aug 10, 2025 · Published: Mar 21, 2023*
By Jacqueline • 13 Comments

7.4K 7.5K SHARES

The Joe Tippins Protocol:

- Fenbendazole (Panacur C)
- Curcumin (Turmeric)
- CBD oil
- Berberine
- Quercetin
- Vitamin E (optional)



Cancer cells. Photo credit: samlevin on Visualhunt.com