



Autism Action

Mission Statement

The mission of the Autism Society of America is to promote lifelong access and opportunities for persons within the autism spectrum and their families, to be fully included, participating members of their community through advocacy, public awareness, education and research related to autism.

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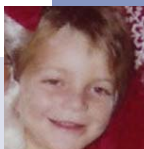
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SAN DIEGO AUTISM SOCIETY MONTHLY INFORMATIONAL MEETINGS

3rd Tuesdays

6:30-8:30pm

TMI Conference Center-2nd floor
4740 Murphy Canyon Rd
San Diego/Kearny Mesa



Tuesday January 17, 2006

EARLY INTERVENTION NIGHT

Presenter Panel:
Bridgette Anderson, MSOT, OTR/L
Karyn Lewis Searcy, M.A. CCC
Shannon Wallace, MA
Sandy Shaw, PhD

Tuesday February 21, 2006

AUTISM AND READING: the role *Theory Of Mind* plays in reading comprehension

Presenter:
Dawn Holman, PhD

THERAPY SPOTLIGHT

Featured in this issue, beginning on page 5

- Relationship Development Intervention (RDI) & Providers
- Music Therapy & Providers
- Sound Therapy / Listening Programs

This is third in a series of therapies spotlighted in Autism Action. Earlier features included ABA, and Speech Therapy. To view these issues, visit <http://www.sd-autism.org/newsandevents/newsletter.htm>



3rd Annual Splash for Cash

is set for Saturday, March 4, 2006. The funds raised from this event support Pool PALS which includes Surf Camp, Monthly Family Pizza and Pool Parties and adaptive swimming lessons. Look in the mail and on our website in the beginning of January for details on how you can help!

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from the president

Shirley Fett



We all seem to feel better, look better and work better when we have something to look forward to. It might be as simple as looking forward to Fridays and having two days off from work. It might be looking forward to that much deserved vacation. Perhaps it is looking forward to relaxing and reading a great book. Looking forward helps keep us hopeful, energized and excited.

The SDASA is looking forward to many exciting events and programs in 2006. Starting on March 4, we will hold the 3rd annual Splash For Cash fundraiser, which benefits our Pool PALS programs. This will be a fun-filled day including a pancake breakfast, chili lunch and dinner, prizes for the participants and fun activities for our children. Look for more details in the mail in the next few weeks on how you can join in the fun.

On April 15th, we're going "ALL OUT FOR AUTISM" at SeaWorld. This is our 6th annual fundraiser and will benefit our recreation programs. This will include a gala dinner, live music, live and silent auction, a comedy show and much more!

In early August, we will "Swing Away for SDASA" at our 3rd annual golf tournament. On November 3 and 4 (tentative dates) we will hold our 5th annual conference with speakers from throughout the United States presenting.

Sometimes, as parents, it is hard to look forward to anything. We are just trying to keep our heads above water and get through each day as best we can. I can honestly say that one of the things I look forward to every month is the SDASA sponsored family pool and pizza nights. It is one of the rare nights that we can go out together as a family and I don't feel the added stress of worrying about what might go wrong at any moment. The other thing I look forward to is how well my sons sleep after that party!!!

As you can see there are many activities we are looking forward to in 2006. As your chapter, we are excited at the prospect of offering so many fun, helpful and different events throughout the year. We look forward to seeing you at one of the many activities throughout the year.

Looking forward to a great 2006!

Shirley

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Endorsement Policy

The Autism Society of America does not endorse individual programs. References appearing in the Autism Action regarding programs, resources, treatment, etc. should not be interpreted as an indication of endorsement by the Autism Society of America. They are provided for information only.

for your information



AUTISM
tree project
FOUNDATION



AUTISM TREE PROJECT SPONSORS FREE PRESCHOOL SCREENINGS FOR DEVELOPMENTAL DELAYS

During the week of October 31 to November 4, the Autism Tree Project Foundation (ATPF) offered the first speech and language screenings provided at no cost to local preschoolers. Screenings were performed by Kara Dodds and Associates, Inc., with the goal of identifying developmental delays early in life, in order to begin aggressive early intervention. Examinations took place at the Nierman Preschool in the Lawrence Family Jewish Community Center at 4126 Executive Drive in La Jolla, CA, with parental consent.

With 1 in every 166 California children diagnosed with autism, it is now the fastest-growing developmental disorder.

While the search for the cure continues, the best weapon we currently have is early intervention.

ATPF held its first screening event in April of 2005, at which over 40 children were able to participate, almost 50% of whom were referred for further evaluation. The latest event was the first time the organization has been able to offer the screenings at no cost to parents.

The Foundation intends to expand the reach of the free preschool screenings, and more are planned for northern-California schools in November.

For more information about the screenings, please contact Kara Dodds, SLP, at 619-692-0622.

To learn more about the Autism Tree Project Foundation, please visit <http://www.autismtreeproject.org>.



Offering Family Support Services, Education Advocacy, Health Consultations, and Family Counseling Services at no charge to families. Phone 619-594-7383 for info.

It's time for Amigo Awards!

Show your appreciation of local businesses by nominating them for the SDASA Annual Amigo Award. The chapter has declared March as Business Appreciation Month. Please see the enclosed insert for more information. You may also submit the information via our website. The honored businesses will be featured in our March/April Newsletter and given an award for display at their business. Deadline for nominations is February 1st.

THE AUTISM SPECTRUM DISORDERS RESOURCE GUIDE
& past issues of *Autism Action*
available online: www.sd-autism.org



The Teenage Boys Detective Club: A social skills group

The Teenage Boys Detective Club will be an experientially based social skills group that will be run by men, for young men. It will be staffed by male senior level ABA therapists and supervised by Dr. Dawn Holman, through Autism Spectrum Consultants. Our goal is to tackle the "hidden curriculum" of our everyday social-life, and to teach the boys how to handle themselves in a variety of social settings, from restaurants to movie theaters, and even public restrooms – each week a different destination will be chosen and the group will tackle the location and its subsequent "hidden curriculum".

The emphasis of the TBD club is on teaching and practicing social skills in their real life locations. It begins in January 2006 and runs for 8 weeks.

Costs: Please contact ASC. All participants will be informed that food and/or materials that they may want to purchase must come from their own money, allowance, etc.

Please contact us if you have any questions at (858) 456-2249, or contact Susie@autismconsultants.com or Dr. Dawn Holman, at Dawn@autismconsultants.com

about our speakers

Tuesday, January 17, 2006

Karyn Lewis Searcy, M.A. CCC, Director of the Crimson Center for Speech & Language.

Karyn earned her Master's degree in Speech/Language pathology at the University of Illinois Champagne-Urbana in 1976. From 1977 through 1981 she served as a member of the hospital pediatric neurology and child abuse teams. Karyn was a clinical supervisor, clinic coordinator and assistant professor at Elmhurst College, where she taught several undergraduate courses including autism, language development and speech disorders. She moved to San Diego County in 1988 where she became a consultant for several facilities including school districts, adult day care centers and non-public agencies.

Bridgette Anderson, MSOT, OTR/L Director of Developmental Therapy Center

Bridgette is the director of management for ACES. Bridgette has been working with children with autism since 1993. She has provided a variety of services to children and adults in the home, school, and community using ABA, TEACCH, PECS, Sensory Integration, Fine Motor, Gross Motor, OT and play based therapy, and most recently Relationship Development Intervention. Bridgette has also consulted with teachers to recommend strategies and assist in difficult cases as well as implement behavioral management strategies and conducting parent training. She received her Master of Science in Occupational Therapy from San Jose State University and has focused her occupational therapy career in pediatrics. She has worked with children who have a variety of diagnoses including Sensory Integration Dysfunction, Autism, Asperger's Syndrome, Non-verbal Learning Disorders, Attention Deficit Disorder, and Down Syndrome.

Shannon Wallace, MA Assistant Clinical Director of Autism Spectrum Consultants

ASC is a non-public agency specializing in Applied Behavioral Analysis. Shannon earned her Master's from Pepperdine University, after completing her undergraduate work at SDSU, where she worked in the Developmental Psycholinguistics Laboratory and researched Affective Communication and Executive Function in Autism and William's Syndrome. She is currently working on her license for Marriage and Family Therapy and Board Certified Behavior Analyst. Shannon is the Intake Coordinator for new clients at ASC, leads a weekly social skills group, Circle of Friends, and works as a supervisor for home and school based clients. She is trained primarily in ABA and PRT therapies, but has a wide clinical knowledge of other supportive therapies, such as augmentative communication, including PECS, Verbal Behavior, and the TEACCH philosophy.

Sandy Shaw, Ph.D. Owner and director of AIM, Applied Interventions & Methodologies, Inc.

Dr. Shaw is a licensed, clinical psychologist with over 15 years of experience working with children, adolescents and adults with developmental disabilities, including Autism Spectrum Disorders (ASD). Dr. Shaw provides consultation, supervision and training on ASD and ABA/behavioral interventions across a variety of settings, including school, home and community based educational, behavioral and functional treatment programs. Dr. Shaw and AIM adopt an integrative treatment approach including the use of applied behavior analysis (ABA), behavior modification, DTT, PRT, play therapy, social stories, TEACCH, sign language, PECS, and augmentative communicative/learning devices. Dr. Shaw also provides diagnostic, educational, developmental and psychological assessments, social skills groups and play therapy for children. Additionally, Dr. Shaw provides psychotherapy to individuals and families to assist with issues of stress, anxiety, depression, family systems and support that are related to one having developmental disabilities or living with someone with developmental disabilities.

Tuesday, February 21, 2006

Dawn Holman, Ph.D.

Dr. Dawn Holman received her initial training in Applied Behavioral Analysis from Dr. Ivaar Lovaas while she interned at the Clinic for Behavioral Treatment of Children at UCLA in the early 1990s. She holds a Master's in Clinical Psychology from Pepperdine University, along with a license in Marriage and Family Therapy. She earned her Ph.D. in Educational Psychology from USC in 2003. She was the keynote speaker at the School of Education's graduation ceremony, where she was presented a Dissertation of Merit award for her research on reading comprehension deficits in school-age children with autism.

Dawn will discuss what Theory of Mind is (understanding others' perspectives), and how it relates to the frequently occurring deficits in reading comprehension that affect children on the autism spectrum, regardless of functioning level or IQ. In addition, she will define and discuss the syndrome of hyperlexia, or the precocious ability to read before the age of five.

therapy spotlight

Relationship Development Intervention (RDI)

What is RDI?

RDI is a developmental and cognitive based family focused intervention dedicated to treating the core deficits of autism spectrum disorders. Prior to beginning, families are extensively assessed and provided with specific tools and objectives to remediate (treat until they are no longer deficits) the core deficits of autism spectrum disorders.

What does RDI address?

RDI is specifically designed to address the core deficits in autism. The core deficits of autism impact verbal and nonverbal communication, curiosity, emotional regulation, relationship building, motivation, critical thinking, abstract language comprehension, problem solving, flexibility, and executive functioning in addition to others. RDI is a powerful step-by-step model based on typical development and the most current research developed by world experts in autism.

What are the core deficits of Autism?

Researchers in the field of autism agree that autism is a neurological information processing disorder. Specifically, autism impacts understanding, organizing and analyzing meaning within change. Without this ability a person with autism has difficulty making sense and gaining meaning from social interactions which rapidly change moment by moment. RDI targets the following core deficits among others:

1. Social Referencing: Managing uncertainty by evaluating reactions of a trusted person or evaluating your self. One references them self and/or another's emotional expression when placed in a situation of confusion or uncertainty.
2. Regulating Behavior: Taking small, adaptive actions and communication to maintain optimal functioning. Psychologist Alan Fogal explains co-regulating as a dynamic balancing act where individuals create a smooth social experience ("the dance") by continuously making mutual adjustments for each other. Co-regulation is marked by unpredictability (not scripted nor controlled by any one person) and inter-dependency (each person's moves are critically dependent on the other's moment by moment).
3. Declarative Communication/Experience Sharing: Verbally or nonverbally sharing an experience, feeling,

opinion, perspective, compliment, exclamation, etc. with someone else, with no specific response required "playing that game was so much fun!" "I really liked it when we built the skinny tower together and it almost fell over!"

4. Dynamic Thinking

a. Relative Information Processing: The ability to obtain meaning based upon a larger context or small changes, when there is no absolute, right or wrong, or all or nothing answer (deciding on the best speed to walk based on the conditions).

b. Flexible Thinking: The ability to rapidly adapt, change strategies and alter plans based in changing circumstances ("Instead going to the park because it's raining, we can play games or bake cookies").

5. Creating Episodic Memories: A representation we form of an event in our lives, strongly anchored by an emotional appraisal of that episode, which we use to form a sense of ourselves and to anticipate the future. The critical part is that the event and meaning is organized around an emotional experience.

How is RDI implemented?

RDI is a parent-based model. In this case the parents are the primary therapists, while the RDI Consultant provides the parents with tools, guidance, feedback, and support. Before beginning an RDI program the Relationship Development Assessment (RDA) is completed. The RDA is unlike a typical assessment in that it not only evaluates the child's developmental levels it more importantly provides the consultant with needed information to develop a tailored and individualized RDI program for the family. Following the RDA families are presented with a report in addition to a detailed treatment plan. This typically includes a daily RDI schedule including specific objectives, strategies that should be utilized, modifications that are needed and any other recommendations that should be made for the child and parents. The therapy is primarily implemented in the home however once the child is ready it can and should be completed outside of the home. Direct therapy ("lab time") is typically recommended for approximately 5-7 hours/week depending on the child's needs. Additionally parents are taught and encouraged to implement RDI strategies into their daily lifestyle. This is a critical part of the program which teaches parents to alter the way they approach their child during all interactions. In addition parents are required to video tape their therapy, analyze their level of success, and be willing to receive feedback and

recommendations from their RDI Consultant. Typically RDI Consultants provide feedback every other week in the form of reviewing a video and/or meeting in person while practicing and modeling the strategies. On occasion however consultants and/or parents will find it necessary to meet once a week.

What is the RDA?

The RDA is the primary intervention planning tool for RDI. It customizes an individualized plan for families by evaluating the child's developmental level, communication styles, and appropriate techniques for the child. This should be administered every 6 months to ensure the program is addressing appropriate deficits areas and to evaluate progress.

Does RDI have research?

The Connections Center completed a study comparing a group of 17 children with autism who participated in RDI with a group of 14 children with autism of similar ages, cognitive abilities and language functioning who participated in other therapies. The non-RDI group completed an average of 25 hours per week of therapy where as the RDI group completed an average of 5 hours per week. Following 16 months 70% of the RDI children had increased their Autism Diagnostic Observation Schedule (ADOS) score by at least one diagnostic category, where as not a single child in the non-RDI group had an increase in their ADOS score.

In addition, 13 of the RDI children were moved from a special education setting to a regular education setting with minimal support while all of the children in the non-RDI group continued to be placed in a special education setting.

Who developed RDI?

RDI continues to be developed by Dr. Steven Gutstein and his wife Dr. Rachelle Sheely of the Connections Center in Houston, TX.

How can I learn more about RDI?

1. Read "Solving the Relationship Puzzle" by Dr. Gutstein
2. Watch "Going to the Heart of Autism" DVD from the Connections Center website
3. Read about RDI on the internet at and participate in the weekly chats:
www.rdiconnect.com (Dr. Gutstein's website)
www.theautismgroup.com (Brooke's website)
4. Join the active message boards through Yahoo! ("RDI_NC", "RDI-Mid_Atlantic", "RDI-TEEN", "RDI-HOME-SCHOOLERS")
5. Attend a two day introductory conference or a four day parent workshop with Dr. Gutstein for intensive and up to date training. The 2006 Connections Center schedule is currently on the RDI website.

Brooke Dewhurst, M. A.
Director, The Autism Group, Inc.
RDI Certified Consultant

RDI PROVIDERS

The Autism Group, Inc.

Brooke Dewhurst, M.A.
RDI Certified Consultant
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info@theautismgroup.com
www.theautismgroup.com



Population Served: The Autism Group, Inc. is dedicated to providing the highest quality services for families of children, teens, and adults with Autism, Aspergers, PDD-NOS, and ADHD of all ages and functioning levels.
Services Provided: The Autism Group, Inc. provides Relationship Development Intervention (RDI), Relationship Development Assessment (RDA), Curriculum Modification, Parent Training, Community Based Instruction, School Consultation, IEP development and attendance, Speech Therapy, and a variety of Speech Assessments.
Types of Funding: School Districts and Private Pay

ACES - Autism Comprehensive Educational Services, Inc.

Bridgette Anderson, MSOT, OTR/L
3731 6th Avenue
San Diego CA 92103
(619) 278-0884
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Banderson@acesangels.com

Population served (age/diagnosis): ages 2 and up all diagnoses- ASD, ADHD, NVD Attachment Disorders
Services provided: OT (sensory integration), RDA, RDI
Types of funding: School Districts, Private Pay, Insurance for OT

Music Therapy

A board-certified music therapist utilizes music in a scientific manner to bring about changes in many non-music areas including sensory-motor, speech-language, and cognitive functioning. Music therapy is similar to other therapy professions in that a music therapist assesses the child's abilities in speech, motor, cognitive, and other areas and then develops a treatment plan based on his/her needs. The objective of a music lesson is to learn a musical instrument or skill, whereas the focus of a music therapy session is to improve academic, social, speech, motor planning and other important developmental skills. Often music therapists co-treat and consult with other disciplines to enhance the effectiveness of the services provided. For many children who have hit a plateau or made minimal progress in their therapy program, music therapy often is able to motivate them and "kick start" their progress again.

Individuals with autism and other disabilities respond positively to music and may show a heightened interest and response to music. Research demonstrates that, for children with autism, music therapy has a significant effect on sustained attention tasks, executive functions, memory, affective reasoning as well as psychosocial functions. Many people with autism show an innate talent for music as demonstrated by a superior ability to identify and recall pitches (tonal memory) and enhanced music processing. Where some functions and skills are processed in only one part of the brain, research has shown that music is a 'whole brain' process. This means that music can help the brain find new pathways to skills such as speech and language.

Many different techniques may be employed by a music therapist, including MMT (Musical Mnemonics Training), MACT (musical attention control training), SYCOM (Symbolic Communication Training Through Music), Therapeutic Singing and DSLM (Developmental Speech and Language Training through Music).

In the areas of procedural and declarative memory, MMT includes musical exercise addressing various memory encoding and decoding/recall functions. Immediate recall of sounds or sung words using musical stimuli addresses echoic functions. Musical stimuli are used as mnemonic devices or memory templates to facilitate learning of non-musical information (social skills) by sequencing and organizing the information into temporally structured patterns or "chunks." Social song stories can be created specifically for the child to target specific social skills or behaviors such as turn-taking, shared play, joint attention, listening and responding to others and appropriate interaction with peers. In the music therapy setting, the individual has the opportunity to role-play different scenarios where this skill could be used which can lead to the generalization of skills to other settings. MMT is also effective in

learning academic concepts such as coin identification, days of the week, personal information (phone number, address) and mathematic concepts.

MACT includes structured active or receptive musical exercises involving pre-composed performance or improvisation in which musical elements cue different musical responses to practice sustained, selective, divided, and alternating attention functions.

SYCOM utilizes musical performance exercises to simulate and train communication behaviors, language pragmatics, appropriate speech gestures, and emotional communication in a nonverbal "language" system for children with express language difficulties. Music therapy can enable those without language to communicate, participate and express themselves non-verbally. Rules of communication can be simulated and rehearsed in musical exercises (e.g. through improvisatory performance exercises using structured instrumental or vocal improvisation). These exercises can effectively be used to train structural communication behavior such as dialoguing, using questions and answers, listening and responding, appropriate speech gestures, appropriate timing of initiation and responding, initiating and termination communication, appropriate recognition of the other communicant's message, and other communication structures in social interaction patterns in real time.

DSLM is designed to utilize musical, as well as related materials (e.g. singing, changing, playing musical instruments, and combining music, speech, and movement) to enhance and facilitate speech and language development in children with developmental speech and language delays.

Music therapy provides concrete, multi-sensory stimulation (auditory, visual, and tactile). The rhythmic component of music is very organizing for the sensory systems of individuals diagnosed with autism. As a result, auditory processing and other sensory-motor, perceptual/motor, gross and fine motor skills can be enhanced through music therapy.

Music therapy strategies can be devised to address poor coordination and balance issues. Additionally, music therapy sessions are structured and success-oriented. This brings a sense of security, encouraging the individual to take risks and be more spontaneous in interactions with others. Music therapy can provide opportunities for positive interaction and building relationships among family members and for a child with autism. Music therapy highlights what an individual can do, enhancing self-esteem and positive self-image. To schedule a music therapy screening or to learn about our new IN HARMONY music and speech therapy products, please visit www.themusictherapycenter.com or contact us at 877-620-7688.

Julie Guy, MM, MT-BC, NMT
The Music Therapy Center of California

Music Therapy Providers

The Music Therapy Center of California

Julie Guy, MT-BC & Angela Neve, MT-BC,
Directors

The Music Therapy Center of California
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San Diego, CA 92171-0772
Web site: www.themusictherapycenter.com
Email: info@themusictherapycenter.com
Phone: 619-990-8035

Population served (age/diagnosis): Children & Adolescents with Special Needs(0-19 +)
Services provided: Individual music therapy (in-home & clinic), group music therapy, assessment (including IEP assessment), consultation, adapted music lessons, workshops, trainings, in-services, & products
Types of funding: Private pay, insurance, & Regional Center



Coast Music Therapy

Directors: Michelle Lazar, MT-BC & Jeremy Jensen, MM, MT-BC
Phone: 858.453.5211

Email: info@coastmusictherapy.com
Web: www.coastmusictherapy.com

Population Served: We are dedicated to helping individuals with autism ages 2 and up. Director Michelle Lazar, MT-BC is completing her graduate degree in autism and special education.

Services Provided: Coast Music Therapy provides educational services in school districts throughout San Diego County to assist progress on readiness skills, communication, social, and academic goal areas. Our Tuned in to Learning program includes design of a customized music mnemonics CD to support IEP or home program goals and emphasizes training and collaboration with the student's teacher, speech therapist, and parents.

Our after-school programs in Kearny Mesa include early intervention music sessions, Friends FIRST groups, and music lessons. Students have the opportunity to showcase their talents on piano, voice, drums, or guitar at our annual music recital.

Services can also be accessed through our partnerships with Excel Speech, OT Etc, Autism Solutions for Kids, CARES, and Crimson Center.

Funding Sources: school districts, regional center vendor, private pay

The difference between Berard Auditory Integration Training and other "sound/music/listening therapies/programs."

By Terrie Silverman www.we-exist.net/ait

Because sensory dysfunction is present in individuals with autism, and because auditory problems are more common in individuals with sensory impairments, it may benefit parents of children with autism to become more knowledgeable about auditory processing challenges and possible remedies. Occupational therapists can also learn more about auditory processing and the improvement in vestibular and organizational skills when auditory sensitivity or processing is the culprit in coordination difficulties.

Too often, auditory problems go undiagnosed and untreated for children with disabilities. Hearing screening tests used by schools only screen hearing acuity, but do not test for auditory processing or auditory sensitivity. If a child with autism/PDD is uncooperative in a particular environment or is disruptive in class, too often we assume these are "autistic" behaviors that must be modified behaviorally.

Berard Auditory Integration Training is an innovative program of sound stimulation. It may be of special interest to families and children with autism spectrum disorders, PDD, ADD, CAPD and LD's. Berard Auditory Integration Training works well in conjunction with other therapies, and can build a foundation upon which other treatments can expand. Auditory and visual processing are the building blocks of higher cognitive function. Improving these basic processes enhances learning, language and the ability to relate to others.

Dr. Guy Berard developed his own variation of Auditory Integration Training (AIT) in the 1960's after some experience with Tomatis' method. Dr. Berard's method of AIT differs from Dr. Tomatis' in two ways. First, the length of treatment is reduced from hundreds of hours of listening to twenty half-hour listening sessions conducted over a ten to twelve day period. Second, Berard's theory is free of any of the Tomatis-based psychological relationship components. His theory is two-fold and simply stated. (1) Behavior is a direct result of how a person hears, and (2) the hearing mechanism (ear/brain connection) can be re-educated. Berard developed his own device for filtering and gating music. Berard-trained practitioners use the results of audiometric testing, when they can be obtained, to individualize the treatment. Results from AIT include improved attention, language and social skills, as well as decreased auditory sensitivity.

In comparison, the Tomatis Method is done in blocks of daily sessions, with rest periods of three to six weeks between the blocks. The total treatment length can be 120 to 300 hours, depending on the problem. Treatment hours are spread over nine months to one year for a child with developmental delays. The Tomatis Method uses progressively filtered classical music (Mozart and Gregorian Chant), played through a device, the Electronic Ear, with head phones using both bone and air conduction. The filtered music stimulates the brain through the auditory/vestibular nerve. Few studies have been conducted on the efficacy of the method.

A recent variation based on the work of Tomatis and Be-

ard was developed by the National Association of Child Development, and has been available since the Fall of 1999. The Listening Program (TLP) uses the same techniques of filtering and gating the music, but does not require a device for altering the music. TLP consists of a series of compact discs containing re-arranged classical music that has been engineered for particular psycho-acoustic effects - the effects of sound on the nervous system. The basic schedule of listening for TLP is fifteen-minute sessions twice daily, five days a week, for eight weeks. TLP may be used as a home-based therapy with authorized provider supervision. Few studies have been conducted on the efficacy of the method.

Therapeutic Listening is an auditory intervention utilizing electronically altered compact discs in protocols tailored by sensory integrative professionals to match

client need. Therapeutic Listening (Somonas) professionals state that listening is a function of the entire brain; when we listen, we listen with the whole body. At this time, there are no peer reviewed studies to support the assertions of the program.

In conclusion, Berard Auditory Integration Training has been researched and tested in 28 peer-reviewed, published studies, and the efficacy of the technique is clearly proven.

Thanks to Susan R. Andrews, PhD and Myra Rogers, MEd, Metairie LA for background information

The Berard Auditory Integration Training and other "sound/music/listening therapies/programs."

By Terrie Silverman www.we-exist.net/ait.

Sound Therapy / AIT Providers

Banyan Tree Learning Centers

3555 Kenyon St.#100 San Diego, CA 92110 619-226-6171 Nanci Engle, Dir. www.banyantlc.com	9636 Tierra Grande #200 San Diego, CA 92126 858-578-6616, ext 101 Laura Johnson, Assist. Dir.
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Population served: Ages 6-20. We serve students who have LD, ADHD, CAPD, Asperger's Syndrome, Autism.

Services Provided: Interactive Metronome, Samonas Sound Therapy, Advanced Sound Therapy (w/Moyer's Listening Ears), PACE.

Funding Source: Private pay or district placement. We do not currently bill insurance

Description: Students aged 6 and up can benefit from Interactive Metronome if they have problems with attention, rhythm and timing, fluency in reading or math, and executive functioning. It can be done as a stand alone program or in conjunction with OT or tutoring.

Samonas Sound Therapy is a noninvasive listening program used to gain attention to voice, improve spatial relationship (sense of self in space), hemispheric integration, sensory defensiveness, receptive and expressive language, relaxation, better sleep and regulation. It is good for children and adults of all ages.

Advanced Sound Therapy incorporates Samonas music with auditory vocal training using a microphone. It is ideal for those who have needs in many aspects of auditory processing, including sound sequencing and discrimination, reading, decoding and comprehension, auditory memory, and hemispheric integration. Ages 6 through adult. It can be done as a home program or in combination with the clinic.

T. Silverman, Training and Consultation

Contact: Terrie Silverman, MS
San Diego office: (858) 278-9534
email: terries@execpc.com, www.we-exist.net/ait
Description: T. Silverman, Training and Consultation conducts Berard AIT sessions several times a year in

San Diego. Pre-AIT screening is available to determine

candidacy, 1:1 training sessions, individualized program for each participant. We have provided Berard AIT in the San Diego area for over 10 years.

Population served: Ages 3 to adult. We serve individuals diagnosed with Autism Spectrum Disorders, ADD/ADHD, Down Syndrome, Sensory Processing Disorder (SPD), CAPD, Speech/Language Delays, and Learning Disabilities

Services Provided: 10-day AIT sessions in several locations in southern CA

Funding Source: Private pay. Since AIT is considered to be an educational intervention, and not a medical intervention, it is frequently not covered by medical insurance.

Description: AIT is a scientific method of retraining the ear's acoustical reflex muscle - the stapedius muscle so that the participant will be able listen and to process sounds more evenly without distortions and delays. AIT is also documented to improve the flow of blood to the brain.

AIT is based on Dr. Berard's theory that the use of his specifications to electronically modulate and filter selected music retrains the ear and auditory system to work properly. Dr. Berard discovered that hypersensitivity, distortions and delays in the auditory signals contribute to inefficient learning.

AIT retrains a disorganized auditory system. The end result is that there is a more efficient processing of auditory information as a result of the 10 day AIT program.

Sensory Learning Center

Contact Info: Owner- Susan Daniel, O.D.
Director- Marvin Snell, Email: marvin@sensorylrng.com
www.sensorylrng.com
511 Saxony Place Suite 100 Encinitas, CA 92024
760-230-2264 phone

Description: 30 Day Sensory Integration program utilizing visual, auditory and balance therapy to improve perception, understanding and the ability to learn.

Population served: This treatment effective for children and adults ages 2 years and above who have sensory issues affecting their social and academic performance.

ask the experts

Relationship Development Intervention (RDI)

“What type of child (age/diagnosis) would benefit from Relationship Development Intervention (RDI)?”

RDI is a cognitive and developmental model that was specifically developed to remediate (treat until they are no longer deficits) the core deficits of autism spectrum disorders. It can therefore be appropriate for not only children but teens and adults with autism as well. Based on current autism research individuals with autism have difficulty rapidly processing novel information, appraising the information, adapting their actions based on the given information, in addition to encoding the information to be used in the future. Unfortunately for individuals with autism the majority of social interactions are in fact novel and rapidly changing. The goal of RDI is therefore to provide individuals with autism the ability to understand and see the benefit of change, gain meaning from interactions that are “Same but Different,” and through this gain a sense of competency while learning and gaining trust from their parents. In addition children are carefully evaluated to ensure they have met all developmental levels beginning with emotion sharing. RDI is a comprehensive approach that will benefit all individuals with autism spectrum deficits.

Brooke Dewhurst, M.A.

Director, The Autism Group, Inc.

Music Therapy

“What type of child (age/diagnosis) would benefit from Music Therapy?”

Because music can be enjoyed and understood by children of all ages and functioning levels, it provides a unique way to bridge the gap in your child’s needs areas. In fact, music therapy is being utilized nationwide to benefit individuals across the lifespan, from infants to older adults. The main question to ask when considering your child for music therapy is two-fold: 1) What are the main goal areas your child needs support in and 2) Is music a main interest or motivator for you child? Goals that music therapists most frequently support in children with autism include increasing speech output, learning of basic language and academic concepts, conversation skills, social interaction, play skills, self-regulation, readiness skills, and atten-

tion. Good indicators that music therapy could be a helpful learning avenue for your child include: increased attention to task when music is used, increased speech output or attempts when singing, and the ability to quickly learn and memorize song melodies or lyrics. For older children and even teens or adults with ASD, music therapists provide tailored programs including piano, voice, or guitar lessons, songwriting, or music recording, that allow an individual to develop their special talents and interests in a nurturing environment.

Michelle Lazar, MT-BC

Director, Coast Music Therapy

Auditory Integration Training

“What type of child (age/diagnosis) would benefit from AIT?”

Berard Auditory Integration Training was developed in France in the 1950’s by Dr. Guy Berard. He primarily worked with individuals with learning disabilities and auditory processing challenges, including autism. There are many auditory therapies available at this time. Berard AIT is considered an educational intervention with over 35 years of scientific research, including 28 clinical studies in the USA documenting its effectiveness. AIT is designed to be a comfortable and pleasant experience. It is a sensory based approach, it is noninvasive and quite calming for many of the children and teenagers who participate. Adults find it relaxing and soothing. Once a hearing evaluation or ear health check has been completed (to determine that there is no hearing loss and that the ears are clear of infection and fluid), the individual must meet the following criteria:

- Individual must be at least 3 years old
 - Individual must have either
 1. hypersensitivity or hyposensitivity to sound
 2. uncomfortable loudness levels
 3. auditory attention (focus) challenges
 4. auditory processing disorder
 - Individuals between 3 years of age up through senior citizens may benefit from Berard AIT
 - Individuals diagnosed with Autism Spectrum Disorders, ADD/ADHD, Down Syndrome, Sensory Processing Disorder (SPD), CAPD, Speech/Language Delays, and Learning Disabilities are good candidates for Berard AIT
- We have a thorough pre-AIT checklist which we will gladly share with you to help you determine if your child is a good candidate for the Berard AIT program.

Terrie Silverman, M.S. Certified Berard AIT Therapist
Director, T. Silverman, Training and Consultation

upcoming events



Family Seminars
Wednesday January 18, 2006
6:30-8:30 P.M.

Options and Benefits of Recreational Therapies

including
music therapy, surfing and yoga presented by

Michelle Lazar, MT-BC & Jeremy Jensen MM, MT-BC
www.coastmusictherapy.com

Michelle is completing her graduate degree in special education and autism at San Diego State University. Jeremy has a Masters Degree in music therapy with an emphasis on neurologic music therapy. They will share the benefits of music lessons, music in early intervention, music therapy, and music technology programs.

Michele Rooney Harriman, M.S. Physical Therapist
www.kidspirationPT.com

Michele is a graduate of Columbia University (MS, PT) and New York University (BA, psychology/sociology) created Kidspiration Physical Therapy and Yoga.

Richard Sutera, surf instructor and special educator
www.purevibessurfing.com

Richard has extensive special education knowledge, including special education credential and master level experience, and provides special needs therapeutic ocean therapy.

RSVP 858 695 9415 to confirm date, time, & location
9606 Tierra Grande Suite 107, San Diego, CA 92126
Scripps/Miramar area

3rd Annual Splash for Cash

--A fundraiser to
benefit our Pool PALS program.
The date is set for
Saturday, March 4, 2006.



Involved Exceptional Parents' Day

Including Everyone as Partners
March 25, 2006

Handerly Hotel/Mission Valley
www.iepday.org



San Diego Race for Autism

is scheduled for Saturday, March 25, 2006 and will include a timed 5K Run/Walk and a 1-mile Family Fun Walk. Proceeds benefit local autism-related projects through the National Foundation for Autism Research (NFAR).
www.nfar.org

SDASA invites you to go...

All out for Autism!

April 15th, 2006
6:00 p.m. - 11:00 p.m.



Our 6th Annual Fundraising Event
Benefiting recreation programs for children with autism



Mark your calendars & Save the date!

Gala dinner, live music, incredible silent and live auction,
comedy show & much, much more!

MONTHLY POOL & PIZZA PARTIES



Mark your calendars to attend our fun and popular monthly pool parties. They're held the 2nd Friday evening of each month at the Boys & Girls Club in Clairemont. 4635 Clairemont Mesa Blvd. 6:00-8:00 pm. **Free pizza & drinks!** The whole family can swim in an indoor, heated pool. Lifeguards provided. Please RSVP at least FIVE days in advance to insure sufficient food and beverages for all 619-298-1981 or info@sd-autism.org

SAVE THE DATE!

San Diego Conference on Autism
November 3 & 4, 2006

Featured keynote speaker, Temple Grandin, and other speakers to include Michelle Garcia Winner, Peter Gerhardt, Gary Mesibov, and more!

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Email _____

Employer _____ Title _____

How did you hear about us? _____

Membership type (includes National, State and SDASA dues)

- Full Time Student \$25
- Individual \$40
- Family \$50
- Autism Action Newsletter only
-1 year subscription \$10
- Yes, I'd like to make an additional donation to the SDASA of \$ _____

Is this a:

- New Membership
- Membership Renewal

Payment

- Check (payable to Autism Society of America)
- Credit card # _____ Exp _____
name on card _____

I am interested in helping the SDASA by:

- Serving on the board
- Special events
- Newsletter
- Legislative action
- Parent Mentor
- Fundraisers
- Speaker's Bureau

What is your relationship to the person with autism? (check all that apply):

- Parent
- Service Provider
- Individual with autism
- Family Member
- Medical Professional
- Educator
- Other _____

*Applications can be mailed to: San Diego /Autism Society of America,
PO Box 420908, San Diego, CA 92124
Or, you can join/renew online at www.SD-autism.org
Dues and Donations are Tax Deductible*

Website: www.sd-autism.org

Email: info@sd-autism.org

(619) 298-1981

San Diego, CA 92124

PO Box 420908

Autism Society of America

SAN DIEGO COUNTY CHAPTER

