ADVANCED PEDIATRIC THERAPIES

AUTISM IS MY ADDRESS
SUMMER CAMP SMORGASBORD
WHAT IS COLLECTIVE TEACHER EFFICACY?
A PERSON-CENTERED APPROACH TO FITNESS
THE PSEUDO-LOGIC OF “NOT AUTISTIC ENOUGH”
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www.spectrumlife.org
Welcome to the Spring 2019 edition of Spectrum Life Magazine!

For those who are new, Spectrum Life Magazine is an autistic-led publication of Autism Empowerment, a 501(c)3 nonprofit organization devoted to enriching and empowering the lives of youth, adults, and families both in the autism community and the world at large.

Everyone on Autism Empowerment’s Board of Directors and in key leadership roles identifies as on the autism spectrum or has autistic family members. By having autistic adults, autism parents and allies partnering together, we promote a culture of Autism Acceptance and believe every one of us has gifts, strengths, and talents to share with the world.

Our desire is to support all age and ability levels, promoting a culture of health, opportunity and inclusion from birth throughout the lifespan. We believe people are stronger individually and collectively when each of us has what we need to be able to fully participate in community life.

In each quarterly magazine issue, we have six featured sections: Advocacy, Lifespan, Recreation, Education, Health & Wellness and Therapy. We also invite you to www.SpectrumLife.org to read additional articles and all back issues. Advertisers generously help support a fraction of our costs but the rest we need to find from individual donors, businesses and foundations that believe in our vision. We are currently seeking sponsors and investors!

Our cover article on page 43 features an interview with Sharron Donnelly, OTR/L from Advanced Pediatric Therapies which has offices in Portland and Vancouver.

We also cover some timely issues including The Misery of Measles (page 10) and a question about what it means to be “openly autistic” in Ask Spectrum Life (page 16). Our first piece, The Pseudo-Logic of “Not Autistic Enough” (page 8) makes the very important point that all autism is REAL autism.

One of the most clever and thoughtful poems I’ve ever read from an autism sibling is Autism is My Address on page 14. Read it twice for greater impact.

We believe that all people deserve a life free of stigma and full of opportunity for friendship, relationships, education, employment, security, housing, faith, and lifelong learning. We invite you to join in our vision. Thank you for reading!

Karen Krejcha
Executive Director & Co-Founder: Autism Empowerment™
Editor: Spectrum Life Magazine™

ON OUR COVER
Amelia Snell enjoys sensory play with Advanced Pediatric Therapies. See our cover story on page 43.

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advocacy
EMPOWERING CHANGE WITHIN THE AUTISM COMMUNITY

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Free Resources... for Parents and Caregivers of Children with Autism from Seattle Children’s Autism Center

The world of autism spectrum disorders is constantly changing and we at Seattle Children’s Autism Center are eager to share with parents and caregivers the latest therapies, research, news and tips for families.

1. The Autism Blog
theautismblog.seattlechildrens.org

We provide information that may be helpful for raising a child with autism. Posts are written by physicians, nurses, psychologists, and family resource staff who are knowledgeable about the diagnosis and the latest in treatments and therapies are primary contributors to the blog. Topics range from selecting a summer camp to sibling support to new research findings to our perspective on the latest news and information about autism.

2. Autism 101
Available in-person at Seattle Children’s or by teleconference

Autism 101 is a 90-minute presentation providing information and support for parents and families of children recently diagnosed with an autism spectrum disorder (ASD). Topics include up-to-date, evidence-based information about ASD, behaviors associated with autism, autism prevalence, treatments available and resources for families.

3. Autism 200 Series
Available in-person at Seattle Children’s or by teleconference. Watch past lectures on our website.

Autism 200 is a series of 90-minute classes for parents and caregivers of children with autism who wish to better understand autism spectrum disorder. Classes are taught by faculty from Seattle Children’s and the University of Washington and other community providers. Topics include transition to adulthood, early intervention and school support. Each class includes time for questions.

Learn more or register at seattlechildrens.org/autism or by calling 206-987-8080.
For information related to setting up a teleconferencing site for the Autism 101 or 200 series in your community, contact James Mancini at james.mancini@seattlechildrens.org or 206-987-3481.
Recently, I was told by a parent of a child on the autism spectrum that I am "not significantly enough affected by autism to be able to understand real autism" and therefore should stop speaking out about autism.

Some aspects of my personal history (Endow, 2009) that you may find interesting include:

• Was nonverbal for some time
• Had self-injurious behaviors
• Lived in an institution for some years of my childhood
• Lived in two different group homes
• Diagnosed with classic autism

I understand that as a parent of a child with significant needs you may look at me and look at your child and see no similarity. Please know that in the future of your child’s life, autism will not look the same as it does today. Your child will grow and change over time just as all human beings do.

Some aspects of my life today (Endow, 2009) that you may find interesting include:

• Married, had three children, divorced and raised them alone, one child with an autism spectrum disorder diagnosis
• Decided to get and obtained a master’s degree in social work in order to better support my children
• Worked several years in a homeless shelter, developed and case managed a program designed to stabilize homeless shelter clients in their own apartments
• Worked in the field of mental health for several years, limiting my practice to autism for the last two decades
• Have authored several books, numerous blogs, been interviewed for TV shows, documentaries, have a DVD (with another in the works), maintain a website (www.judyyendow.com) and speak internationally on autism-related topics
• Must spend time intentionally regulating sensory system in order to function in my daily life

The practical response to the comment that I am “not significantly enough affected by autism to be able to understand real autism” and therefore should stop speaking out about autism is it is too late – much too late! I already have written several books that have sold around the world, have written numerous blogs and articles, have a DVD and am developing more content for my website that will include a video blogging feature. Also, I will not stop speaking on autism topics in my own country or in other countries. I will not be canceling already booked engagements and I will continue to book future speaking engagements. Even if I did stop, as I was encouraged, I cannot undo what is already out there in permanent form as books and such.

The logical response to the comment that I am “not significantly enough affected by autism to be able to understand real autism” and therefore should stop speaking out about autism is that these words do not make sense. Autism is a spectrum. There is no experience of autism that is more real than another experience of autism. All autism is real.

Furthermore, the idea that if a person can speak about their autism they are not autistic enough to weigh in on the
subject is faulty logic. This sort of reasoning would mean that any autistic able to share about his/her autism really is not autistic in the first place – that autism means no ability to communicate. Not only is this untrue – it is a silencing attempt someone is trying to pass off by dressing it in a cloak of pseudo-logic.

My friend Toshi Kinoshita summed this up nicely when he said, “That’s like saying Karl doesn’t like bacon enough to really love it and therefore should stop eating it. People can say the stupidest things.”

Just like Karl will not stop eating bacon, I will not be silenced. My experience of autism is not the same as anyone else’s experience of autism. It is my experience of autism. It is a valid experience of autism. When I speak and write about it many people tell me my words are helpful. Thus, I choose to continue writing, speaking, consulting and painting about autism – being who I am and doing what I do in this world.

Reference:


This article was originally published for Ollibean.com on January 4th, 2015. It also appears on Aspects of Autism Translated at www.judyendow.com.
No matter what a person believes about vaccinations and their correlation with anything, the pro/con vaccination debate should not be an opportunity to make fun of or put down youth and adults on the autism spectrum. Their existence is not to be feared. They should not have to feel anxious, hated or oppressed. They should not have to be the scapegoat for measles jokes for internet trolls or toxic adults who are unhappy with their existence and advocacy. We are human beings deserving of respect and dignity.

In late January 2019, Washington state officials declared a public health emergency as an outbreak of measles spread across Clark County, Washington into Oregon state. Our area of Southwest Washington made national news with stations across the country reporting and an article in The Washington Post on January 23rd, 2019 receiving over 32,000 shares.

At the time of the reporting, public health officials in Clark County had seen 23 confirmed cases of the measles. Twenty of those were not yet vaccinated against measles and the immunization status of the other three could not be confirmed. By February 13th, 2019 when this article was written, reported cases from the State Department of Health were up to 54 and although most were still contained in Clark County, there were also confirmed reports in the Seattle area and in Oregon.

Compared to the rest of the United States, the Southwest Washington and Portland metro area has been known as an “anti-vaccination hot spot” for many years. There are many reasons behind that, however, that is not the intent of this article to debate.

The purpose of this piece is to advocate for the health and dignity of the autistic youth, adults and family members in our community who are now experiencing added anxiety, depression and negativity because of the volume of doom-and-gloom coverage this measles outbreak is having in our community.

This recent measles outbreak has brought out many internet trolls. However, it has also brought out a plethora of news and media stories around the country that keep repeating this point: Parents are not vaccinating their children because they are afraid of their children getting autism.

Here is the problem with these stories. They are focused on FEAR (or the perception thereof) and they’re stirring up a divisive topic which is riling people up as is evidenced in the number of comments on social media. That carries over to the family dinner table and the workplace and since kids are listening, it also shows up in the classroom and on the playground.

Nowhere in the reporting of these articles or media stories (at least the ones I’ve seen as of the time of this writing) is anyone standing up for autistic children and adults that are living in our community. No-one is including in their coverage the reminder that kids and adults on the autism spectrum are not to be feared. No-one is saying that a byproduct of this measles outbreak is that misinformation about autism is being spread. Maybe they just don’t see how their articles could have that effect but for someone who thinks in patterns, it is clear to see the negative correlation this coverage has with the increased stress levels of many of our local autistic youth and adults.

A young boy in elementary school recently came home from school in tears. People in the school knew he was on the autism spectrum because he had done a presentation in his class. About a week after the measles outbreak, a girl on the playground approached him and asked if she could catch his autism if she didn’t get her vaccines. A third child said no but you could catch his “special needs”, which was “way worse”. (These were third graders. Who do you think may have influenced their opinions?)

The parental choice whether or not to vaccinate a child is a divisive and complex topic that extends well beyond the autism community. It isn’t as simple as being pro-vaccine versus anti-vaccine. Most people, including autistic and neurotypical parents in the autism community do choose to vaccinate their children. However, there are parents whose children have had a vaccine-injury in the past who have fear about the risk and safety of having additional children vaccinated. There are parents whose children are too young to be vaccinated who can’t yet vaccinate their children.
There are also parents of children who have an impaired immune system and are not medically safe to receive vaccines.

Examples of the latter might be a young child with leukemia or a rare congenital disorder. People who are immunocompromised or are too young to be vaccinated rely heavily on community immunity or “herd immunity” to help keep them healthy. The proportion of the population which must be immunized in order to achieve herd immunity varies for each disease but the underlying idea is that once enough people in a community are protected, they help to protect the vulnerable members of their communities by reducing the spread of the disease.

However as seen by the recent measles outbreak statistics, many in our region do not choose to vaccinate. As of this writing, Washington and Oregon lawmakers were looking to write and pass vaccine legislation which would eliminate personal exemptions, leaving medical exemptions and tightly regulated religious exemptions. This has prompted anti-vaccine groups to protest which in turn brings about more news stories and more divisiveness.

One point of interest for those in the autism community in Washington state is that Representative Paul Harris who is helping to push the legislation has a grandson on the autism spectrum.

There are still many theories about what causes autism but most researchers now believe that both genetic and environmental factors play roles. The vast majority do not believe that vaccines cause autism and there have been large peer-reviewed studies published over the past few years showing no causative link.

Still, there are a group of adults out there who disagree and are very vocal in their protests. Then there is a large group of adults who resent the fact that some parents do not vaccinate their children and they are very vocal with their thoughts.

Although people with dissenting opinions have the right to freedom of speech, unfortunately, many times that speech comes laden with negative, ignorant and biased remarks against people on the autism spectrum. Why? For being born differently?

As much as we’d like to have a united community that respects the dignity of each autistic individual and works together for each one of us to have what we need to be able to fully participate in community life, we’re currently not there.

But it is a vision worth working toward. Let’s advocate together.

References:


Karen Krejcha is the co-founder of Autism Empowerment where she serves as Executive Director. She is Editor of Spectrum Life Magazine and a vibrant public speaker. Karen was diagnosed on the autism spectrum in her 40s, after the diagnosis of her two sons. She has been married to John for over 26 years and is devoted to promoting a culture of acceptance and empowerment within the autism community and the world at large.

APRIL IS AUTISM ACCEPTANCE MONTH
HOWEVER EVERY DAY PROVIDES AN OPPORTUNITY TO PRACTICE RESPECT AND INCLUSION.

www.spectrumlife.org
We currently list over 1,200 autism-friendly service providers from Oregon, Washington and throughout the United States. Some of the directory categories where you are able to search for providers in your region include:

- Adult Services
- Advocacy
- Assessment and Diagnosis
- Autism-Friendly Businesses
- Camps
- Caregiving
- Chiropractic
- Dentists
- Educational Support
- Employment Assistance
- Financial Planning
- Government Agencies
- Housing
- Legal
- Medical Professionals
- Psychiatrists/Psychologists
- Recreation
- Safety
- Schools
- Special Needs Trusts
- Sports and Fitness
- Support Groups
- Therapy and Interventions
- Transportation
- Travel

The SpectrumLife.org website launched in March 2018 and is a continual work in progress. In order for our directory to become stronger and better known, we invite community members to share this valuable resource with their colleagues, friends and family members. Let’s work together to build our community stronger! Thank you for your support!

To learn more about our Spectrum Life Resource Directory, please visit and bookmark www.SpectrumLife.org. If you have a resource you’d like to see added, please contact us at spectrumlife@autismempowerment.org or through our website.
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LIFESPAN

AUTISM IS MY ADDRESS
By Imani Chapin

1 dance for my baby brother
I twirled; we smiled at each other
But when I finished with, “ta-da!”
Carson cried out a piercing call
One sound and he went ballistic
Carson was autistic

7 special vitamins he’d intake
To keep his weary mind awake
I ate cookies and pretzel sticks
Carson took Omega-3 and Vitamin B6
Therapies and diagnoses
Love and time in extra doses

8 years until a teacher believed
Carson could do more than perceived
She gave him rules and work in full
She held Carson accountable
Even though he’d never spoken
I knew Carson was not broken

0 friends through childhood
Carson worried the neighborhood
Undressing in public, always on edge
We locked the door each day, an unspoken pledge
I said “goodbye” in good faith
To those patronizing of Carson yet polite to my face

5 stimuli dictated his schedule:
Saying “be quiet,” the sound of yard edgers
Eating bananas and popcorn
Washing clothes after they’re worn
Regular necessities now forbidden
I gave in; Carson was forgiven

South mapped Carson’s trajectory
A downward-spiralling tragedy
His selfish behavior controlled my mind
He called the shots; I followed, blind
Kicked out of camp, sent home from class
Uncontrollable violence left us at an impasse
East, moving east, might solve
The problem around which we revolved
A cross-country offer: home for Carson
Special needs facility with space to take him
Our break from OCD, before we went insane
Never mind. Carson couldn’t step foot on a plane

4th time mom’s cried this week
Carson is her future—ever bleak
Should I feel so angry?
Does Carson even love me?
Should I feel so hopeless?
Trapped in his world of empty, repeating motions?

Way was the word of home
Carson had his, we had our own
No laundry loads or saying “quiet”
If harmony ensued, we’d struggle in silence
But if I let his way be my guide,
Could I see through Carson’s eyes?

Vancouver: our autism community
Supporting, accepting, encouraging unity
With hope for change and chance to speak
My brother was no longer “weak”
Carson could screech and flap and fly
Together we soared in the sky

Washington is filled with ears
People I never knew could hear
The sorrowful, wonderful song of sacrifice
The sorrowful, wonderful song of life
In the eyes of my audience, I was the voice coming through
to finally share our point of view

8 o’clock in the morning
His special school bus rounds the corner
First left seat, buckle in
Routine determines how he begins
I wave goodbye, his arm stays slack
It’s okay, if he never waves back

5 times I’ve promised my brother
Never-ending support in our lifetime adventure
Both of us, growing seeds
He will live and I will lead
With focus, kindness, honesty, precision, confidence, clarity

0 expectations, I’ve learned from his style
Have no expectations and a life of surprise
People matter; stuff is stuff
My grass is green enough
Never knowing of tidal turn
With everyone I love and learn

7 days a week autism brings
Unimaginable pendulum swings
I believe in my brother, what he has in store
Others see disability, I see more
I believe in me, I believe every day
I am stronger, I am selfless, all will be okay

7 days a week I change my mind
About the fulfillment
I seek to find
But I will never betray my voice
No matter the circumstances, I have a choice
My brother started my story; I’ll write the rest
Autism is my address

17805 SE 4th Way
Vancouver, Washington 98507

Imani Chapin is a senior at Union High School in Camas, WA. She is the oldest of four, with two younger brothers on the autism spectrum and one neurotypical sister. She is passionate about poetry, video making, public speaking, and advocating for those without a voice. Imani wants to attend university on the East Coast next year, where she hopes to broaden her skillset as a storyteller, thinker, innovator, and leader. Imani plans to make the world a better place, starting with the lives of her brothers and her Camas community. Watch her videos at her YouTube channel Reach Higher: http://bit.ly/youtubereachhigher
Dear Spectrum Life:

What is your opinion on including your child in an IEP meeting? My son is only 10 but I’m thinking of bringing him. Any suggestions? ~ Perplexed Parent in Portland

Dear Perplexed Parent,

When at all possible, we believe including your child in the IEP meeting is a wise choice to make. After all, your child is the individual in their own Individualized Education Program!

My husband and I have two sons on the autism spectrum (now 19 and 12) and each of them started attending their own IEP meetings with us in early elementary school. There were a couple of occasions I can remember when some of the other district and team representatives at the table were a bit surprised but the vast majority of them adjusted well and welcomed the participation.

If you do perceive pushback, just know that the Individuals with Disabilities Education Act (IDEA) indicates that students should be included in their own meetings “whenever appropriate”. We believe that the earlier and more often that you can provide opportunities for learning and practicing self-advocacy, the better equipped your child will be as he gets older and builds skills for independence.

Benefits of having your child there:

• Shows your child that they are an active and important part of their own education.

• Gives your child an opportunity to express what they think about how their accommodations are or aren’t working for them.

• Helps your child have a better understanding about what their teacher thinks about them.

• Provides an opportunity for your child to share their strengths and to also hear some positives about themselves from their teachers in front of their parent(s).

• Allows the opportunity to brainstorm challenges together with documented student, teacher, parent and other team member input.

• Provides an opportunity for team members to see your child interact in a different context and help to bond on a different level outside of the classroom setting.

• Helps your child know what goals they will be working on and gives them a chance to share their thoughts.

• Gives practice for IEP meetings when they are older which begin to focus on transition planning. (Varies from state-to-state but usually starts between 14 - 16 years of age.)

Continued on next page
There may be times when there is a sensitive or embarrassing matter you do not wish to discuss in front of your child. In this case, you might want to make arrangements at the school for your child to come into the meeting a few minutes late or to have a short break where your child temporarily leaves the room. Talking with your child’s teacher in advance about the meeting agenda can help you prepare for this and your child’s teacher may also be able to have someone watch your child while sensitive issues are being discussed.

Some parents reading this may wonder whether their child has the ability to sit through an entire IEP meeting or comprehend what is being said. We know many parents whose children were in self-contained classrooms and who were not actively verbal who were quite surprised at what their children have heard and retained during meetings. When in doubt, presume competence, let your child participate to the best of their abilities and keep trying and trying again!

A few fast tips:

• Let your child’s main teacher know in advance that your child will be attending.

• Ask for a copy of the draft IEP to be sent to you a few days in advance of the meeting.

• Show a copy of the draft IEP to your child and explain the topics that will be discussed.

• If at all possible, have both parents at the meeting.

• Kindness matters! Assume when you enter the IEP meeting that your student’s teacher(s), paraprofessionals, therapists and administrators all want the best for your child. Be a positive parent who wants to partner.

• It’s harder to be adversaries when you break bread together. Bring cookies, pastries or a snack tray to the IEP meeting and be sure to taste some yourself. (It’s disarming, it’s thoughtful and after a long day of classes, it’s often quite appreciated.)

• After the meeting, congratulate your child on their self-advocacy and offer a small reward. (e.g. child picks out a new book or game or gets to stay up an extra 30 minutes)

• Don’t forget to reward yourself as well.

Dear Confused in Camas,

Thanks for the questions! I saw many variations of the article picked up by different news outlets and although the headlines were not always the same, the “openly autistic” wording seemed to be repeated. Here are a couple of national examples:


As someone who tends to read and picture things very literally as a first impression, even though I quickly realized the article was referring to a new lawyer, the first headline said bar and therefore had me picture a woman entering a Florida drinking establishment. Strange! Certainly plenty of autistic people enjoy an alcoholic beverage now and then?

For the second headline, I found it interesting that even though the woman was “openly autistic” and preferred identity-first language, the news outlet decided to change it around by starting out “woman with autism”. Also, I wondered why the woman’s name wasn’t in the headline and if she was so openly autistic, why was it the employer who outed her as such in the article?

Initial thoughts about the headlines aside, the young woman in her 20s who is being referred to in these articles is certainly worth writing about. It’s terrific that she is getting positive mainstream publicity but I suspect that most of the journalists putting together the pieces had no clue this woman has been making headlines in the autism community for years.

Haley Moss is an accomplished autistic advocate and has been speaking and writing about the subject publicly for almost 10 years. Devoted to helping autistic youth and young adults, her books include Middle School: The Stuff Nobody Tells You About (2010, AAPC Publishing), A Freshman Survival Guide for College Students with Autism Spectrum Disorders: The Stuff Nobody Tells You About! (2014, Jessica Kingsley Publishers) and What Every Autistic Girl Wishes Her Parents Knew (2016, Jessica Kingsley Publishers).

So why the “openly autistic” comment? Is this a thing?

In reference to the Haley Moss becoming an attorney story, it appears to be wording quoted by an employer that then got picked up by other news outlets who probably weren’t quite sure what to do with the verbiage so they’re repeating the phrasing in various forms. Due to the viral spread of the article, it’s stirring up some interesting commentary on message boards and forums like Reddit but by and large “openly autistic” isn’t a term that most people identifying in the autistic community commonly use in their everyday language or on social media. They are more likely to refer to themselves as autistic self-advocates and/or tag their posts as #ActuallyAutistic.
As far as the meaning of the term itself, “openly autistic” refers to the level at which someone is comfortable about publicly disclosing their diagnosis. There is a detailed article on WikiHow called “How to Be Openly Autistic” that has been read over 12,000 times with sections contributed from autistic community members that include: Making the Decision, Being Open, Keeping a Good Attitude and Community Q & A: [www.wikihow.com/Be-Openly-Autistic](http://www.wikihow.com/Be-Openly-Autistic).

Our online community has many adults on the spectrum who identify as autistic or Aspie write blogs, manage Facebook forums and host podcasts and YouTube channels. As a whole, we’re quite a prolific bunch when it comes to producing content for the autism and autistic community.

If you spend a great deal of time online it would appear that many autistic adults do choose to be open and public about their diagnosis, however it’s important to realize that not everyone on the autism spectrum is engaged in social media or participates actively in online forums.

In my many years of experience talking with adults at support groups, trainings and various events added with my entire life experience, the majority of adults on the autism spectrum are not public with their disclosure, do not participate openly as an autistic adult online (although they might use pseudonyms in forums) and they choose who to tell and when to tell with quite a bit of discretion.

Are there “closeted” autistics?

I am reading this question in two different ways, so let me try and answer both. The most common meaning of “closeted” or “in the closet” would be to describe lesbian, gay, bisexual, transgender, queer, etc (LGBTQ+) people who have chosen not to disclose their sexual orientation or gender identity and aspects thereof. It is more common than most people realize for people in the LGBTQ+ community to have intersecting identities with the autistic community.

A great resource to learn more about this directly from adults on the autism spectrum is the book, Gender Identity, Sexuality and Autism: Voices from Across the Spectrum by Eva A. Mendes and Meredith R. Maroney (2019, Jessica Kingsley Publishers).

If you are asking whether there are autistic people who are also LGBTQ+ but have not come out publicly with the LGBTQ+ side of their identity, the answer is definitely yes.

I think though that the question you’re really asking is are there autistic people who know or strongly suspect they may be on the autism spectrum but never choose to disclose in their daily life to family, friends, employers or colleagues?

The answer to this would be a resounding yes as well. The largest segment of this list would include adults over 40 years of age who likely would have been given an Asperger syndrome diagnosis if one had existed when they were young. If you were to ask these people about their life stories, most would say that they knew they were different than their peers when they were younger. Many grew up with sensory issues, social and communication challenges, difficulties staying organized and fascinations with particular topics but they still found their way. In fact, some gravitated toward others like them and became very successful in their industries.

A short list of careers where I personally know of autistic adults who are not open with their autism includes attorneys, judges, artists, actors, cartoonists, comedians, authors, computer programmers, engineers, financial investors, musicians, architects, psychiatrists, psychologists, educators, professional athletes, entrepreneurs, inventors and scientists. This list is not all-inclusive.

Given that Asperger syndrome didn’t even enter into the Diagnostic and Statistical Manual (DSM) until 1994 (DSM-IV) and then was pulled out again in 2013 (DSM-5) and renamed autism spectrum disorder, you’ve got generations of adults with the symptomatology and genetic traits of autism, many of whom ended up marrying and having kids of their own. It’s a common story for adults diagnosed later in life to not receive their own autism diagnosis until after a child or other family member is also diagnosed.

Unfortunately, because there is still a lot of stigma and divisiveness in the autism community and our society, it is a frightening prospect for many people to consider publicly disclosing that they too are on the spectrum. Nonprofit organizations like Autism Empowerment (publisher of Spectrum Life Magazine), Autistic Self Advocacy Network (ASAN), Autistic Women and Nonbinary Network (AWN), Global and Regional Asperger Syndrome Partnership (GRASP) and other autistic-led organizations do help to promote Autism Acceptance for all people on the autism spectrum, no matter what the level of challenge or severity.

However, there is still fear. There is fear of not being believed or taken seriously, fear of ridicule, fear of embarrassment, fear of not being accepted, fear of conflict, fear of being discriminated against, fear of losing a job or promotion and that doesn’t begin to cover changes in family dynamics. Oftentimes when an adult realizes they are on the spectrum, they also figure out that a parent or other older family members are too. The receptiveness to that information varies wildly. Culture, ethnicity, socioeconomic status and generation gap are just a few potential contributing factors.

The decision to disclose an autism diagnosis is a personal thing. For more information about this subject, we encourage you to read our previous article, To Disclose or Not to Disclose, That is the Question. (Spectrum Life Magazine Summer 2017) [www.spectrumlife.org/blog/to-disclose-or-not-disclose-116](http://www.spectrumlife.org/blog/to-disclose-or-not-disclose-116).

Karen Krejcha is the co-founder of Autism Empowerment where she serves as Executive Director. She is Editor of Spectrum Life Magazine and a vibrant public speaker. Karen was diagnosed on the autism spectrum in her 40s, after the diagnosis of her two sons. She has been married to John for over 26 years and is devoted to promoting a culture of acceptance and empowerment within the autism community and the world at large.
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INCLUSIVE WAYS TO HAVE FUN

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The term "parks and recreation" can be broadly defined as programs and services provided for the purposes of leisure and recreational pursuits. Examples of resources would include public spaces and facilities like parks, nature preserves, open space areas, trails, and structures built for sports, arts and recreation programs. Examples of services might include athletic leagues and lessons, youth camps, recreational activity programs, arts programs, and environmental education.

Ideally, parks and recreation help to build inclusive communities where people from all walks of life can come together to learn, experience, interact and to grow.

The motto of the National Recreation and Park Association (NRPA) is "because everyone deserves a great park." Through their network of 60,000 recreation and park professionals and advocates across the United States, NRPA encourages the promotion of healthy and active lifestyles, conservation initiatives and equitable access to parks and public space.

In September 2017 NRPA launched an initiative called Parks for Inclusion. They sent out a survey to parks and recreation professionals throughout the country to learn what they do to ensure that all their community members can enjoy parks and recreation. They also asked about challenges to inclusion and barriers to access.

The survey, answered by nearly 500 park and recreation agencies nationwide, found that:

- 74 percent of agencies offer programs and activities for individuals with physical disabilities.
- 71 percent of agencies offer programs and activities for members of multicultural/racial/ethnic communities.
- 62 percent of agencies offer programs and activities for individuals with cognitive disabilities.
- 30 percent of agencies offer programs and activities for members of LGBTQ communities.
- 27 percent of agencies offer programs and activities for members of refugee/immigrant communities.

The survey also found that at the time, only 2 in 5 park and recreation agencies had a formal inclusion policy. These policies, which are typically found on the agency’s website, may include an outline of the accommodations that improve accessibility to parks, recreation centers and other facilities, along with a description of the process that a resident would follow to request a specific accommodation.

The greatest challenges reported as keeping park and recreation agencies from being more inclusive to all members of the community included:

- Insufficient funding
- Inadequate staffing
- Facility space shortages
- Lack of staff training

This lack of resources is partially the result of few agencies being able to access federal funding to support their inclusiveness efforts. Barely 1 in 10 agencies reported receiving grants, program support or other resources (such as best practices, technical assistance, and training) from the federal government to support inclusive programming.

The challenges of fully understanding the needs of and reaching underserved community members are among the other barriers some park and recreation agencies face. Twenty-six percent of agencies indicated they did not currently have outreach activities that sufficiently reached these populations, while 23 percent acknowledged that they do not fully understand these populations’ needs.

Fortunately, what is not keeping most agencies from their inclusiveness efforts is apathy from either the public or local government leaders. In fact, only 16 percent of survey respondents indicated that a lack of support from the public has hampered their agency’s inclusive efforts, while a mere 8 percent indicated that they suffer from a lack of support from local government leaders.

In order to assist park and recreation agencies in developing a formal inclusion policy, NRPA introduced a new Parks for Inclusion Policy Guide on February 12th, 2019. Available online to download for free, this new guide shares best practices for creating a formal inclusion policy and includes a template that agencies everywhere can use to develop a policy that meets the unique needs of their community.

"After surveying our members, we learned the desire to create more inclusive parks and recreation centers is strong, as was the need to develop formal policies that promote inclusion for historically marginalized groups," said Rebecca Wickline, NRPA senior vice president of development.
“The new Parks for Inclusion guide acknowledges the inequities that vulnerable populations face from a health, social and economic perspective. To address these inequities, it’s key that park and recreation agencies have policies in place that support positive outcomes for all community members.”

The guide highlights the key components of a policy, while the template is a customizable piece for agencies to create their own unique inclusion policy to ensure that everyone is welcome at parks. In addition to practical applications and providing a step-by-step process for creating and adopting an inclusion policy, the guide acknowledges the intersection of equity and inclusion, and how the two components, working together, create a vibrant community, strong in its efforts to foster environments where everyone feels welcomed, safe and respected.

The best practices guide highlights these key considerations when creating a policy:

- What is a policy and why it’s important.
- Why it’s important to specifically call out inclusive practices.
- How to assess community needs and involve the community and target audiences in policy creation.
- Why it’s important to set goals and measure the effectiveness of a policy.
- How to implement the policy among agency staff and the greater community.

In addition to the policy guide and template, NRPA encourages agencies to use the Parks for Inclusion Vision Stand document to set a department-wide vision for inclusion. A vision stand is a great way to identify agency strengths, assets, and resources needed and it can be used to set the stage for formal inclusion policy adoption.

**How can I share these resources with groups and agencies in my local community?**

NRPA’s Parks for Inclusion initiative has a goal of improving access to health opportunities in parks and recreation for one million people by September 30, 2020. Their online Parks for Inclusion resource database at [www nrpa org ParksforInclusion](http://www.nrpa.org/ParksforInclusion) provides free access to educational resources that help professionals (park and recreation and their allied professionals) with resources to support inclusive activities in their agencies and facilities.

Free resources include toolkits, assessments, online tools, case studies, and more that have been developed by NRPA, partner organizations, and other leaders in the field. You’ll also find resources to help staff and volunteers model tolerance, deal with empathy and respond to incidents of bias within programs or facilities.

Many of these resources are also useful for grassroots activity groups who might not have the budget for technical guidance but would appreciate direction in helping to create more inclusive environments.

**Inclusion is a work in progress but certainly worth working toward.**

One of the most memorable commercials played during the Super Bowl in 2019 was a story showing a variety of passionate young video gamers rising to the top of their games with a little help from friends, family and the Microsoft Xbox adaptive game controller. Although one could argue that this was a plug for Microsoft being committed to building accessible game technology, the real message that tugged at our heartstrings and reminded us of our humanity came at the very end.

“When everybody plays, we all win.”

**References:**

1. National Recreation and Park Association - [www nrpa org](http://www.nrpa.org)
7 Steps to Choosing the Right Camp for Your Child

By Karen Krejcha

Although families in the Southwest Washington and Portland, Oregon metro area have just recently recovered from the Northwest’s version of Snowmageddon 2019, it’s not too early to start thinking about warmer days ahead and the prospects of youth summer camp.

Finding the right camp for any child requires careful planning and research. When you throw autism and potentially other health-related challenges into the mix, there are even more points to be considered.

Although it might seem overwhelming and daunting at first for both you and your child, the benefits of camp are very often worth your time and effort. Finding the right camp provides opportunities for fun, developing new skills, making new connections, practicing independence and increasing your child’s repertoire of corny puns and camp songs that you may be hearing for the next nine months.

1. What do you and your child want from this summer camp experience?

Your child wants to have fun and you want them to be successful. With so many choices of day camps and overnight camps out there locally, regionally and nationwide, you’re going to want to narrow the field of choices even before you get on the internet to research. Here are some questions to help you set reasonable summer camp goals and expectations.

- Day camp or overnight camp?
- Local or out of the area?
- Faith-based?
- Regular camp that practices inclusion or a camp specifically for individuals on the autism spectrum or with disabilities?
- Do you want them to attend by themselves or do you prefer family camp?
- What kind of activities does your child enjoy and want to do at camp?
- Are there any skills you and your child want to focus on building?
- Do you and your child want a camp that includes therapy or specializes in a particular interest? (e.g. theater, music, arts, Minecraft, horseback riding, water sports)

2. Research your camp options.

Once you have a better understanding of your summer camp goals, it’s time to begin researching camps that meet your criteria and expectations. The quickest way to do so is by going online. Our Spectrum Life Magazine website has an online resource directory which includes dozens of local camps which specialize in or include the autism community:

www.spectrumlife.org/recreation-and-camps/camps

You might also find it useful to talk to teachers or therapists who know your child’s abilities and may have worked with other kids with similar personalities and interests.

Finally, if you’re part of a support group, ask other families about camps they would recommend based on your criteria. Remember though, as every child on the autism spectrum is different and every family’s mileage is going to vary with camp experiences, people online who don’t know you or your child are going to be limited in the kind of advice they can give. Specific questions will help you save time and get more qualified information.

Generic example: I’m looking for a summer camp for my son on the spectrum. Any ideas?

Specific example: My 12-year-old son is on the spectrum and has never been to camp before. We’d like to try an overnight camp in the Portland metro area where he can practice his independence but not be so far away or last so long that he gets very homesick. He’s really into Minecraft and video games but needs a lot of encouragement to go outdoors. He does like nature walks though. Any ideas?

3. Narrow your list down to the most promising selections.

As you do your research, you’re likely to find some camps you can eliminate immediately, some that are a maybe and others that seem really promising. Although there may be a few people out there that really like all 31 flavors of Baskin-Robbins ice cream, chances are that most people have one or two favorites they stick with most of the time. Narrow your selection, weed out the maybes and go with your really promising list.

Write down key information about each camp you’re seriously considering. Try to get the same kind of key details about each one so that it’s easier later for you and your child to compare and contrast.

Continued on next page
- What kind of camp is it? (Educational? Recreational? Therapeutic? A combination?)
- What kind of activities are offered?
- What are the camper demographics?
- Where is the camp located? (Close to home? Commuting distance?)
- When does the camp take place? (Dates and hours)
- What is the cost of the camp and when is payment due?
- When do reservations open and when does camp usually fill up?
- What is the camp philosophy and history?
- Do you know anyone who has attended the camp before? (If not, does the camp offer the opportunity for parents to talk with previous families of campers who have attended?)

If the answers to any of these questions eliminate a camp from consideration, take it off the list! There is no use getting your child's hopes up about theater camp in Hollywood if you're not going to be able to travel.

4. Create a list of key questions that you will need the answer to in order to make your final decision.

As a parent, you will know your child's personality, strengths, challenges and nuances better than any of the staff that work at the camp. You know your child's needs at home. You also are likely to have been through the Individualized Education Program (IEP) process and know a thing or two about accommodations. This will help you prepare a list of key questions to get answered by each camp before you and your child make your final decision.

Your questions will be personalized. Here are some examples that might be important:

- What is the hiring process for counselors at the camp and how are they trained?
- Do you have any autistic adults on staff at camp or in an advisory or mentoring capacity?
- What is the camper to counselor ratio?
- Do you work with children who are similar to my child?
- What kind of visual tools and reminders do you use to transition between activities?
- If it is a camp geared toward youth on the spectrum, are there older autistic mentors as well as neurotypical peer mentors?
- What kind of sensory break area do you have if my child has a meltdown or is overstimulated?
- How will my child's medical needs be managed at camp? (Medical staff onsite?)
- How will my child's hygiene needs be managed at camp? (help with toileting, reminders to bathe or wear deodorant, etc.)
- How do camp counselors help a child engage in a new activity where they might be hesitant or scared?
- How accessible is the camp facility?
- How many campers will be there at the same time as my child?
- Are there full or partial scholarships or financial aid available?

Although you'll likely be the one asking the questions, it's important when possible that if your child has questions, they are asked too. This helps them understand you care about them and respect their input. It also helps build independence.

The right camp for your child should have staff that are not afraid of or bothered by answering your questions. They should want your child to succeed and have a positive experience too! By writing out your questions in advance, you can ensure you secure the answers you need to help you make a great choice.

5. Connect with the camp director or a key staff member about your questions.

Some are comfortable doing this by phone while others prefer sending an email. Many adults on the spectrum prefer email to phone as it gives them more time to process what it is being said and formulate their responses. If you're not really a phone person but you don't seem to have an email option with a particular camp other than a general inbox, it will be easier to script out your call and have your list of questions in front of you when you make that call.

Make sure before you hang up the phone that you are comfortable with the responses that you received and ask for an email address in case you have any follow-up questions. Often a camp director's email address won't be published on a website but they will give it to you when you talk with them on the phone.

In your conversation, be sure to also ask the camp director if they have any questions about your child. This might help provide additional information to make your decision that you had not thought to ask about.

6. If possible, plan a visit in advance to the camp.

It's often very helpful for children and parents to get a tour of the camp facility before they actually attend. This may not always be feasible depending on how far away the camp you are looking at is or the time of year that they are open but if it's possible, checking out the location might help put your mind at ease and aid you in your decision-making.

If your camp doesn't offer site visits, many camps nowadays have YouTube channels, virtual tours or pictures on their
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www.dogsforbetterlives.org/spectrum
website which help give a visual picture. Also, consider asking for references from families of campers who have children with similar profiles. Having you and your child connect with someone else who has actually been there can go a long way in easing any anxiety you may have.

7. Make your decision together with your child.

You have a lot to think about. As a parent, you have done a lot of the legwork and research, narrowed down the choices substantially and should have a pretty decent idea about where you want your child to go. However, before the final decision, it is time to go back and think about step #1 with an emphasis on your child’s interests.

What do you and your child want from this camp experience? This is a time to make sure your child knows that they are being actively included in the final decision-making. Make your decision and at the end of the process, congratulate yourself and your child.
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What Is Collective Teacher Efficacy?
Taking a Partnership Approach to Help Students Shine

By Aaron Blackwelder

John Hattie has spent many years researching what impacts learning. His book, Visible Learning (2009, Routledge) identified over 250 influences that impact learning and ranked them on their effectiveness. By and large, the top indicator of a child’s success is Collective Teacher Efficacy.

Collective Teacher Efficacy is the belief that a teacher can make a difference. It isn’t just positive thinking. It is more than that. It is a group mindset that consists of teachers, administrators, parents, and students believing that the teacher has the ability to make a difference and it is founded on evidence. Collective Teacher Efficacy has a greater impact on a child’s success in school than poverty, learning disabilities, or any other factor that is known to get in the way of a child’s success. This is such an important idea, especially for marginalized students.

As a parent of two autistic teenaged boys, I get frustrated with the education system—a system that, all too often, doesn’t always work for my children. Where one of my boys struggles with executive functioning, the other struggles to control his emotions. Whereas my one son cannot remember what it is he is working on in school, the other jumps to conclusions that others are out to get him because they simply bumped him with their backpack when squeezing around him to get to their seat. For children such as my boys, the daily structures of school impose challenges where most neurotypical children thrive.

Quite often, I act as an advocate when I take on my children’s plights. I send emails to teachers to challenge them about grades. I call the Special Education case manager to insist that my child’s IEP is being followed. I contact the principal to ensure that my son is not being targeted by other students. In all, working as an advocate for my children and their education is exhausting, but I know it is a worthwhile cause. However, when I work to promote equity for my children, I quite often take on a “Us vs. Them” mentality that questions the ability of the teacher, support staff, and administration of the school. My attitude can become contrary to Collective Teacher Efficacy and this, ultimately, hurts my boys’ education.

Recently, I challenged one of my son’s teachers. My son was behind in class and his getting behind was impacting both his interest in the class and his ability to do the work. He was feeling like he could never get out of the hole. Besides this, there was another student in the class who was causing him problems. This boy would sneak over to him, say some obnoxious things, and leave. My son felt bullied by this student and believed that the teacher was not taking any action, she did not care for him. My son would come home complaining about this boy, I would ask him if he had talked to the teacher about it. He said his teacher was aware of the issue but she was refusing to intervene. I thought about emailing the teacher, but I know that the intention behind an email often gets lost in translation. And because we had concerns that were both academic and social-emotional, I contacted the teacher to set up a meeting.

When we started the meeting, the teacher was very welcoming and listened intently to our concerns. We allowed our son to share his experiences. The teacher helped us to address the academic issues and provided modifications to the curriculum that took quite a weight off my son’s shoulders. Then we discussed the issue with the harassment. As we discussed this it became apparent that the teacher knew there was a history between my son and this other student, but did not know this was going on in the classroom. She felt really bad as she did not want my son to feel unwelcome and unsafe in her class. Actually, she wanted him to thrive and feel confident.

Through this conversation, we were able to make some significant changes that increased my son’s confidence in his teacher. Whereas prior to this meeting my son felt ostracized and constricted, afterward he felt excited and hopeful that he could make a new start and do well. Since the meeting, I have seen a significant difference in my son’s attitude towards this class.

As a teacher myself, I know that I make mistakes and these mistakes can be perceived by my students as though I do not care. However, the reality is I do care and I care not only for all my students collectively but individually. I do not know how my students perceive me, but it is my goal to let my students know that I do care deeply for each of them. So, when I make mistakes I take it personally, reflect on my behavior, and make the effort to do better. I believe that my boys’ teachers have a similar attitude. I believe that they want to invest in my boys’ future. I believe that they want nothing more than to see my boys shine. I need to remember this because it is good for my boys.

As a parent, I am a major influencer in the success of my children. Not only do I sit down with them each night to help them with their homework but I also help shape their opinions of their teachers. My attitude, words, and actions contribute to a Collective Teacher
What is Collective Teacher Efficacy?, continued from page 30

Efficacy. My attitude ultimately impacts the success of my boys. I know that my boys’ teachers will make mistakes as my boys are unique and have challenges that require tools that their teachers may not have YET in their tool belts. I can take on the attitude that these teachers are failing my boys or these teachers are investing in them and may need some help. When I believe that they are investing in them I can work with them and provide them with some of the tools that increase my boys’ chance of success.

Collective Teacher Efficacy is not the idea that we simply believe in the teacher and hope things will get better. It does not encourage us to brush concerns under the rug and pretend things will get better. Collective Teacher Efficacy is my belief that my children’s teachers have the best interest in their success and, when they need help, it is my job to work with them to help my child thrive.

References:
3. Visible Learning (Independent website project) - www.visible-learning.org

Aaron Blackwelder is a high school English teacher at Woodland High School in Woodland, WA. He was recently nominated for Washington State Teacher of the Year 2019. He is married and the father of two boys on the autism spectrum who have shaped him as an educator. He is passionate about creating learning environments for all students. In his free time, he writes his blog, “Thinking 101” where he shares his ideas about education. Visit: mrblackwelder.wordpress.com.
My Child’s Teacher is Ignoring the IEP. What Can I Do?

By Diane Wiscarson and Taylar Vajda

You finally have an IEP drafted. Your child is on the right path. You can breathe a sigh of relief. This year, school is going to be better. Then, lo and behold, your child comes home from school. You open their backpack and find... nothing. No notes from the teacher. No modified homework. With a sinking feeling, you ask your child if they went to speech today; no such luck. With frustration, you realize that, despite your hard work, your child’s IEP is not being implemented at school. It’s an all too common experience for parents of children with disabilities. Fortunately, there are things you can do to remedy this.

What does the law say?

The Individuals with Disabilities Education Act (IDEA) is the main law regarding special education for students attending public school. The IDEA requires public schools to provide a free appropriate public education (FAPE) to children with disabilities, and make sure those students receive special education and related services. FAPE is provided through an Individualized Education Program (IEP), a legal document developed for public school students eligible for special education services.

Once a child is determined eligible for special education, an IEP team, including the parents, writes an IEP, which must be reviewed at least once a year. The IEP states how much time a student will be removed from general education, and the services, supports, accommodations, and modifications needed for the child. The school must follow all of the IEP provisions and services.

If a school is not following the IEP or services are provided inconsistently, then the school is likely not complying with the law. For instance, if a student is supposed to receive 30 minutes of speech therapy each week, but is only receiving speech services every other week, the school is not following the IEP. If this is the case, what can a parent do?

Steps to Take, Informally:

If your child’s IEP is not being followed, first notify the school in writing (email is fine) in case something has just been overlooked. Try contacting the special education teacher first. If that doesn’t work, you can also reach out to the principal, your child’s case manager, the special education administrator, and the superintendent.

Getting administration involved can sometimes help, as they might not know of the concern, and a conversation may remedy the problem. Remind the school district that it is required to follow modifications and/or accommodations and services set forth in your child’s IEP. Lack of resources is not a valid reason to not implement an IEP. While a genuine concern, a school district cannot refuse to provide a student services for lack of money.

If an email to your child’s teacher or the school administration does not work, you should ask for an IEP meeting. Keep records of what isn’t being provided to your child, and bring that information with you to the IEP meeting. During the IEP meeting, express your concerns about following your child’s IEP. If you’re unsure, you can request more information. For instance, you can request service logs, a detailed schedule of what is being provided, or work examples. Sometimes, a reminder about the IEP is enough to get school districts back on track providing services.

Unfortunately, even with a parent’s best efforts, occasionally school districts simply can’t or won’t implement the student’s IEP. In that case, parents have other ways to resolve issues.

Legal Processes:

- **Mediation:** A parent can request mediation with the school district. The mediator is a neutral third party, who cannot make decisions but can facilitate a discussion between the parents and the school to help resolve concerns. Mediation focuses less on who is right or wrong but gives everyone the chance to talk about concerns and come to an agreement. Mediation does not require a lawyer, and can be a cost-effective option for families.

Continued on next page
• **State Complaint:** A parent can file a complaint with either the State Department of Education or the Office of Civil Rights (OCR). A parent can make a state complaint if the school district is violating the IDEA, such as by failing to implement the IEP. Sometimes, hiring an attorney can be helpful for this process, but it is not required. Parents would need to write a description of the issue and then file the complaint with the State Department of Education.

Once a State Complaint is filed, a neutral complaint investigator is assigned who will investigate the complaint by conducting interviews, reviewing student records, gathering any other information needed, and then writing a Complaint Order. That decision will include the complaints, what the complaint investigator found, and any corrective actions the school needs to take to fix the problems.

• **OCR Complaint:** On the other hand, if parents file an OCR complaint, the agency will then review the complaint and decide whether to investigate. If OCR chooses to investigate, it will likely request more information from the school district before making a decision. Some compensation parents might receive includes teacher training, make-up time for services that weren’t being provided ("compensatory services" or "compensatory education"), and more. These complaints are also a cost-effective option for many families. However, the process can take upwards of a year to resolve, and frequently, districts offer a remedy before OCR concludes its investigation.

• **Due Process Complaint:** A parent also has the option of filing a due process complaint. A due process hearing is a formal administrative hearing. An Administrative Law Judge (ALJ) conducts the hearing, which is held much like a traditional trial. The school district and the parents have the opportunity to question witnesses, enter evidence, and have a record of the hearing. Witnesses can be subpoenaed and all testimony is given under oath. Parents and the school district can also have experts provide testimony. Once the hearing is over, the ALJ writes an Order, which declares whether the school district is at fault, and if so, what remedies the child is owed by the school. A due process hearing can be a lengthy and expensive process. While an attorney is not required, parents will likely need an attorney or legal advocate to help navigate this process.

**Summary:**

It’s both a frustrating and demoralizing experience for parents and children alike when a child’s IEP is not being followed at school. While the school district is required to comply with the provisions in a student’s IEP, sometimes it simply falls short. A parent should first attempt to talk to teachers and administrators about how to properly follow the IEP provisions. However, if that doesn’t work, parents may file one of a few different types of complaints. The options vary drastically in time, money, and potential remedies. A lawyer or legal advocate may be best situated to help families sort out the legal intricacies involved.

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**Wiscarson Law** was founded in 2001 by **Diane Wiscarson**, who earned her J.D. at Lewis & Clark Law School in 1996. Wiscarson Law has since shepherded thousands of Oregon and Washington families through the region’s public schools and educational service districts on behalf of their special needs children. **Taylar Vajda** is currently a clerk with Wiscarson Law and is pursuing her J.D. at the University of Oregon School of Law. For more information call 503.727.0202, or go to wiscarsonlawpc.com.
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A Person-Centered Approach to Fitness

By Ryan Lockard

Typical readers of Spectrum Life Magazine include youth and adults on the autism spectrum, as well as their parents, families and allies. Whether or not a person identifies as autistic, all of us benefit by focusing on positive health and wellness practices.

For the past couple years, Ryan Lockard has been writing a featured column for our Health and Wellness section called “Ask the Personal Trainer” where he has answered reader questions. This issue we’re mixing it up and have asked Ryan to choose a challenge that the youth and adults he works with experience and then share his strategies for success.

Specialty Athletic Training is a personal training company that specializes in fitness for special populations. Founded in 2012, founder Ryan Lockard aimed to create a program that provided access to healthy living to a community that the fitness industry often overlooks. With a client-centered approach and focus on making fitness fun, Specialty Athletic Training has grown to five locations and has served over 350 individuals of various ages and diagnoses throughout Oregon and Southwest Washington.

Many of our clients have had a negative experience with fitness in the past. They also are usually the busiest people that we know (outside of their parents) with super tight schedules filled with therapies and doctors’ appointments. Rarely do they have control of their schedule and are constantly being critiqued and told what their weaknesses are and what they need to improve on.

We take a different approach at Specialty Athletic Training by meeting our clients where they are and allow them to provide input on their workout routine, giving them ownership of their program. We strive to make their sessions fun and provide a positive fitness experience, so that they can’t wait to come back for their next workout. Filling them with self-confidence and self-esteem unlocks their intrinsic motivation, which is the most powerful thing of all!

Parents have come to us in the past wanting us to work with their child on their running form for various reasons; their posture might not be ideal, their gait might be a little awkward, or they don’t use their arms. This leads me to ask the question, “How often do they run?” which often leads to the answer, “They don’t because they run funny.”

They are not encouraged to run because they don’t have the typical running form that their peers may have. If this sounds like your child, the biggest thing that they need is your encouragement and for you to provide opportunities for them to have extra practice with that movement in a natural setting.

If your child is having difficulty running, take them on a run. Don’t focus on their awkward form, but rather reinforce that they are being active and how much joy it brings you to be running with them. This will be the beginning of turning it into an activity that they enjoy, rather than dread. Once you can get them in a positive mindset about running, then you can start making small suggestions to their form to enable them to run more efficiently.

The body simply needs practice moving to move properly. Many of those same kids that have an awkward gait or have trouble running, typically don’t have a physical outlet and are sedentary. They could benefit from basic exercises that you can do at home. These movements not only work on movement patterns and build strength but will also become more fluid over time.

Continued on next page
Here are 5 exercises that you can do with your child at home:

1) Wall Sits
   • Start with back against a wall, feet slightly wider than shoulder width apart and flat on the floor.
   • Walk feet forward and lower into a “seated position”.
   • Hold for desired time. Try and have knees at a 90 degree angle.
   • Rest and repeat.

2) Incline Push-Up
   • Using an object to create an incline with your body, support your body on your toes, legs, and keep arms straight.
   • Lower your chest, elbows bent.
   • Descend until chest touches.
   • Push back into starting position.
   • Repeat 3 - 4 times.

3) Partner Band Rows (use resistance exercise band)
   • Have partner hold one end of the band and take 2 - 3 steps back.
   • Arms should be extended straight out in front of your chest.
   • Pull the band back, pinching shoulder blades together and keeping a big chest.
   • Continue pulling until hands are next to your ribs.
   • Return to the starting position and repeat.

4) Partner Twists (can use any ball)
   • Stand back-to-back with your partner.
   • Begin twisting with the ball, keeping feet planted firmly onto the ground.
   • Twist until you and your partner are close enough to hand the ball off.
   • Twist the opposite direction to receive hand-off from your partner on the other side.

5) Straight Arm Planks
   • Start with hands placed underneath your shoulders and legs back, knees off the ground.
   • Body should be rigid and flat from body to heels.
   • Hold position for desired time.

Ryan Lockard is the founder and head trainer of Specialty Athletic Training, a personal training company located in the Portland Metro area and Central Oregon, that specializes in fitness programs for children and adults with special needs. He is a Certified Strength and Conditioning Specialist (NCSA) and Certified Special Populations Specialist (NSCA). He can be reached at Ryan@SpecialtyAthleticTraining.com or www.SpecialtyAthleticTraining.com.

All photos courtesy of Mary Rebekah Moore
I am an autistic woman who has lived both in poverty and as a middle-income person during my adult life. I am noticing how self-advocacy is typically geared toward middle-income status. This could be problematic since many autistic adults live in poverty. Based upon my experience I have come to realize that middle-class self-advocacy works fine if in fact, you are a middle-income person, but doesn’t work well if you are a poor person.

I will explain this more using an example from my life as a poor person versus a middle-class person.

**Dental Experience as a Poor Person**

I once had to live on pain pills for six weeks with infected wisdom teeth because no dentist in my area took the state medical insurance poor people rely upon. My only recourse was to visit the hospital emergency room every third day to get narcotics. Finally, the county health nurse found a dentist that would take me.

I had to go off narcotics to drive over an hour to the place that had an opening for a state insurance patient. It was summer so I had my kids along – all grade school age. After using money I had been saving for back-to-school supplies for my children for gas to drive to this far away appointment, they wouldn’t see me because of their policy of no unattended kids in the waiting room.

I had to put off paying a household bill the next month so as to have gas money to repeat the trip to this out of town dentist and have money to pay a babysitter. During the appointment, I got scolded and told it was irresponsible for having waited so long to get in for care. It took several months to get rid of the tooth infection that had taken over my body. State insurance is great in theory, but not always in practice.

During the six weeks of visiting the emergency room to get narcotics every three days, I got reported to child welfare for suspected drug abuse and thus suspected of not being able to take care of my children. I also was reported to the welfare department because I was drug seeking and avoiding employment as evidenced by repeatedly asking for a medical work excuse. I actually was attending work as I couldn’t afford not to, but needed the work excuse for my college field placement (not even paid work!) as I wasn’t able to manage both paid work and the two days per week field placement.

**Dental Experience as a Middle-Class Person**

Recently, I began experiencing dental pain. It is now several years later, my children are grown and living on their own, I have graduated from college (twice in fact – undergrad and then later, a master’s degree), run my own business and work part-time for a nonprofit organization. I no longer have the state medical insurance meant for the poor and disabled. I now have regular health/dental insurance that working people can purchase.

Being a middle-class person and having middle-class insurance made all the difference in how I was treated. I was able use a list of insurance policy-approved providers to find a dentist close to me who could see me that very same day. I did not need to go for several months resulting in the last six weeks of needing narcotics for unbearable pain from untreated infection.

While in the waiting room, I observed a mother coming in with a preschool youngster. The mother explained to the receptionist that her babysitter had canceled so she needed to bring her four-year-old along, but the child was well able to entertain herself and could be trusted to stay in the play space area when she was in the dental chair. The receptionist replied that she would keep an eye on the child while the mother was in her appointment saying there wasn’t too much anyone could do when no child care was available.

It is easy to see the differences in my two dental experiences. Initially, I thought it was due to the type of health/dental insurance I had – state insurance issued to the poor or insurance purchased by a working person – but instead, upon closer contemplation, I came to see...
that even though type of insurance played a role, a bigger factor was societal attitude toward people using the state insurance. Poor and disabled people use an insurance that not only reimburses dentists and physicians at a lower rate than other health insurances but also invites the attitudes and assumptions about the poor and disabled to surface. Poor people are thought to be lazy, irresponsible and with all sorts of personal character flaws.

I used the same self-advocacy skills in each situation – clearly asking for what I needed, giving supporting reasons why my request was valid. I was clear, calm, polite and rational in all of my transactions. This set of skills served me well as a middle-class person seeking dental care but failed miserably in terms of outcome when I was a poor person.

**I believe the main reason middle-class self-advocacy doesn’t work as well for poor people is due to society’s perception and attitude toward poor people.** Based upon this, I am now wondering if we need to rethink self-advocacy in the field of autism.

- Is there – (not should there be because of course there shouldn’t be) – Is there such a thing as self-advocacy skills based on economic class?

- Are we teaching middle-class self-advocacy to a group of people who, due to their disability income, often are poor once they reach adulthood?

- Will the self-advocacy skills we teach our youth today serve them well in their adulthood?

I have these and many more questions, but no real answers at this point in time. I am raising the issue in hopes of starting a conversation and inquiry into this matter. We live in an era where transition programming for teens and young adults with autism is very much needed. As these programs are developing we need to be mindful of the potential impact of teaching middle-class skills to individuals who may live in poverty during their adult life.

It would be wonderful to change societal attitudes, but that takes generations. It would be wonderful to change the poverty factor for those living with disabilities, but we live in a political time where decreasing income, programs, and all sorts of helpful things for disabled people have become the norm. So, in reality, it would likely be more expedient to change the way we teach self-advocacy. Even though it would be politically incorrect to have two classes in the same transition program –

- Self-Advocacy for the Poor and

- Self-Advocacy for the Middle Class

- it would likely be practically helpful since a huge part of self-advocacy is learning to interface with society.

I think someone needs to figure out self-advocacy for people living in poverty because it must be something very different than self-advocacy for middle-class people. When poor I did the same self-advocacy, but it was seen as being a leech, mooching off the system, expecting something for nothing, wanting free handouts and being too lazy to work. It was assumed I was drug seeking and my ability to parent was brought into question.

Of course, this is morally wrong! We cannot run two classes in our transition programs – Self-Advocacy for the Poor and Self-Advocacy for the Middle Class. If you think about it a bit, it really doesn’t make sense that we need to come up with content for a Self-Advocacy for the Poor class. What would be different in the curriculum? Why does clearly asking for what is needed, giving reasons it is needed, in a clear, calm and polite manner be the skills needed for middle-class people and yet, those same skills not work for poor people?

At the end of the day, it is what it is – society interfaces with poor people based upon an entirely different set of assumptions and resulting behaviors than it does when interfacing with middle-class people. Societal attitude affects outcome of employed self-advocacy skills. Poverty affects self-advocacy outcome.

**Author Note:** This essay uses sarcasm. It proposes something – Self-Advocacy for the Poor – something the author really does not believe in as a way to get people to think about the bigger picture – that of societal differentiation of treatment for the poor versus the middle class based on negative stereotypes and assumptions.

Please consider what impact that may have for poor people when teaching self-advocacy in transition programs. Ultimately, think of the impact on autistics using self-advocacy and that economic status plays a big role in outcomes when an autistic (or any person) employs self-advocacy strategies.

This article was originally published for Olibean.com on September 4th, 2015. It also appears on Aspects of Autism Translated at www.judyendow.com. The concepts discussed still ring true today in 2019.

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**Judy Endow.** MSW, LCSW maintains a private practice in Madison, Wisconsin, providing consultation for families, school districts, and other agencies. Besides having autism herself, she is the parent of three grown sons, one of whom is on the autism spectrum. Judy can be reached through her website, www.judyendow.com.
We need to be careful about how we think about and talk about people with disabilities. One example is the reference that those who are autistic or deaf or blind or have some sort of movement differences are “in their own world.”

The fact is we all share the very same world. But we also all try to make sense out of the world we live in. One way we all make sense of what we see in other people is to assign meaning to what we see according to what it would mean if we were engaging in that behavior. Most of the time this strategy serves us well (Endow, 2013).

Here are examples of behavior from students I’ve seen in schools along with the erroneous meaning assigned to the behavior and followed by the actual reason for the behavior.

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### Head Banging

**Behavior:** This little girl banged her head onto concrete walks and into walls several times a day both at home and at school. She was so forceful as to give herself a concussion. Because of that, she was wearing a helmet.

**Meaning Assigned to Behavior:** People tried to make sense out of this little girl’s head banging. They took data in attempts to discover a pattern. They used the data to conclude the girl engaged in head banging whenever she was asked to do something she didn’t want to do.

**Actual Reason for Behavior:** After six months of mostly unsuccessful behavior shaping and reward systems, it was discovered the little girl had a severe case of head lice. Once the head lice was eradicated the head banging stopped completely.
Dropping To The Floor

Behavior: Whenever this first grader left his classroom with the rest of his class when he crossed the threshold into the hallway he would drop to the floor yelling, “No, no, no!” He would roll around on the floor until an adult approached him. As soon as the adult tried to take his hand and help him up this little boy would start playfully pulling back on her hand and giggling. After a short time of this he would get up and walk down the hallway to his destination. When the child was the only student leaving the classroom with the Speech Therapist or the Reading Specialist he did not fall to the floor.

Meaning Assigned to Behavior: Everyone on this child’s IEP Team had decided that he “pitched a fit” when leaving the room with the rest of the class because he preferred the one on one attention of an adult – any adult. They collected data and used it to confirm their hypothesis was correct because the “fit throwing” only happened when the little boy left the room with his classmates, but whenever he left with any adult, even a stranger, he did not “throw his fit.”

Actual Reason For the Behavior: The little boy had an unreliable sense of proprioception. For him, whenever seeing much movement was combined with space change along with lighting change, his sense of proprioception bottomed out. These conditions were met each time several students left the classroom at the same time. When the little boy left the classroom with only one other person, the movement was much less. So, as long as he held the hand of the adult, his proprioception was such that he could walk down the hall even though the space and lighting had changed.

Additionally, when his proprioception betrayed him and someone took his hand trying to help pull him up, it delivered proprioceptive input to his joints and muscles after which he was able to stand up and walk.

These are but two of numerous examples of what can happen when we assign meaning to behavior according to what that behavior would mean if we were engaged in it. Furthermore, sometimes even the data we collect actually supports our wrong guess!

This is so dangerous. We wind up assigning negative character traits to our children. In the stories above the little girl was thought to be stubborn and insisting on having her own way and the little boy was labeled an attention seeker. Once the negative character traits have been assigned we all feel off the hook in terms of needing to solve the problem – in fact we start thinking and even saying that it is the child’s own fault, blaming him for willful behavior (Endow, 2013).

Both of these children were nonverbal and both were said to be “in their own worlds” when they were, in fact, engaging in behavior that communicated very real problems. We need to stop saying people are in their own world when they have disabilities or different neurologies such as autism. It serves nobody well when our words draw a line, placing those who are different away from us, those we say are “in their own world” on the other side of that line – the side for those people who we can then not consider real human beings. After all, they are “in their own world.”

Whether we understand somebody else’s behavior or not the fact remains we all share the very same world. To speak differently not only attempts to minimize the humanity of others, but also sets us up for our own failure as human beings.

If you describe autistic or disabled people as in their own world will you please stop?

Reference:

This article was originally published for Ollibean.com on August 20th, 2013. It also appears on Aspects of Autism Translated at www.judyendow.com.

Judy Endow, MSW, LCSW maintains a private practice in Madison, Wisconsin, providing consultation for families, school districts, and other agencies. Besides having autism herself, she is the parent of three grown sons, one of whom is on the autism spectrum. Judy can be reached through her website, www.judyendow.com.
Advanced Pediatric Therapies
Finding Meaning Behind All Behaviors

By John Krejcha

Advanced Pediatric Therapies is a pediatric occupational therapy clinic that has been serving youth, adults and families in the Portland, Oregon metro and Southwest Washington area for over 16 years.

Their staff regularly give back to the local community in a variety of ways including free training and workshops. Their “Advanced” way of thinking includes making sure their spaces are playful and inviting and that their therapeutic environment includes state of the art equipment that can provide a wide range of opportunities for sensory input, while promoting physical development, challenging motor planning skills, as well as increasing confidence for each youth.

Spectrum Life Magazine recently caught up with Sharron Donnelly, MS, OTR/L who is the clinic owner and one of the co-founders of Advanced Pediatric Therapies.

Please tell Spectrum Life Magazine readers about Advanced Pediatric Therapies.

Advanced Pediatric Therapies (APT) is a pediatric therapy clinic specializing in Sensory Processing Disorder (SPD) and is committed to meeting the needs of children and families.

We focus on providing a highly individualized, child-led, relationship-based treatment approach to ensure that each child’s needs are met. The staff at APT are all highly trained in sensory integration, sound therapy programs, and DIR/Floortime, which is a relationship-based model.

APT was founded in 2002 by myself and Lynette Burke, who now lives in Australia and has a clinic there. We opened our first location in Southwest Portland and the space was really small so we as a team had much opportunity to work closely together and share ideas. We created a tight bond and a safe environment to continue to ask questions and learn from each other while enjoying the work that we do.

That closeness we have as a team creates the positive energy that is easily felt in the clinic. Over half of the staff of APT has worked at the clinic between seven and 15 years.

In 2009, it was clear that there was a great need for an occupational therapy (OT) clinic in the Vancouver area. I live in Vancouver and many days I would be driving the trek to Portland with a client from Vancouver following closely behind. At that time, we decided to open our second location in Vancouver.

Continued on next page
How did you come up with the name “Advanced Pediatric Therapies”?

That’s a funny story. In 2002, when we started the clinic, there were still phone books and we wanted to be the first clinic people found, so we needed a name that started with “A.” Joking aside, the name seemed to fit as we offered and continue to offer “advanced” therapy approaches. While we certainly use research-based treatment modalities, we are always on the cutting edge of exploring newer innovative treatment approaches.

Do you have a personal connection to someone with sensory processing disorder, autism or other disabilities?

I have an uncle with a head injury who began to live with my parents while I was in college. He taught me, through experience with him, to presume competence and to never underestimate what someone is capable of. Through living with him, I learned to find the strengths and interests in each individual and to use those strengths/interests to guide intervention.

What inspired you to create treatment and support programs that serve the autism community as well as others with sensory processing challenges?

We were working at other clinics (nonprofit and school-based mostly) and kept running into barriers from administration or insurance to being able to do the intensive sensory integration treatment we wanted to provide. We saw a need for a comprehensive occupational therapy clinic specializing in Sensory Processing Disorders as there was only maybe one other clinic in the area at that time doing any sort of sensory integration. We wanted to be able to provide therapy more than once a week using an intensive model when needed, a state-of-the-art therapy space with sensory integration equipment, and to be able to provide a variety of treatment modalities that were innovative and holistic, as well as classic sensory integration therapy. Hence, APT was created.

What type of therapy approaches and services does Advanced Pediatric Therapies offer?

At Advanced Pediatric Therapies, we offer services for kids from birth through 18 struggling with fine motor skills, gross motor skills, social skills, and emotional regulation. We have also worked with college-aged students and adults.

All our therapists have advanced training in sensory processing disorders. We use a combination of research-based and holistic treatment approaches (like cranio-sacral therapy, Qigong Sensory Training massage, and many sound therapies). Each child’s therapy program is designed to meet the individual needs of the child and the goals of the family. We like parents to be a part of our process and we enjoy parent coaching. Therapy intensives are offered as needed when a child has plateaued or needs a boost. Intensives are also a nice idea for families traveling from far away or those just getting started.

Another service we offer at APT is that we sponsor a lot of courses each year for other OT’s, professionals, teachers, parents, and caregivers. When we started our clinic, part of our desire was to educate the community on SPD. We are still committed to that idea and enjoy giving presentations to schools, medical facilities, parents, or anyone else really who wants to listen.

For these courses, we either bring in leaders in the field from around the country or we host them ourselves. I enjoy sharing my passion with other professionals, teachers, and caregivers and teach on a variety of topics. We also have a mentorship program where we are set up with Vital Links (developers of the Therapeutic Listening Program) to mentor other therapists in the use of that program. Each year we also co-sponsor a series of lectures called “Sensory Seminars.” These are held on the second Thursday of each month at Providence Hospital in Portland.

Please share a story or two about the growth in clients you have helped who are on the autism spectrum.

There are so many but here are two that quickly come to mind. Many years ago, I treated a young boy that was struggling at school. He was distractible and prone to tantrums. He was also "hyperactive" per his teachers. He was often in trouble and had difficulty getting his work done, so he was struggling academically. His parents were frustrated and didn’t know what to do.

After the initial assessment, it was clear he had some sensory processing differences that were impacting his self-regulation and ability to learn. We worked for a couple years together on emotional differences that were impacting his self-regulation and ability to learn. We worked for a couple years together on emotional regulation and academic readiness using a sensory integrative frame of reference.

A couple years ago, I was treating in the clinic when I saw a young man drive up to the clinic, park his car, and walk in. He asked me if I remembered him. Of course, I did! He wanted to know if I would like to go to his Eagle
Scout ceremony. He had continued to use some of the strategies he had learned in the clinic and was doing very well. He is now almost done with college.

Another story would be about a little boy who was kicked out of three preschools due to challenging behaviors. By the time the family came to the clinic, the parents were frustrated and had no idea what to do. They felt like he was defiant and disrespectful. During the evaluation, he was identified as having Sensory Processing Disorder and Autism and began receiving services through the clinic. A thorough evaluation helped to identify his individual differences as well as his strengths. His parents were involved in the sessions for parent coaching. They began to see his behaviors as having meaning and learned his way of communicating showed that he was struggling versus “defiant and oppositional.”

They began to understand him and were more easily able to connect with him once they understood the intent behind his behaviors and were able to meet his sensory needs. They found a supportive preschool for him and we consulted with his teachers, who were willing to put some strategies in place to support his sensory needs. He continued to be seen weekly until he was able to self-regulate better and his parents had the tools necessary to support him. He returned briefly in first grade for a “tune-up” and to receive new strategies for home and school. Periodically between first and eighth grade, he would return in the summer for a therapy intensive, but he is in eighth grade now and doing well with some accommodations and support in school. He is happy and has a few friends who he likes to spend time with. His parents seem happy with the progress he has made.

Where are you located and how can people contact you?

We have two locations. You can either call the office nearest you or you may email Becky at becky@aptot.com for more information:

**Portland Clinic** (open for over 16 years)
8339 SW Beaverton Hillsdale Hwy, Portland, OR 97225
(503) 245-5639

**Vancouver Clinic** (open for over 10 years)
4201 NE 66th Ave, Ste. 105, Vancouver, WA 98661
(360) 885-4684

You can also learn more about Advanced Pediatric Therapies at our website which is: [www.pediatric-ot.com](http://www.pediatric-ot.com).

We also invite you to follow us on Facebook at: [www.facebook.com/advancedpediatrictherapiesinc](http://www.facebook.com/advancedpediatrictherapiesinc)

**What else is important for Spectrum Life Magazine readers to know?**

At APT, we are passionate about what we do. It is the goal of APT to be able to continue to provide high-quality service to our clients by therapists with advanced training as well as to continue to improve education on SPD to the community through in-services and teaching.

For me, and I think I can safely speak for my staff, there is no greater feeling than helping a child to feel understood and helping a parent to better relate to their child. We help families to understand their child. It is in that knowing and understanding of a child’s individual differences that meaning can be found behind all behaviors.

When parents, teachers, family members, and friends can understand where behaviors are coming from, it is not only easier to manage tricky behaviors but it fosters a more supportive, encouraging, and joyful relationship between the child and those in their lives. This is my passion... helping parents and caregivers understand their children better so they can support their needs and foster continued development while finding pleasure in that process.

**John “CRASH” Krejcha** is co-founder of Autism Empowerment and serves as Program Director where he oversees Community Outreach. He also serves on the Editorial Advisory Board of Spectrum Life Magazine. John is married to Autism Empowerment co-founder, Karen Krejcha and is the father of two amazing sons and their cat Zula. While John is the only one in his family who is not on the autism spectrum, he is also neurodiverse.
**UPCOMING EVENTS • www.AutismEmpowerment.org**

For a full listing of additional events and gatherings in our community, visit [www.SpectrumLife.org](http://www.SpectrumLife.org) and [www.AutismEmpowerment.org](http://www.AutismEmpowerment.org)

**APRIL**

**Monday, April 8th**  
City of Vancouver Autism Proclamation  
Vancouver City Hall  
415 W. 6th St., Vancouver, WA 98660  
6:30 pm - 7:15 pm (arrive at 6:15 pm)

Join Autism Empowerment at Vancouver City Hall as the Mayor proclaims April to be Autism Acceptance Month.

**Sunday, April 14th**  
Global Youth Service Day  
Autism Serves Kids Care Club  
Stephen’s Place  
501 SE Ellsworth Rd, Vancouver, WA 98684  
2:00 pm - 4:00 pm

**Sunday, April 28th**  
Autism Society of Oregon Autism Walk  
Oaks Amusement Park, Portland, OR  
9:00 am - 11:00 am

Autism Empowerment and Spectrum Life Magazine will be exhibiting. Come by and say hello!

**JUNE**

**Saturday, June 1st**  
It Takes A Village Autism Conference  
Clark College, Gaiser Hall, Vancouver WA  
9:00 am - 4:00 pm

Autism Empowerment and Spectrum Life Magazine will be exhibiting. Come by and say hello!

**Monday, June 3rd**

**Autism Empowerment 8 Year Anniversary!**

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**Autism Empowerment and Spectrum Life Magazine appreciate your support:**  

**MONTHLY - Last Saturday**

Regal My Way Matinee Sensory Movie  
10:30 am showtime, doors open at 10:00 am  
7800 NE Fourth Plain Blvd. Vancouver, WA 98662

Call 844-462-7342 ext. 433 in advance for movie that will be showing.

March 30th, April 27th, May 25th

**Autism Empowerment** offers Support Groups, Social Clubs, Game Nights and Volunteer Service opportunities. Please see our website for dates/times and Facebook group page links.

**Ongoing Support Groups:**  
- Adults on the Autism Spectrum (peer-led)  
- AWetism We Embrace (Neurodiverse & NT)  
- Parents of Tweens/Teens Support Group

**Ongoing Social Groups:**  
- SW WA Tween and Teen Social Club (11 - 19)  
- Adult Game Nights - Quarterly

**Ongoing Service & Volunteerism:**  
- Autism “Rocks” - Rock painting, hiding and collecting (All ages)  
- Autism Serves Kids Care Club (8 - 18)  
- Autism Serves - Volunteerism for all ages

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- [youtube](https://www.youtube.com/AutismEmpowerment)  
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Bridges is the only middle school in Oregon specifically designed for students with learning differences to reach their maximum potential—in a loving, nurturing atmosphere centrally located in downtown Portland. Our small class settings for 5th-8th graders incorporate individualized academics with social skills, therapies, and support that set the foundation for success.

At Bridges, students learn another way forward. Our goal is to give students with learning differences the academic foundation, social skills and confidence they need to graduate ready to succeed in high school and in the community.

You can find us in the heart of downtown Portland at 2510 SW First Avenue, 97201. BridgesMS.org | 503-688-2922

Admission inquiries for the 2020/2021 academic year are now being accepted at BridgesMS.org. Space is limited. Preference given to 5th grade applicants.
As an Independent Apartment Community (IAC), Stephen’s Place offers positive living options for adults with developmental disabilities.

With forty-one modern apartments, our focus is on community; empowering and enabling each resident to be a productive contributing member of their community.

Apartment rent is inclusive of all meals, supportive services, nursing & ADL assistance and programming including:

- Job Skills Training, Placement & Coaching
- Life Skills Training
- Horticultural Therapy
- Group Fitness Classes & Yoga
- Arts & Crafts
- Movie Nights
- Sporting Events
- Group Outings to Local Attractions
- Transportation Services

We also offer a Day Program to people who live outside of the Stephen’s Place community, but would like to build peer relationships and participate in activities.

Call or email us to schedule a tour
(360) 984-3600
info@stephensplace.org

501 SE Ellsworth Road, Vancouver, WA 98664

Learn more about us @ www.stephensplace.org