

Autism Parenting Magazine

Issue 53



**WAYS TO
SUPPORT
A CHILD WITH
ASD DURING
A DIVORCE**

**HELP YOUR CHILD
SLEEP WITHOUT
MEDICINE**

**HOW TO
RECOGNIZE
THE MEDICAL
COMORBIDITIES
OF AUTISM**

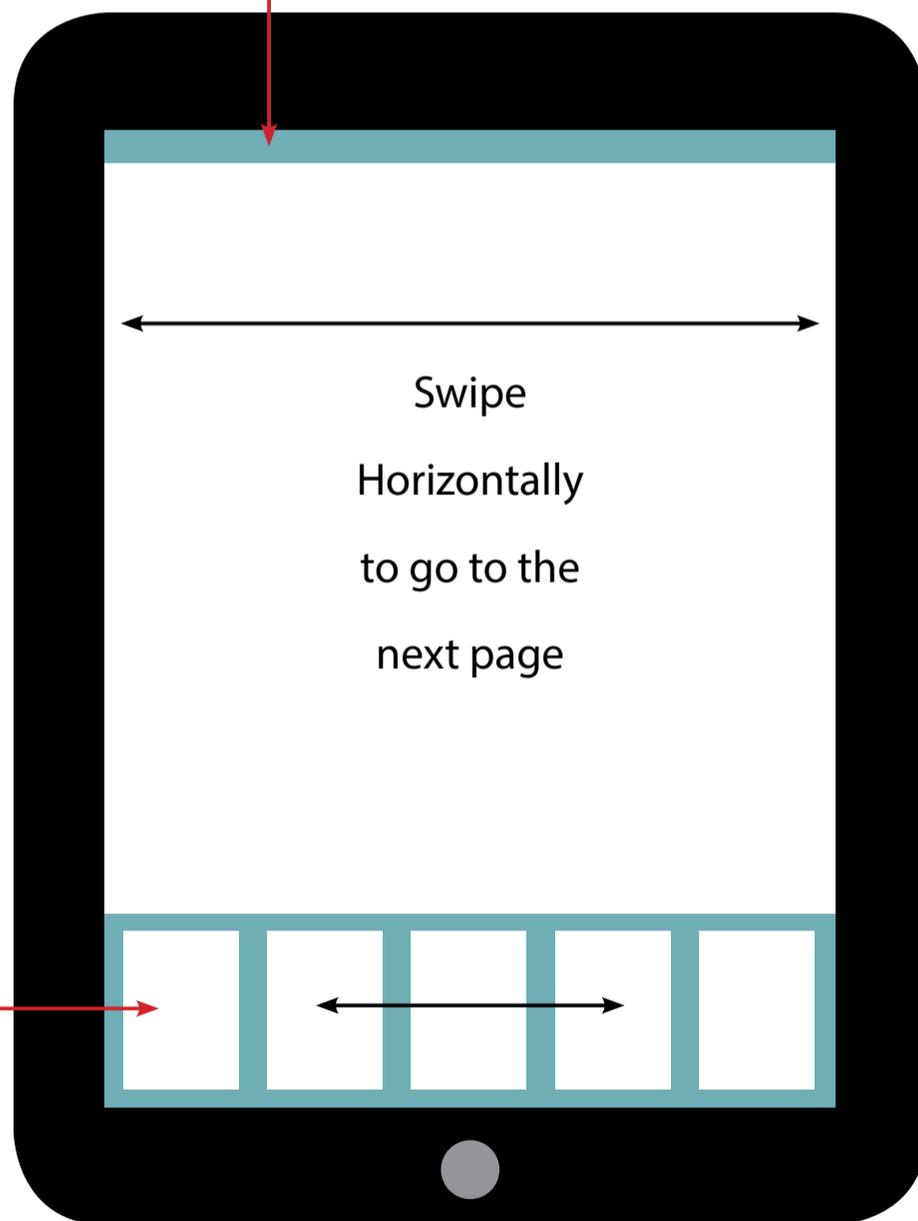
**BRIDGING THE GAP BETWEEN
LEARNING AND LIVING**

WORKING TOWARD THE FUTURE

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Editor's Letter

Over the past few months I have been delighted by the number of graduation announcements and messages I have received from friends beaming with excitement. "It was wonderful to see [my son] walk across the auditorium stage and accept his diploma from the school principal," emailed one friend whose son with autism recently graduated alongside his class. Another parent shared with me her daughter's plans, which include a job training program and part-time work; goals they have worked so hard to reach. I am thrilled for these families as I am all too aware of their challenges and the daily commitment they face in ensuring a secure future for their children.

I am also mindful of the countless families who haven't received the same level of autism support or resources. As these children transition into adulthood, sadly they find themselves without school-based services. And too often parents are left scrambling to find new environments and programs to meet changing needs. So how can families prevent their children from falling through the cracks as they enter adulthood? It's an ongoing concern, making this an issue you can't miss.

Knowing how vital it is to have support at times like these, we reached out to several experts for advice. First, we introduce you to Meghan Mulvenna, founder of Special Travelers, LLC. In her piece, *Expert Advice: Bridging the Gap Between Learning and Living*, Meghan explains why it's critical for families to take the lead on bridging the gap for children on the spectrum, and offers her tips on ways to take that first step; her guidance is sure to make a difference.

Second, we want to introduce you to Michael L. Stuart, an autism parent and educator with 35 years experience. When it was time for Michael's 24-year old son, Aaron, to transition to the workplace, he was not able to find a job. Motivated to prepare his son, diagnosed with severe autism, Michael created Operation Meaningful Life, a program that helps people with special needs to get suitable training. Please take a look at his piece, *Special Needs Training Program Promotes a Life of Productivity and Achievement*, and read how Michael's inspirational program is changing so many lives.

We also have a piece from Robin Flutterby Borakove entitled *New Support Program Keeps Adults with ASD Happy*. An autism advocate diagnosed with Asperger's syndrome, Robin has created a program to help adults with autism who have lost their vital, care-giving parents. Her concept is to partner people with varying needs so they can support one another; it's an appealing notion which promotes both friendship and the possibility for independence.

One of our regular contributors, Nick Malcuit has provided a poignant piece this month, called *A Message to Special Needs Parents: Dream Often and Dream Big!* As the stepparent to two young men with autism, Nick shares a few of his eldest stepson's journal entries (with permission) which highlight his journey toward success; from learning to drive to graduating from college, this young man's personal account is sure to inspire.

The ability to provide the autism community with expert guidance is a top priority here at *Autism Parenting Magazine*.



We often hear from parents who are at their wit's end when it comes to bedtime. If this is a challenge in your household, please read Aditi Srivastava's piece called *Simple Ways to Help Your Child with ASD Sleep Without Medicine*. Aditi is a pediatric occupational therapist who provides an innovative approach toward helping your child sleep.

Does your child with autism have issues with feeding and/or swallowing? You may be interested in Marybeth Ames' article called *Taking an Important Look at Autism and Habitual Dysphagia* as the university instructor with decades of experience in medical, clinical, and school-based therapy, explains this habitual swallowing dysfunction and its connection to autism.

As you probably know, finding ways to calm and relieve everyday pressures can be a challenge for kids with autism. In an effort to make change, we connected with pediatric occupational therapist Amy Smith and she shared her creative Calming Cookie Dough concept, which only requires the use of a therapy ball. Please take a look at *Simple Ways to Help Relieve Your Child's Stress* for an inexpensive way to organize your child's sensory system, relax, and be better suited to handle life's stressors.

Speaking of stress, is the thought of donning a costume and heading door-to-door collecting candy this month a little overwhelming for your child? Please take a look at Gabi Morgan's *Top Ways to Help Your Child with Autism Participate in the Halloween Fun* if your child wants to take part but is a little apprehensive.

If you're in search of an inspirational read, be sure to take a look at our selection of personal narratives written by readers like you. In *An Illustration of Love: Two Angels in a White Cadillac*, Colette Evangelista describes how a near tragedy miraculously turned into renewed optimism. Another beautifully written piece was provided by Terra Singletary, an educator and mother to a young adult with autism. Her tender account of their connection and journey in *Excelling in Life with Asperger's - A Unique Perspective*, is sure to warm your heart.

Wishing you the love, guidance, and support your family needs as you prepare for the future.

Kind regards,
Amy KD Tobik
Editor-in-Chief

Disclaimer:

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

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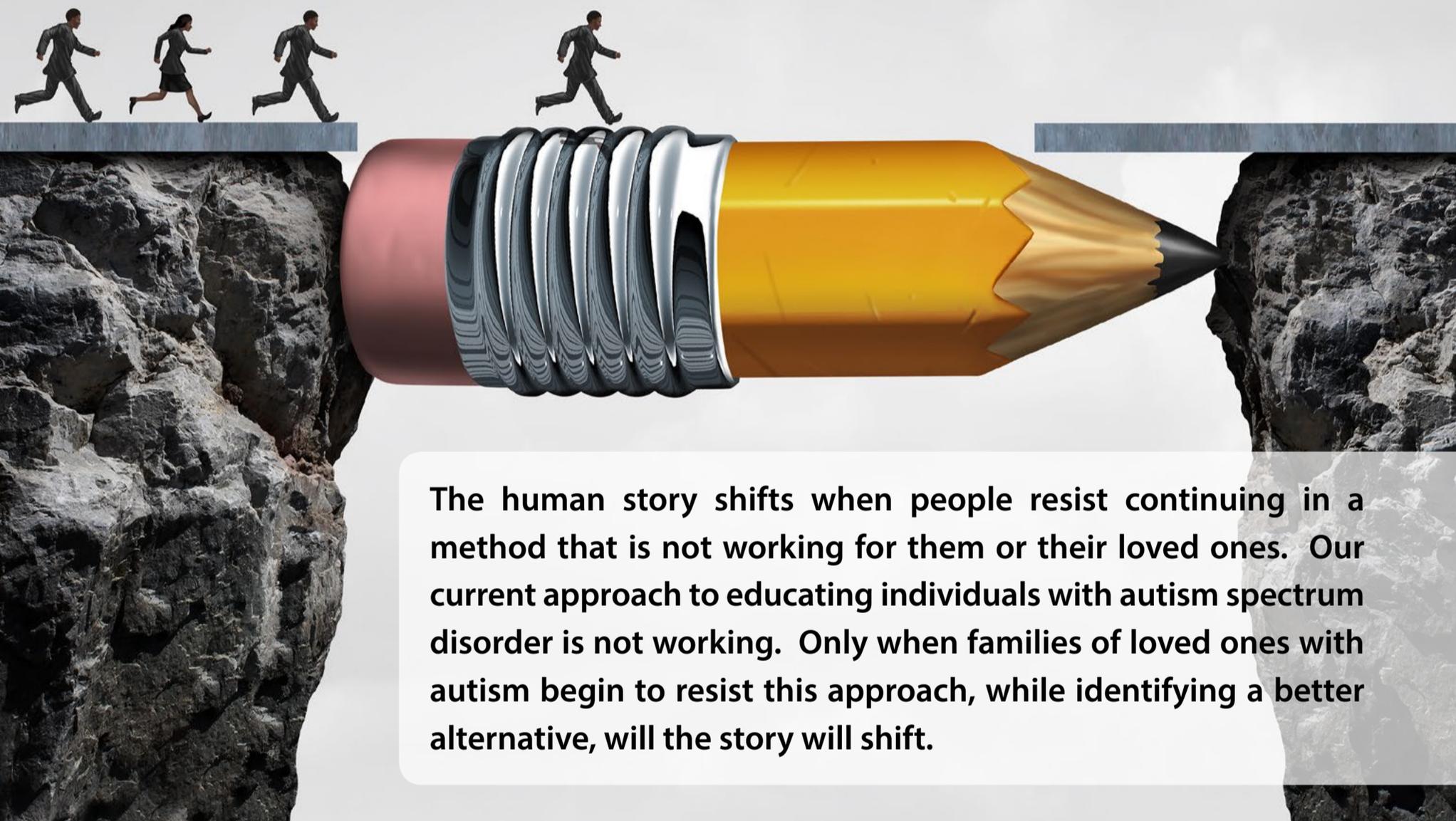
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EXPERT ADVICE: Bridging the Gap Between Learning and Living

By Meghan MULVENNA, M.A.O.B.



The human story shifts when people resist continuing in a method that is not working for them or their loved ones. Our current approach to educating individuals with autism spectrum disorder is not working. Only when families of loved ones with autism begin to resist this approach, while identifying a better alternative, will the story will shift.

When I was 19 years old, during my earliest teaching experience as an assistant for children with autism, I first heard Temple Grandin speak. “Don’t feel bad for us because we don’t want a white picket fence and 2.5 kids like you do,” I vividly remember her sharing in a high school auditorium. “We’re not like you, but we’re fine.” Do teach us what we will need to function in the world, she continued. And help kids discover their talents and strengths; this will be their future.

The focus for the rest of my career shifted. It was not at all about what I wanted students to learn: it was

about what they needed and deserved in order to live productive, meaningful lives, which is the application of the federal law for special education.

Several years later, I sat in the living room of my best friend from high school, watching her son repeatedly cover himself with a blanket, not wanting to be found. He was looking past his mother without making eye contact, not responding to the doorbell ringing or someone entering the room. Marco was 18 months old. I slowly shared with his mother that I thought he had autism. She began to cry. Immediately, a wave of initial concerns hit her. How would he grow up? What would he learn? Would he be able



When the educational system has failed to prepare students for productive and meaningful futures, we cannot then blame those holding the future. They have only inherited the problem.



to take care of himself as an adult? A month later, Marco was diagnosed with autism.

We developed a home-based program for him to supplement the minimal amount of hours Early Intervention provided. I trained his family members, mainly his mother, to systematically interact with him and build foundational skills for learning and being in a relationship. Honestly, I did not know how much Marco would change or how much he would learn to accommodate to the conditions around him—I only believed that he could. Fortunately, his parents trusted enough to believe the same.

Marco indeed made progress. He entered preschool with a full repertoire of skills and acceptance of conditions, which is the foundation we all need for success. However, with little recognition of the incredible commitment the family had made to bring Marco to that critical place of readiness, the school district offered him a classroom that was based on a newly marketed methodology. The administrative team was sold on a programmatic approach based on the product it promised, not the children for whom they were responsible for educating. They did not have the mindset or interest to recognize where Marco was or what he needed to continue to learn successfully. Because it was such a critical time in his education, I advised the family to not accept the proposed program as appropriate education for him. Marco's family could not risk his regression to an ineffective system. They continued teaching him at home until new options were available for kindergarten.

Several more challenges and differences in holding a vision for Marco continued throughout his schooling, and each time his mother firmly, calmly, and professionally shared what he needed and why. Marco is now 14 years old. He attends a traditional middle school, with support. Although he has severe apraxia (speech disorder), he has learned the importance of communication and routinely uses multiple modalities to express his desires and questions. He accepts conditions. He prepares his lunch, makes his bed, participates in grocery shopping, and does the laundry. He is involved in yoga and chorus, and his

mother has arranged for him to begin volunteering at the local hospital for an early-simulated work experience. His school district had no intention of beginning to introduce Marco to these realities of life until just prior to his graduation.

His mother is still leading his educational team in decision-making. If she did not hold the vision for, and model, a productive and meaningful life for Marco, he would not be where he is today, or preparing for a richer future. Parents must lead.

The “Cliff of Services,” as youth with autism become adults with autism, is a pervasive and critical issue for all parents. However, I do not believe the issue will not be solved with more services, or even more money. The crippling factor for youth and young adults with autism is the mindset held for them at various stages of their education. Expectations are held low academically, socially, and behaviorally. And standardized tests and curricula geared at preparation for them continue to stand in the way of recognizing and developing individuals' strengths and talents.

When the educational system has failed to prepare students for productive and meaningful futures, we cannot then blame those holding the future. They have only inherited the problem.

As I continue to share my perspective of *Bridging the Gap Between Learning and Living*, I often find myself speaking to a room full of parents. Even though the task will be that of society as a whole, I believe the bridge will be built through family members. People like Marco's mother will grow in numbers, and their insistence for a better recognition of who their children are—and what they deserve as a quality of life—will move the story forward for people with autism and their families.

How can you begin to build the bridge? Here are some ideas to start:

1. See the Possibilities, Not the Problems

As challenging as moments can be with individuals with autism, we must find ways to see past the difficulty and appreciate their

talents and specialties. Whether your child has an excellent memory, good physical coordination, or is artistic or musically inclined, your recognition of that can begin to focus others' attention, namely educators, toward it. Once focused, possibilities are endless.

2. **Restricted Interests Are Interests**

Often, parents get nervous about—or exhausted from—how much their child is interested in one thing. Yet, perhaps some of the greatest contributions to humanity have come from an over-focus on one thing, such as electricity or the invention of air travel. Instead of limiting or putting conditions on your child's intense interest, reconsider and instead help educators come up with ways to expand or integrate his/her interest into learning and social interactions.

3. **Give More, Not Less**

Sometimes there is a tendency to give fewer demands, less boundaries, and simplified information to children with autism. Often though, what they need is more. Because their sensory processing and competing thoughts affects their access or acceptance to conditions, find ways to offer more for them to understand the world around them and their part in it. Give them context and explain how and why we do what we do. Share these approaches with their educators.

4. **Go Out into the Real World**

As daunting as it seems, children need a great amount of exposure to everyday scenarios early on in life. This is where they connect the purposes for what they are learning, from simple, basic communication to the complex reading of a public bus schedule. By involving them early on in all of these scenes and processes, they become desensitized and are better able to practice later on their own. Create the example for educators to adopt community-based learning.

5. **Build Relationship with Educators**

The *Bridging the Gap* model is about creating a community of support for individuals with autism early on, instead of just as they are entering adulthood. Preparation for the future must

include building a relationship with children's educators and educational support team, so that you can share with and learn from each other. As key players in your children's development, meeting with these professionals a few times per year is not enough to chart a course of success for your children. Volunteer when you can at school functions, invite them to your child's birthday party, etc. Help them see the other side of their students' lives, realizing it is only one future you are creating together.

There are no shortcuts to change for any of us. We need to slowly, persistently, and patiently create the new patterns we wish to live out. The same is true for individuals with autism. While they may require the additional support to do so, the process is one of a human story: do more of what's working, and less of what's not. Every day. Until it becomes your new reality.

I believe individuals with autism are waiting for a new reality, one that works with them, not against them. They are waiting to be understood and to understand. They are not waiting for a better law or more funding. They are waiting to be dignified as individuals from an early age and to be shown the ways toward productive and meaningful futures.

Meghan Mulvenna has been serving individuals with autism and other neuro-developmental, neuro-genetic needs for over twenty years. Her passions include fostering individual talents, reducing impeding behavior, and supporting children and families in their home communities and abroad. She has lived in a number of developing countries and continues to travel internationally, sharing the importance of Bridging the Gap Between Learning and Living worldwide. Meghan currently resides in the Washington, DC metropolitan area as the founder of Special Travelers, LLC. For more information about Special Travelers and Mulvenna visit www.special-travelers.org. To contact Meghan directly, her email is specialtravelers@gmail.com, her Skype ID is SpecialTravelers, and her US phone number is +1-443-228-6436.



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How to Recognize THE MEDICAL COMORBIDITIES OF AUTISM

By Sheri A. MARINO, MA, CCC-SLP

The etiology of autism, though still a mystery, is believed to be a combination of genetic and environmental factors. Autism is thought to develop sometime during pregnancy and the first three years of life (early-onset autism) or, as in regressive or late-onset autism, some children appear to have developed normally until 12-24 months before losing skills.



Autism has historically been considered a neurodevelopmental or psychiatric disorder, as classified in the DSM-V. However, current research is pointing to many underlying medical issues, involving the gut and the immune system, which may affect treatment proto-

cols and may also exacerbate the behavioral symptoms and cognitive deficits. As our understanding of these medical comorbidities increases, so must our awareness of the symptoms at all ages—most importantly, in infancy. Early identification of the medical red flags increases the likelihood of proper in-

tervention, which can prevent chronic health issues and decrease maladaptive behaviors, improving the quality of life.

In children with ASD, these early medical and developmental signs often present in clusters but can be very difficult to recognize. Symptoms can easily be misunderstood and therefore may be overlooked by parents and underreported to physicians. Additionally, since some of the symptoms can be episodic, a physician is unlikely to observe them in a well-baby visit, thereby decreasing the chance of further evaluation.

So what are these early medical signs and symptoms and what should you do if you suspect your child may exhibit them?

Medical Red Flags

Seizures

According to The National Institute for Neurological Disorders and Stroke, about 20-30% of individuals with autism will develop epilepsy by adulthood. Frequently, young children with autism have subclinical seizures, which have no symptoms. Symptoms of simple-partial seizures may be mild, such as eye gaze, aura's, a brief increase or decrease in muscle tone, or unusual sensations affecting the five senses. It is easy then to understand how these symptoms may be overlooked in a young child by both parents and physicians.

If you have concerns that your child may exhibit any of these signs or other signs of seizures, it is best to speak to your pediatrician and ask for a referral to a pediatric neurologist.

Gastrointestinal Disorders

GI disorders are the most common comorbid medical condition of autism. Studies show that 70% of children with ASD have some type of gastrointestinal disorders that can include:

- GERD (gastroesophageal reflux disease)
- Constipation
- Irritable bowel
- Motility issues
- Gastritis

GI disorders in children with ASD are often difficult to recognize and treat due to communication impairments. Infants, still unable to communicate, are particularly difficult to diagnose. Early signs of gastrointestinal distress can be observed in irregularity of bowel movements, diarrhea, or constipation. It is important to note that reflux in infants does not have to be "seen" as spit up to be present. Reflux is also exacerbated when lying down; therefore, infants who have trouble sleeping can be showing signs of GERD.

Watch your child for an increase in behaviors that can include applying pressure on abdomen, leaning over furniture to press on belly, and hitting sides, chest, or chin. Often these behaviors are misinterpreted as self-injurious behaviors when actually they are an indication of GI pain or reflux.

Talk to your pediatrician about symptoms; however, if GI symptoms persist, ask for a referral to a pediatric gastroenterologist.

Food Allergies and Sensitivities

Research suggests that 36% of children with ASD have food allergies. Allergies are an inflammatory response of the immune system to defend the body against irritants. Allergies can be genetic, especially in families that tend to have a history of eczema, asthma, and seasonal allergies. Food allergies can cause gastrointestinal issues as well as irritability and pain, which could exacerbate behavioral responses.

According to Dr. Raffi Tachdjian, Allergy/Immunologist of The Autism Think Tank, NJ, "Early signs of food allergies in infants can be bloody stools, vomiting, diarrhea, fussy or erratic behavior, and arching of the back. After one year of age, swelling and hives can develop." Children with ASD are commonly reactive to cow's milk (casein) and wheat, nuts, eggs, and soy; however, allergy testing should be considered across a broad spectrum of allergenic foods if allergy or sensitivity is suspected.

A consultation with a board certified allergy/immunologist is recommended if you suspect food allergies.

Eczema, an atopic dermatitis, most often has an allergy basis and is very common in children with ASD. Children with eczema frequently have food allergies, and food triggers can cause flare-ups. Dr. Tachdjian

says, “Much like a nickel or make-up allergy, eczema can have an immediate or delayed response and throw a parent off by not correlating in time with a possible food trigger.” Eczema causes itching and discomfort, so it is important to consult your pediatrician if you notice eczema patches on your child.

If eczema spreads or flare-ups are noted in response to certain food triggers, it is best to consult with a pediatric allergy/immunologist.

Although many of these “red flags” can be seen in the neurotypical child, it is the timing and combination of these symptoms that can be cause for concern. Essentially, this is the very reason why making an early diagnosis is so very difficult to do. Parents should be aware of the most common developmental signs and medical comorbidities so they can describe behaviors and symptoms to pediatricians and medical specialists.

Always consult your pediatrician and ask for referrals to specialists such as neurologists, allergy/immunologists, gastroenterologists, speech and language pathologists, and occupational and physical therapists. Early intervention is imperative for a positive prognosis.

Ear Infections

While research shows only a slightly higher risk, parents frequently report their child with ASD had frequent bouts of ear infections. Ear infections can be a weakness of the immune system referred to as immunodeficiency. Frequent ear infections can cause speech and language delays, as speech sound frequencies cannot be perceived normally. Signs of ear infections in infants can include irritability, poor appetite, and sleeplessness. It can also cause physical symptoms such as red ears, vomiting, and diarrhea. Children with ASD may not perceive pain the same way as neurotypical children and may not show behavioral signs such as irritability or crying from pain. Therefore, it is important to recognize the physical signs.

If your infant or young child has frequent ear infections, ask your pediatrician for a referral to an immunologist and ear, nose, and throat specialist.

It is critical that attention is given to early markers that could help identify the vulnerable child who

may have compromised immune systems, allowing parents and physicians to limit further environmental exposures while also tracking development. Autism is a medically complex disorder; therefore, early recognition of both the developmental red flags and the associated medical complications could improve overall outcomes.



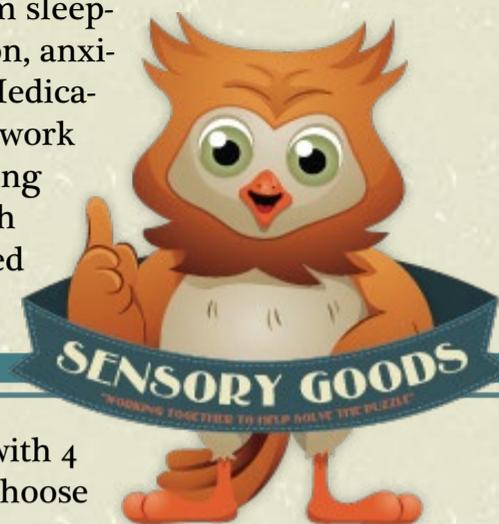
Sheri A. Marino, MA, CCC-SLP is the Autism Advisor for the Focus for Health Foundation (FFH). The foundation’s mission addresses chronic health issues related to environmental causes. Sheri serves as the Executive Director of The Autism Think Tank, N.J., an international videoconferencing team of world-renowned doctors using telemedicine to collaborate on medically complex cases of autism. She serves on the advisory board for Autism Family Services, NJ with other leaders in the field of autism. Sheri was trained in Applied Behavior Analysis at the Douglass Developmental Disabilities Center, New Brunswick, NJ, where she treated children on the autism spectrum. For 10 years, she coordinated home programs in New York, New Jersey, and London, England.

Sheri founded Rocking Horse Rehab, a pediatric rehabilitation and family wellness center specializing in equine assisted therapies, located at the Essex Equestrian Center in West Orange, NJ. Rocking Horse Rehab was selected as Hospital Newspaper Pediatric Rehab and Family Wellness Center of the month in 2009, 2010 and 2013. Sheri has been voted “NJ’s Favorite Kids’ Docs” for NJ Family Magazine’s exceptional pediatric healthcare professionals issue in 2012, 2015 and 2016.

Sheri is an international speaker on autism and has presented for Haven International in Ghana, Africa, Autism One in Chicago, Princeton University, Touro College/NYC, Seton Hall University, NJ Speech and Hearing Association, and PATH International. As an author, Sheri has been featured on Z Living, Pazzo, and Focus For Health. She has been a guest on the “Autism with Dr. Andy” radio show out of Manhattan Beach, CA, and has been interviewed and filmed by CBS News, NBC News, NJN, and multiple Cable networks.

How Are You Sleeping?

Families of individuals dealing with Autism, Asperger's, SPD, and similar issues often suffer from sleepless nights. Some families have experienced months and years of sleepless nights. Overstimulation, anxiety, and sensory issues are among the causes of sleeplessness in individuals. What can be done? Medication alone only addresses part of the problem. Sensory Goods **Weighted Blankets** are designed to work with the sensory system, allowing the individual to rest their body and mind. They work by calming overstimulation, anxiety and providing sensory input for sensory seekers. Individuals dealing with Down Syndrome, night terrors, Restless Leg Syndrome and other special needs have also benefited from using these products.



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Simple Ways to Help Your Child with ASD

SLEEP WITHOUT MEDICINE

By Aditi SRIVASTAVA, SROT

Insomnia (sleeplessness) is quite common among all age groups due to lifestyle changes and associated stressors, which also leads to anxiety depression, burn-out, and stress. Stress can cause complicated physiological changes such as increased blood pressure, heart rate, metabolic changes, or indigestion.



Sleeplessness affects children with autism, Attention Deficit Hyperactivity Disorder (ADHD), Sensory Processing Disorder (SPD), Cerebral Palsy (CP) and other conditions, which can cause difficulties in learning and produce challenging behavior in the child. Most often, poor sleep occurs due to problems in achieving an appropriate sleep-awake cycle.

There can be various causes for sleep problems, such as the need to sleep more, discomfort while sleeping alone, and separation anxiety issues while sleeping in a different room than parents.

Arousal, defined as a state of the nervous system that relates to our alertness levels, is the most common factor of poor sleep. It is the state of arousal

“ **As sleep has different phases, a child with ADHD might not get into a deep sleep due to reduced arousal levels, waking up at short intervals of time.** ”

that outlines the amount of an individual's focus and attention on a particular task. If the person has optimum (moderate) arousal levels, he might be able to focus well in any setting (home, classroom, mall or crowded places); however, inefficient arousal levels leads to distractibility, hyperactivity, and impulsivity. An insufficient amount of sleep leads to these low levels, which is why a typical child may have difficulties in coping with tasks the next morning.

As sleep has different phases, a child with ADHD might not get into a deep sleep due to reduced arousal levels, waking up at short intervals of time. This is the reason a child with ADHD, SPD, or autism may have difficulties coping with tasks the next morning. If a hyperactive child is awake from deep sleep, he might stay cluttered, unhappy, grouchy, and ill-humored throughout the day. He will not respond positively to any instructions or activities.

Minimal to moderate amounts of noise, the odors of different environmental objects, and visual sensitivities toward fluorescent lights are some of the examples that do not bother a typically developing child while working or sleeping. A neurotypical child's body “tunes itself automatically” and becomes adapted to environmental demands. However, in an atypically-developing child, the “tuning” component does not work well, causing the child to struggle every moment since his/her body has to “tune itself manually” to get adapted to environmental demands.

Taking Melatonin has proven to be successful medication for children (aged 2-18 years), as stated in research (Melatonin for insomnia in children with autism spectrum disorders, published in Journal of Child Neurology, 2008). However, it might have some side effects, too. Using sensory strategies is the safest, non-pharmacological and innovative approach to making a child sleep.

There are several essential sensory strategies that may or may not be helpful, as each child is different and has distinguished sensory needs. Implementing these suggestions consistently, however, may

be beneficial. Observing a child's behavior and his/her response to specific or generalized strategies will help parents to reinforce a better night's sleep.

Auditory Issues and Strategies

Children with auditory hypersensitivities or other hypersensitivities may not get in a deep sleep due to minimal to moderate noise, such as road traffic, the television sound in the next room, or noises from the extractor fan running in the kitchen.

- Doors and windows should be shut to block the noise.
- A child can have soft music before going to bed or while trying to sleep.
- The television should be switched off one hour before the child goes to bed in order to create a quiet home environment.
- Earplugs can be beneficial.
- Noise pollution cannot be completely eliminated if one stays near the airport or along a busy roadside; however, it can be reduced to an extent. White noise can be created by the vacuum cleaner, air purifier, fan, or blower that reduces or blocks background sounds.

Tactile Issues and Strategies

Similarly, tactile sensitivity toward clothes can be the big reason for poor sleep. The room's temperature or the texture of the bed cover, duvet, nightwear, or pillow covers can be the possible cause of a disturbance or aversion. According to the National Sleep Foundation, a bed should be clean, comfortable, and neat. Pillows and mattresses should be cozy with comfortable sheets. Keep the room cool in summers by blocking the sun and shutting windows.

- A weighted blanket provides tactile-proprioceptive input, which can be very calming. In research done by Ackerley R et.al (May 2015), it has been concluded that a weighted blanket is

“ Visual sensitivity can cause a lot of stress to the eyes as well as the brain. Children with visual hypersensitivities commonly complain about headaches by the end of the day since there is too much information for them to take in and retain. ”

a non-pharmacological approach beneficial in reducing insomnia among teenagers and the elderly.

- Deep, firm pressure provided before sleep can be calming, such as a blanket burrito or a sensory snug.
- A pillow wrapped in the soft cotton towel under the head and between the legs can be used.
- A vibrating mattress or the use of vibrators before sleep can help to improve the quality of sleep. They can be useful around the arms and legs; however, they should be applied under the supervision of an occupational therapist who is sensory integration-trained.
- A light back rub before sleep is recommended.
- A massage of the hands and feet with magnesium oil or body oil can be used.
- Close the blinds and curtains if the temperature is higher outside.

Visual Issues and Strategies

Visual sensitivity can cause a lot of stress to the eyes as well as the brain. Children with visual hypersensitivities commonly complain about headaches by the end of the day since there is too much information for them to take in and retain. Factors like fluorescent lighting system within classrooms, the use of electronic gadgets, or increased screen time can contribute to high arousal levels.

- To create a sleep-friendly bedroom, the colors of walls should be chosen with care. It should be soothing and elicit warmth and calmness.
- Reduce screen time as it activates the brain.
- Keep electronic gadgets (phones, tablets, laptops, etc.) away from the child's room.

- Declutter the room. The room should be neat and clean, keeping all things organized. An untidy room creates more anxiety, so make sure when a child comes to sleep, his bed and room looks clean.
- Let the child use night-lights in the bathroom during late evenings and night times.
- All the sources of light should be blocked using curtains and blinds. Shut all windows and doors to block light.

Gustatory Issues and Strategies

If the child ingests caffeinated drinks before going to bed, then there is a chance of sleep disturbance. According to National Sleep Foundation, caffeine is the most popular drug in the world and people use it as a stimulant after waking up in a morning or in order to stay alert during the day.

- Caffeinated drinks should be consumed only if extremely necessary. More importantly, caffeine is not recommended for children since it affects child's nutritional component negatively and also acts as an appetite suppressant.
- A bedtime snack can be introduced to substitute the drink. Sometimes children with autism face gastro-intestinal issues (constipation or passing of gas), which can lead to poor sleep.
- High water consumption 45 minutes to 1 hour before going to bed leads to a better night's sleep.
- Reduce iron levels in the diet to avoid restless legs syndrome.
- High consumption of fruits and vegetables throughout a day with no intake of preservatives and dyes is also beneficial.

Proprioceptive-Vestibular Issues and Strategies

As a baby or toddler, the child might have struggled while sleeping. Usually, cuddling, rocking, swaddling, and swinging helps a child to relax, calm down, and sleep well. This may not be true with children with autism and ADHD children due to poor proprioceptive and vestibular sense. When a child has a poor relationship with the gravity, then sensory issues related to over-responsivity and under-responsivity are common.

- Use a hammock or cuddle swing for sleeping.
- Try linear swinging during bedtime after consulting with an occupational therapist.
- Joint compression and traction can be valuable for optimizing arousal levels and calming the child. Head and shoulder compressions are helpful during sleep. This should also be done after an occupational therapist's consultation.
- Brushing can be another calming technique that has the tactile effect.

Olfactory Issues and Strategies

Sometimes olfactory (smelling sense) sensitivities can be a possible cause of limited sleep, coming from the odors from perfumes, the deodorants of adults, the toilet, food, cosmetics, or any household items. It is important to identify and realize that an atypical child is slightly different from other children and therefore needs special attention and care in areas that have minimal or no relevance for others.

- Use unscented shampoos and detergents.

- Avoid cooking when a child is about to sleep.
- To avoid allergies, wash beddings frequently in hot water.
- Vacuum and clean child's room regularly.

To learn more about children-related sensory issues and integration strategies, please visit: <http://shriaditi.blogspot.co.uk/>

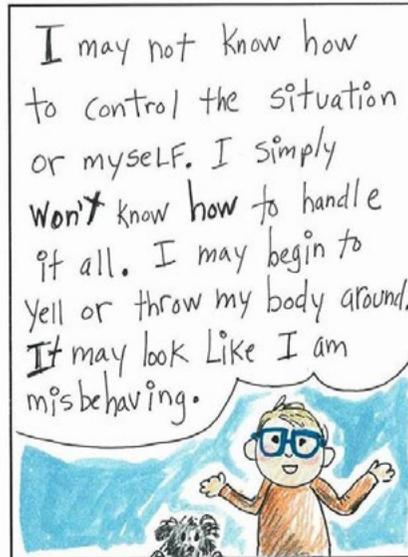
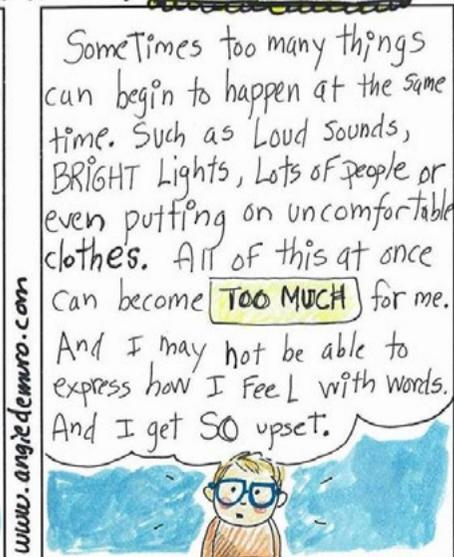
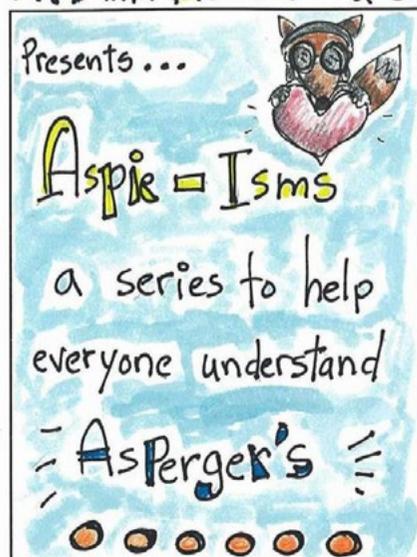
Aditi Srivastava is a London-based pediatric occupational therapist who has been working with special needs children for five years. She has her master's degree in pediatric occupational therapy and her certification in sensory integration from Sensory Integration Network, United Kingdom. She has authored an information booklet on dyspraxia that aims to educate parents and promulgate dyspraxia awareness at her workplace. Besides being a dynamic occupational therapist, she is also the author of the blog called 'Rising Horizons,' where diverse child-related subjects are discussed. Aditi writes on significant sensory issues and sensory integration strategies, parenting tips, classroom suggestions, and anger management problems.

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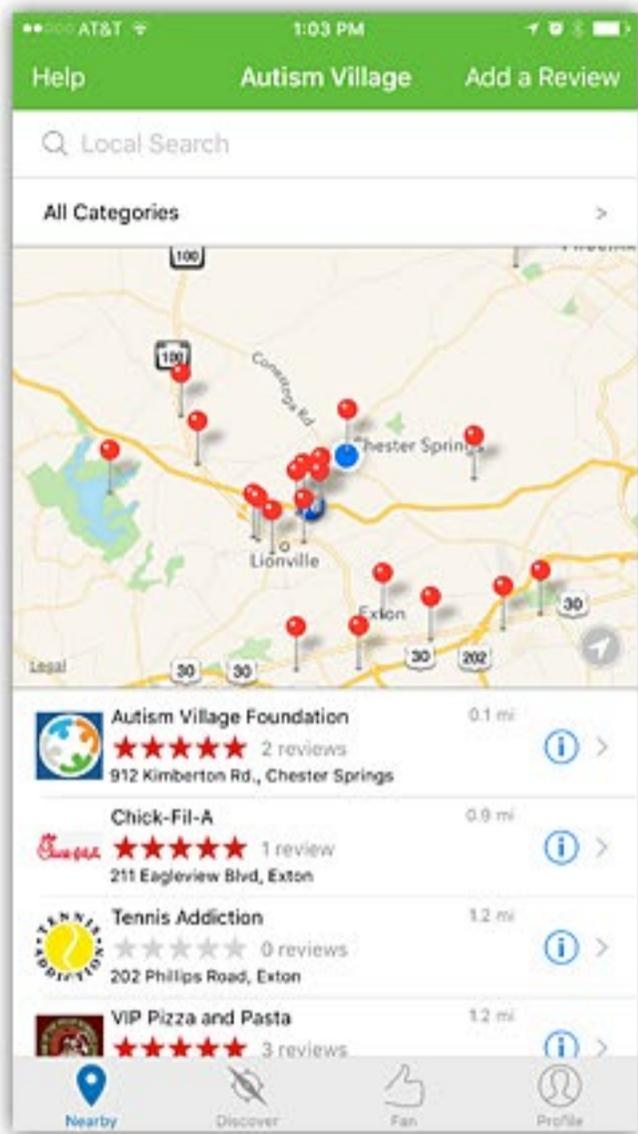


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Top Ways to Help Your Child with Autism Participate in the Halloween Fun

By Gabi MORGAN, MS, L-ABA



Costumes? Candy? Frightening décor? Halloween seems like it should be fun for all, but this holiday can be stressful for families with kids on the autism spectrum. Here are some tips to make Halloween a little less scary for your family:

1. Costume Concerns?

Let your child get used to the costume. You can practice having your child wear parts of the costume for short periods of time. If your child wants to wear the costume a lot in the days leading up

to Halloween, go ahead and allow it! The more comfortable your child is with the costume, the more likely he/she is to wear it on the big night.

2. Trick or Treat!

Practicing 'trick or treating' using your own house a few days before Halloween can help your little one understand the concept and be more relaxed about it. You can even take turns to model how to say 'trick or treat' and 'thank you.' Your child can also practice opening the door and giving out the candy.

3. Vocalizing or Articulation Issues?

If your child is not verbal or difficult to understand, you can get creative about how he/she can participate in the trick or treating tradition. You could provide a note-card that says 'trick or treat' on one side and 'thank you' on the other, or you could record the words on a small voice recorder that could be attached to the costume. Then, your little one would just need to push the button.

With a little preparation, and if your child has an interest, all kiddos can participate in the Halloween tradition!



Gabi Morgan, MS, the founder and director of A Child's Potential, has been working with children on the autism spectrum for over 20 years using the principles of applied behavior analysis with an emphasis on respect for the child and the family. She founded A Child's Potential, Inc. with the idea that as children move through their development, professionals may come and go, but the families want and need the skills to maximize their children's potentials throughout their lives.

A Child's Potential, Inc. is a non-profit 501 (c)(3) tax exempt organization committed to teaching families living with autism strategies to improve their children's social, play, and communication skills so they can participate more fully in family and community life.

Please feel free to contact Gabi with any specific questions about how to prepare your child for Halloween and for additional strategies.

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Taking an Important Look at Autism and Habitual Dysphagia

By Dr. Marybeth AMES, SLPD-CCC-SLP

It's not what you're eating: it's how you're eating. Dysphagia (swallowing disorder) has not received a lot of attention for individuals with autism. The symptoms may be mild, masked, or uneventful in the pediatric population.



Dysphagia may be noted, but in the big picture, it may not be a priority. Further evaluation and treatment of how the pediatric population is swallowing is needed to prevent future complications.

Habitual dysphagia is a swallowing disorder without a specified physical or medical pathology. Short-term symptoms may be negligible, but long-term consequences may be life altering. Dysphagia typically addresses the pathology of a swallowing disorder, but

individuals with autism have a high incidence of a habitual swallowing dysfunction that may be causal for lifelong digestive disorders (Toman, 2010).

Nonverbal individuals may have minimal ability to communicate the feeling of pain. Some patients appear to have a high tolerance for physical discomfort. Others may have no diagnosis because of their lack of cooperation. Observable signs and symptoms of dysphagia are being detected in the teenagers with autism.

“ Habitual swallowing disorders have minimal or mild symptoms in the pediatric population; therefore, this tends to be a low priority, if noted at all. ”

Speech-language pathologists need to focus more attention on observation, evaluation, and intervention for habitual swallowing disorders with individuals with autism. The most severe consequence of dysphagia is aspiration pneumonia, caused by food particles pulled into the trachea. Although, this is not something that has been noted in teenagers, the early onset of dysphagia symptoms is a warning for future problems.

The signs and symptoms of habitual dysphagia for individuals with autism are tongue thrust (forward push of the tongue with or without protrusion to propel food to the back of the mouth), rumination, texture obsession or aversion, dry membranes, mouth breathing, eating with an open mouth, speed of eating, large bolus (too big a bite), minimal mastication (chewing), rapid oral and pharyngeal transit, pocketing (food accumulating in cheeks), forced hard swallow vs. a spontaneous soft swallow, using large gulps of liquid to initiate a swallow, choking/coughing, nasal regurgitation, and no sense of fullness (*VanDahm, 2010*).

Habitual swallowing disorders have minimal or mild symptoms in the pediatric population; therefore, this tends to be a low priority, if noted at all. However, the prevalence of gastric disorders is intensifying for teens and young adults with autism. The focus has been on what they are eating, not how they are eating. By the time habitual dysphagia shows signs and symptoms, it may be too late to change.

Teenagers with autism suffer from an assortment of digestive problems such as gastritis, diarrhea, constipation, allergies, diverticulitis, colitis, bruxism, mouth breathing, halitosis, esophageal stricture, hiatal hernias, leaky gut, Gastrointestinal Reflux Disorder (GERD), Celiac Disease, nausea, epistaxis (nosebleeds), irritable bowel, chronic stomach pain, regurgitation, ulcers, heartburn, dental problems, weight control, nutrition, changes in vocal quality, and eating disorders (*Friedman, 2006*).

Eustachian tubes and the larynx are also considerations. The small, fragile connection from the middle ear to the throat and the pair of vocal cords is vulnerable to inflammation from acid reflux. For those suffering from GERD, the acid reflux may be slipping all the way up the esophagus and irritating the eustachian tubes and vocal cords. Even minor inflammation may contribute to nasal congestion and allergy symptoms. (*Hutchins, Gerety, and Mulligan, 2011*).

In an informal case study, a sample population of 40 students with autism in a 14 to 22-year-old range demonstrated signs and symptoms of habitual dysphagia. Forty percent of the students had a formal diagnosis relating to gastric problems. Another 40% had behaviors that suggested an undiagnosed problem or potential problem, 2% demonstrated rumination (stimulatory behavior of repeated vomiting and swallowing), and 18% showed no current signs or symptoms of either pathological or habitual dysphagia.

The focus of treatment for gastric distress has been on dieting. Gluten-free, casein-free, ketogenic, supplement, and other diets may be suggested by physicians and support groups as strategies to relieve discomfort. Some diets produce positive effects, while others do not. Some diets have negative side effects. An evaluation of a diet should include an evaluation of habitual swallowing disorders as a contributing factor (*Foxx, Mulick, and Jacobson 2005*).

Other treatments are pharmaceutical. Individuals may be prescribed multiple medications, over-the-counter remedies, and vitamin supplements. A single medication may have a common side effect of





To encourage cooperation, caretakers may resort to strategies such as swallowing pills dry, hiding pills in a food treat, crushing pills, chewing pills, or dissolving medications.



dry membranes that may be compounded by more than one prescription or over-the-counter items. Individuals may be difficult to persuade to swallow medications.

To encourage cooperation, caretakers may resort to strategies such as swallowing pills dry, hiding pills in a food treat, crushing pills, chewing pills, or dissolving medications. These practices, while convenient, are not recommended. Changes to the prescribed directions, cutting pills, or altering medication may be dangerous by escalating or negating the function of the medication. Pills may be irritating to the digestive system. The direction to take medication with a large glass of water is not just for proper absorption of the medication—it is a protective measure for the digestive tract (Van Dusen, 2011).

In a medical setting, an observational evaluation is conducted before referring a patient for a Modified Barium Swallow (MBS) study to formally diagnose dysphagia. The etiology is most commonly a result of physical injury, stroke, or intubation. It is the observational (bedside) evaluation that is needed. School-based, and private practice speech-language therapists are more likely to be a part of mealtimes and in a position to do a bedside evaluation (Puntil-Sheltman, 2002).

Habitual dysphagia disorders respond best to early intervention. Teenagers in general are a difficult population to motivate changes in long-term habits. Changing swallowing habits of teenagers on the autism spectrum may be next to impossible. Speech-language pathologists need to provide early intervention for the evaluation and treatment of habitual swallowing disorders for students with autism spectrum disorders.

Dr. Marybeth Ames is a mother, author, and Speech-Language Pathologist. She has over 25 years experience in early childhood, school-age, university, geriatric, and medical settings. She can be reached at jeabes@comcast.net.

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An Illustration of Love: Two Angels in a White Cadillac

By Colette EVANGELISTA

The first weekend after my son was diagnosed, I ran away. I ran as far away from my new reality that my shattered soul could take me. I went to my parent's cottage. I spent three days in one room with my two boys. I ate a wad of cheese and endless carbohydrates while I stared at the walls with my legs tucked up underneath me. I was numb. I didn't want to do anything or feel anything. The fear was massive in my peripheral vision. I was not ready to face it. One room with a baby gate and comfort food was still safe. I just wanted to stay there, but I had to go home.

The drive did not go well. At this point I had not slept for days. I was running on empty. I had never felt more lost or lonely or helpless in my life. Not far into the journey, my infant son began to cry. I sent him

a half-hearted, "You are OK honey." Each moment that passed was taking us closer to a world I couldn't even begin to fathom, and my anxiety was mounting. My mind was whirling with frozen dreams and personal recriminations. I began to get frustrated listening to the baby cry. I just wanted him to fall asleep and give me some peace. As the miles continued to roll by, a new sound suddenly penetrated my hazed and distracted mind. The crying had turned into an odd gurgling noise. Starting to panic, I exited off the freeway as fast as I could and jumped out to see what was happening. My baby, a sweet, fat pile of three months old, had slipped down in his car seat and the chest buckle was lodged under his chin, choking him as bubbles streamed out of his mouth and nose. I had forgotten to clip his belt between the legs. As I pulled him out of the car into my arms, I began screaming at the top of my lungs.

I was holding him to my chest with my head thrown back bellowing, "I'm sorry! I am so sorry!" As I stood there on the side of the road, my heart throbbing as I begged for forgiveness, a white Cadillac pulled up behind me. Two women got out of the car and approached me. They were wearing matching white Ralph Lauren cable knit sweaters. Without a word, the first woman calmly removed the baby from my arms and walked away. Swaying gently amongst the flowers and grass just off the highway, she sung to him and snuggled him close. The other woman took me in her arms. She just took me in her arms and held me. She held me hard and rubbed my back and stroked my hair. She murmured reassuring things. She told me everything would be fine. She rocked me. I sobbed as I clung to her. I wept out the weight of my heart. I remember how badly I needed her, this stranger. I needed someone to support me as I felt my pain. I needed additional strength to buffer the white-hot fear. I don't know how long it took before I was finally able to peel myself away from her. When I did, I saw that her beautiful sweater was rumpled and tear-stained. While her friend returned the baby to the car, now asleep and securely clipped in,

this lovely angel gave me one final hug, touched my face with a soft smile, and walked away. They got into their car and left without another word.

I don't know if I told them what was going on. I might have. Maybe I poured the whole story all over that perfect sweater. Words were not what I remember about that day. It was the kindness and care that was offered without hesitation or need of an explanation. It was a gift born from two warm and generous hearts, a gift that started the healing of my scared and tortured soul. So, I got in my car and made my way back to my new life. To this day, I wish I could thank them.

Colette Evangelista is the mother of two boys, one who is on the autism spectrum. Her family's journey has evolved to a place of total acceptance, where judgment and agenda are bested by love and boundless opportunity. She has written a positive social story entitled My Autism, which is available on her website www.everyonehasautism.com. It is also available at Amazon, Follett, and Create Space Direct.



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NEW SUPPORT PROGRAM Keeps Adults with ASD Happy

By Robin FLUTTERBY BORAKOVE

We are in an age where we're constantly hearing "it's all about me" and "look out for #1 because no one else will!" When you are able to take care of your own needs, all of society benefits. Unfortunately, a major portion of our society is unable to be 100% independent.



Many of these people fall through the cracks in our system, and if it were not for the volunteers—the true philanthropists—they would be flooding our streets, wandering aimlessly without any direction or quality of life. A surprisingly large percentage of middle-aged adults are autistic. According to a National Autistic Society survey of over 450 children and

adults with autism, “an astonishing 70% of adults with autism are unable to live independently. Of these individuals, 49% live with family members, creating a huge financial burden on their aging parents, and 32% live in residential care facilities, which offer little or no privacy, autonomy, or stimulation.”

Some are diagnosed, but most are not. They're being cared for by their parents, an elderly, dwindling

ten leading him to beat some of the other students up. Mostly, the bully picked on the young man who was called the class pet. I took the bully and the class pet aside and had a meeting with them. I gave them a challenge. I asked the class pet to tutor the bully. I promised if they could do this after school for a couple of hours a day for one month, I would take them both to Disneyland. At the end of the month was the state testing. The bully got a score that was 75% higher than the one he took the year before. He was so proud of himself, and soon, he and the class pet were close friends. To this day, I still receive Christmas cards from the two of them. They live three blocks from one another and their families are the best of friends to this day!

Since my little experiment worked so well, I put it to the test for everyone. I have proven that when people have happy, healthy relationships in their lives, they have a balanced life, no matter what their issues are. Personally, I now have some really happy and healthy relationships for the first time, and my life has dramatically improved. It is my friends and close colleagues that get me through the tough times and help me figure out the next move when something challenging comes up, not the services from regional centers or sub-par services from vendors! When we come together as a close-knit group, to support one of our own, that is when true miracles happen.

Example: It is not the government that will rescue Joe, a 47-year-old man with autism, when his long-time caregiver and mother passes away. It is the people in Joe's life that will save him. If Joe has a close circle of his own people, they will come together with a plan of action to help Joe. They will love and care for him enough to do this. We can keep this demographic from ending up impoverished or homeless by having successful programs that teach and support our special needs individuals in order to create their own healthy relationships.

By teaching our more challenged individuals how to maintain healthy relationships, it keeps them from being isolated. Anyone who has their own circle to go to in good times and bad are more apt to happy. Happy people need fewer services, eat healthier, experience a balanced life, and live longer. We are coming up with innovative ways to employ those with ASD. We have learned that just because we are different doesn't

mean we are not brilliant, forward thinking people, because so many of us are. Everyone has something to offer; from the brightest to the most challenged, we can all be a hero! ASDS, Autism Spectrum Disorder Supports, is all about that. Relationships Are Us is a part of ASDS and will be launching this fall.

Relationships Are Us is teaching how to interact with a counterpart through role-play, sex education, and socialization through means of mixers, happy hours, and meet ups. Relationships Are Us is here to facilitate any relationship a person needs in order to have a balanced life. We specialize with our Special Needs clients, but we are not exclusive to them only.

When elderly parents confide in me about their fear of what will happen to their adult child when they pass away, I always suggest being a part of that plan now. RelationshipsAreUs.com has the answers for them as well. We help to create a group for the parents that will pre-plan for when they are no longer able to care for their adult child, saving much worry and heartache for them now! You can never be prepared for everything, but for this, you can be ready with the support from all of us at ASDS!

Robin Flutterby Borakove is a high-functioning Special Needs Adult. At the age of 41, she was officially diagnosed with Asperger's syndrome, a form of autism. After trying a suggested revolutionary Neurofield and pulse electromagnetic stimulation (pEMF) treatment process, she said she felt as if she had a new lease on life. With the additional prompting and support from her "FRAMILY," Robin embarked on a new path focused on using her gifts to support others like her. She created a 501c3 nonprofit public charity called ASDS (Autism Spectrum Disorder Supports) for the purpose of creating a nationwide resource for adults with autism and special needs. FlutterVision Productions, and now, RelationshipsAreUs.Com, are on the map and are joining the ranks of those advocates, caregivers, and volunteers who make a difference, improving the quality of life for those who are different! As Fairy Queen Flutterby™, Robin teaches through the art of storytelling and show parents how to put on a costume and get their own hugs from their children like the fairy does!

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Finding A Better Way to Support **YOUNG ADULTS** with **SPECIAL NEEDS**

By Cathy JOHNSON

It is a common refrain among parents of newborns that “babies don’t come with instructions.” Similarly, there is certainly no handbook given to parents when their child receives a diagnosis of autism.



My son Connor was diagnosed on the autism spectrum at age three. After his diagnosis, when our grief and anger began to subside, my husband and I simply did the best we could. We visited doctors and neurologists, had tests performed and enrolled him in an Early Intervention program, followed by an Integrated Preschool.

When Connor was five years old, I insisted that he be enrolled in a typical kindergarten class with support, which proved disastrous. He began destroying materials, crying, and screaming to “get out.” We removed Connor from kindergarten and placed him in a Learning Center, a small class of students with a specialized staff who could focus on his needs. Although it was often frightening and intimidating to hear of Connor’s challenges and behaviors, we knew



As Connor grew, his negative behaviors increased. We tried new doctors, new medications, and new reward systems at home and in school. Some strategies worked. Many did not.



Connor would one day need to survive in society, not in a special educational bubble.

As Connor grew, his negative behaviors increased. We tried new doctors, new medications, and new reward systems at home and in school. Some strategies worked. Many did not. However, we came to understand that if he was busy, he was happy, so we kept him involved in Friday night dances and Saturday outings to movies and bowling. We were firm in our belief that he would succeed to the best of his abilities.

But there is a harsh reality every parent of an autistic child faces when their son or daughter approaches the age of 22. That's when all the educational supports and services received under the federal Individuals with Disabilities Education Act (IDEA) vanishes. We worried what the next phase of Connor's care would look like.

As Connor's 22nd birthday approached, we began the daunting process of looking at adult programs. We ultimately had one nonnegotiable goal: Connor would be a productive member of society. We would find a program that gave his life meaning and purpose.

This journey led us to the Bridgewell Day program at Rosewood Drive in Danvers. Immediately, we could tell that specific needs of transitioning adults on the autism spectrum were being addressed, from the color-specific chairs used to distinguish one room from another, to the technology, including SMART Boards in each classroom and work opportunities. Once enrolled, Connor started to work on soft skills, such as waiting patiently, taking turns, and even cleaning the kitchen. These are skills he will need at every juncture of his life; these things are simple for many of us, but they are not for my son.

These new skills also offered him new opportunities. Connor successfully works part of each day, five days

a week. Bridgewell has been proactive in finding employment opportunities for adults with autism, including recycling, delivering Meals on Wheels, filling vending machines, and more. These jobs give my son confidence, self-esteem, and a purpose in life.

Things recently changed again for Connor. He now lives in a supported Bridgewell home with four other young men with autism. He has learned to cook, do laundry, get along with roommates, advocate for himself with staff, and manage his money. Does he do these things alone? No. Bridgewell staff supports him every step of the way. But with that support, our son is happily living the independent life he should be.

Supporting individuals with special challenges is not easy. With an estimated 50,000 disabled children "aging out of the system" every year, this issue requires the focus and support of not just the government, but help from individuals and businesses. We need assistance providing programs, jobs, and homes for these young adults, and the funding to enable more programs like Rosewood Drive to provide caring and supportive staff.

By 2034, a million individuals with autism will have aged out and the demand for services will only increase. But right now, there are simply not enough Rosewoods to go around. Connor may have a disability, but he also has many abilities. Doesn't every adult with autism deserve the same opportunity?

Cathy Johnson resides in Danvers, Massachusetts. She is a teacher and member of the Board of Directors of Bridgewell, a Lynnfield-based nonprofit dedicated to supporting individuals with developmental disabilities and other life challenges to direct their own lives, achieve personal and professional success, and remain active participants in society.

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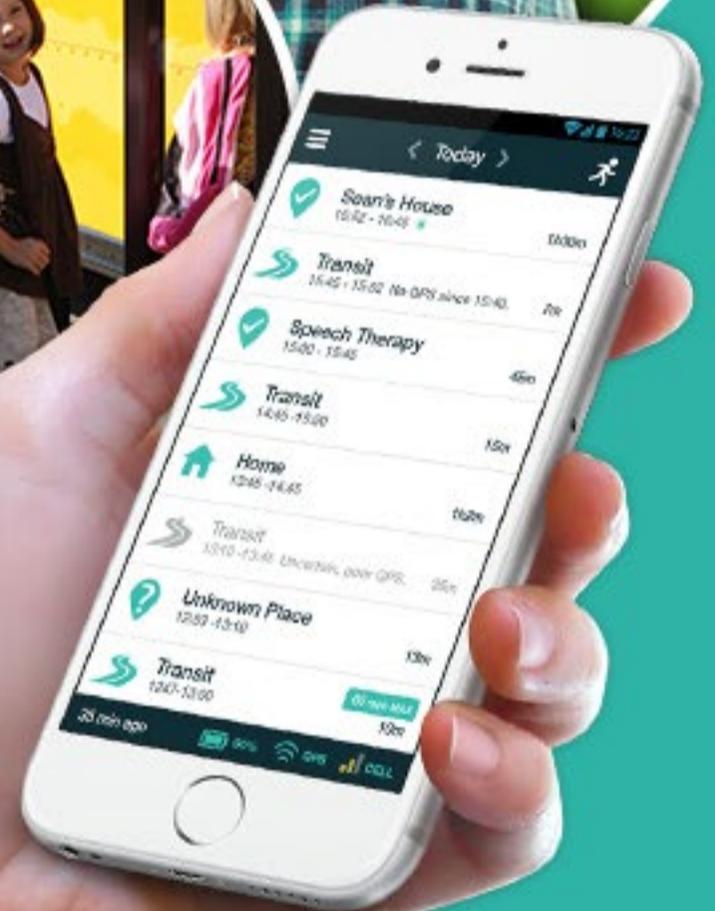
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A Message to Special Needs Parents: DREAM OFTEN AND DREAM BIG!

By Nick MALCUIT with Nick ZACCHIO

This is a story that should be shared. It's about one young man's accomplishments and his dreams for the future. Can he get there? Absolutely! Maybe you've heard the old adage: plan your work and work your plan. Well, it's our job here at home to assist Nicholas in shaping his plan and then to support him on his journey ahead as he turns 21 years old this year. My name is Nick also, and I am proud to say I have been Nicholas' stepfather for more than 12 years.

Nicholas was diagnosed with PDD-NOS just before his third birthday. My wife said she experienced shock, denial, anger, and sadness—a roller coaster of emotions. She explained to me that she will never forget the moment when a group of professionals told her that “there are places for Nicholas” and “no one would blame you.” These words stuck with her through the years, even after the birth of Nicholas' brother, Louis, who was also diagnosed with PDD-NOS. There was no other place for either Nicholas or Louis but home. Have the past years been challenging at times? Yes, they have, but we have all learned a lot about life with each other and have made our way just fine.

I remember all the IEP (Individualized Education Program) meetings and the silence, soft laughter, and side conversations when Nicholas' mom brought up the fact that he wanted to play in the band, run track, and learn how to drive. And when she mentioned the word “college,” well that sent everyone over the edge. They told us that we should be realistic and understand that Nicholas will not go to college.



Many of the parents reading this can certainly identify with all of these struggles. My advice to you all is to stay the course. Dream often and dream big! Take the challenges one at a time and make a plan you can work moving forward. You might be surprised at what can be accomplished. I encouraged Nicholas to write, but he doesn't always cooperate. I've explained to him he can be a mentor to so many in-

dividuals who want to achieve their goals, but fear they will fail. Nicholas wrote when he felt like it; sometimes you have to pick your battles. Ultimately, he completed the College Experience Program at the College of Saint Rose in Albany, New York. This program was offered through Living Resources, Inc., and I can't say enough good things about the program and the staff there. They are an amazing group of people. Here is Nicholas, in his own words, as he achieved what he set out to do:

Nick's first blog entry November 5th 2013

Hi, my name is Nick. I'm 18, and I have autism. I plan on using this blog to let you share my experiences as I make it through my sometimes confusing, but amazing life. I am a senior in high school. I'm really enjoying this year more than I could imagine. I'm currently in a work program at school, learning to drive, and hoping to get into college in the fall. We're still working on it.

I started this blog today because I voted for the first time. We went in the car, and we drove to the Town Hall building to vote. After my mom took pictures (she always does that) my mom taught me a lesson on how to vote for each party such as the Democratic, or the Republican Party, either way.

I'm also learning on how to drive, and obeying the laws and rules of the road. When I first started learning how to drive, I was practicing in parking lots. After a while, I started driving on non-busy roads. I know that driving can be dangerous, and my parents told me that a car can be considered as a "weapon." Either way, the more you practice, the better you drive. I plan on practicing a long time!

December 16th, 2013

Hi, this is Nick. A lot of things happened last week. On Tuesday, my parents drove me to the College of Saint Rose. I was so excited to stay overnight. Vincent (a senior at Saint Rose) took me on a tour around campus and showed me the campus I'll be in next September (if I'm accepted). Also, Vincent took me on a tour at the cafeteria and we ate lunch there. It was snowing, haha, but I knew it was a great day to be hanging out with a senior who is 21 and attending his last year at college. At the house where Vincent lives, everybody had a job to do, such as cleaning the dishes, making their own dinners, and food shopping. Keep wishing me luck, because I'm getting closer to going to college.



March 2nd, 2014

Hey, well after all the hard work, I finally got accepted to The College of Saint Rose. As soon as I got a phone call from the college I knew I was accepted. My parents were very nervous waiting for the phone call, but I think in their hearts they knew I would be accepted. Once my mom heard the good news she was hysterical crying because she was so happy. So I called all of my family members. Everyone was so excited and happy for me. After all, I've been waiting to go to college my whole life.

May 7th 2014 (Mother's Day entry)

The most influential person in my life is my mom. The reason why my mom is the most influential person in my life is because:

- *I wanted to be in band. My mom made sure I was in the band.*
- *I wanted to play basketball. My mom signed me up for basketball.*
- *I wanted to do track. My mom signed me up for track when teachers in school said I couldn't... but I did it.*
- *I took drumming lessons at the age of five. "People" said I was too young to do drumming, but then everyone said I was good at it.*
- *"People" said I was too young to play basketball or soccer, but I did it.*
- *I want to go to college...and here I am.*

All of this is because of my mom. And my mom said that I can do a lot of things if I work hard. My mom graduated school at the age of 50 and became a nurse.

May 30th, 2016

Hi everyone,

I finally graduated from the College of Saint Rose, and I'm now a college graduate. The last two years I've been in college is now done for me. I've learned so much over the two years that I've been in college. I've learned how to cook, do laundry, going shopping, going to a local bank to withdraw or deposit money, and going to events inside and outside of college.

When I first started college in 2014, I went for an interview with staff residence and that when they said that I got accepted, my mom and everyone else was so happy and so excited to hear that I got accepted into going to college. The College of Saint Rose was a great college campus, and that I loved the way it looked.

My first year in college started off pretty good, but unfortunately I lost two of my roommates. So I was a little bit lonely lol. But it was quiet for me to do my chores and catch up on homework, and things. My second year is so much better. I'm rooming with someone who I went to High School with. Now there's four guys in the dorm house, and that we all get along really well. We watch movies, hang out, watch sporting events on TV, and cook together.

I have a job internship at Pioneer Bank in Downtown Troy. My job tasks at the bank are prepping and scanning files in a scanner. If the scanner gets jammed, I re-organize the files and rescan the files again. If there's nothing else to scan, I ask my fellow employees what I should next. My fellow employees are very nice to me, especially my supervisor. Whenever I ask for help, my fellow employees help me right away.

My second bit of great news is I finally got my driver's license! I had a great opportunity to drive and drive and drive until I finally took the road test and that my driving instructor said that I passed. When I first heard the word "passed," I was so stunned and couldn't believe it. I got out of the car with excitement and pride. The hardest part of driving was parallel parking, and looking over my left shoulder to see if any cars or pedestrians were coming. The easiest part of driving, was driving on the road and obeying the rules and regulations. When I first started learning how to drive a car, and when I first put my foot on the gas pedal to make the car move, I thought it was the most amazing thing ever.

July 29th is my last day at college, and that when I come back from college, I want to find and live in an

apartment, get a job, and hopefully buy a car, and get married and have children.

Nick Malcuit is a father of four with two biological children, ages 24 and 27, and two stepsons, ages 17 and 21, who are both on the autism spectrum. He credits his blended family for inspiring him to pursue a bachelor's degree in Human Services. Nick changed careers at age 56 and is currently a residential coordinator for New Horizons Resources. He and his wife developed OneStep4Autism, Inc.™, a small, non-profit corporation providing support to families. Writing is one of Nick's passions, and his goals are to evaluate research, discuss issues, and also inform, help, comfort, and hopefully provide a few laughs to those who have been touched by autism.

Email: nick4@onestep4autism.com, or nmalcuit1@gmail.com

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GIVING A VOICE to Special Needs Kids Who Cannot Speak

By Paul REISLER



Over the past 17 years, our program, Kid Pan Alley, worked with more than 40,000 children writing songs in schools throughout the country. Those kids have written more than 2,700 songs, some of which were recorded by top entertainers such as Delbert McClinton, Sissy Spacek, Amy Grant, Kix Brooks, Suzy Bogguss and more. One was even nominated for a Grammy.

Not long ago, we had the opportunity to reach another group of creative children—kids with autism who do not speak. The week-long song writing program took place at Ridge Ruxton School in Baltimore. It was an unusual residency—all of the children were profoundly impacted with multiple disabilities.

We knew that writing a song with kids that don't speak would be a challenge. It forced us to listen on a much deeper level. We knew the kids had a story to tell, but not always a way to tell it.

Our goal is always to capture hopes and dreams in song. Each of the five songs we wrote with these students reflected their ideas and how they see the world. Of course, the question is how to get mean-



ingful, authentic participation in the songwriting process from kids without our normal method of communication—words. Fortunately, we had some previous experience with this, having done several other programs in similar special schools.

Some of the kids had communication devices. They could tap a picture and it would speak the word. A couple could type a bit and their device would say what they had typed. Others could just squeeze your right hand for a “yes” and your left hand for a “no.” Some had some basic sign language and with others you just had to look into their eyes and figure it out.

We partnered each child with a neurotypical child from one of the area’s schools. We worked with the peers on how to interpret what their partners were trying to say. They bonded, hugged, and developed a compassion unusual in children of that age. It was beautiful to watch.

We worked with pictures. The staff had chosen themes for each class and we made small cards with pictures of words that related to those topics. The topics were friendship, emotions, nature, Romeo and Juliet (yes, the older kids were studying Romeo and Juliet), and graduation.

The children would select cards relating to the topic and we’d get started by writing a section using the words from those cards. There was a yes/no vote for every idea. Gradually, a verse or chorus took shape. One of the peers would read the first line. We’d clap the rhythm. The peers would hold their friends’ hands and clap with them.

Then another would read the line again, and with our hands, we’d show them the pitches for the line they had spoken by moving our hands up and down in the air. When we speak, we are really singing to each other—we speak in rhythm and on pitch. In song, we just amplify the arc of the spoken melody—per-



haps going up a bit higher or lower, or stretching out a rhythm.

Finally, we'd ask someone to sing it. Sometimes the melody came perfectly formed from one of the peers. Other times, one of the children with autism would make a sound—a cry of excitement, a laugh, and we'd use that in the melody.

Line by line, we'd write more verses, a chorus, and even sometimes a bridge until the song was complete. The Romeo and Juliet song was particularly challenging. You can't just say they met, fell in love, and died. Shakespeare wrote a very complex story and characters like Montagues and Capulets just don't sing very well. But, eight verses later, we had our song.

At schools like this, the students start at age four and graduate in their early twenties. Two of them were graduating. We wrote their song, "I Know You Must Be Sad to Leave," with the Sign Language Chorus. You can hear the song and see a video of the week at www.bit.ly/k-current. It's really moving.

At the end of the week we had two concerts—an afternoon for all 200 students at the school and an evening performance for their parents. We wanted them to have meaningful participation in the performance. We programmed arpeggios into my iPad, and as they touched different places on the screen, my colleague on French Horn and myself on guitar would improvise with them. They introduced the

songs with their communication devices and they all came on stage for our "Best Friends" song at the end.

I looked over at the kids and saw the joy and excitement on their faces. I'd look at their parents in the audience, many of whom were weeping, and I'd think just how lucky I am to be able to do this work—to give a voice to those who don't have one.

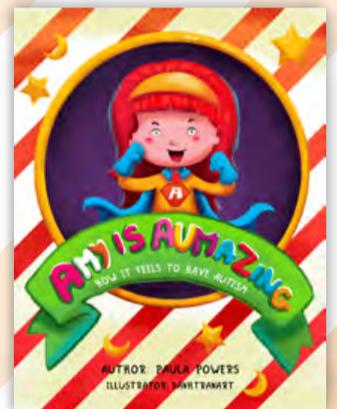
Paul Reisler is the founder and creative director of Kid Pan Alley. Paul is a prolific songwriter and musician who has performed professionally around the globe. He estimates that he has performed in more than, 3,500 concerts during his career. In 1999, he was asked to do a songwriting workshop at a local elementary school. He says that's when he discovered that because of their creativity and fresh world view, "kids make the best songwriters." To learn more, visit www.kidpanalley.org.

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Author: Paula Powers

Go on an aumazing adventure with Amy, kindergartener and math extraordinaire. She is gifted, talented and also has autism. Her autism gives her super powers of an incredible memory, but she doesn't like to brag. Along her journey, you'll meet her mom, dad, brother and besties. She'll bring you along on the ride of her life through the eyes of a child with autism.



This children's picture book is designed for young readers who either knows someone with autism, such as a sibling, friend or classmate, or is on the spectrum themselves and is curious to know more about autism in a fun, easy to understand format with delightful illustrations.

The author has a great understanding of autism being she, herself has a six year old son on the spectrum. Her experience as an autism mom and advocate for her son was her inspiration for writing this book. She wanted to highlight the strengths a child with autism has rather than just focusing on their challenges.

For more information:

amyisaumazing@gmail.com On Twitter [@amyisaumazing](https://twitter.com/amyisaumazing)

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Paula Powers is a single, full-time working mom to Evan, a 6 year old fun-loving, charming little boy who also happens to have autism. By day Paula is a computer guru in IT and by night she is a mom, chauffer, teacher, chef and negotiator.



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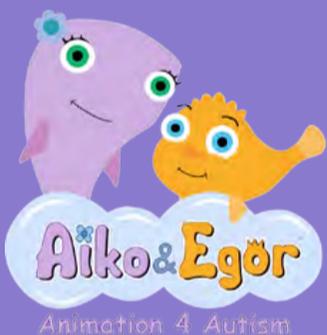
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The app is developed by See Beneath, a San Diego-based nonprofit co-founded by autism experts with years of experience in autism research and intervention.



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Excelling in Life with Asperger's A UNIQUE PERSPECTIVE

By Terra LEADERS SINGLETARY, M.Ed.

Flying out over the green hills of Western North Carolina, I had the tugging feeling that I had left something behind. I did the regular checks: credit cards, phone, purse, etc., yet the feeling that I was missing something continued. I finally realized what I had left behind: my son. Most readers would immediately think of a small child or a teen, but my son was 24 years old. What, then, made this leaving so difficult? My son has Asperger's syndrome, and although he has developed a high level of compensation and has graduated from college, I still knew he internalizes many fears and doubts. Up to this point, I had always been in close proximity to help him through those.



So my mind goes over all of the “what ifs,” and I hope that I am leaving him with enough of the sound advice and hints that have helped him to be successful from elementary school through college. Adding to the panic of wanting to fly back over the 1,200 miles we had driven over the last few days was the knowledge that there would be no cell phone service where he would be. In the world of instant communication, my son had gone to the wilderness area of the Pisgah National Forest to intern

for several months. So I felt lost, knowing that there was no way to know if he was OK or to help him if he had a problem.

Besides being a mother, the other hat I wear is that of an elementary school principal. I would like to encourage parents by saying there is hope, and even though challenges may appear overwhelming, they can be overcome so that goals are attainable and these students can be successful and independent.



The following are ways we managed Asperger's with such a high success rate. The first thing that comes to mind is that parents have to be ready to make the sacrifices needed to help their children. The biggest sacrifices in this case were time and a willingness to put children first, even before personal goals. I did not apply for a principalship until my son was able to do his own homework and be more self-sufficient. I can tell from conferencing with parents over the years that the students that are successful are the ones who have parents that are willing to spend the time it takes.

One of the challenges faced by Asperger's students is organization. From elementary school to college, we did a backpack check every night, going through every notebook and folder to see what needed to be done. There are great planners available for students to use, and nightly we went through each notebook and did homework. We never watched television nor did any other activities on school nights until he was older. I sat with him while he did his homework to help with focusing and be sure he stayed on task.

Another problem with Asperger's students is that their handwriting is often illegible. Written assignments were not graded because they could not read his handwriting. He was talented in the writing area, but couldn't get it onto paper. So, for many years, he dictated to me every night and I typed his work to turn in. We were able to do this from accommodations offered to him through Special Education. In the 9th grade, he took a typing class and began to type his own work. This also enabled us to get homework done faster and allowed us to do something else with the evenings to help him with his social functionality.

The activity that we took on at this time was through the Community Theatre. Our son tried out for a show the same year he started to type, and both of those activities changed his life. He was cast, and theatre opened up a whole realm of socialization and stretching for him in the arena of functioning with larger groups of people and being forced to be more outgoing. Prior to this, he had a tendency to be timid, shy, and insecure at times. I still counsel parents

“

I remember countless times when I would spy on him walking from one event to another to be sure he got there successfully. The first time he flew to visit my mother on his own, I booked a flight on the same airline and snuck on the flight to be sure he got to his connecting gate.

”

to try the community theatre route for children who need help socially. The theatre also served to help with coordination and acted as therapy. In the long run, he was in a theater troupe for which he had to audition, and he was cast in many shows.

Another problem our son had was directionality and getting lost. He was repeatedly losing his way at school and on field trips. Once, at a science summer camp, I went to check on him, and he wasn't there. I ran down the hall screaming, "My child is missing, my child is missing!" Another time, at a science center, he was distracted by an ant trail on the way, lost the group, and didn't reconnect until the end of the day. We solved the school problem when he started to change classes in the 7th grade by walking the school from class to class several times before school started. We would find the route and look around and practice over and over and over. We continued this practice from 7th through 12th grade every summer before the school year started, and continued it into his college years both at the local college he attended and at Texas Tech.

I remember countless times when I would spy on him walking from one event to another to be sure he got there successfully. The first time he flew to visit my mother on his own, I booked a flight on the same airline and snuck on the flight to be sure he got to his connecting gate. He caught me in the airport and wondered what I was doing there. When he started to drive, we did the same thing with routes, driving them back and forth. He drove successfully to high school his entire senior year. To this day, he continues to find routes and practices when he knows he needs to be somewhere at a certain time to be sure he gets there.

He received numerous academic awards and scholarships through high school and college and was on the Dean's List. He graduated from Texas Tech with

Honors and a degree in Natural History and Humanities.

As I continued to put my thoughts together, the Delta desk clerk announced anyone with flexible travel plans could get a voucher for future travel. I jumped at the chance and was thrilled to receive a \$400 voucher. I was able to relax knowing that I would be able to see my son sooner than I had thought. I didn't mind spending almost all day in the Atlanta airport to get that voucher. After all, I had a story to write now, didn't I?

After several years looking for employment, he was hired in March of 2012 by a national facilities management company and was transferred to Baltimore in January of 2014, where he has since received two promotions and became a site manager for a single office site on the harbor in 2015. He lives on his own in an apartment and is involved in some local groups. He has used his writing abilities and has been published in a book anthology available on Amazon. He continues to see the world from a different perspective, and at times, will ask me what it is like to see the world neurologically through the eyes of someone that doesn't have autism. His ability to deal with day-to-day situations and interface with people takes a huge amount of effort from him, but he successfully functions and continues to be empathetic to the cause.

Terra Singletary has been in education for over 24 years. She was a bilingual teacher in Dallas when her son was young, and she moved into mid-management administration, being an assistant principal for five years and an elementary school principal for 14 years. She currently supervises student teacher candidates for the University of Memphis. The most fulfilling thing she has ever done in her life was raising her son.



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Simple Ways to Help Relieve Your Child's Stress:

CALMING COOKIE DOUGH

By Amy SMITH, OTR/L, M.A.

If your child has autism, you are probably quite familiar with sensory processing issues. Although sensory processing and autism are two separate entities, they often co-exist and each can further complicate the other.

Oftentimes, children with autism have greater difficulties regulating their emotions and behaviors because processing all the sensory stimuli in their world can be very complicated and overwhelming for them. Their sensory systems are frequently in “overdrive” in order to process the sensory input from their environments, and too much time spent in “overdrive” can exhaust the child and deplete them of their ability to appropriately handle frustration, disappointment, or anxiety. When a child’s sensory system becomes depleted and a new stressor comes along, the result is oftentimes a meltdown in behavior, as their “sensory batteries” are exhausted. So, how can you help your child “re-charge his/her batteries” and give the sensory system a fighting chance to appropriately process the complex world?

Well, you feed your child’s sensory system a large batch of *cookie dough*! What? Not edible cookie dough, of course. Engage your child in this calming “cookie dough” activity, and it can help him/her to organize the sensory system, relax, and be better suited to handle life’s stressors. This activity works because your child (the cookie dough) receives deep pressure and proprioceptive input from the “rolling pin” (the therapy ball). Deep pressure and proprioceptive input elicit a calming response in the body because they can lower stress levels, reassure the body of its position in space, and facilitate the release of dopamine and norepinephrine, which are two neurotransmitters responsible for mood and behavior regulation (Buckley-Reen & Dickson, 2015 and [research from Edelson, et al.](#)).



Materials Needed

- Therapy ball
- Bean bags (optional)

How to Play

1. Have your child lay on her belly on soft carpet or a mat.
2. Tell your child that she is going to be “cookie dough” and she can pick out the “ingredients” that she wants in her cookie dough.
3. Put the ingredients into the cookie dough by lightly dropping weighted beanbags (or lightly pat the child’s back with your hands if you do not have beanbags) for approximately 1-2 minutes (or as tolerated) until all the “ingredients” are in the cookie dough.

**Note, this step provides additional proprioceptive input, but some children may not tolerate the unexpected touch well. If your child does not tolerate this step well, just skip it and complete the next step.*

4. Finally, roll the cookie dough out by applying pressure on top of the therapy ball and then slowly rolling down from the child’s back towards her feet. Ask the child how the pressure feels as you are pressing down on the ball, and adjust if she asks for more or less. It is important to start at the top of the child’s back, not on the child’s neck or head, and roll the ball downwards. After you get to the child’s feet, pick the ball up off the child and repeat rather than rolling it up towards the child’s back again. Roll the cookie dough out for 5-10 minutes or as tolerated.



Then roll ball downwards toward the child’s feet

When Should You Do This Activity?

This activity is great for so many different reasons, but especially for increasing frustration tolerance with life’s stressors by calming anxious nerves and settling down unorganized, overly active movement. It’s also a perfect transition activity when moving from high-energy work (i.e., running, jumping, climbing, etc.) into calmer activities like homework, class time, or bedtime. It is also very beneficial to use if your child is going to be entering an anxiety-provoking situation (such as school, unfamiliar places, change in routine, crowded areas, etc.). Since it is a great activity to calm down before sleeping, you can now say “yes” to your child when they ask to have cookie dough before bed! Enjoy!

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Start with the ball on the child’s back



Amy Smith is a pediatric occupational therapist with over 10 years of experience working with children with autism and specializes in sensory integration interventions. She is the creator of KidsPlaySmarter.

com, a free website with resources and ideas to improve your child’s sensory processing skills, fine and gross motor skills, handwriting skills, and overall success in daily life. She is offering occupational therapy consultation services online via FaceTime and Skype. If interested, go to: <http://www.kidsplaysmarter.com/ask-the-ot/>

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SPECIAL INTERACTIVE PROGRAM for Kids Encourages Social Skills

By Marc ZIMMERMAN



You're having twins!"

Can you imagine the excitement?

In 2001, Jared and Jason Zimmerman, were born to my amazing wife Tina and me. Our first thoughts were we would need two of everything, that our families were going to be completely surprised, and of course, this could get expensive! Needless to say, no matter how much you plan for two babies, there are going to be some challenges, and some curveballs, that will come your way...

We just had no idea the information we would receive two years later.

In 2003, Tina and I were well on our way regarding parenting, play dates, bottles, diapers, etc. It was the normal process of raising a family. Sure, there were the sleepless nights, and the challenge of trying to get Jared and Jason to sleep and eat at the same times. Everything we did was multiplied by

two—and while we thoroughly loved it, costs were creeping up, and we realized that planning for the kids' future needed to start now. One of our closest friends suggested we contact a Hollywood Talent Agent to represent the kids for TV or Print advertising work. This would be a great way to start putting some money away for college and other expenses as the kids got older. You see, Jared and Jason are not only identical, but they have the "California Surfer" blonde hair with flowing locks, beautiful smiles, and just all around cuteness. We could barely go anywhere without being stopped by people gushing over our kids—they were Rock Stars! Figuring there was no harm in investigating this avenue, we went and met with a high profile casting agent.

The meeting with the casting agent was intense for Tina and me. Would they like our kids? Could the boys "pass the test?" The answer to these questions came sooner rather than later, and some additional insight would change our lives forever. The agent

loved the boys, and would sign them to a contract tomorrow, but she was concerned that they had trouble communicating. When she tried typical prompts that the kids would be met with in a professional setting, there was nothing, just a blank look on their faces—no pointing, no looking, no ability at all to follow directions. “I am sorry, but there is no way I could put your boys on a set,” she told us...

Truth be told, this wasn't the first time someone had mentioned to us that our boys may have some delay in their development, but who wants to hear that? Perhaps, because they were identical twins, this was somehow normal and they would “grow out of it.” Even when our own pediatrician told us the boys were not developing at a normal rate, we really didn't want to hear it; we told ourselves to just keep moving forward and everything would be fine. But our meeting with the casting agent was our tipping point, and we realized that we needed to address the situation.

After understanding what autism was (we had no prior experience with this whatsoever), it quickly hit me that my twins were not going to be like Tina and me. We are both highly social and have no problems talking to anyone; however, this wouldn't be the case for our Jared and Jason.

It then became my mission to try and help the twins with social skills first and academics second. After making several attempts to use the current tools and not seeing any change, I was beginning to accept that there may not be anything to help them. Then one day, during a therapy session at our home, I saw the twins working on a computer doing some drills. They were smiling and engaging like I had never seen before. Prior to this, it was all flash cards—nothing “high tech.”

That moment changed my life forever. I thought if I could come up with a way to engage Jared and Jason by using the computer, focusing the content on social skills, perhaps they would, at a minimum, be engaged and hopefully generalize what they saw and apply it to everyday life.

After dropping Jared and Jason off at school, I had the idea of making a software program that “looks and feels” like an animated Pixar movie – something all kids love! Additionally, the program would have the ability for the kids to touch the screen and directly interact and engage with it. All I had to do now was convince my wife Tina, because this would require going into our nest egg. It didn't take much convincing, after all; if it worked, it would not only benefit Jared and Jason, it

could go on to help countless others. It was a no-brainer, and The Social Express was born. Committed to this newfound goal, we brought together an advisory board of top therapeutic and educational professionals who were certified in helping kids with special needs. Then, we sought out animators and other tech experts who would help bring this dream to life.

From preschoolers to high schoolers, The Social Express software provides research-based, animated, interactive lessons and encourages users to practice real-life social interactions. The Social Express® targets core deficit areas that stand in the way of school, social interactions, and life success for children and young adults with social learning challenges. The software addresses these areas of need by providing a highly interactive and visual presentation, utilizing an additional component that allows for the generalization of skills outside of the teaching environment.

Most recently, The Social Express has been included in the latest version of the National Education Technology Plan 2016 - [Future Ready Learning: Reimagining the Role of Technology in Education](#). Updated every five years, the National Education Technology Plan (NETP) is the key educational technology policy document for the United States. The Social Express is cited in the report's chapter on “Engaging and Empowering Learning Through Technology” as an example of a digital solution to help build non-cognitive competencies.

What started as an idea to help our boys has now grown to help so many more and continues to grow and evolve. To make a difference is truly an awe-inspiring feeling for both Tina and me.

Marc Zimmerman has been working with his twin autistic sons in all aspects of therapy and education planning, successfully helping them to transition from the special education classroom to the mainstream classroom. Previously, Marc was founder and President of Critical Digital Data, Inc. (CDIX, OTC:BB), an online data storage company; CEO of 1st Financial Home Loan Services, a high-end boutique mortgage brokerage that was sold in 2005; and CEO-Founder of Pineapple Hut Real Estate, a multimillion dollar-producing real estate brokerage. Marc attended the Berkeley School of Music in Boston. He is a highly accomplished keyboardist, pianist, and composer with worldwide recording and touring credentials.

Visit www.thesocialexpress.com to learn more about the software.

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Sit Down and Talk - And Be Prepared to Listen

By Marisa ULRICH

Sit down and talk to us, not at us. That is the best, most concise advice I, as both a mother to two on the autism spectrum and as an undocumented autistic myself, could give to one wondering what it's like to be inside our brains. Sit down and talk to us, not at us. And then, be prepared to listen.

It may surprise you what we will tell you. It will surely surprise you what we won't.



For example, there is still that myth perpetuated by some that all of us are geniuses of the Rain Man order, so in tune to numbers and data and memorization of facts that people are synonymous with a potted plant in the background of the room. We're the cute little mascot who provides amusement and card-counting capabilities to blow your mind, but nothing more.

But, if you sit down and actually talk with us, you might find, yes, we are often astoundingly intelligent, but we are far from machines. We long for social interaction as much as the next person. It's the understanding of peers that is often lacking.

Then, there is the tragedy myth. This one portrays us as a life locked in upon itself and the rest of the world as the one desperately tugging on the chains. All anyone who buys into this myth can see is the endless rounds of therapy, meltdowns, and lack of communication. To them, autism is something worthy of waving their banner over as a new pet cause, crying, "One day, we'll find a cure!"

But, if you ever once bothered to sit down and talk with us, you might be surprised to find that yes, there is sometimes a feeling of entrapment, but not the sort that sits languishing for a cure. It is the lack of understanding or the failed attempts that keeps

the chains. I am only just discovering the impact all of this had in my life as I flew under the autism radar, so to speak. I had the chains, but I never knew why.

But, this, I have always known:

Lack of communication can be twofold.

Now, my children have been blessed by fine educators and friends who have encouraged and guided them into extraordinary growth. But still, there are those daunting labels that society gives that they must overcome—stereotypes that must be shirked off. Personally, I am feeling these labels on a much deeper level right now, since I had my own autism discovery this year.

Would it surprise you, for example, to know my oldest boy on the spectrum enjoys going to dances? He's already been to several now and always thoroughly relishes them. It isn't some cute thing for the school odd duck to do, or a set-up for disaster, either. He knows if the music starts to grate, he can take a break. But likely, that will rarely be a concern as he boogies his best boogie with his peers.

It is not because he saw it on a Fred Astaire movie. No, it is because he wants to. He longs to be a part of the group, not the lost little pup they pat on the head.

Nobody says this social achievement is not fraught with a certain amount of nervousness and scrambling for small talk. But really, for which teen is it not?

What kind of mother would I be if I told him, "No, you can't handle it, Elijah."

I'd certainly be one not willing to sit down and talk. Or listen. Or learn from my own lifetime of unnamed struggles.

Or what if I'd told my dear daughter Sarah, also a part of the spectrum, she was better off not trying to keep reaching out to others?

I might have been protecting her from those occasional feelings of sadness when others don't respond, but in the end, she'd miss out on those times she encourages a smile out of the downtrodden with her special brand of joy.

I want to listen to both her fears and her heart's desire and then treat her as any other child, to both nod to the hardships and still foster the dreams.

Now, this is not blindness to the diagnosis, or disrespect to the reality of a different train of thought, or sticking my head in the proverbial sand, as though everything will always wrap itself in a neat little bow. I have seen

enough to know what life is truly like on the spectrum. I have a wealth of my own experiences to look back on now through the lens of a missed diagnosis as well.

There will always be those who get it, those who don't, those who seek to understand, and those who only think they do.

For those who honestly seek to understand, sit down and talk—but not with the mindset that you must dumb it all down. Rather, treat those with autism with the same respect you would any other friend you want to know better.

I won't say it isn't, at times, a bit more circuitous a journey than average.

But, isn't it worth hopping aboard that train of thought so you might catch a glimpse of what my children and I see every day—to recognize, yes, we are different than the rest of the world, but so utterly unique and equally worthy in nature.

And yet, we are not without the common links and desires all of humanity possesses.

To want to go to a dance. Make friends. Sing a song. Be more than the endearing mascot, or the whiz kid without social wherewithal.

To be more than the face of autism, a cause for which to march. To be...just a face. Another version of a human face. A valid one.

Not one that needs to be eradicated as though we are a crime against nature.

So, to those wanting to get inside an autistic's brain:

Sit down. Talk to us. Really talk to us. And then, don't forget to listen.

We may surprise you.



*Marisa Ulrich is a mother of four, two of whom are on the autism spectrum. Her work has appeared in *Zoom Autism* and *Her View From Home*. Her debut memoir, *Broken Cookies Taste Just as Sweet: The Amazing Grace of Motherhood, Marriage, and Miracles on the Spectrum*, was published via eLectio publishing in July. Follow her via WordPress: <https://brokencookiessite.wordpress.com/>, Facebook: <https://m.facebook.com/Broken-Cookies-Taste-Just-as-Sweet-492541130948912/>, and Twitter: [@mjubutterfly](https://twitter.com/mjubutterfly). She makes her home in rural Kansas.*

SPECIAL NEEDS TRAINING PROGRAM

Promotes a Life of Productivity and Achievement

Michael L. STUART, Ed.S.

The ride home from the pediatrician that afternoon in February, 1995, was as classic as it could get. My wife was driving and sobbing, my three-year old son with autism, Aaron, was in the back seat crying, and I was next to him trying to calm him down. I suddenly realized he had soiled his diaper. It was raining. We had just gotten the news...bluntly and non-compassionately...that Aaron had autism and that, considering the characteristics displayed, it would be best to have him "sent away." Aaron had no speech by which to communicate his needs, just behaviors—what many would call "typical autistic" behaviors.

Fast forward twenty-one years later: today Aaron is twenty-four. He has speech, but no real conversation. He verbally requests what he needs and has now developed functional speech, works in two national chain restaurants, trains in two national department stores, and helps in a very large-chain supermarket bakery. All of this was as a result of a program that we had to create, because none of his schools, after-school programs, or adult day programs would. We waited, unfortunately, 20 years to take the step that we did. Why? We trusted our child to the "experts." Even I, an educator, yielded to educational experts, program experts, school board ex-





perts, autism experts, private instructional agency experts, medical experts, and others. My instincts, when he was first diagnosed, kept telling me otherwise. In response to his diagnosis, I left my teaching position for a year and a half and stayed home to oversee a home program of some 30-40 hours per week, bringing in therapists and a program director to guide us. Until we could bring it all together, I went to work with Aaron, breaking his obsessive-compulsive disorder (OCD) behavior of only wanting to drink out of a yellow-and-white spouted cup (we had 15 of them) and having him completely toilet trained in four days, including at nighttime. My instinct said to continue my efforts, but my lack of confidence in dealing with an area of instruction that was outside of my domain won out. The “experts” took charge. So began 19 years of canned-educational approaches, fruitless Individualized Education Program (IEP) meetings, and fighting with school systems, doctors, agencies, and the like.

Aaron aged out of school at 22 years old. There was that ‘cliff’ we parents all fear, especially for a child classified in the “lower-functioning” part of the spectrum. “Where does he go from here?” We tried four adult day programs. He was asked to leave all of them due

to “autistic behavior.” Three of them specialized in autism. What was the behavior? He would get agitated due to sensory overload from the environment and grab the arm of teachers or aides to help him. He has a hiatal hernia and acid reflux (which we only recently discovered when, on a hunch I gave him a couple of Tums and saw him calm down immediately thereafter), and, again, would grab the arm of an adult to express his pain and discomfort. They labeled him “aggressive” and not a “fit” for their group. The last time he was thrown out was from a program in the Orlando, Florida area. It was January, 2015. That was the last straw.

I said a prayer, and in February 2015, Operation Meaningful Life was born. Instincts fired on all cylinders with the creation of a daily program focusing not only on all essential life skills, but also on job, career, vocational, and social skills. We cover all the domains that any non-autistic individual has access to. This, in itself, makes Operation Meaningful Life unique, but there is more. Our goals and objectives look skyward, outside the box, beyond anything else we have seen in Florida or around the nation: we aim for *life-long productivity, purposefulness, and personal achievement*. And here is the kicker, so to speak: we

“ We are familiar with several businesses that proclaim their focus on helping the autistic population. ”

are committed to the so-called “lower-functioning” group of individuals, to make them “higher-functioning.” We do not exclude individuals based upon their “autistic behaviors.” Our approaches, methods, and trainers have to be exceptional, as our goal is virtually unheard of elsewhere.

We also aim to integrate Operation Meaningful Life into new and existing residential settings and models, to ensure that the opportunities for life-long productivity are always available. The program is, in fact, flexible so that it can adapt to any number of different residential settings. We realize, too, that our son will need a residential placement at some point. We do have a vision for the type of setting we know is necessary, but are willing to look at, and work with, existing settings.

People who see Aaron now cannot believe he is the same child they once knew. He is happier, more productive, and is even giving instructions *to us* about how to do things. He does many things independently now, and enjoys it immensely. We have a *Facebook* following of over 5,300 followers from around the nation and the world. We post program insights to assist other families in their efforts to have something better for their children, particularly their adult children. It is not too late to train in productivity skills, even if the individual is an adult with little training up to this point. After 18 months in the program, Aaron is no longer considered to be “low-functioning,” but is rather “higher-functioning” based upon a tremendous number of acquired productivity skills. He has been trained in many areas, including hotel, restaurant, culinary, baking, department store, office, independence, residential living, and property maintenance skills—and there is *still* a long list of other areas yet to come in the program. Why so many areas of training? Consider for a moment: as with all typical individuals, people with autism will change and develop over their lifespans. They will have to adapt to new situations, involving physical body changes and capabilities, environmental changes, opportunity changes, and the like. By learning a broad array of skills *now*, it will allow for an easy transition to new circumstances later in life and thus ensure life-long

productivity and accomplishment...a perfectly logical and realistic strategy. The key, of course, is the methods used along the way. Operation Meaningful Life closes no doors on perspective and alternate paths to success. Every week sees progress and personal accomplishment *that even the individual being trained is aware of.*

We have proven that “functioning” is merely a matter of proper instruction and approach. The problem is convincing other programs designed for individuals with autism that this is so. We are familiar with several businesses that proclaim their focus on helping the autistic population. What they do not tell you is that they will only assist the highest-functioning individuals. We at Operation Meaningful Life will never turn away anyone who is classified as “lower-functioning.” They, too, deserve a chance to prove themselves, and can do so with the proper training.

We know that our mission must expand to help as many families as we can, as we are receiving many desperate requests from families across the nation; at this point, we do not know how best to accomplish this. We would welcome an opportunity to join hands with other families or groups that would commit to building a future for these individuals that far surpasses society’s current expectations. Currently, we know that Operation Meaningful Life is inspiring families and educators based upon the letters and comments we receive, and we hope that you, too, may draw benefits from the many insights that have been graced to us. We are committed to letting parents of “low-functioning” adult children know that there is hope for their future. All the best.

Michael L. Stuart is a retired educator with thirty-five years of experience in public and private education teaching middle school and high school students. He has been married for 27 years to his wife Harriet and has two children, Jessica who is 25 and Aaron who is 24. They currently reside in Jacksonville, Florida. Michael may be contacted by email at: mlstuart4@gmail.com or through Facebook at Operation Meaningful Life: <https://www.facebook.com/groups/800572066686292/>

CONTRIBUTE

Autism Parenting Magazine

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

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

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

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

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

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

If you have something interesting or informative to share please email editor@autismparentingmagazine.com.



This Quirky Life: A Unique Short Story

By Wendy FISHER

Today is going to be a good day. I woke up on my left side facing the bookcase, giving me a clear view of my collection of model classic cars. They are still in their correct positions, all lined up in strict date order of manufacture—the Cadillac (1959), the Chevrolet Corvette (1963), the Lamborghini, the Triumph Spitfire, the Porsche Carrera, the Jaguar XJS, the Dodge Viper, and finishing with the Ferrari Modena (1999). Mentally, I double-checked the average brake horsepower of the eight models (2,274), checked my watch (5:52am), and lay still until the alarm went off. It's never a good thing to put my feet on the floor before 6 o'clock. When I wake up facing the window, I feel unsettled—I don't like the unpredictability of the dawn sky. Sometimes it is a soft pink, and that's OK, but often it is a washed-out, dull, mushroom-y color, or an angry, foreboding, deep grey. On these occasions, I feel anxious about what the day will bring.

On a "good day," if I don't have school, Mum sometimes takes me into town. There are so many distractions on the drive, but Mum doesn't even seem to

notice — she drives with one hand on the steering wheel, idly chatting. I see road-signs, traffic lights, lamp posts, rubbish bins, hand rails, people with dogs, shopping trolleys, walking sticks, cracks in the pavement, logos on shirts, price labels in shop windows, street names, numbers on buses, colorful hoardings, advertisements, people with hats, umbrellas, newspapers, and bags—my mind whirrs. My senses are completely overwhelmed, so I sit in the car and memorize the number plates of any white car that passes while Mum does the shopping. If Mum is a long time, I count down backwards from 1,000 in 37. On the odd occasion when I do get out of the car to help Mum with the shopping, I keep my head down, don't walk on any cracks, and always wear my favorite hoodie so that if I do accidentally bump into someone, I don't actually feel their skin. In the supermarket aisles, I only look at items on the bottom shelf—I feel uncomfortable looking at people's faces, and the overhead lights are too bright. Mum asks me to keep a tally of all the groceries she puts into the trolley, so that she doesn't go over our weekly budget; it keeps my mind busy on a useful task,



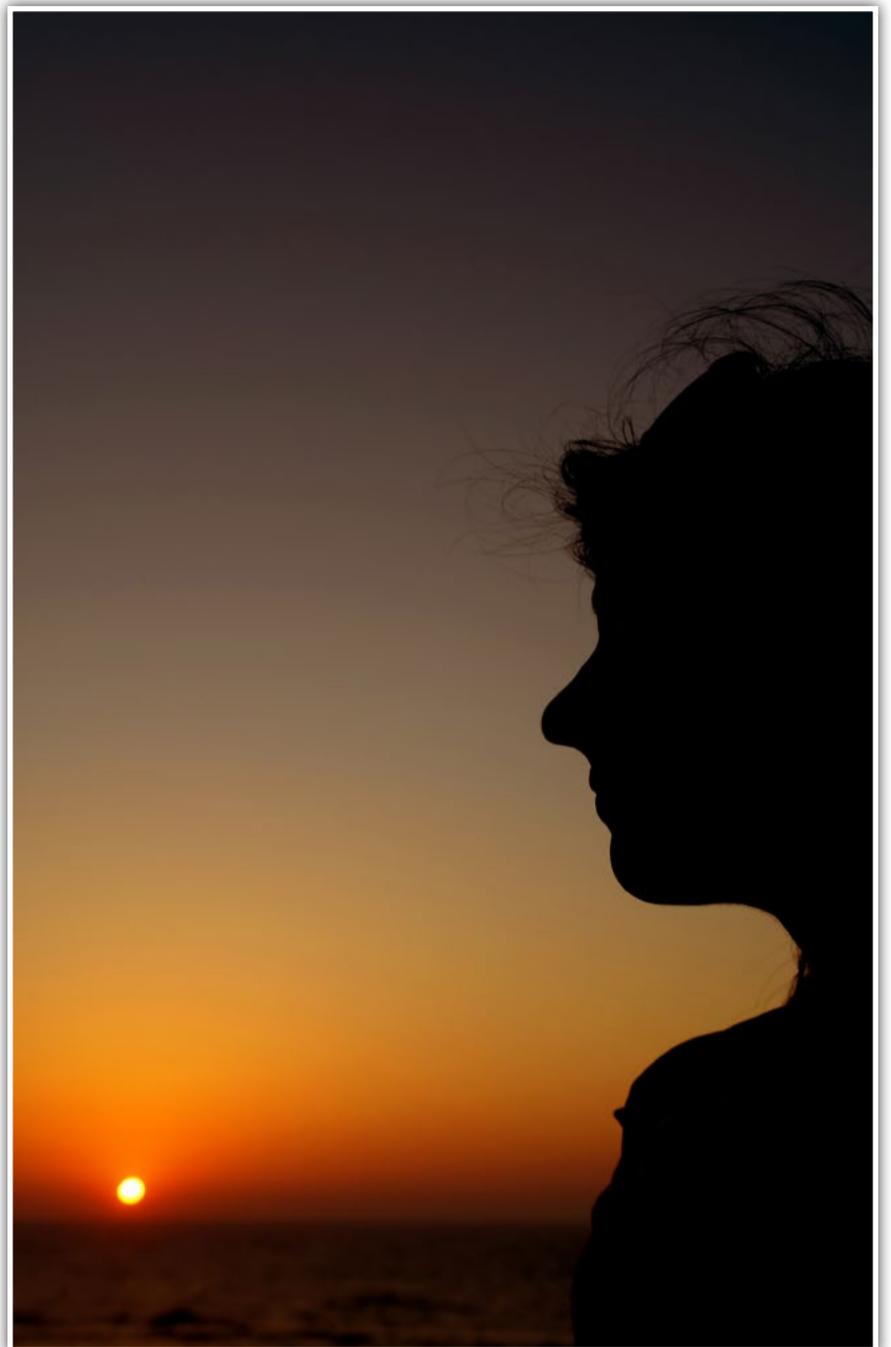
“ My Mum has a round, fat face which she covers with make-up before she leaves the house, grey hair like my Dad, and she sighs every time she sits down. ”

and Mum calls me her “go-to numbers man,” which makes me feel good. I’m not completely sure what it means, but Mum smiles when she says it.

At home, she always makes me my favorite breakfast: boiled eggs cooked for 4 minutes and 40 seconds placed exactly in the center of two square slices of medium brown toast, no butter. My Mum has a round, fat face which she covers with make-up before she leaves the house, grey hair like my Dad, and she sighs every time she sits down. She is the most beautiful woman in the world. Dad says she has a heart of gold, which means she is very precious, but I don’t understand how a heart made of heavy metal can pump blood around her body. Dad says this is just a “saying,” a bit like when someone says “it’s raining cats and dogs,” or “Grandad is losing his marbles.” Dad also says that everyone is dealt a certain hand in life, and he calls me “quirky.” He tells me he loves me “heaps.” “Heaps of what?” I wish people wouldn’t speak in riddles.

Dad works in the bank and taught me to “high-five,” because I don’t like anyone to touch me. My face gets hot, and I start to panic. I know it makes Mum and Dad sad that I don’t want to hug them, so we touch fingers instead — just the very tips — a fleeting skin-on-skin moment, which should really be called a “high-four,” as we only have four fingers on each hand.

I don’t have many friends—this could be because I’m not very good at talking to them (I never know what to say), but I think it is more likely due to my height. I’m 1684mm high, and the average height for my class is only 1562mm if you include Mr. Rogers, my teacher. The kids at school call me weird, but I overheard Mum telling the neighbor that I was autistic, and to give me a break. The neighbor had been complaining about me bouncing a ball against the back fence for hours on end, but I know it was only for 23 minutes, and I only did 522 bounces. My Granddad just says I’m a little eccentric, and that 14-year-old boys do eccentricity exceedingly well. I like my Granddad—he talks softly, moves very slowly, and



hasn’t got any hair, which makes the top of his head look a bit like an egg. Sometimes, when I go to visit, he says I am growing like a weed. I don’t like it when he says that — isn’t a weed just a plant growing in the wrong place?

Wendy Fisher is 56 years old and lives in Australia. Since taking an early retirement, she has been helping with Riding for the Disabled in Coffs Harbour for over four years and recently started creative writing classes. Finding that she particularly likes working with children with autism at the riding center, Wendy decided to challenge herself to write a short story from an autistic teenager’s perspective.

Special New Books Highlight Autism and True Friendship

Seven Days to Goodbye

By Sheri S. LEVY

For one year, Trina, a puppy raiser, has trained her first service dog, Sydney. At the end of her beach vacation, Sydney must be returned to be complete his final training and be matched to his forever companion. As emotional as this event is, Trina's newly strained friendship with her best friend, Sarah, makes the week even tougher.

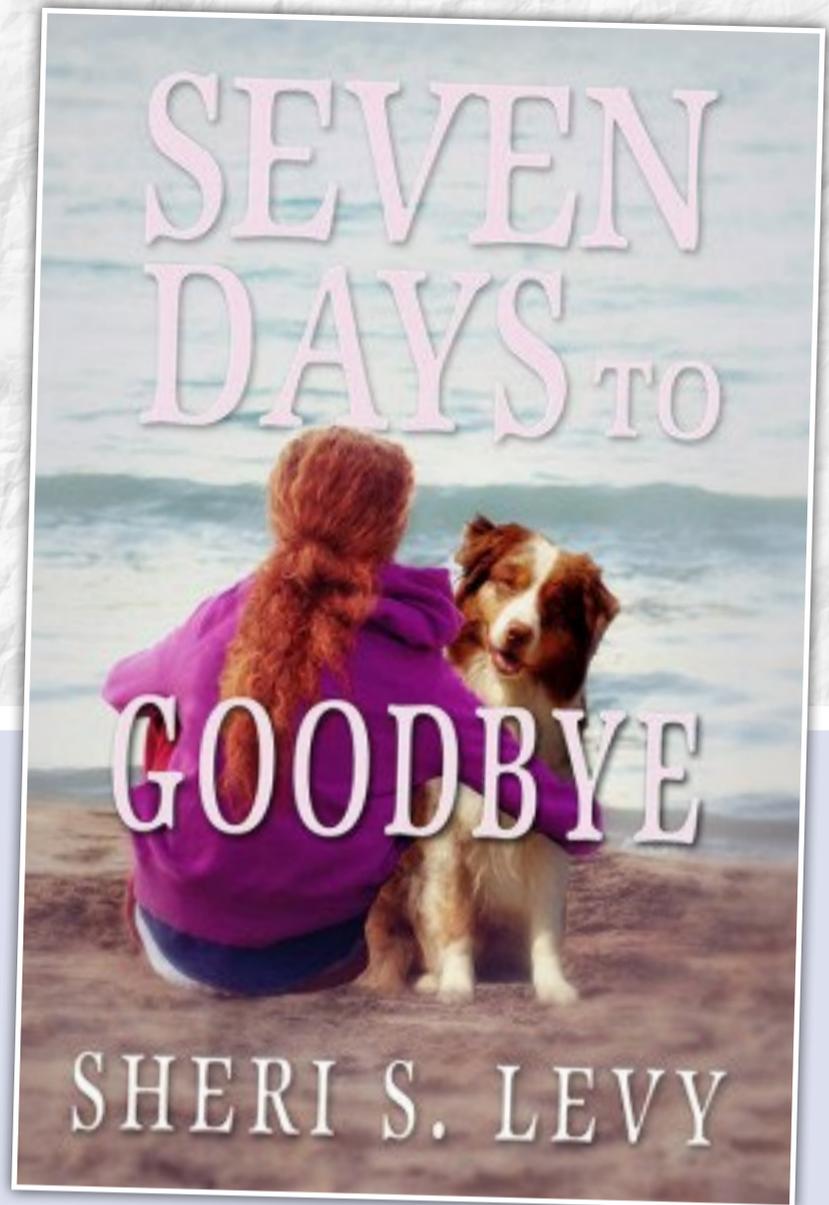
Sarah is so over-the-top boy crazy, she has turned into a stranger. It surprises Trina that Sarah's flirting isn't the cause of catching the attention of the two brothers they meet on the beach, but instead it is Sydney's magical skills with their younger brother with autism. Trina's confidence builds around the guys with Sydney's help, and both girls establish a new-kind-of relationship with the older brothers.

Throughout the week, Trina struggles with knowing she is losing Sydney and worries she may also lose her best friend. Sarah realizes Trina's friendship and

the job she is doing with Sydney is extremely important, but holds back any encouragement. She's hoping Trina will want to spend more time with her.

But in the end, it is Trina's decision. Will she be strong enough to mend her heart and choose to train another?

This story combines humor, growing pains, and plenty of puppy love — of both varieties.



After 25 years of teaching special education, Sheri S. Levy retired and started writing stories on subjects close to her heart. She needed research on service dogs for her YA novel, Seven Days to Goodbye, and found an accredited, non-profit service dog organization, PAALS. In 2015, her novel, Seven Days to Goodbye, won in the Dog Writers Association of America, (DWAA) in their Special Interest category. This novel is the first in the series and the second book, Starting Over, will be out in 2017. Sheri continues to mentor special needs children, and teaches writing workshops at local schools and libraries.

Website <http://www.sherislevy.com/>

Facebook.com/ [Sherislevyauthor342003522553368](https://www.facebook.com/Sherislevyauthor342003522553368)

www.Amazon.com/dp/1935460749;

eBook: <http://www.amazon.com/dp/BOON6IRFOW>

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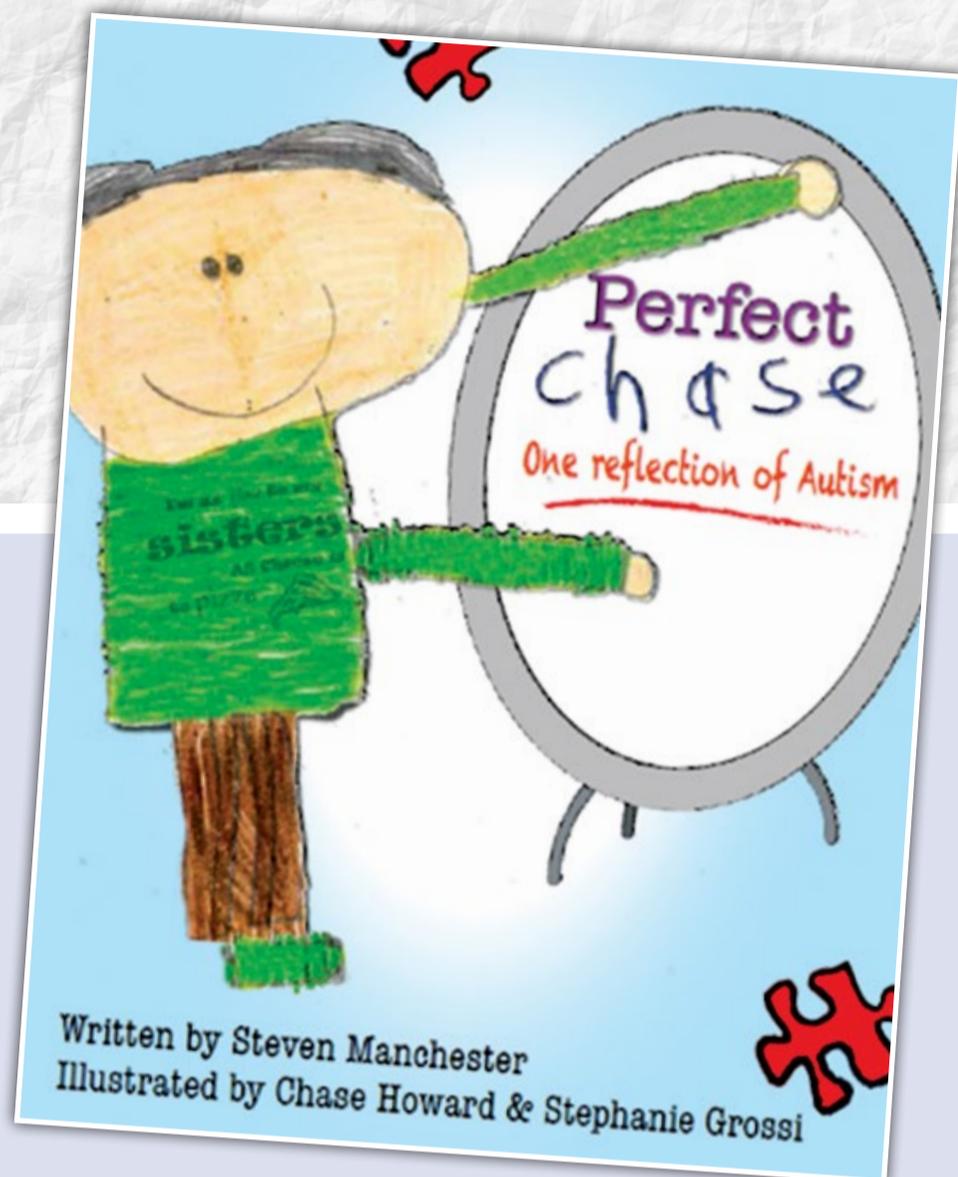
Perfect Chase: One Reflection of Autism

By Steven MANCHESTER

Perfect Chase: One Reflection of Autism is a heartfelt children's book about siblings sharing the invaluable lessons of true friendship, empathy, unconditional love and understanding—as taught to them by their autistic (and perfect) brother, Chase.

Our mission is to provide a realistic story about autism that school children can relate to, with the goal of spreading awareness and acceptance toward individuals with ASD.

The doorbell rings and three friends — Linda, Sue and Bella — arrive for a night of movies and popcorn at Kylie and Jenna's sleep-over party, all of them excited to kick off their April vacation. After greeting each other with hugs and giggles, Linda watches as Chase — Kylie and Jenna's brother — fidgets with his hands, shaking them back and forth. Chase is also having trouble making eye contact with everyone, making Linda ask, "What's wrong with your brother?" Kylie stops in her tracks. "There's nothing wrong with my brother," she says defensively, "he's perfect!"



For the rest of the fun-filled night, Linda, Sue and Bella are invited behind the curtain to get a look into the world of autism. With the help of Kylie and Jenna's parents, they quickly learn that Chase is more similar to them than he is different and — to their surprise — that he's able to teach them the invaluable lessons of true friendship, empathy and unconditional love.

Steven Manchester is the author of four #1 national bestsellers: *Twelve Months*, *The Rockin' Chair*, *Pressed Pennies* and *Gooseberry Island*. His long-anticipated, critically-acclaimed novel, *The Changing Season*, has just been released. Steve is also the author of the award-winning novel, *Goodnight, Brian*. His work has appeared on NBC's Today Show, CBS's The Early Show, CNN's American Morning and BET's Nightly News. Three of Steven's short stories were selected "101 Best" for the Chicken Soup for the Soul series and he is the produced playwright of *Three Shoeboxes*. When not spending time with his beautiful wife, Paula, or their four children, this Massachusetts author is promoting his works or writing.

Book Links:

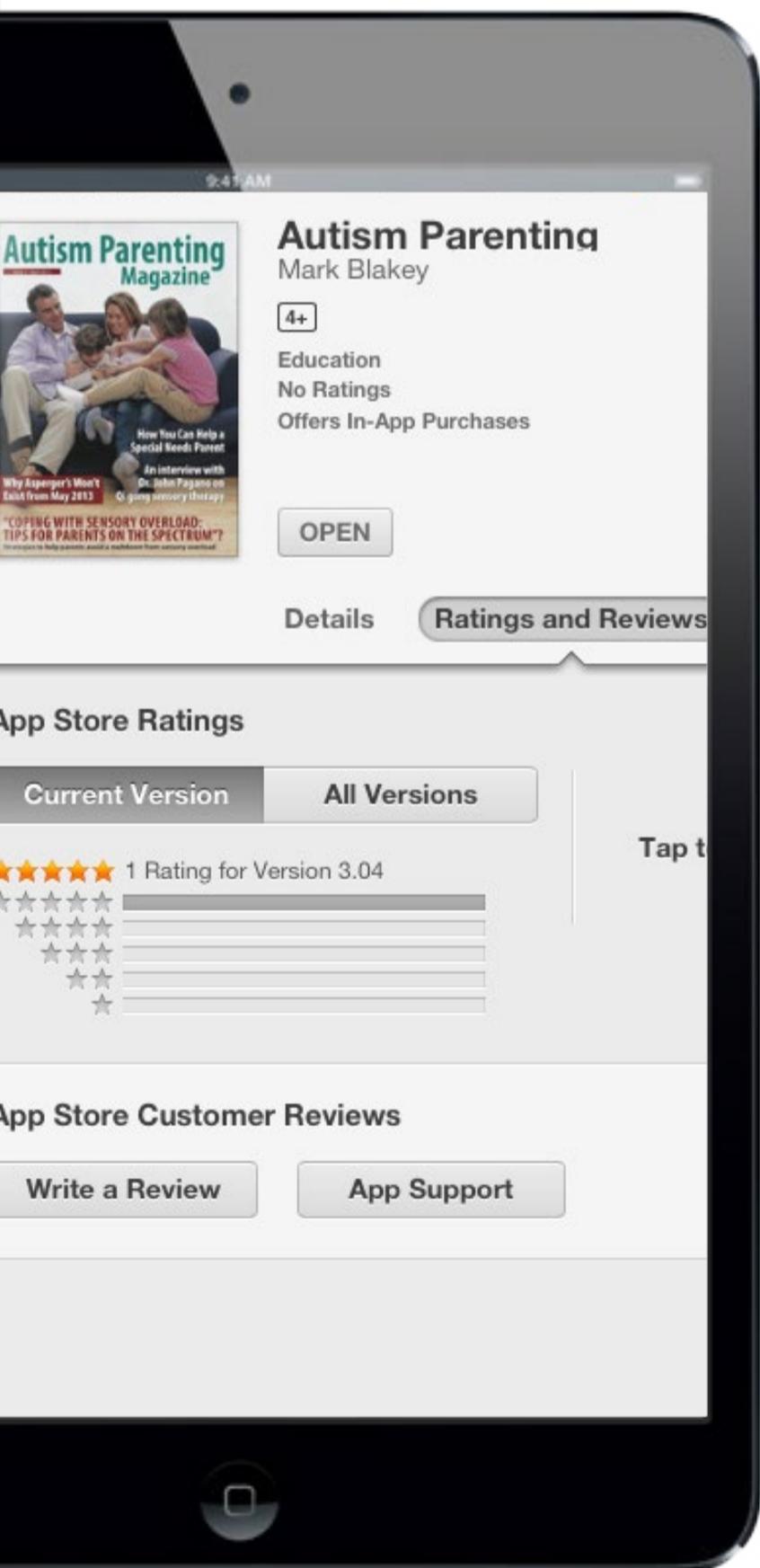
www.PerfectChase.com

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How One Restaurateur Makes Eating Out Autism-Friendly

By Fred BROMWICH

Restaurant owner Andrew Iredale could hardly be described as a zealous revolutionary. He certainly doesn't look like one. But he has introduced a radical shake-up in the way that his eatery welcomes autism-affected families—one in which campaigners hope other restaurateurs will now follow suit.



As the father of Josh, an eight-year-old boy with autism, Andrew knows full well that for parents who have children with learning difficulties, going out for a meal can often turn out to be stressful and embarrassing.

“Going out to a restaurant should be an enjoyable experience,” said Andrew, who runs Seasons Restaurant in downtown Leamington Spa, an English tourist town with a population of 58,000, which is located in Shakespeare’s County of Warwickshire. “And I

mean enjoyable for everyone—there should be no exceptions.”

That’s why Andrew, who co-owns the restaurant with his mother, Pamela, has introduced special “quality time” dining for those with learning difficulties so they can appreciate the pleasure of eating out in a safe environment.

“Many families who have children with learning difficulties such as autism are put off from dining out



because of the ‘strange looks’ that are given to them by other customers. And it is a fact that some diners are disturbed when they see youngsters having outbursts or simply refusing to sit still.

“There’s no doubt that raising an autistic child is a challenge. It’s not helped when people mistake such behavior as being that of someone who appears just to be very naughty—and it’s not easy for parents to ignore the stares and comments of others when ‘all eyes are on them.’

“Admittedly, most people are more understanding and tolerant if the situation is explained to them, but an uncomfortable feeling can still remain,” said Andrew.

“However, we believe there is no reason why families with learning difficulties should be excluded from such an enjoyable social experience as dining out. That’s why, on the first and third Friday of the month, from 5pm until 7 o’clock, we now provide an ‘early meal option’ for just such families.”

Andrew, whose early career was crafted as a Captain’s Table Waiter (Caronia Grill) on the luxury liner QE2 and in seven years in managerial positions in hotels in London—latterly as Food and Beverage Manager at the London Bridge Hotel—added: “Cinemas and swimming baths already operate special sessions for

those with learning difficulties. So why not a restaurant as well?”

Certainly, Andrew’s innovative thinking has been warmly welcomed since he introduced, in June of this year, the special meal-time sessions for families with children with learning difficulties. The meals he creates embrace any special dietary requirements that the children require—though good old-fashioned jelly and ice cream is always a favorite!

He said, “We’ve had a very positive response so far and I would like to say it has been very rewarding to have received so many messages of encouragement and support.”

In fact, the reaction to his venture has been so encouraging that Andrew has already addressed a meeting of the Coventry Action for Autism Group and has been interviewed on two radio stations. And staff from local businesses have donated coloring books, crayons, toys, and activity packs to further enhance the enjoyment of a visit.

Supporting his venture, Liz Dresner, director of registered UK charity Resources for Autism, which provides practical services for both children and adults with autistic conditions, said, “It is wonderful that a restaurant can recognize the need for families with an autistic member to have somewhere they can be



Andrew Iredale pictured with his son Josh at Seasons Restaurant, Leamington Spa.

together, be welcomed, and relax. I wish Seasons' luck and hope others follow their lead."

And Birmingham-based BBC radio presenter Llewella Bailey, whose teenage son Ben has autism, said, "Normal social situations that most people take for granted, such as eating out, is a no-go area for families touched by autism. This in itself can make life with an autistic child seem, at times, a pretty joyless experience.

"I think Andrew has come up with a fantastic and well-thought out idea—if not a godsend to isolated parents. I just wish someone had thought of it when Ben was younger."

Pupils from Ridgeway School, a community special school situated in nearby Warwick, were among the initial wave of customers to take advantage of Andrew's "quality time dining experience" for people with autism—a service believed to be the first to be introduced in an English restaurant.

Head teacher Debra Hewitt said, "After their visit, some of the children were able to tell me that they had all had a fantastic time and enjoyed their meals. The class teacher spoke about how very friendly and helpful all of the staff were and how the restaurant was able to accommodate our children's very indi-

vidual needs, which allowed them to feel relaxed in this new environment."

Andrew said, "In the UK, it is believed that around 700,000 people have autism. Sadly, however, it is a condition that is still not understood or appreciated by much of the population.

"That's why I am particularly delighted to see that, in England, a decision has just been taken to ensure that for the first time, autism will now be part of the core learning for teachers as part of their initial training. Education is everything, so just think how much better school life could be for autism-affected children if their teachers really understood their condition and were properly trained to support their needs.

"Good news indeed — and a positive example of how a people's campaign, backed by parents, charities and Members of Parliament alike, can bring about positive change."

Fred Bromwich is a freelance journalist and former magazine editor based in Central England, whose nephew, Josh, was diagnosed with autism.

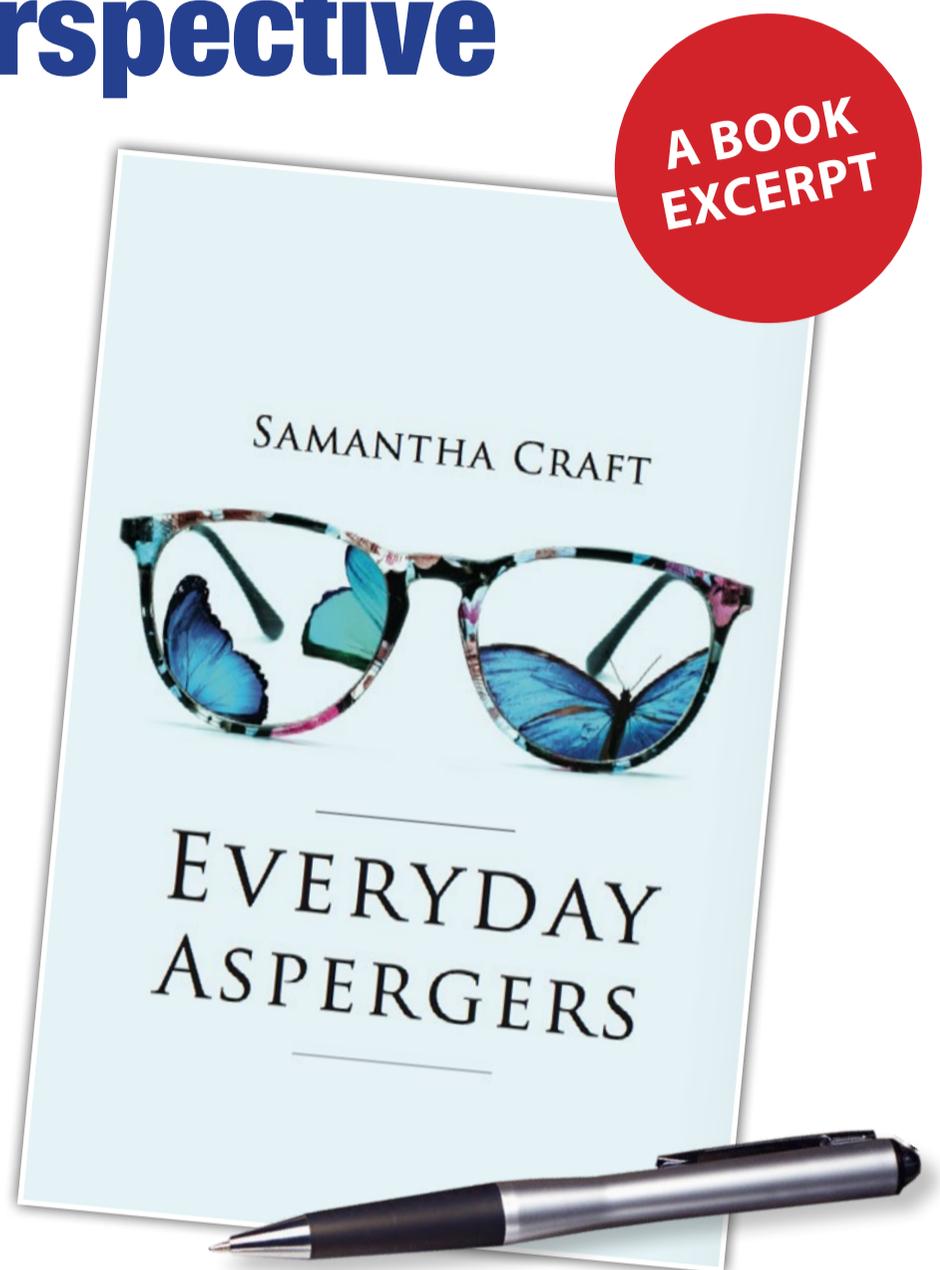
www.seasons-restaurant.co.uk

New Book Reveals a Unique Autism Perspective

By Samantha CRAFT

Author Samantha Craft first discovered she had Asperger's syndrome while working toward her degree in Mental Health Counseling. Craft, whose second oldest son had been diagnosed with Asperger's syndrome over a decade prior, was all too familiar with the subject of autism. She had studied, worried, and gone head-to-head with behavioral specialists and psychologists concerning her son's diagnosis. She had even secretly suspected herself of having Aspergers. Yet months following her own diagnosis, she still wasn't prepared.

Here is an excerpt from her new book, Everyday Aspergers:



A Beautiful Morning with a Beautiful Mind

My Aspie son and I have such deep and complex conversations that I swear he must be at least a thousand years old... This morning, we spoke about truth, and the idea that when one threatens another's truth by confrontation through disagreement or differing opinion, how the other naturally instinctually responds with a fight-or-flight nature. We opted for the agreement that this human response is based on human nature, on the idea of wanting to protect singular intelligence and mentality. I scaffolded upon the initial points, mentioning the concepts of limited and isolated perception based on the singular collection of reality from a limited scope of an individualized sensory input. He understood entirely. I elaborated that I don't hold a singular truth, as my truths vary vastly compared to how I interpreted my world five years prior, and that I am continually changing. He concurred and expressed that I had made sense. Of course, most of this discussion was a dissertation on my son's part. His theories of human communication and outcomes are right up there with the geniuses of our time.

I suppose I have taught him some by example, and he has sought out his own form of awareness and truth through observation of others and the intake of literature and films; however, the intricate ways in which he pieces the found knowledge into linear, detailed outcomes and conclusions is awe-inspiring. If ever an old soul exists, I see this as my son.

When I offer a gentle reminder to him (at any time and in any genre of conversation) to please remember to keep in mind that he views the world a bit differently than others and that he and I have complex ways of interpreting events, he responds ever so humbly, consistently reminding me that he does not enjoy the comfort of setting himself above or beyond anyone else, and that all can see and comprehend as he does, but perhaps they do not understand what they are doing or in some way do not observe the connections.

He is insistent that his way is no better and that he is not superior by any means; to sit with the idea of being special is a great discomfort to him. And though my son may appear aloof, argumentative, and at the edge of his seat ready to engage in debate, he is a wise sage at heart, insistent upon remaining humble.

I am continually fascinated by his mind. He grows in spurts that are “unnaturally” fast, comprehending and taking in and retaining more than any student I have ever witnessed. He reworks ideas in his mind to match his view of reality, a view that is extremely open-minded whilst being seemingly narrow-minded. I mean to say that, to the typical observer, he comes across as strongly opinionated and limited in his viewpoints, but given the time for careful analysis, he is actually extremely open to reasonable and logical ideas that don’t initially resonate as truth with him. And, in fact, he will easily dislodge a chosen truth for a new truth after taking in what another has shared. The barrier that exists between him and his peers (and some adults) appears to be that exact fight-or-flight mentality my son was theorizing upon. He speaks, and if another interprets him as threatening to any degree, then the other shuts my son down or out, no longer hearing what he is stating and instead closing off possible connection.

We were weaving out of conversation this morning, and I found myself going down an interesting course. I had started a sentence several times, never truly completing the string of words, as my son was interjecting (albeit while apologizing for doing so) with his rapid-fire thoughts and connections. I enjoy the way he is ignited with ideas and take no offense to his interruptions. I see a lot of myself in him, and him in me.

I was trying to explain something to my son. At first, I thought I was clear on my idea, but something inside of me self-corrected in the middle of my thought process. I was speaking aloud. I had thought of the isolating factor of Aspergers, how we are so often misunderstood and ostracized. And, on hearing my son talk so freely and blatantly, I imagined how this exact discourse might bring him further out of his collective circle of peers. I began to speak from fear, but didn’t recognize what I was doing until most of the words were out of my mouth.

“As you get older, son, I think it would be beneficial if you monitored some of what . . .”

The words came through at last as one cohesive thread, and with that outpour, I had time to recollect what I had shared. I immediately backtracked.

“You know what? I have changed my mind,” I shared. “I was originally thinking that you should be more careful around people who don’t accept you unconditionally, so that you don’t live an isolated life. But I disagree with this. I think you should be exactly you, and that people will love you for you.”

We sidetracked for a bit to explore the concept of unconditional love. He didn’t understand the idea of choosing not to have someone in your life but choosing to still love them unconditionally, e.g., to hold them in love and light, to pray or keep them in thought, to hold no ill will or resentment toward the individual and wish the person the very best.

He seemed to be taking in a lot more than I was saying.

My son looked at me and gave me a sheepishly wise grin. I knew that he knew. And we continued onward, back to the previous conversation.

I stated, “I mean, I tried the other way for years. To pretend and hold back myself, and I was miserable. Why would I want that for you? I just want you to be free to be you, and others to appreciate you for who you are.”

He answered. “I know. I thought you might change your mind, once you said it. You realized you were contradicting yourself before you were finished. That is clear. I understand.”

I smiled, still in disbelief at the level of this young man’s ability to comprehend others’ thought processes. I added, “I guess I just wish as you grow older that you can focus on being less injurious, if that makes sense. What I mean is there is a difference between choosing to say something that you are highly certain will hurt someone’s feelings, and saying something that unintentionally hurts someone. If you are injurious, it will be harder to maintain friends. Does that make sense?”

“Yes,” he said. “And I already do that, Mom. Don’t worry. I understand.”

We talked further about the complexities of human communication and the limitations based on others’ interpretations and emotional responses. As we approached the school, he looked at me and responded, “Thank you for such intriguing conversation.” He nodded, sounding much like the little professor I have grown to adore in astonishing amounts. “It was quite a good conversation.”

I half expected him to add “indeed” to the end of his last statement.

His voice was monotone, without hints of rejoice; he made no eye contact, and he mostly huffed away as I said, “Enjoy your day, sweetie pie.” But I knew how he felt. We’d connected at an intellectual level without judgment, without expectation, and with equally open minds and acceptance. It was another freeing moment, the way in which the two of us communicate, this unabashed arena in which anything said is OK and doesn’t affect the other’s equilibrium or sense of self or worth.

It was a beautiful morning, indeed.



[@aspergersgirls](https://twitter.com/aspergersgirls) (twitter)
myspectrumsuite.com
everydayaspergers.com

*As a writer and artist with autism, Samantha Craft is best known for her prolific writings found in her well-received [blog](#) and [book](#), *Everyday Aspergers*. A former school-teacher with a Master’s Degree in Education (special emphasis on adult education and curriculum development), Sam has been published in peer reviewed journals, been featured in autism literature, and has completed several graduate-level courses in the field of counseling.*

Some of her works, especially [The Ten Traits](#), have been translated into multiple languages. A natural entrepreneur, in her lifetime Sam has established and developed

a pre-Kindergarten program, a counseling business, and a homeschool curriculum site. Recently, she founded Spectrum Suite, LLC, dedicated to the celebration of neurodiversity through the arts. Always attracted to a life of service, Sam has served as a volunteer tutor, a spiritual counselor, an advocate for children with special needs, and a voice for Aspergerian females. Since 2012, she has had the opportunity to converse with thousands of individuals touched by autism across the globe. A mother of three teenage boys (her second oldest son is on the autism spectrum), Sam lives in Western Washington where she enjoys writing, painting, the arts, movies, her work as a community manager (for a technology company that employs neurodiverse individuals), and spending time with loved ones.

For additional information: <http://www.myspectrumsuite.com/books-2/>

Hot Off the Press!

Special Needs Book Partnership Promotes Kindness and Acceptance Initiative

Geek Club Books, Inc., an autism nonprofit, and Someone Special Uniquely Personalized Books announced their “Kindness and Awareness” initiative to help educate children about other children with special needs.

Geek Club Books creates autism awareness education and curriculum so parents and teachers can introduce important topics of autism in the inclusive classroom. Someone Special Books allows the parent or educator to further personalize the message of acceptance through its customizable picture books. Working in collaboration, the two organizations help children develop the compassion and understanding for their peers with special needs.

“Jodi Murphy and I are special needs moms,” said Heather McCarthy, co-founder of Someone Special Books. “While my children carry the diagnosis of Proun Acidemia, her son has autism. We both know that these are simply diagnoses and they do not define our children.”

“We have a common mission and dream for our children,” said Jodi Murphy, founder of Geek Club Books. “We want a kinder, more accepting world that looks deeper than a diagnosis. Heather, her co-founder Kate Ryan, and I are providing the tools for special needs families to make that happen.”

“We are excited to partner with Geek Club Books,” said Kate Ryan. “Together, we are raising awareness, spreading acceptance and helping the fight against bullies.”

To support Geek Club Books and Someone Special Books kindness and awareness mission, go to <http://bit.ly/someone-special-books>

About Geek Club Books:

Founded by Jodi Murphy in 2014, Geek Club Books is a 501c3 autism charity with an autism education and empowerment mission. They produce interactive children’s story apps, enhanced e-books, curriculum, digital media, and webisodes to change perceptions and end stigmas surrounding autism. The nonprofit partners with clinical advisors and educational specialists. A team of adults with autism collaborate and contribute their talents to everything the organization produces.

<http://geekclubbooks.com/>

About Someone Special Uniquely Personalized Books:

Someone Special Uniquely Personalized Books was created by Heather McCarthy and Kate Ryan in order to help children understand their peers with special needs. Their mission is to spread the message of kindness and acceptance through personalized picture books. Each customized book focuses first on the child’s hobbies and interests, and the second half focuses on the child’s disability, condition, or syndrome. Children learn that children with special needs are more like them than they are different.

<http://someonespecialbooks.com/>

Q&A

Reach Out

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

HELP: How Can I Best Support My Child with Autism During a Divorce?

By Angelina M., MS, BCBA, LMFT

Q

My husband and I are going through a divorce. Do you have any advice on how we can help our son with autism understand what's going on and adjust to all the changes?

— Christina

A

Hi Christina,

Man! As if divorce wasn't challenging enough, throw in there that you have a special needs child! As we know with children on the spectrum, change is often very difficult. And with divorce comes so many changes! New home, new schedule seeing each parent, new holiday traditions, new household routines... so much "new." Here are some recommendations to help facilitate the change:

1. **Priming.** This refers to preparing your son for what lies ahead. This can be grand-scheme and day-to-day. For ex-

ample: tell him if/when you or your husband will be moving out. Tell your son whose house he will be at which days. Letting him know ahead of time about what to expect will help soften these major transitions that are about to occur.

2. **Social Stories.** Once some of the finer details have been ironed out between you and your husband, you can write a story letting your son know what things will be like. For example: *On Mondays I will go to Daddy's new house. His house is fun. We play Jenga at his house. On Tuesdays and Wednesdays, I will go to Mommy's house. Mommy's house*

is fun too! We watch Mickey Mouse at her house. Use pictures of the homes and of family members. You can even create social stories down the line when special occasions come up, such as the first separated Christmas. Here are a couple of examples that you can purchase online: <https://www.amazon.com/Divorce-Social-Story-Happens-Parents/dp/B01FL00XLO>
<https://play.google.com/store/apps/details?id=com.TouchAutism.DivorceStory>

3. **Visual Schedules/Calendar.** Use a calendar or some other type of schedule to show him which days he will see which parent. Make it fun with real pictures. Here are some examples:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
						

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
						
						
						
						

4. **Doubles.** For many kids on the spectrum, they are very attached to routine and familiarity. While it is not the most cost-effective strategy, I recommend getting him duplicates of any items you can so that he can have the same things at both homes. This will help him feel safe and comfortable in the new environment. Having the same items at both homes also helps reduce the risk of forgetting an item at one house. Take inventory of what items your son is particular about and see if you can buy a double. For example: if he has favorite pajamas, buy a second set to keep at the other house. Or if he only drinks from his favorite cup, get one for the other house. This strategy is not something I would recommend for all parents going through a divorce, but for couples with a special need's child, it's important to accommodate where you can to help make the transition easier.

5. **Highlight the positives!** This should go without saying, but do not badmouth your ex-spouse in front of your child. Don't let your adult issues interfere with your son's relationships with each of his parents. Remind him how much each of you loves him, and even take the opportunity to praise the other parent. This can be something as small as "Daddy took you to play baseball? Wow, that was a great idea daddy had!" While your son may not appear to be listening to everything you say, I assure you he is still picking up on your tone, attitude, and emotional affect. So it's important to reflect that you approve of his love for his dad.

I hope these ideas help bring some peace to what I'm sure is a very painful and stressful situation. Wishing you the best along this difficult journey.



Angelina M. works as a Board Certified Behavior Analyst, specializing in assessing and treating children and adolescents with autism, down-syndrome, and other developmental delays. She began her career in Applied Behavior Analysis in 2006, following her youngest brother's autism diagnosis, and has since worked with dozens of children and families. She also writes a blog about her experiences as both a professional and a big sister. Her brother, Dylan, remains her most powerful inspiration for helping others who face similar challenges.

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

4

SIMPLE STEPS

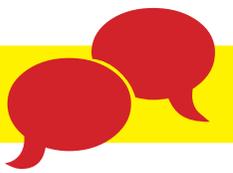
to Help Your Child PREP for Social Success

By Jamie E. CARTER, Ph.D.
and Ahna I. O'SHAUGHNESSY, M.A.



We have been working with families of children with autism for many years. A common concern among parents is their child's difficulty with social interaction. This leads to problems at home, school, and in the community. We saw a need for an easy-to-remem-

ber method parents could use to help their children improve social functioning. We found that several available methods asked parents to purchase special materials or use specific jargon, which was sometimes quite complicated. Because you have enough on your plate we developed the PREP program. *PREP for Social Success: A Guide for Parents of Children with*



Autism is a quick and easy-to-read book you can use to teach your child the skills needed to function in various settings.

As with many other behaviors, teaching your child a new skill requires breaking it into small, manageable parts. In this article, we want to share an example with you of how you can begin teaching your child how to make friends. With a new school year and Fall activities beginning, you may want to consider starting with one small component of a specific social skill so that you and your child can experience the success of mastering it.

This month in Social Skills Corner, we begin with a brief example of a child who has a long history of problems with social interaction, followed by an explanation of the PREP program and how it can be easily applied to this example:

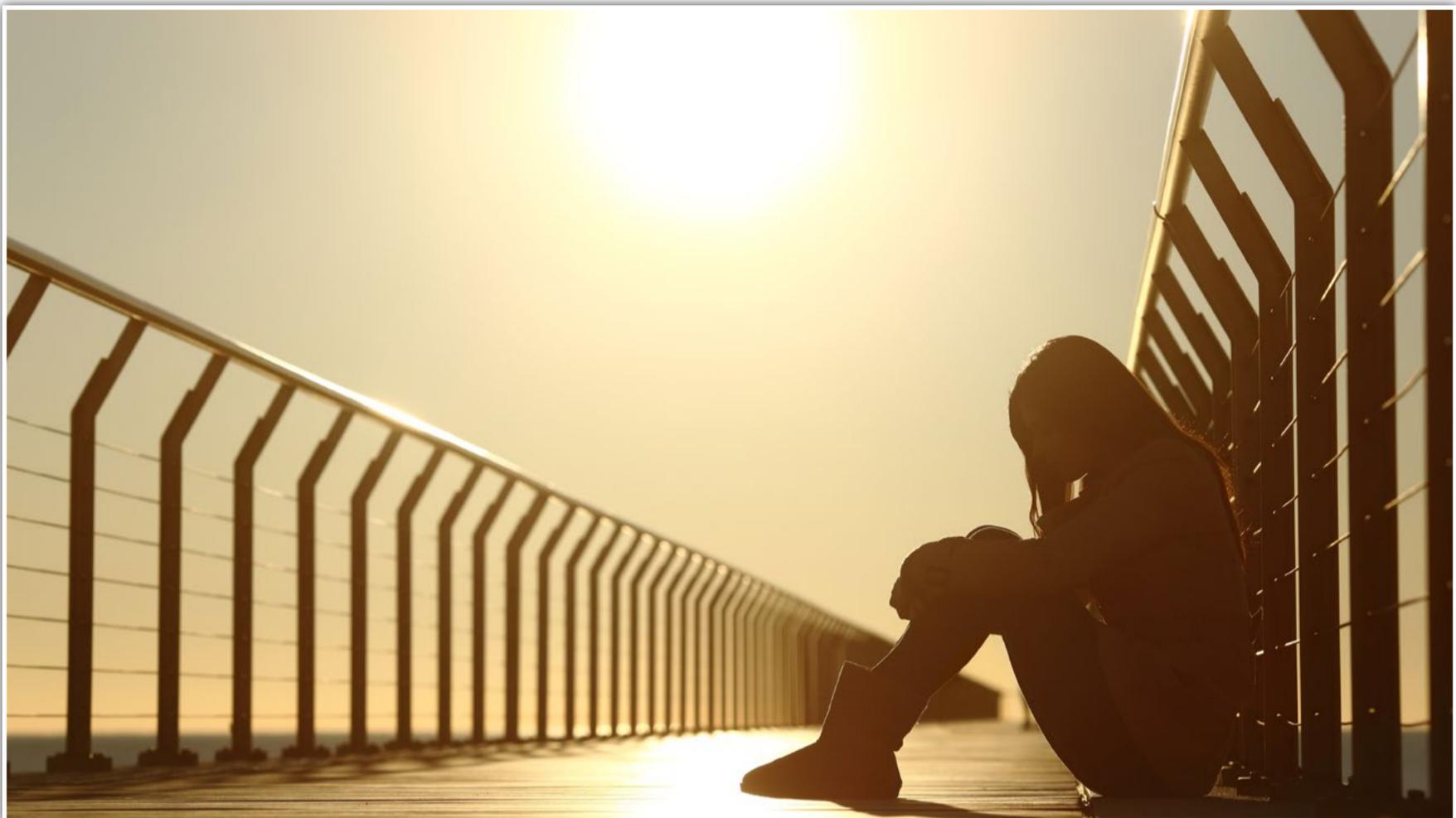
Julia is in middle school. She has a mix of regular education and special education classes. Julia does not like attending the special education classes and describes the classes as beneath her. She likes the regular education classes because she is with the “cool” kids. She wants to be part of their group, but none of them pay much attention to her. She does not understand why they do not include her. Julia concludes the best way to have them like her is to be funny. Before class starts, she tells a joke, laughs aloud, and looks at her peers. She does not understand why they are not laughing with her. When the teacher asks the class to take out their books, she purposely drops her on the floor. When this fails to get a desired response, she makes a funny face when the teacher talks to the class. At this point the teacher asks her to leave the class because she is too disruptive. Julia leaves, but does not fully understand why. In the next class she asks one of her classmates why she didn’t laugh with her. The classmate gives her a funny look and tells her it’s because she’s weird. Julia is crushed.

The PREP program involves four easy to remember steps: PLAN, REHEARSE, ENCOURAGE, and PRAISE. We will give you a brief description of each one and an example of how these could be used to help Julia make friends at school.

1. PLAN. In other words, ask yourself, “What’s coming up?” and “What do I need to do to plan for my child’s success?” In this situation, Julia’s mother thinks about how to help her make friends. She asks Julia what she has been doing to make friends and discovers that Julia has tried to be funny. She realizes that Julia needs to learn some other ways to interact with and get attention from her classmates. She talks to Julia for a few weeks about the students in her classes. She does this to learn their names and why Julia likes them. By planning for the situation or event, you will feel more in control of the situation and will be able to prevent some problems that may arise.

2. REHEARSE. This is an opportunity for you and your child to practice skills she may need in the upcoming setting. Now that Julia’s mother knows the names of some of her peers, she tells Julia she is going to teach her some “key” phrases to initiate conversation with her peers by rehearsing. Some of the phrases may include “Hi Maria, how was your weekend?” or “Hi Justin, what are you doing tonight?” In addition to teaching her to ask questions, she rehearses how Julia can approach her peers by role-playing. They also role-play how Julia should react if a peer does not talk to her.

3. ENCOURAGE. You want to give your child encouragement and an expectation of success. This can include reminding your child of success she had in a similar situation. You will also want to provide her with encouragement just before the situation or event. In this case, Julia’s mother, prior to her leaving for school, encourages her to go up to one peer and ask her a question. She reminds her to “stick to the script” and try not to get too discouraged if the peer does not answer back. She tells her if the peer does not answer her to go to Plan B and say to herself, “Oh well, I’ll talk to someone else.” This will help to give Julia the confidence she needs to implement what they have rehearsed.



4. PRAISE. The final step of PREP is to praise your child for using her new skill. We often take this step for granted because we are so relieved the child has used the skill and a good, positive outcome occurred. Letting your child know what she did correctly goes a long way in building self-assurance and the probability of that skill occurring again. So when Julia comes home, her mother asks if she asked a peer a question. When Julia replies that she did, her mother gives her a high-five.

In this example, learning appropriate questions to ask in order to get attention and interaction from her peers is a first step to making friends. After Julia has learned this skill, her mother can further refine it by working on other components of making friends.

The PREP program can be used in a variety of settings (e.g., home, school, sports teams, vacations) and for various ages. In our book, we give you a more in-depth description and further examples of ways to PLAN, REHEARSE, ENCOURAGE, and PRAISE. There are a number of techniques you can use for each of these four steps. We also believe that learning to identify and manage emotions is an important part of social skills and devote a chapter in our book

to that topic. Our book ends with a chapter that addresses ways in which you and your family can deal with the stress you may be experiencing as a parent of a child with autism.



Dr. Jamie E. Carter is a clinical psychologist. Ahna I. O'Shaughnessy is a psychology associate. They are co-authors of [PREP for Social Success: A Guide for Parents of Children with Autism](#). It is a social skills manual that provides an easy-to-follow, four step program to help your child improve social functioning and emotion management. It is available exclusively through Amazon Kindle at <http://www.amazon.com/gp/product/B00WQANRI4> and can be downloaded to a Kindle device, a tablet, or a computer.



You can follow them on Twitter [@Prep4SocSuccess](#) and on Facebook at <https://www.facebook.com/PREPforSocialSuccess>.

How to Help Reduce **CHALLENGES** For Kids With Autism WHEN SEASONS CHANGE

By Sarah KUPFERSCHMIDT, MA, BCBA

Wherever you are on the globe, seasons come and go, and when they do, these changes can be very stressful for some children with autism. Whether it is hotter or cooler temperatures, there are usually differences in what your child will wear depending on the season.

It's usually best to prepare a child with autism for some of these changes (e.g., from short sleeves to long sleeves, from no hat to a hat every day in the cold weather, or from not having to wear sunscreen to having to wear it almost every day). Here are some tips on how to prepare your child for wearing things to which he/she may not be inclined, but would potentially allow for more comfort or increased protection from the elements:

Tip #1: Ask Yourself, "Is It Really Necessary?"

If this is a challenge for your child, then you want to make sure that what you are asking of them is really something that needs to be a priority at the time. For example, one child I worked with had a really hard time wearing a hat or a helmet. For obvious reasons, helmets are absolutely necessary when children are riding a bike or a horse. So, if it was important to him and his family that he do those physical activities, the first step toward accomplishing that included him being able to wear the safety gear. Because I live in Canada, it is also important in the winter that hats are worn to protect from the extreme cold that is sometimes re-





sponsible for frostbitten ears. However, a hat in other climates is not necessary in most instances. It is always good practice to step back for a minute and consider if the behavior we are trying to teach is actually going to improve his/her quality of life now or in the future. If it will, then figuring out where and how to start is the next step in that process. Otherwise, you might want to “shelve” it for another time or reconsider it altogether.

Tip #2: Can I Make Accommodations?

When it comes to the changes in our attire that go along with different seasons, there may be some ways to make it less of a challenge for your child. For example, if he/she is used to wearing long sleeves and the new season is super hot or humid, instead of working on getting them to wear short sleeves or no sleeves, perhaps you could substitute the long sleeves with lightweight long sleeves. Is it going to hurt them to wear long sleeves if they remain relatively cool? Probably not. Thinking of ways to make it less of a burden for them is always a good idea.

Tip #3: Start With Small Expectations

No matter where you start, it is going to be a big deal for them, as well as challenging. This is why it is so important to make the challenge as small as possible. We wouldn't want to overwhelm him/her with an expectation that is too high. This way, you can build on the little successes along the way and hopefully empower the child with a skill that will improve his/her quality of life. Start with the smallest of expectations that are easily tolerable and gradually increase the difficulty. For example, for one child I worked with, we began simply by having him tolerate a hat in his presence. He did not have to touch it or put it on at first; we let it be on the table beside him for a few minutes at a time. For some kids, it might just be for seconds at a time. Once he could tolerate it on the table, then he might touch it once for a second. Then he would pick it up, and we gradually increased the expectation from there. Eventually he was putting it on his head and keeping it on for longer and longer periods of time.

Tip #4: Reinforce Small Successes

As your child learns to tolerate the ever-increasing challenge of wearing something that might not have been chosen in the past, it is really important to provide reinforcement that is meaningful to him/her. This means noticing the good stuff, whether it be that the child accepted the hat on the table in front of them, or he/she actually put it on. Make sure they are praised, and as the expectation becomes more and more challenging, that there is a reinforcer that makes it worthwhile. Over time, the reinforcer will no longer be required and should be systematically faded out, but know that it is critical early on to get the new behavior strengthened in his/her repertoire.

Tip #5: Consider Individual Differences and Monitor How It Is Going

Tracking how your child is doing is critical to the success of any program or behavior you are trying to teach. Make sure that you are increasing the expectation based on his/her own history of practicing the skill and that you start where it makes sense for them. Don't increase the expectation if the child is really struggling. The only way to know when it is OK to increase the expectation is by tracking his/her own progress. Other individual differences to consider include the type and amount of reinforcer that you will use each time he/she is successful. Have you ever heard of the expression, "One person's trash is another person's treasure?" Well, to me it illustrates the concept very well: essentially, one person will learn new skills for certain things that would not work at all for another. For example, I am working with

a five-year-old right now who is not interested in candy whatsoever. A different child would do almost anything to get it. Knowing what those motivators are is really important. In some cases, it will depend on what you are trying to teach as well. For example, one child I work with will do a lot in session for a sticker. However, when we tried to use them to teach a safety skill, it was not effective. We had to make it worthwhile and then he was able to learn the more challenging skill that much more quickly.

Changes in the seasons or weather come with some changes in our attire. Sometimes those changes are difficult for children with autism to bear. Every child is unique, but if your child fits that bill, then the tips above are a good place to start in helping them cope.



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



Can I Open an ABLE Account for My Son Now?

By Ryan F. PLATT, MBA, ChFC, ChSNC

Ben asks: "I would like to open an ABLE account for my son (who just got a job and has been accumulating money that is getting close to the \$2,000 asset limit) before his benefits are suspended. Can I still open one if my state does not have one yet?"

Ben, you ask a very good question. It is a question we have been fielding from many families. In the original ABLE legislation that was passed in December 2014, you were only allowed to open an ABLE account in the state of your residence; however, at the end of 2015, the legislation was adjusted to allow individuals to use ABLE accounts from any state regardless of your state of residence. This means the short answer to your question is **YES!!**

As of August 2016, there are four states who have active ABLE accounts. The four states are Ohio, Nebraska, Tennessee, and Florida. Florida is the only state [of these four] that does not allow non-Florida residents to access their states ABLE account. This means your son has three state ABLE account plans to choose from as he, and you, decide which plan best suits his needs.

The ABLE accounts that are currently available have commonalities as well as differences. For instance, all three have investments for you to choose, which are all fairly low-cost. Tennessee's plan allows you a bit more customization on your investments, while Nebraska and Ohio have prepared portfolio models. We discovered that all of them are moving toward having check-writing capabilities and a debit card system. The websites for all three states are easy to navigate and it is fairly simple to set up an account as you walk through the online prompts.

It is exciting to know that individuals like your son now have another savings option to choose from and no longer have to live with the constant worry of exceeding the \$2,000 asset limit (as long as an ABLE Account is opened and they transfer money into those accounts before their other accounts add up to \$2,000 or more).

Please feel free to visit the resource page of our website for a downloadable PDF document on the available ABLE accounts, <http://www.aspecialneedsplan.com/resources>.

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

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By Elouise ROBINSON,
Autism Food Club



Overnight Oats: A Healthy Start to the Day

Overnight Oats is a handy breakfast that can be prepared ahead of time so it's ready to go in the morning. If it is put in a portable container, it be eaten on the go. The oats and liquid work in a 1:1 ratio so you can adjust to suit appetite needs in the morning.

INGREDIENTS

- ½ cup rolled oats
- ½ cup liquid such as nut milk, water, soya yogurt

TOPPING IDEAS

- **Blueberry and Pecan**
 - ½ cup blueberries
 - ¼ cup pecan roughly chopped
 - ¼ teaspoon vanilla extract
 - ¼ teaspoon cinnamon
 - 1 teaspoon honey (or to taste)
 - 1 tablespoon ground flaxseeds (optional)
- **Chocolate and Peanut Butter**
 - 1/2 tablespoon peanut butter
 - 1 tablespoon cocoa power or cacao
 - 1 teaspoon honey (or to taste)

- **Raspberry and Almond**

- ½ cup raspberries
- ¼ cup flaked almonds (toasted if wished)
- ¼ teaspoon vanilla extract
- ¼ teaspoon cinnamon
- 1 teaspoon honey (or to taste)
- 1 tablespoon ground flaxseeds (optional)

METHOD

Mix together and leave overnight or for at least 8 hours in a bowl or small portable container.

You can make up whatever flavor combination you wish; these are very flexible. Some ideas include cherry and coconut, grated apple, cinnamon and raisin, and banana and coconut.

Autism Parenting Magazine

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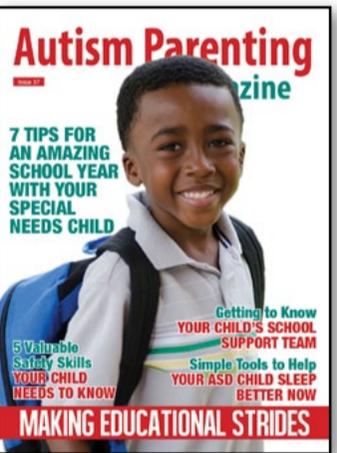
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