

Including Persons with Autism in the Life of the Church



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Introduction

The church is an inclusive place. Members are not classified - rich or poor, employed or unemployed, disabled or non-disabled. They are all parts of the Body of Christ. Churches are becoming more inclusive, striving to allow persons of all abilities to participate in the fellowship of a spiritual community. People with Autism are a part of the disability classification that need inclusion. Because of the dramatic increase in the number of persons with Autism Spectrum Disorder (ASD), it has become increasingly evident that church leadership, especially staff members in children and youth ministry areas, need to have information about ASD. What does the church need to do to include these wonderful people with ASD? We suggest three areas of learning.

- Find the facts about Autism
- Know some basics of including them in the church programs
- Study some “real life” examples of inclusion in the life of a church



Some Facts About Autism

According to Autism Speaks, the nation's largest science and advocacy group for the disorder, one in 110 children are being diagnosed with Autism, making it more common than childhood cancer, juvenile diabetes, and pediatric AIDS combined. The group further estimates in the United States alone, there are 1.5 million people with ASD and tens of millions worldwide impacted by the disability.

ASD is a group of developmental brain disorders, which includes the following:

- Autism (sometimes called Classic Autism)
- Asperger's Syndrome
- Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS)
- Childhood Disintegrative Disorder (CDD)
- Rett Syndrome

Because Autism is a spectrum disorder, it affects each person differently from very mild cases to very profound. For example, persons with ASD may have intellectual abilities that range from cognitive delayed to brilliant.

The widely-known federal special education law, IDEA, states:

[Autism is] a developmental disability significantly affecting verbal and nonverbal communication and social interaction usually evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with Autism are engagement in repetitive activities and stereotyped movement, resistance to environmental change or change in daily routines, and unusual sensory experiences. The term does not apply if the child's educational performance is adversely affected because the child has a serious emotional disturbance (34 C.F.R., Part 300, Sec 300.7(b) (1).t.

After looking at the textbook definition, let's consider how it will be seen in a person with Autism:

- **Communication Deficits.** The student may not speak, may have limited use of language, may use repetitive phrases, or carry out a non-typical conversation. Abstract concepts will give him trouble.

- **Relational Deficits.** The student will not relate appropriately to people, events, and objects. Often he/she will avoid eye contact. Events and objects, unless they are something he/she likes, will be equally detached from his attention.
- **Ritualistic Activities.** He/she will play for long periods of time with one object. A book, a spoon, a piece of string will occupy the child's attention for hours.
- **Rigid Adherence to Routine.** Any change in schedule - how silverware is placed on the table, which sweater he wears - will get a reaction, often a loud one.
- **Atypical Reactions to the Sensory.** Loud noises, bright lights, textures of food, the fabric of his/her clothes, will all receive his/her attention with marked reactions.
- **Repetitive Movements and Behaviors.** He/she will flap his/her hands, flip his/her fingers in front of his/her eyes, or do some similar movement. The activity probably relates to the overload from the sensory information he/she can't handle.

What is the reason for the marked increase in the number of cases of Autism? There is a debate about the cause. Nonetheless, the prevalence rate of Autism is estimated to be increasing by a rate of 10% - 17% every year. The explanation for such increases tends to be attributed to improved diagnostic measures, environmental factors, and a host of genetic links. Studies suggest the rate of Autism is four times higher in boys than girls.

In the 1940s, Dr. Leo Kanner of Johns Hopkins suggested Autism was caused by poor or cold parenting. "Refrigerator mothers" rankled a lot of moms; however, throughout the 1960s and 1970s, Dr. Bernard Rimland, father of a son with Autism who founded the Autism Society of America, helped the medical community understand Autism is not caused by poor parenting but instead is the result of a neurological problem. Several causes are debated about the cause of ASD, but the bottom line is it has a neurological base.

Characteristics

The church and her leaders need to gain an understanding of what ASD is, along with some of its common characteristics, tendencies, and possible challenges, so we can reach out not just to the person impacted with ASD but to the entire family. This way, the church would be a place that welcomes all and reflects God's great love and compassion. In order to do this, we must learn about ASD and various ways we can make changes in programming and environments to create a loving place for everyone.

Of the characteristics listed above, two are worth describing in extra detail: communication and social skills deficits.

Communication

The lack of good communication skills is one of the first characteristics people with Autism display.

Some people with Autism never develop language skills and learn other non-verbal ways of communicating. Others with Autism are highly verbal and may use language inappropriately, such as repeating a word or being unable to maintain the give-and-take of a conversation. Persons with ASD are highly visual learners and need to see what is being taught or asked of them. A helpful piece of information is they think in pictures. They don't make quick associations and relationships to what they are hearing.

Communication for them can be enhanced by visual aids, calendars, and schedules. Posting the rules, for example, can help them better understand spoken words. For those who are nonverbal, there are many communication devices to help develop functional communication, from picture symbols to electronic devices.

The person with Autism, whether verbal or not, needs to have a method of communication by which he can express his needs, wants, and desires, whether it be via a communication device, hand gestures, or picture symbols.

Often a person may have trouble understanding or interpreting others' feelings. Often times, individuals with Autism express their needs or desires in whatever way possible. They tend to

be very literal learners; for instance, if one were to say, "It's raining cats and dogs," they would look outside and expect that to be the case.

The ability to communicate with a person with Autism will develop faster if you follow these suggestions:

- Use fewer words; be direct and concise in speech;
- Match a visual with the sound;
- Give the student time to process your question and then form his/her answer;
- Use the person's name before giving an instruction or making a request of them;
- Be sure you have his/her attention. Don't, however, say, "Look at me;"
- Use concrete examples; and
- Don't expect the student with Autism to look at you when communicating.

Social Deficits

Another noticeable characteristic is social deficits. A student with Autism has difficulty with social interaction. Many persons with Autism avoid eye contact and prefer to be alone and not engaged in class or group activities. Children with Autism may have difficulty with cooperative play or group activities.

Repetitive behaviors are a part of many persons with ASD. Persons with Autism tend to appear physically typical, but upon closer observation many times have repetitive or ritualistic behaviors. They may become fixated with their hands or only interested in one video to be played over and over again. They often have fixations or narrow interests, such as being preoccupied with fans, steam engines, the state of Maine, horses, or a movie character. Often, myopic interests in numbers/letters, symbols, dates, or scientific topics exist.

Persons with Autism prefer routines and consistency in their days. Changes or surprises often create difficult transitions. A slight change in meal time, activities, or even familiar faces can be extremely stressful. It is important to prepare them ahead of time when known changes or disruptions in familiar routines will occur.

Disorders Associated with Autism

While Autism can be the only diagnosis, it is often associated with other disorders. Having this information might help explain some of the behaviors of students with ASD. Let's look at ten of these disorders.

EPILEPSY: Autism Speaks estimates 39% of persons affected by Autism have a seizure disorder. It occurs more frequently in persons with Autism than those without.

Two seizure types should be mentioned. The most common one is tonic-clonic (grand mal), which is easy to recognize due to the convulsing and jerking. Absence seizures can be identified by a distant stare, small tremors, or dropping an object. It is important to know whether the person for whom you are providing services has a history of seizures, so volunteers and staff are able to prepare for and know protocol in case a seizure happens.

SENSORY PROCESSING DISORDER: A condition in which a person has difficulty in processing and integrating sensory information. Our bodies are bombarded daily with input from our five senses: sight, hearing, taste, touch, and smell. We have two other systems that send us information: our sense of movement, called the vestibular system, and the sense of position, or proprioceptor system.

A person with SID can be hypersensitive to stimuli and unable to tolerate being touched, listening to music at a normal volume, or wearing clothes. The person may not stand for tags in the back of his shirt to touch him. The lighting in the room might bother him and no one else. The other extreme is the case of hyposensitivity where a person who is hyposensitive craves large amounts of sensory input to get his or her needs met; they also have a high threshold for pain.

ATTENTION DEFICT HYPERACTIVE DISORDER: While the 4th edition of The Diagnostic and Statistical Manual of Mental Disorders does not allow a dual diagnosis of Autism and ADHD, their symptoms are similar: jumping off swings, running into walls and people, and moving from passivity to activity. Often, affected persons are thought of or labeled as ADHD but, instead, are fulfilling their great need for sensory input.

BIPOLAR: Over the last few years, an increasing number of children have been diagnosed with bipolar (manic-depression). Some symptoms of Autism are found in anxiety disorders.

INTELLECTUAL DISABILITIES: Even though at one time students with Autism were classified as having intellectual disability, estimates suggest perhaps one-fourth of them have some intellectual or developmental disabilities.

FRAGILE X SYNDROME: The disorder results when a defective piece of the X chromosome appears pinched and fragile. A small percentage of children with ASD have Fragile X as well.

TUBEROUS SCLEROSIS (TS): Some children with TS have Autism. There are shared symptoms, especially seizures, which result from cuts in the brain.

OBESSIVE-COMPULSIVE DISORDER: The repetition of stereotyped behaviors in OCD appears in Autism.

TOURETTE SYNDROME: Tourette syndrome among people with Autism is higher than it is in the general population.

ANXIETY DISORDERS: Anxiety disorders are noticeable in children with Autism. They probably aren't diagnosed as such because they are seen as a part of ASD.

Now, let's turn to some information that will assist in including people with Autism in the life of the church.

Foster a Church-Wide Attitude of Acceptance

Convey that everyone is welcome in this church.
A disability is a part of the person; it doesn't define him.
Everyone has a soul and is worthy of God's Love.
Everyone deserves an opportunity to know who Jesus is.
Every member, regardless of ability, should have a place of service in the Body.

Develop a User-Friendly Classroom

Create structure and predictability in activity space and programming.

Make it a well-organized space where everything has its place.

Post picture schedules and calendars; most persons on the spectrum are highly visual learners and tend to be rigid.

Post rules and expectations – clearly set up boundaries and expectations; you may have to remind and redirect many times for a person to stay on task and have success.

Use visual timers to assist with transitions – provide information in advance when changes are coming.

Designate areas in the room for low-key activities, quiet space, or book nook. Create areas that are relaxing and soothing in order to help individuals who may need a place in which to retreat.

Be mindful of sensory overload.

Noise level needs to be controlled.

Use bright fluorescent lights (get the kind that don't hum).

Do not have too much visual art or bright colors in the room.

Prepare the student for the experience. Take him to the classroom when no one else is there.

Talk to him about what will happen. Show him the furnishings and the items on the wall, especially the schedule and calendar of events.

Divide the classroom space by function. Have an area for music, story time, art, free play, and snack. Make the function clear by signs, colored rugs, etc.

Provide a carpet square that will let the student know where he/she is to sit during circle time.

Provide a place where the student can go to regroup or calm down. A couple of bean bags will let the child know where to go.

On a larger scale, create a chill-out area or sensory room – consider an alternative room or venue for persons who may need a different room where they can have sensory needs met. Think about things like fiber-optic lighting, vibrating cushions, projectors with light shows, and sensory bins.

Post and maintain a schedule. It doesn't have to be rigid. Changes can be made. Just give the student with Autism advance warning.

Explain to the typical students in the classroom any special devices the child is using.

Allow for movement and off-task fidgeting. Plan gross-motor activities during lessons or activities; consider having therapy balls instead of chairs for those who need to bounce and squirm a bit.

Suggestions for Teachers and Other Workers

Use his/her peers to interest him/her and demonstrate appropriate behavior.

Don't pressure the student to do something he/she doesn't want to do. Provide a choice. (As you get to know the learner, you will know the choices.)

Don't let the student's behaviors overwhelm you. Working with his/her parents, arrange a plan

for dealing with the behaviors.

Target the behaviors that are the most disruptive to the student's learning and a positive class atmosphere.

Involve the student in the class. Find a job for him/her to do.

Train a volunteer to work with the student.

Develop a special greeting - a handshake, word, or gesture - and use it every time you see the student.

Be available to assist students with Autism to move from one activity to another.

Reward good behavior and completion of tasks. Try the token-board approach.

When the student completes a task, let him choose a fun activity he/she enjoys.

Create opportunities for choice and self-advocacy.

Avoid asking, "Would you like to color these pictures?" Say rather, "We are going to color these pictures. We are so excited!" Approaching the student with a plan keeps him/her from having to decide. Remember, he/she thinks in pictures and it takes a little while to get them all in place. He/she probably wants to color but has not yet arrived at that point. You make the choice, and he/she will (probably) follow the plan.

Explain to the typical students what the behaviors of their friends with Autism are as they relate to them. Answer the question: Why does he/she do that?

Don't share your opinion of what causes Autism with parents.

Remember your role is to help the child with Autism develop spiritually.

Teach parents what to do to schedule their child and help him control his/her behavior.

Understand Behavior and How to Manage It

A major issue in recruiting volunteers for a disability ministry is the behavior of the children with disabilities. Providing some information and insights can relieve some of the hesitation.

All behaviors serve a purpose: they either get us more of something or less of something. A behavior is defined as any action that is measurable or observable; therefore, a feeling such as anger is not a behavior. However, if Adam becomes violent and hits because of his anger, his hitting is a behavior. Oftentimes, behaviors of persons with Autism are looked upon as inappropriate or maladapted, and a focus is put on being reactive to the behavior and responding to it.

Because a large percentage of people with Autism have communication challenges or disorders, it is difficult to advocate their needs verbally. The quickest way for them to get a reaction to something is to act out many times in inappropriate ways. We as staff, volunteers, and those in caregiver roles need to get to a place where we begin looking at the function or reason for the behavior. Behavior is always contextual, meaning there is a sequence of events pre-behavior and then immediately post-behavior.

Before a behavior occurs, there is the antecedent, an event that triggers the behavior. An antecedent can be any number of things that set the stage for a behavior, e.g. the temperature being too hot or cold, too much noise, not enough sensory input, too much sensory input, etc. Things concerning one's body may also trigger behaviors, including pain, sickness, not enough sleep, and hunger. Other antecedents can be physiological in nature, such as anxiety, social deficits, fears, and other emotional factors, which many times lead to behaviors that are complex and difficult to understand.

In order to understand behaviors, we must first agree behavior is contextual, meaning something occurred or led up to the behavior, the behavior itself, what occurred directly after it, and the consequences. So often we are fixed on the behavior itself, forgetting every behavior serves a purpose. A problem behavior is not a problem for the person with the behavior, but is instead a solution to the problem he or she has.

For example, Sammy drops to the floor screaming and yelling when it is time to clean up the room. It is easier for the volunteer to pick up the toys instead of Sammy learning to do the

task; therefore, Sammy's screaming and yelling has gotten him out of a task in which he does not want to engage. The behavior is positively reinforced by the volunteer picking up the toys, meaning the likelihood of the behavior repeating itself is greatly increased.

The ABCs of behavioral management are an assessment tool to better understand why a maladapted behavior occurs as well as understanding what needs it meets. In looking at the antecedent, behavior, and consequences, we should be able to better understand the entire pathway of behavior and work on developing positive approaches and behaviors that meet the needs of the individual instead of focusing on the inappropriate behaviors in which he or she engages. When individuals are engaged in appropriate behaviors, provide immediate positive feedback to reinforce the desired behavior.

Behavior Management Strategies:

- Develop good rapport with the group and the child.
- Ignore as much negative "attention-seeking behavior" as possible, and focus on the positive. It is a time to choose the battle.
- Use positive reinforcers.
- Be consistent with behavioral expectations and consequences.
- Provide structure and predictability.
- Provide individuals choices.
- Don't use a cookie-cutter approach.
- Be firm and fair.
- Work toward improvement in the child.

Some Examples of Meaningful Inclusion in Church Programs

The authors (Jackie and Jim) have worked in disability ministry for years. They both agree the best way to learn about including people with Autism in the life of the church is to do it. The following are some examples from both of their experiences. Jackie's examples stress the strategies used to make inclusion work.

Gerald

Gerald is 18 years of age with profound Autism and language/speech disorder. He is basically nonverbal but has great receptive language (meaning he understands spoken language of those around him). He is very sensitive to loud noises and has auditory distractibility. When volume gets too loud, he can at times become aggressive.

On occasion when frustrated with too much sensory input, Gerald will lash out and strike the people closest to him. Because he is nonverbal, when he is unhappy and wants someone to know it, he will scream in a high-pitched voice that always gets immediate attention. When under stress, Gerald will jump up and down, flap his hands, and, on rare occasion, run. Gerald loves books, movies, playing ice hockey, and enjoying pizza and sodas.

On Sundays, Gerald participates in a community group for young adults with developmental delays. He goes down to the worship center for the first part of worship. Because he is sensitive to music and noise, he wears ear plugs. Gerald moves a bit and jumps, something the staff, volunteers, and church attendees are all used to. Because it is difficult for Gerald to sit still for any prolonged periods of time, he is only partially included in worship; once the offering song plays, he is accompanied back to the community group where he learns about God and the Bible. Gerald is partially included. He spends a portion of his Sunday in corporate worship and the remainder of his time in a special program.

Gerald also is part of Access Ministry's Saturday men's bowling league. He is very athletic and needs lots of gross motor input. Because he has a history of running, he is always assigned a one-on-one buddy. Gerald also participates in adult socials, such as movie events and community trips. With proper staffing support, Gerald has great success in social/recreational events in the church and the community.



In order for Gerald to have success and be safe in programming, the following accommodations/modifications have been made to support him. Most are very minor but have major positive impact for Gerald and those around him.

Inclusion Interventions:

- **Intentional Seating.** During class, Gerald is seated in a quiet area or next to quieter students, since loud noises or too much activity trigger his acting out.
- **Ear Plugs or Headphones.** Gerald's mom packs earplugs for him.
- **Visual Schedule.** He uses a visual schedule to help better understand transitions and changes and prepare for them; Gerald is a highly visual learner and thinks in pictures, not words.
- **Visual Rules.** Gerald carries his own copy of his rules and expectations to help him stay focused and on task; his buddy or volunteer just points to the rule (picture symbols and words) to help him stay on task.
- **Basic Needs-Based Sign Language.** Volunteers who work with Gerald also use basic sign language; Gerald can hear, but basic sign language with facial expressions help cue Gerald to verbal instruction and direction.
- **Expectations and Rewards Set Ahead of Time.** Positive reinforcers are set prior to each event so Gerald knows toward what he is working when he exhibits appropriate behaviors. Many times, the positive reinforcer is not obtained in programming but instead when he leaves with mom; it may be a new video to watch or going to a favorite restaurant, both highly-motivating activities for Gerald.
- **Verbal Prompts.** Gerald needs verbal prompts. After a request is made of him, he mumbles "thank you"; his buddy or a volunteer must then respond "you're welcome". If a volunteer fails to respond or is new and does not know to do so, Gerald will have a melt down.
- **Movement and Off-Task Activities.** In class and during activities, Gerald is allowed to pace and move about the room, as long as he does not run and it is not considered dangerous. If Gerald remains seated during lesson time and needs a fidget toy or sensory item, e.g. a sensory ball, craft pipe cleaners, or play dough, such an object is provided. Many times Gerald is able to attend and pay attention, as long as he has something to keep his hands busy.

Andrew

Andrew is a 16-year-old young man, who is brilliant and knows more about the solar system/galaxy, steam train engines, and pyramids than you and I will ever know. Andrew has Asperger's Syndrome, a mild form of Autism. He is also diagnosed with OCD (obsessive compulsive disorder) and ADD/ADHD (attention deficit disorder / attention deficit hyperactivity disorder). Andrew has great command of the English language, both in expressive and receptive languages.

Andrew is a literal learner in that he only sees black and white. There is no gray in his world and no fantasy play. He understands that which can be explained in facts or through scientific experiment. Andrew enjoys complicated puzzles, word searches, advanced books on the solar system, Egyptian civilization, steam engines, and WWII history books. He loves trips to the air and space museum. Andrew cannot stand art and has no place in his world for arts and craft activities. Andrew participates in our young-adult community group on Sunday mornings and recreational and social outings, such as trips in the community and the men's bowling league.

He is easily agitated by too much noise or a noisy student. He needs a lot of time and notices when transitions are about to happen. He is very regimented in his routine; sudden change is very difficult and almost always results in a melt down. When Andrew gets upset, his voice escalates and often reaches a scream. He is not a runner, and is, therefore, not a flight risk. Because of his OCD, he often becomes fixated on one subject or object to the exclusion of everything else. Andrew used to become violent when extremely upset but has worked with parents and professionals on coping skills and self-management techniques, so problems do not progress to that level. As Andrew has gotten older, it has become much easier to reason with him and have rational discussions when he is beginning to escalate; verbal de-escalation is necessary with staff and volunteers.

In order for Andrew to have success in the classroom and Access programming, the following accommodations and modifications have been implemented:

- **Seating Placement.** Because Andrew tends to react negatively to too much noise or noisy students, careful thought in seat placement is important.
- **Verbal Prompting.** Andrew needs to be reminded to stay on task, and at the end of class, there is time for discussion on the things that interest him. Andrew is able to earn time at the end of class to have time with his science books. Often, Andrew becomes fixated on a question or subject that is not part of the lesson or activity and needs to be reminded it can be discussed later.

- **Communication/Teaching Style.** Communicators must teach up to Andrew, not down. He is brilliant with a mind that is hungry for information. Andrew often assists in teaching lessons, as his knowledge of the Bible and God are more advanced than that of many students in the class/program.
- **Visual Schedule and Timer.** Arthur thrives on consistency, and transitions are challenging. Having schedules posted with times helps him move from one activity to another. Andrew needs prompts and information when a change is going to occur. Using a timer or digital clock helps prepare him, along with a verbal instruction, such as “Andrew, at 9:45 a.m. we will be cleaning up and getting ready for Bible lesson. You have three minutes left.”
- **Volunteers.** Andrew much prefers a male buddy or volunteer; so, as often as possible, he is paired up with a male volunteer. He tends to melt down less when his buddy is a male teen or adult.
- **Dislike of Arts and Crafts.** We have learned these two words have a negative connotation for Andrew. If there is a craft or art activity planned, we change those words to “project”, and then he is willing to do it; but he will not engage in any activity that is called “art” or “craft”.
- **Verbal De-Escalation.** Andrew is working on making good choices at home and at school. When he has difficulty, staff and volunteers remind Andrew of his choices in very calm and quiet voices, along with which is the better choice to make. Andrew is very logical and methodical, so all conversations regarding choices and consequences must be framed as such.
- **Temporary Removal from Program or Room.** On the rare occasion when Andrew’s behavior becomes disruptive, one tactic that has positive results is removing from the environment to a different, calmer place. Once Andrew has organized himself and regained control, he rejoins the activity or group.

Sandra

Sandra is a bright 10-year-old girl, who loves Disney princess movies/books and any Tinkerbell memorabilia. Sandra has mild Autism, Fragile X, and PDD-NOS (Pervasive Developmental Disorder-Not Otherwise Specified). Sandra is a loving girl and becomes very attached to particular volunteers. Social interaction and large groups can be challenging and overwhelming for her. Sandra has great receptive language, but limited expressive language. She is able to read and enjoys it. Sandra does best with female teenage volunteers, someone like herself. Sandra participates in our summer camp program and respite events.

Sandra has difficulty with transitions and change, which often trigger behaviors that can be anything from yelling “no” and running away to dropping to the floor, covering her ears, and refusing to move. When Sandra is very agitated and stressed due to too much going on in her environment, she may break into tears. When Sandra has an episode, it takes a volunteer who is very patient and calm to talk her out of it. Even with her most intense melt downs, Sandra is not prone to aggressive behaviors.

The following accommodations help Sandra have success in programming:

- **Volunteer.** Sandra is extremely shy and uncomfortable around males; she is always assigned a female volunteer for all programs.
- **Transitions.** Because change is very difficult for Sandra, she needs to be prompted verbally when it is about to happen as well as visually cued with a picture schedule.
- **Noise.** When an environment is too loud or confusing for Sandra, she kneels down and covers her ears; this signals she has had her limit. Her volunteer knows it is time to remove her from the room, and the two then wait out in the hall with an alternate quiet activity to do.
- **Boundary Reminders.** Sandra is very loving and affectionate with volunteers. She needs to be coached on appropriate touch and body space proximity with staff/volunteers and other students for her personal protection as well as others’.
- **Difficultly Remaining Seated.** Sandra is unable to sit still for long periods of time, so volunteers and staff know she may need to get up and pace during a seated activity, as long as it is safe.
- **Positive Reinforcers.** Build in time for Disney music CDs or DVDs. During free play or open time, allow her access to her favorite books (some she brings from home and some we purchased to have on hand) as a positive reinforcer.
- **Behavior Management Chart.** Sandra stays on task well with a behavior chart that breaks down her day in 15- or 30-minute increments. When she has had a good session, she gets to stamp her chart with a smiley face. After earning a certain number of smiley faces, she receives a special Tinkerbell sticker.

The first week of summer camp was very challenging for Sandra. After implementing a behavior management chart for her, the volunteers in her classroom said the differences in her behavior were like night and day. The chart was similar to one used in her home and school environments.

Jim, on the other hand, offers narrative that reveals the components necessary to make inclusion happen. In short, meet the person’s needs as they develop.

Corey

There is no cookie-cutter approach to including people with Autism in the life of a church. Some need lots of attention; some don't need much. In my own experience in my home church, two men come to mind.

Corey was one who didn't need much attention. His family had always taken him to church, but there was nothing in place to help him find a meaningful place there. When he came to our church, he attended our special Sunday school class for adults. He relished the lessons, the other class members, the parties (especially if there was fried chicken), and giving to a mission cause.

One Sunday, he expressed his desire to become a member of the church and be baptized. It was a meaningful moment in our church's history.

As he developed spiritually, he wanted more. He wanted to teach the class. On the Sunday he taught, he told us the lesson was on his favorite Bible verse: "I can do all things through Christ who gives me strength." He did a beautiful job explaining what the verse means. His conclusion was powerful, "I know this verse is true, because it happened to me."

In addition to teaching, he started tithing. No one talked to him about it directly; he just started doing it.

His growth continued when he decided he wanted to be in a different Sunday school class. He started attending the college class and enjoys the fellowship of students his age and, in candor, the breakfast that is provided.

Corey's inclusion into the life of his church is, and will continue to be, easy and natural.

Casey

Casey needs more support. He was born a twin to an active couple in our church. His brother died in utero. In nursery and early-childhood classes, it was obvious he was not achieving the development milestones on schedule. His teachers discussed it; and, after we talked to his family, we charted a course of action.

While he had been in the regular class of his age group, he was "managed" by allowing him to flip through a magazine. It was his favorite thing to do, and he could actually recall what was on page 14 of a magazine. He could also recite every word of children's books that had been read to him.

Gradually his magazines were moved closer to the table, and he sat at the table and learned with the rest of his classmates. His lack of consistent communication prevented our knowing how much he was gaining; however, he must have gained something because he enjoyed being there.

To make inclusion in church easier, we worked with his public school teacher to develop a picture notebook. In school, an icon of the task he was to perform was attached to the front of the notebook with adhesive tape. If he was working on the computer, a computer icon was placed on the front. At church, the basics of story time, music, snack, and outside play were in his notebook, which helped him stay organized.

When he became a teenager, we talked to his age mates about his becoming a part of their groups. They were understanding because they all knew him and did what they could to help. As he got older, he became bored with lessons and concepts he didn't understand and slept a lot.

For awhile, we tried having a teacher work one-on-one with him. Then we moved to including him in an adult class with students more his level. This approach is working well. When the plan stops working, our job will be to help Casey find his place in his church family.

A Brother and A Sister

When two children with Autism from one family began attending our church, we designated a room for them where they could be away from the busyness of children's church. It has soft lighting, furnishings affixed to the walls and floors, no windows, a welcoming atmosphere, and appropriate toys.

Focusing on individual needs is the approach in all of the cases we have listed. We haven't stuck with a philosophy, a current trend, or something that worked with another person. The approach was tailor made for each individual described.



Terms Frequently Heard When Conversing about Autism

ADHD: Attention Deficit Hyperactive Disorder. It is often a part of a diagnosis of Autism. This disruptive behavior disorder has dual characteristics of abnormal levels of inattention and hyperactivity. In many cases, the two exist together.

APHASIA: Literally means “no speech”. In the broad sense of the word, it means having poor speech and language skills.

APPLIED BEHAVIOR ANALYSIS: Often referred to as ABA. It is a teaching technique that breaks the skills of a task into smaller steps. Taught in a highly-structured fashion, ABA can lead to more appropriate behaviors.

ASPERGER'S: The name given to students with Autism who function on a higher level, especially in language and cognition. Most often they will have difficulty relating socially.

AUGMENTATIVE COMMUNICATION: A variety of devices, simple and complex, to assist children with communication skills.

AUSTIC SAVANT: Denotes a person who has amazing skills in music, mathematics, art, and other areas of learning. Examples are doing math problems correctly with the use of pencil/paper or computer and drawing free handed resulting in a work that appears to have been done with a template.

AUTISM BEHAVIOR CHECKLIST (ABC): A screening tool for parents and teachers.

AUTISM SPECTRUM DISORDER: The name given to the range of Autism diagnoses. “My child is ‘on the spectrum’” is often heard from parents.

AUTISM SPEAKS: A wonderful organization that helps people with Autism and their families with advocacy, information, and materials.

AUTISM SOCIETY OF AMERICA: Another good organization for getting information about Autism.

CHILDHOOD DISINTEGRATIVE DISORDER (CDD) : Applies to children who appear to be developing normally for a few years but then lose skills and show autistic-like behaviors.

CLASSIC AUTISM: Often used for a child with the typical symptoms of the diagnosis.

COGNITION: The process of thinking, perceiving, reasoning, and problem solving.

CO-MORBIDITY: Means two diagnoses existing at the same time. An example would be Autism and anxiety.

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM IV) : Published by the American Psychiatric Association, it is a handbook used to determine a diagnosis for a person with mental disorders. It has a clear section diagnosing the type of Autism.

DISCRETE TRIAL TRAINING: This teaching approach uses Applied Behavior Analysis (ABA) concepts but provides several “trials” during the course of a session to practice the new skill being taught.

ECHOLALIA: The repetition of speech after it is no longer appropriate.

IDEA: The Individuals with Disabilities Education Act. It is the law that mandates school systems to educate students with disabilities in the classroom with their typical peers, if possible.

IEP: Stands for Individual Education Plan. This is the document that outlines a child’s education plan for a year. It is designed conjointly by the school principal, special education teacher, regular education teacher, parents, and anyone who has information about the student’s educational needs.

LEAST RESTRICTIVE ENVIRONMENT: Refers to the requirement that students with disabilities be placed in classrooms that will reduce their liabilities of this disability.

OCCUPATIONAL THERAPIST: A professional concerned with students’ activities of daily living, hand usage, and sensory-integration.

OPPOSITIONAL DEFIANT DISORDER: Used to describe children that demonstrate an ongoing

pattern of defiance, hostile behavior, negative relationships with authority figures, and uncooperativeness.

PERVASIVE DELAYS: Means a child has developmental delays in more than one area.

PERVASIVE DEVELOPMENTAL DISORDER-NOT OTHERWISE SPECIFIED (PDD-NOS) : Occurs when a child has some of the symptoms of Autism but not enough to carry the label.

PERSEVERATION: Refers to the inability to stop a verbal or motor function after it has served its purpose.

PICTURE EXCHANGE CARD SYSTEM (PECS): Uses pictures instead of words to aid communication. It is a widely-used non-verbal communication approach among students with Autism.

RELATIONSHIP DEVELOPMENT INTERVENTION: An approach to aid students with Autism improve relationship skills. It is managed by parents and therapists.

RHETT SYNDROME: Means the child has adequate brain growth, seizures, and autistic behaviors. Girls are mainly affected by Rhett Syndrome; it is rarely seen in boys.

SCHEDULE: A great idea for a student with Autism. It provides him/her a way to stay organized.

SELF-INJURIOUS BEHAVIORS: Happen when individuals cause harm to themselves. It can be hand banging, biting, and the like.

SENSORY INTEGRATION: The process that begins when a baby starts breathing its own oxygen. The five senses turn on and are stored for future use. In some children, often those with Autism, the sensory integration is faulty.

SENSORY INTEGRATION THERAPY AND CURRICULUM: Both are available to assist students improve their sensory integration abilities.

SOCIAL STORIES TM: To help teach skills, situation and concept stories are written to address areas the student is having difficulty mastering. The stories contain the behavior and provide the goal behavior the student is expected to achieve.

SPEECH THERAPIST: An important professional that helps improve communication skills of the learner with Autism.

STIM: Short for stimulation or stimming. It means the child is self-stimulating. It may be rocking, hand flapping, shutting out sound, spinning, and/or toe walking.

TACTILE DEFENSIVENESS: The term used when some children resist being touched or resist touching certain textures and objects.

TEACCH: A treatment and educational approach developed by the University of North Carolina's Psychiatric Department. It stands for Treatment and Education of Austic and Communication Related Handicapped Children. A highly-structured program, TEACCH helps the student with Autism learn to work successfully in his/her environment.

WEIGHTED VEST: A therapy used for children with Autism and other sensory processing disorders. The vest (belts are also available) calms the child, reduces repetitive behaviors, and improves posture that improves the child's perception and sensory skills. The method does not work for every child.

504 PLAN: A document that allows a student with a disability that doesn't have problems with education to access the school system. For example, a student may need to change a leg-bag in privacy.

Conclusion

The church is an inclusive place. Her Founder is an includer. His church and its people should follow His example. Jackie and I have shared the information we believe will guide your congregation in being welcoming to people with Autism. Knowledge about Autism is important. Teaching techniques and strategies are important. The type of program is important; however, the most important factor is the heart of your congregation. What signal does it radiate? Is the message clear everyone is embraced as a valuable member of God's family? Therefore, the person with Autism is valuable to us.

For the many years Woodlawn Christian Church has had a disability outreach, we have had a Christmas luncheon. Members served by the ministry, their families and caregivers, and the volunteers are fed, entertained, and given presents. It is an uplifting time.

This year, I saw with Corey's (see page) mother. She commented, "The success of this ministry is the attitude of this church. The members want my son to be here. They care about him spiritually." While she talked, Corey nodded his head vigorously.

As I stood to move to another table, the mother of the brother and sister (see page) greeted me and added, "I am so glad we found a church that cares about us and our children. It is a blessing."

Neither mother commented on our knowledge of Autism, our teaching methods, or our programs. What they saw was our attitude, our hearts, our desire to make room in God's House for everyone.

Use this booklet to that end and to the glory of God.

