Spring 2015

The West Virginia Autism Training Center @ Marshall University Magazine, Spring 2015

West Virginia Autism Training Center

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“The WV Autism Training Center provides support to individuals with autism spectrum disorders as they pursue a life of quality”
Dr. Marc Ellison  
Executive Director

Andrew Nelson  
Dr. Marc Ellison  
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Cover Photo by Chris Moore
Editor’s Note:

Dear Readers and Friends,

We strive to bring you the highest quality magazine experience possible. We want to hear from you and welcome any letters, suggestions or inquiries. Please contact the editor at nelsona@marshall.edu.

In our Fall 2014 issue we inadvertently omitted the following photo credits:

Photo, page 3, taken by Kayla Wallace
Photo, page 4, taken by Elizabeth Tappan
Photos, page 17, taken by Kayla Wallace, Chris Moore, Angela Bryson and Marc Ellison

Thank you for reading and please keep in touch.

Andrew Nelson
Greetings, from the West Virginia Autism Training Center!

April, the month in which this magazine is published, is National Autism Awareness Month. The Autism Society of America, its local chapters, and other organizations have led efforts for more than two decades to increase public awareness of autism spectrum disorders (ASD). These efforts have been largely successful; as prevalence continues to rise, those intimately connected to ASD only rarely now have to explain the difference between the words “autistic,” and “artistic.” Thirty years ago this clarification was a necessity for parents, even while interacting with some teachers and physicians.

For sure, awareness of ASD in our society has dramatically increased.

Due largely to awareness efforts, significant improvements have been made in the modern-day education and community-based supports of individuals diagnosed with ASD. Educators more commonly use evidence-based teaching strategies. Community activities designed specifically for individuals with ASD – like the sensory friendly movie experiences developed through a partnership between the Autism Society of America and AMC Theatres – are more commonly available. Professionals now recognize the importance of early identification and intervention.

But, there’s no time to celebrate. Despite an increase in awareness we must continue to move forward. We must help people better understand the needs of individuals on the spectrum, appreciate them for the contributions they provide, and sincerely accept individuals with ASD as valuable members of our communities.

True societal “understanding,” “appreciation,” and “acceptance” of ASD would greatly improve life quality for folks on the spectrum. These acts would especially benefit adults, for whom no education or employment mandates exist. Improved “understanding,” “appreciation,” and “acceptance,” strengthens the transition of students with ASD from high school to the work force or into higher education, makes affordable and appropriate housing easier to obtain, promotes the development of genuine social networks, and makes career employment a real possibility.

We once made “awareness,” a priority, and great things happened. Perhaps now it’s time to identify “understanding,” “appreciation,” and “acceptance” as new goals.

If so, let’s do it now.

Marc Ellison, Ed.D.
Executive Director
The WV Autism Training Center
ATC’s Sarah Kunkel Receives BCBA Certification

“I have been interested in working in the field of behavior analysis and with children diagnosed with autism for as long as I can remember. However, the truth is that I didn’t know much about either subject until I began pursuing my graduate degree in psychology in preparation for a career in forensic psychology. That is when I was introduced to the West Virginia Autism Training Center (WV ATC) as a graduate assistant and it opened my eyes to this remarkably interesting field of human behavior.

As I began to learn more and more about both behavior analysis and ASD, I craved more information. That was the point when I decided to pursue becoming a Board Certified Behavior Analyst. Since there weren’t any training programs near my home in Morgantown, I began my coursework online at the Florida Institute of Technology. Although the classes were challenging, the 1500 hours of supervision turned out to be the most difficult piece of this certification puzzle. Luckily I had a wonderful supervisor who was always very supportive and complemented the work that I was doing for the WV ATC.

After my years of experience with the WV ATC, it became clear rather quickly that pairing knowledge of Applied Behavior Analysis (ABA) and Positive Behavior Support (PBS) was the best avenue to serve individuals diagnosed with ASD, alongside their families and professionals. This pairing helps to ensure that effective strategies are developed to work toward developing a change in the quality of life for individuals.

Thankfully, the wonderful families that I had the honor to work with were willing to open their homes to the observations and videotaping required for my supervision in order to help me achieve this goal. I’m very grateful for those families as well as the WV ATC for supporting me through this long journey that culminated in my official certification in November of 2014.”

Sarah Kunkel, MA, BCBA
PBS Trainer WV Autism Training Center

Eastern Panhandle Training

E.P.I.C. will be hosting the 2nd Annual Eastern Panhandle Autism Summit in Martinsburg, WV this July. The two-day summit will be held at the WVU Robert C. Byrd Health Sciences Center - Eastern Division at 2500 Foundation Way, Martinsburg, WV 25401. Regional and state speakers from the autism field will present workshops geared for educators, parents, and first responders.

July 27, 2015
Educator Training – 8:30am to 3:30pm

July 28, 2015
First Responder Training – 8:30am to 3:30pm

Please visit the E.P.I.C. website to learn more and register for this unique training opportunity!

BOOK REVIEW


Dion Betts and Stacey Betts, Jessica Kingsley publishers, 2006.

Reviewed by Gloria Sage, Program Coordinator, WV Autism Training Center

Yoga for Children with Autism Spectrum Disorders was written by Dion and Stacey Betts, who decided to try yoga as a way to help their son manage symptoms related to Asperger’s Disorder. From her own experience practicing yoga, Stacey knew that the poses (asanas) and breathing exercises could give individuals a sense of calm, clarity, and well-being. She believed her son could use basic yoga techniques to improve his life quality, and liked that improvement could occur without the use of medication and the side effects that often accompany medication.

The Betts explain that yogic philosophy values individual differences, and that each person should accept himself or herself and celebrate our differences. Yoga can help a person with ASD accept his or her unique personality and behavior. This may be one of the most important benefits of practicing yoga.

The book presents a gentle and fun yoga sequence designed specifically for children on the autism spectrum. It is divided into sections on warm-up poses, strengthening poses, release of tension poses, and calming poses. There is also a section with shorter yoga sequences for children who cannot maintain focus for the full sequence or if time is short.

The book is illustrated with black/white photos of an adult and a child in each pose, which helps the reader see what each pose should look like. There are also modifications for each pose included. There is also a section on breathing techniques, which can help to calm a child (or adult) who is anxious, distressed or feeling overwhelmed.

Yoga for Children with Autism Spectrum Disorders emphasizes that anyone can start a yoga practice, even without any experience. There are many resources available and this guide is just one example. I recommend the book for any parent or caregiver who is new to yoga and wants to start a practice with their child, or to those who already have a practice themselves and want to learn more about practicing yoga with children on the spectrum.

The Lending Library at the West Virginia Autism Training Center is a storehouse of information on topics related to ASD. Brand new resources as well as classic texts and audio visual materials are available at no cost to families registered with the center. New books and materials are always being added.

To learn more about this book and other resources available through the lending library please visit http://www.marshall.edu/atc/lending-library-books-videos/ or call (800)344-5115 to speak with librarian Whitney Lawson.

NEW BOOK ON COMMUNICATION BY HEATHER JONES

Talk to Me: Conversation Strategies for Parents of Children on the Autism Spectrum or with Speech and Language Impairments is the new book by Australian author Heather Jones.

According to her press release, Heather’s son, Jamie, is diagnosed with ASD and severe speech and language difficulties. Conversation was limited, making any kind of communication extremely difficult for him. As a result, melt-downs were common. Over the years Heather developed techniques that engage Jamie and encourage him to converse more comfortably. Together they explored active listening, turn-taking, pauses, closed and open questions, body language, and role plays. Jamie’s achievements were so infectious that soon the whole family was involved. The book clearly sets out strategies, goals, and success for parents of children with similar difficulties and speaks with the voice of experience to the interested reader.

Heather Jones and Jamie
Meet the Autism Training Center Staff:
Nada Prickett, Administrative Assistant

How long have you been an employee at WV ATC?
I was hired on September, 1997 – almost 18 years now!

How did you first become interested in supporting individuals with ASD, or working for the Autism Training Center?
In 1997 my 5 year daughter was asked to participate as a typical peer during a summer camp at the Autism Training Center in Fairmont. I offered to help as well and was later offered the position of answering the phone and maintenance for the center.

What are your interests/passions regarding supporting people with ASD?
To be able to give resources to families, to offer and restore hope, and bring relief knowing that their child will get the quality of life he or she deserves.

What are a few things that you like most about working for the WV ATC?
There are several. They include:
- Attending meetings with PBS Trainers.
- Listening to PBS Trainers as they work out strategies to create solutions to help their clients. They are amazing to me!
- Assisting staff in a variety of preparations, including visual supports, team meetings, local trainings, social stories and graphics for PATH and Frames.
- Help and listen – It’s important to me that I am there to do that.

Can you describe one story or memory that stands out during your time at WV ATC?
While assisting with an Autism Academy, Dr. Barbara Becker-Cottrill arranged a phone interview for the participants with Temple Grandin. I felt honored to be a part of it. I greatly admire the help she's given the ATC and those affected by autism.

WV ATC FACTS

- WV ATC serves the entire state of WV
- WV ATC serves individuals of all ages
- WV ATC provides training in autism for approximately 1000 people annually
- WV ATC services are at no cost to registered families
- WV ATC, through Marshall University, provides autism teacher endorsement course-work
- WV ATC sponsors The College Program for Students with Autism Spectrum Disorder
- WV ATC collaborates with the WV Department of Education Office of Special Programs and WV Birth to Three

The mission of the Autism Training Center is to provide support to individuals with autism spectrum disorders as they pursue a life of quality. This is done through appropriate education, training and support for professional personnel, family members or guardians and others important in the life of the person with autism.
Easy Data Ideas for Busy Parents and Teachers

by Barbara Becker-Cottrill, Ed. D., BCBA

If you are a parent or educator of an individual with an autism spectrum disorder you have probably been counseled, advised, or mandated to take data on programs implemented at home, school or in the community. You may have thought “I am just too busy running the program or implementing the strategy to bother taking data!” If you did, please know that is a common thought… initially.

Once you actually start to collect data and see how the programs and strategies are helping the individual, several things can occur. First and foremost, you stop making assumptions and guessing about whether or not the individual is making progress and whether or not you need to modify your programs. Second, you have information that you can easily share with other educators and family members that provides the foundation for problem solving if progress is slow, or that provides the green light to keep going in the same direction if progress is steady. And perhaps most importantly, you can be assured you are standing on solid professional and scientific ground with regard to your work.

Considering those outcomes – what’s not to like about collecting data!

A busy educator or parent should not feel pressure to collect data on absolutely everything the individual is learning. It is important to prioritize goals and determine which need the most careful attention for monitoring. Another important aspect of data collection is the collection of data before a program is implemented. This is called “baseline.”

Consider this scenario: Steven, a seven year old student, was having difficulty staying in his seat during reading. And when he walked down the school halls, he touched every door knob and water fountain along the way. His team determined the teacher should collect baseline data on in seat behavior during reading. This behavior was interfering with his opportunities to learn and was also affecting the other students. Walking down the hall was not a priority since he got where he was supposed to be in a timely manner.

To collect baseline information, Steven’s teacher first defined the behavior she would be observing. In seat behavior was defined as “buttocks on the chair” and “feet on the floor.” Since she knew he frequently left his seat she decided to sample a short 10 minute period. To do this she wore a stop watch on her wrist and recorded the number of minutes he was out of seat (duration data). She was still able to conduct the lesson easily with the class. Steven was out of seat for an average of 7 minutes a day across a three day period. On day four, she began a token economy system (treatment) with the entire class. Students who stayed in their seats were rewarded on a variable schedule (the classroom aide quietly gave tokens to students who were in their seats after a 2 minute interval, then 4 minutes, then 3, etc). Tokens were traded in immediately after the lesson for a variety of small items. The teacher used the stop watch for the first 10 minutes of the lesson to record Steven’s in seat behavior. At the next team meeting, members asked if Steven was doing any better. “Better?” the teacher said as she produced a graph with her data charted on it. “He was out of seat 70% of the time during baseline. I implemented a classroom token economy and now he is in seat 90% of the time. Yes, he has made significant progress!”

Some Tools of the Trade

There are many data collection apps these days but there are also simple tools to make data collection easy. Often, parents and teachers want to know how often a behavior is occurring in a certain time period (frequency data). For this, an inexpensive golf counter is ideal. Once the behavior has been defined, at the end of the prescribed time period, simply record the number on a master data sheet.

continued on page 10
Yoga of the Heart

How Yoga can Increase Quality of Life for Individuals with Autism Spectrum Disorders

Utilizing yoga as a therapeutic modality for individuals with autism and other developmental disabilities is an increasing trend in the field. Brittany Merritt Stowasser is a local yoga teacher who specializes in yoga and other mind/body therapies to help individuals on the autism spectrum improve their health and well-being. She was interviewed in February 2015 by Gloria Sage, Program Coordinator for the Family Focus Positive Behavior Support program (FF-PBS) at the WV Autism Training Center.

BIO: Brittany Merritt Stowasser is a graduate of Marshall University (Journalism), and a Licensed Massage Therapist who successfully completed a 200 hour Hatha Yoga Teacher training program. She studied under Anna Pittman from Blacksburg, VA and learned Ashrams for Autism Yoga under Sharon Manner of NJ. (Ms. Manner is the owner and founder of Ashrams for Autism.) Brittany is certified to work with children through Kidding Around Yoga and pre/postnatal mommas through Asheville Yoga Center. Brittany has been married for twelve years to Edward Stowasser and they have one daughter, Emery Kate, who is five years old. She has a brother, Joshua, who is 35 years old and is diagnosed with ASD. Brittany says that her entire family – her mother Regina, her father Joel, her sister Courtney and her brother Joshua – inspire her. She says: “I dedicate the work I do to all of them and everyone just like us.”

Brittany is available by appointment. She has taught Ashrams for Autism locally in group homes and day-habilitation programs at Diversified Assessment and Therapy Services in Kenova WV, Unlimited Possibilities in Milton WV, and Autism Services Center in Huntington, WV. Brittany teaches a Yoga class for individuals with ASD or other developmental disabilities on Saturday mornings at 10:00 am at Autism Services Center in Huntington.

For more information and for examples of data collection forms sample these websites:

- http://specialed.about.com/od/ABA/fl/Data-for-Discrete-Trial-Teaching.htm
- http://specialed.about.com/od/glossary/g/datacollection.htm
- http://www.studentprogress.org/weblibrary.asp#tools

Gloria: How did you get started teaching yoga to individuals with autism and other developmental disabilities?

Brittany: I was enrolled in a registered yoga teacher training program. My teacher, Anna Pittman, and I had been in conversation about how I grew up with a brother who lives with autism. She told me she had a friend who taught yoga to individuals on the autism spectrum, and went into group homes to do so. When I traveled to New York City with some of my local teacher friends for the Yoga Journal...
Conference, I saw a booth called “Ashrams for Autism” where I met my teacher Sharon Manner. She conducted trainings in New York and New Jersey and developed the program because she has a daughter diagnosed with autism. When we traded stories we both began to cry, I knew I would come back up to take it from her. It changed my life.

Gloria: What prompted you to want to work with this population?

Brittany: Well, I love yoga. Growing up with a brother who lives with autism, I had a genuine desire to be of service to this community. I had a Journalism degree, went off and did my own thing and never felt quite complete in the work I was doing. Once I obtained my yoga certification I went on to study in massage therapy and am now a Licensed Massage Therapist. Yoga paired with safe touch breaks down walls and barriers like I have never experienced. I have a desire to honor this community in a way that resonated with my own unique ability and it took a bit of time, yet yoga plus massage and this population really was the perfect marriage of service for me.

Gloria: Why is yoga a good activity for individuals with autism?

Brittany: Many people living with autism and other developmental disorders have revved up nervous systems. Yoga allows everyone to participate in the calming benefits. I have taught classes to individuals with vastly diverse abilities and needs. It’s the beauty of the practice, the inclusion. Everyone can breathe.

Gloria: Does research exist to support the benefits of yoga for the autism population?

Brittany: Yes, although it is relatively new, Beth Israel in Boston is working on intensive research on this subject. My final research paper in Massage Therapy school was on this topic. As you can imagine, the control group varied widely because the spectrum disorders do as well. However, everyone’s central nervous system is comprised of the brain and spinal cord. Once stimulated, these send the body into sympathetic mode, or “fight or flight.” Yoga, paired with safe touch (and in this population was usually under the supervision of the caretaker) had the ability to rewire this system so individuals were able to switch from “fight or flight” into parasympathetic mode, which is rest and digest. Once there for 15 minutes, new neural pathways are created and new patterns of habit can be created. I have searched many medical journals and at the very least, these women and men who participated slept more deeply and soundly. Everyone I know could benefit from that.

Gloria: Can you tell me about the class you teach? How does a typical class go?

Brittany: Everyone comes in and grabs a mat. We take our shoes and socks off (some choose to leave them on and that’s OK). If getting down on the floor is an issue, or the yogis uses a wheel-chair, they can participate from there. We start with breathing (pranayama) then gradually begin with gentle movement. Throughout the movement portion we work on everything from small joint movements, eye movements and fine motor skills and then work up to balancing and strengthening postures. Then we work our way back down to our mats and focus on our breath again. Breathing is the primary focus of the practice. Once we are finished with the movement (asana) portion, I bring out the drums and musical instruments. I sing, call and response style, and they are asked to join in. When I’m finished I give each individual the time to play with the drum and we sing and clap with them. This helps establish a connection to their peers and listening skills.

It’s amazing once their bodies have moved what these guys are capable of… truly. We finish the class by them laying or seated in a resting posture or what yogis call “Savasana.” I come around and place my hands on their feet on the meridians or energy channels for large and small intestine. I use essential plant oils that don’t interfere with medications and they generally love the way they smell. Just them allowing me to touch their feet is a big honor and almost everyone allows me the privilege now. Wrists are the second option for those who are sensitive. In closing, each yogi offers peace to either themselves or someone who’s been on their mind. We all acknowledge the offering of the other. If they are non-verbal we bow to them and acknowledge they, too, have someone they are sending that peace to. It’s a powerful practice. Each class lasts about 45 minutes to an hour.

Gloria: That’s amazing. But what if someone doesn’t want to participate once they get there? Do participants need any special equipment? What should they wear?

Brittany: If someone doesn’t want to participate physically or otherwise, they are encouraged to just stay and be a part of the group. Of course, no one is forced to participate, and yet, those who haven’t initially been interested usually will, once they see everyone else participating. If they
don’t, that’s ok, too. Interestingly, they still receive the benefits of the practice because they are in a room filled with increased oxygen and the energy of others who are. The peace and well-intentions of the group have more than once changed a person’s energy to a calmer and more peaceful state when they came into the class agitated.

Gloria: What changes have you noticed over time in the individuals attending your class? Have parents or caregivers reported positive changes?

Brittany: I have been teaching this class almost two years. It’s amazing to me how not only their flexibility and balance have increased, their focus has too. Sometimes in the beginning our classes would be 30 minutes and now an hour is attainable. I added the music once I knew the group well and it was an element I could have never anticipated they would love as much as they do. Parents and caretakers have told me their sons, daughters or clients are more even-tempered, their self-stimulatory behaviors are significantly less and the best part of all, they start the breathing techniques on their own at home when they feel worked up!

Gloria: What have you learned since starting to teach this class? About individuals with autism? About yourself?

Brittany: Wow. What Have I learned teaching this class? I could write a book. In one short sentence, to love myself completely, wholly and unapologetically, just the way I am. In turn, I am able to love others in the same way.

Gloria: That is a huge life lesson. Accepting ourselves and others for who we are, without trying to change them. I think we are all on that journey! It’s one of those two-steps forward, one-step back kind of things. What would you say to someone who is thinking of attending your class or to a parent or caregiver who is thinking about bringing someone to your class?

Brittany: Elaine Harvey (president of the Autism Society River Cities) said once, and I had never seen it this way until she said it, “Brittany has never known life without autism.” I tear up every time I think about it. I wanted to bring something new to the table. Something from my heart. Something I knew could be effective and affordable. Yoga isn’t just about the condition of their bodies, it’s about the condition of their body, mind and spirit. It’s about the recognition of their humanity as individuals and that this community is just like you or me, and that we are genuinely all in this together. In yoga we have a word for it, we call it “Bhakti.” Yoga of the heart. The yoga of participation. Just give it a try.

Gloria: I love that. We really are all in this together. I think sometimes we as parents, professionals and caregivers are so narrowly focused on the goals we want to achieve with that person, that we forget how important it is to address all aspects of the individual’s life—body, mind and spirit. All of these must be addressed to improve quality of life. I want to thank you for taking the time to speak with me today, Brittany. I am in awe of the work you do and what you are bringing to the community for, not only individuals with autism, but their caregivers, as well. Having attended your class, I experienced firsthand the joy and fun your attendee’s have. Thank you again.

For more information, contact:
Brittany Merritt Stowasser
304-638-8600
letitbeyogawv@gmail.com

Class information:
Autism Services Center at 10:00 a.m.
1400 Commerce Avenue Huntington, WV

First Responders and Autism
by Erin Lash, Program Coordinator, WV Autism Training Center

The fire truck rolls up to the smoking house, and first responders see a young boy on the porch. “Are you ok?” they ask. The child doesn’t respond. He could be scared, too frightened to talk. He could be disoriented and confused. He could, however, have autism.”

That scenario is becoming more common. Early in 2014, the Center for Disease Control reports that 1 in 68 individuals has an Autism Spectrum Disorder (ASD). More than 3.5 million people live with ASD in the United States. The disorder is growing at a rate of about 10-17% per year. As a result, first responders are seven times more likely to encounter an individual with ASD than the average citizen and, thus, have an increased need to broaden their understanding of the characteristics.

Understanding how to identify an individual with ASD is integral for providing effective emergency support. Individuals on the spectrum may exhibit little or no eye contact and may appear to be poor listeners. If a first responder suspects an individual may be on the spectrum, he or she should remain patient and do not insist on establishing eye contact. During an emergency, crews may notice an individual with ASD performing repetitive actions, such as rocking or flapping. Individuals may exhibit repetitive actions such as rocking or flapping. Often
these are self-calming techniques and should not be interpreted as aggressive in nature. Laughter – typically unusual or inappropriate in a crisis- may present as a response to stress. Individuals with ASD may be fixated on a particular topic and talk only of this topic during their interaction with emergency crews. This too, can be a self-calming strategy and should not be interpreted as avoidance of direct questions.

In a first response, a person with ASD may respond with echolalia, or repeat what is said to them. Often times this is a result of poor processing abilities with the individual “buying time” to process the question or request and should not be interpreted as defiance. Some may speak with inappropriate volume or in a monotone voice and offer the same response to each question. Up to 50% of individuals on the autism spectrum may be nonverbal and may communicate via sign language or a picture system. People with ASD who are verbal may have limited speech and struggle to express themselves, especially in stressful situations.

Sensory processing challenges are common on the autism spectrum. Some may find loud noises and strong lighting aversive. They may be defensive to touch. The sensory aspect of a first response encounter may serve as a trigger for sensory overload. First responders should take care in reducing sensory stimuli to create a calm environment.

In a first response encounter, the actions of an individual on the spectrum may adversely affect creating a positive encounter. For example, the individual may not recognize the uniform or position of authority. They may be fixated on components of the uniform, such as badges, keys and even weapons. Some may appear confused and exhibit a flight or fight response. First responders should know that many on the spectrum have a high tolerance for pain and should be monitored for injuries. These individuals may also have low muscle tone particularly in the trunk region. Care should be taken when using restraint techniques and the individual should be monitored for any breathing difficulties.

Creating a positive encounter with an individual with ASD is crucial and may not develop with ease. The first responder will have greater success setting the stage for a positive interaction if they approach the individual in a calm manner while speaking slowly and deliberately. Use simple, simple instructions, such as “sit down” and “wait here.”

Individuals with ASD may have diminished processing skills. After a direct instruction, provide up to 15-30 seconds for the information to be processed. Figurative language, like “knock it off” or cut it out” should be avoided. Individuals with ASD have difficulty predicting sequence of events. The first responder should explain what is happening and what may happen next. It may be necessary to give the individual additional space and allowing them to de-escalate on in their own time.

Parents and caregivers should be prepared for a first response encounter. It is critical to have pertinent information readily available. Integral information includes:

- Emergency contact numbers
- Name, address, phone & photo, physical description
- ID jewelry and clothing tags
- Medical issues
- Method of communication
- Approach & de-escalation techniques
- Likes/dislikes; loves & fears, topics and items of interest

Parents should make this information available to their local 911 center as well as police and fire departments. Also, parents should consider visiting the local police station and fire department in order to acquaint their child with first responders, their equipment, and procedures.

Self-advocacy is an important life skill that should be taught to individuals on the spectrum. Dennis Debbaudt, a professional investigator and law enforcement trainer, and author of Autism, Advocates and Law Enforcement Professionals: Recognizing and Reducing Risk Situations for People with Autism Spectrum Disorders recommends the following strategies for children or less skilled adults:

- Recognizing and responding as best they can to law enforcers, their uniforms, badges and vehicles
- Stay with and/or go to police and other uniformed first responder
- Carry and safely produce an ID card

Debbaudt recommends the following strategy for those individuals who are more independent. An information card can be developed. The following information may be included:

- I have an Autism Spectrum Disorder.
- I will be anxious in new situations or with new people.
- I may be confused by standard interview or interrogation techniques and produce a misleading statement or false confession.
- I may not fully understand the consequences of my actions.

Please contact the following__________________.

Given the increasing rate of people diagnosed with ASD, there is a strong need for first responders to be educated and prepared for situations involving people with an Autism Spectrum Disorder. Careful planning, thoughtful exchanges of information, and a basic understanding of the characteristics associated with ASD make positive outcomes possible for all involved in a crisis.

References/Resources
Autism Society of America (www.autism-society.org)
Autism Speaks (www.autismspeaks.org)
Davis, Bill. Avoiding Perilous Situations with Autism.
Debbaudt, Dennis. Autism, Advocates and Law Enforcement Professionals.
The Law enforcement Awareness Network (www.leanonus.org)
On the Road with the Band
by Barbara Hunt, PBS Trainer, WV Autism Training Center

Fourteen year old Jeremy Skidmore lives with his grandparents, Dana and Margie Skidmore, in Weirton, WV. Jeremy attends Weir Middle School where, in 2012, he became a member of the Weir Middle School band.

Since Jeremy began participating with the school band his life experiences have significantly expanded.

This fall Jeremy made the 6 hour trip with the band to Clear Forks, WV for the football playoff game. He roomed with three other band members. It was an exciting event—the next morning the boys were up, ready for breakfast, and dressed for the game!

Following the game Jeremy was to ride part way home on the bus, then stop for dinner and ride the remainder of the way home with his grandmother Margie and friend Lin. Jeremy changed plans en route, deciding instead to complete his trip by bus with the other band members. After arriving back to his school, Jeremy stayed and helped unload instruments. He did not make it home until 4:00 am. His grandmother stated “I was so proud of him. He was extremely independent the entire trip.”

Jeremy was very excited to march in the Christmas parade. He played in the winter concert and plans to participate in the spring concert. Jeremy shared with his grandmother that “the band turned out to be a lot of fun.”

Jeremy’s team is grateful to Weirton Middle School for helping make his dream come true!

An Electric Connection:
An Interview with Jeannie Welch

Tell us a little about Dallas, your son: At school or around other people he is usually not very talkative, but at home he is bright, bubbly, and funny! He entertains us daily! He has always been interested in science and can tell you about all different kinds of animals. The Wild Kratts on PBS is his favorite show, he has every episode memorized.

Tell us a little about how Dallas became interested in electricity: He attended 4H camp this past summer. While he was there, there was an intern from WVU. The intern was a senior from WVU and he worked with the kids on different science experiments. Dallas wanted to go to his class every day!

Do you recall some of the projects they worked on? They created cars that were solar powered and then taught them how to convert over to battery power. They worked on many projects that week. The 4H agent saw the talent Dallas had and recognized that he had a deep interest. So, we have been able to work with 4H and have built relationships with them to develop this talent and interest. The intern has stopped by to work on projects on his way home for breaks and has even spent as long as 4 hours working with Dallas.

What kinds of projects have you seen Dallas work on at home? He’s always interested in anything to do with batteries. He has a variety of different electrical tools and experiments that he received for Christmas. He likes electrical kits and got a potato clock that he was able to complete. Ironically, he won it in a random drawing at 4H. One time, my husband’s trailer lights quit working so Dallas got down and figured out that there were broken wires and was able to fix it.

Do you see this continuing in the future as an interest for him? Yes, I do. Anything science-based is an interest for him. I could see it becoming a possible career path in the future.

What advice would you give to another parent who is trying cultivate interests in their children? I would tell them to let them follow their interests. If someone has an interest that is science-based I would definitely recommend 4H because they do a lot of different science activities. Find whatever their interest is and really support that. Don’t let other people underestimate your kid because you know their capabilities and some may not be able to see that!
Politics, Campaigning, and Cooter: Our Adventures in Autism

by Richard Rector

Bobbie and I met in Gainesville, Florida in 1982 and we have been together ever since. We met in the Young Democrats. We announced our engagement at Buddy MacKay’s congressional victory party. (MacKay went on to be Florida’s Lt. Governor and while he lost the 1998 Governor’s race to Jeb Bush, MacKay still served as Governor of Florida as Governor Lawton Chiles died a few days before his term ended.) We were married by the Alachua County Supervisor of Elections. So, Ricky grew up in a political home.

Bobbie was a bit different but as an artist-type myself (comedian, actor & writer) I liked that. She is a singer and guitarist who speaks her mind. At that point neither of us had ever heard of autism. Like most we first heard of it from the movie Rain Man. But that of course is nothing like the autism we came to know.

My folks were living in Merritt Island, Florida and were in poor health so we moved in with them to take care of them. In 1989 Ricky was born in Cape Canaveral Hospital in Cocoa Beach – we saw several shuttle launches while we were there. There were some religious differences between the families so as a compromise in 1990 we had Ricky dedicated at Jimmy Carter’s church in Plains, Georgia. His baptism came later at the old ancestral church in Rectorstown, Virginia. In 1991 we were invited to a dinner party with former US Senator Paul Tsongas, who was seeking the Democratic Presidential nomination. He signed a copy of his economic plan for Ricky. Tsongas left the senate to recover from cancer; unfortunately, his economic plan for Ricky. Tsongas left the senate to recover from cancer; unfortunately, the stress of his presidential bid brought back his cancer and he died in 1993.

Ricky, like most kids with autism, was ahead in many ways. Ricky’s grandfather had a bookcase from floor to ceiling, and on the bottom shelf was an encyclopedia. Toddler Ricky crawled over took Volume F and scrolled through. He came to a map of France pointed and said “France.” We don’t know how he figured that out.

In 1995 Ricky was diagnosed with autism. My father was diagnosed with cancer and I was laid off. Ricky’s physiatrist told us the three best places for Ricky were Silicon Valley, Chapel Hill, and Northern Virginia. Well, you need to be a computer expert for Silicon Valley (I’m not), Chapel Hill is a college town and my experience with them is the only good jobs are at the university and you need to know someone to get a job there (I didn’t). But I was born and raised in Northern Virginia and I knew the area and people there. So that’s where we went.

Things were fine until Ricky’s second year of Jr. High. Teachers and educators didn’t really seem to understand autism, and they used techniques that were ineffective and which created more problems. As a result Ricky stopped talking and his intelligence was questioned. It was the beginning of a long battle with the school and a struggle to get him back that goes on today.

How did we end up in West Virginia? Well, my father was from Harrison County and my mother was from Marion County. Bobbie’s great grandfather was from Wetzel County, So, we were familiar with the state. My father held on to the family farm for years, saying if there was another great depression West Virginia would be the place to go. Unfortunately he gave the farm away and I had to find another cheap place. We decided on the Eastern Panhandle, as it is in between Washington, DC and north central West Virginia. So, we are close enough to both to visit occasionally. Bobbie went to work with kids with autism and has a bond with them. She had a problem finishing college and was finally tested. She has Asperger’s.

Our involvement in politics waned as we struggled with autism. But I missed it. I have a large collection of political campaign items (all parties) and I have done exhibits. I had done some political interviews in my high school days and one was printed by a collector’s magazine. I asked if they would like more now that I was back in DC. They said yes. So, I ended up doing more than 30. I also went to book events to talk with political figures to ask if they would do an interview.

Even if they said no I still had a photo and an autograph.

As a result, Ricky has met many political figures and in recent years has been involved himself. He met Pat Buchanan at a promotion event. He helped Jim Webb’s 2006 US Senate race in VA. Since our move to West Virginia, Ricky has been a delegate to the state Democratic convention (in 2012). He attended Ken Hechler’s 100th birthday party in Romney.

In 2002 Washington, DC was still nervous about the 9/11 attacks and on top of that we had the Beltway Sniper. Ben Jones who played “Cooter” on the Dukes of Hazzard and also served two terms in Congress from Georgia was running against Eric Cantor. He had a store in Sperryville, VA where they had music on the weekends. We decided it would be a good place to get away for a while. We had a good time and I got some souvenirs. He was out campaigning.

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“Coal” Artwork: Michael Blankenship

Name: Michael Dane Blankenship
Hometown: Huntington, West Virginia
College: Marshall University
Major: Photography
Anticipated Graduation: 2017

What is the name of this piece? Coal
Describe the piece: This work is a 9x12 charcoal and ink painting on canvas.
What inspired you to create this piece? I think it’s the fact I live in a place where coal trains go by my home almost every day and I drive past – I don’t how many – rusty old bridges every day. I think I just “clicked off” my mind and made it. I’ve had others ask me what gave me the idea for it and for a long time I couldn’t tell them, and in some ways I still can’t. It’s an Abstract Expressionism work in that sense.
What art do you most identify with? Pop Art, Abstract expressionism and Outsider art. However I don’t really think about what type of an Art movements my works fall under. Not because I’m worried about being pigeonholed by it, because I’m not. It’s just not something I think about.
How does autism affect your art, good & bad? Autism affects everything I do in my life in one way or another. It makes networking kind of a pain for me, but not impossible.
What advice would you give to other aspiring young artists on the autism spectrum? Wow that is a good question. My advice is do not be scared to take a risk. You’ll never know if something will or will not work until you try it.
Professionally, what’s your goal? I would like to get my work in a well-known gallery like Museum of Modern Art in New York, or just any museum.

An Essay on Autism by Jaron

Jaron is a 4th grade student who lives in Hurricane WV. Below is the essay he submitted to the WV Young Writers 2015 Essay Contest.

Autism – How it Affects.

Autism is like a life-long disease that can affect personalities. In one way, with autism, it is very hard to make friends. In my opinion it is only because of the sensitivity and shyness. I think that is one reason they have autism related events.

For some kids with autism, school is easier. The others struggle in school. Einstein had autism and struggled in school as a child. It sometimes gives people with autism a bright future. This is one of the good things.

Most people with autism aren’t much into sports. I know most of these people can’t help but move, but it’s just true. They try, but there is a point in practicing. That’s all I know about autism. Thank you for reading.
Autism Society of America – West Virginia Update

By Chris Fair, AS-WV President

Report for the Autism Society-WV State Chapter. While shuffling through papers, I came across the original Articles of Incorporation for the State Chapter. This led me to consider Dr. Ruth Sullivan, the 1st President of the Autism Society of America. How did she run a national organization, continue her own education, and raise a family? In that same year, 1969, Ruth and her family moved to Huntington, West Virginia. She immediately started to organize local parents and formed the Huntington Autism Society. This organization later became the WV Society for Autistic Children. WV had one of the first organized state chapters in the nation! The woman was tireless! On December 10, 1985 the organization filed Articles of Incorporation. The purposes for which this corporation formed were:

- To promote the general welfare of children and adults with autism at home, in the community, in institutions and in public, private and religious schools;
- To further the advancement of all ameliorative and preventive study, research, therapy, care and cure of Autistic children and adults;
- To develop a better understanding of the problems of Autistic children and adults by the public;
- To promote the education, training and recreation of Autistic children and adults and to foster the development of integrated care in their behalf;
- To promote the establishment of adequate diagnostic, therapeutic, educational and recreational facilities for Autistic children and adults;
- To further the training and education of parents and professional personnel for training, education and caring for people with Autism;
- To encourage the formation of parent groups, to advise and aid parents in the solution of their problems and to coordinate the efforts and activities of these groups;
- To serve as a clearing house for gathering and dissemination information regarding Autism; and
- To solicit funds for the accomplishment of the above purposes.

Incorporation was approved and today the organization is known as the Autism Society-West Virginia State Chapter. The purposes listed for Incorporation in 1985 are now being addressed primarily by the local organizations. We need to continue what Dr. Sullivan started but that does not mean it has to be done the same way.

Please, Save The Date!

I would like to visit the subject of the State Organization’s role today as one topic of the West Virginia State Autism Conference on September 26, 2015 at the Bridgeport, Conference Center.

West Virginia Team Autism Update

West Virginia Team Autism was formed in 2007 in an effort to build and maintain a statewide collaborative network to fully and appropriately support West Virginians with autism spectrum disorders (ASDs) and their families. Realizing the importance of bringing together parents and professionals to strengthen services across the state, the team committed to meeting quarterly to engage in a variety of activities. Those activities include 1) updates on existing and new services available 2) identifying gaps in services and 3) working together in groups targeting specific activities that address needs. One of the great advantages of the team is the opportunity it creates for members to become informed about what services each agency or group offers. The tendency to work in “silos” when providing supports to families and people with ASDs is often a reality. WV Team Autism aims to work together to develop a seamless system of services across the state. Members include representatives from West Virginia Birth to Three, the WV State Department of Education – Office of Special Programs, Regional Education Service Agencies, The WV Autism Training Center at Marshall University, The West Virginia University Center for Excellence and Disabilities and their Intensive Autism Service Clinic, the Mountaineer Autism Project, Bright Futures Learning Services, Autism Society of West Virginia affiliate chapter in the Northern Panhandle, and family members.

Most recent efforts:

- WV Team Autism has created a new Facebook page. The page should help the group broadcast information quickly, and received feedback important to our mission. Please search “WV Team Autism” on Facebook and “like” the page to be notified of updates;
- Several new grant-funded efforts that will, at least in part, support individuals with ASD are being developed by WV Team Autism member organizations. Project AWARE, an initiative carried out through partnership between the WV Department of Education, the WV Autism Training Center, and the WVU School of Public Health, is

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WV Association of Positive Behavior Support Network Update

The WV Association for Positive Behavior Support (WV APBS) Network is a nonprofit organization committed to collaborating to promote the philosophy, core values and evidence-based practices of Positive Behavior Support in West Virginia. The WV APBS Network consists of representatives from a variety of fields including autism, education, behavioral health, birth to three, and children’s services among others, and is open to those interested in promoting quality positive behavior support services in our state.

In March, a number of Network members attended the 12th International Association for Positive Behavior Support Conference in Boston. These effective practice workshops from presenters from around the world included a strand on Autism Spectrum Disorders. A number of PowerPoints and some videos from the sessions can be accessed via the APBS website at www.apbs.org.

In recent months, the West Virginia APBS Network has been focusing efforts on fidelity to assure high quality PBS services in West Virginia. Toward that goal, the Network has developed a review tool based on APBS standards and has reviewed proposed PBS training curriculums according to these standards as well. In addition, the Network is in the process of establishing an Endorsement Board which will set standards for endorsement in PBS practices. In the past, the Network has hosted several well-attended PBS conferences and plans are underway to host another WV conference in the coming year. Our WV APBS blog site, located at http://wvapbs.blogspot.com, will soon be updated to a website through support from the international APBS. Once it is established, it will be accessible through the APBS website.

Our annual WV APBS Network meeting is scheduled for June 17th in Charleston and is an excellent time for those interested in learning more about the Network to come and participate. Please join us then or contact the WV APBS Secretary, Joy Arbuckle, at jarbuckle@opendoors.wv.com to learn more.

WV Team Autism continued from page 17

focused in improving mental health in public schools; Project Launch, a federal SAMSHA grant, is operated by the WV Child and Maternal Health and WV early childhood programs and focused on improving the health of children in WV from birth to 8 years of age.

• Several WV Team Autism members will be holding ASD-related events in April to coincide with Autism Awareness Month. Events include the Rise and Shine Breakfast for Autism, which will be held Saturday, April 11, 2015, from 8am until 10:30am at the Tri-State Fire Academy in Huntington, and the Rally for Autism will be held in Huntington on April 25, 205.

• The team agreed to update the WV Team Autism Resource Guide to ensure information is current and to include emergency preparedness information. Also, the team is exploring the development of a “First 100 Days” document that may be beneficial to individuals first receiving an ASD diagnoses.

Adventures in Autism continued from page 15

so we decided to come back when he was there. Ben Jones announced he was having a Christmas party at the store. We went. Ricky for some reason didn’t want to get in the car to go or get out of the car when we got there. We couldn’t get him to go inside and Ricky became upset and hit his head on the window. Ben Jones came out and I expected he would tell us to leave. Instead he understood about autism. I had picked up one of his CD’s the first trip and mentioned that Ricky liked one of his songs. Ben started singing it, and Ricky smiled. Ben had a General Lee car in front of the store (which they generally asked people not to touch), and Cooter let Ricky sit in the driver’s seat. It was the start of many visits with him. Over the years we have met the entire cast of the Dukes of Hazzard. Politics, campaigning, and political personalities have provided our family with a lot of interesting stories and experiences over the years!
What is Autism?

Autism is a disorder of the brain. Symptoms of autism occur during the first three years of life, although an individual might not receive a diagnosis until much later. Individuals with autism have problems with communication and socializing with others. In young children, autism affects the development of "typical" play behaviors. Autism is considered a developmental disorder in that some normal developmental milestones, such as when a child says their first words, are absent or abnormal. Autism is considered a pervasive developmental disorder in that these developmental differences affect many aspects of life and may last throughout a person's lifetime. Currently, there is no one specifically known cause of autism and no one treatment. Early special education programs using behavioral methods have proven to be the most helpful treatment for persons with autism.

A person with ASD might:

- Not respond to their name by 12 months of age
- Not point at objects to show interest (point at an airplane flying over) by 14 months
- Not play "pretend" games (pretend to "feed" a doll) by 18 months
- Avoid eye contact and want to be alone
- Have trouble understanding other people's feelings or talking about their own feelings
- Have delayed speech and language skills
- Repeat words or phrases over and over (echolalia)
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interests
- Flap their hands, rock their body, or spin in circles
- Have unusual reactions to the way things sound, smell, taste, look, or feel

Examples of social issues related to ASD:

- Does not respond to name by 12 months of age
- Avoids eye-contact
- Prefers to play alone
- Does not share interests with others
- Only interacts to achieve a desired goal
- Has flat or inappropriate facial expressions
- Does not understand personal space boundaries
- Avoids or resists physical contact
- Is not comforted by others during distress
- Has trouble understanding other people's feelings or talking about own feelings

For more information on autism, please also visit: www.marshall.edu/atc

GIVE NOW!

Donations to support the Autism Training Center can be made on-line at: www.marshall.edu/atc

source - www.cdc.gov