

Baltimore's CHILD

SMART. LOCAL. PARENTING
FOR THE BALTIMORE AREA.
BaltimoresChild.com
OCTOBER 2021

**B'MORE
INCLUSIVE**
SPECIAL
SECTION
INSIDE

**HOW TO MAKE
HALLOWEEN
LESS SCARY**

**EXPLORE PRIVATE
SCHOOL OPTIONS**



TRICK OR TREAT!

CANDY-FREE GOODIES THAT KIDS WILL LOVE

AUTISM: Sensory Issues & Therapy Solutions

BY ANGELA WEST

CHILDREN DIAGNOSED WITH AUTISM SPECTRUM DISORDER (ASD) can often exhibit sensory issues such as hyper- or hypo-sensitivity to various stimuli. As many as 70% to 96% of those diagnosed with autism can display signs of sensory dysfunction. In 2013, the American Psychiatric Association added sensory sensitivity to a list of symptoms that help diagnose ASD. Much like symptoms of autism, sensory dysfunction can vary widely. Children can quickly become overwhelmed and manifest their anxiety in disruptive behaviors. Those with sensory issues can have both hyper- and hypo-sensitivity across multiple senses or even the same sense at times.

Both types of sensory sensitivity affect how a child with autism processes and reacts to various stimuli. Some children may under-respond to stimuli and have low sensitivity to pain, which can cause them to rub their arms or legs, wear tight clothing or look for things to touch and taste. Others might recoil at loud sounds or bright lights.

To determine the best therapy solutions for your child, you should ask, “Is it a sensory issue that is causing a behavioral response?” The first step is to observe your child’s behaviors and what leads to the reactions. Is there a loud noise before your child acts out? Does your child seek sensory experiences by taste and touch? These responses could be signs of hyper- or hypo-sensitivity. Since sensory dysfunction can cause added stress and anxiety, therapy is beneficial for mitigating responses and easing a child’s fears.

A few therapy solutions can help your child and your family work through sensory dysfunction. Applied Behavioral Analysis (ABA) Therapy is a scientific, evidence-based treatment that uses positive reinforcement, data analysis, visual supports and parent and caregiver involvement. Board Certified Behavior Analysts (BCBAs) can provide sensory mitigation techniques through sensory integration therapy and may work collaboratively with occupational and speech therapists. Occupational therapy uses physical activities and strategies to guide children gradually through processing the sensory stimuli they encounter in their environment. Speech therapy can help with sensory-rich or sensory-reducing activities depending on the child’s specific

Some types of sensory sensitivity include, but are not limited to, the following:

STIMULI	HYPER-SENSITIVE REACTION	HYPO-SENSITIVE REACTION
SIGHT	May exhibit discomfort with sun or glare	May like bright colors
TOUCH	May be bothered by tags on the inside of clothing	May seek textures or rub arms and legs
TASTE	May only eat certain textured foods	Might like intensely flavored foods
SMELL	May be oversensitive to scents of any kind (deodorant, perfumes)	May want to smell everything
SOUND	May cringe or cover ears at loud noises	May speak loudly or want music loud
TEMPERATURE	May not sense the cold and prefer cool clothes in the winter	May prefer warmer clothes in the summer
PAIN	May overreact to minor injuries or scrapes	May have a delayed response to injury or pain

ZSV3207 / ISTOCK / GETTY IMAGES PLUS

needs. Cognitive behavioral therapy uses gradual introduction to sensory stimuli to increase a child's tolerance as time progresses.

The best way to determine the most appropriate therapy for your child is to seek an assessment with an autism service provider. During the evaluation, a therapist can test your child's sensory sensitivities and help work with you to find the best course of treatment.

In the meantime, you can also engage your child with sensory toys such as sensory mats, putty, sand, slime, squeeze balls, fidget spinners and more. A quick internet search for sensory toys for autism can provide many options. ■

Angela West, M.S., BCBA, LBA, founder and chief clinical officer of Behavioral Framework, is board-certified and licensed as a behavior analyst in Virginia and Maryland. With more than 15 years of mental health and ABA experience, Angela has diverse programming and behavior management knowledge. Angela has a long history of developing and expanding ABA programs in Maryland and Northern Virginia.

Rose of Sharon Equestrian School

...a stable place in a challenging world®



ROSES seeks to address the social isolation and lack of purposeful engagement that often reduces the quality of life for children and youth with special needs. While the content of our program focuses on horses, the benefit of involvement reaches well beyond the barn.

Parents and participants report positive growth in the areas of: self confidence and social interaction, emotional and psychological well being, physical strength and stability, as well as improvement in schoolwork and family relationships.



Dear Stella,
I know a little about
strange places.
I know because
I have been in
and out of human
schools a lot.
It just takes time.
-Student



Programs are forming now to meet the needs of individual students or small groups.

Please call (410) 592-2562 for more information or to schedule a safe visit.

On the web at
www.roseofsharonschool.org

www.roseofsharonschool.org

The technology solution for families who value **CONNECTION.**



Now's the time to dial in on your family's communication needs! The Maryland Accessible Telecommunications (MAT) program allows family members to apply for assistive telephone equipment—so no one misses out on important conversations. Calling solutions—like amplified phones, Captioned Telephones, and tablets—help grandparents actively participate in phone calls, parents successfully telecommute, and children engage in distance learning.

**The MAT program benefits Maryland residents ages three and older who are Deaf, hard of hearing, DeafBlind, or are living with limited speech, mobility, or cognitive abilities.*

  
Maryland Accessible Telecommunications
Equipment Distribution Program

Tired of missed connections? Apply today:

800-552-7724 | 410-767-6960 (Voice/TTY)

443-453-5970 (Video Phone)

mat.program1@maryland.gov | mdrelay.org



PARENT'S GUIDE:

Communicating with Nonverbal Children

BY ANGELA WEST



Trying to communicate with a nonverbal child who has been diagnosed with autism can be stressful and discouraging. Remember that your child is not trying to act out or give you a hard time but is instead having a hard time and doesn't know how to convey that to you.

Understanding your child's perspective is key to staying calm, positive and helping your child communicate and progress. When a child breaks down, he or she is entirely overwhelmed. The best response is a sense of calm to help diffuse the meltdown and restore the child's sense of control.

Applied Behavioral Analysis (ABA) therapy and speech therapy are highly successful with guiding nonverbal children to communicate. The earlier the intervention, the better the results. It is never too

late for a child to learn some type of vocalization. Therapy can also teach alternative communication means such as a Picture Exchange Communication System (PECS) or other augmented communication devices (iPads).

Will all nonverbal children eventually speak? Not all nonverbal children will talk audibly the way most would consider speaking, but they can absolutely communicate, and many will speak. Be encouraged because therapy can guide your child toward verbal communication. For best results, a board-certified behavior analyst (BCBA) should assess your child and determine a course of action. Once evaluated, your therapist will meet with you to review a plan and set goals for your child. Evaluations should continue throughout the process and new goals be set for your child. Proven ABA

therapies can significantly benefit children who are nonverbal or minimally vocal.

Consider these tips if you're a parent going through this journey:

- **Acknowledge:** Remember to acknowledge what your child knows and how he or she communicates. The goal is to help your child become verbal and recognize when he or she attempts to communicate by other means such as pointing or grunting. You can use these moments to expand on this ability.
- **Imitation:** Imitating your motor movements, such as pressing a button on a toy, is a good indication that your child has the potential to imitate speech. Speech is also a motor movement. This process takes time and patience.
- **Repetition:** As with many forms of therapy, repetition is your partner. Learning and processing take time, and repetition is key to unlocking the door to possibilities.
- **Patience:** The most challenging part of this journey is sitting, waiting, watching and observing. The learning process is a marathon and not a sprint. Watch behaviors and ways your child communicates. Progress could be a behavior or an eye movement being used to communicate.

Understanding your child's perspective is key to staying calm, positive and helping your child communicate and progress.

- **Visual cues:** Try to use visual and voice cues. Point to a chair if you ask your child to sit in it. Your child may not be able to process verbal cues but can address the visual cues.
- **Choice-making is communicating:** Hold up a choice of objects, then wait to see if your child points or looks at a particular item. If he or she signals in any way, then your child is making a choice. Remember to meet your child where he or she is and rejoice in each ounce of progress along the way.
- **Assistance does not equal defeat:** Sign language, PECS or other augmented communication devices do not inhibit speech production. They can help to facilitate speech.

Sharing challenges and tips with others in similar circumstances can be a lifeline on difficult days. Reach out to autism service providers and nonprofit organizations to connect with other parents in the Baltimore area or online groups. ■

Angela West, M.S., BCBA, LBA, founder and chief clinical officer of Behavioral Framework, is board-certified and licensed as a behavior analyst in Maryland and Virginia. With more than 15 years of mental health and ABA experience, Angela has diverse programming and behavior management knowledge. Angela has a long history of developing and expanding ABA programs in Maryland and Northern Virginia.

Chesapeake PediatricDental group

Hakan O. Koymen, DDS, MS*
Luz M. Tennessee, DDS*
Marta Jolesz, DDS*
Hyejin Esther Cho, DMD*
Sylvia Yen, DMD, MPH*
Jennifer Mai, DDS*
Esther Durgam, DDS
Anne Isaacs, DDS

*Board Certified



We specialize in treating children with special needs.

WHITE MARSH AREA:
5009 Honeygo Center Drive, Suite 228
Perry Hall, MD 21128
410.248.3384

ARUNDEL MILLS AREA:
7556 Teague Road, Suite 110
Hanover, MD 21076
410.799.0780

ABINGDON AREA:
3400 Box Hill Corporate
Center Drive, Suite 120
Abingdon, MD 21009
410.569.4300



chesapeakepediatricdental.com