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 **AUTISM SOCIETY**
Improving the Lives of All Affected by Autism
San Diego

The San Diego
**AUTISM
SPECTRUM
DISORDER**
Resource Guide



Rady
Children's

Hospital
San Diego

Autism Discovery Institute

Sixth Edition

Purpose:

This resource guide was designed to assist and empower parents in their journey toward researching optimal services for their children with autism. We have provided a brief introduction to techniques and interventions commonly used in treating children with Autism Spectrum Disorders, as well as information on local and national resources. We do not expect to have covered all treatment areas or listed all providers. Please feel free to contact us at (858) 966-7453 with additional programs and information you would like to see listed.

For updates, you can also contact us via email: autismservices@rchsd.org

Disclaimer:

The Autism Spectrum Resource Guide was developed to provide information only, and Rady Children's Hospital, San Diego and Autism Society of America San Diego County Chapter do not recommend, endorse, guarantee, or promote the services and interventions included in this guide.

Acknowledgments:

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Introduction

Autism Spectrum Disorders

Definition:

An autism spectrum disorder (ASD) is a developmental disorder that affects multiple aspects of a child's functioning. The disorder is characterized by difficulties in communication, impairment in social interactions and imaginative play, and behavioral symptoms involving repetitive behaviors and/or a restricted range of interest in activities.

Autism is often referred to as a spectrum disorder due to the variety of characteristics and the range of severity that is unique to each child. Even though children diagnosed with ASD share a common set of behavioral characteristics, no two individuals are alike. Each can act very differently from one another and have a varying set of skills. Children may have milder or more severe symptoms. Children with ASD may also exhibit different symptoms over time, or from one situation to the next.

Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there are three diagnoses that fall under the ASD group (autism, pervasive developmental disorder, not otherwise specified-PDD-NOS and Asperger's). Planned revisions to the DSM include combining the subgroups into one general ASD diagnostic group. These changes would not take effect until 2013.

Autistic Disorder – Children meet full criteria for the disorder according to the DSM-IV. Children in this group vary quite a bit, however they each have difficulties in all three areas of communication, social interactions and repetitive behaviors that are sufficient in number and severity to meet criteria for the disorder.

Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) – Children with this diagnosis typically have many features of autism, such as severe and pervasive difficulties in social interactions and either communication difficulties or restricted interests/repetitive behaviors, but do not meet the full criteria for Autistic Disorder. This diagnosis may also be given to very young children who do not yet meet full criteria for autism.

Asperger's Disorder – This is typically diagnosed in school aged children who have social and behavioral symptoms of autism. Children with Asperger's disorder are distinguished from children with autism by their intellectual ability and their early language development, neither of which are delayed.

Additional Disorders – Pervasive Developmental Disorders can occur by themselves or in combination with other disabilities. Often, symptoms of Attention Deficit Hyperactivity Disorder (ADHD) are present in children with ASD. These symptoms may not require a separate diagnosis as they are considered part of the pervasive developmental disorder. Children may also experience learning disabilities (LD), anxiety disorders, obsessive-compulsive disorder (OCD), blindness, deafness, epilepsy or mental retardation. It is estimated that up to 70% of those diagnosed with an Autism Spectrum Disorder are also diagnosed with mental retardation ranging from mild to severe, although this number has recently been questioned.

Characteristics:

A child with ASD may display **only a few, or several,** of the following characteristics:

Communication

- No speech or delayed speech
- Lack of use of gestures (e.g., pointing) to compensate for delays in communication
- Repetitive speech or unusual use of language (such as repeating strings of words from movies or things that others have said at other times)
- Limited imitation of others
- Limited symbolic play

Social Interaction

- Difficulty with back and forth interactions with adults and children
- Minimal interest in pointing, sharing, showing, or getting others' attention
- Limited eye contact, poor use of eye contact, gestures, and facial expressions for communication
- Difficulty playing with other children
- Difficulty in responding to teaching efforts; dislike of being directed in play, being read to, etc.

Behavioral Symptoms

- Restricted range of interests or a preoccupation with parts of objects
- Strong attachment to particular objects
- Repetitive behaviors such as jumping, walking on toes, hand flapping, holding objects too close to eyes, etc.

Associated Features that may be present

- Oversensitivity to sound, light or touch
- Lack of sensitivity (to hearing name, pain)
- Eating limited variety of food
- Highly developed memory skills
- Abnormal sleeping patterns
- Self-injurious behavior
- Seizure disorder
- Discrepancy between verbal and nonverbal IQ
- IQ falling within range of mental retardation

Prevalence:

The number of children identified as having an ASD is estimated to be 1 in 88. It is the third most prevalent developmental disorder. It is five times more likely to occur in males than females for unknown reasons.

Diagnosis:

ASD cannot, at this point, be diagnosed using any type of medical test (e.g., blood test, genetic test, brain scan). Instead it is diagnosed on the basis of assessment of the child's behavior. Parents are most likely to receive an accurate diagnosis from an evaluation by an experienced professional that spends time with

Introduction to Autism Spectrum Disorders

the child in both play and formal testing situations combined with careful interviewing of the parents regarding behaviors seen in the observation and in other environments. A clinical psychologist and/or medical doctor who has had training and experience in understanding ASD and other developmental disabilities can make the initial diagnosis, based on the behavioral characteristics listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Once an initial diagnosis or concern is raised, it is helpful to obtain a multi-disciplinary assessment that includes a clinical psychologist, family members and other professionals such as a speech therapist, an occupational therapist and a consultation with a medical doctor.

An educational assessment with a team of qualified professionals will be needed to determine eligibility for special education and related services. An educator should be involved in the assessment to address the child's educational needs.

Causes of ASD:

There is no single known cause for autism. There are many theories about potential causes and it appears that multiple factors are involved. Autism spectrum disorders are physical disorders of the brain that are neurologically-based and are not emotional or behavioral disorders. Parents do not cause autism. The exact cause remains unclear, as we still do not understand how autism affects the structure of the brain, brain function, or brain chemistry. There is some evidence of a genetic component, as studies have shown that if you have one child with autism, you are at increased risk of having another child with autism. Autism has also been associated with a wide range of pre-, peri-, and postnatal difficulties.

Course of the Disorder:

Receiving a diagnosis may alter your dreams for your son or daughter. Remember to maintain your determination, obtain the support you need, and don't lose hope. There are few guidelines for predicting outcomes for children with ASD. Making clear predictions about your child's developmental outcome can be very difficult. Research into causes and interventions is currently growing at an amazing rate. Certainly, there are successes that have been accomplished with hard work, creativity and perseverance from the individuals themselves, their family members, and the professionals and community members involved. Intervention needs will change as your child develops. A clearer understanding of your child's long term needs will emerge as your child grows.

Obtaining Services:

Once a diagnosis is obtained it is important to begin to identify needed services and resources. Each child with ASD is different and each family will have different needs. This guide describes public and private agencies that may provide services for your child depending upon your child's age, diagnosis and needs. Examples of services that individuals and families may require include educational services, speech therapy, sensory integration therapy, physical and occupational therapy, behavioral consultation, medical and dental care, advocacy, respite care, parent education and support, sibling support and education, socialization, recreation and employment training. There is no one "right" way to serve children with autism. Work with your providers to determine the appropriate type and intensity of services for your child and family.

First Steps for Parents

1. A new diagnosis of autism and the many recommendations that come with it can be overwhelming. There are several things you can do right away to begin your journey. These recommendations are specific to San Diego. The first step in beginning intervention is contacting the San Diego Regional Center. If your child is under 3 years of age, call San Diego Regional Center's Early Start Intake Unit at (858) 496-4318. A Service Coordinator will be assigned to plan for your needed services and supports. An Individualized Family Service Plan (IFSP) is then developed in collaboration with your family and service providers.

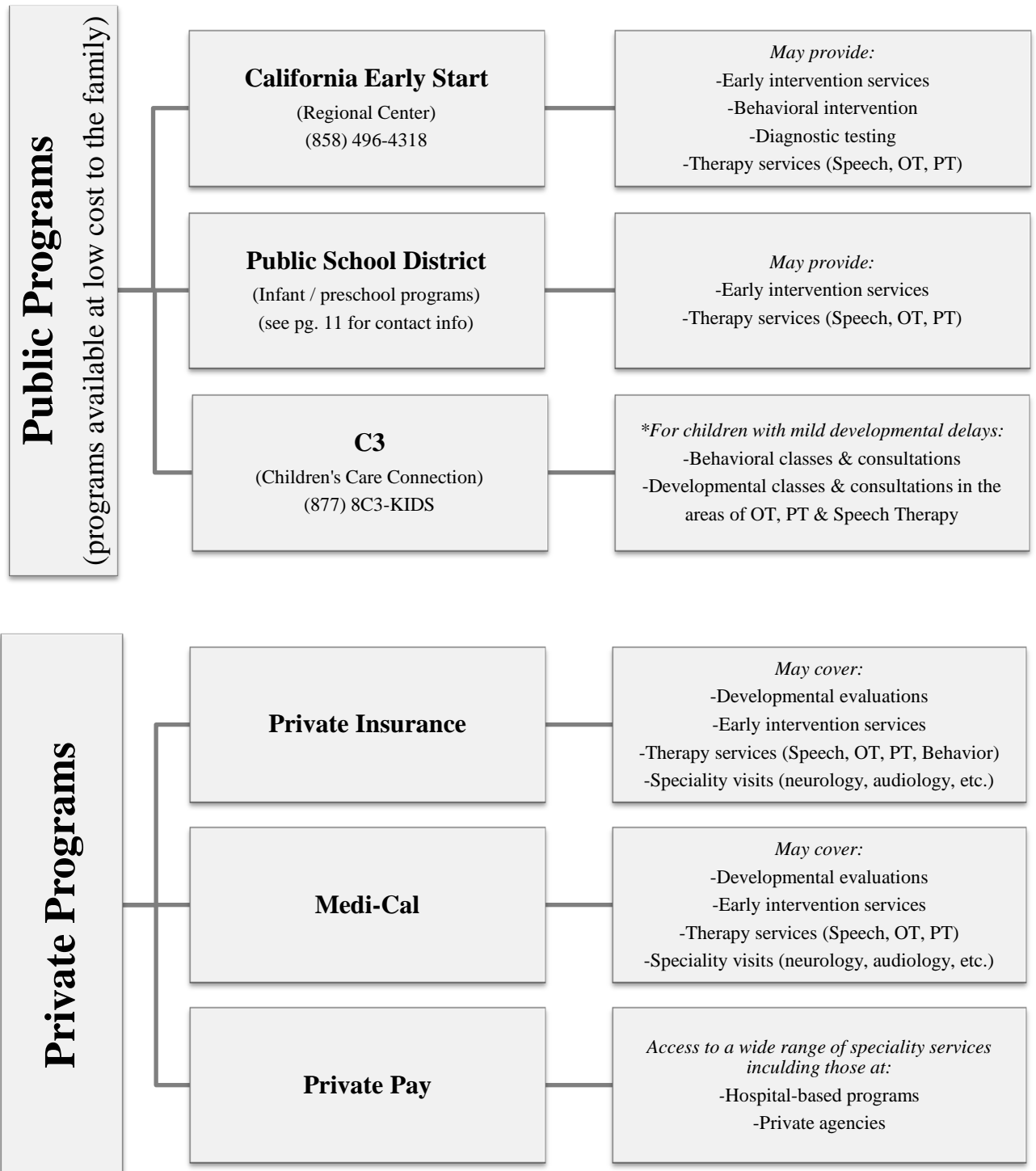
If your child is older than 3 years, call San Diego Regional Center's Intake Unit at (858) 576-2938. During this initial contact, services will be explained and information about your child will be gathered to determine eligibility. You will attend an orientation where the intake process is explained and initial application forms are completed. A plan for services (Individual Program Plan) will then be developed in collaboration with your family and intervention service providers.

2. Military families may be able to access services through the Exceptional Family Member Program (EFMP). Support includes, but is not limited to, information and referral for military and community services, relocation assistance, financial management, local school and early intervention services information and case management.
3. If your child is over 3 years of age, your local school district may provide an educational program. Contact your school district (phone numbers on page 12). If you don't know your school district you can find that information at <http://www.sdcoe.net/schools.asp> or by calling the San Diego County Office of Education at (858) 292-3500. District personnel will set up a time to meet with you and your child to determine eligibility and develop an Individualized Educational Plan (IEP) in collaboration with your family.
4. Use this time as an opportunity to learn about the disorder and find support. While the internet can help families gain a better understanding of ASD and available resources, the amount of information can also be overwhelming and sometimes misleading or unreliable. It is important to know the source of the information and whether or not the information is backed up by research.

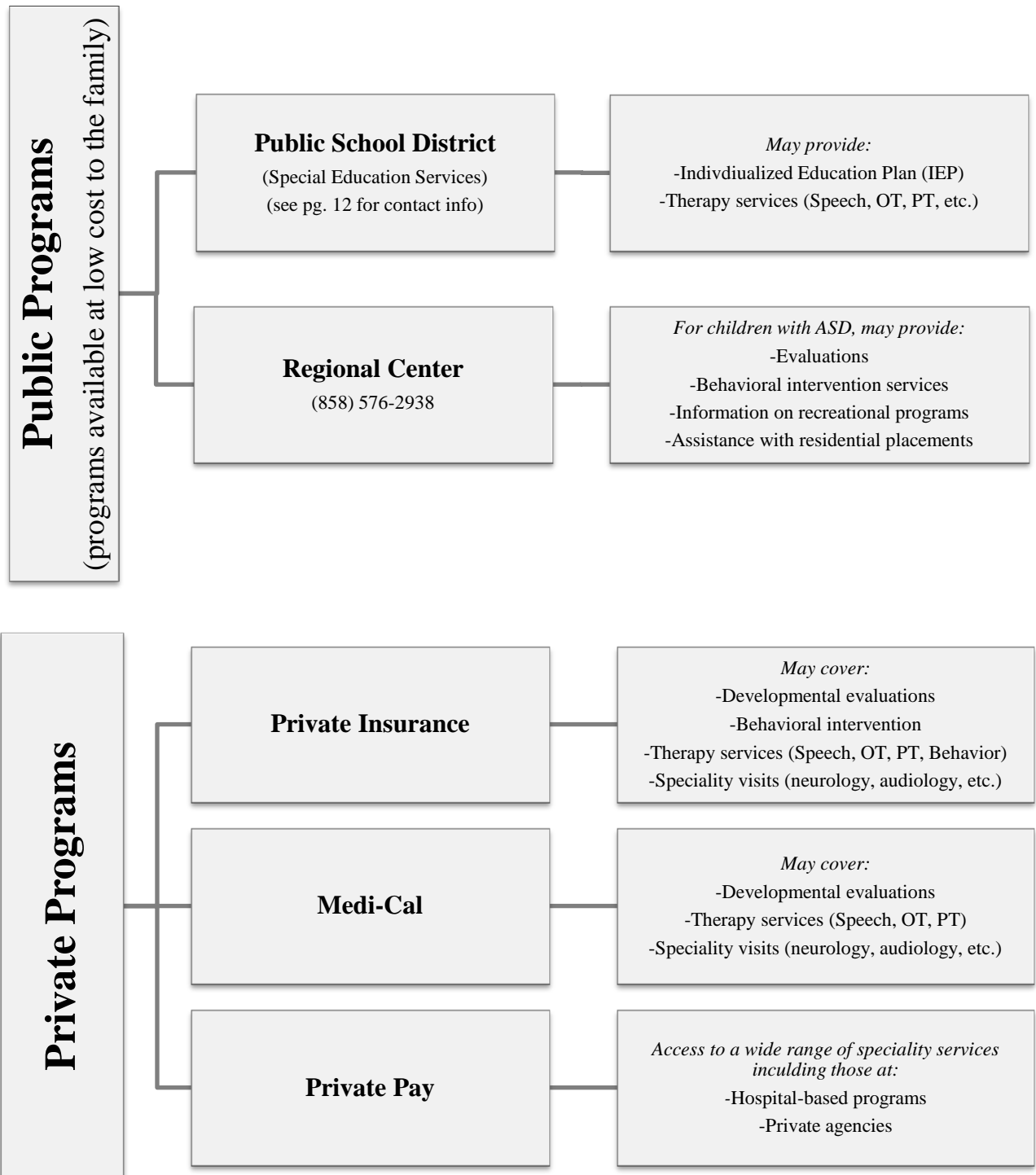
We recommend choosing a good book (see recommendations for *Introductory Books* on page 45) and finding a support group. Experienced parents can give you resources, guidance, camaraderie, and above all, perspective (see *Family Support*, pg. 19). The local Autism Society of America Chapter is an excellent place to start.

5. Many parents recommend starting a notebook to hold copies of all your child's diagnostic information, treatment reports, and medical tests. Keep things in chronological order. Bring this with you to appointments to save time and help avoid duplication of tests.
6. Don't forget to take care of yourself. Keep lines of communication open with your spouse and family. Go out and do something unrelated to autism. Ask for help and support when you need it.

Accessing Services for Children with ASD, Ages 0-3



Accessing Services for Children with ASD, Ages 3 and Older



PUBLIC EARLY EDUCATION PROGRAMS

Program Name	Region(s) Served	Location	School Based Services	Home Based Services	<i>Services - Other</i>
HOPE Infant Program 760-736-6344 All referrals San Marcos Fax referrals to: 760-471-8273	<ul style="list-style-type: none"> ◆ <u>North Coastal</u>: Del Mar, Solana Beach, Rancho Santa Fe, Encinitas, Carlsbad, Oceanside, Vista, San Marcos ◆ <u>North Inland</u>: Escondido (and patients north and east) including Ramona ◆ <u>South Bay</u>: Coronado, National City, Chula Vista, San Ysidro ◆ <u>Poway</u> 	Centers in: <ul style="list-style-type: none"> ◆ South County ◆ North Coastal (3) ◆ North Inland ◆ Ramona 		Ages 0-3 Contacts can be: Several per week Or One every one to two weeks	<ul style="list-style-type: none"> ◆ Behavior intervention <ul style="list-style-type: none"> ◆ Consultation services in Speech, OT, PT, and Audiology
Alcott Infant Program 858-272-9641 FAX 858-581-6429	San Diego City Schools	<ul style="list-style-type: none"> ◆ Lindbergh-Schweitzer ◆ Alcott 	Center based 24-36 months	Home based 0-3 years	<ul style="list-style-type: none"> ◆ Behavior intervention ◆ Consultation services in Speech, OT, PT, and Audiology
La Mesa/Spring Valley 619-668-5700 X208 619-668-5747	La Mesa Spring Valley Early Start	Spring Valley Elementary		Home based 0-3 years	<ul style="list-style-type: none"> ◆ Behavior intervention ◆ Consultation services in Speech, OT, PT, and Audiology
Santee-Lakeside 619-390-2620 FAX 619-390-2592	Santee Lakeside	Wintergardens School	Center based 24-36 months	Home based 0-3 years	<ul style="list-style-type: none"> ◆ Behavior intervention ◆ Consultation services in Speech, OT, PT, and Audiology
Sevick Center 619-588-3144 FAX 619-588-3695	Cajon Valley Mtn Empire	Sevick Center	24-36 months	Home based 0-3 years	<ul style="list-style-type: none"> ◆ Behavior intervention ◆ Consultation services in Speech, OT, PT, and Audiology
California Early Start SD Regional Center Intake: 858-496-4318 Fax referrals to: 858-496-4302	San Diego County	Ruffin Road	Center based 18-36 months	Home based 0-3 Funding for services	<ul style="list-style-type: none"> ◆ Diagnostics, OT, PT, Speech, ◆ Behavior Consultation/ Intervention ◆ Respite Care

School Districts: Special Education Contacts

North Coastal Districts:

Bonsall Union	Director of Special Education	760-631-5218
Cardiff	D.S.E.	760-632-5890
Carlsbad Unified	Pupil Personnel Services	760-331-5017
Del Mar Union	Pupil Services	858-523-6194
Encinitas	Director of Pupil Services	760-944-4300 x1130
Fallbrook Union	D.S.E.	760-731-5413
Fallbrook Union High	Director of Student Services	760-723-6332
Oceanside Unified	D.S.E.	760-967-7889
Rancho Santa Fe	D.S.E.	760-942-1210 x3
San Dieguito Union High	Director of Pupil Personnel	760-753-6491 x5556
San Marcos Unified	D.S.E.	760-752-1223
Solana Beach	Director of Pupil Personnel Services	858-794-7123
Vallecitos	Superintendent	760-728-7092
Vista Unified	D.S.E.	760-726-2170 x2257
HOPE Infant Family Support Program	D.S.E.	760-761-5581
Discovery Valley/Hills School	Coordinator	760-216-6780 x214

East County Districts:

Alpine Union	D.S.E.	619-445-3236
Cajon Valley	D.S.E.	619-588-3265
Dehesa	D.S.E. & Superintendent	619-444-2161
Jamul-Dulzura	D.S.E.	619-669-7889
La Mesa/Spring Valley	D.S.E.	619-668-5700 x6202
Lakeside Union	D.S.E.	619-390-2620
Lemon Grove	D.S.E.	619-825-5623
Mountain Empire	D.S.E.	619-473-8869 x350
Santee	D.S.E.	619-258-2365

South County Districts:

Chula Vista	D.S.E.	619-425-9600 x1701
Coronado Unified	D.S.E.	619-522-8932
National City	D.S.E.	619-336-7742x7740
San Ysidro	Asst. Sup.S.E.	619-428-4476
South Bay Union	D.P.P	619-628-1660
Sweetwater Union	D. Special Support Services	619-407-6300

North Inland Districts

Borrego Springs Unified	Superintendent of S. E.	760-767-5337
Escondido Union	D.S.E.	760-432-2168
Escondido Union High	Director Special Programs	760-291-3255
Julian Union	D.S.P.	760-765-0661 x145
Julian Union High	Principal of S. E.	760-765-0606
Poway Unified Elem.	D.S.E.	858-521-2824
Poway Unified Sec.	D.S.E.	858-521-2822
Ramona Unified	D.P.S.	760-787-2040
San Pasqual Union	D.S.P.	760-745-4931
Spencer Valley	Principal	760-765-0336
Valley Center Pauma Unified	D.S.E.	760-749-0464 x263
Warner Unified	Principal	760-782-3517 x17

San Diego Unified District:

San Diego City Schools	D.S.E. CHECK	858-490-8505
San Diego Unified	D.S.E.	619-725-7650
Early Childhood	D.S.E.	858-490-8500
Parent Support	D.S.E. CHECK	858-490-8520

Emergency Contacts

For life threatening emergencies, call 9-1-1

9-1-1

Suicide Prevention

(800) 273-TALK
www.suicidepreventionlifeline.org

Psychiatric Emergency Response Team (PERT)

(SDPD) (619) 531-2000
Outside of the city of San Diego-(Sheriff) (858) 565-5200

Emergency assessment and referral for individuals with mental illness
PERT pairs licensed mental health clinicians with uniformed law enforcement officers/deputies. The PERT team evaluates the situation, assesses the individual's mental health condition and needs, and, if appropriate, transports the individual to a hospital or other treatment center, or referees him/her to a community-based resource or treatment facility.

Crisis Intervention and Referral Services, Including Referrals for Hospitalization

Children & Youth (ages 17 and under)

Emergency Screening Unit (619) 421-6900
TTY for Hearing Impaired (619) 591-4321

Adults and Older Adults

Behavioral Health Access & Crisis Line (888) 724-7240
TTY for Hearing Impaired (619) 641-6992

Professional counselors will answer your call and help you through a crisis. Counselors offer a broad range of services, including crisis and suicide intervention, and referrals to appropriate mental health professionals or programs for face to face services. Assistance is available in Spanish and other languages, 24 hours per day, 7 days per week.

Assessment and Diagnostic Evaluations

ADI (Autism Discovery Institute at Rady Children’s Hospital)

(858) 966-7453

www.rchsd.org/autism

Intervention programs, developmental evaluations, parent and professional training programs, social skills groups, behavioral consultation
*If a family isn’t ready to think about autism but has other concerns, evaluations are also done at the Developmental Evaluation Clinic (see info below)

Advanced Neurobehavioral Health of Southern California

(858) 693-3113

www.anhsocal.com

Neuropsychological evaluations for children and adolescents experiencing a broad range of medical, developmental, behavioral, and learning problems

AIM (Applied Interventions & Methodologies)

(858) 657-9117

www.aimautismservices.com

Behavioral, educational, interventional & psychological services

CARES (Center for Autism Research, Evaluation & Service)

(858) 444-8823

www.caresnpa.com

Educational, behavioral, and evaluation services, and social skills groups

Developmental Evaluation Clinic at Rady Children’s Hospital

(858) 966-5817

www.rchsd.org

Developmental or psychological assessments and recommendations

Intricate Mind Institute

(858) 205-9809

www.intricatemindinstitute.com

Psychological evaluations for youth, teens and adults with autism spectrum disorders, learning differences, or psychological or social-emotional problems

San Diego Regional Center

Main (858) 576-2996

San Marcos (760) 736-1200

East County (760) 596-1000

Imperial (760) 355-8383

National City (619) 477-6248

www.sdrc.org

State funded referral, evaluation, respite, behavioral consultation and advocacy services and California Early Start services for children under age 3

Behavioral Interventions

ACES, Inc.

(619) 278-0884
www.acesautism.com

Behavioral and educational services, tutoring, and parent training

ADI (Autism Discovery Institute at Rady Children's Hospital)

(858) 966-7453
www.rchsd.org/autism

Provides behavioral intervention programs including parent and professional training programs, cognitive behavioral therapy, intensive behavioral therapy, social skills groups, behavioral consultation

AEFCT (Autism Experts Empowering Families and Children Together)

(858) 569-0056
www.aefct.com

Behavioral, assessment & consultation services, ABA, parent training, social skills, support groups

AIM (Applied Interventions & Methodologies)

(858) 657-9117
www.aimautismservices.com

Behavioral, educational, interventional & psychological services

AIR (Autism Interventions and Resources)

(949) 457-9203
www.hopeisintheair.com

Behavioral intervention services

The Autism Group, Inc.

(858) 689-2027
www.theautismgroup.com

Relationship Development Intervention, occupational therapy, school consultation, parent training

Autism Spectrum Consultants (ASC)

(858) 272-2662
www.autismconsultants.com

Behavioral intervention, social skills groups, school shadowing, ABA, parent training, Early Start intervention, in-home consultations, behavior consultations

Autism Spectrum Therapies (AST)

(858) 598-2693
www.autismtherapies.com

ABA therapy, tailored programs developed to address the needs of individuals with ASD

Autizm & More

(858) 848-0004
www.autizmandmore.com

Develop comprehensive behavioral and educational strategies

BEST Services, Inc.

(619) 442-1271
www.bestautismservices.com

Education-specific behavioral intervention services

Behavioral Interventions

Brain Highways Center

(760) 943-0496
www.brainhighways.com

Educational classes that examine behaviors in terms of neurological development and opportunity

BRIDGES Educational Corporation

(619) 952-8509
www.bridgesaba.com

Behavioral intervention services, parent training, school consultation, school shadowing

CARES (Center for Autism Research, Evaluation & Service)

(858) 444-8823
www.caresnpa.com

Educational, behavioral and evaluation services, social skills groups

Center for Autism and Related Disorders (CARD)

(858) 278-6603
www.centerforautism.com

Behavioral intervention services, in-home, school shadowing

Comprehensive Autism Center, Inc.

(951) 813-4034
www.comprehensiveautismcenter.com

In-home and school ABA, infant and toddler development program, socialization groups, parent & family training

Coyne & Associates, Inc.

(760) 634-1125
www.coyneandassociates.com

Behavioral intervention services, play and language skill groups, education services

Innovative Therapy-4-Kids

(760) 434-3912
www.it4k.com

Occupational, speech, and physical therapy, child psychology, behavioral services, specialty groups

The Institute for Effective Education (TIEE)

Children's Workshop (619) 521-3990
Cook Education Center (619) 243-1325
www.tiee.org

Private ABA schooling, Children's Workshop Program (ages 3-12) and Cook Educational Center (ages 6-22)

Intricate Mind Institute

(858) 205-9809
www.intricatemindinstitute.com

Clinic based cognitive behavioral and social skill therapy for youth, teens and adults. English and Spanish services

Lovaas Institute for Early Intervention (LIFE)

(858) 678-0963
www.lovaas.com

Intensive behavioral intervention services

Behavioral Interventions

Maxim Healthcare Services

(866) 463-5678
www.maximhealthcare.com/aba

Applied Behavioral Analysis Therapy for children; including in-home, parent training and school consultation services

Motiva Associates

(619) 691-1880
www.motivaassociates.com

Counseling in Spanish & English, behavioral intervention, school consultation

ReSpectrum Community

(619) 741-4466
www.respectrum.org

Cognitive behavioral therapy, family, individual and couples therapy, recreational programs, social skills training

Therapeutic Behavioral Services (TBS)

(619) 563-2756
www.sdcounty.ca.gov/hhsa

Behavioral intervention and parent training for severe behavioral needs – must be full scope medical recipient and behavior must meet medical necessity criteria that jeopardize child's current living situation

Camps

CASE, Inc. (Comprehensive Autism Services and Education)

(760) 720-4964
www.casefamily.com

In-home programs, school consultation, social skills groups,
summer camps, and sex education

Camp I CAN

(619) 298-3576
www.sd-autism.org/campICan.html

Weeklong summer camp exclusively for children with autism
Toby Wells YMCA in Kearny Mesa and Palomar Family YMCA in Escondido

Easter Seals of San Diego

National City (619) 409-9400
Escondido (760) 482-2777
<http://southernca.easterseals.com>

Adult day program, supportive employment, and camp

The Institute for Effective Education

(619) 243-1393
www.tiee.org

Special education day programs

Sports for Exceptional Athletes

(858) 565-7432
www.s4ea.org

Sports program and camp serving ages 5 through adult

Summer Camps for Children with Disabilities

(800) 695-0285
www.nichey.org

Directory of campsites

Surfers Healing

(866) 647-HEAL
www.surfershealing.com

Surf camps and lessons for children with autism

Family Support

AEFCT (Autism Experts Empowering Families and Children Together)	(858) 569-0056 www.aefct.com
Behavioral intervention, assessment & consultation services, ABA, parent training, support groups	
ARC of San Diego	(619) 685-1175 www.arc-sd.com
Provides special needs childcare referrals	
Autism Society of America-San Diego Chapter	(858) 715-0678 www.sd-autism.org
Family support groups and research	
Autism Tree Project Foundation	(619) 222-4465 www.autismtreeproject.org
Family support, mentor programs and free preschool screenings	
Catholic Charities Clinical Services	(619) 231-2828 www.ccdsd.org/clinical.php
Secular, low-cost counseling and support services for individuals, couples, families and children	
Exceptional Family Resource Center	(619) 594-7416 www.efrconling.org
Support groups, parent education, child care, IEP assistance	
Family Guidance and Therapy Center of Southern California	(619) 600-0683 www.familyguidanceandtherapy.com
Individual therapy, couples therapy, family therapy, group therapy, art therapy, RDI, educational services	
Family Health Centers of San Diego	(619) 515-2300 www.fhcsd.org/services/counseling
Individual, couples and group counseling; adult and child psychiatry; clinic, school and home based services	
Fragile X Center of San Diego	(760) 434-6290 www.fragilexsandiego.org
Family support, and information for parents & professionals	
HOPE Infant Family Support	South (619) 409-3127 North (760) 761-5553 Central (619) 594-7416 Imperial (760) 355-0147 www.sdcoe.net
Program of the San Diego County Office of Education, providing family-centered early intervention services, parent support and parent education	

Family Support

Intricate Mind Institute

Couples and family therapy for youth, teens and adults with autism spectrum disorders

(858) 205-9809
www.intricatemindinstitute.com

Friendship Circle

In-home social mentoring, sibling workshops, Jewish holiday programs

(858) 487-4879
www.friendshipcirclesd.com

Kaiser Autism Support Group (Kaiser families)

(858) 573-5216

Navy Exceptional Family Member Program

Information & referrals, individualized service plans, case management

(619) 556-6899
www.navyfamily.navy.mil

Parent Advocates Seeking Solutions (PASS)

Family support group with monthly meetings

www.powaypass.com

Parenting Myself

Therapeutic support group for parents with children that have special needs

(619) 592-8871
www.robyncoughlinlcsw.com

Parents of Students in Special Education (POSSE)

Advocacy services and family support for education rights

(619) 335-0536
www.possesandiego.org

Puzzled Parents

Family support, resource sharing, community events

(619) 922-8608
www.puzzledparents.org

ReSpectrum Community

Family support, individual & family therapy, social skills groups, recreational programs

(619) 741-4484
www.Respectrum.org

SibKids and SibNetListservs

Peer support and information for brothers and sisters of people with special needs, increase parents' understanding of sibling issues

(206) 297-6368
www.siblingsupport.org

Talk About Curing Autism Now (TACA)

Family support group with monthly meetings that feature educational speakers

(949) 640-4401
www.tacanow.org

United Cerebral Palsy Association

Family support, assistive technology, adult day programs, children's services

(858) 571-7803
www.ucpsd.org



Family Support

Sarah Wyckoff, MA

Coaching, expressive art and movement therapy facilitation,
workshop and retreats for parents, special education advocacy

(619) 246-4595
www.professionalfriend.net

YMCA - Armed Forces (military families)

Family support, spouse & couple programs, children's programs, recreation

(619) 532-8156
www.asymca.org

YMCA COMPASS Services

Needs assessments, special education advocacy services, family
counseling and therapy, child and family-centered counseling

(619) 546-9850
www.yfs.ymca.org

Health Services

DENTAL CARE

Anderson Center for Dental Care at Rady Children's Hospital

(858) 576-1700 x4806

www.rchsd.org

Dental care specific to the needs of pediatric patients, especially those with disabilities or other special healthcare needs

Children's Healthcare Referral Line

(800) 788-9029

Email: refsvc@rchsd.org

San Diego Children's Dental Center

(619) 234-8131

www.childrensdentalhealth.org

Oral Hygiene visits can be requested through San Diego Regional Center case manager

DEVELOPMENTAL OPTOMETRISTS

Susan L. Daniel, O.D.

(760) 434-3314

Email: drsusdan@pacbell.net

Norman A. Rose, O.D.

(760) 743-6540

Email: drrose@pacbell.net

www.drnormanrose.com

PSYCHOLOGISTS / PSYCHIATRISTS/ MENTAL HEALTH PROVIDERS

Angela Kilman, Ph.D.	San Diego	(619) 295-2749
Audrey Phillips, MFT	Rancho Santa Fe	(858) 756-6666
CCP Parent Aid Program	RCHSD	(858) 966-5910
Chriss Allen, Ph.D.	San Diego	(619) 497-0990 Ext.108
Clarence Perry, MD	San Diego	(619) 688-1383
Deborah Pontillo, Ph.D.	Del Mar	(858) 692-4187
DeeAnn Wong, MD	Encinitas	(760) 753-7341
Denise Ross, MFCC	Encinitas	(760) 942-1577
Ellen Heyneman, MD	Kearny Mesa	(858) 495-4939

Health Services

Eve Dreyfus, MD	Carmel Valley	(858) 279 1223
Josh Feder, MD	Solana Beach	(858) 509-0523
Lewis Ribner, Ph.D. Mark Magulac, MD	Carmel Valley Rancho Bernardo	(858) 792-5773 (858) 673-3360
Martha Hillyard, Ph.D.	San Diego	(619) 295-2749
Mary Baker-Ericzen, Ph.D.	Old Town	(858) 699-7978
Meg Lawrence, MD	Clairemont	(619) 276-6912
Monique Masse, MD	Poway	(858) 279-1223
Nick Putman, MD	Encinitas	(760) 753-0958
RCHSD Outpatient Psychiatry	Main Center – Central San Diego North Inland North Coastal	(858) 966-5832 (760) 294-9270 (760) 758-1480
Richard Buccigross, MD	Kearny Mesa	(858) 565-0900
Robert Friedman, MD	Carmel Valley	(858) 279 1223
Ronald Zappone, MD	La Jolla	(858) 292-0567
Sharon Lerner-Baron, Ph.D.	La Jolla	(858) 457-4585
Sheldon Zablow, MD	Poway; La Jolla	(858) 485-6622
Steven Meineke	Solana Beach	(858) 755-3519
Steven Pitman, Ph.D.	Poway	(858) 780-9927

Legal Services & Advocacy

LOCAL RESOURCES

Amy Siegel, M.S. (619) 208-9249

Educational consulting, developmental screenings, disability awareness training

Area Board XIII (619) 688-3323
www.scdd.ca.gov

Office of the State Council on Developmental Disabilities
supporting children and adults with developmental disabilities by
protecting and advocating for their legal, civil, and service rights

Battaglia & Waltari, A.P.C. (858) 689-0613
www.battagliawaltari.com

California Association of Private Special Education Schools (CAPSES) (916) 447-7061
www.capses.com

Deborah Plotkin, Educational Consultant (858) 945-3220

Developmental Disabilities Area Board XIII (619) 688-3323

Devoted Advocates (619) 993-0151
www.devotedadvocates.com

DMS Consulting (619) 822-6340
www.astressfreeiep.com

Educational and behavioral consultation and services, parent
and staff training, IEP coaching

Elizabeth McCoy (760) 723-8906
www.ca-specialneedstrusts.com

Special needs trusts, living trusts, limited conservatorship.

Learning Disability Association-San Diego (858) 467-9158
www.LDASanDiego.org

Legal Aid Society of San Diego, Inc. (877) 534-2524
www.lassd.org

Merryn Affleck, Advocacy (760) 230-4664
Nydia Celina Vilorio, Attorney at Law (619) 250-7725
www.vilorialaw.com

Special education legal representation at IEP meetings, observations,
due process hearings, discipline procedures, progress meetings

Legal Services & Advocacy

Pacific Coast Advocates (858) 750-1634
www.pacificcoastadvocates.com

Parents Advocating Together (858) 663-5778
www.patsd.org

Nonprofit formed to support families of children with learning difficulties

Poway Unified School District (858) 748-0010 x2525
www.powayusd.com

Special Education Parent Facilitator Program

Rubin Champlin - Champlin & Sciacca, LLP (858) 754-9716
www.champlinandsciacca.com

Special education legal representation and advocacy

San Diego City Schools Special Education Parent Helpline (619) 725-7057

San Diego People First (619) 688-4236
www.sandiegopeoplefirst.com

San Diego Special Education Location Plan Area

East County (619) 590-3920
North Coastal (760) 761-5110
North Island (760) 788-4671
San Diego (619) 725-7650
South County (619) 470-5225

Seth Schwartz (858) 430-8166
www.lawofficesofsethschwartz.com

Special education representation and advocacy

Susan Moroff, Special Education Advocate (760) 727-2473

TASK (Team of Advocates for Special Kids) (877) 609-3218
(619) 282-0846
www.taskca.org

Parent training and information center, workshops/presentations,
IEP clinic consultation, phone advocacy, AT workshops, awareness trainings

Thomas Nelson (858) 945-6621
www.appropriateeducation.com

Special education advocacy and legal services

Volunteer Lawyer Program of San Diego (619) 235-5656
www.sdvlp.org

Voz de Victoria (619) 895-4282
www.vozdevictoria.com

Bilingual educational consultant and special education advocate

Legal Services & Advocacy

Wedbush Securities (619) 233-9600
www.wedbush.com

Special needs, trusts, conservatorships, estate planning, financial advising.

Jane Whitney, Education Consultant & Certified Advocate (760) 747-0341

YMCA COMPASS Services (619) 546-9850
www.yfs.ymca.org

Needs assessments, special education advocacy services, family counseling and therapy, child and family-centered counseling

NATIONAL RESOURCES

Community Alliance for Special Education (415) 431-2285
www.caseadvocacy.org

Federation for Children with Special Needs (617) 236-7210
www.fcsn.org

Merrill Lynch Special Needs Trusts 1-800-MERRILL
www.totalmerrill.com

Parent Advocacy Coalition for Educational Rights (888) 248-0822
www.pacer.org

Protection & Advocacy, Inc. (PAI) (800) 776-5746
www.pai-ca.org

Music and Art Therapy

Coast Music Therapy

(858) 831-0387

www.coastmusictherapy.com

Music-assisted learning programs, adapted music lessons, early intervention

The Music Therapy Center of California

(619) 299-1411

www.themusictherapycenter.com

Music therapy, school based lessons, consultation & group sessions

MusicWorx, Inc.

(858) 356-2570

www.musicworxinc.com

Music therapy and wellness services, individualized music therapy services

Sarah Wyckoff, MA

(619) 246-4595

www.professionalfriend.net

Transformative coaching/expressive art and movement therapy
facilitation, workshop and retreats for parents of children
with special needs, special education advocate

Villa Musica

(858) 550-8100

www.villamusica.org

Adapted music lessons for violin and piano, individualized music therapy

Private Schools

ACES, Inc.

Behavioral and educational services, assessments, tutoring, parent training

(619) 278-0884
www.acesautism.com

Alexa's PLAYC

Educational program designed to integrate early education for typically developing children and children with or at-risk for ASD

(858) 966-8555
www.rchsd.org

Arch Academy

Private school for children grades K-12, provides individualized support for behavior, mental health, and education difficulties

(619) 887-4682
www.thearchacademy.com

Aseltine School

Students grades K-12 whose special needs cannot be met in public schools

(619) 296-2135
www.aseltine.org

Balboa City School

Private K-12 academics with individual attention

(619) 298-2990
www.balboaschool.com

Banyan Tree Learning Center

Assessment, academic programs, foundational programs

(858) 578-6616
www.banyantlc.com

Excelsior Academy

Grades 3-12, social skills groups, Asperger's specific programming, special education services

(619) 583-6762
www.excelsioracademy.com

Pioneer Day School

Alternative school and afterschool programs

(619) 758-9424
www.pioneerdayschool.org

Rancho San Diego Academy

Non-public agency with specialized autism classrooms, with the goal of being transitioned back into the public schools

(619) 447-6776
<http://ranchosdacademy.com>

San Diego Center for Children

Private school for children with developmental disabilities

(858) 277-9550
www.centerforchildren.org

Private Schools

Sierra Academy

Nurturing learning environment in alternative setting for students grades 1-12, life skills program for students up to age 22

(858) 578-5335
www.sierra-school.com

Springall Academy

Provides an intensive, structured and individualized program

(619) 460-5090
www.springall.org

Stein Education Center

A school for children with behavioral disorders and developmental disabilities

(858) 514-5100
www.vistahill.org

TIEE (The Institute for Effective Education)

Special education day school programs for students with a range of disabilities

(619) 243-1393
www.tiee.org

The Winston School

Intensive special education program and individualized instruction, grades 4-12

(858) 259-8155
www.thewinstonschool.com

Occupational Therapy

Autism Group Inc., The

Relationship Development Intervention, occupational therapy,
school consultation, parent training

(858) 689-2027
www.theautismgroup.com

Developmental Therapy Center (DTC)

Occupational therapy, sensory integration therapy, speech

(619) 295-3515
www.dtckids.com

Excel Speech Therapy Center

Provides pediatric and adult physical therapy, speech therapy,
occupational therapy

Kearny Mesa (858) 565-6910
Chula Vista (619) 475-6910
www.excelspeech.com

Golden Step Therapy

Occupational therapy, speech and language assessments and interventions

(760) 602-7986
www.goldensteps.org

K.I.D.S. Therapy Associates

Speech, occupational and physical therapy, groups, feeding
interventions, self-regulation

(858) 673-5437
www.kidstherapyassociates.com

Rady Children's Hospital Occupational Therapy/Sensory Integration

Occupational therapy evaluations, individualized and group
intervention, feeding and swallowing team

(858) 966-5829
www.rchsd.org/OT

San Diego Treatment Network

Neuropsychology, psychology, speech therapy, occupational therapy,
educational therapy, advocacy & music therapy in the Mira Mesa area

(858) 695-9444
www.sdtreatment.com

Sensory Learning Center

Multi-sensory therapy stimulating the auditory, visual and vestibular systems

(760) 434-3314
www.sensorylearning.com

Small Talk Speech Therapy

Individual and small group speech and occupational therapy

(619) 647-6157
www.smalltalkspeech.com

Total Education Solutions

1:1 and small group sessions in speech and language therapy &
occupational therapy in both environments and a clinical setting

(619) 275-4515
<http://sd.tesidea.com>

Recreational Programs

Aqua Pros Swim School

(619) 209-2990
www.aquapro.org

Swim school that welcomes individuals with special needs,
Pool Pals program for SD Autism Society members

ARTS (A Reason To Survive)

(619) 297-ARTS
www.areasontosurvive.org

Group or individual sessions for literary, visual, and performing
arts projects for kids with special needs

ASSERT (After School Social, Educational, & Recreational Therapy)

(619) 564-0860

Therapeutic recreation and sensory integration, tutoring, homework assistance

Boys & Girls Club of San Dieguito

(858) 755-9371
www.positiveplaceSD.org

Special needs groups after school in Solana Beach, Encinitas and
Carmel Valley, inclusive recreation programs

Camp Respite

(858) 576-2996
www.sdrc.org

Service provided by SDRC and provides weekend from Friday-Sunday

City of San Diego, Park and Recreation Department

(619) 236-7771
www.sandiego.gov/park-and-recreation

Therapeutic recreation services for individuals with disabilities,
ages 3-adult

Community Coaching Center

(858) 603-9835
www.communitycoachingcenter.org

Community & behavioral life skills training and supervision
for after school/Saturdays/school vacation

Coast Music Therapy

(858) 831-0387
www.coastmusictherapy.com

Individualized music therapy services, adapted music lessons

Del Mar Sports Camps

(858) 504-0808
www.delmarsportscamp.com

Saturday and summer programs with an emphasis on sports
acquisition and social skills

Disneyland

(714) 781-4565
www.disneyland.com

Offers solutions to assist guests with special needs based on the individual
needs of each family. Call ahead, or visit City Hall or Guest Relations for details

Recreational Programs

Easter Seals of San Diego

Adult day program, supportive employment, and camp

National City (619) 409-9400
Escondido (760) 482-2777
<http://southernca.easterseals.com>

Friendship Circle

In-home social mentoring, sibling workshops, Jewish holiday programs

(858) 487-4879
www.friendshipcirclesd.com

Helen Woodward Animal Center

Pet encounters and training for disabled, therapeutic horseback riding

(858) 756-4117
www.animalcenter.org/therapeuticriding

Horsemanship for the Handicapped

Rehabilitation and therapy program offered at no cost to participants

(619) 441-7868

Ivey Ranch Park

Daycare, respite care, recreational activities, horseback riding

(760) 722-4839
www.iveyranch.com

Kids Included Together (KIT)

Assists children with special needs to be included in community recreation programs

(858) 225-5680
www.kitonline.org

La Casa Center for Autism

Recreational and social programs for adolescents and young adults

(619) 876-9160
www.lacasacenterforautism.com

Lawrence Family Jewish Community Center

Recreation and social programs for children with special needs

(858) 457-3030
www.lfjcc.org

Legoland

Offers Premium Play Pass which includes park entry, front-of-the-line Privileges and reserved seating at shows

(760) 918-5346
www.legoland.com

Music Therapy Center of California

Individual and group music therapy targeting language, social, and recreational skills

(619) 299-1411
www.themusictherapycenter.com

Mon Petit Chateau

Indoor play, birthday parties

(619) 271-7880
www.mpchateau.com

ReSpectrum Community

Family support, individual and family therapy, social skills, recreational programs

(619) 741-4466
www.respectrum.org



Recreational Programs

SAS Supporting Alternative Solution

(619) 670-9500
www.sassandiego.org

In home respite service, early childhood development program,
vendor of San Diego Regional Center

San Diego Park and Recreation Dept. Therapeutic Recreation

(619) 525-8247
www.sandiego.gov/park-and-recreation

Organized activities for all age groups, inclusion aides for
community programs

San Diego Zoo/ Wild Animal Park

(619) 231-1515 x4900
www.sandiegozoo.org

The Zoo offers an annual pass called the Koala Club for children with
special needs. This pass allows the escort of the child to enter free of charge.
A letter from a doctor stating the child's disability is required.

Sea World

(619) 226-3900 x2046
www.seaworld.org

Sea World offers an escort pass for children with special needs. The annual
pass fee is reduced and allows the child's escort to get in free of charge.
The pass also allows free parking. A letter from a doctor stating the child's
disability is required

Special Olympics

(619) 283-6100
www.specialolympicssandiego.com

Offers a variety of sports activities for individuals with intellectual
disabilities, ages 8-adult

Sports for Exceptional Athletes

(858) 565-7432
www.s4ea.org

Community based program serving athletes with developmental disabilities
ages 5 through adult

Stein Recreation Programs

San Diego (619) 281-5511
Chula Vista (619) 498-8384
www.vistahill.com

After-school socialization activities and programs, ages 3-17

Summer Camps for Children with Disabilities

(800) 695-0285
www.nichey.org

Directory of campsites

Surfers Healing

(866) 647-HEAL
www.surfershealing.com

Surf camps and lessons for children with autism

Tender Loving Canines, Assistance Dogs

(858) 461-6827
www.tenderlovingcanines.org

Provides custom-trained dogs for children with autism and their families



Recreational Programs

United Cerebral Palsy Toy Lending Library

(858) 278-5420
www.ucpsd.org

Circulates throughout the county loaning toys and software to families of children with special needs

VALR Martial Arts and Karate Center

(858) 668-1887
www.VALRmartialarts.com

Private and group martial arts training for children with autism

XciteSteps

(858) 722-1948
www.excitesteps.com

After school programs, recreational sports, social skills, vocational opportunities, for children through adults with developmental disabilities

Respite Care

Advantage Center, The

(619) 697-6311

Adult day care day program, serving people with developmental disabilities

Camp Respite

(858) 576-2996

www.sdrc.org

SDRC program providing respite weekends

Community Coaching Center

(858) 603-9835

www.communitycoachingcenter.org

Community & life skills training, supervision afterschool/
Saturday/vacation

Community Living Services (ARC of San Diego)

(619) 685-1175

www.arc-sd.com

Provides in-home respite services

Home of Guiding Hands

(619) 938-2850

www.guidinghands.org

Residential services and support for individuals with intellectual disability,
individual life skills training, respite services, training and support to
adults who live independently

Ivey Ranch Park

(760) 722-4839

www.iveyranch.com

Daycare, respite care, recreational activities, horseback riding

Navy Exceptional Family Member Program

(619) 556-6899

www.navyfamily.navy.mil

Information & referrals, individualized service plans, case management

Pride, Inc.

(858) 467-6840

www.pride-inc.com

Independent living and supported living services for adults with
developmental disabilities

San Diego Regional Center

Main (858) 576-2996

San Marcos (760) 736-1200

East County (619) 596-1000

National City (619) 336-6600

Imperial (760) 355-8383

www.sdrc.org

Supporting Alternative Solutions (SAS)

(619) 670-9500

www.sassandiego.org

In-home respite services, early childhood development program

Respite Care

T.E.R.I. Inc.

In-home, afterschool, Saturday respite services

(760) 721-1706 x120
www.teriinc.org

YMCA

In-home and out-of-home respite services, various locations
throughout San Diego county

(800) 481-2151
www.ymca.org

Social Skills Training/Groups

ADI (Autism Discovery Institute at Rady Children’s Hospital)

(858) 966-7453
www.rchsd.org/autism

Intervention programs and parent and professional training programs, social skills groups, behavioral consultation

AEFCT (Autism Experts Empowering Families & Children Together)

(858) 569-0056
www.aefct.com

Behavioral, assessment & consultation services, ABA, parent training, support groups

AIM (Applied Interventions & Methodologies)

(858) 657-9117
www.aimautismservices.com

Behavioral, educational, interventional, psychological services

ASC (Autism Spectrum Consultants)

(858) 272-2662
www.autismconsultants.com

Behavioral intervention, social skills groups, school shadowing, ABA, parent training, in-home consultations, behavior consultations

CARES (Center for Autism Research, Evaluation & Service)

(858) 444-8823
www.caresnpa.com

Educational, behavioral, and evaluation services, social skills groups

CASE, Inc. (Comprehensive Autism Services and Education)

(760) 720-4964
www.casefamily.com

In-home programs, school consultation, social skills groups, summer camp, sex education

Community Coaching Center (CCC)

(858) 837-3210
www.communitycoachingcenter.org

After school community-based social behavior program

Comprehensive Autism Center Inc.

(951) 813-4034
www.comprehensiveautismcenter.com

In-home and school ABA, infant and toddler development program, socialization groups, parent and family training

Excelsior Academy

(619) 583-6762
www.excelsioracademy.com

Special education services grades 3-12, Asperger’s specific programming, social skills groups

I Can Play!

(858) 442-1624
www.icanplaysd.com

Social skills groups, parent training, school consultation

Social Skills Groups

Innovative Therapy-4-Kids

(760) 434-3912
www.it4k.com

Occupational, speech, and physical therapy, child psychology, behavioral services, specialty groups

Intricate Mind Institute

(858) 205-9809
www.intricatemindinstitute.com

Cognitive behavior therapy, cognitive enhancement training, social skills training for youth, teens, and adults with ASD

Kids Included Together (KIT)

(858) 225-5680
www.kitonline.org

Assistance with inclusion in community programs

ReSpectrum

(619) 741-4466
www.respectrum.org

Family support, individual and family therapy, social skills, recreational programs

Sierra Academy

(858) 578-5335
www.sierra-school.com

Nurturing learning environment in alternative setting for students grades 1-12, life skills program for students up to age 22

STAR Specialties

(858) 514-5170
www.starspecialities.org

Socialization programs, training for parents and children with ASD

Stein Special Care Services

(619) 281-5511
www.vistahill.org

After-school program serving children and young adults to enhance play skills, community skills, and to reduce inappropriate behaviors

Speech Therapy

Crimson Center for Speech and Language

Speech/language, psychology, occupational therapy,
parent coaching, social skills groups, behavioral consultations

(858) 695-9415
www.crimsoncenter.com

Developmental Therapy Center (DTC)

Occupational therapy, sensory integration therapy, speech

(619) 295-3515
www.dtckids.com

Excel Speech Therapy Center

Provides pediatric and adult physical therapy, speech therapy,
occupational therapy

Kearny Mesa (858) 565-6910
Chula Vista (619) 475-6910
www.excelsspeech.com

Golden Step Therapy

Occupational therapy, speech and language assessments and interventions

(760) 602-7986
www.goldensteps.org

Innovative Therapy-4-Kids

Occupational, speech, and physical therapy, child psychology,
behavioral services, specialty groups

(760) 434-3912
www.it4k.com

Kara Dodds and Associates

Speech and Language services (in-home treatment available)

(619) 692-0622
www.karadodds.com

K.I.D.S. Therapy Associates

Speech, occupational and physical therapy, groups,
feeding interventions, self-regulation

(858) 673-5437
www.kidstherapyassociates.com

LAMP (Language Acquisition through Motor Planning)

Uses augmentative and alternative communication (AAC)
technology and language fundamentals to promote communication

(866) 998-1726
www.aacandautism.com

Pacific Therapy, Inc.

Speech and language therapy

Ventura (805) 643-4093
<http://pactherapy.com>

Rady Children's Hospital - Speech / Language Pathology

Language and hearing assessments, individual therapy, social skills groups

(858) 966-5838
www.rchsd.org



Speech Therapy

San Diego Treatment Network

Neuropsychology, psychology, speech therapy, occupational therapy, educational therapy, advocacy, music therapy in Mira Mesa area

(858) 695-9444
www.sdtreatment.com

School of Speech, Language, & Hearing Sciences

Speech and language clinic for children and adults

(619) 594-2421
www.slhs.sdsu.edu

Small Talk Speech Therapy

Individual and small group speech and occupational therapy

(619) 647-6157
www.smalltalkspeech.com

Social Communication Specialists

Speech therapy, specializing in creating and providing innovative social thinking and language therapy services for preschoolers through adults

(619) 591-9552
www.socialcommunicationspecialists.com

Total Education Solutions

Speech and language therapy and occupational therapy in individual and small group settings

(619) 275-4515
<http://sd.tesidea.com>

Informational Resources

- ADI (Autism Discovery Institute at Rady Children’s Hospital)** (858) 966-7453
www.rchsd.org/autism
Website provides information and resources to support hospital visits, information on red flags, diagnosis, research and intervention
- ASA (Autism Society of America) San Diego Chapter** (858) 715-0678
www.sd-autism.org
San Diego chapter of the national charitable organization with the mission of providing information on autism and the various treatment methods
- ASA (Autism Society of America) National Organization** (800) 328-8476
www.autism-society.org
National online autism resource community
- Autism Research Institute** (866) 366-3361
Spanish (877) 644-1184
www.autism.com
Research center, publishes quarterly journal and information
- Autism Speaks** (323) 549-0500
www.autismspeaks.org
Advocacy, research, public awareness, support
- California Department of Education - Special Education Division** (916) 319-0800
www.cde.ca.gov/sp/se
Assistance and information regarding implementation of California Special Education Laws
- EFRC (Exceptional Family Resource Center)** Central (800) 281-8252
S. County (619) 409-3127
N. Coastal (760) 761-5553
Imperial Co. (760) 355-0147
www.efrconline.org
Support, referrals, information and education services for families of children with disabilities
- NFAR (National Foundation for Autism Research)** (858) 679-8800
www.nfar.org
Autism Resource Community that provides funding for autism programming and research in SD
- National Information Center of Children & Youth with Disabilities** (800) 695-0285
www.nichcy.org
National informational resource with many free opportunities for families of children with disabilities

Informational Resources

Nisonger Center at Ohio State University

(614) 292-0775

<http://nisonger.osu.edu/projectmed>

Medication education for consumers, booklets available about developmental disabilities and psychotropic drugs, mood and behavior medicines, issues relating to a patient's rights and responsibilities

Organization for Autism Research (OAR)

(703) 243-9710

www.researchautism.org

Funds applied research in ASD, provides info and support to families

Valerie's Email List

www.valerieslist.com

Online ASD resource that provides information, announcements, networking to families affected by ASD

YMCA COMPASS Services

(619) 546-9850

www.yfs.ymca.org

Needs assessments, special education advocacy services, family counseling and therapy, child and family-centered counseling

Products

Sensory Processing and Integration Resources:

The Alert Program for Self-Regulation Therapy Works, Inc.

(877) 897-3478

www.alertprogram.com

Supports self-regulation, attention, learning, and behavior

Balametrics, Inc.

(800) 894-3187

www.balametrics.com

Vestibular system and its effect on brain processing and sensory integration

Billy's Basket

Billysbasket@gmail.com

Motivating toys and therapeutic tools expressly designed for kids with special needs

Handle Institute, The

(415) 479-1800

www.handle.org

A holistic approach to neuro-development and learning efficiency

Sensory Learning Center

(760) 434-3314

www.sensorylearning.com

Southpaw Enterprises, Inc.

(800) 228-1698

www.southpawenterprises.com

The Developmental Delay Resource

(800) 497-0944

www.devdelay.org

Other Products:

Banding Together

(619) 299-1411

Nonprofit organization that helps provide scholarships, instruments, and mentorships to individuals with disabilities; music products for kids

Blue Dominoes Safe Art

(858) 759-7435

www.bluedominoes.com

Organic and all natural activity dough contains no lead, heavy metals, bromine, artificial coloring and is wheat and gluten free

California Telephone Access Program

(800) 806-1191

www.ddtp.com

Phones for individuals with difficulty seeing, hearing, speaking, remembering

Products

Discovery Toys

(619) 449-6940
www.toyprokids.com

Carries a line of quality learning toys, books, and games for children of all ages

Lakeshore Learning Store

(619) 297-8494
www.lakeshorelearning.com

Educational products for children ages 0 to 11 years, adults and teachers

Mobile Thinking, LLC

(619) 293-7451
www.mobilethinking.com

Software to track and share discrete trial and behavioral data

Note Abilities: Kibbles Rockin' Clubhouse

www.noteabilities.com

DVD series designed to teach social skills through creative visuals, peer modeling, and fun songs for children ages 3 to 9 with ASD

Roots to Grow

(619) 325-9302
www.roots-to-grow.com

Video modeling series

Stages Learning Materials

(530) 892-1112
www.stageslearning.com

Flash card sets, posters, for language skills, sorting, cognitive skills etc.

Tuned In To Learning

(877) 886-3346
www.tunedintolearning.com

Music-based educational curriculum addressing social, communication, academic, behavioral and fine and gross motor skills

United Cerebral Palsy Toy Lending Library

(858) 278-5420
www.ucpsdtechcenter.org

Circulates throughout the county loaning toys and software to families of children with special needs

Books

The following books are available at: <http://www.sd-autism.org/recommendedReading.html>. By ordering these books directly from the links on the San Diego Autism Society page, a percentage of all sales go to the San Diego Autism Society to help support programs and outreach.

Introductory Books:

- *The Autism Book: Answers to Your Most Pressing Questions.*
S. Jhoanna Robledo & Dawn Ham-Kucharski (2005) Penguin
- *The Autism Sourcebook: Everything You Need to Know About Diagnosis, Treatment, Coping, and Healing.*
Karen Exhorn (2005) Collins
- *Autism Spectrum Disorders.*
Wetherby & Prizant (2000) Brookes Publishing Co.
- *Autism Spectrum Disorders: The Complete Guide to Understanding Autism, Asperger's Syndrome, Pervasive Developmental Disorder, and Other ASDs.*
Chantal Sicile-Kira & Temple Grandin (2004) Berkley Publishing Group
- *Autism Treatment Guide, 3rd Edition*
Elizabeth Gerlach (2003) Future Horizons Inc.
- *The Child with Special Needs: Encouraging Intellectual and Emotional Growth*
Stanley I. Greenspan, Serena Wieder, & Robin Simmons (1998) Merloyd Lawrence
- *The Complete Guide to Asperger's Syndrome*
Tony Attwood (1998) Jessica Kingsley Publishers
- *Keys to Parenting the Child with Autism*
Marlene Brill (1994) Barron
- *Ten Things Every Child with Autism Wishes You Knew*
Ellen Notbohm (2005) Future Horizons Inc.
- *The Science and Fiction of Autism*
Laura Schreibman (2007) Harvard University Press

Families & Personal Accounts:

- *The Boy Who Loved Windows*
Patricia Stacey (2003) DeCapo Press
- *Eating an Artichoke: A Mother's Perspective on Asperger Syndrome*
Echo R. Fling (2000) Jessica Kingsley Publishers
- *Freaks, Geeks and Asperger Syndrome: A User Guide to Adolescence*
Luke Jackson (2002) Jessica Kingsley Publishers
- *Just This Side Of Normal*
Elizabeth Gerlach (1999) Future Horizons
- *Let Me Hear Your Voice*
Catherine Maurice (1993) Ballantine Books
- *Living With Autism: The Parents' Stories*
Kathleen M. Dillon (1995) Parkway Publishers
- *Look Me in the Eye: My Life with Aspergers*
John Elder Robinson (2008) Three Rivers Press
- *Making Peace with Autism: One Family's Story of Struggle, Discovery, and Unexpected Gifts*
Susan Senator (2006) Trumpeter

Books

- *Miracle Milestones: One Autistic Child's Journey*
Marilyn Geffland & Sue Barron (2004) Trafford
- *Pretending to Be Normal*
Liane Holliday Wiley (1999) Jessica Kingsley Publishers
- *There's a Boy In Here*
Judy and Sean Barron (2002) Future Horizons
- *Thinking in Pictures: My Life with Autism*
Temple Grandin (2006) Vintage Books

Siblings:

- *Brothers & Sisters: A Special Part of Exceptional Families*
Peggy Gallagher, Thomas Powell, & Cheryl Rhodes (2006) Brookes Publishing Co.
- *Siblings of Children with Autism: A Guide for Families*
Sandra Harris & Beth Glasberg (1995) Woodbine House

For Children:

- *All About My Brother* – Ages 6-10
Sarah Peralta (2002) Autism Asperger Publishing Co.
- *Are You Alone On Purpose?* – Ages 9-12
Nancy Werlin (1994) Penguin Group
- *Everybody is Different: A Book for Young People Who Have Brothers or Sisters with Autism* – Ages 9-12
Fiona Bleach (2001) The National Autistic Society
- *Ian's Walk: A Story about Autism* – Ages 4-8
Laurie Lears (1998) Albert Whitman & Co.
- *My Brother Mathew* – Ages 4-8
Mary Thompson (1992) Woodbine House
- *My Brother Sammy* – ages 4-8
Becky Edwards & David Armitage (2000) Bloomsbury Publishing Pl.
- *My Friend with Autism: A Coloring Book for Peers and Siblings*– Ages 5-8
Beverly Bishop & Craig Bishop (2002) Future Horizons
- *Views from Our Shoes: Growing Up With a Brother or Sister with Special Needs*–Ages 9-12
Donald J. Meyer (1997) Woodbine House

Education & Treatment:

- *1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders*
Veronica Zysk & Ellen Notbohm (2004) Future Horizons
- *An Early Start for Your Child with Autism: Using Everyday Activities to Help Kids Connect, Communicate and Learn.*
Sally Rogers, Geraldine Dawson & Laurie Vismara (2012) Guilford Press
- *Autism Treatment Guide*
Elizabeth Gerlach (1996) Four Leaf Press
- *Behavioral Intervention for Young Children with Autism*
Edited by Maurice, Green & Luce (1996) Pro- Ed
- *The Complete IEP Guide: How to Advocate for your Special Ed Child*
Lawrence M. Siegel (2007) Nolo
- *Do-Watch-Listen-Say: Social and Communication Intervention for Children with Autism*
Kathleen Quill (2000) Brookes Publishing Co.

Books

- *Educating Children with Autism*
National Research Council (2001) National Academy Press
- *Engaging Autism: Using the Floortime Approach to Help Children Relate, Communicate, and Think with the DIR/Floortime Approach*
Stanley Greenspan & Serena Wider(2006) De Capo Press
- *Helping Children with Autism Learn: Treatment Approaches for Parents and Professionals*
Bryna Siegel (2003) Oxford University Press

- *The New Social Story Book, 2nd Edition*
Carol Gray (2000) Future Horizons
- *The Out of Sync Child: Recognizing and Coping with Sensory Processing Disorder*
Carol Kranowitz & Lucy Miller (2006) Perigee Trade
- *Overcoming Autism: Finding the Answers, Strategies, and Hope that Can Transform a Child's Life*
Lynn Koegel & Claire Lazebnik (2004) Viking Penguin Books
- *Reaching Out, Joining In: Teaching Social Skills to Young Children with Autism*
Mary Jane Weiss & Sandra L. Harris (2001) Woodbine House
- *Teaching Children with Autism: Strategies to Enhance Communication & Socialization*
Kathleen Ann Quill (1995) Thomas Delmar Learning
- *The TEACCH Approach to Autism Spectrum Disorders*
Gary Mesibov, Victoria Shea & Eric Schopler (2004) Springer
- *Teach Me Language: A Language Manual for Children with Autism, Asperger's Syndrome and Related Developmental Disorders*
Sabrina Freeman & Lorelei Dake (1997) SKF Books
- *A Work in Progress: Behavior Management Strategies & A Curriculum for Intensive Behavioral Treatment of Autism*
Ron Leaf, John McEachin & Jaisom Harsh (1999) DRL Books
- *Peer Play and the Autism Spectrum: The Art of Guiding Children's Socialization and Imagination*
Pamela Wolfberg (2003) Autism Asperger Publishing Co.

Laws & Advocacy:

- *The Complete IEP Guide: How to Advocate for Your Special Ed Child*
Lawrence M. Siegel (2007) Nolo
- *From Emotions to Advocacy: The Special Education Survival Guide*
Peter Wright & Pamela Wright (2006) Harbor House Law Press
- *How to Compromise With Your School District Without Compromising Your Child: A Field Guide for Getting Effective Services for Children with Special Needs*
Gary Mayerson (2004) DRL Books
- *Negotiating the Special Education Maze: A Guide for Parents and Teachers*
Winifred Anderson, Stephen R. Chirwood & Deidre Hayden (1997) Woodbine House

Magazines and Journals

Journal of Autism and Developmental Disorders	www.springer.com
Focus on Autism and Developmental Disorders	www.proedinc.com
Autism: An International Journal	http://aut.sagepub.com
Autism Research	www.autismresearchjournal.com
Research in Autism Spectrum Disorders	www.elsevier.com
The Advocate	www.autism-society.org
Autism Spectrum Quarterly	www.asquarterly.com
The Autism Perspective	www.theautismperspective.org
Spectrum	www.spectrumpublications.com
The Source	www.maapservices.org
Autism/Asperger's Digest	www.autismdigest.com

Internet Sources

Asperger Syndrome Education Network	http://aspennj.org
Online Asperger Syndrome Information and Support	http://aspergersyndrome.org
Autism Link Page	www.autismlink.com
Autism National Committee	www.autcom.org
Autism Network International	http://autreat.com
Autism Network for Dietary Intervention	www.autismndi.com
Autism Research Institute	www.autism.com/ari
Autism Society of America	www.autism-society.org
Autism Speaks	www.autismspeaks.org
Cognitive Enhancement Research Institute	www.ceri.com
Exceptional Family Resource Center	www.EFROnline.org

Internet Sources, Charities & Foundations

FEAT- Families for Early Autism Treatment	www.feat.org
Four Leaf Press	www.autismwebsite.com
Future Horizons	www.fhautism.com
Interactive Autism Network	www.ianproject.org
Interdisciplinary Council on Developmental and Learning Disorders	www.icdl.com
International Society for Autism Research	www.autism-insar.org
National Information Center for Children and Youth with Disabilities	www.nichcy.org
National Autism Center	www.nationalautismcenter.org
Organization for Autism Research	http://researchautism.org
Parents Helping Parents	www.php.com
Protection and Advocacy, Inc.	www.pai-ca.org
San Diego County Chapter of the Autism Society of America	www.sd-autism.org
The Autism Online Community	www.TheAUTSPOT.com

Charities/Foundations

ADI (Autism Discovery Institute at Rady Children's Hospital)	www.rchsd.org/autism
Autism Research Institute	www.autism.com/ari
Autism Society of America Foundation	www.autism-society.org
Autism Speaks	www.autismspeaks.org
Doug Flutie, Jr. Foundation for Autism Research Institute	www.dougflutiejrfoundation.org
Kyle's Treehouse	www.kylestreehouse.org
National Foundation for Autism Research	www.nfar.org

Research Opportunities

Autism Research at the University of California, San Diego

<http://autism.ucsd.edu>

UCSD autism researchers have consolidated their recruitment information into one website to communicate autism-related research, assessment, and treatment opportunities at UCSD. The specific qualifications needed for participation, length of the project, and other details vary with each project. Projects change frequently, therefore only a general description of the programs is provided below. Please check the website for the most current information.

Programs that can be accessed on this site include:

Autism Center for Excellence and Healthy Infant Development

(858) 534-6900

www.autismsandiego.org

Infant Vision Laboratory - Dr. Karen Dobkins

(858) 822-0642

<http://babylab.ucsd.edu/IVL/Home.html>

Social and Cognitive Neuroscience Laboratory - Dr. Leslie Carver

(858) 534-9752

<http://dnlab.ucsd.edu/index.html>

Research on Aging and Development - Dr. Jeanne Townsend

(858) 623-2789

<http://radlab.ucsd.edu>

Other Research Programs in San Diego:

Autism Discovery Institute, Rady Children's Hospital

(858) 966-7453

www.rchsd.org/autism

UCSD Pediatric Neurology Research Group

<http://neurosciences.ucsd.edu/2page.php?id=Pediatric>

This is not an exhaustive list of research in San Diego.

Additional Research Studies:

www.sd-autism.org/researchstudies.html

Rady Children's Hospital Resources

Autism Discovery Institute
Services for Children with Autistic Spectrum Disorders
1-877-64AUTISM
858-966-7453
www.rchsd.org/autism

Call for current program availability.

Diagnostic Evaluations

The Autism Discovery Institute provides evaluations by psychologists trained in the area of autism. Psychologists use standardized tests, parent interview, play-based assessment, and clinical observation to identify communication disorders, developmental delay, autism spectrum disorders and other developmental challenges. The psychologist assists parents in determining the need for intervention and makes referrals to appropriate resources. Recommendations include referrals to public and private programs throughout the county. For further information or to schedule an evaluation, contact the Autism Discovery Institute at (858) 966-7453.

Transdisciplinary Evaluations are also available. These include a psychologist, speech therapist, occupational therapist and a behavioral pediatrician, who evaluate children together in a unified assessment of development in all areas. These evaluations are offered on a fee-for-service basis only.

Discipline Specific Evaluations

Evaluations of speech and language, hearing, neurological assessment, sensory motor, fine motor and gross motor skills can be obtained by contacting the specific department. If your child requires further evaluation in any specific area after a diagnostic evaluation, the psychologist will refer you to the appropriate department at the developmental evaluation, or your pediatrician may refer you to a specific department based on concerns. After the specific evaluation your child may be referred for individual therapy. Individual therapy is also available at Rady Children's Hospital. Specific individual evaluations and therapy can be scheduled through each department. Rady Children's employs occupational therapists trained in sensory integration techniques.

Speech and Hearing Center	(858) 966-5838	Neurology	(858) 966-5819
Occupational Therapy	(858) 966-5829	Audiology	(858) 966-5838
Physical Therapy	(858) 966-5829		

Parent-Child Developmental Behavioral Therapy (PCDBT)

ADI provides parent training and education to help parents of children with ASD. This program is designed to teach parents how to interact with their child in ways that facilitate play, language, self-help and social skills, while reducing inappropriate behaviors. Skills are taught in individual sessions with the child and parent(s) one time per week. Intervention techniques vary according on the needs of the family and child, and often incorporate naturalistic behavioral strategies, interactive/developmental methods and Positive Behavioral Support techniques.

Intensive Behavioral Therapy

This program is designed for children with autism and severe behavior challenges (i.e. aggression, property destruction, self-injurious behavior, non-compliance, eloping, etc.) and includes both intervention for the child and coaching for parents and other caregivers. Treatment is individualized based on child and family needs, but typically involves intervention strategies based on the principles of Applied Behavior Analysis, specifically involving Positive Behavior Support and Pivotal Response Training techniques to address severe challenging behaviors and skill development. These procedures are research-based and effective at reducing challenging behaviors.

Cognitive Behavioral Therapy

In cognitive behavioral therapy, children and their parents or caregivers learn a set of skills to help children *identify* thoughts and feelings that are excessive or not true to a situation, to *change* those thoughts, and to *gradually face* the situations that make them feel this way. Each skill builds upon the previous one. Children with autism spectrum disorders increase their confidence as they master previously learned skills and learn to use new skills. Evidence supports using this therapy to teach children with autism spectrum disorders how to overcome anxiety disorders (such as feelings of fear, worry or nervousness), anger and depression. Evidence also supports its use in helping children with autism spectrum disorders to become more independent in their self-care routines and use of social skills.

Group Parent Training

Our Group Parent Training Program in Behavior Management provides eight hours (four two-hour sessions once a week) of parent education in applied behavior analysis. The group format includes didactic instruction, video examples, practice using strategies and worksheets, and feedback on homework designed to help parents implement strategies in the home. Parents receive specific feedback regarding use of the techniques with their child based on homework and video review. Parents and other care providers (e.g., grandparents, babysitters) are welcome to attend. Parent education groups serve groups of four to six families at a time.

Behavioral Consultation

Behavioral consultation teaches and empowers parents of children with autism spectrum disorders, ages 0-18, to be able to manage difficult problem behaviors. Parents and child meet with a doctoral- or master's-level behavior support specialist to discuss and apply procedures to improve difficult behaviors and increase appropriate behaviors. Target behaviors may include improving self-help skills, increasing compliance and developing appropriate sleep behaviors. The number of consultation sessions depends on the child's and family's needs.

Social Skills / Social & Language Groups

A variety of group therapy programs designed for children with high functioning PDD-NOS, autism or Asperger's Disorder are available. Goals of these groups include assisting children in classroom participation, perspective taking skills, peer interaction, and social/emotional development. Children participate in specific groups based on age and skill level. Groups meet 1-2 times per week and include a parent information component.

In-Hospital Behavioral Consultation and Support Services

Our team can assist families in preparing their child for upcoming hospital appointments or inpatient procedures by providing pre-visit tools and information on what can be expected during their visit. In addition, we work with hospital staff to ensure they have the strategies and support needed to make the patient's visit as successful as possible. Pre-visit consultation and onsite behavioral support are both available.

Alexa's PLAYC (Playful Learning Academy for Young Children)

Alexa's PLAYC provides children with a warm and loving environment that stimulates physical, social, intellectual and emotional growth. Located less than a mile from the main Hospital campus in Serra Mesa, Alexa's PLAYC welcomes children ranging in age from 18 months to 6 years. Alexa's PLAYC is an educational program designed to integrate early education for typically developing children and children with or at-risk for autism spectrum disorders (ASD). The Alexa's PLAYC curriculum focuses on teaching developmentally appropriate communication, cognitive and social skills and fosters independence in activities of daily living for all children involved. New students entering Alexa's PLAYC will receive a developmental screening to ensure that placement is appropriate.

Resource Center for Parents

ADI also offers a resource and lending library for parents. This is made possible by donations from the Biasco Foundation and from the San Diego Chapter of the Autism Society of America. Through our resource center, we offer information to parents through a selection of books and articles addressing issues of Autism Spectrum Disorders.

The Autism Society of America

San Diego County Chapter

(SDASA)

(858)715-0678

www.sd-autism.org

The San Diego County Chapter of the Autism Society of America (SDASA) provides monthly informational meetings with timely topics where parents can network and find needed support. The SDASA has also funded libraries featuring various books and videos that are available on loan from the Exceptional Family Resource Center and Rady Children's Autism Discovery Institute. Membership in SDASA also includes a quarterly newsletter, keeping members informed on current topics, upcoming events and substantial member discounts on many chapter sponsored activities.

Joining the San Diego Chapter will be especially helpful for meeting other parents who have struggles with the same issues. They can be your best resource for locating physicians, therapists and other professionals who can assist in your efforts. The Autism Society exists as a support, information and advocacy organization for individuals with Autism Spectrum Disorders and their families. You can access the Autism Society of America by calling 1-800-3Autism.

Sibling Needs

Helpful Information for Parents

Developmental Considerations

What do you tell...?

Preschoolers (Before age 5)

Children in this age group are unable to articulate their feelings, so they will likely show their feelings through their behavior. They will be unable to understand the special needs of their sibling, but they will notice differences and may try to teach their brother or sister. Children of this age are likely to enjoy their sibling because they have not learned to be judgmental and their feelings toward their siblings will likely be linked to “normal” sibling interactions.

Elementary School Age (5 to 12)

These children start venturing out into the world and become acutely aware of the differences between people. They have the ability to comprehend a definition and explanation of their sibling’s special need as long as it is explained to them in terms that they can understand. They may worry that the disability is contagious or wonder if something is different about them, too. They may also experience guilt for having negative thoughts or feelings about their sibling as well as guilt for being the child who is not disabled.

Some typical responses of children this age are to become OVERLY helpful and well behaved or to become non-compliant in order to obtain a parent’s attention. Throughout this age span, the children will have conflicting feelings about their sibling. This happens in sibling relationships that do not include a disability, too.

Adolescents (13 to 17)

Adolescents have the capability of understanding more elaborate explanations of the particular disability. They may ask detailed and provocative questions. The developmental task of adolescence is to begin discovering oneself outside of the family. At the same time, conformity with peer groups is important. Therefore, for children this age, having a sibling who is different may be embarrassing in front of friends and dates. They may feel torn between their desire for independence from the family and maintaining a special relationship with their sibling. They may resent the amount of responsibility, and they may begin worrying about their sibling’s future.

Educate Your Children

Provide information to the child about how the condition is evaluated, diagnosed and treated.

1. The children need to know what the disability is and what to expect.
2. Explain the strengths and weaknesses of the child with the disability.
3. Explain ways to interact with sibling.
4. Explain ways to help with sibling.

Balance Time Spent With Children

1. Encourage child to have activities unique to him/her.
2. Parental participation in activities outside the disability world/community with the child is important.
3. Parental recognition of child's strengths and accomplishments can build feelings of self-worth.

Open Discussion

1. Open discussion in the family should exist where member's positive and negative feelings are expressed.
2. Discussions of ways to cope with stressful events such as peers and public reaction, as well as unexpected changes in family plans and extra home responsibility are important.

Sibling Groups

1. Participation in a group for siblings allows the children to meet others who are in the same circumstance.
2. A group also provides children with the chance to discuss feelings, which may be difficult to express to the family.

Warning Signs

Depression

1. Change in child's sleeping habits
2. Change in child's eating habits
3. Sense of helplessness/hopelessness
4. Continued sense of irritability
5. Mentions hurting self (e.g., "I wish I was dead")
6. Difficulty making decisions or concentrating
7. Lack of pleasure in activities
8. Social withdrawal
9. Low self-esteem

Anxiety

1. Excessive worry
2. Increased energy level without a purpose
3. Tearful at slightest frustration
4. Has difficulty separating from parents
5. Sleeping problems or change in sleeping habits
6. Changes in eating habits
7. School phobia
8. Worry about health or well-being of family members
9. Somatic symptoms (e.g., stomachaches and headaches)
10. Perfectionism

If your child displays a number of these symptoms for a prolonged period of time (2 weeks or more), it may be advisable to discuss the situation with the child's pediatrician or a local mental health professional.

Therapeutic Approaches

Parents of children with an autistic spectrum disorder are frequently overwhelmed when confronted with the many treatment/educational approaches suggested for their children. The following is an explanation of some of the most widely used techniques. This list is not exhaustive. Some of these techniques are comprehensive programs, while others are designed to target a specific area. **This listing does not constitute an endorsement of any particular technique, but is intended to be informational only.** Some of these techniques have been well researched, while others are based on very limited evidence. This guide will give you a brief description only. Please find out more about any techniques you decide to use with your child.

DEVELOPMENTAL / BEHAVIORAL APPROACHES

- **Cognitive Behavior Therapy (CBT)**

Cognitive Behavior Therapy (CBT) is a therapeutic technique used to reduce negative emotions and problem behaviors by altering both cognitive processes and behaviors. It is based on the underlying assumption that thoughts are linked to feelings and feelings are linked to behaviors (or actions) and that by changing thoughts feelings change automatically which will subsequently change behaviors. It also incorporates behavior theory which states that behaviors can be altered by consequences so that reinforcement increases behaviors and negative consequences decrease behaviors. In CBT, therapists assist children and their caregivers to learn how to identify thoughts and feelings that are excessive or not true to a situation, to change those thoughts, and to gradually face the situations that previously caused excessive feelings. The therapy also focuses on increasing positive thoughts, feelings and actions. The therapy utilizes a structured approach that includes psychoeducation, set curriculums, role-play and practice sequences and homework assignments that require support by the family.

Evidence supports using this therapy to teach children with autism spectrum disorders how to overcome anxiety disorders (such as feelings of fear, worry or nervousness) and depression. It can also positively impact self-help skills and social skills. CBT is most effective when it is modified to the unique needs of the individual child with autism spectrum disorder and delivered by a trained, experienced mental health professional. CBT is most appropriate for children 6 years or older who are verbal and without cognitive impairments. CBT is helpful for adolescents and adults experiencing co-occurring anxiety and depression as well and can be used to eliminate symptoms in combination with or as an alternative to medication.

- **DIR/Floor Time**

DIR/Floor Time Theory:

People with autism, like everyone, need to engage in warm, connected relationships that support development of relating, communicating, and learning. This includes all parts of a child's life: parent and child, teacher and student, and children with peers. DIR/Floortime® builds these relationships, fostering social-emotional Developmental progress, taking into account the Individual abilities and challenges of the person (sensory, motor, communication, thinking), and leveraging our Relationships with others as they are the most important way we learn and grow together.

DIR/Floor Time Intervention:

In DIR/Floortime®, every time we talk, play, or teach we start by seeing if the other person is calm enough to do things with us. If not, we help the person settle down. Usually that means just waiting a bit and seeing what the person is doing (following the person’s lead). Sometimes, it means doing other things with the person to help them calm down. The next thing we do is woo the person into an interaction, usually by either joining in or playfully getting in the way of the other person. We look for the ‘gleam in the eye’ that comes when you know the other person knows that you are both being playful. When we do this, the other person usually does something different, and so we keep doing things to see what the other person does. We try to keep these *circles of interaction* going, and as we do this we build a real, growing, learning bond with the other person. We can do this with all sorts of people, from children who seem to only flap their hands to people who can talk really well but get stuck with things like making friends. We do DIR/Floortime all day, every day. It’s fun when we play – and with young children that is often on the floor - but it can be done in the car, at the store, in class, at home, and in any situation. DIR/Floortime helps people react better to change and to the things that bother them, from scratchy clothes or loud noise to challenging peer situations. DIR/Floortime can help people learn how to care about other people and think about how other people feel. A growing body of research evidence supports DIR/Floortime as a useful way to think about and help people with autism and autism-like problems.

DIR/Floor Time Goals:

DIR/Floortime® goals follow functional, developmental, emotional levels to assist the person in improving and mastering necessary developmental skills.

- I. Self-Regulation and Attention
Goal: Take in sights and sounds and maintain shared attention
- II. Engagement and Relating
Goal: Woo another and be wooed, stay engaged through emotions in warm interaction
- III. Use Affect to Convey Intent - Two Way Communication
Goal: To do this for requests, emerging back and forth interactions
- IV. Behavioral Organization and Problem Solving
Goal: Continuous flow of affective interactions with people for shared social problem solving
- V. Creates and Elaborates With Symbols
Goal: Represents ideas and emotional themes in play and other interactions.
- VI. Emotional Thinking: Logical –Abstract
Goal: Bridges ideas, elaborates and can reflect on actions, motives, aware of time and space

Additional information:

Dr. Josh Feder offers monthly open community meetings in Solana Beach (look for announcements on Valerieslist@aol.com)

Website: www.circlestretch.com, www.icdl.com

Book: Engaging Autism: Using the Floortime Approach to Help Children Relate, Communicate and Think with the DIR/Floortime Approach by S. Greenspan & S. Wieder (De Capo Press, 2006)

- **Discrete Trial Training (DT)**

Discrete Trial Training Theory:

Discrete Trial Training is one type of treatment based on applied behavior analysis principles (ABA). This teaching method involves breaking tasks down into simple elements and teaching the

child through repetition. An individualized program is designed for each child so that the child's specific strengths and weaknesses are appropriately addressed. Sessions are typically highly structured and more teacher-directed than child-directed.

DT Goals:

The goal of a DT program is to teach the child all that is required of a typically developing child of the same age. New students may focus on developing learning readiness skills such as sitting in a chair, responding to his/her name, establishing joint attention and learning how to focus on teaching materials. Once these skills are learned, programs may work on imitation skills, learning to follow simple commands, and increasing receptive and expressive vocabulary (labels, requests, etc). As the child progresses, the skills become more advanced, but the methodology and prompting techniques remain consistent. This method is designed to develop cognitive, play, social, and self-help skills.

DT Technique:

The instruction is most often performed one-on-one in the home or school with therapists. Specific techniques include:

- Breaking a skill into smaller parts
- Teaching one sub-skill at a time until mastered
- Providing opportunities for repetition in concentrated periods of time
- Prompting and fading prompts as necessary to reach independence
- Using reinforcement procedures

Flexibility and patience are extremely necessary for DT. Language, social and play skills typically develop over months and years of intervention

Additional information:

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

Book: *A Work in Progress: Behavior Management Strategies & A Curriculum for Intensive Behavioral Treatment of Autism* by Leaf & McEachin, (DRL Books, 1999)

- **Music Therapy**

Music Therapy Theory:

Music therapy is a professional health discipline which uses music as a therapeutic stimulus to achieve non-musical treatment goals. Findings from a recent analysis of music therapy research in the area of autism (Whipple, 2004) support the benefits of this intervention to assist in communication, on-task behavior, social development, self-care skills, and anxiety reduction. Additionally, research indicates enhanced processing and interest in musical stimuli for a subset of individuals on the autism spectrum. In combination with other evidence-based techniques, music is a strong modality to engage individuals with autism in more challenging or non-preferred tasks. For a complete research list (including the meta-analysis referenced above), visit www.coastmusictherapy.com/articles/diagnosisautism.html.

Music Therapy Goals:

As an adjunct learning support, many need areas can be targeted through music-based strategies. Techniques that are frequently utilized for individuals on the autism spectrum include:

- Teaching and role play of social scripts and scenarios via song-cued format
- Practice and repetition of vocal sounds, speech phrases, or conversation scripts through melodic & rhythmic techniques
- Presentation of academic facts, self-help sequences, and language concepts through song or chant
- Gross and fine motor exercises and motor imitation cued by rhythm or instrument play

Therapeutic Approaches

- Engagement in music performance, songwriting, or music-facilitated social groups to encourage emotional expression, creativity, and interpersonal skills
- Music to assist with calming, self-regulation, and transitions

Music Therapy Credentialing & Programs:

A professional music therapist holds a minimum of a Bachelor's Degree in Music Therapy from an accredited university in addition to completion of 1200 hours of clinical training, and national board certification. For more information on this credentialing process, visit www.cbmt.org.

Services frequently offered by music therapists include: early intervention, adapted music lessons, educational services, individual and group therapy sessions, consultation and collaboration with other treatment providers, and development of resources for home or school carry-over.

Additional information:

Website: www.musictherapy.org

- **Occupational Therapy (OT)**

Occupational Therapy Goals:

Occupational Therapy is concerned with the child's ability to function and participate in desired daily life activities or "occupations", according to their needs. Children's occupations include self-care (dressing, eating, and personal hygiene), school activities, home chores, and play. Occupational therapy benefits children with autism by improving their skills required to participate in these activities.

Occupational Therapy Techniques:

Occupational Therapy uses a client-centered approach: the intervention is tailored to the child's strengths, weaknesses, and the family's needs. Interventions can take place individually or in groups. Occupational therapists routinely address:

- Attention
- Behavior
- Social skills
- Sensory processing
- Motor function
- Play
- Self-care

Additional information/ websites:

www.aota.org/Practitioners/Resources/Docs/FactSheets/Children/38517.aspx

www.aota.org/Pubs/OTP/Features/2004/f-062804.aspx

www.aota.org/Consumers/Tips/Conditions/Autism/35155.aspx

www.aota.org/Pubs/OTP/Features/2006/f-111306.aspx

www.aota.org/ajot/getpdf.asp?doc=59619.pdf

- **Picture Exchange Communication System (PECS)**

PECS Theory:

The Picture Exchange Communication System offers children a unique alternative to verbally-based communication systems and is founded on applied behavior analysis and Verbal Behavior principles. It can be used in a variety of settings including the home, the classroom, and the community. According to the proponents of this system, it is more beneficial than other types of augmentative communication because natural reinforcers are used, there is no need to train prerequisite skills such as pointing or imitation, and natural use of communication is built into the program.

PECS Goals:

The goal of PECS is to teach children a form of communication that requires few prerequisite skills. PECS provides children with a functional form of communication that allows them to get needs met, make choices, engage with people socially, and form a sense of control over their environment. Research indicates that children using PECS typically also use spoken language after a period of time.

PECS Technique:

Children using PECS are taught to give a picture of a preferred item to a communicative partner in exchange for the item. The initial communicative behavior targeted is initiating a request and preferred items serve as reinforcers for communication. The communication is motivating for the child because he/she is receiving reinforcement for his/her choice. Requesting is an extremely useful skill and may facilitate the development of other communicative intents. Physical prompts are faded quickly in order to insure independent communication. Once requesting with pictures is firmly established, the child is encouraged to verbalize the request. PECS is set up in a series of phases which include training of initiations, requesting, use of sentences, commenting, and complex use of communication.

Additional information:

Website: www.pecs.com

Book: *The Pyramid Approach to Education in Autism*. A. Bondy & B. Sulzer-Azaroff (Pyramid Educational Products, 2002)

- **Pivotal Response Training (PRT)**

Pivotal Response Training Theory:

Pivotal Response Training (PRT) is a naturalistic intervention based on the principles of applied behavior analysis. PRT targets certain pivotal areas for treatment that are believed to be central to wide areas of functioning, so positive changes in pivotal behaviors should have widespread effects on many other behaviors. Important pivotal areas addressed using PRT are motivation and responsivity to multiple cues. This intervention is flexible and designed to be used in structured one-on-one teaching or a natural setting. This technique provides therapists, parents, teachers and caregivers with a method of responding to the child with ASD which provides teaching opportunities throughout the day. Integrating PRT into everyday living can facilitate generalization and maintenance of the desired behavior change.

PRT Goals:

PRT works to increase motivation in developing new skills such as language, social interaction, and play.

PRT Techniques and Components:

The question/instruction/opportunity to respond should:

- Be clear, uninterrupted and appropriate to the task
- Be interspersed with maintenance tasks
- Be chosen by the child
- Include multiple components when appropriate

Other important aspects of PRT include turn taking, frequent task variation, allowing child choice, and natural consequences.

Additional information:

Website: <http://education.ucsb.edu/autism>

Book: *How to Teach Pivotal Behaviors to Children with Autism: A Training Manual*. R.L. Koegel, L. Schreibman, A. Good et al. (University of California, Santa Barbara, 1989)

- **Rapid Prompting™ Method (RPM)**

Rapid Prompting™ Method Theory:

The Rapid Prompting™ Method (RPM), developed by Soma™ Mukhopadhyay, initially to teach her severely autistic son, Tito, and since used to instruct many others. RPM is a method used for teaching by eliciting responses through intensive verbal, auditory, visual and/or tactile prompts. RPM seeks to increase students' interest, confidence and self-esteem.

Rapid Prompting™ Method Techniques:

Prompting serves to compete with each student's self-stimulatory behavior, and is designed to keep students focused and successful. Student responses evolve from picking up answers, to pointing, to typing and writing which reveals students' comprehension, academic abilities and eventually, conversational skills. RPM is a low-tech approach, requiring only paper and pencil.

Additional information:

Website: <http://halo-soma.org>

- **Relationship Development Intervention (RDI)**

Relationship Development Intervention Theory:

Relationship Development Intervention (RDI) Program is a parent-based clinical treatment for individuals with autistic spectrum and other relationship-based disorders. The RDI™ Program is modeled after the way typical children become competent in the world of emotional relationships. The model for intervention begins with the Relational Development Assessment, a careful examination to pinpoint the specific stage of readiness and the appropriate developmental place to begin working. The RDI™ Program is founded upon the model of Experience Sharing developed by Steven Gutstein Ph.D.

RDI Goals:

The primary goal of the RDI™ Program is to systematically teach the motivation and skills of Experience Sharing interaction.

RDI Objectives:

Grouping of objectives is based on the RDI™ 'curriculum,' and is composed of six levels and 28

stages. Each of the stages represents a dramatic development shift in the central focus of relationships. Objectives are divided into 'Functions', which are the reasons why we engage in an action and 'Skills', which are the specific proficiencies needed to be competent. Along with social objectives, the RDI™ curriculum encompasses a number of non-social areas including flexible thinking, rapid attention shifting, reflection, planning, forethought, preparation, emotion regulation, improvisation, creativity, mistake management, and problem solving. Individuals certified in RDI use an assessment to determine level of need for the child and then use a specified curriculum, developed by the authors of the program for intervention.

Additional information:

Website: www.rdiconnect.com

Book: *Relationship Development Intervention with Young Children* by S. Gutstein & R. Sheely (Jessica Kingsley Publishers, 1992)

- **SCERTS Model** Social Communication, Emotional Regulation and Transactional Support

SCERTS Theory:

The SCERTS Model (Social Communication, Emotional Regulation and Transactional Support) was developed out of 25 years of research and clinical/educational practice by a multidisciplinary team of professionals trained in Communication Disorders, Special Education, Occupational Therapy, and Developmental and Behavioral Psychology. SCERTS is a comprehensive, multidisciplinary approach to enhancing communication and socioemotional abilities and supporting families. This model provides an individualized education/treatment approach based on a child's strengths and needs, guided by research on the development of children with and without disabilities.

SCERTS Goals:

SCERTS offers a framework to directly address social communication and emotional regulation, the core challenges of Autism Spectrum Disorders (ASD). It focuses on building a child's capacity to communicate with a conventional, symbolic system from preverbal to conversational levels of communication. It also focuses on the development of emotional regulation (i.e., self and mutual regulatory capacities to regulate attention, arousal, and emotional state).

SCERTS Program:

The SCERTS program is designed to be comprehensive and address the following areas:

1. Social Communication, including joint attention and symbolic behavior.
2. Emotional Regulation, including self-regulation, mutual regulation and the ability to recover from dysregulation.
3. Transactional support including, educational supports, interpersonal supports, family support and collaboration among professionals.

Additional information:

Website: www.scerts.com

Book: *The SCERTS Model (Volumes 1 & 2)*, Prizant, Wetherby, Ruben & Laurent (Brookes Publishing, 2005)

- **Sensory Integration/Sensory Processing (SI)**

Sensory Integration Theory:

Sensory Integration is a neurobiological process that refers to the integration and interpretation of sensory stimulation from the environment by the brain. It is the brain's process of organizing and interpreting information from sensory experiences that involve touch, movement, sight, sound, body awareness, and the pull of gravity. Children develop and integrate this information naturally as they grow, but children with ASD may have a dysfunctional sensory system. It is believed that a problem with an individual's ability to process such information could manifest as learning and behavior disorders.

Distinct Behavioral Characteristics of SI Dysfunction:

- Hyper, or hyposensitivity to touch, movements, sight or sound
- Impulsivity
- Distractibility
- Inability to unwind or calm
- Lack of a healthy self-concept
- Physically clumsy
- Socially and/or emotionally immature
- Difficulty with transition
- Delayed speech, language, or motor skills
- Delayed academic achievement

SI Goals:

The goals of Sensory Integration are to provide the child with sensory information that helps to organize the central nervous system, to assist in modulating sensory information, and to process more organized responses to sensory stimuli.

SI Intervention:

Interventions are designed to enhance growth and development by involving children in whole body activities that provide vestibular input. SI programs can involve sports activities, fine and gross motor play, creative thinking, interactive play, and even music. Specific techniques include: brushing, deep pressure, joint compression, scooter board riding, swinging, and jumping activities among others.

Additional information:

Website: www.sensoryint.com

Book: *Sensory Integration and the Child* by A. Jean Ayres (Western Psychological Services, 2005)

- **Social Stories**

Social Stories Theory:

Many persons with autism have deficits in social cognition, the ability to think in ways necessary for appropriate social interaction. This deficit is addressed using social stories in which individuals with autism “read” about difficult social situations. The idea is that the child can practice and learn about social events in a structured safe format, before the event occurs.

Social Stories Goals:

The goal of using social stories is to help a person predict and understand what may occur in a social situation, thereby increasing the person's success in that situation and reducing behavior problems.

Social Stories Intervention:

Social behaviors are presented in the form of a story. This can be done with words or pictures, be read by or to the individual, or listened to via audiotape. Once the individual successfully enacts the skills or appropriately responds to the social situation, the use of the story can be faded. Stories can be re-written to address variations in a situation and individualized to the specific needs of the person with autism.

Additional information:

Website: www.thegraycenter.org/social-stories
www.sandbox-learning.com

- **Speech and Language Therapy**

Speech and Language Therapy Theory:

The acquisition and effective use of communication is an integral part of daily life. Language and speech is the primary and optimal form of communication as it allows for the most detail and specification. Assisting children to communicate through speech provides more opportunity for engagement with others as well as an optimal avenue for having needs met.

Speech and Language Therapy Goals:

There are many goals for speech therapy dependent on the specific needs of the child. The treatment works to attain the best form of language or speech the child can communicate. Therapy will address all areas of receptive and expressive language. Other areas of focus may be vocabulary expansion, direction following instruction, and language organization.

Speech and Language Therapy Components:

Speech and Language therapy intervention may take place in the form of one-on-one sessions, home programs, social groups, or computerized training programs. Therapy will work to improve:

- Receptive and expressive language
- Word retrieval
- Vocabulary development
- Comprehension/auditory processing
- Articulation
- Oral motor disorders

Additional information:

Website: www.asha.org

- **TEACCH: Treatment and Education of Autistic Communication Handicapped Children**

TEACCH Theory:

TEACCH is a state funded public health program available in North Carolina, which provides services for diagnosis, early intervention, and early counseling for parents and professionals as well as adult community based centers. A hallmark of the TEACCH program is to provide “Structured

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Teaching”. This technique is based upon the observation that children with autism learn and integrate information differently than other children. TEACCH proponents believe that many noncompliant behaviors of children with autism are a result of their difficulty understanding what is expected of them. TEACCH uses the children’s strength in visual processing as a cornerstone of the intervention.

TEACCH Goals:

The structured teaching technique is designed to help the children understand expectations, remain calm, focus on relevant information through visual cueing, achieve independence in tasks, and manage behavior.

TEACCH Technique:

Structured teaching places a heavy emphasis upon teaching through visual modes, due to the difficulties most children with autism have with processing verbal information. Visual structure is provided at many levels, such as organizing areas of the classroom, providing a daily schedule using pictures or written words, visual instructions, and visual organization signaling the beginning and end of tasks.

Additional information:

Website: www.teacch.com

Book: *TEACCH Approach to Autism Spectrum Disorders* by Mesibov, Shea & Schopler (Springer, 2005)

The above list of therapeutic approaches to the treatment of autism spectrum disorders does not represent endorsement by RCHSD or the Autism Society of America, San Diego Chapter. Please contact a professional before beginning any treatment programs.

Medication Information

Medications for Treating Symptoms of Autism Spectrum Disorder (ASD)

Many families wonder about the use of medications to treat autism and related disorders. For decades, doctors have been using many different medications ‘off-label’ to treat various symptoms of ASDs. In 2007, the medication risperidone (Risperdal) was given the first FDA approval for marketing a medication for autism, specifically for the control of aggression and in 2009 aripiprazole (Abilify) was added as well. Medication sometimes helps make it possible to use other treatments more effectively. Occasionally people have remarkable improvement, for example in social awareness. However, medication cannot make up for an inappropriate placement or poor staff training in other treatments. Also, families need to weigh the benefits of medications against side effects and work closely with the prescribing physician. Here are examples of medications and classes of medications often used in the treatment of symptoms associated with autism spectrum disorders (alphabetical order):

Anti-seizure medications, also known as Antiepileptic Drugs or AED’s: Many people with ASDs have seizures, and these may need to be treated for the person to make progress in communicating, relating, and learning. With ASDs, the more challenges the person has, the higher the seizure risk. Also there seems to be an increased risk in the teenage years for seizures in persons with autism. AEDs are often useful in the treatment of persons with ASDs when there is suspicion that part of the underlying difficulty includes subclinical seizure activity that makes the person seem unfocused and at times unruly. Often a 24 hour EEG and a neurologic evaluation are helpful in deciding whether to try these medications. Some examples of medications in this class are valproate (Depakote), carbamazepine (Tegretol), lamotrigine (Lamictal), oxycarbazine (Trileptal), topiramate (Topomax), gabapentin (Neurontin), and ethosuccinimide (Zarontin). AEDs are also often useful to help persons with ASDs attain better mood stability, however there are many different kinds of AEDs, with different side effects, and some require blood tests to monitor the level and for side effects. A full discussion is not possible here, but it is important that your doctor knows and discusses with you the various options and ways these medications are prescribed.

Atamoxetine (Strattera) is a non-stimulant medication for Attention Deficit Hyperactivity Disorder (ADHD) that is a lot like serotonin-norepinephrine reuptake inhibitor (SNRI, see below) and carries similar cautions. Studies are mixed as to whether Atamoxetine is any better than placebo for ADHD, much less for ADHD symptoms in ASDs. Some people with ASD seem to benefit, while others have significant side effects such as agitation.

Benzodiazepine medications such as diazepam (Valium), alprazolam (Xanax), clonazepam (Klonopin), and lorazepam (Ativan) are anti-anxiety medications that target the brain in ways similar to alcohol. They interfere with learning, memory, and coordination, and they carry a high risk of addiction, not only for persons with ASDs but also for family members who might borrow them. As such their role in the safe treatment of ASDs is limited at best.

Bupropion (Wellbutrin) is an antidepressant that is dopaminergic and therefore in a class of its own. Like stimulants, it tends to help focus and concentration, reduces craving for carbohydrates (and also tobacco and alcohol), and may have a place for some persons with ASDs who have depression or who otherwise lack energy, as this class of medications is generally activating. Wellbutrin does carry an increased risk of seizures in those who are susceptible and this must be considered carefully in persons with ASDs who may be at higher risk already.

Central Alpha Agonists such as guanfacine (Tenex, Guanfacine XR, Intuniv) and clonidine (Catapres) are medicines originally marketed for high blood pressure in adults. They have a general calming effect, reducing a person's 'fight-flight' tendency. These medications may help attention, focus, anxiety, tics, and sensory sensitivity. They can also make people sleepy, dizzy, or cranky. Used with care, these medicines can be helpful and are often used in combination with other medications such as stimulants.

Memantine (Namenda) is a medication marketed to help persons with Alzheimer's Disease retain cognitive function. There are now several reports of its use in persons with ASDs with scattered reports of success in improving cognitive ability. While it appears to be fairly safe, the long term effects of use, like with many medications, particularly in developing children, is unknown.

Naltrexone (Revia) is an opioid antagonist used in the treatment of alcohol and drug addiction, which has also been tried for persons with ASDs to help with self-injurious behaviors. While there is a lack of good research to prove that it helps, there are many reports of success attributed to naltrexone, and in particular reports of very low dose naltrexone giving a sense of well-being to persons with various neurodevelopmental and psychiatric conditions, including ASDs. Liver function should be monitored with use of this medication.

Neuroleptics (Antipsychotics): These medications have the most research about their use in persons with ASDs and are being used more and more frequently in persons with ASDs. All are FDA approved for schizophrenia and many are approved for mood stabilization and help in depression treatment as well. As noted above, risperidone (Risperdal) and aripiprazole (Abilify) are FDA approved for treating irritability in ASDs. Neuroleptics are very helpful for tic disorders, including Tourette's Syndrome, and can also occasionally create significant improvement in social function, leading many doctors to recommend them as first line treatments for ASDs. Side effects can include weight gain, insulin resistance, sedation, agitation, changes in cardiac conduction, higher risk for seizures, new abnormal movements and muscle spasms (dystonias, TardiveDyskinesia), and rarely, a dangerous fever with muscle stiffness (Neuroleptic Malignant Syndrome). These medicines can be used safely but require good follow up and good communication between family and the physician. Members of this class include chlorpromazine (Thorazine), molindone (Moban), fluphenazine (Prolixin), thioridazine (Mellaril), haloperidol (Haldol), trifluoperazine (Stelazine), etc.; and the new: clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel), ziprasidone (Geodan), and aripiprazole (Abilify). Several newer neuroleptics, asenapine (Saphris), iloperidone (Fanapt), lurasidone (Latuda), and paliperidone (Invega), have reached the market in the past few years, mainly promoted as having fewer side effects such as weight gain and sedation. However their usefulness in ASDs is less clear and we are still learning about their tendency to cause other side effects such as allergic responses with asenapine.

Oxytocin: Oxytocin is a natural hormone that is associated with improved social bonding. In typical people oxytocin can be increased when people have warm hugs from loved ones several times per day, and perhaps for persons with ASDs who can tolerate and perhaps enjoys hugs, they too may have a similar oxytocin-producing effect. If not, oxytocin can be prescribed as a nasal spray and there have been several reports and a few preliminary studies in persons with ASDs showing promise in improving social connectedness. This treatment, like most listed here, is not an FDA approved use of the medication, however since doctors are allowed to use medications for off-label purposes it is growing in use. While there have been concerns about people with ASDs becoming inappropriately attached to anyone, thus far this nor any other significant side effects have been noted.

Serotonin-Norepinephrine Reuptakes Inhibitors (SNRI): these include venlafaxine (Effexor), mirtazapine (Remeron), duloxetine (Cymbalta), and nefazadone. They are 'dual-action'

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antidepressants and as a class they tend to be about as effective as SSRIs for depression but often have less activation associated with them. Studies in their use in ASDs are limited and as with all such off-label uses if they are prescribed they require careful follow up to watch for side effects. Cautions are similar to SSRIs (see below) with additional need to monitor blood pressure. Many people experience uncomfortable withdrawal side effects when doses are missed or when discontinuing SNRIs and so it can be very important to ensure the person does not run out of the medication and when choosing to stop the medicine it may need to be done very gradually over weeks or even months.

Serotonin Specific Reuptake Inhibitors (SSRI): These medicines are commonly used to treat depression, anxiety, and obsessive-compulsive disorder in the general population. While concerns have been raised about these and other antidepressants causing suicidal thoughts, the research is clear that the rate of suicides in the population of youth is lower when more people are being prescribed SSRIs. For persons with ASDs who are severely depressed there are many reports of significant, perhaps life, saving improvement. While SSRIs are also often tried with persons with ASDs to target anxiety, obsessiveness/perseveration, and rigid thinking, research shows that for persons with ASDs for most of these uses these medicines have little effect but instead frequently cause ‘behavioral activation’, i.e., they make the person more active and impulsive. Other side effects might include gradual weight gain, increased seizure risk, and in combination with other medicines (MAOIs, buspirone, etc.) can create a risk for a dangerous Serotonin Syndrome. The SSRIs include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), fluvoxamine, citalopram (Celexa), and escitalopram (Lexapro).

Steroid Treatment: Some doctors prescribe courses of steroids, usually prednisone, and usually to infants and very young children with autism or with sudden regression of development, whom they believe may have a variant of Landau-Kleffner Syndrome (LKS). LKS is a disorder typically seen in infants or very young children who have a certain type of seizures, and the steroids seem to help some of them stabilize and allow for somewhat more typical development. The treatment has potentially serious side effects which must be discussed with your doctor, although different methods of timing the steroids, such as pulsed-dosing, may help reduce side effects.

Stimulants: This is the class of medication most used for Attention Deficit Hyperactivity Disorder (ADHD). While early studies found them ineffective in autism, more recent work and clinical experience shows that they may help with inattention and over-activity in some persons with ASDs. They may also allow for better social function due to better ability to pay attention, and perhaps fewer obsessive behaviors due to better ability to focus on tasks. Although they are generally quite safe to use, these medications nevertheless tend to have side effects that create new problems including loss of appetite, sleep disturbance, irritability or depressed mood (especially when the medicine is wearing off), increased tics, increased sensory sensitivity, increased obsessiveness/perseveration, and rigid thinking. Stimulants are a good example of a class of medication that can often be used with good effect in combination with another medicine that balances the side effects, and equally a good example of medications that are relatively safe but easy to dislike because of side effects. Names of methylphenidate type stimulants include Ritalin, Metadate, Methylin, Concerta, Focalin, and Daytrana. Dextroamphetamine type stimulants include Adderall, ‘mixed amphetamine salts’, and Vyvance. People treated with stimulants require cardiovascular screening and follow up (history, blood pressure, pulse) as well as monitoring of weight and growth as these can be affected (likely due to reduced appetite).

Tricyclic Antidepressants, such as clomipramine (Anafranil), imipramine, desipramine (Norpramin), nortriptyline (Pamelor), and amitriptyline (Elavil) are older medications that some people still use for depression, anxiety, inattention, and bedwetting. While clomipramine can be an excellent

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medication for obsessive-compulsive symptoms too, these medicines require careful cardiac monitoring, can be cardiotoxic in overdose, and must be used with caution.

This is by no means an exhaustive list as there are many other medications used in the treatment of ASDs. It is important to work closely your doctor, avoid rapid, large, or multiple changes in medication if possible, and to be sure to look at the entire range of interventions for the person rather than become focused on medication as the ‘answer’ to the many challenges of living with autism.

Information submitted by Dr. Joshua D. Feder, MD

Alternative Approaches

- **Anti-Yeast Therapy**

Anti-Yeast Theory:

This theory is currently hotly debated in the field. Some medical professionals believe that there is a link between *Candida Albicans* and autism as well as other learning disabilities. *Candida* is a yeast-like fungus that is normally present in the body to some degree. Certain circumstances, however, may lead to an overgrowth of yeast that a normal, healthy immune system would otherwise suppress. The more severe symptoms of yeast overgrowth may include long-term immune system disturbances, depression and possibly autism.

Medical Complaints Associated with Candida Complex:

- Intestinal problems (constipation, diarrhea, flatulence)
- Distended stomach
- Excessive genital touching in infants and young children
- Cravings for carbohydrates, fruits, and sweets
- Unpleasant odor of hair and feet, acetone smell from mouth
- Skin rashes
- Fatigue, lethargy, depression, anxiety
- Insomnia
- Behavior problems
- Hyperactivity

Anti-Yeast Treatment:

Treatment for *Candida* overgrowth usually includes a prescription of antifungal medication. In addition, certain herbal formulas are sometimes used. Along with antifungal medications, a diet which eliminates sugar, yeast, and many other foods is a critical part of the treatment. Symptoms may grow worse at the onset of treatment but may gradually improve if *Candida* overgrowth is in fact contributing to the patient's problems. Finally, it is important to note that *Candida Albicans* is not the only yeast that may cause problems. Stool analysis may reveal serious problems in various functions of the body.

- **Dietary Interventions**

Dietary Interventions Theory:

The role diet and allergies play in the life of a child or adult with autism is not yet well understood. This means that parents who wish to explore this avenue of treatment must really do their homework. There has not yet been extensive research in this area for autism. Some preliminary research studies have indicated that individuals with autism may have trouble metabolizing peptides into amino acids because of an enzyme deficit. Two sources of protein, gluten and casein, are particularly suspect. Some anecdotal success has been noted when diets were modified to exclude gluten and casein. There are ways to uncover allergies, though some tests are more effective than others at discovering intolerances to food and chemicals. Careful research and consultation with a professional who is skilled in this area are probably the best bets in determining which tests are most appropriate. Food intolerances can often be determined by beginning a rotation or an elimination diet and observing any subsequent changes in behavior.

Dietary Interventions Treatment:

Dietary changes are the treatment for gluten and casein, or other allergies. Commitment and perseverance on the part of parents are required to make dietary changes and stick with them. Although any food could be the offender, there are several foods that are considered prime suspects in relation to behavioral disturbances. Sugar is one, as some children are allergic to it, and they may also be unable to metabolize it properly. As a result the adrenal glands in the body become stressed, depleted, and over time cease to function normally. The effects may include mood swings, irrational behavior, irritability, sleep disturbances, and nervousness among other symptoms. Other foods that cause allergic reactions are, unfortunately, foods we often consume the most. Wheat is one such food. Milk has also been linked to behavior problems. Other common food offenders include corn, chocolate, chicken, tomatoes, and certain fruits. However, any food can cause an intolerance or sensitivity. There may be more than one food that causes difficulty and other substances may also cause reactions in children, such as molds, chemicals, perfumes, food additives like phosphates and food colorings, and other substances.

Additional information:

Website: www.gfcfdiet.com

- **Vitamin/Nutritional Supplements Therapy**

B6/Magnesium Supplements Theory:

The goal of vitamin therapy is to normalize metabolism and improve behavior. Studies have shown that vitamin B6 may help normalize brain waves and urine chemistry, control hyperactivity and improve overall behavior. It may also help in reducing the effects of allergic reactions by strengthening the immune system. Although improvements vary considerably among individuals, other possible improvements from B6/magnesium therapy are: speech improvements, improved sleeping patterns, lessened irritability, increased attention span, decrease in self-injury/self-stimulation, and overall improvements in general health.

Dimethylglycine (DMG) Supplements Theory:

Dimethylglycine (DMG) is a food substance. Its chemical make-up resembles that of water-soluble vitamins, specifically vitamin B 15. Anecdotal reports from parents giving their child DMG indicate improvements in areas of speech, eye contact, social behavior, and attention span. Occasionally, if too much DMG is given, the child's activity level has been seen to increase; otherwise, there are no apparent side effects.

Additional information:

Website: www.autism.com

The above list of alternative approaches to the treatment of autism spectrum disorders does not represent endorsement by RCHSD or the Autism Society of America, San Diego Chapter. Please contact a professional before beginning any treatment programs.

Biomedical Information

Gluten and Casein Free Diets

2good2b Bakery & Café	(760)942-4663 www.2good2b.com
Autism Educational Services	(732) 473-9482
Edward & Sons	www.edwardandsons.com
Ener-G Foods	(800) 331-5222
Gluten-Free Baker Newsletter, The	www.glutenfreebaker.org
Gluten Free, Casein Free Diet, The	www.gfcfdiet.com
Gluten Free in San Diego	http://glutenfreeinsd.com
Gluten Free Pantry, The	(800) 291-8386 www.glutenfree.com
Julian Bakery	www.julianbakery.com
Mrs. Leeper's	www.mrsleepers.com
Pure Pantry, The	(866) 881-7873 www.thepurepantry.com
Trader Joe's, Whole Foods & Sprouts Marketplace	www.traderjoes.com www.sprouts.com www.wholefoodsmarket.com
Various locations throughout San Diego County, these stores offer a variety of items that are gluten-free	
Udi's Gluten Free Foods	http://udisglutenfree.com
University of Florida- Research	www.autism-diet.com

Legislation and Entitlements

Individuals with Disabilities Education Act (IDEA)

Special education programs are governed under this law and its recent amendments for students from 0-18. IDEA requires school districts to provide each student with a disability with a free and appropriate public education (FAPE). FAPE defined means special education and related services are to be provided at public expense and without charge to the individual, meet appropriate standards, include preschool through secondary education, and conform to an Individual Education Program (IEP). Special education must be provided in the least restrictive environment, and to the maximum extent appropriate, all students with disabilities will be educated (integrated) with students who are not disabled.

Qualifying Areas for Eligibility:

- Autism
- Deaf-blindness
- Deafness
- Hearing impairment
- Mental retardation
- Multiple disabilities
- Traumatic brain injury
- Orthopedic impairment
- Other health impairment
- Serious emotional disturbance
- Speech or language impairment
- Specific learning disability
- Visual impairment

Part C of IDEA – Early Intervention

Part C of IDEA outlines the regulations that specifically address the 0-3 populations. This amendment is for this population with qualifying disabilities or who have a diagnostic condition that places them ‘at risk’ for future or substantial delay. One of the sole purposes of Part C is to enhance the development of infants and toddlers with disabilities by minimizing potential for delay, while enhancing the capacity of families to meet the special needs of these children.

Definition of an Infant or Toddler with Disabilities:

A child who is younger than three years old that is experiencing developmental delays in:

- Cognitive development
- Emotional development
- Physical development
- Self-help skills

Eligibility Criteria for Early Intervention Services:

- Younger than 3
- Delay in cognitive development
- Delay in physical and motor development (including vision and hearing)
- Delay in communication development
- Delay in social/emotional development or adaptive development

The diagnosis or determination of an existing developmental delay must be made by a professional such as a licensed psychologist, neurologist, or physician. Typically a significant risk for an autism spectrum disorder qualifies a child for services. The diagnosis will then lead to a referral to California Early Start or the school district requesting an assessment to identify the child’s strengths, needs, and appropriate services. After the assessment (which must take place within 45 days of the referral), a multidisciplinary team including the parents, develops an Individual Family Service Plan (IFSP). The IFSP defines the child’s present level of development, and structures an action plan to meet the special needs. The IFSP must be reviewed annually.

Services Included Under Part C:

Services must be individualized to meet the unique needs of each child and may include:

- Assistive technology devices
- Audiology
- Family training
- Counseling and home visits
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational/physical therapy
- Psychological services
- Social work services
- Service coordination
- Special instruction
- Speech/language services
- Transportation services
- Vision services

Section 504

Section 504 of the Rehabilitation Act of 1973 outlines modifications for special education eligibility. A child who may have trouble learning may not be found eligible for special education services because the deficit may not fit into the criteria, or may not be severe enough to qualify for eligibility under IDEA. Such a child may be qualified for special services and program modifications under the federal anti-discriminatory law section 504. This law was designed to implement regulations that will appropriately accommodate students' needs and conditions as adequately as the needs of students without disabilities are met. Section 504 protections are available to students who can be regarded in a functional sense as having a physical or mental impairment, which substantially limits a major life activity.

The local school district is responsible for providing special education services to children. This education includes independent living skills, and an IEP or IFSP may require related services. These may include:

- Language and speech
- Audiology services
- Orientation and mobility instruction
- Instruction in the home/hospital
- Adapted physical education
- Physical/occupational therapy
- Vision services
- Specialized driver training
- Counseling

Lanterman Act

The Lanterman Developmental Disabilities Services Act establishes the right of persons with developmental disabilities to services and supports they need and choose. The purpose of the act is to provide support and services for individuals with developmental disabilities to lead independent, productive and normal lives in the community. Services and supports must meet the needs and choices of each person, regardless of the person's age or disability, and at each stage of life. Services and supports must help each person with developmental disabilities integrate into mainstream community life.

Autism Insurance Reform Law – California

The California autism insurance reform law will begin taking place no later than July 1, 2012. This law will require every health care plan contract providing medical, hospital or surgical coverage to also cover behavioral health treatment for autism or pervasive developmental disorders (including Asperger’s Disorder and PDD-NOS). Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention programs will be covered within the behavioral health benefits.

- Private health insurance plans that are provided by your employer but are fully funded from a third-party health insurer will be required to follow the autism insurance reform.
- This law is not applicable to plans that are “self-funded” by your employer or if a third party is hired by your employer to administer the plan. Contact your Human Resources department to determine whether or not your employer-provided health insurance is “self-funded”.
- This law does not apply to Medi-cal, Healthy Families, or the Public Employees Retirement System (CalPERS) programs.
- This law does not apply to health care plans that do not cover mental health or behavioral health services to enrollees.

**Information adapted from the Autism Speaks website: www.autismspeaks.org*

At the time of this writing, it is unclear how this insurance reform will be manifested in each individual insurance plan or the extent to which qualifying services will be covered. www.autismspeaks.org.

Glossary of Terms

Advocate – a person that works for the rights and needed services of a disabled individual. That person can be the parent, guardian, or a professional.

Applied Behavior Analysis (ABA) – the use of behavioral principles to produce socially significant improvements in an individual.

Assessment – an assessment provides an accurate and thorough understanding of a child’s strengths and weaknesses. There are several tests used to determine cognition/developmental levels, social and emotional skills, sensory regulation, motor skills, behavior, play/leisure activities, pre-academic/academic skills, self-help, independent living skills, pre-vocational/vocational skills, and community based skills. The results of the assessment are integrated into the IFSP and IEP.

Assessment Team – a team that gathers information for decision-making. In addition to parents, this team can include a Psychologist, Speech Therapist, Adapted Physical Education Specialist, Nurse, Family Facilitator, Teacher and Administrator.

Adapted Physical Education (APE) – a program that provides instruction to meet individual student needs in the development of motor skills, physical fitness, and self-image.

Case Manager – the primary person responsible for coordinating a child’s services; works in partnership with the family and providers of special programs.

Cognitive/Cognition – term that describes the mental process people use for remembering, reasoning, understanding, and using judgment.

Community Advisory Committee (CAC) – a group of local people concerned with the development and review of our special education programs. The law mandates that the majority of the committee is composed of parents of individuals with exceptional needs. Representatives of other public and private agencies, as well as persons concerned with the needs of the handicapped, are also represented on this committee.

Curriculum – a master teaching plan in which the specific features reflect the skills, tasks, and behaviors that a school or program has decided are important for children to acquire.

Designated Instruction and Services (DIS) – supplementary or support services that may include Adapted Physical Education, Language, Speech and Hearing, or counseling. Eligibility is determined through the IEP process.

Discrete Trial Training – specific training procedures based on principles of applied behavior analysis that simplify learning into small segments that a child can more easily master. This form of therapy can be beneficial in eliminating unwanted behaviors as well as encouraging positive behaviors.

Due Process – a legal statement that certain principles and practices exist and must be respected in order to ensure that each child is treated in a manner that guarantees his/her rights to equal education opportunities.

Early Intervention – program or services designed to identify and treat a developmental problem as early as possible, usually before the age of 3.

Glossary of Terms

Echolalia - the immediate or delayed involuntary repetition of words or phrases just spoken by others.

Evaluation – a way of collecting information about a student’s learning needs, strengths, and interests. An evaluation is part of the process of determining whether a student qualifies for special education programs and services.

Expressive Language – what is said or written to communicate an idea or a question.

Family Counselor – a professionally trained school-based counselor who understands the needs of families with special needs children. They are available to provide counseling, guidance, emotional support for families, and information about community resources.

Family Facilitator – parents of children with special needs who work with the school district to provide information and support to other parents.

Fine Motor – in physical development, the use of the small muscles of the body, especially the hands and fingers.

Floor Time – a method for actively engaging children and families in a process that fosters social-emotional and cognitive development. Developed over the past 25 years, Floor Time uses a child’s natural motivations and emotions to fuel development and relationships, using motor, sensory, and symbolic play as well as language.

Gross Motor – in physical development, the use of the large muscles of the body for activities such as running, climbing, throwing and jumping.

Home Visit – the visit of an intervention staff member to a child’s home to talk with the parents about their child’s school progress, IEP, demonstrate activities and share ideas and materials.

Inclusion – the placement of students with disabilities in classrooms with typically developing students of the same age. Full inclusion has two central features: moving students with disabilities into regular education classrooms and sending special education support services into those same classrooms.

Individualized Education Program (IEP) – an IEP outlines your child’s unique education plan by defining broad goals and specific objectives for the school year, the services needed to implement those goals and objectives, and a method of evaluating your child’s progress. The IEP must include a report of the child’s present academic and non-academic performance, a statement of annual goals which may be reasonably accomplished within the next 12 months, and the specific special educational instruction and related services required to achieve the goals by the child.

Individualized Family Service Plan (IFSP) – an IFSP is a written plan for providing early intervention services to eligible children and their families. It must include a statement of the infant or toddler’s present levels of physical development including hearing, vision and health status. The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and family to achieve identified goals.

Individualized Program Plan (IPP) – a plan of goals and objectives designed to meet consumer needs. The development of the plan involves the participation of the consumer, family, Regional Center staff, and others as appropriate. The IPP is reviewed at least annually and as changes occur requiring modification. When the plan is reviewed, the performance of the service coordinator is also reviewed.

Glossary of Terms

Integration—the mixing of students who are handicapped and non-handicapped in education and community environments.

Interdisciplinary – a term which describes professionals who work jointly with the child in the same environment but each work within their “defined roles”. Each staff member fulfills designated responsibilities. Group decisions and recommendations may occur but the staff roles determine who carries out those recommendations.

Intervention – design for changing an individual’s behavioral, educational, medical or health status or a change in the program itself.

Language – a structured system of symbols, spoken or written, used in interpersonal communication. There are four major components of language. (1) **Phonology** describes how to put sounds together to form words. (2) **Syntax** describes how to put words together to form sentences. (3) **Semantics** describes how to interpret the meaning of words and sentences. (4) **Pragmatics** describes how to participate in a conversation, how to sequence sentences, and how to anticipate the information needed by the listener.

Language, Speech and Hearing (LSH) – the service sector that provides assessment and remediation of speech and language disorders.

Lanterman Act – the Lanterman Developmental Disabilities Services Act establishes the right of persons with developmental disabilities to services and supports they need and choose. The intent of the Lanterman Act is to provide services and supports to help persons with developmental disabilities lead independent, productive, and normal lives in the community. Services and supports must meet the needs and choices of each person at each stage of life, regardless of age or degree of disability. Services and supports must help each person with developmental disabilities integrate into mainstream community life.

Least Restrictive Environment (LRE) – placement or program that can best meet the individual student’s needs and which does so with a minimum loss of contact with regular programs. The intent is to place the child with exceptional needs in a program as close to a regular school program as possible.

Mainstreaming – refers to the placement of children with handicaps into educational programs for and with normally developing children.

Master Plan – State plan for implementing special education services for individuals with exceptional needs. The primary goal of the Master Plan is to provide a free and appropriate education in the least restrictive environment to individuals who qualify for special education.

Occupational Therapy (OT) – a therapy or treatment provided by an occupational therapist that helps individual development or physical skills that will aid in daily living. It focuses on sensory integration, coordination of movement, and on fine motor and self-help skills, such as dressing and eating with utensils.

Perception – the process of organizing or interpreting the information obtained through the five senses.

Perceptual Motor – term describing the interaction of the various channels or perception with motor activities.

Physical Therapy (PT) – services provided by trained physical therapists, in the general area of motor performance, to help the person improve the use of bones, muscles, joints and nerves.

Glossary of Terms

Pivotal Response Training (PRT)– PRT teaches that there are specific ways of communicating with children that are pivotal in eliciting a response. This training offers a way to interact with the autistic child during the daily routine in a very structured, yet naturalistic and comfortable manner.

Placement – unique combination of facilities, personnel, location and equipment necessary to provide instructional services to an individual with exceptional needs as specified in the IEP.

Program – refers to the special education offices such as: Special Education Early Childhood (SEEC), Severely Handicapped (SH), Integrated Life Skills (ILS), Learning Handicapped (LH), Communicatively Handicapped (CH), etc.

Public Law 94-142 – The Education for All Handicapped Children Act of 1975, is a federal law that mandates and affirms the right of all children to a free and appropriate public education.

Public Law 99-457 – an amendment to P.L. 94-142 passed in 1986, which requires states to provide a free and appropriate public education to all children ages 3-5. The amendment also provides funds for states to offer programs and services to infants and children (age's birth through 2 yrs.) with disabilities.

Rapid Prompting Method (RPM) - a "Teach-Ask" paradigm for eliciting responses through intensive verbal, auditory, visual and/or tactile prompts believed to increase students' interest, confidence and self-esteem.

Receptive Language – language that is spoken or written by others and received by the individual. Receptive language skills are listening and reading.

Resource Teacher – a specialist responsible for coordinating curriculum, consulting with teachers concerning all aspects of classroom management, and providing program information to site offices and staff. The resource teacher also maintains class rosters and arranges placement of students.

Resource Specialist – a special education teacher who provides services to young children with special needs who are enrolled in community preschools with non-handicapped children. The resource specialist takes responsibility for coordinating their services, visits the children regularly, monitors progress, does periodic assessments and provides support and information to the teacher and family, as needed.

Reverse Mainstreaming – the placement of non-handicapped children in classes which are primarily for handicapped children.

Sensorimotor Integration – term applied to the combination of the input of sensation and the output of motor activity.

Social Stories –personalized, short stories developed and written by teachers, therapists or family members. Social stories utilize the strength as a visual learner that many persons with autism exhibit. They can be used for any situation or concern such as haircuts, sharing, going to the library or making the bed, and gives a handle to the person with autism with which to approach the complex area of social skills.

Special Day Class– classes for students with more intensive needs that cannot be met by the regular classroom setting.

Special Education – a set of educational programs or services designed to meet the needs of individuals whose special needs cannot be met in the regular classroom.

Glossary of Terms

Special Education Local Planning Area (SELPA) – the organization of school districts into regional units for the delivery of special education services to children through the education system.

Special Education Specialist – administrator responsible for a specific program’s planning and development. Separate programs exist for Early Childhood, Severely Handicapped, Deaf/Hard of Hearing, and other sectors.

Speech/Language Therapy – a planned program to improve and correct speech, language, or communication problems.

Treatment and Education of Autism and related Communication-Handicapped Children (TEACCH)– is a broad-based program that uses visual cues such as picture schedules to break down a task step-by-step, so that a child can better comprehend it. This method seeks global skill improvements through receptive communication and sequential memory.

Abbreviations

ABA	Applied Behavior Analysis	O & M	Orientation and mobility
AIT	Auditory Integration Training	OHI	Other Health Impaired
APE	Adapted Physical Education	OI	Orthopedically Impaired
CAC	Community Advisory Committee	OT	Occupational Therapy
CCS	California Children Services	PECS	Picture Exchange Communication System
CEC	Council for Exceptional Children	PH	Physically Handicapped
CH	Communicatively Handicapped	PRT	Pivotal Response Training
CLD	Combined Learning Disabled	PT	Physical Therapy
DB	Deaf/Blind	RS	Resource Specialist
DHH	Deaf and Hard of Hearing	RSP	Resource Specialist Program
DIS	Designated Instruction & Services	SDC	Special Day Class
DT	Discrete Trial	SED	Socially and Emotionally Disturbed/ Seriously Emotionally Disturbed
EC	Early Childhood	SEEC	Special Education Early Childhood
ESL	English as a Second Language	SELPA	Special Education Local Planning Area
FT	Floor Time	SET	Special Education Technician
HI	Hearing Impaired	SGI	Small Group Instruction
IA	Instructional Aide	SH	Severely Handicapped
IDEA	Individuals with Disabilities Education Act	SI	Speech Impaired
IEP	Individualized Education Program	SIT	Sensory Integration Therapy
IFSP	Individualized Family Service Plan	ST	Speech Therapy
ILS	Integrated Life Skills	TA	Teacher Assistant
IPP	Individualized Program Plan	TEACCH	Treatment and Education of Autistic & Related Comm. Handicapped Children
LD	Learning Disabled	VH	Visually Handicapped
LRE	Least Restrictive Environment	VI	Visually Impaired
LSH	Language, Speech, & Hearing		
MH	Multiple Handicapped		
NAR	Nurse Assessment Report		