

The AUTISM SPECTRUM DISORDER Resource Guide

A Guide for Parents

Third Edition

Updates April, 2007

Children's
Autism Intervention
Center



SAN DIEGO County Chapter
AUTISM SOCIETY OF AMERICA



Children's





Purpose:

This resource guide was designed to assist and empower parents in their journey toward researching optimal services for their children with Autism. We have provided a brief introduction to techniques and interventions commonly used in treating children with Autism Spectrum Disorders, as well as information on local and national resources. We do not expect to have covered all treatment areas or listed all providers. Please feel free to contact us at (858) 966-7453, or (619) 298-1981 with additional programs and information you would like to see listed.

For updates, you can also contact us via email: info@sd-autism.org

Disclaimer:

Children's Autism Intervention Center, Children's Toddler School, and The San Diego County Chapter- Autism Society of America Resource Guide was developed to provide information only and does not recommend, endorse, guarantee, or promote the services and interventions included in this guide.

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Introduction

AUTISM SPECTRUM DISORDERS

Definition:

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

Autism is often referred to as a spectrum disorder due to the variety of characteristics and the range of severity that is unique to each child. Even though children diagnosed with ASD share a common set of behavioral characteristics, no two individuals are alike. Each can act very differently from one another and have a varying set of skills. Toward the mild end of the spectrum children may relate comfortably with family members, whereas at the more severe end of the spectrum, children may be socially withdrawn in almost all situations. Children with ASD may also exhibit different symptoms over time, or from one situation to the next.

A variety of diagnoses may be used for children on this spectrum.

- **Autism Disorder-** children who meet full criteria for the disorder according to the Diagnostic and Statistical Manual of Psychiatry (DSM-IV). Children in this group vary quite a bit, however they each have characteristics in areas of communication, social interaction and repetitive behaviors that are severe enough to meet criteria for the disorder.
- **Pervasive Developmental Disorder-Not otherwise specified (PDD-NOS)-** children with this diagnosis typically have many features of autism, such as severe and pervasive difficulties in social and communication behaviors, but do not meet the full criteria for Autistic Disorder.
- **Asperger's Syndrome-** this is diagnosed in school aged children who have social and behavioral symptoms of autism without the language delay. Measured intelligence is in the average to above average range. Frequently, these children show an almost obsessive interest that is unusual in intensity and focus.
- **Additional Disorders-** Pervasive Developmental Disorders can occur by themselves or in combination with other disabilities. Children usually have symptoms of Attention Deficit Hyperactivity Disorder (ADHD), which is part of the pervasive developmental disorder. They may also experience learning disabilities (LD), anxiety disorders, obsessive-compulsive disorders (OCD), blindness, deafness, epilepsy or mental retardation. It is estimated that up to 70% of those diagnosed with an Autism Spectrum Disorder are also diagnosed with mental retardation ranging from mild to severe.

Characteristics:

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

Communication

- No speech or delayed speech
- Lack of use of gestures for communication (no pointing)
- Repetitive speech or unusual use of language
- Echolalia- repeating exactly what has just been said
- Speech of unusual quality such as high pitched, 'sing-song' like, or monotone

Social Interaction

- Attachment to parents, but difficulty relating to other adults
- Less interest in pointing, showing, sharing, or getting others' attention
- Below normal eye contact, poor use of eye contact for communication
- Not seeking comfort at times of distress
- Preference for solitary play, not initiating play with peers



- Difficulty in responding to teaching efforts; dislike being directed in play, being read to etc.
- Lack of imitation of others
- Lack of symbolic play

Behavioral Symptoms

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

Associated Features that may be present

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

Incidence:

The number of children born or that develop ASD is estimated to be 1 in 166 births. It is the third most prevalent developmental disorder. It is four times more likely to occur in males than females for unknown reasons.

Diagnosis:

ASD cannot, at this point, be diagnosed using any type of medical test (e.g., blood test, genetic test, brain scan). Instead it is diagnosed on the basis of assessment of the child's behavior. Parents are most likely to receive an accurate diagnosis from an evaluation done by an experienced professional that involves spending time with the child in both play and formal testing situations combined with careful interviewing of the parents regarding the observation, and behaviors seen in other environments. The behavioral characteristics typically used are listed in the Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition (DSM-IV). A clinical psychologist and/or a medical doctor who has had training and experience in understanding ASD and other developmental disabilities can make the initial diagnosis. Once an initial diagnosis, or concern is raised, it will be helpful to obtain a multidisciplinary assessment that includes a psychologist, family members and other professionals such as a speech therapist, an occupational therapist and a neurologist.

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

Causes of ASD:

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



Course of the Disorder:

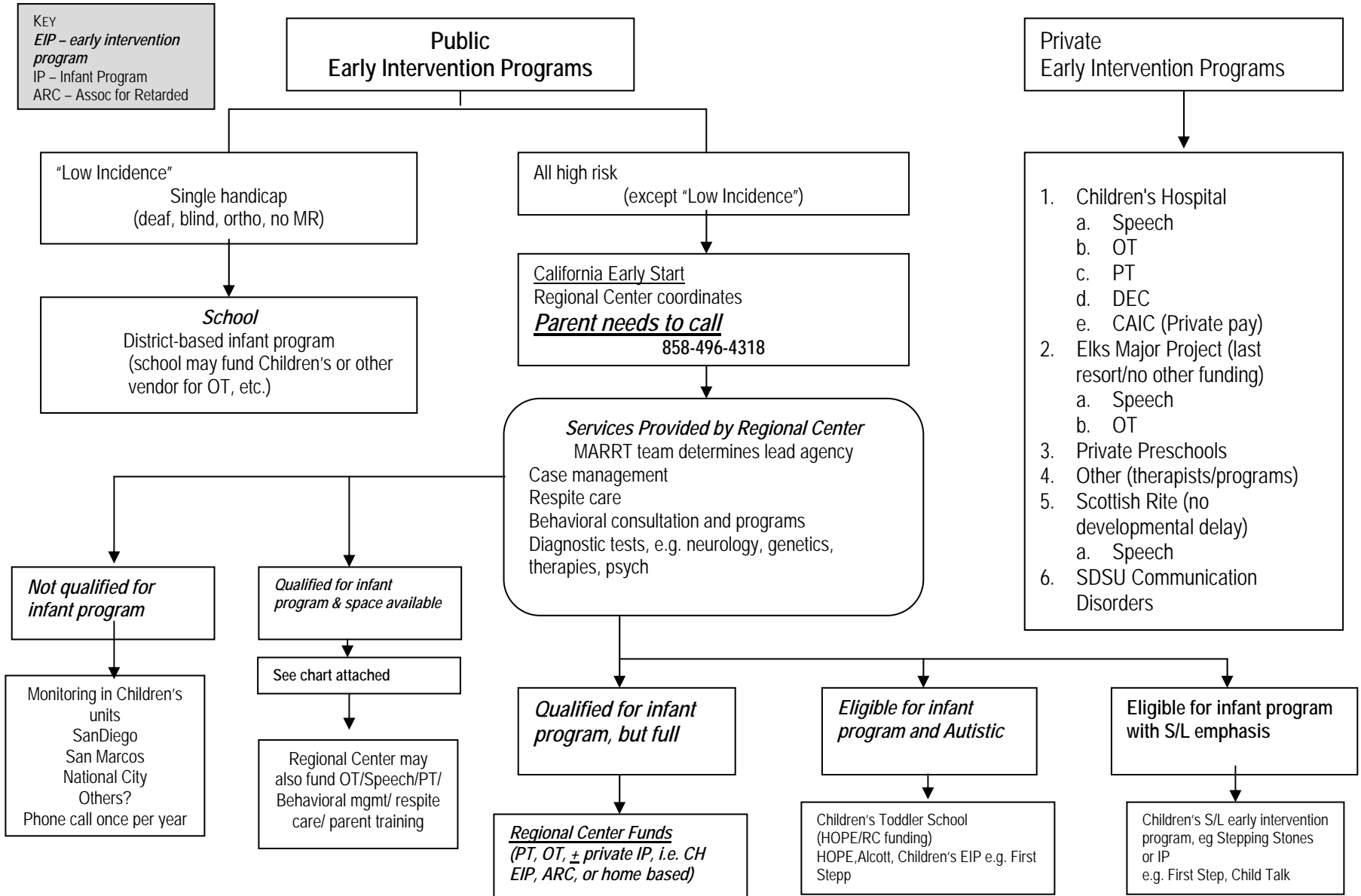
Receiving a diagnosis may alter your dreams for your son or daughter. Remember to maintain your determination, obtain the support you need, and don't lose hope. There are few guidelines for predicting outcomes for children with ASD. Research into causes and interventions is currently growing at an amazing rate. Much has been learned in the last ten years about ASD. More adults with ASD are describing their experiences and providing us with incredible insight. Certainly there are successes that have been accomplished with hard work, creativity and perseverance from individuals themselves, their family members, and the professionals and community members who are involved.

Obtaining Services:

Once a diagnosis is obtained it will be important to begin to identify needed services and resources. Each child with ASD is different and each family will have different needs. This guide describes public and private agencies that may provide services for your child depending upon your child's age, diagnosis and needs. Examples of services that individuals and families may require include educational services, speech therapy, sensory integration therapy, physical and occupational therapy, behavioral consultation, medical and dental care, advocacy, respite care, parent education and support, sibling support and education, socialization, recreation and employment training.



REFERRAL FOR SPECIAL EDUCATION SERVICES FOR CHILDREN 0-3





REFERRAL FOR SPECIAL EDUCATION SERVICES FOR CHILDREN 3 YEARS AND OLDER

Public
Early Intervention Programs

Private
Early Intervention Programs

Regional Center (if eligible)(evaluate, determine eligibility & available therapy)

1. MR: adaptive -2SD and IQ <70
2. Condition known to cause
 - a. Mental retardation (anticipated due to lack of progress)
 - b. Anticipated in future, i.e. Down
3. **Autism; Asperger's (if very impaired); PDD if mentally retarded**
4. Uncontrolled seizure disorder
5. Cerebral palsy that is significantly debilitating

Parent needs to call
858-496-4318

Services Provided by Regional Center

1. Case management
2. Respite care
3. Behavioral consultation and programs
4. Diagnostic tests, e.g. neurology, genetics, therapies, psych

Key
SD = Standard deviations

School District
(whether or not Regional Center eligible)
(eligibility criteria, evaluation, & treatment differ by district)

Qualifying conditions for group programs:

- a. 50% delay in one area
- b. 25% \geq two areas

Parent needs to call

Services Provided by School District

1. Adapted Physical Education
2. Occupational Therapy
3. Physical Therapy
4. Speech (group and individual)
5. Behavioral program for Autism (sometimes in-home; more often at school)
6. Special day class (≥ 2 SD)
7. Small group instruction <2/SD
8. Deaf/hard of hearing program
9. Special Education-Early Childhood kindergarten – various schools in SDCS
10. Resource specialist to regular preschool, especially SDCS
11. Headstart (\pm Speech, OT, PT)
12. MAAC and Neighborhood House

1. Children's Hospital
 - a. Speech
 - b. OT
 - c. PT
 - d. DEC
2. Elks Major Project (last resort/no other funding)
 - a. Speech
 - b. OT
3. Private Preschools
4. Other (therapists/programs)
5. Scottish Rite (no developmental delay)
 - a. Speech
6. SDSU Communication Disorders

**** If Regional Center eligible, then also eligible for school services. If eligible for school services, may not be eligible for Regional Center.**



EARLY EDUCATION PROGRAMS

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



San Diego Resource Information

School Districts: Special Education Contacts

North Coastal Districts:

Bonsall Union – Cathy Myers	Director of Special Education	760-631-5200
Cardiff – Dr. Jeff Owen	D.S.E.	760-632-5890
Carlsbad Unified – Sharon Popp	D.S.E.	760-918-2018
Del Mar Union – Trish Sneider	D.S.E. & Psychologist	858-523-6192
Encinitas – Dr. Beverly Barrett	D.S.E.	760-944-4300
Fallbrook Elem. – Lisa Denhom	D.S.E.	760-723-7005
Fallbrook Union – Sallie Hunt	Coordinator of Special Ed.	760-723-6332
Oceanside Unified – Art Gamble	D.S.E.	760-967-1322
Rancho Santa FE – Glenda Sumida	D.S.E.	858-758-1141
San Dieguito – Torrie Norlan	D.S.E.	760-753-6491
San Marcos – Jackie Bachman	D.S.E.	760-752-1223
Solana Beach – Cynthia Frazee	D.S.E.	858-794-3918
Vallecitos – Dr. Paul A Cartas	D.S.E.	760-728-7092
Vista Unified – John Hannaman	D.S.E.	760-726-2170
HOPE Infant Program – Meredith Glover	D.S.E.	760-736-6301

East County Districts:

Alpine Union – Craig Champion	D.S.E.	619-445-4935
Cajon Valley – Dr. Wendy Vaughn	D.S.E.	619-588-3053
Dehesa – Barbara Rohrer	D.S.E. & Superintendent	619-444-2161
La Mesa/ Spring Valley – Barbara Goodwin	D.S.E.	619-668-5700
Lakeside Union – Pamela Macleod	D.S.E.	619-390-2620
Lemon Grove – Debbie Burke	D.S.E.	619-825-5610
Mountain Empire – Dr. Bronwyn Lee	D.S.E.	619-473-9022
Santee – Radene Wolf	D.S.E.	619-258-2300

South County Districts:

Chula Vista –	D.S.E.	619-425-9600
Coronado Unified – Bruce Cochrane	D.S.E.	619-522-8932
National City – Katie Filzenger	D.S.E.	619-474-6791
San Ysidro – Norma del Rio	D.S.E.	619-428-4476
South Bay Union – Dr. Susan Schmidt	D.S.E.	619-628-1660
Sweetwater Union –	D.S.E.	619-691-5500

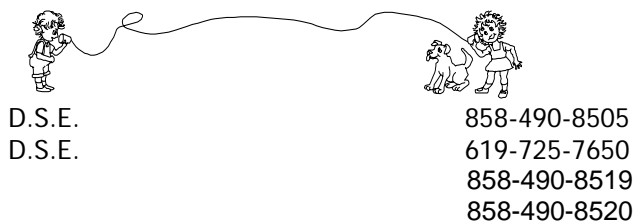
North Inland Districts:

Borrego Springs Unified – Shanda Hahn	D.S.E.	760-767-5357
Escondido Union – Claudia Boyle	D.S.E.	760-432-2168
Pauma – Judy Kunkel	D.S.E.	760-749-0464
Poway Unified – Joann Murphey	D.S.E.	858-748-0010
Ramona Unified – Dr. Rhonda Johnson	D.S.E.	760-788-5141
San Pasqual Union – Linda Tyler	D.S.E.	760-745-4931
Spencer Valley – Julie Weaver	D.S.E.	760-765-0336
Valley Center Union – Leiani O'Sugi	D.S.E.	760-749-0464
Warner Unified – Susie Carroll	D.S.E.	760-782-3517
Fallbrook Union- Jeff Maloney		760-723-7005

San Diego Unified District:

San Diego Resource Information

San Diego City Schools – John Baer
San Diego Unified – Roxy Jackson
Early Childhood – Mary Lou Evans
- Bobbie Kohrt





Resources, Services and Support:

- 4Autism, LLC** (949) 636-0592
-behavior intervention services
www.4autism.com
- ACES, Inc.** (619) 278-0884
-behavioral and educational services.
- ACES, Inc., Dolphin Assisted Therapy Program** (619) 497-2450
-swim program with dolphins, trainer, aide at Sea World
- AIR-Autism Interventions and Resources** (949) 228-2407
-ABA Services
www.hopeisintheair.com
- AquaPros Swim School** (619) 209-2990
-Swim lessons for children with autism
www.aquapro.org
- Applied Interventions & Methodologies, Inc. (AIM)** (858) 657-9117
6540 Lusk Blvd., Suite C256, San Diego, CA 92121
Website: www.aimautismservices.com e-mail: sshaw2@earthlink.net
Director of AIM, Inc.: Sandy Shaw, Ph.D., Clinical Psychologist
Provides behavioral, educational and psychological services for children, adolescents, and adults with autism spectrum disorders and other developmental disabilities. Services include intensive in-home ABA programs, behavior consultation, school-based services, social skills groups and training, diagnostic and psychological assessments, and psychotherapy
- Association for Retarded Citizens (ARC)** (858) 715-3780
-Will provide special needs childcare referrals.
<http://www.thearc.org>
- Auditory Integration Training** (858) 278-9534
-Terri Silverman, MS
- Autism Friends Club** (760) 720-4964
-Social skills training for children (4-18 years) on the high functioning end of the autism spectrum.
CASE: www.casefamily.org
- Autism Partnership** (562) 431-9293
-Provides intensive behavioral treatment for children with autism.
<http://autismpartnership.org>
- Autism Research Institute** (619) 281-7165
-Research center, publishes quarterly journal and information.
<http://autismresearchinstitute.com>
- Autism Social Video**
-Developed to teach appropriate social skills to children ages 2-8 in realistic classroom and community. <http://autismsocialvideos.com>



- Autism Society of America-San Diego Chapter** (619) 298-1981
-The local chapter of the national charitable organization with the mission of providing information on autism and the various approaches and treatment methods.
<http://www.sd-autism.org>
- Autism Solutions for Kids (ASK)** (949) 221-0126
-ABA provider www.ask4aba.com kimberlywais@ask4aba.com
- Autism Spectrum Consultants** San Diego (858) 456-2249
-ABA and social skills groups, ages 2-18 Newport Beach (949) 474-5577
www.autismconsultants.com
- Banyan Tree Learning Center** (858) 578-6116
-Special programs, school, respite services.
<http://www.banyantlc.com>
- BEST Services**
-Provides Behavioral Therapy & Respite (619) 442-1271
- Bridges Education Corp.** (619)540-0676
ABA, behavior & educational consultation
www.bridgesaba.com
- Camp Respite** (858) 576-2996
-Service provided through San Diego Regional Center and provides respite weekends from Friday at 6pm – Sunday at 2pm.
- CARES (Center for Autism Research, Evaluation & Service)** (858) 623-2777 x397
-Provides educational services & evaluation, behavioral intervention, social skills groups etc.
- CASE, Inc. (Comprehensive Autism Services and Education)** (760) 720-4964
-In-home programs, school consultation, social skills groups etc.
casefamily.com
- Center for Autism and Related Disorders (CARD)** (858) 278-6603
-Source for supervisors and therapists for in-home discrete trial training programs.
<http://centerforautism.com>
- Children’s Autism Intervention Center** (858) 966-7453
-Provides a variety of intervention programs and parent and professional training programs.
<http://chsd.org>
- Children’s Hospital Developmental Evaluation Clinic** (858) 966-5817
-Developmental or psychological assessments and recommendations.
<http://chsd.org>
- Children’s Hospital Laboratory for Research on the Neuroscience of Autism** (858) 551-7929
-Research center examining neurological differences and development in individuals with autism. Often provides extensive testing for research participants.
<http://chsd.org>
- Children’s Occupational Therapy/Sensory Integration** (858) 966-5821
<http://chsd.org>



Children's Hospital Speech, Hearing and Neurosensory Center

(858) 966-5838

-Offers language and hearing assessments, individual speech therapy as well as multiple small groups. <http://chsd.org>

Children's Toddler School

(858) 966-7707

-Offers an integrated toddler program for typical children and children with ASD.
<http://chsd.org>

Coast Music Therapy

(858)453-5211

-IEP-based services, educational consultation, music lessons, music recording, early intervention, and social skills groups. info@coastmusictherapy.com
www.coastmusictherapy.com

Community Coaching Center

- Program for socially appropriate behaviors and life skills
www.ccckids.net

Community Interface Services

(760) 729-3866

-Vocational & Community living support for individuals with developmental disabilities.
Communityinterface services.org

COYNE & Associates, INC.

(760) 634-1125

-In home Early Intervention Infant/Toddler program.
-In home and in school intervention programs for children over three.
Coyneassociates.com

Crimson Center for Speech and Language

(858) 695-9415

-Speech/language, psychology, occupational therapy, marriage/family counseling, free parent workshops, Baby Signs, Hanen Programs, Parent-Infant Sign & Speak, Educational Consultants, Child Development Specialists, Music Therapy consults, and social skills groups.
www.crimsoncenter.com

Developmental Therapy Center (DTC)

(619) 295-4500

-Occupational Therapy assessment and Therapy. (619) 278-0885

Digital Angel System

(212) 419-8504

-A device that allows a parent to quickly & easily pin point their child.
www.digitalangel.net

Excel Speech Therapy Center

(858) 565-6910

-www.excelspeech.com

Exceptional Family Resource Center

(800) 281-8252

-Provides support, resources, information and education for families of children with any disability at locations throughout San Diego County. They have a library of autism references available.
<http://www.EFROnline.org>

Horsemanship for the Handicapped

(619) 441-7868

Rehabilitation and therapy program offered at no cost to participants –SD Center



HOPE Infant Family Support Program

(760) 736-6344
(858) 292-3700

-Provides early intervention for children 0-3 years old in San Diego County region.
<http://www.sdcoe.k12.ca.us>

Giant Steps Therapy Center

(800) 952-0288

-auditory integration training (AIT) & Interactive Metronome (IM) Training
Email: giantsteps@earthlink.net

I CAN PLAY

(619) 218-8744

-recreation groups, summer groups and in home facilitated play dates. ICANPLAYSD.COM

Innovative Therapy –4- Kids

(760)434-3912

Institute for Effective Education

(619) 521-3990

-Private Applied Behavior Analysis School

Jennifer Oke, Ph.D.

(858) 452-9596

-assessment and treatment for children with autism & their families

Kids Included Together (KIT)

(858) 794-8154

-Assists children with special needs to be included in community recreation and social programs.
<http://www.kitonline.org>

Kirsch Therapy

(760) 277-3465

-augmentative communication systems. Email: lynn@kirschtherapy.com
kirschtherapy.com

Kara Dodds and Associates-speech-language, OT, PT, Music

(619) 692-0622

-Therapy, parent training, in-home therapy
KaraDoddsandAssoc@sbcglobal.net

Kelly McKinnon, M.A.

kellymckinnon@cox.net

-Resources for teaching social skills and behaviors
www.kellymckinnon.com

K.I.D.S. Therapy Associates-OT, PT, ST, other

(858) 673-KIDS

www.kidstherapyassociates.com

Kidspiration Physical Therapy and Yoga, Inc.

(619) 804-1630

-yoga, craniosacral therapy, "breath play" & aquatics.
www.kidspirationPT.com

Lindamood-Bell Learning Processes

(858) 259-3206

Lovaas Institute for Early Intervention -Miriam Luttbeg

(858) 678-0963

-Provides intensive behavioral treatment for children with autism.
www.lovaas.com Email: mluttbeg@lovaas.com

The Music Therapy Center of California

1-877-620-7688

Music therapy, school based lessons, consultation & group sessions
www.themusictherapycenter.com



Navy Exceptional Family Member Program (858) 577-6897
<http://mfrc.calib.com/snn>
efmconnections.org

Nightingale Music (858) 456-2ASC
-music and movement course for children with autism
Email: Susie@autismconsultants.com

Pacific Therapy, Inc. (858) 442-3072
-speech/language therapy

Promising Futures-Center for Independent Achievement (619) 440-3300
-A unique vocational day program
(619) 390-4277
-residential services for adults with autism

Promising Futures, Inc.
and vocational services for adults with autism
www.promisingfutures.net

Protection and Advocacy, Inc. (800) 776-5746
-Non-profit agency for protection of individuals with disabilities.
<http://www.pai-ca.org>

Pure Vibes – Richard Sutera (760) 943-9342
-Provides in-home tutoring, therapeutic surf instruction.
www.purevibessurfing.com or www.purevibestutoring.com.

Pyramid Educational Consultants, Inc. (888) 732-7462
-consultation, supervision and training to home & schools on PECS (Picture Exchange Communication System) and broad spectrum ABA.
www.pecs.com

Psychologists/Mental Health Professionals

Chriss Allen, Ph.D. – autism experience	(619) 297-7181 Ext. 108
Sharon Lerner-Baron, Ph.D.-autism specialty	(858) 457-4585
CCP Parent Aid Program	(858) 966-5910
Josh Feder, M.D.-medic.; floor time	(858) 509-0523
Dawn Holman, PhD LMFT:eval & ABA	(858) 456-2249
Martha Hillyard, Ph.D.-autism experience	(619) 295-2749
Angela Kilman, Ph.D.-autism experience	(619) 295-2749
Alan Lincoln, Ph.D.-in home programs	(858) 623-2777 Ext. 397
Steven Meineke-Encinitas Area	(858) 755-3519
Jennifer Oke, Ph.D.	(858) 452-9596
Audrey Phillips, LCSW—Rancho Santa Fe	(858) 756-6666
Steven Pitman, Ph.D.—Poway	(858) 780-9927
Lewis Ribner, Ph.D.-Child, Adol. Adult therapy	(858) 792-5773
Denise Ross, MFCC—Encinitas	(760) 942-1577

CHHC Outpatient Psychiatry

Main Center	(858) 966-5832
Rancho Bernardo	(858) 487-9050
Oceanside	(760) 758-1480



- San Diego Assistive Technology Center** (858) 278-5420
-Training and advocacy in augmentative communication systems.
<http://ucpsd.org>
- San Diego Center for Children** (858) 277-9550
-Private school for children with developmental disabilities.
<http://centerforchildren.org>
- San Diego Park and Recreation Dept. Therapeutic Recreation Services** (619) 525-8247
-Provides organized activities for all age groups.
- San Diego Regional Center** (858) 576-2996
-Referral, evaluation, respite, behavioral consultation and advocacy services.
<http://www.sdrcc.org>
- San Diego City Schools Special Education Parent Facilitator Program** (619) 225-3623
-Assists parents to become more effective in their child's education.
<http://www.sdcs.k12.ca.us>
- Sensory Learning Center** (760) 230-2264
-A multi-sensory therapy stimulating the auditory, visual & vestibular systems
www.sensorylearning.com
- Sierra Academy** (858) 578-5335
Nurturing learning environment in alternative setting for students in grades 1-9.
<http://www.highroadschool.com/schools.aspx?schoolID=4>
- STAR Program, Inc. Socialization Training & Reinforcement** (858) 450-4785
-After-school social skills program for children with Pervasive Developmental Disorders (PDD)
- Stein Education Center** (619) 281-5511
-A school for children with behavior disorders and developmental disabilities.
<http://www.vistahill.org>
- Springall Academy** (858) 459-9047
-provides an intensive, structured and individualized special education program.
<http://www.springall.org>
- Social Security Benefits** (800) 772-1213
- Socialization Training and Reinforcement (STAR)** (858) 623-2777 Ext. 376
-After-school social skills and inclusion program offered through Alliant University.
<http://alliant.edu/sandiego/inventory.htm>
- Summer Camps for Children with Disabilities 2005** (800) 695-0285
-Directory of campsites.
<http://www.nichcy.org/pubs/genresc/camp2000.htm>
- Team of Advocates for Special Needs Kids (TASK)** (858) 874-2386
-Advocacy, workshops and training for parents.



T.E.R.I Inc.

(760) 721-1706

-Offers programs for children and adults with developmental & learning disabilities, including respite care. www.teriinc.org

The Body Network

(858) 759-6679

-alternative physical therapy services www.TheBodyNetwork.net

The Link to Communication (TLC) Speech & Language

(619) 723-8335

-In-home speech and language therapy
www.spechtlc.com

UCSD Autism Research Laboratory

(858) 534-6144

-Pivotal Response Training and a variety of research programs.
psy.ucsd.edu/autism

United Cerebral Palsy Toy Lending Library

(858) 278-5420

-Circulates throughout the county loaning toys and software to families of children with special needs. <http://www.ucpsd.org>

Valerie's Email List

Information, announcements and networking. To subscribe, email: ValeriesList@aol.com

Vivo Music Therapy Service

(888) 493-6097

YMCA -Will provide special needs childcare referrals, ages 0-12 years. (619) 521-3055
Ext.325

<http://ymca.org>

YMCA- Armed forces (military families)

(619) 532-8156



San Diego Research Opportunities:

University of California San Diego Autism Laboratory (858) 534-6144

Dr. Laura Schreibman's Autism Research Program is located on the campus of the University of California, San Diego (UCSD). This research program focuses on the experimental analysis of behavior and treatment of autism. We are always looking for parents who are interested in having their children participate in research projects. Projects may include assessment and/or treatment. All treatment is provided at no cost. The specific qualifications needed for participation, length of the project, and other details vary with each project. Examples of projects include: examining methods of parent training, researching the use of various teaching methods (e.g., PECS, PRT, DTT), teaching imitation and joint attention skills, and prospective study of infant siblings of children with autism. If you are interested in becoming a part of our research program, please send your child's diagnostic evaluation to:

UC San Diego, Dept. of Psychology, 0109, 9500 Gilman Drive, La Jolla, CA 92093-0109

Our website address is:

<http://psy.ucsd.edu/autism/>

The Laboratory for Research on the Neuroscience of Autism at Children's Hospital and UCSD (858) 551-7937

Dr. Eric Courchesne and his colleagues have been conducting studies to learn more about how and when brain development is affected in children with autism for over 15 years. Dr. Courchesne currently has several ongoing studies that are funded by the National Institutes of Health to study children and adults with Autism Spectrum Disorders. Dr. Courchesne is currently seeking participants for a new study that aims to study children as young as possible (between 18 months and 3 years of age) with an Autism Spectrum Disorder. The information gained from studies of very young children will help identify the brain abnormalities in autism and possibly lead to more effective identification of children with this disorder and more effective interventions. For more information about participating in these studies, please call Cinnamon Bloss at (858) 551-7937.

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

UCSD Pediatric Neurology Research Group (858) 587-4020

There are several on-going research projects in the UCSD Neurology Laboratory related to Autism Spectrum Disorders. One study focuses on markers of immune dysfunction in children with autism and developmental language impairment. A second studies the ability of children with autism and Asperger syndrome to recognize non-verbal cues. For the first study, children receive IQ and language testing, and parents fill out questionnaires. It also involves drawing a small amount of blood from the child. For the second study, participants need to be school-age, and they will receive several tests of listening and

San Diego Resource Information



looking at videotapes that last about 2-3 hours (with breaks). Contact: 858-587-4020 and leave a message for Amy Schatz, Dr. Amalia Geller, or Dr. Doris Trauner, indicating an interest in the study.



Special Activities

- Aqua Pros** (619) 209-2990
-Swim school that welcomes individuals with special needs
- Boys & Girls Club of San Dieguito** (858) 755-9371
-Offers special needs group after school in Solana Beach. Bgcsdto.org
- Camp I CAN** (619) 298-3576
-Weeklong Summer Camp exclusively for children with autism- Mission Valley YMCA
- Camp Respite** (858) 576-2996
-Service provided by SDRC and provides weekend from Friday-Sunday
- Community Coaching Center** (858)603-9835
-Community & Behavioral life skills training and supervision for after school/Saturdays/school vacation
- Del Mar Sports Camps** (858) 259-5764
-Saturday and summer programs with an emphasis on sports acquisition and social skills.
- Disneyland** (714) 781-4565
-Disneyland offers a "fast pass" that can be obtained under special circumstances: call (714) 781-1927.
Disneyland also offers Community Involvement Days each year, which allows immediate family members and children with disabilities to enter the park at reduced fee. To obtain information on the dates, call (714) 781-1566
www.disneyland.com
- Easter Seals of San Diego** (760) 737-3990
-Offer swimming, karate, special equipment and summer camps.
- Helen Woodward Riding Center** (858) 756-3791 Ext. 319
-Offer pet encounter therapy and training for disabled therapeutic horseback riding.
- Lawrence Family Jewish Community Center Inclusion Program** (858) 362-1123
-Recreation and social programs for children with special needs.
- Legoland** (760) 918-5346
-Legoland offers a ride exit pass. This pass entitles the holder and their guests to enter the rides through the exits allowing them to bypass the lines. Legoland also offers a Disabled ticket for children with severe disabilities. The ticket allows the escort of the child to enter free of charge. A letter from a doctor stating the child's disability and inability to stand in line is required for either ticket.
- SAS Supporting Alternative Solution** (619) 434-5795
-Provides in-home respite service. Vendor of San Diego Regional Center..www.sassandiego.org.
After school socialization training program: 1:1 support in community recreation program.
- San Diego Park & Recreation Therapeutic Recreation Services** (619) 525-8247



-Organized activities for various age groups for children with special needs.

San Diego Zoo/ Wild Animal Park

(619) 231-1515 x4900

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

Sea World

(619) 226-3900 x2046

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

Special Olympics

(619) 283-6100

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

Support Groups

Autism Society of America-San Diego County Chapter

(619) 298-1981

Spanish Language Support/Grupo de Apoyo en Español

(800) 281-8252

Armed Services YMCA, Coffee & Conversation (military families)

(858) 751-5755 ext.116

Asperger Support Group (North County ASA)

(760) 295-9774

Autism of Imperial County

(760) 353-3191

Children's Autism Intervention Center

(858) 966-7453

East County Children's Disability Council

(619) 465-2288

Exceptional Family Resource Center &

(800) 281-8252

HOPE Infant Family Support (South)

(858) 569-5370

EFRC/HOPE (North County)

(760) 510-3994

Kaiser Support Group (Kaiser families)

(858) 573-5216

POSSE Parents of Students in Special Education

(760) 436-9934

Parent Advocates Seeking Solutions (PASS)

(858) 748-2594

Resources for Students with Autism/Parent Support Group

(858) 490-8520

Supporting Parents of Autistic Young Adults (SPAYA)

(858) 560-0555

Spanish Language Support

(800) 281-8252

Understanding Autism Together (military families)

(619) 532-8156



Dentists in San Diego that will treat children with special needs

Children’s Healthcare Referral Line	(800) 788-9029
San Diego Regionwide Task Force On Oral Health for People With Disabilities	(858) 576-1700
Dr. Tim Christian	(858) 277-6010

Developmental Optometrist

Susan L Daniel, O.D. Email:drsusdan@pacbell.net	(760) 434-3314
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Sensory Processing and Integration Resources Services and Supplies:

The Alert Program for Self-Regulation Therapy Works, Inc.	(505) 897-3478
Balametrics, Inc.	(360) 452-2842
GMS Institute Sensory-Motor Integration Division	(703) 392-5055
The Handle Institute (Neuro-developmental educational therapy)	(206) 860-2665
Sensory Learning Center	(760) 230-2264
Southpaw Enterprises, Inc.	(800) 228-1698

***Website:**

The Developmental Delay Resource
www.devdelay.org.



Biomedical Information

Gluten and Casein Free Diets

Autism Educational Services (732) 473-9482

Ener-G Foods 1-800-331-5222

The Gluten Free Pantry (860) 633-3826

The Gluten-Free Baker Newsletter

361 Cherrywood Drive, Fairborn, Ohio, 45324-4012

Trader Joe's, Whole Food & Henry's Marketplace

- Various locations throughout San Diego County
- These stores offer a variety of items that are Gluten free

Websites:

The University of Florida- Research

www.autism-diet.com

The Gluten Free, Casein Free Diet

www.gfcfdiet.com

The Gluten Free Pantry

www.glutenfree.com

Miss Robens

www.missroben.com

Feingold Dietary Program

www.feingold.org

Mrs. Leeper's email: mrsleepers@aipc.com phone:816-502-6000

<http://www.mrsleeperspasta.com>

Edward & Sons

www.edwardandsons.com

Vitamin Therapy

Internet Sites:

Center for the Study of Autism

www.autism.com/ari/editorials/vitb6.html

Kirkman Laboratories, Inc.

www.kirkmanlabs.com



Attorneys and Advocates

San Diego and Los Angeles Resources

Advocacy Services	(858) 755-7843
Alternatives in Education	(619) 287-7658
Community Advisory Committee – Poway Unified	(858)748-0010
Community Advisory Committee–San Diego Unified	(858) 578-3148
Developmental Disabilities Area Board XIII	(858) 637-5563
John Kardos, ChLP	(858)538-3922 (858)484-6796
Learning Disability Association- San Diego	(858)467-9158
Legal Aid Society	(619) 262-0896
Protection & Advocacy, Inc. (PAI)	1-800-776-5746
Team of Advocates for Special Kids (TASK) Of San Diego	(858) 874-2386
Volunteer Lawyer Program of San Diego	(619) 235-5656
Bonnie Yates- attorney	(310) 204-6624

National Organizations

Community Alliance for Special Education	(415) 431-2285
The Council for Disability Rights	(312) 444-9484
Federation for Children with Special Needs	(617) 482-2915
Parent Advocacy Coalition for Educational Rights	(952) 838-9000



Internet Resources

Aspergers Education Network	www.asperger.org .
Autism Link Page	www.members.tripod.com/~transmil/H.htm
Autism National Committee	www.autcom.org .
Autism Network International	www.ani.autistics.org
Autism Network for Dietary Intervention	www.autismndi.com .
Autism Related Web Sites	www.autistic.net
Autism Research Institute	www.autism.com/ari .
Autism Society of America	www.autism-society.org
CAN- Cure Autism Now	http://special.northernlight.com/autism
CAP - Collaborative Autism Project	www.autismresearch.com
Cognitive Enhancement Research Institute	www.ceri.com
Developmental disabilities – resources for healthcare providers	www.ddhealthinfo.org
Disability Resource Catalog	www.disabilityresource.com
Exceptional Family Resource Center- resources for families	www.EFROnline.org
FEAT- Families for Early Autism Treatment	www.feat.org
Four Leaf Press	www.autism.com/fourleafpress
Future Horizons – publisher that specializes in ASD	www.futurehorizons-autism.com
Interdisciplinary Council on Developmental and Learning Disorders	www.icdl.com
Jypsy's Autism links	www.isn.net/~jypsy/autilink.htm
National Alliance for Autism Research	www.naar.org
National Information Center for Children and Youth with Disabilities	www.nichcy.org .
Organization for Autism Research	www.autismorg.com/autismresearch/default.htm
Parents Helping Parents	www.php.com
Protection and Advocacy Inc.	www.pai-ca.org .
San Diego County Chapter of the Autism Society of America	www.sd-autism.org



Books

Introductory Books:

- Asperger's Syndrome*
Tony Attwood (1998)
- Autism Spectrum Disorders*
Wetherby & Prizant (2000)
- Autism Spectrum Disorders: The Complete Guide to Understanding Autism, Asperger's Syndrome, Pervasive Developmental Disorder, and Other ASDs*
Chantal Sicile-Kira
- Autism Treatment Guide*
Elizabeth Gerlach
- The Child with Special Needs*
Stanley I. Greenspan (1998)
- Keys to Parenting the Child with Autism*
Marlene Brill (Barron's Education Series, 1994)
- The World of the Autistic Child: Understanding and Treating Autism Spectrum Disorders*
Bryna Siegel

Families & Personal Accounts:

- Eating an Artichoke: A Mother's Perspective on Asperger Syndrome*
Echo R. Fling (2000)
- Eric's Story: Autism and the Autoimmune Connection*
Ray Gallop
- For Parents and Professionals: Autism in Adolescents and Adults*
Kathie Harrington (1998)
- Just This Side Of Normal*
Elizabeth Gerlach (1993)
- Let Me Hear Your Voice*
Catherine Maurice (Alfred Knopf, 1993)
- Living With Autism: The Parents' Stories*
Kathleen M. Dillon (1995)
- Love, Hope and Autism*
Joanna Edgar (National Autistic Society, 1999)
- Pretending to Be Normal*
Liane Holliday Wiley
- There's a Boy In Here*
Judy and Sean Barron (Chapman, 1993)
- Thinking in Pictures: and Other Reports of my Life with Autism*
Temple Grandin (1995)

Siblings:

- Brothers & Sisters: A Special part of Exceptional Families*
Thomas Powell & Peggy Ogle (1993)



Brothers, Sisters, and Special Needs

D. Labato (Paul Brookes, 1990)

Mori's Story: A Book about a Boy with Autism – ages 4-8

Zachary M. Gartenberg (Mori's brother) & Jerry Gay

Siblings of Children with Autism: A Guide for Families

Sandra Harris (Woodbine House, 1995)

For Children:

Are You Alone On Purpose? – Ages 9-12

Nancy Werlin (1994)

Having a Brother Like David – ages 5-6

Cindy Dolby Nollette (1985)

Ian's Walk: A Story about Autism – ages 4-8

Lears, Mathews & Ritz

Joey and Sam – ages 4-8

Lilana Katz & Edward Rivoto

Kristy and the Secret of Susan – ages 9-12

Ann M. Martin (Econo-Clad Books, 1999)

My Brother Mathew

Becky Edwards & David Armitage (1992)

My Brother Sammy – ages 4-8

Becky Edwards & David Armitage (Millbrook Pr Trade, 1999)

Russell Is Extra Special

Charles Amenta (1992)

Education & Treatment:

Autism Treatment Guide

Elizabeth Gerlach (Four Leaf Press, 1996)

Behavioral Intervention for Young Children with Autism

Edited by Maurice, Green and Luce (Pro-Ed, 1996)

The Complete IEP Guide: How to Advocate for your Special Ed Child

Lawrence M. Siegel

Creating Win-Win IEPs for Students with Autism

Beth Frouse (Future Horizons, 1996)

Educating Children with Autism

National Research Council (2001)

The New Social Story Book

Carol Gray

Play & Imagination in Children with Autism

Pamela Wolfberg (1999)

The Out-of-Sync Child

Carol Stock Kranowitz (1998)

Reaching Out, Joining In: Teaching Social Skills to Young Children with Autism

Mary Jane Weiss, Sandra L. Harris

Teach me Language: A language manual for children with Autism, Asperger's Syndrome and related developmental disorders

Sabrina Freeman, Lorelei Dake

Teaching children with Autism: Strategies to Enhance Communication & Socialization



Kathleen Ann Quill (1995)

Work in Progress: Behavior Management Strategies & A Curriculum for Intensive Behavioral Treatment of Autism

Ron Leaf, John McEachin, Jaisom D. Harsh,

Laws & Advocacy:

Advocacy, Self-Advocacy and Special Needs

Philip Garner, Richard Joss, Sarah Sandow, Eds., (City: Open University Press, 1995)

Creating a Win-Win IEP for Students with Autism: A How-To Manual for Parents and Educators

Beth Fouse, Ph.D. (Future Horizons, Inc.)

Negotiating the Special Education Maze: A Guide for Parents and Teachers

Winifred Anderson, Stephen R. Chirwood, and Deidre Hayden

(Woodbine House, 1997)

The Complete IEP Guide: How to Advocate for Your Special Ed Child

Lawrence M. Siegel

Monthly Publications/Journals

Journal of Autism and Developmental Disorders

Focus on Autism and Developmental Disorders

Autism: An International Journal

Charities and Foundations

Autism Autoimmunity Project

www.gti.net/truegrit/

Autism Research Institute

www.autism.com/ari/

Autism Society of America Foundation

www.autism-society.org/foundation/foundation.html

Cure Autism Now (CAN) Foundation

www.canfoundation.org/

Doug Flutie, Jr. Foundation for Autism Research Institute

www.dougflutie.org/

National Alliance for Autism Research (NAAR)

www.naar.org/



Children's Hospital and Health Center Resources

**Children's Hospital and Health Center
Services for Children with Autistic Spectrum Disorder
1-877-64AUTISM
858-966-7453
www.chsd.org/autism
www.chsd.org/developmentalservices**

Diagnostic Evaluations

Children's Developmental Services, Developmental Evaluation Clinic and Autism Intervention Center provide evaluations by psychologist trained in the area of autism. Psychologists use standardized tests, parent interview, play-based assessment and clinical observation to identify communication disorders, developmental delay, autistic spectrum disorders and other developmental challenges. The psychologist assists parents in determining the need for intervention and makes referrals to appropriate resources. Recommendations include referrals to public and private programs throughout the county. For further information or to schedule an evaluation, contact the Developmental Evaluation Clinic at: (858) 966-5817.

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

Discipline Specific Evaluations

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

Speech and Hearing Center	858 966-5838
Occupational Therapy	858 966-5821
Physical Therapy	858 966-5829
Neurology	858 966-5819
Audiology	858 966-5836

Children's Autism Intervention Center (CAIC) serves children with Autism Spectrum Disorders (ASD), their families and caregivers, as well as professionals working in this area. We also serve children with behavioral and educational challenges and their families using positive behavioral support intervention and education. We are located on the main campus of Children's Hospital and Health Center in San Diego, California, and provide a variety of services at our main center and throughout San Diego County.

Parent Training Program

CAIC provides parent training to help parents of children with ASD. This program is designed to teach parents how to interact with their child in ways that facilitate play, language, self-help and social skills, while



reducing inappropriate behaviors. Skills are taught in individual sessions with the child and parent(s) one time per week. Intervention techniques vary according on the needs of the family and child, and often incorporate Pivotal Response Training, Floor Time, PECS and Positive Behavioral Support techniques.

Intensive Parent Training

An Intensive Parent Training Program to help parents of children with ASD. This course is appropriate for families who live in geographically distant areas with limited services and for those who live locally and desire accelerated parent training. Parents learn skills that increase their child's communication, play, and appropriate behaviors during one week (3 hours per day) of intense parent training from a psychologist or developmental specialist. Individual goals are set, and techniques frequently used include Pivotal Response Training, Floor time, PECS, and Positive Behavioral Support. A session is spent in the community (e.g., grocery store, park, zoo) to learn how to apply these strategies in natural settings.

Parent Lecture Series

A six-week interactive, inspiring, educational program that introduces strategies to help parents effectively communicate with their children and encourage the development of language. The series teaches behavioral principles and practical techniques to decrease problem behaviors. It explores frequently used therapeutic approaches and provides information to assist in the development of an effective Individual Education Plan (IEP).

Parent Lecture and Support Group

An eight-week interactive, educational and support program that includes all of the information provided in the parent lecture series (see above) with an added support component consisting of opportunities for group discussion and support relating to the joys and challenges of raising a child with ASD.

In Home Behavior Support and Behavior Support Consultation

A behavioral specialist will provide in-home or in-clinic consultation with families and/or professionals to teach Positive Behavior Support techniques to improve self-help skills, compliance, sleep behaviors, or other issues needing attention. Following completion of this service, parents and/or providers will be empowered and knowledgeable in applying procedures to improve difficult behaviors and increase low frequency appropriate behaviors. Number of sessions will vary dependent on child and family needs.

Visual Supports

Come to a Make-and-Take workshop to learn about a variety of visual support techniques to increase play and social skills, increase self-help skills, and decrease behavior problems. Learn how to create social stories, picture schedules, picture exchange systems, and more! Participants will leave with the knowledge and materials to make their own visual supports immediately! Offered in two 2-hour sessions.

Sibs Workshops – Facilitating Sibling Interaction

A workshop to facilitate positive interactions between children with ASD and their siblings. The workshop consists of three 50-minute sessions facilitated by a developmental specialist. Parents are invited to view their child's session from an observation room while sibling issues of communication, sharing, turn-taking, and pretend/interactive play skills are addressed. At the conclusion of the workshop, parents will be given feedback and specific recommendations on promoting positive interaction between their children at home. Session times are scheduled to accommodate family needs.

Sibling Support for Parents and Siblings

This workshop consists of three parent sessions and three sibling sessions. Parent sessions will focus on issues faced by siblings of children with Autism Spectrum Disorder and recommendations for assisting siblings (ages 6-12). Sibling sessions will focus on education about Autism Spectrum Disorder, discussion of the difficulties and joys involved with being a brother or sister of a child with ASD, and coping skills and strategies.



Parent Play

Play is a vital part of child development! Parents and children will participate in developmentally appropriate and motivating activities (music, crafts, snack, play). Parents will learn to follow their children lead, yet encourage compliance and participation, while increasing their child's appropriate play. This group runs for six 90-minute sessions. PARENT PLAY 1 for children aged 18 months to 2 years. PARENT PLAY 2 for children aged 2-4 years.

Grandparent Group

Learn how to play with your grandchildren! Come to our inspiring educational program for grandparents of children with ASD. Concrete strategies will be presented to improve interactions with grandchildren and improve communication and play skills. Information is presented in an informal lecture arrangement in four sessions.

Social Skills Groups

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

P.A.R.T.Y. – Pizza and Recreation Tuesday Nights for Youth

A pizza party for teens and pre-teens with high functioning Autism, Asperger's Syndrome, and Pervasive Developmental Disorder. The group is facilitated by a developmental specialist and will include dinner, game playing, movies and discussion for teens needing assistance in developing social skills. This workshop consists of six evening sessions promoting social interaction and leisure skills for kids ages 12-15.

Educational Consultation

We offer educational consultations to assist children with ASD or behavioral difficulties in their school placements. A masters or doctoral level specialist will meet with you, and observe your child in his or her classroom environment in order to make behavioral and program recommendations. The specialist will also attend your child's IEP if desired. Inservices for school personnel working with your child are available as well.

Children's Toddler School

Children's Toddler School is an educational program designed to integrate early education for typically developing children and children at-risk for ASD. The curriculum focuses on teaching developmentally appropriate communication, cognitive and social skills, and fosters independence in activities of daily living for all children involved. Children attending are ages 18 months to 3 years. An interdisciplinary team of experts develop goals and curriculum for the program. Teachers are trained in a variety of treatment methodologies. CTS is an Early Start infant program and is run in cooperation with the HOPE Infant Family Support Program.

Workshop for Teachers and Other Professionals Working in the Schools

Approaching Autism Spectrum Disorders—This 12-hour workshop provides education and training to teachers and assistants in a variety of topics to help them serve children with autism, Asperger's, and Pervasive Developmental Disorders. Topics include: characteristics of Autism Spectrum Disorders (ASD), basics of behavior, classroom management for students with ASD, therapeutic approaches, and communicating with parents. Specific techniques such as Discrete Trial Training, Pivotal Response Training, Incidental Teaching, visual supports, Social Stories, TEACCH and PECS will be addressed. The sessions can be customized to meet the needs of the school district.



Classroom Management for Children with Autism Spectrum Disorders

This 6-hour workshop addresses difficulties commonly associated with Autism, Asperger's, and Pervasive Developmental Disorders. Frequent difficulties encountered by students, basics of behavior modification, and concrete approaches and interventions to promote positive behavior and facilitate learning will be covered.

Including Children with Autism Spectrum Disorders into Typical Classrooms

The goal of this workshop is to educate teachers and their assistants about characteristics of children with autism, Asperger's Syndrome, and Pervasive Developmental Disorders behavioral and educational difficulties, and "doable" techniques to better integrate children with Autism Spectrum Disorders into general education.

Autism Specialist Services

CAIC offers consultation services to area schools, group homes, community agencies and families. Consultation services are typically provided on a short-term basis to develop behavior plans, goals for treatment, determine appropriate environmental/classroom arrangement or to assist with program development. Autism Specialists are also available to review Individualized Education Programs (IEP's), recommend appropriate goals, etc.

Inclusion Training Program

This program is designed to train community preschool teachers and inclusion assistants (shadow aides) to integrate children diagnosed ASD into typical classrooms effectively. The program also offers Inclusion Consultation and In-Services on autism.

Early Identification of Autism: The 18-Month Developmental Assessment and Referral Training for Physicians – CHAT Training

The objective of this one-hour course is to increase physicians' early identification and appropriate referral of toddlers at risk for ASD and developmental disorders in order to facilitate early intervention referral.

Training will familiarizing primary care physicians with The Developmental Screening Kit, which includes a screening tool to identify 18-month toddlers at risk of autism and/or developmental delays and appropriate referral information for children identified. Approved for 1 hour CME credit.

Resource Center for Parents

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



The Autism Society of America

San Diego County Chapter (SDASA)

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

Joining the San Diego Chapter will especially be helpful to meet other parents who have struggles with the same issues. They can be your best resource for locating physicians, therapists and other professionals who can assist in your efforts. The Autism Society exists as a support, information and advocacy organization for individuals with Autism Spectrum Disorders and their families. You can access the Autism Society of America by calling 1-800 3Autism. The San Diego County Chapter can be reached by calling (619) 298-1981, email at info@sd-autism.org. You may also visit the website at www.sd-autism.org.

Raising a child with autism is probably not what you planned. Most likely you will experience anger, joy, frustration, grief, relief, burnout and confusion along the way. Remember that while you are your child's best advocate, you are not alone.



Sibling Issues

Helpful Information for Parents

DEVELOPMENTAL CONSIDERATIONS

What do you tell...?

Preschoolers (Before age 5)

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

Elementary School Age (6 to 12)

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

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

Adolescents (13 to 17)

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

EDUCATE YOUR CHILDREN

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

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



BALANCE TIME SPENT WITH CHILDREN

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

OPEN DISCUSSION

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

SIBLING GROUPS

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

WARNING SIGNS

Depression

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

Anxiety

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

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



Therapeutic Approaches

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

Discrete Trial Training (DT)

Discrete Trial Training Theory:

Discrete Trial Training is based on applied behavior analysis principles (ABA). This teaching method involves breaking tasks down into simple elements and teaching the child through repetition. An individualized program is designed for each child so that the child's specific strengths and weaknesses are appropriately addressed. It is recommended that treatment begins early in life and continues for an extended duration of time.

DT Goals:

The goal of a DT program is to teach the child all that is required of a typically developing child of the same age. Optimally the gap between the child's chronological and mental age will be narrowed or eliminated. This method is designed to develop cognitive, play, social and self-help skills.

DT Technique:

This program can consist of 10-40 hours per week of one-to-one discrete trial training. The instruction is most often performed in the home with therapists and/or parents. Specific techniques include:

- Breaking a skill into smaller parts
- Teaching one sub skill at a time until mastered
- Providing concentrated teaching
- Providing and fading prompting as necessary
- Using reinforcement procedures

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



Floor Time also called **(DIR) Developmental–Individual Difference Relationship Based**

Floor Time Theory:

According to proponents of this theory, children with an Autism Spectrum Disorder have a weak connection between their emotions and their behaviors or the words to communicate them. Floor Time focuses on the developmental milestones to encourage the introduction and mastery of multiple necessary skills for children.

Six Developmental Milestones:

1. Self regulation and interest in the world
2. Intimacy
3. Two way communication
4. Complex communication
5. Emotional ideas
6. Emotional thinking

Floor Time Intervention:

Floor time should be fun and spontaneous play. The therapist/parent has assumed the role of an active play partner who follows the lead of the child in whatever he expresses interest in while encouraging them to interact. Basing the floor time on a toy or game of the child's choice keeps them motivated and engaged, while promoting the connection between their emotions and behaviors. Actively following the child's lead by building on what he does compels him to participate in two-way interaction. At the most basic level, this program involves helping the child open and close circles of communication. A circle of communication is opened and closed when a child evidences some interest or behavior and the parent responds to that interest in a way that is acknowledged by the child. The ideal program for a child with emotional and developmental challenges, according to proponents of this approach would include speech therapy, sensory integration therapy, and an educational placement that includes interaction with typical peers.

Floor Time Goals:

The four goals of Floor Time coordinate with the emotional milestones to assist the child in progressing and mastering necessary developmental skills.

1. Attention, Engagement & Intimacy

Goal: Connect with the child and experience mutual joy.

2. 2-Way Communication

Goal: Encourage on-going non-verbal interaction that occurs reciprocally

3. Feelings & Ideas

Goal: Help the child navigate the world of symbols and ideas, to use words and play to express emotion.

4. Logical Thinking

Goal: Have the child make a bridge between his internal world and yours.

Floor Time Guidelines:

The guidelines promote consistent and stable environment conducive for comfort and learning by the child.

1. Uninterrupted 20-30 minutes up to 8 times a day
2. Empathize with the child's emotional tone
3. Play at the child's developmental level
4. Be aware of your own feelings
5. Child's Rules: No hitting, hurting or breaking things

Golden Rule: Emotions drive behavior, and emotions and behavior drive language- build on the child's emotions by following his lead and interacting.



Music Therapy

Music Therapy Theory:

Music therapy seeks to use music as a facilitating agent, or therapeutic tool, to further growth and development in the client. Proponents of music therapy believe that music can be used successfully as a medium for helping individuals with developmental disabilities, including autism.

Music Therapy Goals:

The goals of music therapy are usually to improve various aspects of a client's physical and mental health and to foster desired change in behavior. Goals often include improving play, socialization and sensory integration.

Picture Exchange Communication System (PECS)

PECS Theory:

The Picture Exchange Communication System offers children a unique alternative communication system. It can be used in a variety of settings including the home, the classroom and the community. The system is based on the principles of applied behavior analysis. According to the proponents of this system, it is more beneficial than other types of augmentative communication because natural reinforcers are used, there is no need to train prerequisite skills such as pointing or imitation, and natural use of communication are built into the program, and children can learn the PECS system without needing to imitate.

PECS Goals:

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

PECS Components:

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

Pivotal Response Training (PRT)

Pivotal Response Training Theory:

This intervention is also based on the principles of applied behavior analysis (ABA). This technique is used to identify certain behaviors ('pivotal' behaviors) for treatment that will produce simultaneous changes in many other behaviors. These pivotal behaviors are believed to be central to wide areas of functioning, so positive changes in pivotal behaviors should have widespread effects on many other behaviors.

The two important pivotal behaviors addressed using PRT are motivation and responsivity to multiple cues.



PRT Goals:

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

PRT Techniques and Components:

- | | |
|--|--|
| The question/instruction/opportunity to respond should | The Reinforcers should be: |
| - Be clear, uninterrupted and appropriate to the task | - Contingent upon behavior |
| - Be interspersed with maintenance tasks | - Administered following any reasonable attempt to respond |
| - Be chosen by the child | - Related to the desired behavior in a direct way |
| - Include multiple components when appropriate | |

Other important aspects of PRT include turn taking, frequent task variation, allowing child choice, and natural consequences. This intervention is flexible and designed to be used in structured one-on-one teaching or a natural setting. This technique provides therapists, parents, teachers and caregivers with a method of responding to the child with ASD, which provides teaching opportunities throughout the day. Integrating PRT into everyday living can facilitate generalization and maintenance of the desired behavior change.

Occupational Therapy

Occupational Therapy Theory:

Occupational Therapy benefits a child with ASD by attempting to improve the quality of life through successful and meaningful experiences. The intervention is based on developmental and learning theories.

OT Goals:

The goal of OT is to increase a child's ability to function in everyday life activities that provide meaning. OT targets performance and participation in tasks such as self-care, work, play, going to school, and social interactions. This can be accomplished through the maintenance, improvement, or introduction of skills required to be successful in these activities.

OT Techniques:

Children are assessed in terms of age appropriate life tasks. OT then addresses the areas that interfere with the child's ability to function independently by using a variety of play techniques to teach:

- | | |
|-------------------------------|---------------------|
| - Appropriate play activities | - Fine motor skills |
| - Self-help skills | - Socialization |
| - School-readiness skills | - Coping skills |

Rapid Prompting™ Method (RPM)

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

Techniques:

Prompting serves to compete with each student's self-stimulatory behavior, and is designed to keep students focused and successful. Student responses evolve from picking up answers, to pointing, to typing and writing which reveals students' comprehension, academic abilities and eventually, conversational skills. RPM is a low-tech approach, requiring only paper and pencil. But the science behind how and why it works for some individuals is much more complex.

For information on this method, visit www.halo-soma.org



Relationship Development Intervention (RDI)

Relationship Development Intervention Theory

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

RDI Goals:

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

RDI Objectives:

Grouping of objectives is based on the RDI 'curriculum,' composed of six levels and 28 stages. Each of the stages represents a dramatic development shift in the central focus of relationships. Objectives are divided into 'Functions' which are the reasons why we engage in an action and 'skills' the specific proficiencies needed to be competent. Along with social objectives, the RDI curriculum encompasses a number of non-social areas including flexible thinking, rapid attention shifting, reflection, planning, forethought, preparation, emotion regulation, improvisation, creativity, mistake management and problem solving. Individuals certified in RDI use an assessment to determine level of need for the child and then use a specified curriculum developed by the authors of the program.

The SCERTS Model Social Communication, Emotional Regulation and Transactional Support

SCERTS Theory:

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

SCERTS Goals

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

SCERTS Program:

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

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



Sensory Integration/Sensory Processing

Sensory Integration Theory:

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

Distinct Behavioral Characteristics of SI Dysfunction:

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

SI Goals:

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

SI Intervention:

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

Social Stories

Social Stories Theory:

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

Social Stories Goals:

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



Social Stories Intervention:

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

Speech and Language Therapy

Speech and Language Therapy Theory:

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

Speech and Language Therapy Goals:

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

Speech and Language Therapy Components:

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

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

TEACCH: Treatment and Education of Autistic Communication Handicapped Children

TEACCH Theory:

Teacch is a state funded public health program available in North Carolina, which provides services from the level of diagnosis, early intervention and early counseling for parents and professionals to adult community based centers. A hallmark of the TEACCH program is to provide "Structured Teaching". This technique is based upon the observation that children with autism learn and integrate information differently than other children. TEACCH believes that many noncompliant behaviors of children with autism are a result of their difficulty understanding what is expected of them. TEACCH uses the children's strength in visual processing as a cornerstone of the intervention.

TEACCH Goals:

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



TEACCH Technique:

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

Anti-Yeast Therapy

Anti Yeast Theory:

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

Medical Complaints Associated with Candida Complex:

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

Treatment:

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

Dietary Interventions

Theory:

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



Treatment:

Dietary changes are the treatment for gluten and casein, or other allergies. Commitment and perseverance on the part of parents are required to make dietary changes and stick with them. Although any food could be the offender there are several foods that are considered prime suspects in relation to behavioral disturbances. Sugar is one, as some children are allergic to it, and they may also be unable to metabolize it properly. As a result the adrenal glands in the body become stressed and depleted, and over time cease to function normally. The effects may include mood swings, irrational behavior, irritability, sleep disturbances, nervousness etc.

Other foods that cause allergic reactions are, unfortunately, foods we often consume the most. Wheat is one such food. Milk has also been linked to behavior problems. Other common food offenders include corn, chocolate, chicken, tomatoes, and certain fruits. However, any food can cause an intolerance or sensitivity. There may be more than one food that causes difficulty. Other substances may also cause reactions in children. These include: food additives such as phosphates and food colorings, molds, chemicals, perfumes and other substances.

Vitamin/Nutritional Supplements Therapy

B6/Magnesium Supplements

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

Dimethylglycine (DMG) Supplements

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

Medications for Treating Autistic Symptoms

No primary medication is used to treat autism. Medications are usually prescribed to decrease specific symptoms associated with autism. These symptoms may include self-injurious behavior, aggressive behavior, seizures, depression, anxiety, hyperactivity, or obsessive-compulsive behavior. Medications alone are not a solution to the problems associated with autism. Individuals with autism need well-rounded intervention, including behavior management strategies, environmental modification, and positive support services. Parents wishing to try medications for their children should be given the support and knowledge necessary to maintain a safe level of treatment. Parents need to be aware of potential risks and harmful side effects, and should carefully weigh them against possible benefits before treatment begins. Dosage should be carefully considered and monitored. There must be good communication between parents, physicians, service providers, and school personnel to monitor treatment with any medication. Accurate data on the effects of medication are also essential.



Listed below are the various classifications of medications used to treat symptoms associated with autism.

- **Antipsychotics**...also known as neuroleptics or “major” tranquilizers are sometimes used to treat severe aggression, self-injurious behavior, agitation, or insomnia. Side effects may include tardive dyskinesia (an involuntary muscular twitching, which may become irreversible), tremors, stiffness, and sleepiness. Medications include Mellaril, Haldol, and Thorazine.
- **Anticonvulsants**...given to control seizures. Side effects may include drowsiness, gum swelling, negative behavioral and cognitive performance. Medications include Tegretol, Depakote and Dilantin.
- **Anti-anxiety**... sometimes prescribed to relieve “nerves”, anxiety, or anxiousness. Medications vary in effectiveness for long-term anxiety. Side effects associated with Valium and Librium may include increased behavior problems. Some antidepressants are used to treat chronic anxiety. They include Trofranil, Elavil, and Paxil.
- **Antidepression, Antimania**... these medications are used to treat disorders such as depression, compulsive behaviors, mania, panic, or anxiety. Lithium and Depakote are sometimes prescribed for bipolar (manic depressive) disorders. Anafranil and Prozac are sometimes prescribed for compulsive behavior. Most antidepressants take two to three weeks before effectiveness is noted. Side effects may include agitation, insomnia, decreased appetite and hyperactivity.
- **Beta Blockers**... these medications are usually used to control blood pressure, but are sometimes given to individuals to decrease aggression or hyperactivity caused by a rush of adrenaline. The beta-blockers help to prevent the adrenalin rush and allow the individual to control impulsive reactions. Medications include Inderal and Clonidine/Catapres. They may cause drowsiness, irritability and lowered blood pressure.
- **Opiate Blocker**... some researchers theorize that self-injurious behaviors may cause the brain to release endorphins (chemicals which produce an opiate-like “high”), which may cause the individual to continue the self-injury in order to feel good. Opiate-blockers act to block the pleasurable sensation and allow the individual to feel the pain. As a result, self-injury may diminish. Sometimes, a sedating effect has become noted. Naltrexone/Trexan is an opiate-blocker. These drugs may also improve socialization and general well being.
- **Sedatives**... are given to individuals who have difficulty sleeping. Often medication is gradually withdrawn when normal sleep patterns are established. If the medication is not suitable for an individual it can cause excitation or sleeplessness. Chloral Hydrate, Noctec and Benedryl are examples of sedatives.
- **Stimulants**...sometimes prescribed for hyperactivity and attention or concentration problems. Side effects may include decreased appetite, sadness, tantrums, and hyperactivity after the medication wears off. Ritalin and Dexedrine are stimulants.

Medications can sometimes help an individual with autism by providing relief from specific symptoms that interfere with daily life. Their use should be carefully monitored both by parents and professionals caring for the individual with autism.

******The above list of a treatment options represents a list of commonly used practices and does not represent endorsement by CHHC. Please contact a professional before beginning any treatment programs.**



Legislation and Entitlements

Individuals with Disabilities Education Act

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

Qualifying Areas for Eligibility:

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

Part C of IDEA – Early Intervention:

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

Definition of an Infant or Toddler with Disabilities:

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

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

Eligibility Criteria for Early Intervention Services:

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

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



Services Included Under Part C:

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

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

Section 504

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

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

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

Lanterman Act

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



Glossary of Terms

Applied Behavioral Analysis (ABA) a therapeutic approach that has two components; a teaching component (discrete trial, pivotal response training, etc.), and a reductive component (behavioral modification).

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

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

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

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

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

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

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

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

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

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

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

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

Echolalia -Repetition of previously heard words, phrases, or larger "scripts" of language. Can be immediate or delayed, and both in or out of context.

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

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

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

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

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

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

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

Home Visit – Staff member visits the home, talking with the parents about their child’s school progress, the Individual Education Program, demonstrating activities and sharing ideas and materials.

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

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

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

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

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

Interdisciplinary – professionals work jointly with the child in the same environment but they stick to their “defined roles”. Each staff member fulfills designated responsibilities. Group decisions and recommendations may occur but the staff roles determine who carries out those recommendations.

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

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

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

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

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

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

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

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

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

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

Perseveration- a self-stimulatory behavior where a certain topic or behavioral sequence is repeated, often to the exclusion of other topics and activities.

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

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

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

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

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

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

Rapid Prompting Method (RPM) -

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

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

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

Reverse Mainstreaming – non-handicapped children are placed in classes, which are primarily for handicapped children.

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

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

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

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

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

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

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

Glossary of Terms

T.E.A.C.C.H. – is a broad-based program that in part uses visual cues such as picture schedules to break down a task step-by-step, so that a child can better comprehend it. Aiding receptive communication and sequential memory.

Abbreviations

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



MISSION

The mission of the Autism Society of America is to promote lifelong access and opportunity for all individuals within the autism spectrum, and their families, to be fully participating, included members of their community. Education, advocacy at state and federal levels, active public awareness and the promotion of research form the cornerstones of ASA's efforts to carry forth its mission.

THE SAN DIEGO COUNTY CHAPTER

AUTISM SOCIETY OF AMERICA (SDASA),

a non-profit organization, originated in 1966, serves as the voice and resource of the local autism community. SDASA members include parents, relatives, friends, advocates, medical professionals and educators throughout San Diego County and beyond. Our Board of Directors, composed primarily of parents of individuals with autism and experts in the field of autism, serve the chapter on a volunteer basis.



SDASA is dedicated to increasing public awareness of autism and the day-to-day issues faced by individuals with autism, their families and the professionals who support them.

SERVICES & SUPPORTS

- The chapter responds daily to requests for information and referral and maintains a resource list of hundreds of services that have been recommended by families and professionals.
- The *Autism Action* newsletter provides a forum for communication and a source of information.
- www.SD-Autism.org is a web site that provides current information and provides direct links to other important informational sites.
- SDASA hosts cutting edge workshops and supports events that inform and educate parents and professionals in current techniques and topics related to autism.

AUTISM AWARENESS

SDASA organizes and promotes various autism-related activities throughout the year, and in particular during April, which is National Autism Awareness Month. The chapter has been host to such activities as:

- March and Rally
- Autism Resource Fair
- Golf tournament fundraisers
- Casino Night fundraisers.
- Hands On San Diego Volunteer Week

SDASA is one of the health agencies that comprise the Combined Health Agencies in the annual San Diego County United Way/CHAD campaign. SDASA is also a participant in the Combined Federal Campaign.

RECREATIONAL PROGRAMS

- In collaboration with the Mission Valley YMCA, the chapter sponsors **Camp I CAN** (Camp Including Children with Autism Now). This unique summer day camp provides a program specifically designed to meet the social, behavioral and developmental deficit needs of children with Autism Spectrum Disorder.
- Families enjoy a **Pool and Pizza Parties** and swimming in an indoor, heated pool at the Boys & Girls Club in Clairemont. Held monthly, lifeguards are provided by Aqua Pros Swim School.
- **Surf Camp for Children with Autism** is co-sponsored by the SDASA in collaboration with Aqua Pros Swim School of San Diego. Each August, children and adults with autism may attend a surf camp held at the La Jolla Shores Beach. Each child is paired with surf/swim instructor. There are other daily beach activities such as arts and crafts, paddle ball, and boogie boarding.