

Parent Guide For Autism Spectrum Disorders



Created by Members of the Psychological Services Department
P.O. Box 692003
Houston, Texas 77269-2003
Phone: 832-807-8180

Contributors:
Aaron Boyce, Ph.D.
Jamie Griffin, Ph.D.
KimHoang “TK” Nguyen, Ph.D.
Ronda Reyna, Ph.D.
Robin Schifano, Ph.D.
Meredith Takahashi, Ph.D.

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What is Autism?

Prepared by Ronda Reyna, Ph.D.

The process for diagnosing Autism Spectrum Disorders is not simple; unfortunately, no medical exam or laboratory test can establish who has Autism and who does not. The term “spectrum” refers to a wide range of symptoms, skills and levels of impairment or disability that children with Autism can have. Some children are mildly impaired by their symptoms, while others are severely disabled. The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) no longer includes Asperger’s Syndrome; the characteristics of Asperger’s syndrome are included within the broader category of ASD. Also, the DSM-5 does not use the taxonomy of Pervasive Developmental Disorders as the broad category to describe the constellation of symptoms or to include other subcategories of Autism, but rather, all manifestations of the disorder are presently referred to as Autism Spectrum Disorder (ASD).

To determine the presence of Autism, we rely on the judgment of clinicians who have experience, training and credentials to assess and diagnose the condition. The purpose of an Autism evaluation is rarely only to obtain or rule-out a diagnostic label. Generally, whether it ultimately yields a diagnosis or not, an Autism evaluation aims to provide information about the child's individual characteristics. For instance, it may describe the child’s main areas of strength and weakness, identify possible learning difficulties and portray the child’s overall level of social, behavioral, cognitive and adaptive functioning within a developmental context.

Causes

Scientists do not currently know the exact causes of Autism Spectrum Disorder, but research suggests that both genetic and environmental influences are involved.

Does the Diagnosis Really Matter?

For certain purposes (such as obtaining eligibility for early intervention services), the most important objective of an evaluation may not be to arrive at a precise diagnosis, but rather to identify the kinds of needs that are being evidenced by the child, which requires services. Essentially, a diagnosis is a label that helps communicate information very quickly. A diagnosis can help us “frame” the child’s needs, such that the range of services that the child requires may be directly identified (e.g. educational, speech/language, etc.). It is important to emphasize that a diagnosis only assists in determining the kinds of problems or issues that are *generally* associated with the diagnosis. It does not provide much information about the specific individual characteristics of the child. In effect, the range of characteristics and abilities presented by children with Autism Spectrum Disorder is known to be remarkably wide and to vary greatly from child to child, while the varying combination of symptoms that can be exhibited may range from mild to very severe. While each child with Autism manifests the condition in a distinct way, as a group, individuals with Autism generally share a need for intervention across several areas of social interaction, communication and/or behavior. The diagnosis for Autism effectively communicates the likely presence of those generalized needs, facilitating the delivery of (and sometimes providing access to) intervention services.

The labels used for school purposes can be different from the diagnostic labels used by health care professionals in clinical and private settings. These labels can vary from state to state and even within the same state. Often, for the purpose of obtaining services, the Autism label is used very broadly. In the case of our state, the Texas Education Agency (T.E.A.) mandates that the term *Autism* can be used to identify students who meet the diagnostic criteria within the Autism Spectrum.

Does an Educational Eligibility of Autism Lower Educational Standards or Expectations?

The Texas Education Agency (T.E.A.) urges parents to recognize that a disability condition is intended to assure specialized educational services for children who need such instruction and these services allow access an individualized program that helps students access the curriculum—not limit educational opportunities. When an Individual Education Program Committee (IEP) assigns a child a disability category, this is done to ensure that a student who is eligible to receive special education or related services is able to obtain these services. A student's disability category should not take away from his or her individual gifts or talents, lower expectations, or affect his or her placement in the general curriculum. In other words, far from lowering standards, the services provided through special education are put in place to *support* the student based on identified needs; the student is provided access to resources that he or she requires in order to make educational progress.

Once an Autism (AU) Eligibility is Assigned to a Student, is it Permanent?

For educational purposes, the eligibility label is maintained for as long as the student requires special education services. A re-evaluation/review and/or full evaluation may be conducted every three years to determine whether or not the student continues to require special education services. A child who continues to need these services will continue to receive such services unless an assessment reviewed by Individual Education Program committee determines services are no longer necessary.

References:

Volkmar, F.R. & Wiesner. L.A. (2009). A practical guide to Autism: What every parent, family member and teacher should know. New Jersey: Wiley

Community Report on Autism-2014-Community Report from the Autism and Developmental Disabilities Monitoring Network (ADDM)- retrieved May 21, 2015 from National Institute of Mental Health: <http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml>



Facts About Autism Spectrum Disorder

Prepared by Ronda Reyna, Ph.D.



Signs and Symptoms

People with Autism Spectrum Disorder (ASD) have difficulties with social, emotional and communication skills. They may repeat certain behaviors and might not want change in their daily activities. Many people with ASD also have different ways of learning, paying attention or reacting to things. Signs of ASD begin during early childhood and typically last throughout a person's life.

What is Autism?

- Autism is a bio-neurological developmental disability that generally appears before the age of 3.
- Autism impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function. Individuals with Autism have difficulties with verbal and non-verbal communication, social interactions, and leisure or play activities.
- Individuals with Autism often suffer from numerous co-occurring medical conditions which may include: allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration difficulties, sleeping disorders and more.
- Autism itself does not affect life expectancy; however, a lack of understanding of dangers in the community can pose certain risks due to accidents.
- Currently, there is no cure for Autism, but through early intervention and treatment of the diverse symptoms related to Autism can greatly improve an individual's functioning.

Early Signs and Symptoms:

Symptoms of Autism Spectrum Disorder (ASD) vary from one child to the next, but in general, they fall into two areas:

- Social Impairment, including difficulties with Social Communication
- Repetitive and Stereotyped Behaviors

Children with ASD do not follow typical patterns when developing social and communication skills. Parents are usually the first to notice unusual behaviors in their child. Often, certain behaviors become more noticeable when comparing children of the same age.

In some cases, babies with ASD may seem very different very early in their development. Even before their first birthday, some babies become more overly focused on certain objects, rarely make eye contact, and fail to engage in typical back-and-forth play and babbling with their parents. Other children may develop normally until the second or even the third year of life, but then start to lose interest in others or become silent, withdrawn or indifferent to social signals. Loss of reversal of normal development is called *regression* and occurs in some children with ASD.

Social Impairment:

Most children with ASD have trouble engaging in everyday social interactions. For example, some children with ASD may make little eye contact, tend to look and listen less to people in their environment, fail to respond to others, rarely seek to share enjoyment of toys or activities by pointing or showing things to others, and respond unusually when others show anger, distress or affection.

Likewise, others may find it hard to understand the body language of children with ASD. Their facial expressions, movements, and gestures are often vague or do not match what they are saying. Tone of voice may not reflect their actual feelings, either. Many older children with ASD speak with an unusual or odd tone of voice and may sound flat, robotic or in a “sing-song” manner.

Children with ASD also often have trouble understanding another person’s point of view. For example, by school age, most children understand that other people have different information, feelings and goals than they have. Children with ASD may lack this understanding, leaving them unable to predict or understand other people’s actions.

Communication Issues:

According to the American Academy of Pediatrics, developmental milestones by the first birthday include the ability to say one or two words, turn when they hear their name, and point when they want a toy. When offered something they do not want, toddlers tend to make it clear with words, gestures, or facial expressions that the answer is “no.”

For children with ASD, reaching such milestones may not be as straightforward as a typically developing child. For example, some children with ASD may:

- Fail or be slow to respond to their name or other verbal attempts to gain their attention.
- Fail or be slow to develop gestures, such as pointing and showing things to others.
- Coo and babble in the first year of life, but then stop doing so.
- Develop language at a delayed pace.
- Learn to communicate using pictures or their own “sign language.”
- Speak only in single word utterances or repeat certain phrases over and over, seeming unable to combine words into meaningful sentences.
- Repeat words or phrases that they hear, a condition called “echolalia.”
- Use words that seem odd, out of place, or have a special meaning known only to those familiar with the child’s way of communicating.

Children with ASD who have not yet developed meaningful gestures or language may simply scream or grab or otherwise act out until they are taught better ways to express their needs. As these children grow up, they can become aware of their difficulty in understanding others and in being understood. This awareness may cause them to become anxious or depressed.

Even children with Autism Spectrum Disorder who have relatively good language skills often have difficulties “back and forth” conversations. For example, because they find it difficult to

understand and react to social cues, some highly verbal children with ASD often talk about a favorite subject, but they won't allow anyone else a chance to respond or notice when others react indifferently.

Restricted, Repetitive Patterns of Behavior, Interests or Activities:

- Stereotyped or repetitive motor movements, use of objects or speech which may manifest in simple motor stereotypies, (e.g. lining up toys, flipping objects or flicking fingers, flapping upper extremities), echolalia and/or the use of idiosyncratic phrases of speech.
- Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g. extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take some route or eat same food every day).
- Highly restricted, fixated interests that are abnormal in intensity or focus.
- Hyper- or hypo-sensitivity to pain, temperature or other sensory experiences

Children with ASD also might:

- Not point at objects to show interest (for example, not point at an airplane flying over)
- Not look at objects when another person points at them
- Have trouble relating to others or not have an interest in other people at all
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Prefer not to be cuddled or might cuddle only when they want to
- Appear to be unaware when people talk to them, but respond to other sounds
- Be very interested in people, but not know how to talk, play or relate to them
- Repeat or echo words or phrases said to them or repeat words or phrases in place of normal language
- Have trouble expressing their needs using typical words or motions
- Not play "pretend" games (for example, not pretend to "feed" a doll)
- Repeat actions over and over again
- Have trouble adapting when a routine changes
- Have unusual reactions to the way things smell, taste, look, feel or sound
- Lose skills they once had (for example, stop saying words they were using)

Who is Affected?

Autism Spectrum Disorder (ASD) occurs in all racial, ethnic, and socioeconomic groups, but is five times more common among boys than among girls. The Centers for Disease Control (CDC) estimates that about 1 in 68 children has been identified with Autism.

Diagnosis

Diagnosing ASD can be difficult since there is no medical test, like a blood test, so doctors and clinicians look at the child's behavior and developmental process to make a diagnosis.

ASD can sometimes be detected at 18 months of age or younger. By age 2, a diagnosis by an experienced professional can be considered very reliable and interventions can be received by an Early Childhood Intervention agency. By age 3, a child is eligible for a free Full and Individual Evaluation for the determination of Autism from his or her local public school and can begin to receive educational services, such as speech and educational programming, if found eligible.

Social (Pragmatic) Communication Disorder

Along with changes in the DSM-5 is the inclusion of a condition called Social (Pragmatic) Communication Disorder. Children with this condition may have some difficulties similar to Autism Spectrum Disorder (ASD), but not meet full criteria for ASD. Children with Social (Pragmatic) Communication Disorder significantly struggle with pragmatics, the social use of language and communication. They tend to have difficulties with understanding and following social rules of communication in their daily interactions with others, such as changing their language to fit the audience and situation and following the rules for reciprocal conversations and storytelling. While children with ASD also displays difficulties with the social use of language and communication, children with Social (Pragmatic) Communication Disorder do not display restricted/repetitive patterns of behavior, interests, or activities in their developmental history.

Comorbidity with Attention-Deficit/Hyperactivity Disorder

Abnormalities of attention (e.g. overly focused or easily distracted) are common in individuals with Autism Spectrum Disorder, as is hyperactivity. A diagnosis of Attention-Deficit/Hyperactivity Disorder may be considered when attentional difficulties or hyperactivity exceeds what is typically seen in individuals of comparable age. Diagnostic assessment to determine if the number of characteristics are present to include a comorbid diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD). This is another diagnostic change from the Diagnostic and Statistical Manual-4th Edition to the current Diagnostic and Statistical Manual-5th Edition.

Living with Autism

After your child is diagnosed with Autism Spectrum Disorder (ASD), you may feel unprepared or unable to provide your child with necessary care and services. Know that there are many treatment options, social services, school services, and other resources that can help.

Some tips that help you and your child may be:

- Keep a record of conversations and meetings with health care providers and teachers. This will help you remember the different treatment options and decide which would help your child most.
- Keep a record of doctor's reports from your child's evaluation. This information may help your child qualify for special community programs.
- Contact your local health department or autism advocacy groups to learn about the special programs available in your state and local community.

Understanding Teens with ASD

The teen years can be a time of stress and confusion for any growing child, including teenagers with Autism Spectrum Disorder (ASD). During the adolescent years, persons become more aware of other people and relationships with them. While most teenagers are concerned with popularity, friends, grades, and dating, teens with ASD may become painfully aware that they are different from their peers. For some, this awareness may encourage them to learn new behaviors and try to improve their social skills. For others, hurt feelings and problems connecting with others may lead to depression, anxiety and other mental disorders. One way that some teens with ASD may express the tension and confusion that can occur during adolescence is through increased autistic or aggressive behavior, or conversely react by isolating themselves. Teens with ASD will need support to help them understand the physical and social changes they may experience during adolescence. If your teen seems to have trouble coping, talk with his or her doctor about possible co-occurring mental health conditions and what you can do. Behavioral therapies and medications often help.

Preparing for your Child's Transition to Adulthood:

Long before your child finishes school, you should search for the best programs and facilities for young adults with ASD. If you know other parents of adults with ASD, ask them about the services available in your community. Local support and advocacy groups may be able to help you find programs and services that your child is eligible to receive as an adult.

A child with Autism will need early plans for transition beginning around age 12, as many outside agencies may have long waiting lists. Your school will invite any community agencies affiliated with your child's care to your child's annual Individual Education Program (IEP) meeting, but in most cases, actual attendance is most likely to occur when parents are involved with communicating and/or contacting these agencies, as well. Transition is a process that should be addressed on a regular basis. The special education department at your child's enrolled school is also a good resource for navigating this process.

Another important part of the transition process is teaching youth with ASD to self-advocate. This means that they start to take on more responsibility for their education, employment, health care, and living arrangements. Adults with ASD and other disabilities must self-advocate for their rights under the Americans with Disabilities Act at work, in higher education, in the community, and elsewhere.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.



Visual Strategies

Prepared by Robin Schifano, Ph.D.



What is a visual strategy?

Visual strategies assist an individual with understanding the expectations of a situation or activity by providing someone with something that can be seen. Most people use visual strategies every day, such as road signs, shopping lists, schedules, and maps. Many individuals with Autism Spectrum Disorder often process information more effectively when it is presented visually. Visual supports can supplement weak receptive or expressive language skills by explaining social situations, providing choices, structuring activities or time, organizing space and materials, and assisting with transitions or changes.

It is better to introduce visual strategies gradually, such as introducing one technique at a time with the type of visual representation that is appropriate to that person's needs and current stage of development. The types of visual supports range from real objects, photographs, objects of reference, miniatures of real objects, color or line drawings, and written words. Every individual is unique and the required level of support varies so it is important to account for those individual differences when choosing interventions.

Examples of frequently used visual supports

- **First-Then Board-** A first-then board is a visual display of something positive that will occur after the completion of a task. It promotes following directions and encourages the completion of less preferred tasks.

First	Then
	
Read	Blocks

- **Visual Timer-** A visual timer is a visual reminder of how much time has passed for an activity or the amount of time remaining before a change. It promotes an understanding of the passage of time and the importance of pacing when addressing either rushing or working slowly behaviors. Kitchen timers are widely available with a variety of features and displays and can provide a visual support to the passage of time.
- **Calendar or Schedule-** This is a visual representation of what will happen throughout a day or within an activity. It is helpful for breaking down complex multiple steps into a sequence of activities that are potentially less overwhelming by creating structure and routines. This strategy could also include task lists and to-do lists for smaller increments of time.

Science class materials

- ☐ Pencil
- ☐ Calculator
- ☐ Laboratory notebook
- ☐ Red Science folder
- ☐ Homework journal

Bedtime routine

- ☐ Toilet
- ☐ Wash hands
- ☐ Brush teeth
- ☐ Wash face
- ☐ Change into pajamas
- ☐ Set out clothes for morning
- ☐ Get in bed to read stories
- ☐ Lights off to sleep

- Picture cards- These are images, either drawings or photographs, of activities and places that can be used to supplement an individual's understanding of spoken language either expressively or receptively. Pairing a visual representation with the verbal direction or description can increase an individual's understanding for communication. It can include frequently used directions (such as sit down), locations (such as kitchen or car), or activities (such as recess or dinner).



Books on Autism Spectrum Disorder Listed Alphabetically By Author

Prepared by Ronda Reyna, Ph.D.

Maureen Aarons & Tessa Gittens. **Autism: A Social Skills Approach for Children and Adolescents** (Winslow, 1998). ISBN: 0863882021, paperback; ISBN: 0863883192 (paperback, Speechmark Publishing, 2001).

Maureen Aarons & Tessa Gittens. **The Handbook of Autism: A guide for Parents and Professionals (2nd Edition)**. (Routledge, 1999). ISBN: 0415160340

Philip Abrams & Leslie Henriques. **The Autistic Spectrum Parents' Daily Helper: A Workbook for You and Your Child**. (Ulysses Press, 2004). ISBN: 1569753864

Marilyn C. Agin, Lisa F. Geng & Malcolm Nicholl. **The Late Talker: What to do if Your Child Isn't Talking Yet** (St. Martins's Press, 2003).

Charles A. Amenta, III. **Russell is Extra Special: A Book About Autism for Children** (New York: Magination Press, 1992). Ages 4-8 ISBN: 0945354444

Cindy N. Ariel, editor and Robert A. Naseef, editor. **Voices from the Spectrum: Parents, Grandparents, Siblings, People with Autism, and Professionals Share their Wisdom**. ISBN: 1843107864.

Anthony Attwood. **Why Does Chris Do That? Some Suggestions Regarding the Cause and Management of the Unusual Behavior of Children and Adults with Autism, revised 2003**. (Queensland Dept of Family Services, 1992). Booklet, also published by the National Autistic Society. On understanding the communicative function of autistic behavior. ISBN: 1931282501.

Barbara Azrialy. **The Sibling** (1992). Includes passages from articles and books the author researched, interviews, with over 200 siblings, and her own experiences as a sister of two intellectually disabled brothers.

Jed Baker. **Preparing for Life: The Complete Guide for Transitioning to Adulthood for Those with Autism and Asperger's Syndrome**. (Future Horizons, 2006). ISBN: 1932565337.

Thomas Balsamo & Sharon Rosenbloom. **Souls: Beneath and Beyond Autism** (McGraw-Hill, 2003). ISBN: 0072881704.

Eve B. Band, Sue Lynn Cotton, and Illustrator Emily Hecht. **Autism Through a Sister's Eyes: A Young Girl's View of her Brother's Autism**. (Future Horizons, 2001). ISBN: 1885477716

Caspian Banks. **What Autism Means to Me** (Lifelight Books, 2003). ISBN: 0974380105

Rachael Bareket. **Playing it Right! Social Skills Activities for Parents and Teachers of Young Children with Autism Spectrum Disorders** (Autism Asperger Publishing Co., 2006). ISBN: 1931282811.

Barbara Bazeghi. **Recipe Handbook for Easy to use Activities for Teaching Autistic Children.** (Reach Publications, 2004). <http://www.reachpublications.com/> ISBN: 0975311506.

Scott Bellini. **Building Social Relationships: A Systematic Approach to Teaching Social Interaction Skills to Children and Adolescents with Autism and Other Social Difficulties.** (Autism Asperger Publishing Company, 2006). ISBN: 1931282943.

Beverly Bishop. **My Friend with Autism: A Coloring Book for Peers and Siblings.** (Future Horizons, 2003). ISBN: 1885477899.

Fiona Bleach. **Everybody is Different: A Book For Young People Who have Brothers and Sisters with Autism.** (Autism Asperger Publishing Company, 2002). ISBN: 1931282064.

Christine Breakey. **The Autism Spectrum and Further Education: A Guide to Good Practice** (Jessica Kingsley, Pub). ISBN: 1843103826.

Marlene Targ Brill. **Keys to Parenting the Child with Autism, 2nd Edition.** (Happage, New York: Barron's 2001). ISBN: 0764112929.

Karin Dunn Buron. **When My Autism Gets Too Big! A Relaxation Book for Children with Autism Spectrum Disorders** (Autism Asperger Publishing, 2004). Aimed at ages 4-8. ISBN: 193128251.

Joanne M. Cafiero. **Meaningful Exchanges for People with Autism: An Introduction to Augmentative & Alternative Communication.** (Woodbine House). ISBN: 1890627445.

Phoebe Caldwell. **Finding You, Finding Me: Using Intensive Interaction to Get in Touch with People with Severe Learning Disabilities Combined with Autistic Spectrum Disorder** (Jessica Kingsley Publishers). ISBN: 1843103990.

Mary W. Carpenter. **Rescued by a Cow and a Squeeze.** (Publish America, 2003)> A book for children about Temple Grandin. ISBN: 1591298806.

Eric Y. Chen. Autism and Self-Improvement: **My Journey to Accept Planet Earth** (Singapore: Kentrich Trade Press, 2008). ISBN: 9810589379.

Judith H. Cohen. **Succeeding with Autism: Hear My Voice.** (Jessica Kingsley, 2005). ISBN: 1843107937.

Marlene J. Cohen & Donna L. Sloan. **Visual Supports for People with Autism: A Guide for Parents and Professionals.** (Woodbine House, 2007). ISBN: 189062747X.

Sharon P. Cowhey. **Going Through the Motions: Coping with Autism.** (PublishAmerica, 2005). The author has autism.
<http://222.webspawner.com/users/scowhey/> ISBN: 143763863.

Phyllis Coyne, Colleen Nyberg & Mary Lou Vandeburg. **Developing Leisure Time Skills for Persons with Autism: A Practical Approach for Home, School and Community** (Future Horizons, 1999). ISBN: 885477562.

Kate Doherty, Paddy McNally & Eileen Sherrard. **I have Autism...What's That?** (Down Lisburn Trust, 2000). ISBN: 1899280790.

Marshall Duke, Stephen Nowicki & Elizabeth Martin. **Teaching Your Child the Language of Social Success** (Peachtree Publishers, 1996). ISBN: 561451266.

Elva Duran & Diane Cordero De Noriega. **Teaching Students with Moderate/Severe Disabilities, Including Autism: Strategies for Second Language Learners in Inclusive Settings** (Charles C. Thomas Pub Ltd., 1996). ISBN: 0398067015.

V. Mark Durand. **Sleep Better! A Guide to Improving Sleep for Children with Special Needs** (Baltimore Maryland: Paul H. Brookes, 1998). ISBN: 1557663157.

Lisa B. Elliott. **Embarrassed Often...Ashamed Never** (Autism Asperger Publishing Company, 2002). ISBN: 1931292129.

Temple Grandin. **The Learning Style of People with Autism: An Autobiography.**

Temple Grandin. **Thinking in Pictures: And other Reports of My life with Autism.** ISBN: 0307275655.

Temple Grandin. **The Way I see It: A Personal Look at Autism and Asperger's.** ISBN: 1932565728.

Temple Grandin & Sean Barron. **Unwritten Rules of Social Relationships.** ISBN: 193256506X

Carol Gray. **New Social Stories: Illustrated Edition, 2nd Edition.** ISBN: 188547766X.

David E. Gray. **Autism and the Family: Problems, Prospects, and Coping with the Disorder** (Charles C. Thomas Pub Ltd, 1998). ISBN: 039808437.

Mark Haddon. **The Curious Incident of the Dog in the Night-time.** (Doubleday, 2003). ISBN: 0385512104.

Sandra L. Harris & Beth A. Glasberg. **Siblings of Children with Autism: A Guide for Families, 2nd Edition.** (Woodbine House, 2003). ISBN: 189062729.

Sandra L. Harris & Mary Jane Weiss. **Preschool Education Programs for Children with Autism, 2nd Edition** (2000). ISBN: 0890798508.

Sandra L. Harris and Mary Jane Weiss. **Right From the Start: Behavioral Intervention for Young Children with Autism, 2nd edition** (2007). ISBN: 1890627801.

Angie Healy. **Sometimes My Brother: Helping Kids Understand Autism Through a Sibling's Eyes** (Future Horizons, 2005). For ages 9-12. ISBN: 1932565310.

L. Juane Heflin & Donna Alaimo. **Autism Spectrum Disorders: Effective Instructional Practices.** ISBN: 013118170X.

Sharon Heller. **Too Loud, Too Bright, Too Fast, Too Tight: What to Do If You are Sensory Defensive in an Overstimulating World** (Harper Collins, 2002). ISBN: 0060195207.

Marie Howley & Eileen Arnold. **Revealing the Hidden Social Code: Social Stories For People with Autistic Spectrum Disorders.** (Jessica Kingsley Publishers, 2005). ISBN: 1843102226.

Patricia Howlin. **Autism: Preparing for Adulthood** (New York: Routledge, 1996). ISBN: 0415115329.

Lawrence Kaplan. **Diagnosis Autism: Now What?** (Etham Booms, 2005). ISBN: 0976535661

Paula Kluth & Patrick Schwarz. **Just Give Him the Whale! 20 Ways to Use Fascinations, Areas of Expertise, and Strengths to Support Students with Autism** (Paul H Brookes Publishing, 2007). ISBN: 1447669600.

Martin Kozloff. **Reaching the Autistic Child: A Parent Training Program, 2nd Edition** (Brookline Books, 1998). 1571290567.

Dara Lane. **Small Miracles Day by Day: A Guide for Parents of Individuals with Low Functioning Autism** (Virtualbookwork.com, 2003). ISBN: 1589394488.

Jonathan Levy. **What You can Do Right Now to Help Your Child with Autism** (Sourcebooks, Inc. 2007). ISBN: 1402209185.

Catherine Maurice, Gina Green & Stephen Luce, editors. **Behavioral Intervention for Young Children with Autism: A manual for parents and professionals.** (Austin, Pro-Ed, 1996). ISBN: 0890796831.

Ellin Sabin. **The Autism Acceptance Book: Being a Friend to Someone With Autism** (Watering Can, 2006).

Viki Satkiewisch-Grayhardt. **At Home with Autism: Three Families' Stories** (Potential Unlimited Publishing).

Carol Schmidt & Beth Heybyrne. **Autism in the School-Aged Child** (Autism Family Press, 2004). ISBN: 0967496934.

Diana Seach. **Interactive Play for Children with Autism** (Routledge). ISBN: 0415353734.

Eric Shopler, editor. **Parent Survival Manual: A Guide to Crisis Resolution in Autism and Related Developmental Disorders.** (New York: Plenum Press, 1995). ISBN: 0306449773.

Colleen Sell, editor. **A Cup of Comfort for Parents of Children with Autism: Stories of Hope and Everyday Success** (Adams Media Corporation, 2007).

Susan Senator. **Making Peace with Autism: One Family's Story of Struggle, Discovery, and Unexpected Gifts** (Trumpeter, 2005). ISBN: 1590302443.

Mindy Small & Lisa Kontente. **Everyday Solutions: A Practical Guide for Families of Children with Autism Spectrum Disorder** (Autism Asperger Publishing Company, 2003). ISBN: 1931282250.

Adelle Jameson Tilton. **The Everything Parents' Guide to Children with Autism: Know What to Expect, Find the Help You Need, and Get Through the Day** (Adams Media Corporation, 2004)> ISBN: 1593370415.

Peter Vermeulen. **Autistic Thinking** (Taylor and Frances Group, 2001). ISBN: 1853029955.

Maria Wheeler. **Toilet Training for Individuals with Autism and Related Disorders: A Comprehensive Guide for Parents and Teachers.** (Arlington, Tx: Future Horizons, 1998). Also (Jessica Kingsley Publishers, 1999). ISBN: 1885477457.

Dianne E. Berkell Zager. **Autism Spectrum Disorders: Identification, Education and Treatment.** 3rd Edition (Lawrence Erlbaum Associates, 2004). ISBN: 0805845798.

Veronica Zysk & Ellen Notbolm. **1001 Great Ideas for Teaching or Raising Children with ASD.** (Future Horizons, 2004). ISBN: 1932565191.



Online Information & Resources

The internet is full of some amazing resources for parents, caregivers, children, and families who need some additional information and support. Many of these resources are *great!* Some, though, are not so great and can be misleading (at best) or dangerous (at worst). The following is a collection of online resources that can be generally trusted to provide research-supported information and/or education and resources for parents of children with an Autism Spectrum Disorder in the Houston area:

The American Psychological Association (APA) offers a broad range of reading topics related to psychology on their website:

www.APA.org/topics/index.aspx

ARC of Greater Houston Provides a Saturday ‘Fun Day’ program for individuals, ages 4 to 25, with a diagnosis of intellectual disabilities and/or autism:

Autisable Autisable is a blogging community that is focused on providing an open platform for persons to share anything autism related:

<https://autisable.com/>

Autism in Action Autism in Action was founded in 2001 by Dr. Beverly Braman and Dr. Susan Catlett. This site seeks to help parents, teachers, and others who participate in the lives of individuals diagnosed with Autism and related disorders understand how to use Applied Behavior Analysis (ABA) as part of everyday life. They offer “How to” teaching programs, an instructional objectives handbook, and handbook for teachers:

<https://tacanow.org/>

Autism after 16 The website is intended to help adults with Autism and their families make sense of information that is in the community in terms of finding and navigating such resources:

<https://www.autismspeaks.org/transition-adulthood>

Autism Atlas Website mission is to increase understanding and acceptance for people with autism through education, advocacy and the development of community programs:

www.autismatlas.com

Autism and Boyscouts This site provides information to parents of children with autism who may be considering if scouting is a community activity they wish for their child:

<https://www.scouting.org/resources/disabilities-awareness/>

Autism Calendar Lists events in the local area related to autism and the autism community. Posting local events is free:

<https://www.texasautismsociety.org/calendar/>

Autism Distance Education Parent Training (ADEPT) is a 10-lesson interactive, self-paced, online learning module providing parents with tools and training to more effectively teach their child with autism and other related neurodevelopmental disorders functional skills using applied behavior analysis techniques. Please note that this interactive training requires Adobe Flash to run correctly.

<http://media.mindinstitute.org/education/ADEPT/module1menu.html>

Autism Family Online This site consists of a worldwide network of family members and educators dedicated to meeting the needs of individuals with Autism Spectrum Disorders.

www.autismfamilyonline.com

Autism Focused Intervention Resources and Modules (AFIRM) modules are designed to help you learn the step-by-step process of planning for, using, and monitoring an EBP (evidence-based practice) with learners with ASD from birth to 22 years of age. Supplemental materials and handouts are available for download.

<http://afirm.fpg.unc.edu>

Autism Internet Modules (AIM) is designed to provide high-quality information and professional development for anyone who supports, instructs, works with, or lives with someone with autism. Each module guides you through case studies, instructional videos, pre- and post-assessments, a glossary, and much more. AIM modules are available at no cost.

www.autisminternetmodules.org

Autism Parenting Solutions This site provides practical solutions to parents of children with autism.

<https://www.marcus.org/autism-resources/autism-tips-and-resources>

Autism Society The Autism 101 online course will take approximately 30 minutes to complete. The course covers the following areas: introduction to Autism Spectrum, Overview of Treatment Options, Treatment Assistance, Transition to Adulthood, More Information and Resources.

<https://www.texasautismsociety.org/>

Autism Society Greater Houston Chapter Provides various services to individuals diagnosed with an Autism Spectrum Disorder and their families. This includes education, support, and advocacy:

<https://www.texasautismsociety.org/tag/houston/>

Autism Speaks is “the world’s leading autism science and advocacy organization.” Their website contains information and resources for how to live with Autism or support those who do:

www.AutismSpeaks.org

Autism Support Groups

<http://autismsupportgroups.com>

Autism Women's Network The mission of Autism Women's Network is to provide effective supports for girls and women with Autism through community and advocacy resources:

<http://autismwomensnetwork.org>

Autistics Traveler Provides a central source of information for traveling with children with Autism. The site seeks to provide useful links to enable families to successfully plan and execute a memorable and successful vacation:

<https://www.milestones.org/resources/tool-kits/travel-tips-tool-kit>

Center for Disease Control and Prevention Provides the general public with updated information and research regarding Autism Spectrum Disorders:

www.cdc.gov/autism

The Centre for Autism: Free Online Series This e-learning portal provides lots of free basic courses including: Characteristics of Autism, What is Applied Behavior Analysis, Using Reinforcement, Functions of Behavior, Communication Strengths and Challenges, Understanding Sensory Needs, Understanding Social Challenges in Children and Adolescents, Learning Styles, Using Visual Supports, Understanding Stress and ASD, Paying Attention to Transitions and Transition Planning, Promoting Independence for Community Inclusion

<https://www.thecenter4autism.org/educationandtraining/>

The Center for Parent Information and Resources (CPIR) serves as a central resource of information and products to the parent training and parent resource communities:

www.ParentCenterHub.org

The Collaborative for Children Offers free information on parenting classes, parent support groups, and parent resources:

www.CollabForChildren.org

Easter Seals of Greater Houston Provides a parents' night out program:

<https://eastersealshouston.org/>

Facts for Families is a series of short informational handouts published by the American Academy of Child & Adolescent Psychiatry (AACAP). Handouts covering a broad range of topics may be found at:

https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Layout/FFF_Guide-01.aspx

FEAT-Houston Mission is to “improve the quality of life of those affected by developmental disabilities by increasing resources and providing information about Applied Behavior Analysis (ABA). We are a non-profit organization providing information and training to parents and professionals through workshops, meetings, our newsletter, a parent-manned telephone line, and regular emails”:

www.feathouston.org

Lake Houston YMCA Provides friends night out program in Kingwood for children with disabilities (ages 5 and older), siblings included:

<https://ymcahouston.org/locations/lake-houston-family-ymca>

Ocali ASD Training and Professional Development. Explore professional development resources addressing Autism Spectrum Disorders and other complex disabilities.

<https://ocali.org/>

The National Alliance on Mental Illness (NAMI) is a non-profit organization supporting the family members of those living with mental illness. Their local chapter offers education and info at:

www.NAMIGreaterHouston.org

PBS Parents provides articles and videos relevant to raising a child at:

www.PBS.org/parents/parenting

Porchlight The Porchlight Project originated out of a need to get concise, practical, and easily implementable strategies into the homes of parents with children affected by developmental disabilities. The learning modules explore the following topic areas: understanding Autism, caregiver toolkit, daily routines, self-help, social skills, functional communication, safety skills, and behaviors.

<http://www.porchlighteducation.org/learning-modules/>

Sugar Creek Baptist Church Provides respite services to children with special needs, ages 4-14 including a Parent Night Out and a day camp in the Sugarland area:

Sugarcreek.net

Thompson Center “The Thompson Center offers five free online training modules to individuals wanting to learn about autism. The five modules provide information on topics such as: autism in young children, the screening and referral process, evidence-based practices and interventions, transitions to adulthood and building the family-professional partnership.”

<https://thompsoncenter.missouri.edu/autism-training/online-training-modules/>

Together in Autism The site mission is to promote and support information to parents in group or individual online settings through free support groups.

<https://autismtogether.co.uk/>

Tri-State Webinar Series This is a collaborative project between the Colorado Department of Education, Kansas TASN Autism and Tertiary Behaviors Supports Group, and the Nebraska Autism Supports Network. Throughout the 2014-2015 school year, this series will bring 21 webinars to teachers, administrators, parents, and others interested in learning more about various topics around autism spectrum disorders.

<https://ed.cde.state.co.us/cdesped/sd-main/sd-autism>

Virginia Autism Center for Excellence Presentations in the Topics and Trends Webcast Series are delivered by national and state authorities in the field of ASD. Hear up-to-date research and detailed information about evidence-based strategies right from the experts in the comfort of your home or work place. These webcasts are generally 45-60 minutes long and examine a wide variety of topics important to professionals, families, and individuals with ASD. The webcasts are both live and archived.

<https://vcuautismcenter.org/te/webcasts/>

Yale University Understanding Autism in the Yale Seminar on Autism and Related Disorders Online. The seminar is the United States' first undergraduate course of its kind. The goal for the website is to make all of the lecture content and supporting materials available online for free for anyone who desires to learn about Autism Spectrum Disorders

<https://www.youtube.com/playlist?list=PL27FAF837577D180A>

<https://medicine.yale.edu/childstudy/research/autism-and-neurodevelopment/>



Understanding the Autism Supplement as Part of the IEP Process

Prepared by Ronda Reyna, Ph.D. and Jamie Griffin, Ph.D.

The Texas Education Agency (T.E.A.) has created the Autism Supplement to address the Commissioner's Rules Concerning Special Education Services for Children with Autism Spectrum Disorders. The Autism Supplement is a document and process that will be reviewed and discussed during your child's annual IEP team meeting. The following considerations are included in the Autism Supplement:

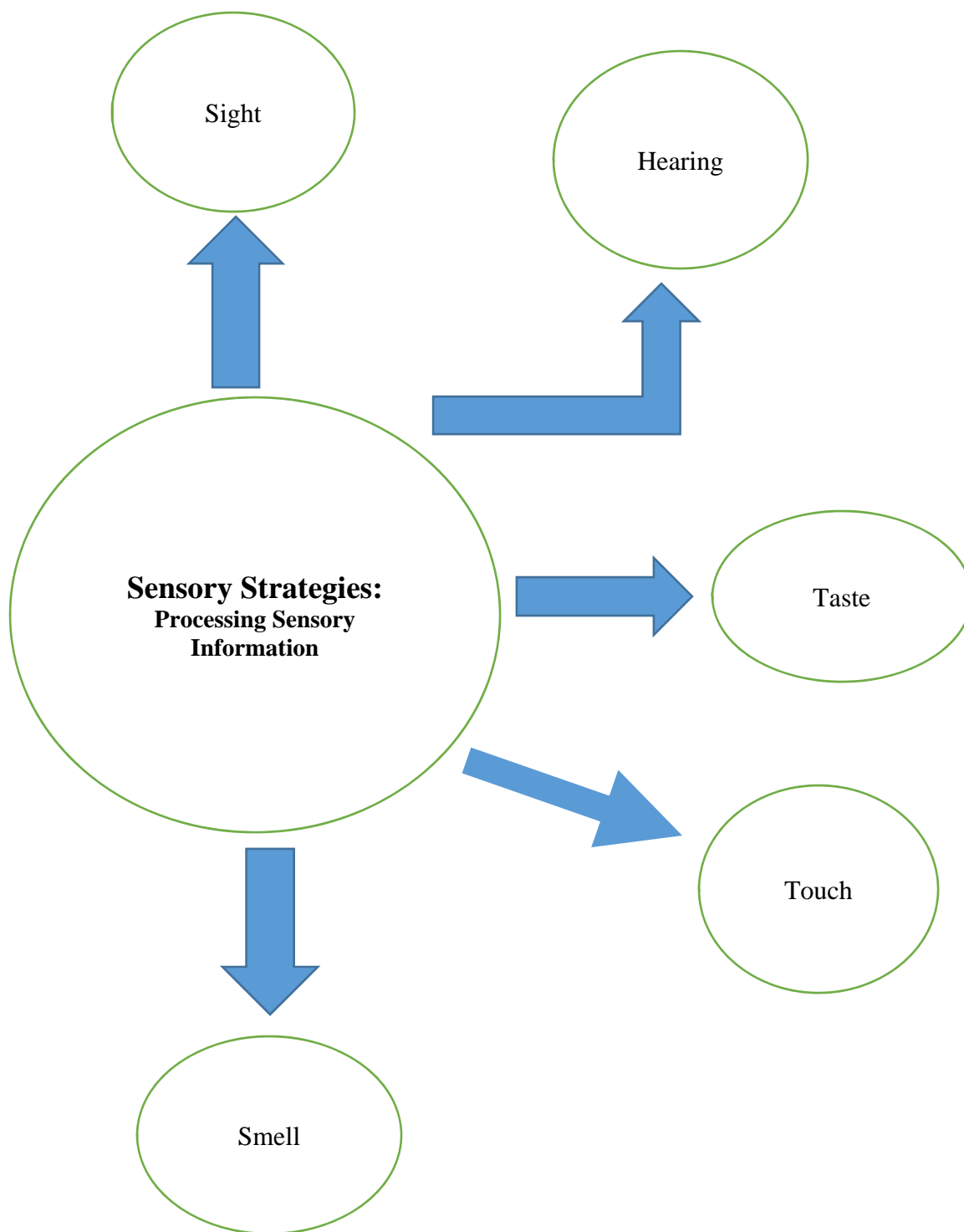
Schools must consider all eleven strategies in 89.1055 for students who meet eligibility for Autism under T.E.A. guidelines. The IEP team should consider and determine which of the strategies would be beneficial to the student's individualized program. Consideration of these strategies in no way implies a requirement to implement any particular strategy. There is no "one size fits all" approach to providing services to students with Autism, so the number and types of strategies used will be based on the child's individualized needs and level of impairment.

Strategies to be considered:

- 1. Extended Educational Programming:** Examples of this strategy may include an extended day and/or extended school year services based on the duration of the programs/settings and on assessment of behavior, social skills, communication, academics and self-help skills.
- 2. Daily Schedules:** Students with Autism generally benefit from a regular routine; therefore, a daily schedule which lists activities in which the student is an active participant throughout the day, as well as alternative schedules for exceptions to the regular routine (i.e. field trips, substitute teachers, pep rallies, etc.) should be considered.
- 3. In-home and community-based training OR viable alternatives:** A student with Autism may be significantly functionally impaired and struggle with generalizing and/or transferring previously acquired skills from the school setting to the home setting. An IEP team may consider these additional strategies based on individual need and level of impairment.
- 4. Positive Behavior Support:** These behaviorally-based strategies include examples such as antecedent controls, replacement behaviors, reinforcement strategies, and data-based decision-making. One frequently recommended support is a Behavior Intervention Plan (BIP) including the specific individualized behavioral strategies developed from current data related to target behaviors and addresses behavioral problems across home, school and community-based settings.
- 5. Futures Planning:** "Futures planning" refers to transition services, which generally begin by age 16, but may begin at an earlier age based on individual needs, as determined by the IEP team. Such planning includes transition from public schools to providing preparation for living, work, community and post-secondary educational environments.

- 6. Parent/family training and support:** School districts can provide information regarding local resources available to parents/families of students with Autism. Some resources to consider are parent support groups, workshops, videos, conferences and materials designed to increase parent knowledge of specific teaching and/or management techniques related to the child's IEP.
- 7. Suitable staff-to-student ratio:** Staff-to-student ratios are determined by the IEP committee based on an individual basis. When determining staff-to-student ratios, an IEP committee should consider the setting, a student's communication abilities, functional impairment, and present level of competence in each area of instruction.
- 8. Communication Interventions:** The goal of the IEP team should be to enhance effective communication across settings. The team should consider a student's style of learning and the portability of a communication strategy. Communication interventions can range from verbal/visual prompting to communication devices.
- 9. Social Skills Supports and Strategies:** The IEP team will consider social skills supports based on social skills assessment and/or curriculum provided across settings. Suggestions may include social narratives or role playing.
- 10. Professional educator/staff support:** Schools train teachers and paraprofessionals to effectively implement programs for students with Autism. Training may include a foundation of scientifically-based research intervention/strategies.
- 11. Teaching Strategies:** Strategies listed are among the many available instructional options an IEP team may wish to consider when developing an IEP. The inclusion of a strategy in TAC 89.1055 should not be misinterpreted as an endorsement of any particular methodology. Examples of such strategies may include discrete-trial training, visual supports, applied behavior analysis, structured learning, augmentative communication and social skills training. While it is the responsibility of an IEP team to make decisions regarding appropriateness of strategies based on the unique needs of an individual student. There is no one-size-fits-all approach to providing services to students with Autism.





Not only is making connections often a difficult experience for children and adolescents with Autism Spectrum Disorder, but processing sensory information can also be a difficult experience, as well. This difficulty can result in children being overly concerned with certain activities or so sensitive to others that they will avoid them. Although, not all children with autism experience an appreciable degree of sensory processing differences or accompanied distress, those that do have either over-reactive (hypersensitivity) or hyposensitivity to sensory experiences.

Human senses are broken into 5 areas:

- Sight
- Hearing
- Taste
- Touch
- Smell

There is also the sense of *proprioception (awareness of body position)* and the *vestibular system (tells us where we are in relation to gravity.)* Imagine, for instance, if you could not tell where to place your feet in order to walk because you could not feel the ground. When sensory related behavior occurs it can be due to either an over-reactive or under-reactive response to sensory input. Sometimes, sensitivity may be referred to as hypersensitive (very sensitive-will want less of something) or hyposensitive (less sensitive-will seek more of something). An over-reactive sensory system creates a situation where someone is very sensitive and thus often flees or rejects specific sensory input. This can lead to someone not being able to interact with their environment in a typical manner. An under-reactive sensory system creates children who are input-seeking. This may lead to a child who unintentionally (or intentionally) causes self-harm in the process of seeking sensory input.

Understanding the role of the sensory system in the daily lives of youth with Autism is essential to creating safe and reinforcing environments for them. Even though it may be tempting to create a sheltered sensory environment, we must keep in mind that we are seeking to prepare our youth for the future. What this means is that supports and modifications are useful tools for a starting point, but to always be working towards helping the young person become more independent.

Website Reference: www.autismdigest.com

Sensory Integration

When a person with Autism experiences an *over- or under-reactive response to sensory stimulation*, discomfort with this may result in behaviors such as rocking, spinning, and hand-flapping (to name a few). Although the receptors for the senses are located in the peripheral nervous system, it is believed that the problem stems from neurological dysfunction in the central nervous system—the brain. As described by individuals with Autism, sensory integration

techniques such as pressure-touch can facilitate attention and awareness and reduce overall arousal. Dr. Temple Grandin in her descriptive book *Emergence: Labeled Autistic*, relates the distress and relief of her sensory experiences.

Sensory integration focuses primarily on three basic senses—tactile, vestibular and proprioceptive. Their interconnections start forming before birth and continue to develop as the person matures and interacts with his/her environment. The three senses are not only interconnected but are also connected with other systems in the brain. Although these three sensory systems are less familiar than vision and audition, they are critical to our basic survival. The inter-relationship among these three senses is complex. Basically, they allow us to experience, interpret and respond to different stimuli in our environment. The three sensory systems are briefly described below:

Tactile System: The tactile system includes nerves under the skin's surface that send information to the brain. This information includes light touch, pain, temperature and pressure. These play an important role in perceiving the environment as well as protective reactions for survival.

Discomfort or problems within the tactile system may be manifested in withdrawing when touched, refusing to eat certain "textured" foods and/or to wear certain types of clothing, complaining about having one's hair or face washed, avoiding getting one's hands dirty (i.e. glue, sand, mud, finger-paint) and using one's fingertips rather than whole hands to manipulate objects. Misperception of touch and/or pain, either hyper-sensitive or hyposensitive, may lead to self-imposed isolation, general irritability, distractibility and hyperactivity.

Vestibular System: The vestibular system refers to structures within the inner ear (the semi-circular canals) that detect movement and changes in the position of the head. For example, the vestibular system tells you when your head is upright or tilted (even when your eyes are closed). Problems within this system may manifest in two different ways. Some children may be hypersensitive to vestibular stimulation and have fearful reactions to ordinary movement activities (e.g., swings, slides, ramps, inclines). They may also have trouble learning to climb or descend stairs or hills; and they may be apprehensive walking or crawling on uneven or unstable surfaces. As a result, they seem fearful in space. In general, these children appear clumsy. On the other extreme, the child may actively seek very intense sensory experiences such as excessive body whirling, jumping, and/or spinning. This type of child demonstrates signs of a hypo-reactive vestibular system; that is, they are trying continuously to stimulate their vestibular systems.

- **Proprioceptive System:** The proprioceptive system refers to components of muscles, joints, and tendons that provide a person with a subconscious awareness of body position. When proprioception is functioning efficiently, an individual's body position is automatically adjusted in different situations; for example, the proprioceptive system is responsible for providing the body with the necessary signals to allow us to sit properly in a chair and to step off a curb smoothly. It also allows us to manipulate objects using fine motor movements, such as writing with a pencil, using a spoon to drink soup, and buttoning one's shirt. Some common signs of proprioceptive dysfunction are clumsiness,

a tendency to fall, a lack of awareness of body position in space, odd body posturing, minimal crawling when young, difficulty manipulating small objects (buttons, snaps), eating in a sloppy manner, and resistance to new motor movement activities.

Implications: In general, difficulties within these three systems manifests itself in many ways. A child may be over- or under-responsive to sensory input; activity level may be either unusually high or unusually low; a child may be in constant motion or fatigue easily. In addition, some children may fluctuate between these extremes. Gross and/or fine motor coordination problems are also common when these three systems are dysfunctional and may result in speech/language delays and in academic under-achievement. Behaviorally, the child may become impulsive, easily distractible, and show a general lack of planning. Some children may also have difficulty adjusting to new situations and may react with frustration, aggression, or withdrawal.



Autism and Eating Issues: Parent Recommendations

Prepared by Aaron Boyce, Ph.D.

Feeding and mealtime difficulties are fairly common, especially during childhood; however, higher rates of children and adolescents diagnosed with an Autism Spectrum Disorder have some difficulties with eating when compared to typically developing children (Field et al., 2003). These rates tend to be even higher if a child is born premature. These feeding difficulties can include sensitivity to texture/taste, food refusal, and being overly “picky” about foods in general. These difficulties can sometimes lead to an individual being malnourished or underweight for their age.

Sometimes parents feel at a loss for what to do with their child who does not eat enough or is especially selective in what they eat. Below are some general recommendations parents may find useful to incorporate during mealtime:

1. **Consistency is Key**: Children and adolescents with an Autism Spectrum Disorder thrive in a consistent, structured environment. Regarding feeding, parents should attempt to stick to a time and place for meals each day. For example, eating dinner at 6:00pm at the dinner table every evening. This helps to provide structure for mealtimes.
2. **Provide Reinforcement**: Identify what motivates your child and try and use reinforcement to introduce new foods and/or to motivate your child to eat more on their plate. For example, a parent may tell their child that they can play on the tablet for 5 minutes if they eat one piece of broccoli. This should be faded over time once the child begins to eat the desired food. Reinforcers such as a tablet or toys should always be paired with specific verbal praise (e.g., “Nice work eating your broccoli!”).
3. **Stick to Your Guns**: If you set expectations for your child or adolescent to eat a certain food or amount of food, stick to your guns and do not give in. For example, if you tell your adolescent they cannot play on their gaming system until they have eaten half their plate, make sure to not give in and allow them to do so even if they do not eat half. This can actually make the problem worse.

Parents should set realistic goals for their child or adolescent. For example, if your child is not eating any vegetables, it would be unrealistic for them to suddenly start eating carrots, peas, and broccoli in one day. Start small and work towards something bigger. For example, you can start with one bite of carrot, then eating half a carrot, then eating a full carrot, etc. These steps should always be consistent and paired with reinforcement.



Autism and Anxiety Concerns

Prepared by Robin Schifano, Ph.D.

What is anxiety and what does it look like?

Anxiety is a feeling of fear or nervousness about circumstances or events and it is not uncommon for individuals with Autism Spectrum Disorder to experience. Although watching for changes is the biggest indicator of emotional distress, some signs or symptoms of stress and anxiety for students with ASD include the following:

- Changes in body movements
- Self-talk, repetitive talk, questioning
- Rigidity
- Physiological changes
- Self-injurious behavior
- Pursuit of a special interest

How can I help my child to reduce or cope with anxiety?

Create predictability. Helping your child understand routines and expectations can reduce anxiety.

- Create a visual schedule such as a task list or a daily sequence of events using pictures or words.
 - Daily routine.
 - To-do list.
 - Individual task list.
- Use social narratives to provide information about upcoming events. You can describe what to expect, who will be there, and the order of events. It can describe how to manage the situation or any changes from the typical routine.

Communicate feelings. Assist your child with learning how to express their thoughts and feelings.

- Provide affective/emotional teaching aimed at teaching your child different emotion words associated with internal states and events to increase self-awareness.
 - Identification of emotional states.
 - Events that evoke particular feelings.
 - Description of current feelings.
- Teach calming strategies to use when faced with strong emotions.
 - Schedule time to pursue special interests.
 - Deep breathing.
 - Progressive muscle relaxation.

Provide choices. Allowing your child to select from acceptable options gives a sense of control.

- Use break cards with a list of appropriate independent break activities for when your child needs to calm down.

Use option cards as visual reminders of how to respond to specific stressful circumstances. For example: When the room is too loud, I can: 1. Go for a walk or 2. Put on my headphones and listen to music.

(Adapted from Geneva Centre for Autism Training, 2016)



Center for Disease Control: Vaccines Do Not Cause Autism

Retrieved from https://www.cdc.gov/vaccine-safety/?CDC_AAref_Val=https://www.cdc.gov/vaccinesafety/concerns/autism.html%2520 on 8-17-2016

There is no link between vaccines and autism.

Some people have had concerns that ASD might be linked to the vaccines children receive, but studies have shown that there is no link between receiving vaccines and developing ASD. In 2011, an Institute of Medicine (IOM) report on eight vaccines given to children and adults found that with rare exceptions, these vaccines are very safe.

A 2013 CDC study-added to the research showing that vaccines do not cause ASD. The study looked at the number of antigens (substances in vaccines that cause the body's immune system to produce disease-fighting antibodies) from vaccines during the first two years of life. The results showed that the total amount of antigen from vaccines received was the same between children with ASD and those that did not have ASD.

Vaccine ingredients do not cause autism.

One vaccine ingredient that has been studied specifically is thimerosal (https://www.cdc.gov/vaccine-safety/about/thimerosal.html?CDC_AAref_Val=https://www.cdc.gov/vaccinesafety/concerns/thimerosal/faqs.html), a mercury-based preservative used to prevent contamination of multidose vials of vaccines. Research shows that thimerosal does not cause ASD. In fact, a 2004 scientific review by the IOM concluded that "the evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism." Since 2003, there have been nine CDC-funded or conducted studies (<https://archive.cdc.gov/#/details?url=https://www.cdc.gov/vaccinesafety/pdf/cdcstudiesonvaccinesandautism.pdf>) that have found no link between thimerosal-containing vaccines and ASD, as well as no link between the measles, mumps, and rubella (MMR) vaccine and ASD in children.

Between 1999 and 2001, thimerosal was removed or reduced to trace amounts in all childhood vaccines except for some flu vaccines. This was done as part of a broader national effort to reduce all types of mercury exposure in children before studies were conducted that determined that thimerosal was not harmful. It was done as a precaution. Currently, the only childhood vaccines that contain thimerosal are flu vaccines packaged in multidose vials. Thimerosal-free alternatives are also available for flu vaccine. For more information, see the Timeline for Thimerosal in Vaccines (https://www.cdc.gov/vaccine-safety-systems/?CDC_AAref_Val=https://www.cdc.gov/vaccinesafety/pdf/cdcstudiesonvaccinesandautism.pdf).

Besides thimerosal, some people have had concerns about other vaccine ingredients in relation to ASD as well. However, no links have been found between any vaccine ingredients and ASD. For more information, see the Timeline for Thimerosal in Vaccines (https://www.cdc.gov/vaccine-safety/about/thimerosal.html?CDC_AAref_Val=https://www.cdc.gov/vaccinesafety/concerns/thimerosal/timeline.html). Besides thimerosal, some people have had concerns about other vaccine ingredients in relation to ASD as well. However, no links have been found between any vaccine ingredients and ASD.

Related Scientific Articles

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- Schechter R, Grether JK. Continuing increases in autism reported to California’s developmental services system: Mercury in retrograde. *Arch Gen Psychiatry*. 2008;65:19-24.
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- Hviid A, Stellfeld M, Wohlfahrt J, Melbye M. Association between thimerosal-containing vaccine and autism[PDF - 145 KB]. *JAMA*. 2003;290:1763–6.
- Madsen KM, Hviid A, Vestergaard M, Schendel D, Wohlfahrt J, et al. A population-based study of measles, mumps, and rubella vaccination and autism. *N Engl J Med*. 2002;347(19):1477–1482.
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- Joint statement of the American Academy of Pediatrics (AAP) and the United States Public Health Service (USPHS). *Pediatrics*. 1999;104:568–9.



Recommendations for Preschool Children with Autism

Prepared by Meredith Takahashi, Ph.D.

Home-School Collaboration:

- Talk to your child's teacher about what strategies are in place at school. Children with Autism benefit from consistency across settings and your child's classroom teacher may be able to share strategies and visual tools that are working well at school, such as a picture/visual schedule or first-then board.

Play:

- Children with Autism often are more interested in interacting with objects than playing with other children. However, social interaction during play is very important for developing social skills and language. Parents can help facilitate this learning through play activities. Set up short periods of time to play with your child. During the play, it is helpful for the parent to follow the child's lead and describe what the child is doing using simple words.
- Encourage your child to look at you by putting preferred play objects up by your face. Reinforce your child for looking at you with praise and giving them the preferred object.
- If your child has limited language, it may be helpful to make a picture choice board with pictures of their favorite activities.

Transitions:

- Children with Autism often have difficulties with transitions. They can become overwhelmed if they do not understand what is coming next or are disrupted from a preferred activity. When possible, it is recommended that you give your child with a verbal or visual reminder that a transition will be coming soon.
- It may be helpful to use a visual timer (such as an hourglass) so that the child can "see" how much time is left before the end of an activity.
- Creating a visual schedule of daily activities can help the child see what is upcoming. A visual schedule is a sequence of pictures that indicate the order of activities for the school day or at home. This may be something that is already being used at your child's school so check with their teacher.

Sensory:

- It may be helpful to set up a calm area in your house that is free from strong or overwhelming sensory input (such as loud or distressing noises, and bright lights), which can be overwhelming to children with Autism. This might be a corner of your child's room with soft lighting, a comfortable pillow, and some preferred activities. This area should not be as a "time out" area.

Challenging Behaviors:

- Try to ignore behaviors such as tantrums, whining, and screaming that are annoying, but would not lead to the child or somebody else getting hurt.

- When your child is engaged in appropriate behaviors, you should give them attention and praise them. You may consider giving them a small tangible reward (such as a sticker, goldfish, etc.).



Hygiene Practices Resources

Prepared by KimHoang “TK” Nguyen, Ph.D.

The Healthy Bodies Toolkit - Vanderbilt Kennedy Center (English and Spanish versions)

[**https://vkc.vumc.org/healthybodies/**](https://vkc.vumc.org/healthybodies/)

Autism Speaks Transition Tool Kit – Health

[**https://www.autismspeaks.org/sites/default/files/2018-08/Transition%20Tool%20Kit.pdf**](https://www.autismspeaks.org/sites/default/files/2018-08/Transition%20Tool%20Kit.pdf)

Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism by Mary Wrobel (Recommended book by Autism Speaks with curriculum)



Community Safety and Autism

Prepared by Ronda Reyna, Ph.D.

Children and adolescents with Autism Spectrum Disorder (ASD) may sometimes engage in wandering away from safe environments. Wandering occurs when a person, who requires some level of supervision to be safe, leaves a supervised, safe space and may be exposed to potential dangers such as traffic, open water, falling from a high place, weather-related issues (e.g. hypothermia, heat stroke or dehydration), or unintended encounters with unsafe strangers. Wandering may also be referred to as “elopement,” “bolting” or “running.”

These individuals may be seeking out something of interest, such as a park, to obtain a need, such as water, or to get away from something uncomfortable, such as loud noises, bright lights, or other types of commotion. Because some children with ASD are challenged in the areas of language and cognitive function, it can be difficult to teach dangers about ways to stay safe.

Wandering Types:

- **Goal-directed wandering:** Wandering with the purpose of seeking something of interest, or a need.
- **Non-goal-directed wandering:** Wandering with seemingly no known purpose; random or aimless movement from one place to another.
- **Bolting/Fleeting:** The act of suddenly running or bolting; usually to quickly get away from something, such as a negative reaction to an event (e.g. anxiety, fear, excitement, stress or uncomfortable sensory input).
- **Other:** Night-time wandering, wandering due to disorientation, boredom, transition or confusion, or the individual simply loses their way or becomes lost.

How to Prevent Wandering Patterns and Eliminate Triggers

- Ask yourself what type of wandering your child may be at risk for (goal-directed, non-goal-directed, random, sudden runner, etc.).
- Acknowledge what triggers may make your child wander or leave quickly from an area.
- Implement strategies at home to avoid known triggers. Work on calming methods to help your child cope with the triggers and provide ways to handle the trigger besides running.
- Address known triggers within your child’s IEP that include de-escalation/calming techniques for running.
- Understand if your child has a goal in mind when being prone to run or elope
- Address known goals and allow supplementation objects within a safe environment. Allow a child to explore some of these interesting places under close adult supervision.
- Understand if your child is trying to get away from an unpleasant stimulus, such as too much noise.
- Understand if your child is more prone to wander during the night.
- Document your child’s fascinations or obsessions and share with school and community members involved with your child’s daily activities.

Teach your child About the Dangers of Wandering

- If your child has functional language, use this as a way to teach him or her about the dangers of wandering into traffic, encountering strangers or approaching bodies of water.
- Use the types of language that your child likes, such as his or her favorite characters, props and visual prompts in a simple explanation, if necessary.
- If your child has limited language, use social stories to teach your child/adult about the dangers of wandering near any potential dangers. Use various methods to help him or her respond if they find themselves alone or lost outside or in an unfamiliar setting.
- For children who respond to visual prompts, consider adding signs to your doors and windows in your home.
- Consider an ID bracelet. Many forms of identification are available on the internet, and especially through Autism advocacy organizations.

Strategies for Night-time Wandering:

- Dress your child in bright clothing
- Know your neighbors. Introduce your child to neighbors and ask them to let you know if they see him or her out by himself.
- Increasing physical activity during the day may help prevent wandering at night. Even a supervised walk around the block before dinner may be enough to reduce night-time agitation.
- Focus on sleep hygiene. Some night-time wandering may be related to poor sleep quality. Discuss options with your family physician.

How to Secure Your Home

- Consider installing dead bolt locks that require keys on both sides.
- Consider installing a home security alarm system.
- Consider installing inexpensive battery operated alarms on doors and windows (available at local retail stores)
- Consider placing hook and eye locks on all doors (above your child's reach)
- Consider fencing your yard.

Information compiled and adapted from the National Autism Association/Autism Safety Initiative.



Respite Programs

Prepared by KimHoang “TK” Nguyen, Ph.D.

Adventure Kids Playcare

Dana Oliver

22762 Westheimer Pkwy, Bldg. D, Suite 455

Katy, TX 77450, 281-769-2398

<https://adventurekidsplaycare.com/hourly-childcare/>

They are a unique drop-in child care & entertainment center for kids ages 6 weeks to 12 years old. Your kids can play, explore, and learn while in our safe and secure (lock-in) environment. Not autism specific but does accept children on the spectrum.

A.F.T.E.R. Hours, 713-271-6001

Adult Friendly Time of Evening Respite Hours - is designed for adults, ages 18 and above, with mental retardation who would like to engage in group activity programs including games, music and entertainment.

Apple of His Eyes Learning Center

339 Dulles Avenue

Stafford TX 77477 (opposite the Fort Bend Library)

Tel#: 281-969- 5973/ 832-453-4010

Hours of Operation: 6:30am to 6pm

Regular Hours: 8:30am - 3pm Monday- Friday

Before hours: 6:30am - 8:30am

After hours: 3:30 - 6pm

Welcome to peace of mind - Regardless of your child's disability, child care is available for him/her and their siblings at Apple Of His Eyes Learning Center. We say we are small for a reason; our center is small enough to focus on each child's specific and special needs for 2 to 22 years. The hearts of our staff are big enough to nurture each child in our safe and engaging center. Think about Apple Of His Eyes Learning Center as a place you can bring your child and feel secured because they are considered precious, the Apple of someone's eyes. For children between the of ages 2-22 years who have a special need. Where we respect every child for who they have been created to be - specially unique.

Avondale House

3737 O'Meara Drive

Houston, Texas 77025

713-993-9544

<http://www.avondalehouse.org/>

A not-for-profit agency that provides education services, a day habilitation program and residential services for individuals diagnosed on the autism spectrum. Ancillary Services Include: Occupational Therapy, Applied Behavior Analysis, Speech and Language Therapy, Medical Services, Therapeutic Recreational Services, Parent Group Meetings, Online Discussion Forums. Application required. Note: Long waiting list.

Calvary Houston

TLC Ministry

3700 FM 528

Friendswood, TX 77546

281-648-5800 (Church Main)

The TLC Ministry at Calvary Houston is a Special Needs ministry for all ages. Provides a classroom designated specifically for children, youth and adults with special needs during our 9am service in room 211 on Sunday mornings. For more information, visit:

<https://www.calvaryh.org/tlc-ministry/>

Care.Com

Find care for your children, parents, pets, home and more, e.g., babysitters, nannies, tutors, senior care providers. <http://www.care.com/>

Collaborative for Children

3800 Buffalo Speedway Suite 300

Houston TX 77098

713-600-1100, 800-245-1255

<http://www.collabforchildren.org/>

They have nearly 25 years' experience in being a dedicated partner to parents searching for quality child care. Finding good child care is just like raising a child from infancy: It takes time, patience and devotion. They have all three in abundance at Collaborative for Children. Zip code based referral service for respite, childcare and parenting programs.

Consumer Directed Services (CDS)

<http://www.cdsintexas.com/>

CDS offers you the opportunity to direct your own attendant care. You become the employer and are responsible for recruiting, training, managing and firing your attendants. You hire a CDS agency, such as Disability Services of the Southwest (DSSW), to provide you with orientation and ongoing support. The CDSA does your payroll and files your federal and state taxes. (The provider does have to go through a background check and the pay is \$8–\$12 per hour). DSSW offers CDS to consumers in the following programs:

- Community Attendant Services (CAS)
- Community Based Alternatives (CBA)
- Community Living Support Services (CLASS)
- Deaf-Blind Multiple Disabilities (DBMD)
- Family Care (FC)
- Home and Community-based Service (HCS)
- Medically Dependent Children Program (MDCP)
- Personal Care Services (PCS)
- Primary Home Care (PHC)

Easter Seals - Greater Houston Respite Care Program

4888 Loop Central Drive, Suite 200

Houston, TX 77081

713-838-9050, ext 307

<https://eastersealshouston.org/respite-services/>

Email: respite@eastersealshouston.org

United Cerebral Palsy became Easter Seals Greater Houston on January 1, 2011. As Easter Seals, the organization is building on its 64-year history of serving people with disabilities, while continuing to serve thousands of families in the area. All funds raised in the greater Houston community stay here through ESGH's nine programs: Early Childhood Intervention; Respite Services; Toy/Tech; High School/High Tech; Home of Your Own; Therapy Services; The Caroline School; Camps, Counseling & Case Management; & Adult Services.

Easter Seals – Katy Teen Club

St. Peter's United Methodist Church

20775 Kingsland Blvd.

Katy, TX 77450

<https://eastersealshouston.org/family-day-out/>

Parents-Night-Out Respite Program that serves Katy families and teenage children, 12 to 21 years old with Autism Spectrum Disorders and siblings ages 12-16. Parents-Night-Out respite allows teens an out-of-home opportunity to socialize, create crafts, and engage in activities and games, while parents get a much-needed break. Contact respite@eastersealshouston.org to learn more about their program.

First Presbyterian Church-Houston, WinGS n Wishes Respite Program embracing children with special needs

Stephanie Fregia

5300 Main Street

Houston, TX 77004

713-620-6488 <https://fpchouston.org/ministries/children/special-needs/>

This program provides themed activities one Friday night a month. WinGS participants and their siblings are invited to attend while parents enjoy an evening out. For more information about this program and special events, please contact Stephanie Fregia, WinGS Coordinator, 713-620-6488 or sfregia@fpchouston.org.

First Methodist Church Houston (two locations), JOY Respite Nights

Tanya Sterling, 713-458-4702

1320 Main Street @ Clay

Houston, TX 77002

832-668-1800

or

10570 Westpark Drive

Houston, TX 77042

713-458-4700

<http://www.fmhouston.com/>

They also host a variety of programs including JOY Respite Nights, JOY Summer Camp, JOY E-devotionals, JOY Seminars and more! For more information on First Methodist's JOY

Ministry, please contact: Tanya Sterling

JOY Ministry-Director. 713-458-4702 tsterling@fmhouston.com

Five Star Montessori

18200 Kingsland Blvd. (just West of Barker Cypress Rd.)

Houston, TX 77094

281-578-1616

<http://www.fivestarmontessori.com/katy-montessori-school/>

Full Time - 6:30 am to 6:30 pm

Short Day - 8:45 am to 2:45 pm

2 & 3 Day Programs

After School Program for Area Elementary Schools. Summer Programs. Social and Emotional Growth, Physical Coordination, Cognitive Preparation.

Giggles n Grins Childcare Academy

9237 Kerrwood Ln.

Houston, TX 77080

713-208-7186, or 713-690-1821

Hours: Mon-Fri: 6:30AM -6:00PM, Sat: Closed, Sun: Closed

Giggles N Grins Child Care Academy is a Special Needs Childcare Center, Summer Camp and Afterschool Care establishment. Giggles n Grins Childcare Academy provides services for children with special needs including but not limited to: Autism Spectrum Disorders (Autistic Disorder, Asperger's Disorder, PDD-NOS), Learning Disabilities, Speech Impairment, Mental Retardation. Experiences are available for students in the areas, self-care, cognitive, fine and gross motor, sensory and academic competence are special tailored to meet individual student needs.

Hopscotch Childcare

3750 North Fry Road

Katy, TX 77449

(281) 398-KIDS (5437)

The purpose of the Center is to provide a superior quality pre-school and early childhood development program-serving children from infant to twelve years of age. At Hopscotch we build children's self-confidence by encouraging the child's cognitive, physical and social development. Our mission and our first priority is to provide quality child care in a happy, comfortable, and safe Pre-School learning environment encouraging the child's development through recreation and creative learning experiences. Our facility is designed specifically to fulfill our mission.

Houston Area Respite Care (HARC) / Parents' Night Out Program

(Located on the campus of Gethsemane United Methodist Church)

Lynne Tupper

6856 Bellaire Blvd.

Houston, Texas 77074

713-271-6001

Email: harc@harc-hou.org

On Friday evenings from 6:30 to 10:30 p.m., HARC provides "Parents Night Out" programs where the kids can have an entertaining evening and the parents can enjoy up to four hours away. A typical evening will include games, crafts, music, movies and loads of fun events. The programs are created to offer the participants a great time in a nonsectarian environment. The program is restricted to children ages 4-21 years of age (age limits are flexible at the discretion of the HARC program director).

714-Respite for children with special needs, ages 4-21, siblings includes

715-Friday night respite, 6:30-10:30

716-Requires pre-registration, \$10.00 fee, partial scholarships

717-Includes games, crafts, movies, music

Hermann Respite House - 713-704-2394 Application required. Serves people who are Medically fragile, developmentally delayed.

Katy's Early Childhood Enrichment Center (ECEC)

Sandy Fernandez, Director

1407 W. Grand Parkway South

Katy, Texas, 77494

281-693-1999

<https://katyeccec.com/>

Located on the Westland Baptist Church campus. They are known to accept children on the spectrum and have hosted a community PPCD program. Katy's Early Childhood Enrichment Center is a high-quality early childhood program providing a safe and nurturing environment while promoting the physical, social, emotional, intellectual, and spiritual development of young children. Preschool hours 8:30 a.m. - 3:00 p.m., Extended Care hours 6:30 a.m. - 6:00 p.m.

Mental Health and IDD (The Harris Center)

9401 Southwest Freeway

Houston, TX 77074

713-970-7000

<https://www.theharriscenter.org/services/adult-behavioral-health-services>

If your child's name has already come to the top of the HCS waiver waiting list, they may be eligible for respite programs for children with mental retardation (with or without multiple disabilities), autism and PDD. Offers overnight to 24-hour care for up to 30 days a year. Application and evaluation required for services.

Rising Star Academy

920 S. Peek Road

Katy, TX 77450

281-391-KIDS(5437) info@risingstar-academy.com

<http://www.risingstar-academy.com/>

Rising Star Academy is a premier child care center in Katy that has a PPCD classroom. Their website states Cimarron Elementary and Rising Star Academy are Partners in Education.

Seeking Sitters

Jennifer & Todd Calyer

Katy, TX

Phone: 281-937-4970

<http://seekingsitterskatysugarland.com/>

24 hour contact: 1(888)41 SITTER

Seeking Sitters on demand babysitting referral service where we do all the work for you! Request online for your last minute, one-time, part-time or full-time need and your local Seeking Sitters owner works to schedule you a background screened Professional Sitter. Seeking Sitters was founded by a licensed private investigator and mother of three young children making security our priority.

Smartie Pants Academy Center

18855 West Little York Rd., Suite 200

Katy, TX 77449

832-906-6571 Email: smartiepantsacademy@yahoo.com

<https://smartiepantsacademy.org/>

Smartie Pants Academy Center provides a safe, learning environment for children with special needs and their siblings. Their students are given the opportunity to have an individualized learning plan geared towards their individualized needs while being taught the life skills needed to become functional citizens in their community. Enrolls; infants, toddlers, early preschool, preschool, prekindergarten, school age children.

St. Peter's United Methodist Church, Special Kids Ministry / Friday Night Friends

Kelly Johnson, Children's Ministries Director, Sarah Morrison, Special Needs Coordinator
20775 Kingsland Blvd.
Katy, TX 77450

Main number: 281-492-8031 wpeper@stpkaty.org

<https://www.stpkaty.org/kingsland>

Friday Night Friends at St. Peter's is a respite care night for children with special needs and their siblings. It is one Friday a month (usually the last Friday of the month) from 6-9 p.m. Fun activities are provided for the children (and teens) while their parents have a night out. The cost is \$10 for the first child and \$5 for each sibling. Registration is required. You may download the registration form from their website and submit it to the Children's Ministries Office by the Wednesday prior to the Friday of the event. www.eastersealshouston.org Teen social/respite group that meets every Friday night except holidays, cost \$10 and is for kids 13-21.

Registration is required. You may download the registration form from their website and submit it to the Children's Ministries Office by the Wednesday prior to the Friday of the event. The teen group is facilitated by Easter Seals and coordinated by Linda Latimer and Kelly Kaleta at the same location and meets weekly (see Easter Seals Katy - Teen Club above)

Sugar Creek Baptist Church, The Open Door

Barbara Waldhuber 281-274-7431

13333 Southwest Freeway

Sugar Land TX 77478, 281-242-2858

<http://sugarcreek.net/children/open-door>

email: bwaldhuber@sugarcreek.net

The Open Door is designed to come alongside parents and minister to them by helping to meet the extraordinary demands of raising a child who is differently abled. They provide respite services to children with special needs, ages 4-14. Break-Out: Parent Night Out on the 3rd Friday every month, must reserve slot. There is a \$5 fee and siblings are free. During the summer there is a vacation bible school especially for children with special needs, no fee.

A Day to Remember: A day camp every Thursday from 9 AM to 2 PM; \$15 fee for the day.

Texas Respite Resource Network (TRRN) 281-219-3313

http://www.beanangel.org/support_respite.html

State clearinghouse and technical assistance network for respite in Texas. TRRN links families with available respite options in Texas.



The Arc of Greater Houston

Karen Lin and Bethanne Arafat
3737 Dacoma Street, Suite E
Houston, TX 77092

713-957-1600

<https://everythingautism.org/business-directory/664/the-arc-of-greater-houston/>

Serves children and adults with developmental disabilities. Saturday Fun Day: An out-of-home program for individuals, ages 4 to 25, with a diagnosis of mental retardation and or autism and other autistic spectrum disorders. Provides games, sports, computer learning, songs and other recreational activities. Community wide field trips.

714-Central Houston (ages 4-14) 2 Saturdays per month from 10:00AM -3:30PM

715-Cy-Fair (ages 8-18) 2 Saturdays per month from 10:00 AM -3:30 PM

716-Kingwood (ages 15-25) 1 Saturday per month from 10:00 - 4:00

The Sean Ashley House

5606 Parkersburg Drive
Houston, TX 77036

713-667-6460

<https://everythingautism.org/business-directory/838/sean-ashley-house-houston/>

They accept individuals of any age who meet the criteria of the Home and Community based Services Program (HCS).

Respite Night from Treasures of Joy

Joyce Weatherford
Church of Champions
12922 Cutten Road, Houston, Tx. 77066
281-468-6716 jcollierw@gmail.com

www.treasuresofjoy.org/contact-page.html

We host a *free of charge* Respite Night from 4:00pm to 8:00pm (the 3rd Saturday of every month). This is a night especially for parents/caregivers. Our desire is that you bring your child or adult with special needs for us to care for while you take a break for four hours. We know the time you spend with your child or adult and that you need a support system. Again, there is no cost for you, except that you go have a good time and enjoy yourself while we take care of your Treasure. We have *experienced volunteers* for Respite Night and we so look forward to meeting you. Anyone living in the Greater Houston area is welcome to register. To register, fill in the contact form below. We will then email you the registration forms. There is limited space, so register early. Respite is located at 12922 Cutten Road, at Church of Champions. Registration is open and ready for your email contact right now. Fill out the contact form at the link below and your registration is complete. You will be contacted by email to obtain information about your loved one, so our volunteers will be prepared to take care of them while you get to relax. To register, go to: <http://www.treasuresofjoy.org/respite.html>. Also, Game Night: A monthly time for teens and adults with disabilities to fellowship, play cards and board games, or just to hang out together. There is also a day habilitation center located at 15302 Stuebner Airline Rd., Houston, Tx. 77069 for adults.