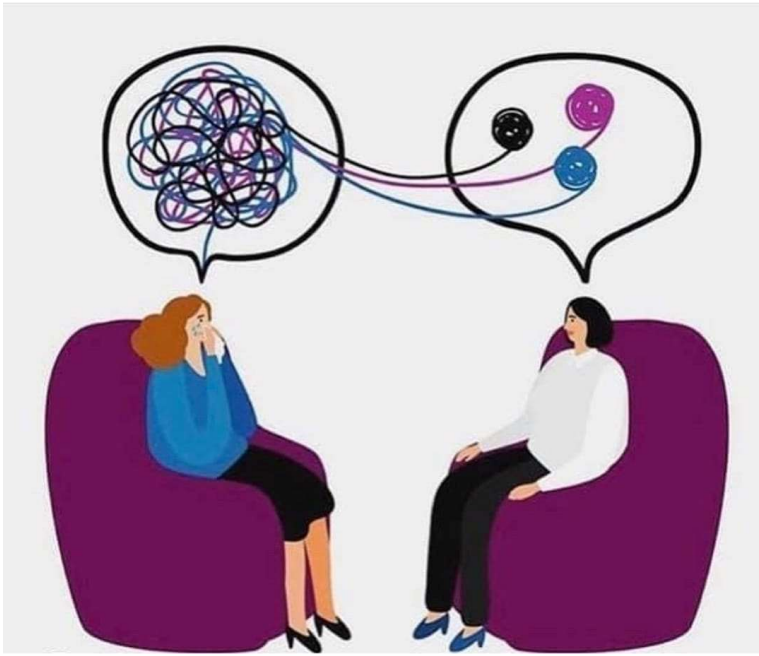




THE AUTISM JOURNEY, PART TWO

CALIBRATING AS A THERAPIST



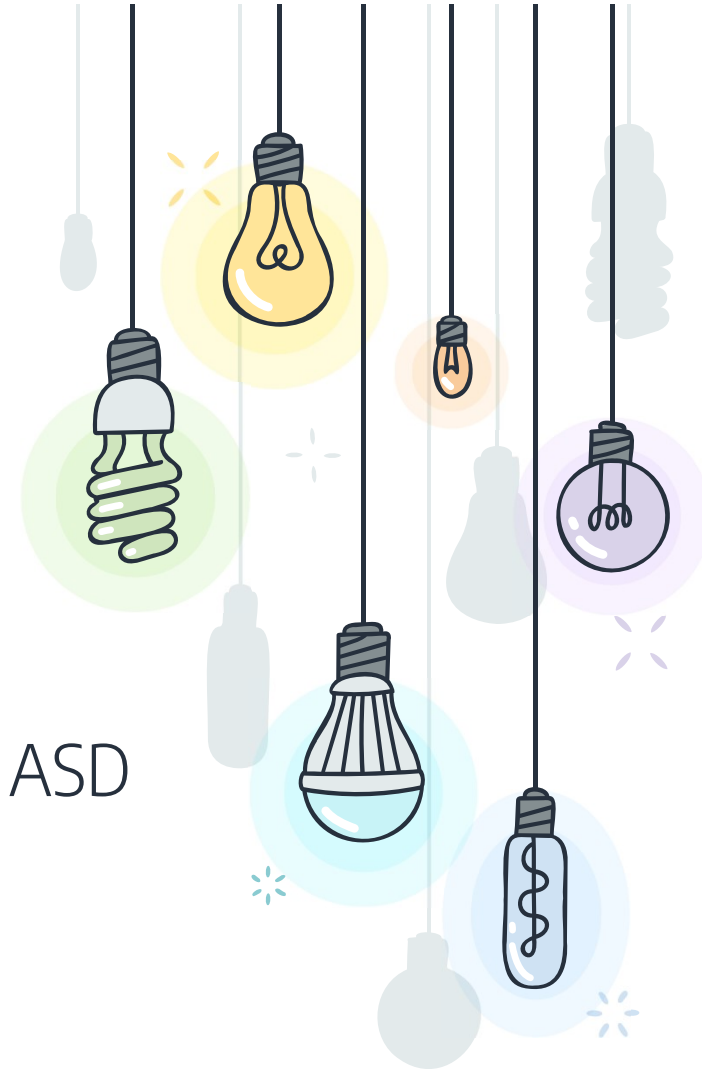
+ RELATIONSHIP!
RELATIONSHIP!
RELATIONSHIP!

- ❖ Psychotherapy does not provide quick fixes.
- ❖ Principles and strategies are taught, practiced, modified, and (ideally) utilized.



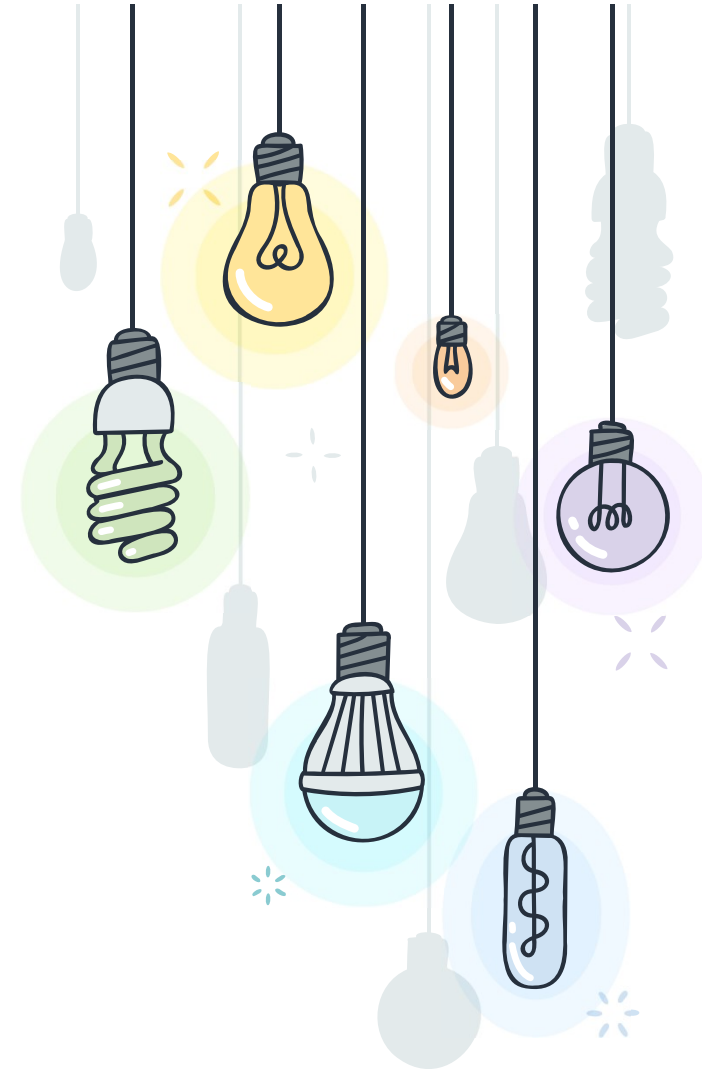
* MY CLIENTS

- + Children with ASD
- + Teens with ASD
- + Adults with ASD
- + Spouses married to someone with ASD
- + Parents of children (young and old) with ASD
- + Families Systems with ASD



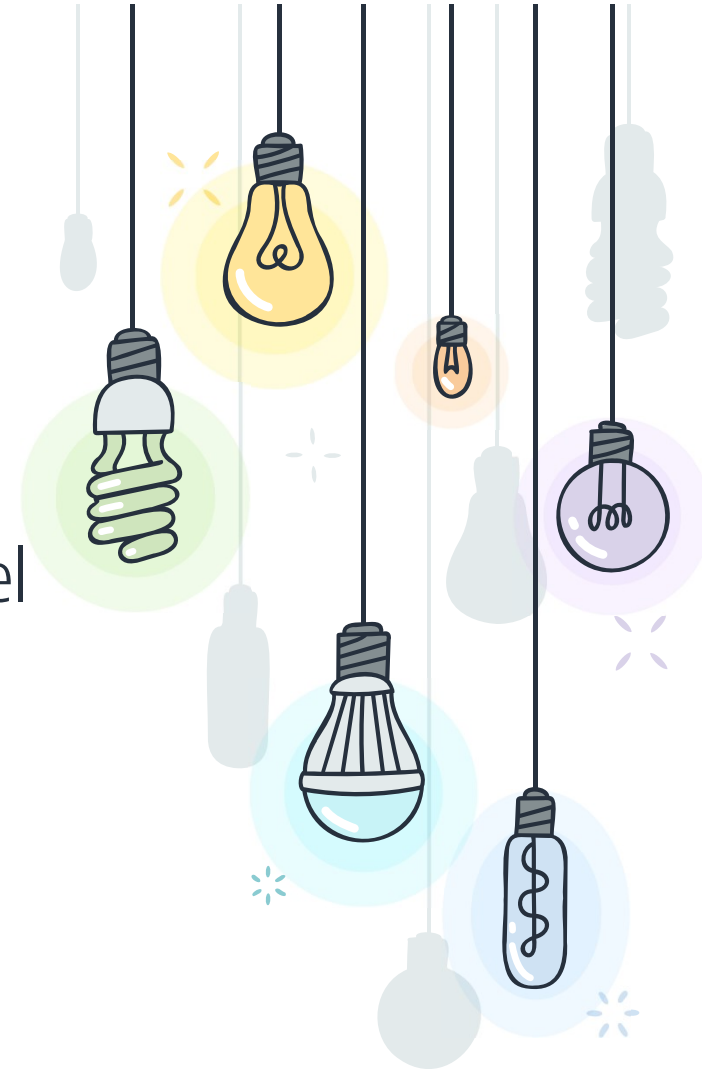
* MY WORK SETTINGS

- + GIANT Steps Autism Preschool
- + Kids on the Move
- + Kids Who Count
- + Family Haven
- + UVU—Parent Class for Passages and helped pilot Autism Studies
- + **Utah Valley Psychology**



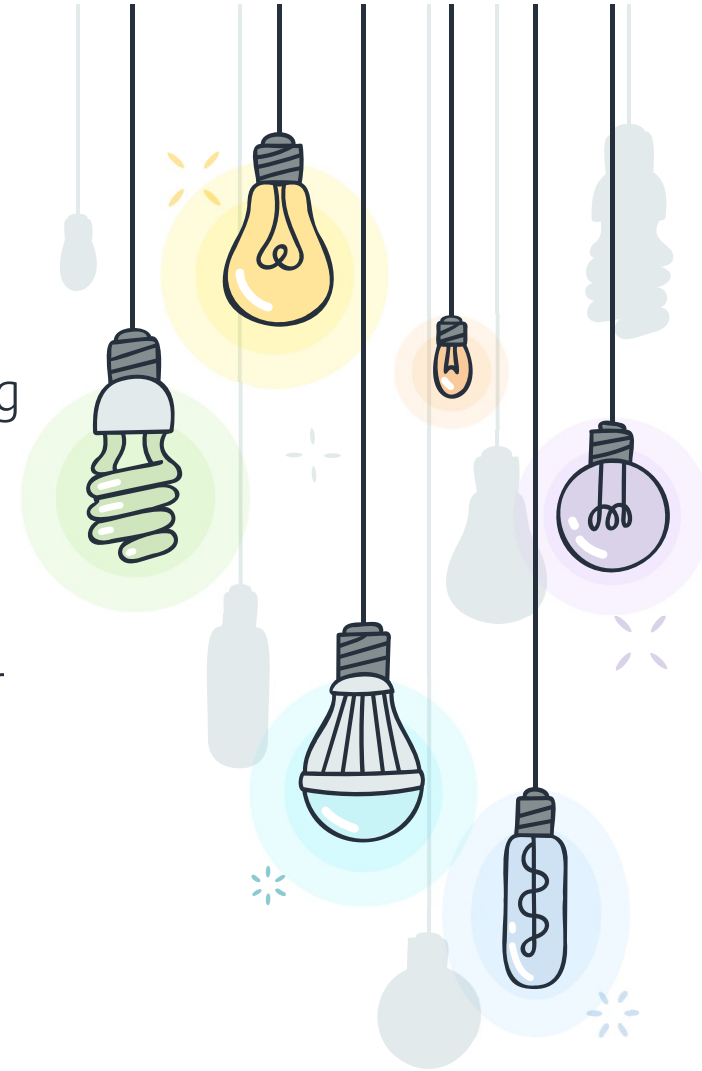
* COMMUNITY OPPORTUNITIES

- + Chartered Chapter of Autism Society of America in Utah County
- + Member of Autism Chapter at State Level
- + ARUCC Co-founder and Co-Chair
- + Advisory Boards for Passages and Utah Autism Academy



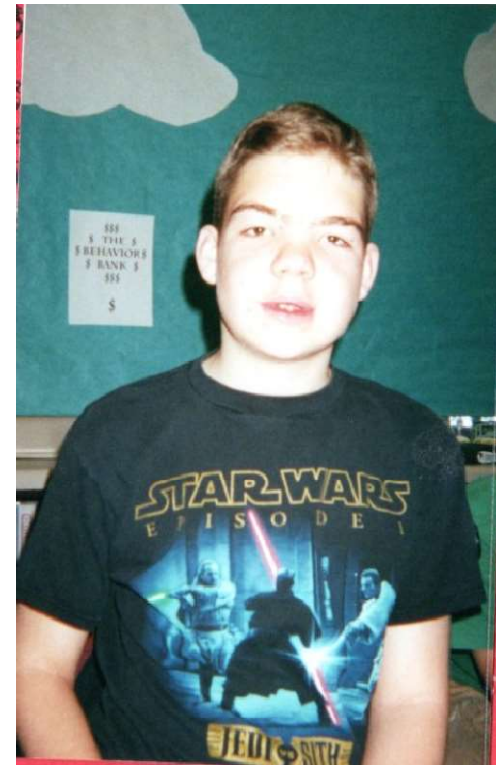
* COMMON CO-OCCURRING CONDITIONS

- + Anxiety
- + Bipolar Disorder
- + Bowel Disease
- + Depression and other psychopathological disorders
- + Fragile X Syndrome
- + ADHD
- + Cognitive Impairment
- + Neuroinflammation and Immune disorders
- + Non-Verbal Learning Disability
- + Motor Clumsiness
- + Obsessive-compulsive Disorder
- + Tourette Syndrome
- + Seizures
- + Sensory Problems
- + Tuberous Sclerosis



THERAPEUTIC ADAPTATIONS FOR ASD

- + Visual
- + Concrete
- + Structured
- + Flexible
- + Developmentally Appropriate
- + Utilizing Special Interests
- + Learning Styles
- + Attention Span



MAKE IT VISUAL

- + Charts
- + Checklists
- + Written Out Agreements
- + Punch Cards
- + Social Stories
- + Video Modeling
- + Books!
 - × Can help break through stand offs



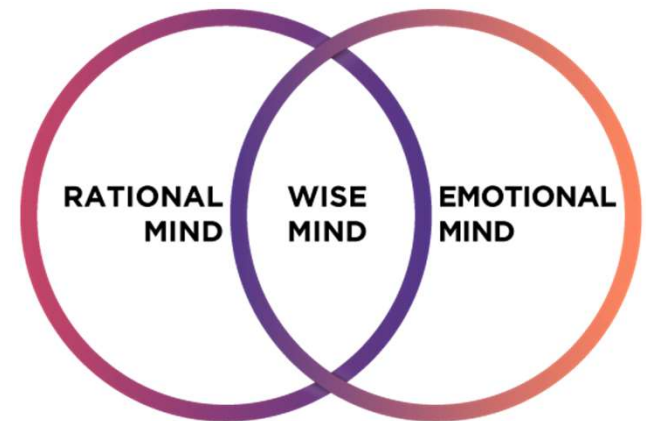
TREATMENT MODALITIES

- + Cognitive Behavioral Therapy (CBT)
 - × Most research and evidence
 - × Interplay between thoughts feelings and actions
 - × Thinking Errors—all or nothing, etc.
 - × Trauma Narrative from TFEBT



TREATMENT MODALITIES (CON.)

- + Dialectical Behavioral Therapy (DBT)
 - × Mindfulness*
 - × Emotion Regulation
 - × Interpersonal Effectiveness
 - × Distress Tolerance



TREATMENT MODALITIES (CON.)

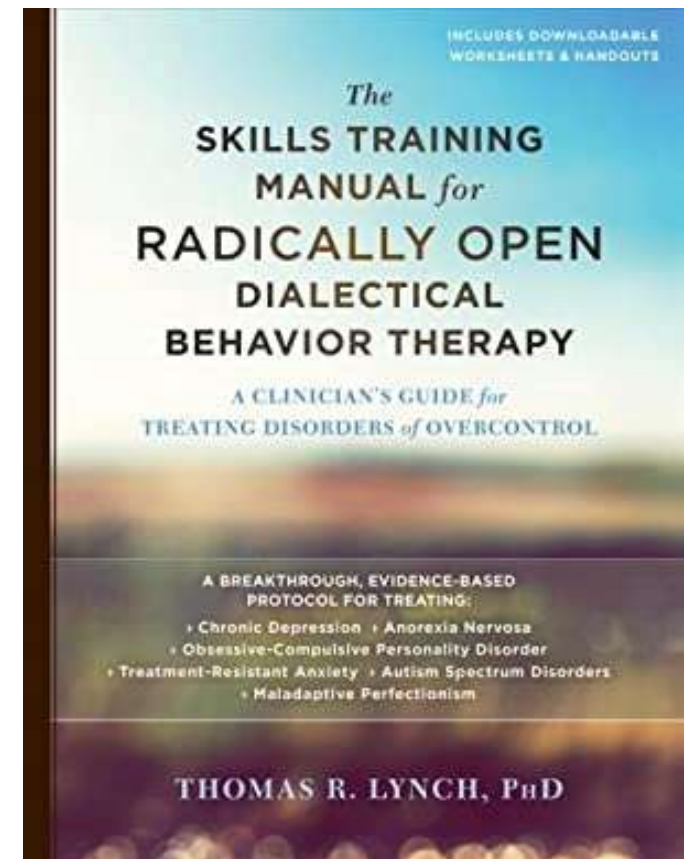
- + Solution-Focused
 - × When did you feel best? What was happening then?
- + Rogerian/Person-Centered/Humanistic
 - × Empathy
 - × Unconditional Positive Regard
 - × Genuineness

TREATMENTS (CON.)

- + Acceptance and Commitment Therapy (ACT)
 - × River of thought
 - × Just because we think it or feel it, does not mean it is accurate; bodies and brains often exaggerate
- + Internal Family Systems Therapy (IFS)
 - × “Parts Theory” or “Self”-Leadership; *Inside Out*

NEWEST MODALITY

- + Radically Open Dialectical Behavioral Therapy (RODBT)
 - × Focused on issues of over-control
 - × Psychological Well-being requires:
 - ◆ Receptivity
 - ◆ Flexibility
 - ◆ Social-Connectedness



FREQUENT COMMONALITIES

- + Social and Emotional functioning at about 2/3 of chronological age.
 - × Often conflicted over being “treated like a baby.”
 - × This often helps to moderate expectations.
- + Help-resistant. “I tried that and it doesn’t work.”

FREQUENT COMMONALITIES (CON.)

- + Difficulty generalizing skills from one setting to another or understanding how another's experience may relate to them. Have to connect the dots.
- + Very sensitive to failure and to others' moods
- + Addictive Tendencies (Electronics, Pornography, etc.)



FREQUENT COMMONALITIES (CON.)

- + “Big T” and/or “little t” Trauma/Social Anxiety
 - × Sensing something is different about themselves or that they are missing things, especially socially, but not understanding what.
 - × Victims of Bullying
 - × Over-active sensory and emotion systems

FREQUENT COMMONALITIES (CON.)

- + “Big T” and/or “little t” Trauma/Social Anxiety (con.)
 - × “I don’t know.”
 - × When a parent has a history of trauma, the challenges of Autism can push them past their current capacity to manage life stressors.
 - × Autism and Trauma: Calming Anxious Brain
 - <https://alldridgepalay.com/resources/Currently-unused/Autism-and-Trauma--Calming-Anxious-Brains.pdf>

TREATMENT TARGETS

- + Emotion Regulation
 - × Anxiety
 - × Depression
 - × Trauma
- + Sensory Overload
- + Assertiveness
- + Impulse Control
- + Rigidity

- + Social Skills
- + Perspective Taking/Empathy
- + Perfectionism
- + Hygiene
- + Sexual and Gender Identity
- + Electronics Health
- + Self-Worth
- Self-Esteem
- Self-Acceptance

A HEALTHY SENSE OF SELF

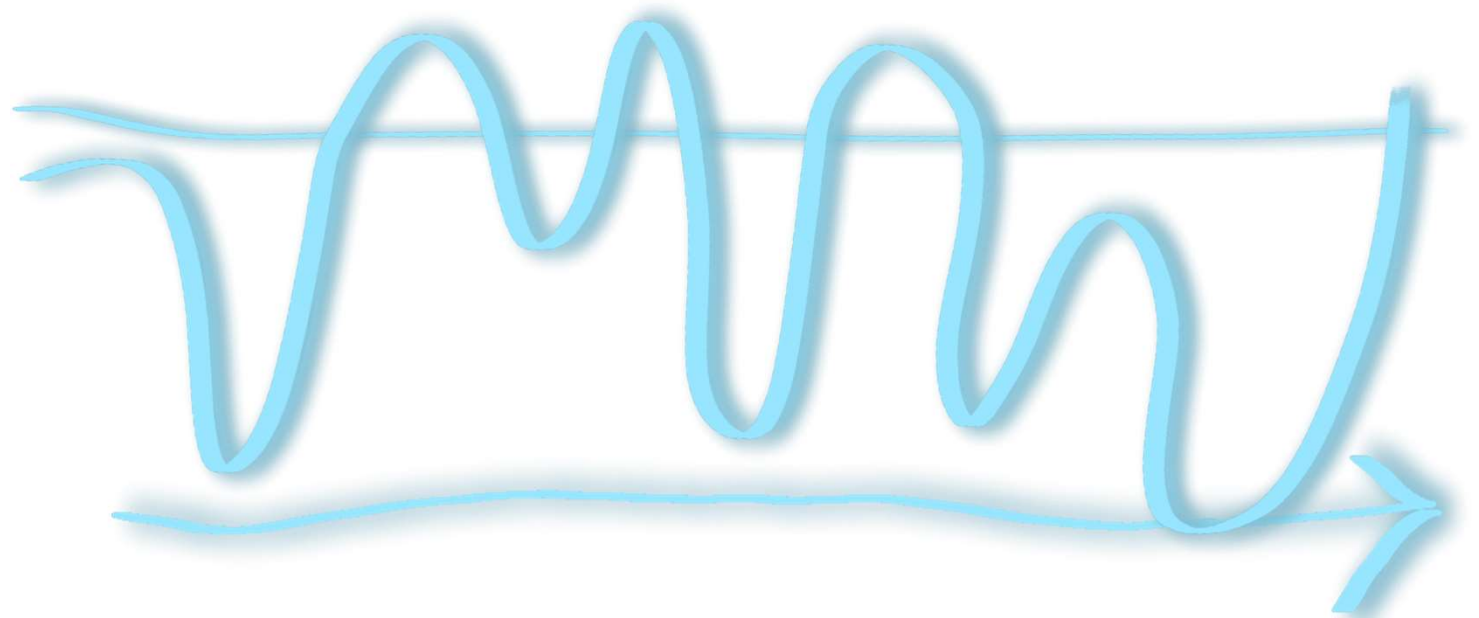
+ My definition of Self:

I define “Self” as who we really are at our very core. It is who we are trying to be; who we intend to be. This is who we really are. We all fall short of our own expectations and hopes for ourselves, but thankfully we are “a work in progress” and we have a lifetime and beyond to finally learn to live in harmony and congruence with our true “Self.”

Self-Worth

Self-Esteem

Self-Acceptance



MY DEFINITION OF SELF-WORTH

I choose to believe that all people have equivalent, infinite, unchangeable, and inherent worth.

I do not believe that this changes due to anything a person may have done or had done to them or based on what they do or do not do.

It is a choice to believe this or not.

Slide 21

KF2

Karen Fairchild, 10/21/2023

MY DEFINITION OF SELF-ESTEEM

Self-esteem is how much we believe in our worth.

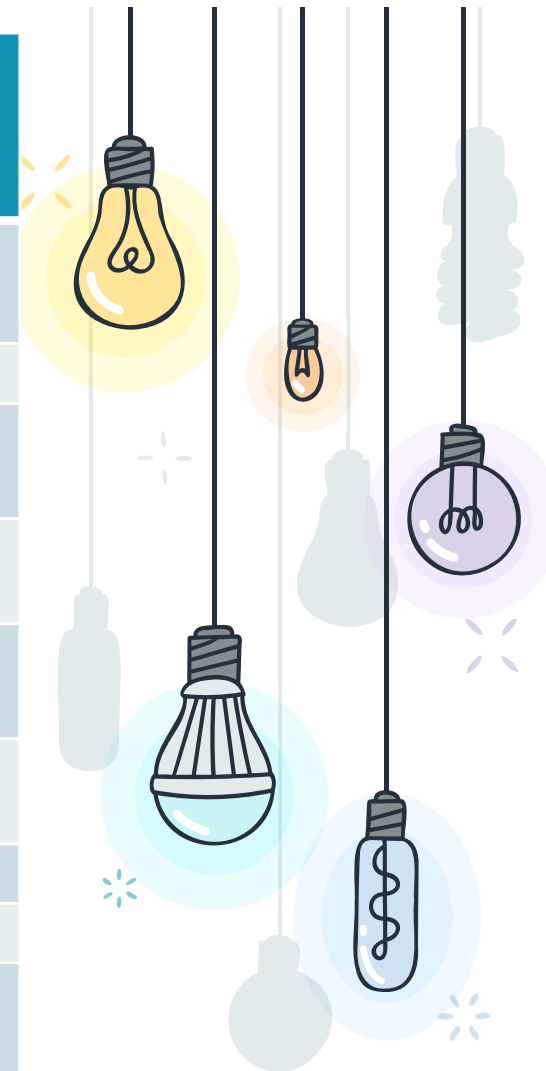
This can fluctuate wildly, but again this is a choice.

MY DEFINITION OF SELF-ACCEPTANCE

The conscious deliberate choice we make to love and accept ourselves right now, in our imperfect, flawed and very human state. This acceptance is a humble, forward-moving acceptance, not an “Oh well, get over it. This is just the way I am” type of acceptance.

Typical Behavior Characteristics of High- Functioning Individuals with Autism

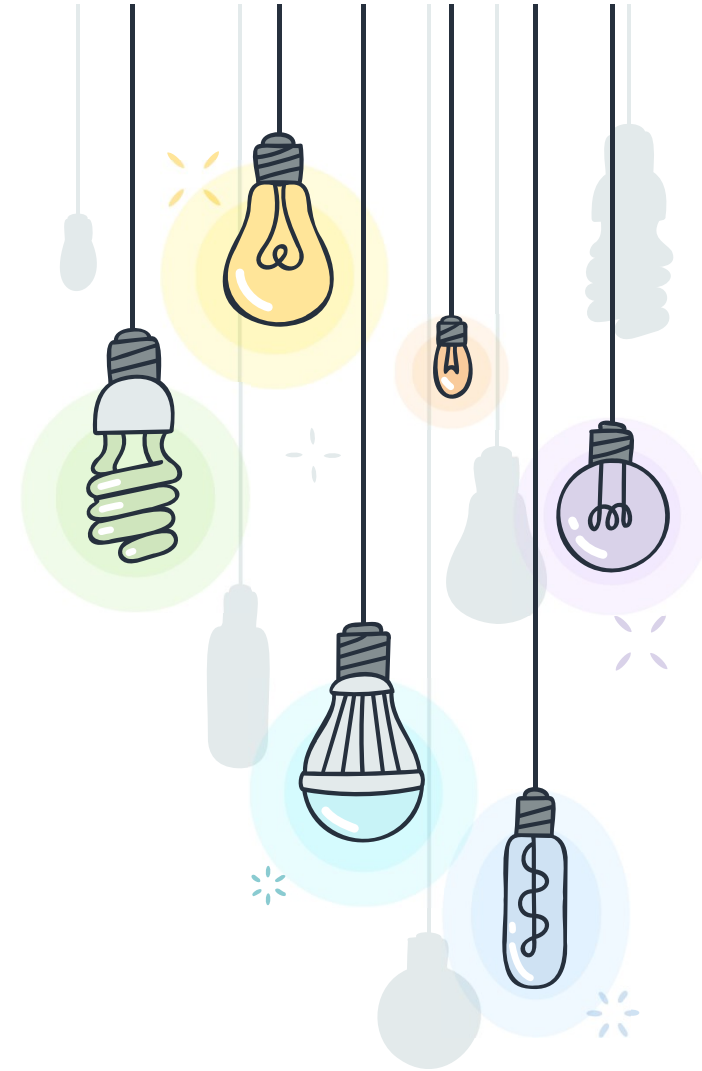
Characteristic	Common Misinterpretation	Characteristic	Common Misinterpretation
Perfectionist	Lazy	Frustrated/Need for Control	Over Emotional
Fear and Feelings of Failure	Idealist	Excessively Critical of Self or Others	Unpleasant
Highly Sensitive	Self-Indulgent	Rebellious against Drill and Excessive Repetition/Different Learning Style	Spoiled
Problems with Social Skills	Immature	Disparaging of Work Required	Arrogant, Stubborn
Socially Isolated	Snob, Depressed	Become an Expert in One Area and Dominates Discussions in this Area	Show-Off
Low Self-Esteem	Helpless	Deny Learning Disability	Denial
Hyperactive, Distractible	No Control	Teacher Dependent	Hard to Get Along With
Inattentive/Fails to Complete Assignments	Doesn't Care	Bored	Daydreamer
Psychomotor Inefficiency	Sloppy, Doesn't Care	Ethical	Self-Righteous, Intolerant



Adapted from C. Bees (1998). The GOLD Program: a program for gifted learning disabled adolescents. Roeper Review, 21, p. 160.

* PROTECTING SELF-WORTH

- + Parents & Therapists
 - × Continually infuse hope
 - × Use forward-moving language
- + Individuals
 - × Choose/practice believing in your inherent worth as a fellow human
 - × Stay open to new learning

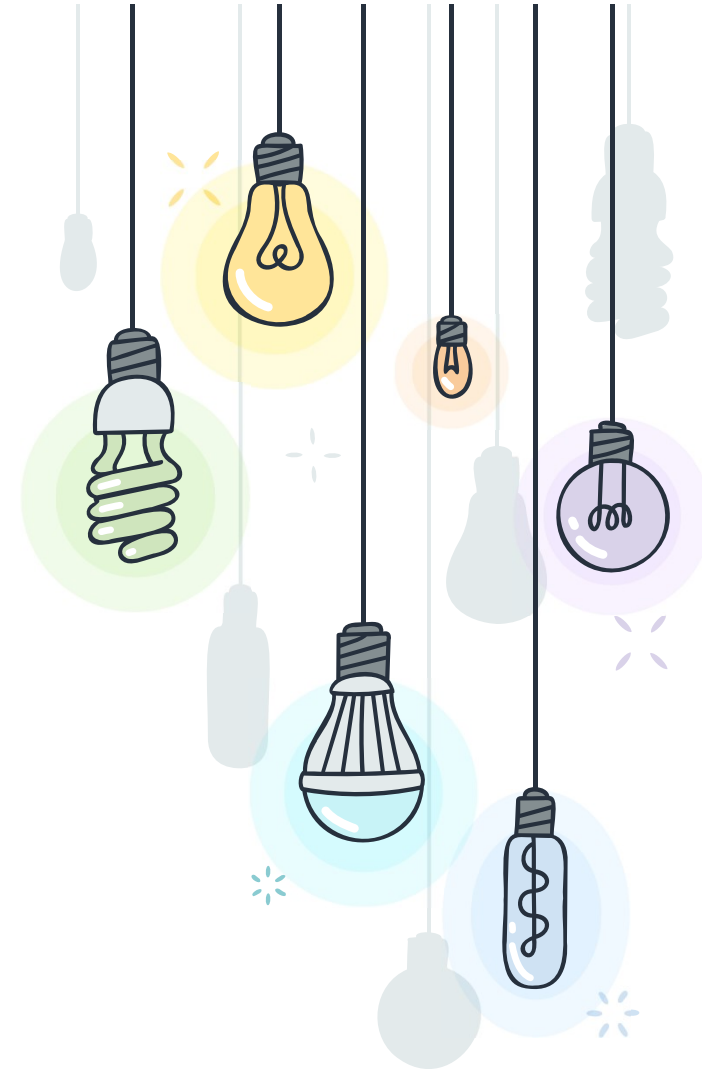


EMOTION REGULATION GROWTH ZONE



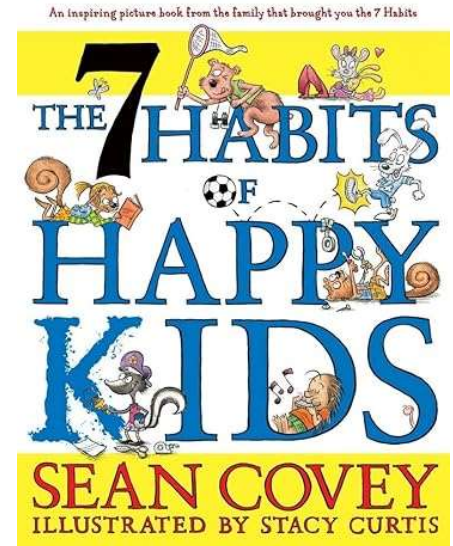
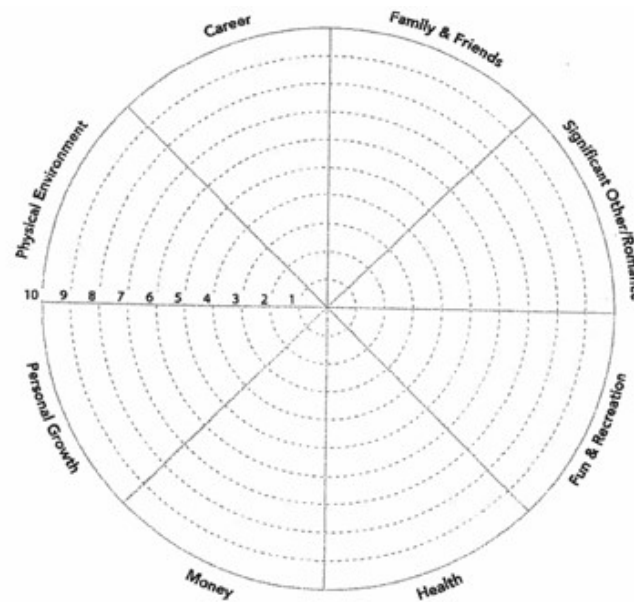
- + Comfort Zone: This is easy, but it is not actually comfortable over time. It becomes depressing, sludgy, isolating, and boring.
- + Growth Zone: This is where we feel best, but it implies some discomfort/anxiety. The goal is to develop enough skills to tolerate reasonable discomfort.
- + Danger Zone: This is where we feel overwhelmed and are not able to utilize self-calming skills.

* DOPAMINE—DR. DINDINGER



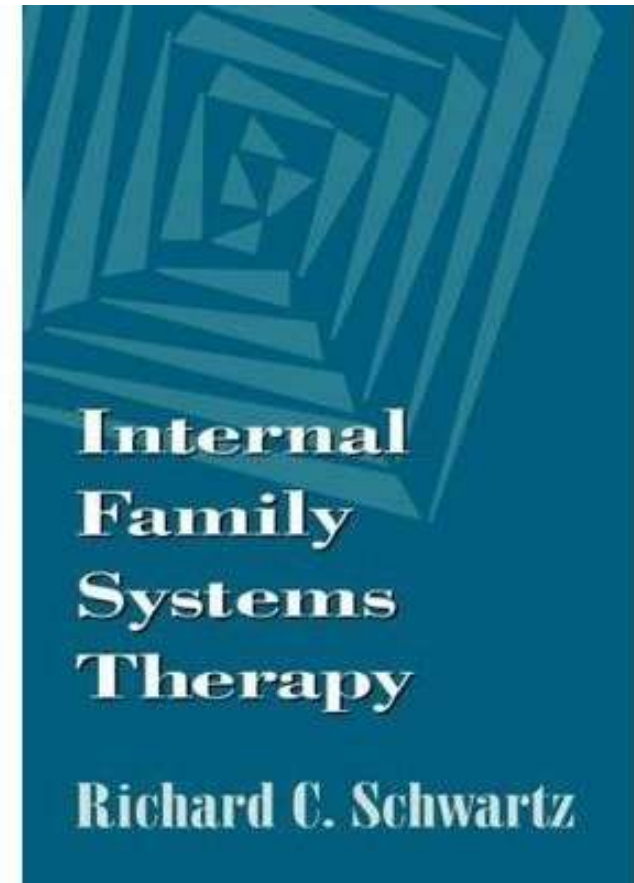
LIFE BALANCE

- + Encourage life balance as part of management of any negative effects of hyper-focus.



INTERNAL FAMILY SYSTEMS (IFS)

- + Everyone already has every strength they need to lead a healthy life (authentic self).
- + Determine what gets in the way.
- + Practice honoring and calming the troubled parts; return to Self-Leadership.
- + Draw out Parts: Add to them; Refer to them.

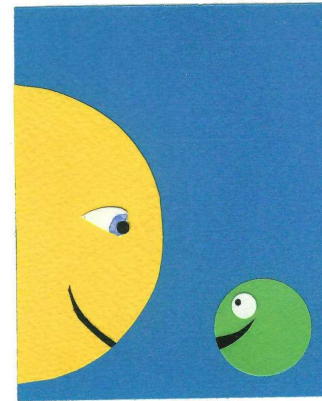
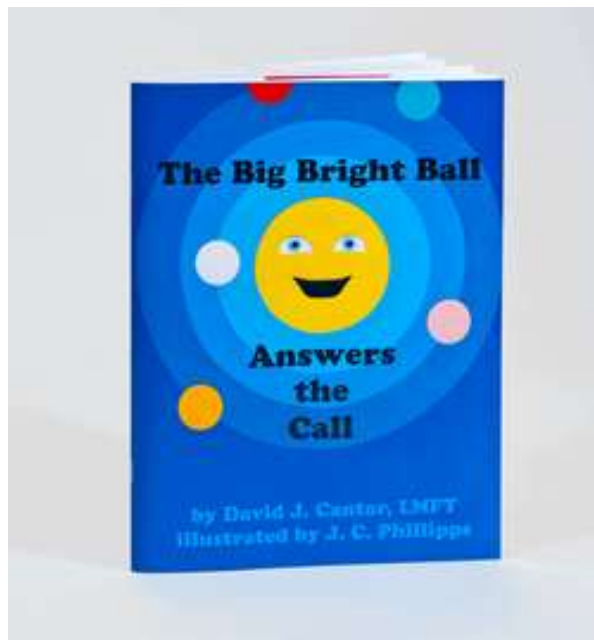


INTERNAL FAMILY SYSTEMS (IFS)

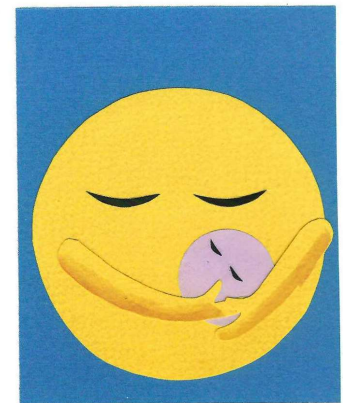
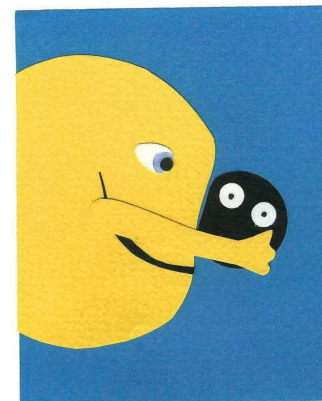
8 C'S OF SELF-LEADERSHIP—RICHARD SCHWARTZ

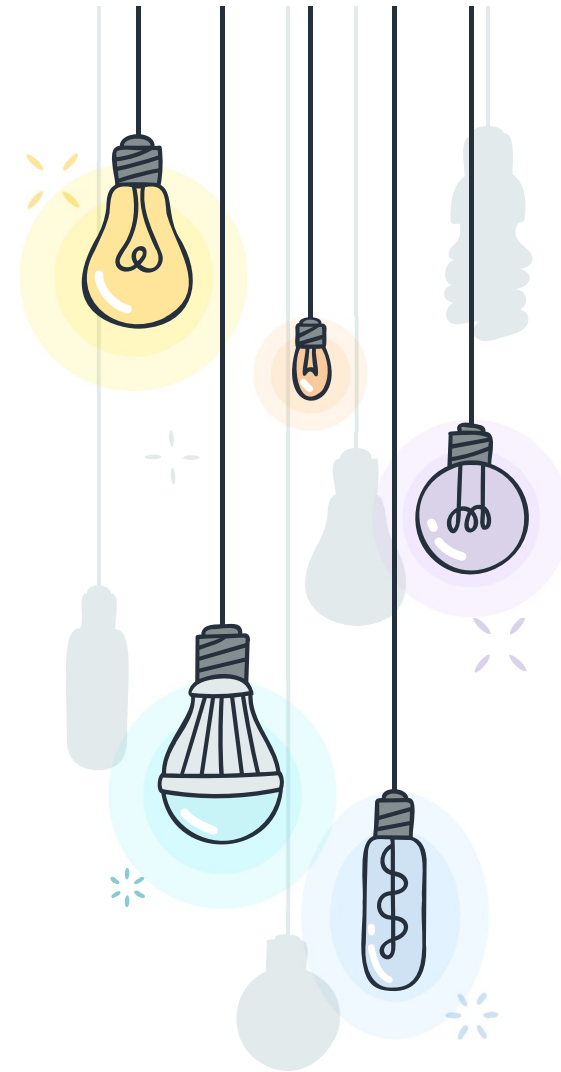
- + Curiosity
- + Compassion
- + Clarity
- + Connectedness
- + Calmness
- + Confidence
- + Courage
- + Creativity

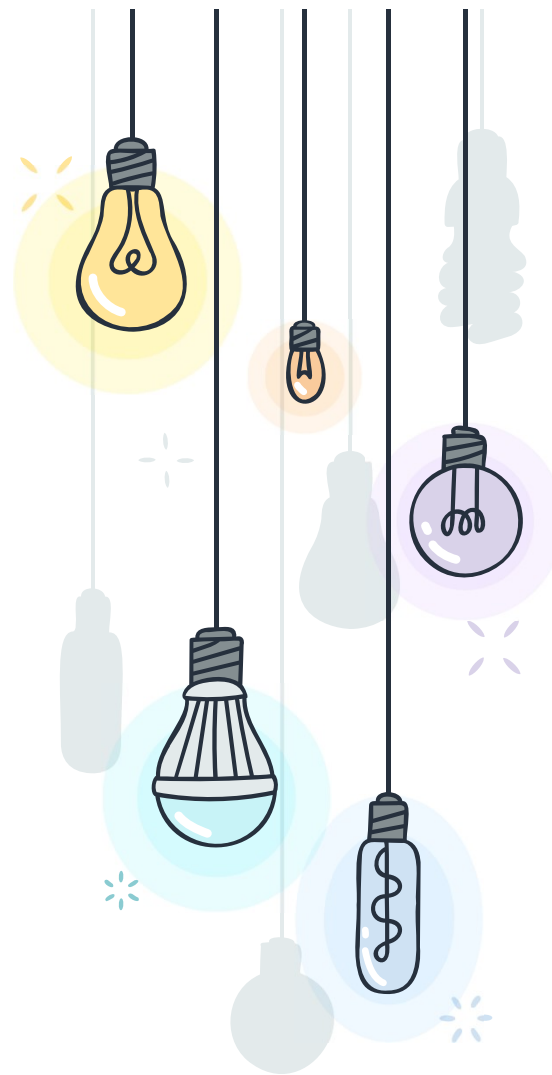
THE BIG BRIGHT BALL

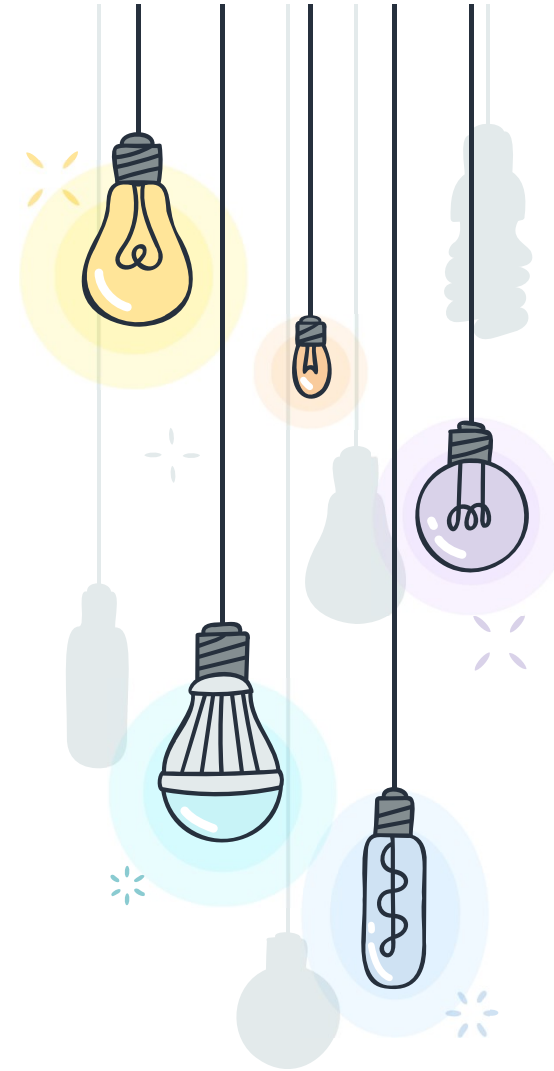
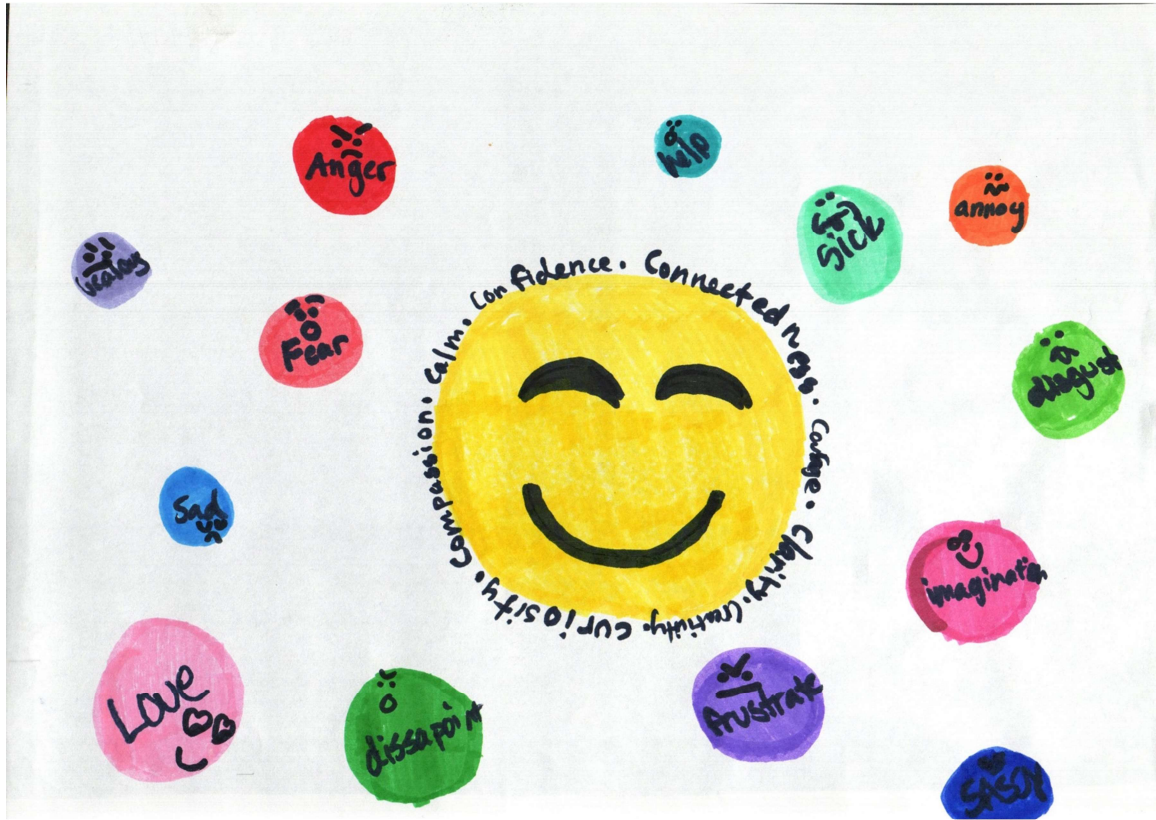


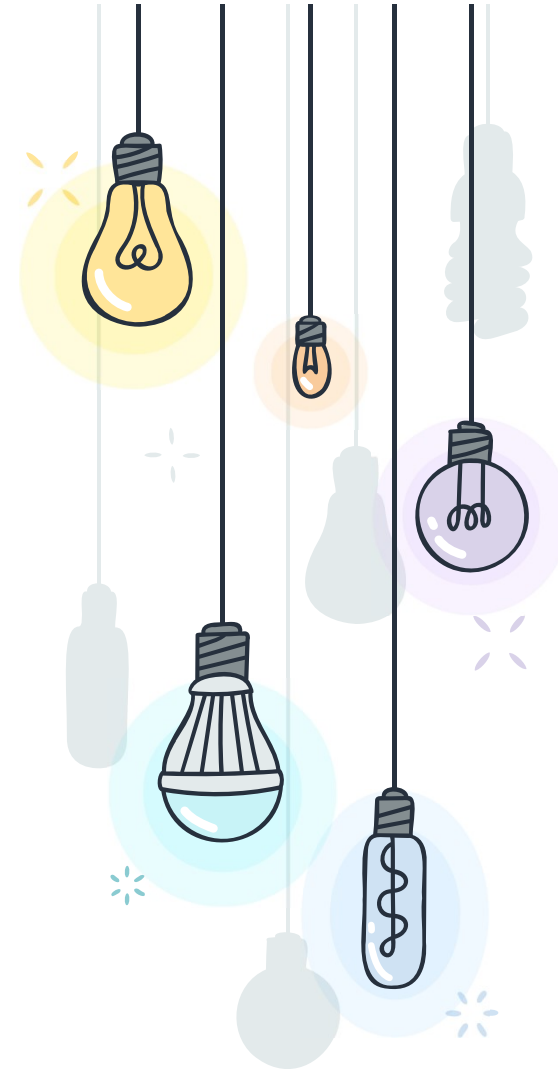
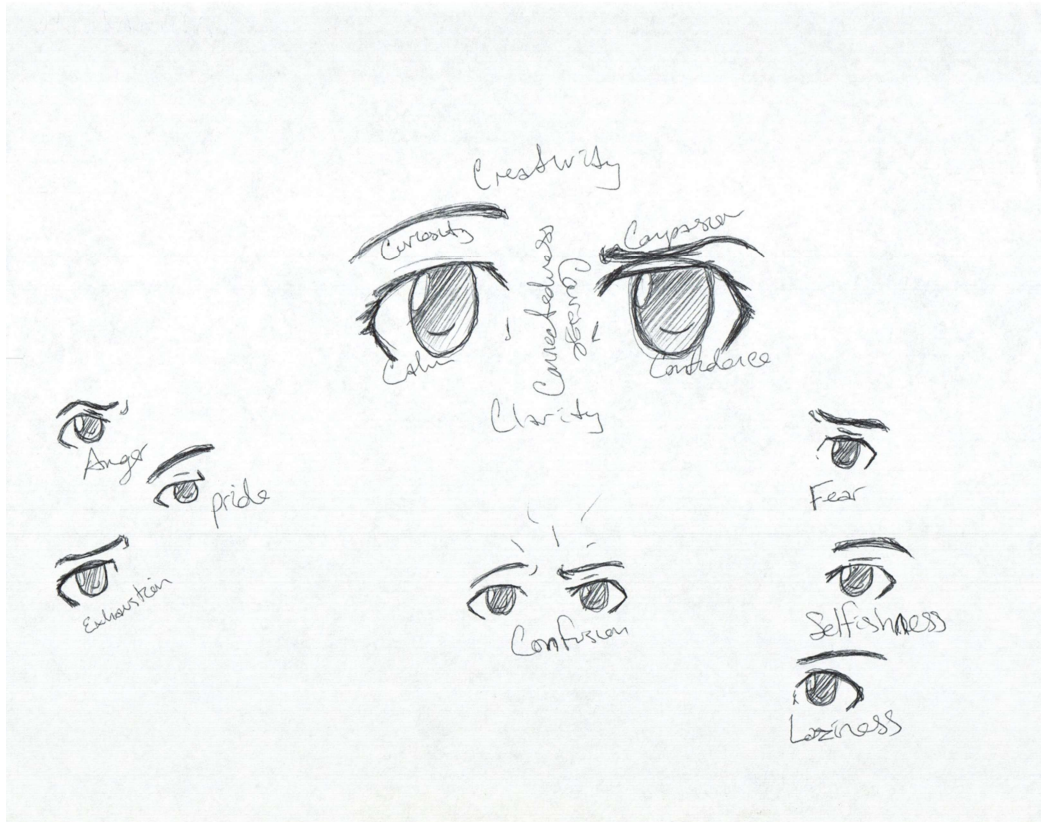
To their Noah they flocked,
Their courage unlocked,
To be Seen,
Heard, Held, and Rocked.

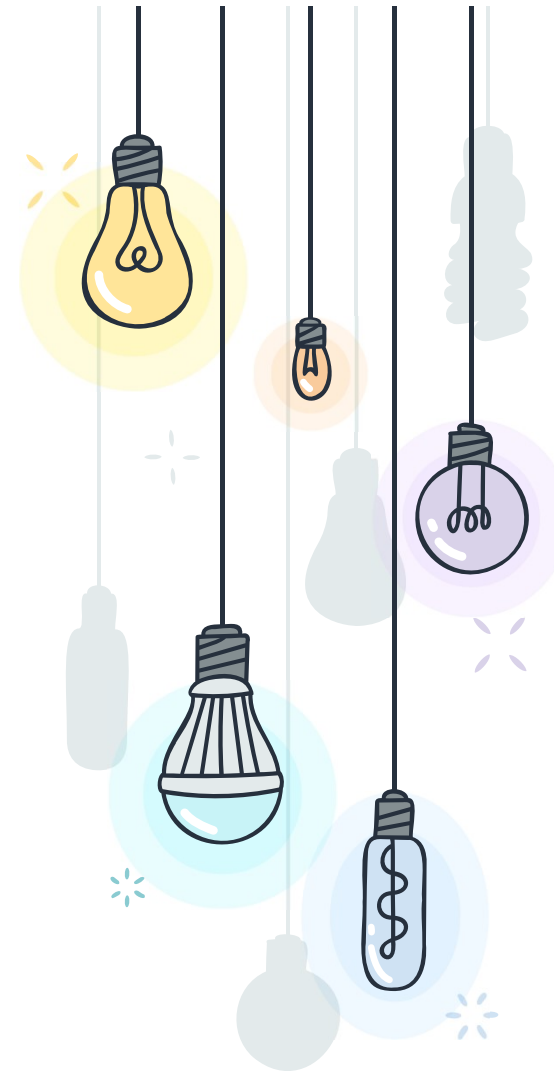
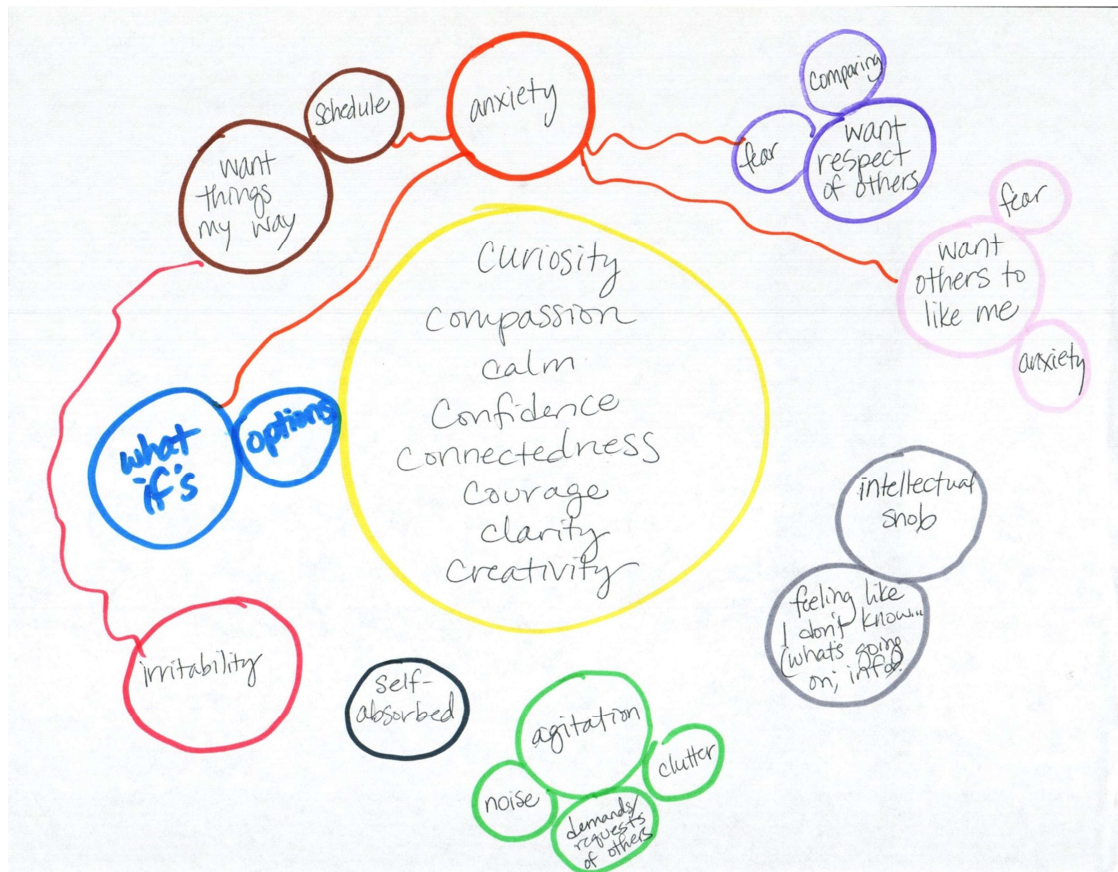








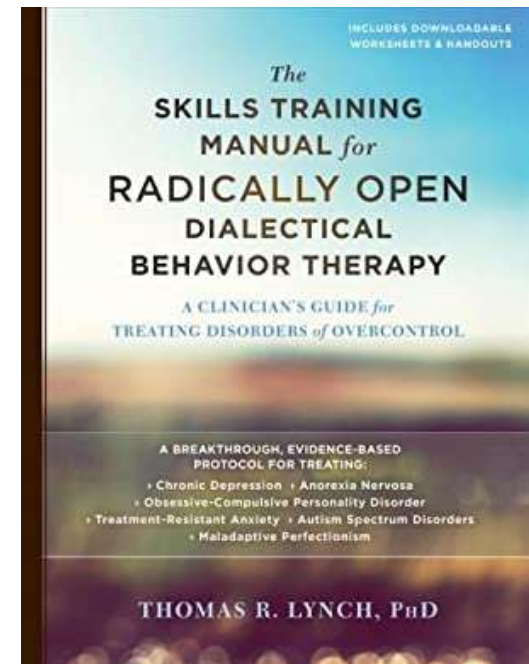




RADICALLY OPEN DIALECTICAL BEHAVIORAL THERAPY (RODBT)

+ Helpful concepts

- × Changing brain states and natural body reactions
- × Strategies to return to a safe brain state
- × Tribal Rejection
- × Disconfirming Feedback
- × Staying open to new learning
- × Avoiding rumination; getting stuck in an analysis loop



Radical Openness Handout 2.1

The RO DBT Neuroregulatory Model of Emotions

Neuroception ^a of Evocative Cues ^b					
	Safety Cue	Novelty Cue	Rewarding Cue	Threatening Cue	Overwhelming Cue
<i>Primary neural substrate response</i>	PNS ^c -VVC ^d engaged	PNS-VVC withdrawn without SNS ^e activation	SNS-E ^f (excitatory) engaged	SNS-D ^g (defensive) engaged	PNS-DVC ^h engaged
<i>ANS system triggered</i>	Social safety engagement system (<i>adaptive function</i> : enhances intraspecies communication, facilitates social connectedness)	Orienting and primary appraisal system (<i>adaptive function</i> : provides a quick means to identify and appropriately respond to environmental threats or rewards)	Excitatory approach system (<i>adaptive function</i> : promotes goal-pursuit behaviors that maximize goal attainment)	Defensive avoidance system (<i>adaptive function</i> : promotes defensive fight and flight behaviors that maximize harm avoidance)	Emergency shutdown systems (<i>adaptive function</i> : conserve vital energy reserves needed for survival when SNS fight/flight/approach responses are ineffective)
<i>Primary action urge</i>	Socialize	Stand still	Approach or pursue	Flee or attack	Give up
<i>Autonomic responses</i>	Body is relaxed Breathing is slow and deep Heart rate is reduced	Body is frozen Breath is suspended Orientation is toward cue	Body is animated and vivacious Breathing is faster Heart rate is fast	Body is tense and agitated Breathing is fast, shallow Heart rate is fast Sweating	Body is immobile Heart rate and breathing is slowed Increased pain threshold
<i>Emotion words associated with interoceptive experienceⁱ</i>	Relaxed, sociable, contented, open, playful	Alert but not aroused; curious, focused, evaluative	Excited, elated, passionate, goal-driven	Anxious or irritated, defensively aroused	Numb, unresponsive, trancelike, nonreactive, apathetic, insensitive to pain

	Safety Cue	Novelty Cue	Rewarding Cue	Threatening Cue	Overwhelming Cue
<i>Impact on social signaling</i>	Social signaling enhanced	Social signaling capacities momentarily suspended	Empathic perception impaired; individual still expressive	Empathic perception capacities and prosocial signaling capacities both impaired	SNS fight/flight/approach responses withdrawn; social signaling irrelevant
<i>Action or expression (overt behavior or social signal)</i>	Effortless eye contact and facial expressions Listening to and touching others Appearing approachable, sociable, receptive, open to exploration	Orienting response ("What is it?") Stopping, looking, listening	Excitatory approach Goal-driven behavior Expansive gestures Insensitivity to others' facial expressions and subtle social cues	Constrained facial expressions, tight gestures Monotonic voice Averted gaze or hostile stare Fight-or-flight response	Flat, unexpressive face Monotonic voice Slow speech Dissociation, swooning, fainting

^aThe term *neuroception* denotes how a person appraises or assesses evocative stimuli. Primary appraisals are quick evaluations, elicited without conscious awareness and originating at the sensory receptor level. Secondary appraisals are slower, top-down reappraisals of primary evaluations; they involve evolutionarily newer central cognitive and conscious levels of emotional processing.

^bA *cue* is an emotionally evocative stimulus that occurs inside the body (a happy memory, for example), outside the body (an unexpected loud noise), or as a function of context (the time of day).

^cPNS = parasympathetic nervous system.

^dPNS-VVC = ventral vagal complex ("new" vagus) of the parasympathetic nervous system; social safety system.

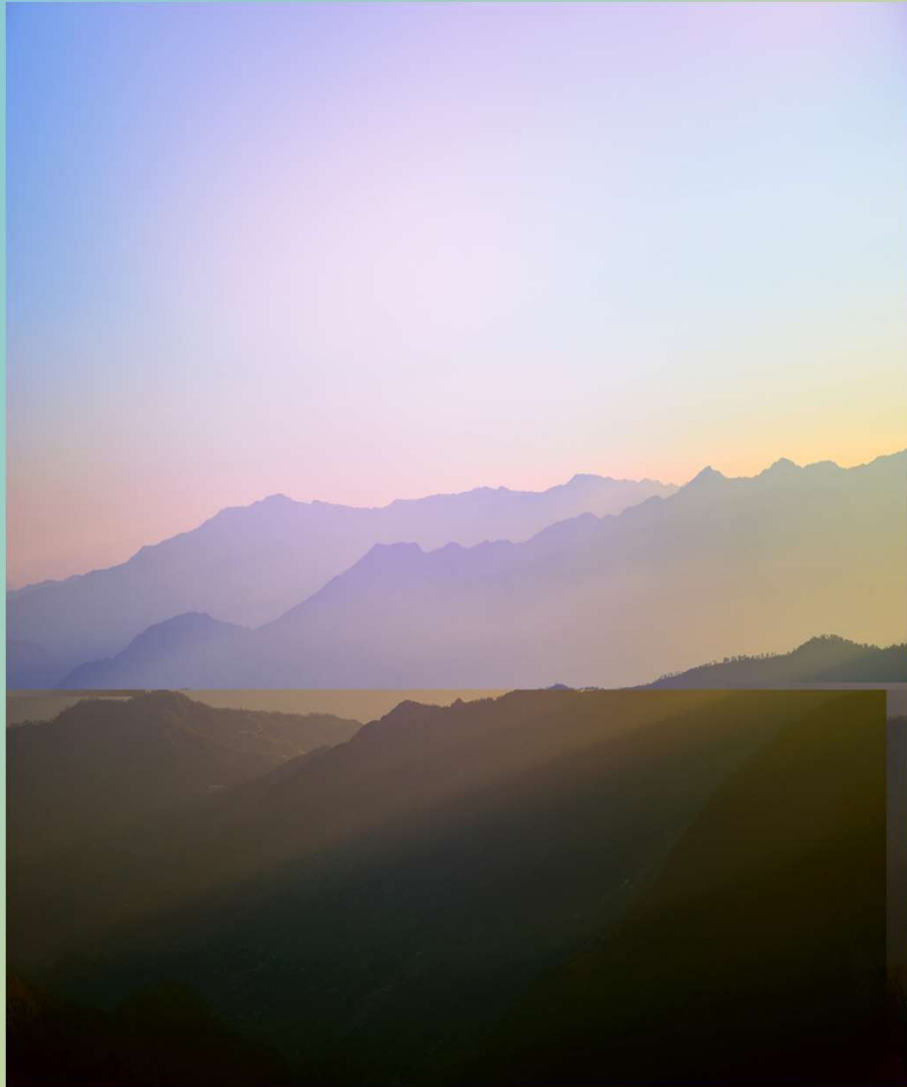
^eSNS = sympathetic nervous system; activating system.

^fSNS-E = SNS excitatory approach system.

^gSNS-D = SNS defensive avoidance system.

^hPNS-DVC = dorsal vagal complex ("old" vagus) of the parasympathetic nervous system; shutdown system.

ⁱThe term *interoceptive* refers to emotion-based phenomena and sensations occurring inside the body.



In my world, there are
NO BAD KIDS,
just impressionable,
conflicted young people
wrestling with
emotions & impulses,
trying to communicate
their
feelings & needs
the only way
they know how.

– Janet Lansbury

BE CAREFUL ABOUT "CONSEQUENCES." CHILDREN ARE OFTEN ALREADY EXPERIENCING MANY NATURAL, DIFFICULT CONSEQUENCES FROM THEIR BEHAVIOR.



NEGATIVE IDENTITY CAN DEVELOP

+ Children

- × “I can’t get it right.”
- × “My parents are unsatisfiable.”
- × “I tried _____ and it doesn’t work.”

+ Parents

- × “They never listen.”
- × “I can’t handle this anymore.”
- × “I’ve tried everything and nothing works.”



POSITIVE IDENTITY CAN BE RESTORED

+ Children and Parents

- × “I haven’t figured it out yet.”
- × “I was frustrated but I didn’t lose it.”

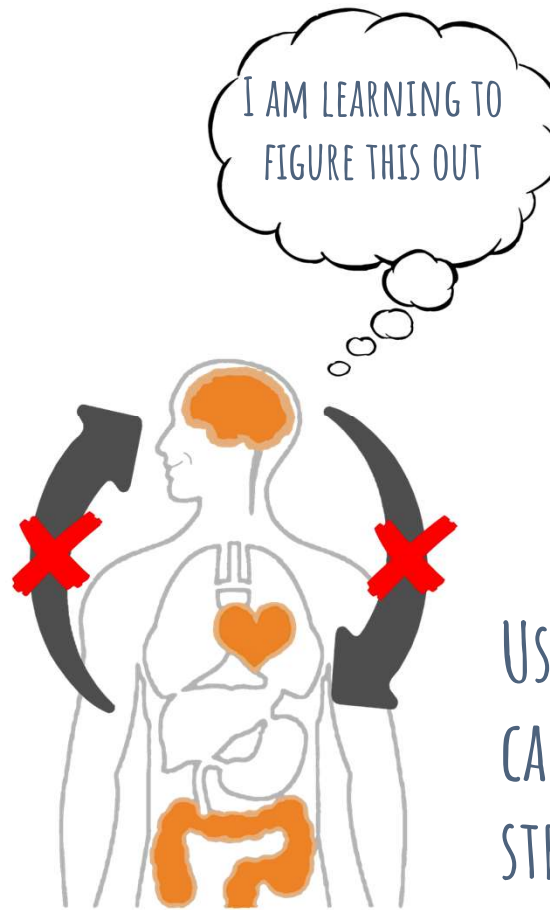
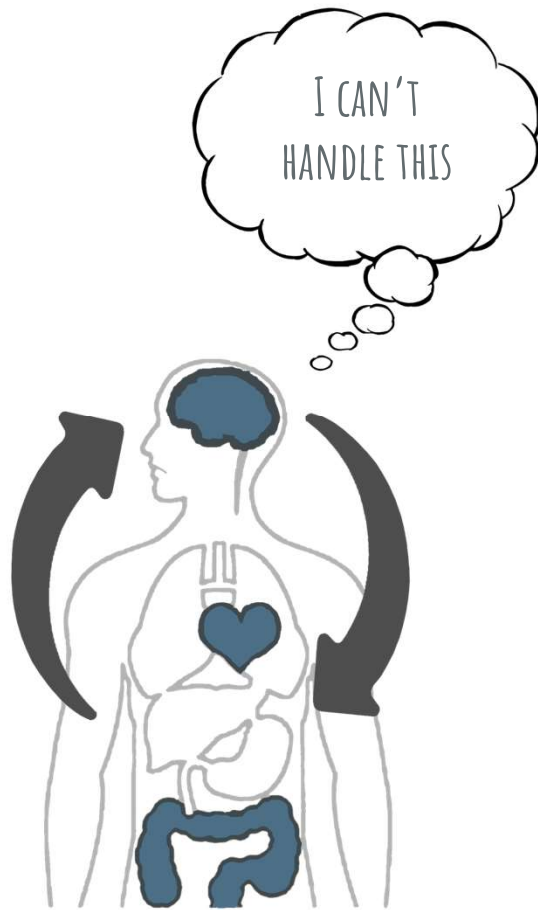
EMOTION AWARENESS

- + Since there seem to be bigger than average emotional reactions, better than average strategies and tools are needed to manage the emotions.
- + Personal Responsibility: “You will come back and tell me what works.” “We need to help you learn what does work for you.”

EMOTION AWARENESS (CON.)

- + Visual Strategies: Hoberman Sphere, Glitter Jar, Brain, *Hey Warrior*
- + Brain Science
- + Central Nervous System
- + Physiology

EMOTION REGULATION/MIND-BODY CONNECTION



CHANGE THOUGHT

- ✓ HEALTHY
- ✓ HOPEFUL
- ✓ HELPFUL
- ✓ TRUE/HONEST

USE BODY
CALMING
STRATEGY

EMOTION AWARENESS (CON.)

- + Alexithymia-lack of emotional awareness or difficulty in identifying and describing feelings and in distinguishing feelings from the bodily sensations of emotional arousal
 - × They may not believe it is possible to learn self-control.

EMOTION AWARENESS (CON.)

- + Highs and Lows as Check-in
- + “Name it to Tame it”—Dr. Dan Siegel
- + *Emotion Lotto*
- + Checklist of Common Body Reactions (*Facing Your Fears*)

EMOTION AWARENESS (CON.)

- + Checklist of Ways to Self-Calm (*Facing Your Fears*)
 - × Talk about adding to that list. They often can only identify 1 or 2 strategies. (yell in or punch a pillow?)
 - × They need an entire menu or list of strategies that are effective for them. This needs to be added to and adapted throughout their lifetime.

ACTION URGES (IMPULSES) TIED TO EMOTIONS

Emotion

- + Anger
- + Fear
- + Sadness
- + Shame

Action Urge

- + Attack
- + Run away/avoid
- + Withdraw/isolate
- + Hide/avoid

TEACH IMPULSE CONTROL

- Review the benefits, or the “why,” of working on impulse control.
 - Proud Feeling, Good Choices, Better Friends, Better Grades, Getting Things Done (*Impulse Control Activities & Worksheets for Elementary School Students --Workbook*)

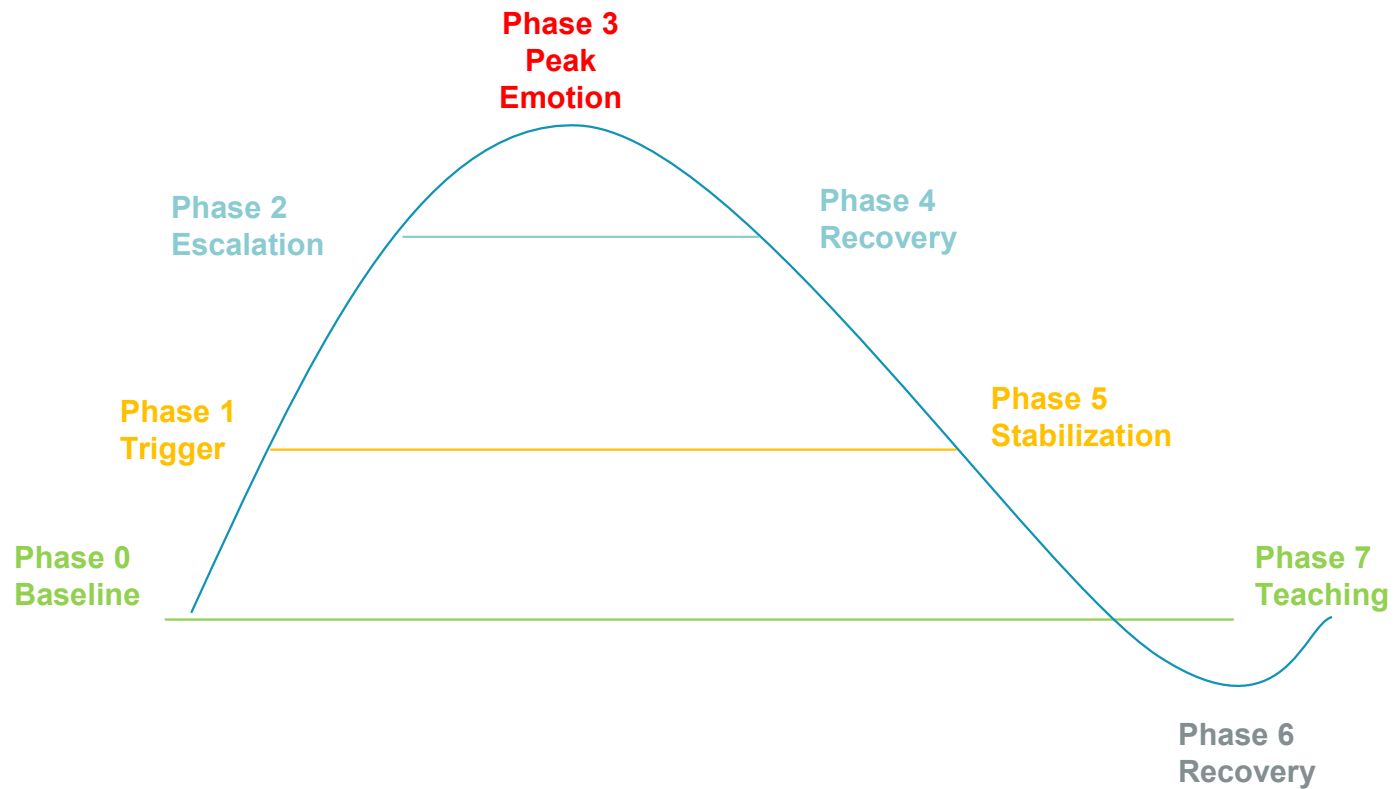


SCALING

- Emotions often experienced at a “5”
- “Social autopsy”
- Practice comparing intensity of the feelings to the reality of the facts

5	I AM GOING TO EXPLODE!!!
4	I AM GETTING ANGRY
3	I AM A LITTLE NERVOUS
2	FEELING OK
1	CALM AND RELAXED

THE ESCALATION CURVE



Adapted from Dr. Rob Dindinger; see also *The Incredible 5-point scale Anxiety Curve*

OPTIMAL RESPONSE

+ Phase 0

This is the best time to prepare your child for upcoming challenges or triggers they may encounter. This is when they are best able to learn a coping skill or make plans to handle a potential trigger.

+ Phase 1

- Offer Options
- Empathetic listening
- Remind child of natural consequences
- Be aware of your nonverbal communication

+ Phase 2

- Use Reflective Listening
- No questions or demands
- Use diversion or distraction
- Channel feelings into an activity
- Assist in problem solving

+ Phase 3

- Least interaction possible
- Manage your nonverbal behavior
- Do not touch unless necessary for safety
- Remove audience and stimulus

+ Phase 4

- No Judgments
- Give time and space
- Encourage low stimulus activity

OPTIMAL RESPONSE (CON.)

+ Phase 5

- Use Empathetic Listening
- Showing caring
- Do not require accountability yet
- Remind child of potential reinforcement
- No demands

+ Phase 6

- Allow further recovery
- Be supportive
- Be open to approach

Dr. Rob Dindinger; see also The Incredible 5-point scale Anxiety Curve

+ Phase 7

- Discussion about event
- Assignment of Consequences
- Allow for restitution and rejoining
- Communicate how you value your child and show acceptance



ANGER MANAGEMENT

- + Emphasize that assertive behavior is the healthiest and most effective.
 - × Teach what passive and aggressive behavior looks like.
- + Cool, Calm, and Confident (Workbook)
- + Impulse Control (Workbook)—also great for ADHD symptoms.



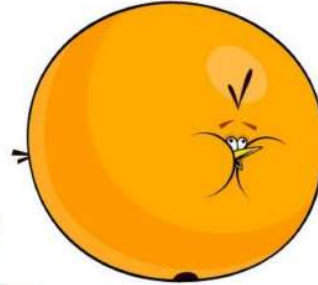
CALMING STRATEGIES—PRACTICE WHEN CALM!

- + Breathing
 - × Elmo Belly Breathing
 - × Compassion for me; compassion for you.
- + Tense and Relax/Progressive Muscle Relaxation
 - × *Sitting Still Like a Frog*
- + Angry Bird Strategies

COOL DOWN STRATEGIES



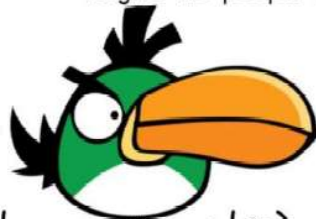
bird's nest
a quiet, calm place



balloon breathing
slow, deep breaths



warm your heart
A great way to let go of anger inside our hearts is to
forgive the people that have made us angry.

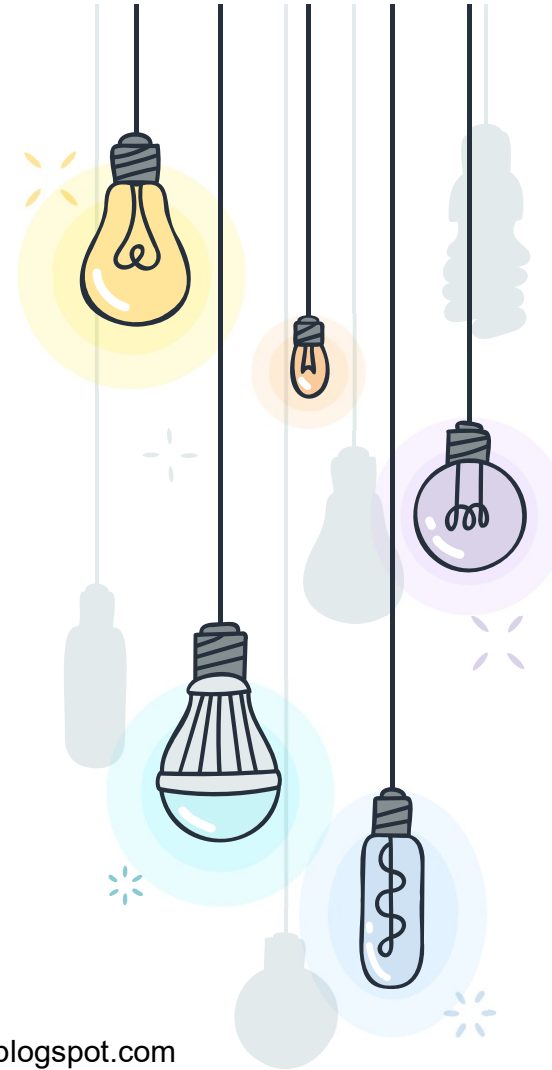


boomerang bird
stop and think how your
actions will affect
yourself and others



mighty eagle
an adult that can
step in to help

thehometeacher.blogspot.com



Thehometeacher.blogspot.com

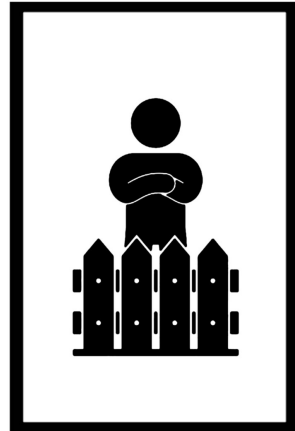
CALMING STRATEGIES—PRACTICE WHEN CALM! (CON.)

- + Power of your Thoughts
 - × Change the channel in your brain.
 - × Control which actors are on the stage of your brain.
 - × You can't keep your brain from thinking but you can learn skills to choose what your brain continues to think about.
 - × Let unhealthy thoughts float down the river.

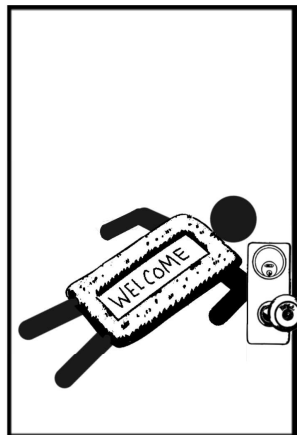
BOUNDARIES



CHAOTIC



WALLED



DOOR MAT



HEALTHY

- Chaotic—inconsistent, usually fluctuating between “door mat” and “walled”
- Walled—Avoids close relationships, unlikely to ask for help, keeps others at a distance to avoid vulnerability
- Door Mat—dependent on the opinions of others, accepting of abuse or disrespect, difficulty saying “no”
- Healthy—values own opinions, shares personal information appropriately, knows wants and needs and can communicate them, accepts “no” from others

SET LIMITS MORE EFFECTIVELY

+ Emotional Boundaries

- ◆ Learn mindful strategies of setting your worries aside.
 - Mindfulness+ (Thomas McConkie)
- ◆ If you are using up energy on things that you have no control over, you are wasting energy that could be used for things you do have control over.
- ◆ You will likely not be able to eliminate all the challenges. You may just help them take one step forward. That IS success!

SET LIMITS MORE EFFECTIVELY (CON.)

+ Physical Boundaries

- ◆ Give yourself permission to step away.
- ◆ Give yourself permission to have space to yourself.
- ◆ Protect your sleep.
- ◆ Take care of your body.



SOCIAL SKILLS

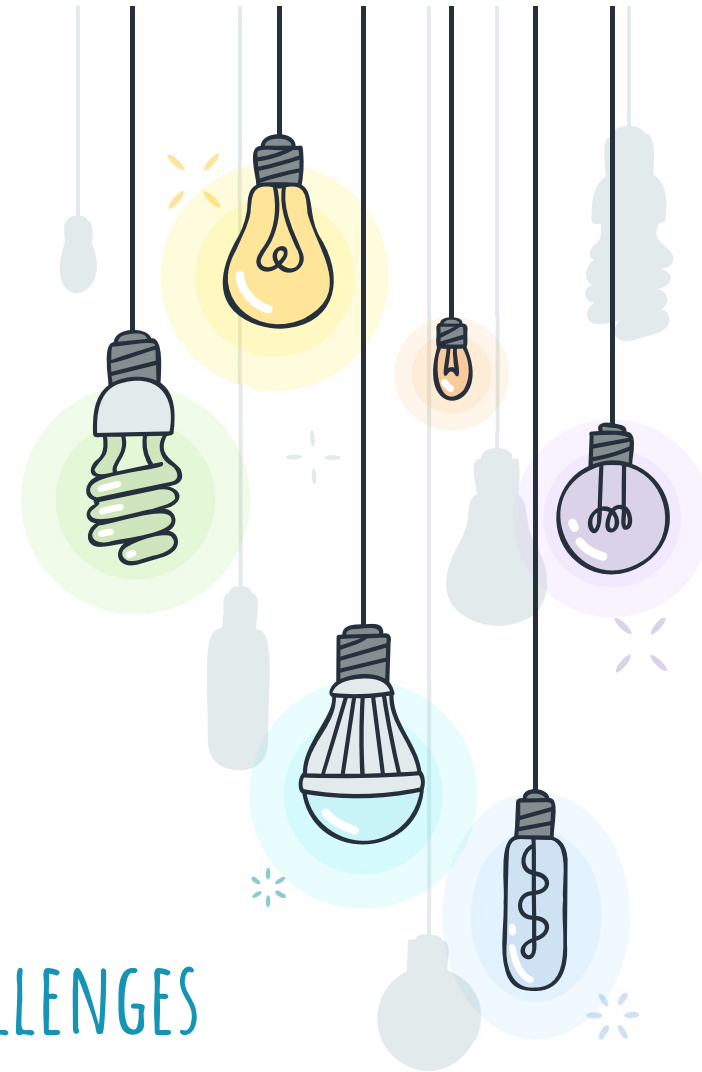
- + Recognize the limits of working on social skills, one-on-one with a therapist.
 - × Mini Social Challenges
- + Best worked on in group of peers with similar interests with a highly-trained mentor, or with coaching right in the moment.
- + Self-Advocacy
- + Self-Acceptance



- + Normalize body reactions; validate the intensity.
 - × “Activated”
 - × Power Words: Encouraging, Humble, Clear (Dr. Jon Skidmore)
- + *The Green Conversation Book*
 - × Green and Bright Green Conversations

GENDER AND SEXUAL IDENTITY

- + Show respect for their experience and definitions.
- + Encourage openness to fluidity.
- + Explore brain development, typically and within ASD.
- + Teach the difference between sexual and other types of attraction.
- + Consider self-acceptance of their own gender expression.
- + Reflect on characteristics of ASD that may account for social discomfort.



HYGIENE CHALLENGES

STRATEGIES FOR MANAGING SENSORY OVERLOAD

- + Take a break to calm and then re-engage.
 - × Develop list of calming strategies (when calm).
 - × Time outs are for calming not punishment.
 - ◆ “Do you need help or can you calm down on your own?”
 - ◆ “We want you with us. As soon as you are calm you can rejoin us.”

STRATEGIES FOR MANAGING SENSORY OVERLOAD (CON.)

- + A calm body reacts less; body calming takes practice.
- + Sensory Diet
 - × OT can help with both seeking and avoidance.
- + Personal Responsibility
- + Respect
- + Sleep Hygiene

MEDICATION

- + May calm brain enough to utilize skills.
- + May help brain to function more healthily.



"I DON'T NORMALLY LIKE TO INCREASE A CHILD'S HYPER-ACTIVE MEDICINE, BUT IN THIS CASE..."

MOTIVATION

- + The ideal is internal motivation, but...
 - × It is not that they do not have motivation, but they often do not YET have enough motivation to compensate for the intensity of their internal obstacles (fear of failure, sensory overload, etc.)
 - × “If there is something you know is important for your child that they do not yet understand the importance of, it is okay to give them an external motivator to do it.”
Dr. John Lund, (paraphrased)
 - × Positive Behavioral Momentum

Motivation

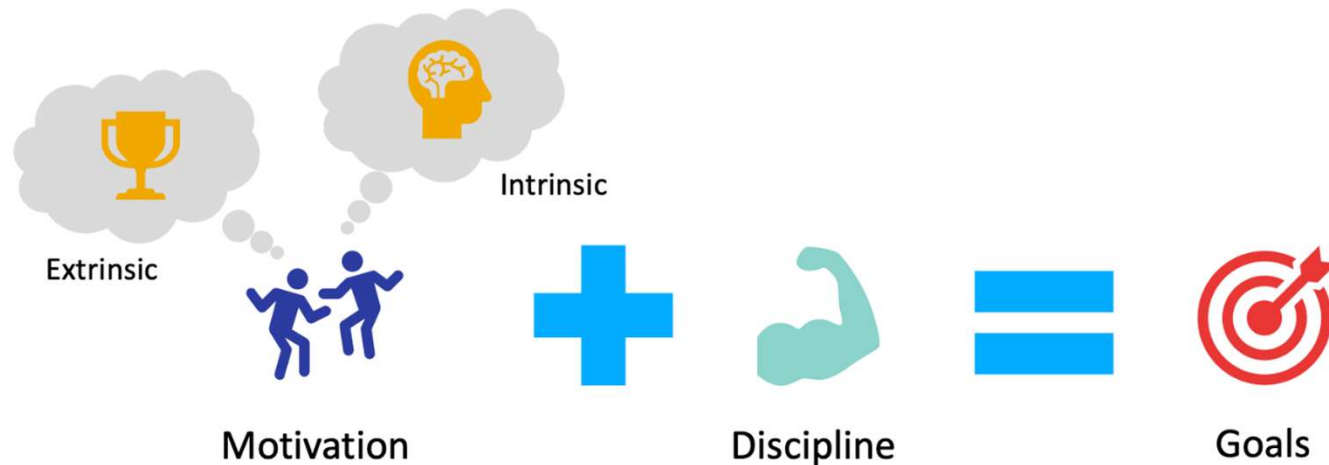
I have to feel right to do something

Discipline

I feel good after I got something done

MOTIVATION (CON).

- ✗ Avoid taking away motivators that they have already earned; this destroys motivation.
 - ◆ Instead, withhold the next step, point, etc. and cheer them on to earn their next step, point, etc.



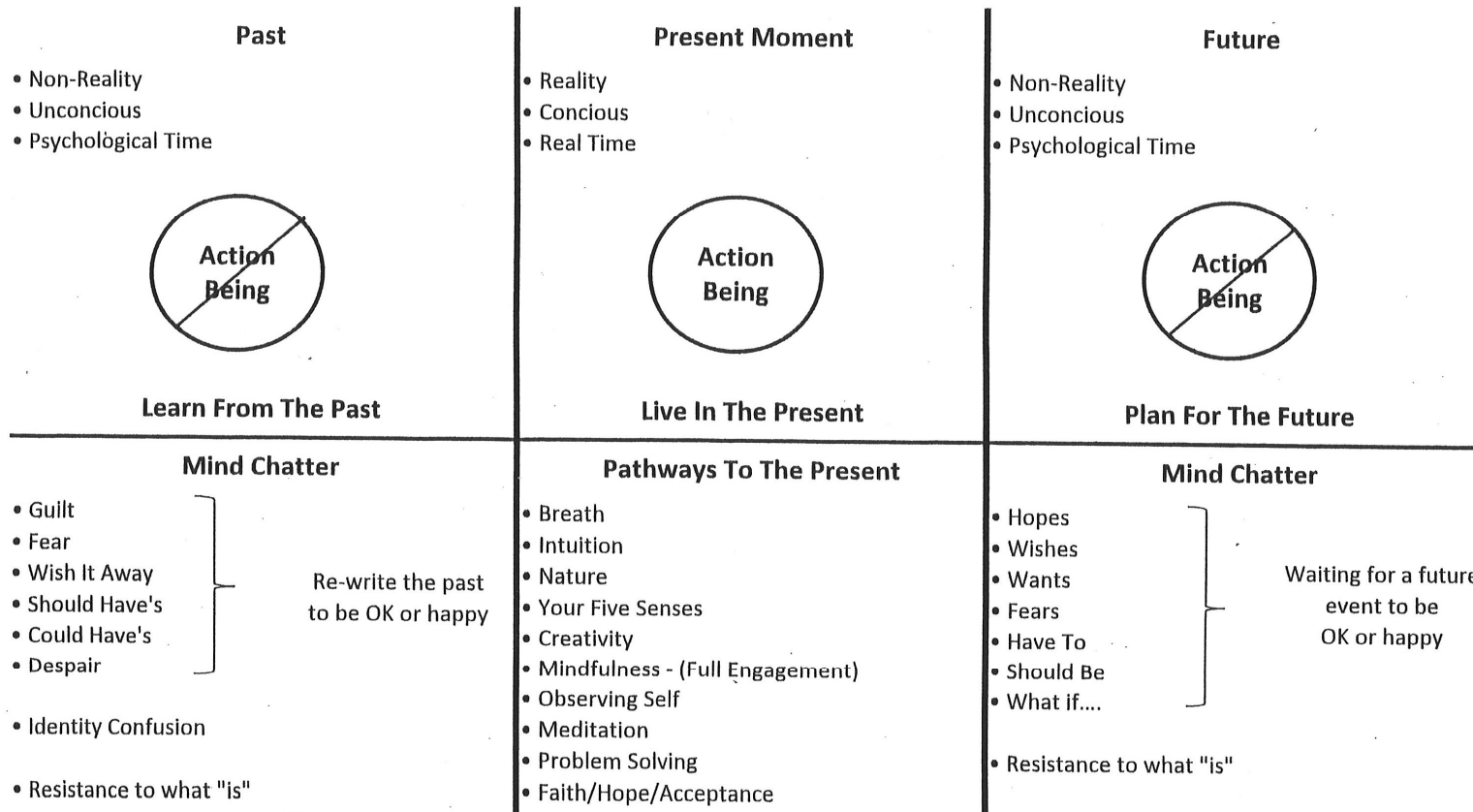
Powerful Tool



Depression

Anxiety

Live In The Present



Empowered Life Solutions Skills



See *Power of Now*, Elkhart Tolle; graphic created by Larry Krause, LCSW

3 PRACTICES TO HELP ENSURE GOOD MENTAL HEALTH

Learn from the Past
Live in the Present
Plan for the Future



See *The Power of Now* by Elkhart Tolle

LEARN FROM THE PAST

- + Let go of guilt; guilt is wasted energy.
- + Forgive yourself—sometimes just for not knowing what to do.
- + Use phrases such as “I wonder” or “I wish” instead of “I should have.”

LEARN FROM THE PAST (CON.)

- + Share what you have learned with others.
- + Practice acceptance—as opposed to minimizing your past choices, excusing yourself, or making a negative judgment about yourself.

LEARN FROM THE PAST (CON.)

Finish each day and be done with it.

You have done what you could.

Some blunders and absurdities no doubt crept in;

Forget them as soon as you can.

Tomorrow is new day;

Begin it well and serenely and with too high a spirit to
be encumbered with your old nonsense.

–Ralph Waldo Emerson

LEARN FROM THE PAST

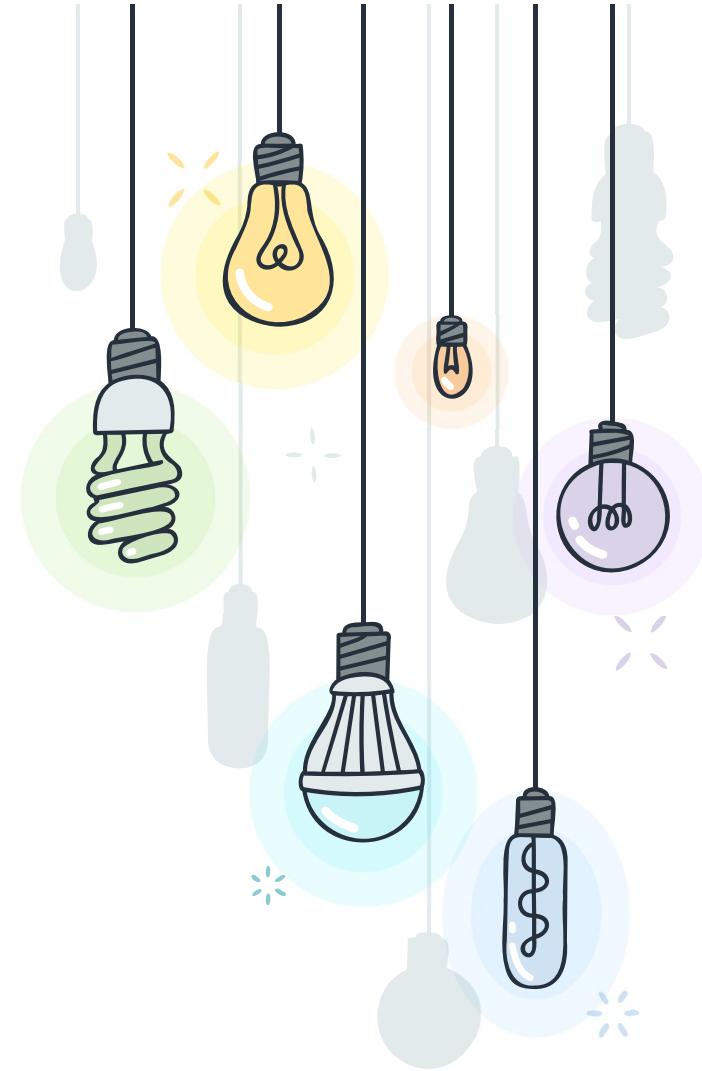
- + Practice curiosity about their reactions, both successes and failures.
- + Rehearse reactions to common triggers.
- + “Social Autopsy”
- + Use as an opportunity to reinforce personal responsibility.

LIVE IN THE PRESENT

- + What can I do about this today?
 - × When you know, do it. Often it's a plan.
 - × Nothing, practice faith/hope/acceptance.
 - × I don't know, practice faith/hope/acceptance.
 - × I don't have the power, practice faith/hope/acceptance.
- + Recognize yourself as an expert on your child or yourself; nobody knows your child or you better than you do. Balance this with openness to new information and learning.

* LIVE IN THE PRESENT

+ Faith/Hope/Acceptance



SERENITY PRAYER

God grant me the
Serenity to accept the things I cannot change;
Courage to change the things I can;
and the **Wisdom** to know the difference.

LIVE IN THE PRESENT (CON.)

+ What is within my control?

- × My behaviors
- × What I do with my emotions
- × Establishing a support system and strengthening it whenever needed

× _____

+ What is not within my control?

- × The way others feel about or react to me.
- × The severity of the ASD symptoms.

× _____

LIVE IN THE PRESENT (CON.)

- + Allow them/yourself to make mistakes and experience natural consequences when appropriate.
- + You have the right to be wrong and so do they.

LIVE IN THE PRESENT (CON.)

- + Parent the child you have and not the one you wish you had.
- + Love yourself as you are and not how you wish you were.
- + Allow yourself to grieve without resistance.

“What we resist, persists.”—Carl Jung

LIVE IN THE PRESENT (CON.)

- + Practice acceptance.

- × It is what it is.

“There comes a time when you have to accept that this is as good as it gets.”

—my son's psychiatrist (about 24 years ago)

LIVE IN THE PRESENT (CON.)

- + Suffering = Pain x Resistance
 - × Pain= inevitable
 - × Suffering = optional
 - ◆ Resistance is the opposite of acceptance.

“Wanting things to be otherwise is the very essence of suffering.” --Stephen Levine

“We can choose to laugh or drink;
since I don’t drink, the only option
is to laugh.”—Cheryl Smith

Watch Out For “What-ifs”

(difference between worry and planning)—Harshak

- What if he doesn't get better?
- What if she ends up
- What if....

But how will I ever...
Someday it could...
What if she doesn't...

*Our body responds to these thoughts
as if they were actually happening.**

Come to peace with uncertainty.



PLAN FOR THE FUTURE

- + Continue to learn about and pursue community supports and services.
- + Individualize your plans.
- + Never give up hope for future progress and improvement.
- + If you find yourself worrying, pull the thoughts back to what you have control of.

PLAN FOR THE FUTURE (CON.)

- × Get professional help as needed, for you and/or them.
- × Define and redefine success.
- × You/they may never be “successful” by society’s definition but that doesn’t mean you/they have not been wonderfully successful.

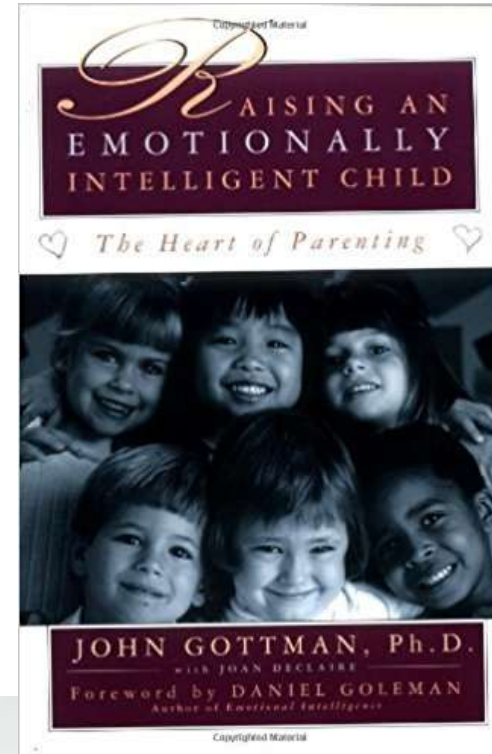
PLAN FOR THE FUTURE (CON.)

+ Practice Acceptance

- × Much of what your child becomes will be determined by them.
- × We have influence but not control.
- × Your suffering, as well as theirs, will diminish when there is acceptance with their best, rather than resistance.

LANGUAGE IS IMPORTANT

- + Forward Moving/Growth Centered
 - × New learning and new maturity on their part does not stop
 - × Avoid absolute language
- + Emotion Coaching
- + Respectful
- + Personal Responsibility



BASIC RESPONSIBILITIES FOR SELF

1. I am responsible for my own choices and consequences.
2. I am responsible to make changes in my life.
3. I am responsible for identifying my own feelings.
4. I am responsible for clearly asking for what I want.
5. I am responsible to communicate my needs openly and honestly.
6. I am responsible for validating myself.
7. I am responsible for setting in place support people.
8. I am responsible for giving, taking, and creating equitable relationships.
9. I am responsible for having a sense of self.

WHAT GIVES ME HOPE

- + Growth can keep happening for individuals and families.
- + We live in an innovative and collaborative community.
- + Options for the entire spectrum are being explored and developed.
 - × Success is not one outcome.



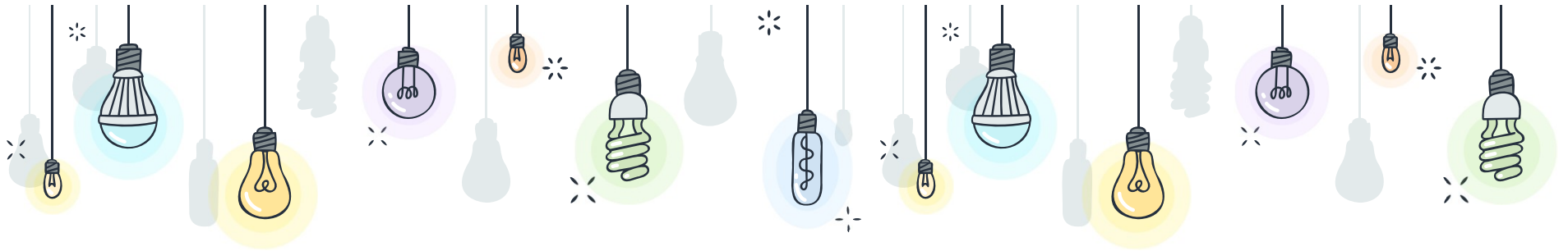
FORWARD MOVING LANGUAGE (AVOIDING NEGATIVE/PERMANENT LABELS)

When talking about your children's behavior with them or in front of them, be certain to use "Forward Moving Language."

Forward Moving Language means to talk about them in terms of the characteristics you want them to develop rather than the characteristics they are currently struggling with.

"Susie is working on her courage" rather than "Susie is shy."

"Johnny is learning to manage his anger" rather than "Johnny is mean."

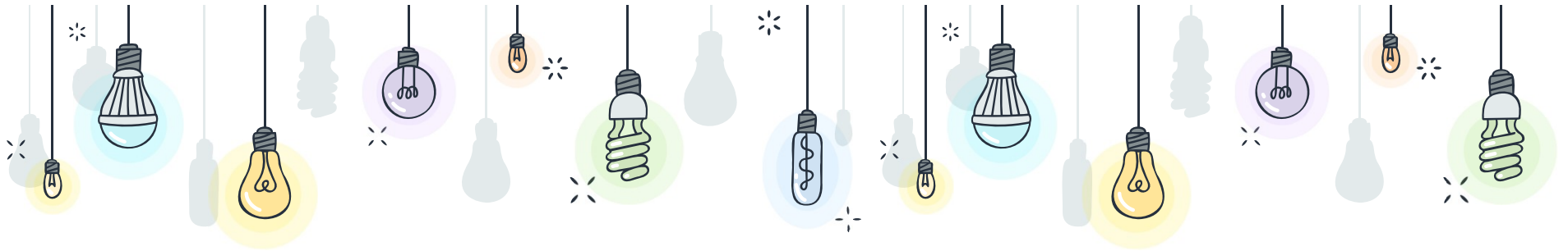


Forward Moving Language is NOT minimizing or excusing misbehavior. The purpose is to allow your child to see themselves as a work in progress, as someone with potential, and as someone that is loved and respected just as they are right now.

It is important for you to stay in the “coaching” role (Gottman) so that they learn over time that they are responsible for learning to manage their emotions and thus their behaviors.

I believe that each of us really is our intentions. That is who we really are. The challenge of life is to learn to match our behavior and our thinking with our authentic self.

As children mature and develop, it becomes even more important that they understand that they alone are ultimately responsible for their actions.



With one of my most difficult teenagers, I finally had a breakthrough with him when I started to talk to him in this way:

“I know that you don’t really want to feel angry or to have others be afraid of you. What can I do to help you match your actions to who I know that you really are?”

This only worked because it was authentic. I really saw this reactive, even threatening at times, son of mine as someone who was struggling to regulate strong, and up until then, unmanageable emotions.

Too often we inadvertently solidify the very behaviors in our children that we would like them to overcome by labeling them repeatedly. Forward Moving Language can help them grow into the qualities that match the deepest desires and intentions of their hearts.

STRUCTURE OF THERAPY SESSION FOR A CHILD WITH ASD

- + Give parent opportunity to give specific examples of real life incidents (often with child in lobby or through email).
- + Have client share highs and lows since last session to help increase emotional awareness and expression.
- + Decide what the child is working for (often based on special interests).
- + Alternate preferred and non-preferred activities.
 - × Books, Sand Tray, Playroom, Scoop Ball, Worksheets, Breaks
- + Involve child in ordering activities and deciding how to address goals
 - × You do not want to be more rigid than they are.
- + Make Visual. Write on white board. Check off as you go.

STRUCTURE OF THERAPY SESSION FOR A CHILD WITH ASD (CON.)

- + Set pattern of work and play.
- + End on a positive note
 - × Preferred Activity
 - × Connecting Activity (scoop ball)
- + Have child share what has been learned (or allow them to listen while therapist shares with parent)
- + Determine a goal for the week
- + Some sessions will end up being solely relationship-building or maintenance sessions

THERAPY REFUSAL

- + See John Lund Rule for Motivation.
- + Take therapy breaks; sometimes it takes another “crisis.”
- + Have parent utilize the session.

BIBLIOTHERAPY & PLAY

+ Anger

- × *A Volcano in My Tummy* (Workbook)
 - ◆ Anger Volcano
 - ◆ Anger Rules
 - ◆ 4 Levels of Muscle
- × *Mad Dragons* (Card Game)
- × *The Incredible 5-Point Scale*
 - ◆ *Emotion Scaling*
- × Hulk Hands—Large Gloves

+ Anxiety

- × *Chicky Boom* (Game)
- × *Courage*
- × *Facing Your Fears* (Workbook)
- × *Jonathan James and the Whatif Monster*
- × *Perfection* (Game)
- × *The Invisible String*
- × *What to do When you Worry Too Much* (Workbook)

BIBLIOTHERAPY & PLAY (CON.)

+ Assertiveness

- × *Cool, Calm, and Confident* (Workbook)
- × *The Way I Act*

+ Depression

- × *The 7 Habits of Happy Kids*
- × *My Feeling Better Workbook*
 - ◆ Absolutes

+ Emotion Regulation

- × *All About Feelings*
- × Bubbles
 - ◆ Emotion Scans
- × *Calm-Down Time* (Board Book)

- × *Don't Let Your Emotions Run Your Life for Kids* (DBT Workbook)
- × *Emotion Lotto* (Game)
- × *Hands are not for Hitting* (Board Book)
- × *I Just Don't Like the Sound of "NO"*
- × *In My Heart*
- × *Inside Out Box of Mixed Emotions*
- × *My Day is Ruined*
- × *My Mouth is a Volcano*
- × *Of Course, It's a Big Deal*
- × *The Incredible 5-Point Scale*
- × *The Way I Feel*
- × *What to do When It's Not Fair* (Workbook)

BIBLIOTHERAPY & PLAY (CON.)

+ Empathy/Perspective Taking

- × *Have You Filled a Bucket Today?*
- × *I am Human*
- × *The Tale of Two Beasts*

+ Family

- × *Fair Shares*
- × *Family Happenings* (Game)
- × *Siblings: You're Stuck Together so Stick Together*
- × *The Ungame* (Game)

+ Flexibility

- × *Who Moved My Cheese? for Kids*
- × *My Day is Ruined*

+ Friendship and Social Skills

- × *All About Friends*
- × *How To Lose all of Your Friends*
- × *Speak Up and Get Along*
- × *The Art of Making Friends*
- × *The Green Zone Conversation Book*
- × *The Science of Making Friends* (DVD)*
- × *Our Brains are Like Computers*
- × *The Conversation Train*

BIBLIOTHERAPY & PLAY (CON.)

+ Impulse Control

- × *Consequences* (Game)
- × *Thumball* (Game)
- × *Impulse Control Activities & Worksheets for Elementary School Students* (Workbook)
- × *What Should Danny Do?*
- × *Presentation for Utah Parent Center*
<https://www.youtube.com/watch?v=Rzkr5KTUbU8>

+ Internal Family Systems Therapy

- × *The Big Bright Ball Answers the Call*

+ Mindfulness

- × *I am Peace*
- × *Mindful Kids: 50 Activities* (Activity Cards)
- × *Mindfulness Matters* (Card Game)
- × *Relax: Citizenship, Life Skills, and Responsibility*
- × *Sitting Still Like a Frog* (CD)

BIBLIOTHERAPY & PLAY (CON.)

+ Perfectionism

- × *Beautiful Oops*
- × *Penelope Perfect*
- × *Perfection* (Game)
- × *Zach Makes Mistakes*

BIBLIOTHERAPY & PLAY (CON.)

+ Self-Acceptance

- × *I Like Me*
- × *I Like Myself*
- × *Incredible Me*
- × *Jessica's Box*
- × *Totika* (like Jenga) with Self-esteem Deck
- × *You are Special*



+ Other

- × *The Seven Principles for Making Marriage Work*
- × *The Executive Functioning Workbook for Teens*
- × *Hygiene and Related Behaviors for Children and Adolescents with ASD and Related Disorders* (Workbook)
- × *Raising an Emotionally Intelligent Child*
 - ◆ *What am I Feeling?*
- × *The Loving Push*

CONTACT INFO

- + Karen Fairchild, MSW,
LCSW
- + karen@utahvalleypsychology.com

