

## **Suggestions for Your Special Needs and Autistic Child's Intervention Plan**

As dedicated parents, families, teachers, and caretakers we can help children progress to their highest potential and conquer their special needs and autism deficits and difficulties. After a fourteen-year journey with my son, I am a parent who can declare such truth. I am honored and privileged to share a multitude of things I've done over the years to make life much easier and less frustrating for my son, Glenn. My son went from being a nonverbal child until almost seven years old to speaking at a podium in front of an audience representing his junior high school at a district conference with perfect speech, and has overcome nearly forty autism symptoms, characteristics, and behaviors he once endured. His journey is remarkable and encouraging to families seeking healing for their own children!

*After the diagnosis contact your local school district Special Education department and request a full evaluation for your child.* The evaluation includes formal and informal assessments. Normally testing will be assessed by a national certified school psychologist, social worker, educational diagnostician, communication disorders specialist, occupational specialist, school nurse, and an audiologist.

After a series of informal and formal assessments with the school district specialists, they will complete a summary report of the child's findings. *Assessments may vary, but you may want to request some of the assessments my son completed.*

The *Vineland Adaptive Behavior Scale* assessment gives indication of the adaptive behavior which represents typical performance rather than the ability of the child. This assessment has four specific domains; communication domain, daily living skills, socialization domain, and the motor skills domain.

The *Developmental Activities Screening Inventory (DASI)II* assesses developmental readiness and motor skills during informal play activity. The DASI-II is a nonverbal test which does not penalize children with auditory impairments or language disorders. It taps skills concerning fine motor coordination, cause-effect, associations, number concepts, size discrimination, memory spatial relationships, object function, and seriation.

The *Battelle Developmental Inventory* assesses cognitive skills utilizing pre-school curriculum standards.

A child's communication skills should be assessed. According to the Jan Norris (1999) *Situational-Discourse-Semantics (SDS) Model of Language: Observations of Functional Language Skills in Early Childhood*, a child approaching his third birthday should demonstrate a rapidly increasing vocabulary and use many three to five-word combinations as he describes his experiences and relates past events. He should be engaging in extended dialogue. Intelligibility should be near the 80% level and he should be able to make himself understood most of the time to casual listeners.

Fine motor skills should be assessed, and mention *testing specifically for dysgraphia* which is quite common among children with autism. Unfortunately, my son was not diagnosed with dysgraphia until ten years old by his pediatric neurologist after moving to Texas. There is a

possibility a child may need to be school age before dysgraphia can be accurately diagnosed if present.

Dysgraphia comes from the Greek words *dys* meaning “impaired” and *graphia* meaning “writing by hand.” In most cases, children with dysgraphia do not have legible handwriting. Their writing is very difficult to read and understand. They struggle keeping their words within lines on paper. *There is therapy for dysgraphia, and upon entering school, children can have access to assistive technology for writing.* Through the special education department in schools, a word processor of some sort can be provided for a child struggling with handwriting and fine motor skills. If handwriting is not legible, assistive technology is a wonderful tool a child can use to communicate written language. *Being nonverbal can also be a reason to use assistive technology in the classroom.* Being nonverbal and illustrating fine motor deficits, teachers could communicate with him, and understand his written work for academic learning. For a verbal child, there is also speech to text assistive technology available. This is an excellent way to produce written work for the verbal child who struggles with dysgraphia and/or fine motor skills needed for legible handwriting. This is free, and no cost to the parents. Assistive technology can continue to be used through the high school years if needed. The individualized evaluation plan (IEP) considers assistive technology as an accommodation.

The *Sensory Integration Inventory* assesses sensory processing. Sensory processing involves the brain’s ability to organize and make sense of different kinds of sensation entering the brain at the same time.

After review of the findings and information gathered, the school district special education assessment team will determine if a child meets the classification of Autism or another special needs classification.

*Upon the findings of a child’s special needs classification, the special education assessment team will normally recommend creating an Individualized Educational Plan (IEP) for the child.*

If the parent is interested in receiving therapy for their child from the school district who completed the evaluation, the individualized evaluation plan (IEP) will include such services for the child. *The school district normally offers free therapy to any child who has an individualized evaluation plan.* Parents of the child will be allowed to voice their concerns, needs, and desired outcomes for all goals written in the IEP. From that point on annual IEP meetings will occur involving members of the special education department staff, therapists, and the parents of the child to review and discuss if progress was made within the previous year.

I chose to have my son complete *a second full developmental evaluation with the local OCDD office. The Department of Health and Hospitals Office of Citizens with Developmental Disabilities (OCDD), may provide for you a small cash subsidy, and multiple medical care resources.* Their services are not limited to only therapists, but also respite care in the home, and other beneficial medical needs and services. This main office is normally located in the capital city of each state in the United States. I recommend calling the capital city of the state and asking to be contacted with the local office in your area if provided.

I contacted our state office for OCDD which had a satellite office in our city. They sent a licensed psychologist to our home for a psychological evaluation to be used in determining eligibility for OCDD services for my son. I did not know if there would ever be resources in the

future we may need, so I completed the necessary paperwork, and allowed the psychologist to evaluate Glenn. She was very thorough in her assessments, and wrote a lengthy report describing her findings. Her diagnosis of high severe to low moderate autism for Glenn was determined from a review of available records, diagnostic interview information, administration of the DSMIV-TR Checklist for Autistic Disorder, results of the Childhood Autism Rating Scale (CARS), and adaptive and intellectual assessments.

The psychologist offered many recommendations to begin daily with Glenn to increase his skills in the areas of self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living. Highlights of the recommendations are listed below. Glenn needed a consistent schedule for all daily activities (eating, bathing, dressing, sleeping, television, academic training). Inconsistency in his schedule would increase his agitation and hyperactivity. Preschool and therapeutic activities should be implemented in the home and then gradually moved to other settings when Glenn exhibits good control. Ignore nonthreatening behaviors. Correcting gives attention and prompts him to perform the behavior. Interrupt and redirect with minimal attention to problematic behavior. Identify unusual or upsetting events to disruptive behaviors (loud noises, large groups, loud conversations, schedule changes, unfamiliar places). Eliminate or plan around these activities. Gradually introduce him to new settings and people once he demonstrates control in a familiar setting. Introduce him to headphones with soft music or during preferred television shows. Consider noise reduction headphones and put headphones on when there is a large crowd or noise. Redirect him to relaxing activities (swinging, spinning or water toys, lava lamps, cartoon videos). Use a low voice and redirect Glenn when he is upset, and use relaxation techniques, a massage, or consistent use of a preferred activity (spinning toy, cartoon video). A list of preferred activities, foods, likes, and dislikes should be prepared and shared with all care providers (therapists, teachers, aides, respite workers, family).

*My next step was to review both evaluations carefully.* By having two evaluations along with two pediatric neurologists diagnosing Glenn with autism, there was going to be many hours in therapy and at home, working towards the goals of defeating autism.

*Reviewing the findings of evaluations are an excellent starting point for beginning your child's necessary therapies.* I began making a list of the various types of therapies suggested for autistic children, and what each different therapy was expected to improve for his condition. I decided on speech, occupational, sensory integration, hippotherapy, food aversion, and play therapies to begin Glenn's intervention program.

We did have good health insurance. I called my insurance carrier for therapy information, deductibles, and out of pocket expenses concerning therapy cost. The health insurance stated that all therapy needs for my son had to be in writing from his pediatrician and/or pediatric neurologist if they were to pay for therapy. Once the annual deductible was met, only a small percentage of the therapy cost would be out of pocket expenses for me. The health insurance provider should be able to tell you how many specific therapy visits are allowed annually that they will cover financially for each different therapy you may be interested in for your child. A family can estimate therapy costs for the year after speaking with their health insurance company.

*As a rule, I only hired experienced therapists who had previously worked with autistic children.* I am a mother on a mission, with no time to waste. Each day, each month, each year, is time I

can't get back. Successful intervention at an early age is very important. When I interviewed a therapist to hire for my son, I always requested references of other parents with autistic children who they had previously worked with. You will be amazed how many parents are in the same situation and want to help each other. If the therapist is cooperative about references, you can assume he/she is very experienced and truly desires to help the child. With confidentiality laws, I could not call other parents directly, but the therapists would have parents call me, and our phone calls were quite lengthy.

Some of the best reference information is the other parents sitting in the waiting room while your children are in therapy or with members of an autism parents support group. Speaking with other parents of autistic children is such a learning experience. We were like our own little family all reaching for the same goal, to help our children progress. We shared stories with laughter and sometimes tears. At the same time, you feel a connection with other people who are experiencing your emotions, concerns, hopes, and dreams.

*Therapy time is critical especially for children until the age of eight years old. Until the age of eight the major pathways of the brain are still developing, therefore, your fastest rate of therapy progression for child's developmental difficulties and deficits will be attained by the age of eight. After eight years old a child's progression will be attained at somewhat of a slower pace. Do not waste any time. If by chance after six months or so a parent realizes their child is not progressing well, you may want to consider changing therapists. There is no time to waste with your child during therapy. Find an effective therapist that your child is comfortable with and shows progression by developing, building, and strengthening their child developmental skills.*

Families interested in the maximum amount of therapy for their child may be interested in my *Autism Therapeutic & Academic Children's Program* which I originally created and wrote for my own son who is now healed completely of autism! For further information pertaining to my Autism program please view my author website tab entitled, Autism Therapeutic & Academic Children's Program.

*Remember, effort always equals results!* Your child's adult life of capabilities and functioning levels rest on your shoulders too. Please don't just rely on the therapist and the school system for your child to reach their highest potential and functioning levels. The more time your child can participate in therapeutic activities and families intertwine these skills into their child's daily life the further progression and attaining child development milestones you'll discover together!

I truly believe my own son conquered and won the battle of autism because of the countless number of hours I spent with him as a little boy continuously modeling, illustrating, and teaching him how to overcome his many skill difficulties and deficits. Effort equals results!