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Problems with Diagnosing High-Functioning Autism—

When parents seek help for their child, they encounter varied opinions – he'll outgrow it, leave him alone, it's no big deal, he just wants attention, and so on. Many professionals try to work with the child with High-Functioning Autism (HFA) as if his disorder is like other developmental disorders, but it is quite different. In most cases, there is a great misunderstanding by many people of the needs of these special individuals.

Diagnosis can be difficult. For the inexperienced, recognizing the defining characteristics of HFA can be difficult, and misdiagnoses are quite common. This is further complicated by the fact that an HFA child or teen has many of the same characteristics found in other disorders. These various characteristics are often misinterpreted, overlooked, under-emphasized, or overemphasized. As a result, a child may receive many different diagnoses over time or from different professionals.

For example, if a child with HFA demonstrates a high degree of attention deficit hyperactivity disorder (ADHD) - that might be the only diagnosis he receives. However, this is a common characteristic of HFA kids. The same holds true if obsessive or compulsive behaviors are displayed – the child gets labeled with obsessive-compulsive disorder (OCD) instead of HFA. The following traits are also commonly seen in those with HFA in varying degrees. However, just because these traits are there, it doesn't mean that the child should be diagnosed differently; these traits should be noted as significant features of HFA:

- Anxiety
- Difficulty with pragmatic language skills
- Hyperlexia (advanced word recognition skills)
- Motor deficits
- Oppositional defiant disorder (ODD)
- Sensory difficulties
- Social skills deficits

Professionals who do not have much experience with HFA have a hard time identifying
the defining characteristics. For example, social skill deficits may be noted by a professional, but then they are often downplayed because the child or adolescent appears to be having appropriate conversations with others or seems to be interested in other people. But with an HFA child, the conversations are not generally reciprocal, so the child must be carefully observed to see whether or not there is true back-and-forth interaction. Also, many HFA kids have an interest in others, but you need to clarify if the objects of their interest are age appropriate. Do they interact with peers in an age-appropriate fashion? Can they maintain friendships over a period of time or do they end as the novelty wears off? These are the types of observations and questions that must be asked in order to ensure a proper diagnosis.

Another example of an overlooked area is the narrow routines or rituals that are supposed to be present. This does not always manifest as obsessive-compulsive behavior in the typical sense, such as repeated hand washing or neatness, but rather in the insistence on the need for rules about many issues and situations. These kids may not throw tantrums over their need for rules, but may require them just as much as the person who has a meltdown when a rule is violated. In essence, there is no single profile of the typical HFA individual. They are not all the same, as you will see in later chapters.

Because of these subtleties and nuances, the single most important consideration in diagnosis is that the person making the initial diagnosis be familiar with autistic spectrum disorders – in particular, HFA. They should have previously diagnosed numerous kids. To make a proper, initial diagnosis requires the following:

1. An evaluation by an occupational therapist familiar with sensory integration difficulties may provide additional and valuable information.

2. It is important to include a speech and language evaluation, as those with HFA will display impairments in the pragmatics and semantics of language, despite having adequate receptive and expressive language. This will also serve to make parents aware of any unusual language patterns the child displays that will interfere in later social situations. Again, these oddities may not be recognized if the evaluator is not familiar with HFA.

3. The child should see a neurologist or developmental pediatrician (again, someone familiar with autistic spectrum disorders) for a thorough neurological exam to rule out other medical conditions and to assess the need for medication. The physician may
suggest additional medical testing (blood, urine, fragile X, hearing).

4. You and your child should have sessions with a psychologist where your child is carefully observed to see how he responds in various situations. This is done through play or talk sessions in the psychologist's office and by discussions with both parents. The psychologist may ask you to complete checklists or questionnaires to gain a better understanding of the child's behaviors at home and/or school. If the child is in school, the psychologist may call the child's teacher or ask her to complete additional checklists. The checklists or questionnaires used should be ones that are appropriate for individuals with HFA. It is important to determine the IQ level of your child as well. An average or above-average IQ is necessary for a diagnosis of HFA.

HFA Kids and Sleep Problems—

Studies find that approximately 73% of kids with High-Functioning Autism (HFA) experience sleep problems, and these problems tend to last longer in this group than they do for kids without HFA. For example, kids with HFA are more likely to be sluggish and disoriented after waking. Laboratory research has begun to describe the unique physiological presentation associated with sleep problems in kids with HFA, including disruptions in the sleep stage most associated with cognitive functioning (i.e. REM or Rapid Eye Movement sleep). In addition to physiological differences, some of the sleep difficulties in this population may be related to anxiety.

The impact of poor sleep is unequivocal. Poor sleep negatively impacts mood and exacerbates selective attention problems commonly found in kids with HFA, as well as impairing other aspects of cognitive function.

There is no one panacea to manage sleep problems in kids with HFA. However, there are many interventions that are likely to be helpful. In general, parents need to understand and be prepared for resistance to change that these kids often show. Parents should also be prepared for problems to get worse before they get better as kids often initially challenge but then gradually become accustomed to new routines.
A good place to start an intervention targeted at improving sleep is changing lifestyle behaviors and environmental conditions that can influence sleep/wake patterns. These include exercise, napping, diet, and aspects of the bedroom and sleep routine.

Exercise & Activity—

The goal is decreasing arousal as bedtime approaches. To achieve this it may be useful to have a scheduled period before bedtime (approximately 30-45 minutes) in which the aim is calmness and relaxation. During that period, media such as television, computers, electronic games, and music should be limited as they can stimulate the child through activity, sound, and light. The availability of VCR and DVR technology makes it easier to control when kids can watch particular shows, thereby avoiding conflict over missing favorite programs that are shown in the late evening. The presence of a television in the child’s bedroom has been consistently associated with sleep problems and should be avoided at all costs. Likewise, computer access in a child’s bedroom is discouraged for sleep as well as for safety reasons.

In general, exercise during the day is associated with better sleep. However, exercise within 2-4 hours of bedtime can lead to difficulties in falling asleep, as it can disrupt the natural cooling process of the body that leads to rest at night. Having the child soak their body, particularly their head, in a calm bath that is as warm as can be tolerated 90 minutes before bedtime may be useful too. When the child gets out of the bath, core body temperature will drop rapidly; this is believed to help them to fall asleep faster. Using a waterproof pillow and avoiding the pulsation associated with showers is recommended. The use of progressive muscle relaxation, deep breathing and imagery exercises is the most widely researched treatment for insomnia in kids and may be useful for kids with HFA as well.

Napping—

Controlled and limited (e.g., 20-30 minutes) napping is generally positive. However, longer daytime sleeping can be negative in that it makes it more difficult for the child to fall asleep at the ideal time in the evening. If the child’s sleep problems are associated with falling asleep, which is common for kids with HFA, it is advisable to avoid daytime napping.

Diet—
It is recommended that kids with sleep problems avoid all caffeine, alcohol, tobacco, high fat food, and monosodium glutamate (MSG). In contrast, food rich in protein may promote better sleep. Large meals within 2-3 hours of bedtime should also be avoided. A small carbohydrate/protein snack, such as whole wheat bread and low-fat cheese or milk before bedtime can be helpful to minimize nighttime hunger and stimulate the release of neuro-chemicals associated with falling asleep. For kids who often wake during the night to use the bathroom, and then have trouble falling back asleep, limited fluid intake in the 2 hours prior to bedtime is also recommended.

Melatonin is a natural brain hormone associated with sleep onset. There is some evidence that natural production of melatonin may be reduced in HFA kids. While melatonin supplements may be useful, a common side effect may be increased sluggishness in the morning. As discussed above, this is already a common problem for kids with HFA. Use of melatonin and other alternative remedies should be discussed with a physician.

The Bedroom—

It is important that the bed and the bedroom are associated with sleep and are not associated with activity. When kids have sleep problems, it is highly recommended that their bed and bedroom activity be limited to sleep only. It is important to make sure that extreme changes in temperature are avoided during the night. Increasing light is associated with decreases in the release of the neuro-chemical melatonin which triggers sleep onset. Thus, it is important to get the sunlight flowing in the child’s room as soon as possible in the morning. Conversely, darkening the room at night is critical. When a child’s fear of the dark is an issue, behavioral psychotherapy may be necessary. I also recommend moving the clock so that the child is not watching the time while lying in bed.

Sleep Routine—

Setting and maintaining a regular time to sleep and wake may be critical. Parents often make the mistake of allowing their kids to sleep much later on non-school days to “make up” for sleep. While this may be useful to a certain extent, allowing the child to sleep late in the day makes it difficult for them to fall asleep at an ideal time later in the evening. It is easier to wake a sleeping child then to force an alert child to go to sleep.
Thus, we recommend that you keep your child on a regular schedule on non-school days and avoid drastic changes in the time that the child wakes. Likewise, having your kids go to bed when they are not tired conditions them to be awake in bed. It is recommended that you let your kids stay up until they are tired while maintaining their waking time in the morning. Then once they begin falling asleep within 10 minutes of going to bed, begin to move bed time earlier by 15 minutes at a time.

With carefully monitoring and patience, many parents can make changes in a child’s life that promote better sleep. Improved sleep supports better mood, sustained attention and general health. However, for many families professional consultation is often necessary to design or maintain the appropriate intervention. When you need help, speak with other parents of HFA kids about their experiences and ask your primary care doctor for referrals to a sleep expert.

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**Ways to Help Your HFA Child Calm Down**

The visible symptoms of meltdowns are as varied as the kids with High-Functioning Autism (HFA) themselves, but every parent is able to describe their child’s meltdowns behavior in intricate detail.

Meltdowns can be short lived, or last as long as two hours. They can be as infrequent as once a month (often coinciding with the lunar cycle/full moon) or occur as frequently as 4-6 times a day.

Whatever the frequency and duration, an HFA child having meltdowns is difficult for parents/care-givers/teachers to deal with.

Meltdowns in HFA kids are triggered by a response to their environment. These responses can be caused by avoidance desire, anxiety or sensory overload. Triggers need to be recognized and identified.

*So how do we deal with meltdowns? What should you do when meltdowns occurs?*

An adults’ (parents/care-givers/teachers) behavior can influence a meltdown’s duration,
so always check your response first.

1. Calm down
2. Quiet down
3. Slow down
4. Prioritize safety
5. Re-establish self-control in the child, then deal with the issue

1. Take 3 slow, deep breaths, and rather than dreading the meltdowns that’s about to take place, assure yourself that you’ve survived meltdowns 1000 times before and will do so this time too.

2. Keep your speaking voice quiet and your tone neutrally pleasant. Don’t speak unnecessarily. Less is best. Don’t be “baited” into an argument. (Often HFA kids seem to “want” to fight. They know how to “push your buttons”, so don’t be side-tracked from the meltdowns issue).

3. Slow down. Meltdowns often occur at the most inconvenient time e.g. rushing out the door to school. The extra pressure the fear of being late creates, adds to the stress of the situation. (HFA kids respond to referred mood and will pick up on your stress. This stress is then added to their own.) So forget the clock and focus on the situation. Make sure the significant people in your life know your priorities here. Let your boss know that your HFA child has meltdowns that have the capacity to bring life to a standstill, and you may be late. Let your child’s teacher know that if your child is late due to meltdowns that it’s unavoidable, and your child shouldn’t be reprimanded for it.

4. Prioritize safety when your HFA child is having meltdowns. Understand that they can be extremely impulsive and irrational at this time. Don’t presume that the safety rules they know will be utilized while they’re melting down. Just because your HFA child knows not to go near the street when they are calm doesn’t mean they won’t run straight into 4 lanes of traffic when they are having a meltdown. If your HFA child starts melting down when you’re driving in the car, pull over and stop. If your child tends to “flee” when melting down, don’t chase them. This just adds more danger to the situation. Tail them at a safe distance (maintain visual contact) if necessary.

5. When your HFA child is calm and has regained self-control, he will often be exhausted. Keep that in mind as you work through the meltdowns issue. Reinforce to
your child the appropriate way to express their needs/requests.

Remember that all behavior is a form of communication, so try to work out the ‘message’ your HFA child is trying to convey with their meltdowns, rather than responding and reacting to the behavior displayed.

**Ways to help your HFA child calm down:**

1. An effective mediation method is to have the child sit or lay down with eyes closed and visualize a scenario that the child chooses. It should be something that is comforting to the child such as a fun vacation or a day at the park. Talk the child through the meditation and tell the child to feel as if the scenario is actually happening. Have the child picture him or herself interacting with other kids in a positive manner. This will plant the idea into the subconscious and can help with the child’s actual peer relationships.

2. Establish a certain time as quiet time. This can be after dinner a little before bed time. Kids with HFA like routines and this is a good way to help him or her to get used to settling down for the evening. The child can read or draw or write his or her thoughts during this time. Writing can be very effective in helping the child learn self-expression.

3. Have the child listen to classical or soft music. Just having this type of music playing in the background at home can create a sense of calm.

4. Have the child meditate. There are two ways to do this. One way is to have the child sit or lie down with eyes closed and take long slow deep breaths in through the nose and hold his or her breath for four seconds and then slowly exhale through the mouth. You can guide your child through this by saying, "Take a long, slow deep breath in through your nose, hold, hold, hold, hold your breath. Now slowly breathe out through your mouth." Try this for ten minutes either right before bed time or first time in the morning.

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**How to Motivate HFA Kids—**
Kids with High-Functioning Autism (HFA) respond best when their motivation level is high; when the answer to the question "What's in it for me?" is something an HFA child most wants or desires. Kids with HFA never really make the leap from instant gratification to internal motivation or drive, such as self-satisfaction in a job well done, or pride in their ability to face a challenging situation. HFA kids are simply wired differently emotionally, and parents and educators soon come to realize that motivation to attempt or complete tasks is closely linked to perceived personal gain or reward for the child.

For HFA kids to achieve and keep on achieving, the possibility of personal reward must be present as a motivator. Often this reward revolves around the special interest of the HFA child.

*So how do we achieve a state of constant motivation and satisfy the need for almost instant gratification without bankrupting our finances?*

I believe Token Economy best suits the needs of kids with HFA. A Token Economy is a system where the HFA child earns tokens as a reward for desired behaviors or actions. A predetermined number of tokens are then exchanged or “cashed in” for an item or activity the HFA child desires.

Token Economies that use money tokens seem to be the most successful with HFA kids in increasing their ability to delay gratification, and lessening the risk of satiation (overuse of a reward can result in the child no longer viewing it as a reward). Using money in a Token Economy negates the need for the HFA child to decode an abstract concept, as in the ‘real’ world people are paid money for completing tasks by way of employment.

A token economy works well with HFA kids at school and at home right through Elementary School, and can continue to be used successfully at home throughout High School.

HFA kids take a long time establish trust, and for this reason a token economy should focus on rewarding desired behaviors and actions. Once the program has been established for a number of years, you may then be able to introduce “fines” or response costs, where the HFA child is fined for inappropriate behavior. This correlates the Token Economy program with real-world experiences for HFA kids. However, the
focus of the program must be on the positives, because kids with HFA are prone to quickly losing their motivation and trust.

Be creative with the reinforcers offered as motivation for HFA kids. Offering a ‘menu’ of rewards to choose from seems most successful. Initially for kids with HFA “cashed in” rewards need to be fairly instant i.e. at the end of each day. Over time this can be stretched to the end of each week. As the HFA child matures this delayed gratification may be able to be stretched to a month or term, however small rewards and motivators should be offered consistently along the way.

HFA and Picky Eating—

Because of their sensitivity to smell, temperature, taste and texture, kids with High-Functioning Autism (HFA) are often "picky" eaters. Some develop fetishes such as only eating beige-colored foods or foods with creamy textures. They often like very sour or very spicy tastes. Some develop chewing fetishes and as a result, they constantly suck on pens, pencils or times of clothing.

These kids also sometimes have issues with developing gastric problems such as acid reflux, hiccups, diarrhea, vomiting, or constipation. They are susceptible to celiac disease, which is caused by poor absorption of certain nutrients. The danger is that celiac disease damages the digestive system. HFA kids frequently suffer from Dermatitis herpetiformis, which causes skin rashes and tissue damage in the intestine. It has also been shown that gluten can aggravate behavioral symptoms in those with HFA that are sensitive to these foods.

It becomes a challenge for parents to make sure their HFA child gets proper nutrition. One trick that works for many parents is to change the texture of a despised food. If your child will not eat peas, try serving pea soup. If she refuses orange juice, try orange slices. Most clinicians believe that the less you indulge food fetishes, the less entrenched they become. If an HFA child creates a rule that "no foods can touch on my plate," it can easily become a lifelong rule if parents do not intervene.

One promising food therapy is the "Gluten-Free Casein-Free Diet" or GFCF diet. The
theory behind it is that a child with HFA cannot digest casein (found in dairy) or gluten (found in grains). It is true that undigested molecules of these substances frequently show up in their urine samples. These amino acid chains (called peptides) affect neurological function and can worsen a child's symptoms. Peptides may have an opiate effect on some kids.

Parents begin the diet by first eliminating either the casein or the gluten food group. No gluten means no bread, barley, rye, oats, pasta, all kinds of flour, food starch, biscuits, cereals, cakes, donuts, pie, pretzels, pizza, croutons, and even crumbs stuck in the toaster. You can substitute gluten-free products. Next, you eliminate all dairy products including milk, cheese, goat's milk and cheese, ice cream, yogurt, most margarines, puddings, and so forth. If you eliminate the dairy group, you may have to give your child calcium supplements. You also need to cut out "trigger foods" including chocolate, food colorings, caffeine, and peanut butter. The GFCF Diet website offers all kinds of resources for parents such as cookbooks, food products, and DVDs.

Many parents believe that the GFCF diet really helps their kids. In an unscientific survey of over 2000 parents who tried it, most saw significant improvement and five reported "miracles."

Research into diet and vitamin therapy for kids with HFA is very sketchy at this point. Nevertheless, many parents try them. One scientific study of alternative therapies found that over half of all parents of kids with autism spectrum disorders have tried diets, herbs or vitamin therapy and 72% felt they were worthwhile. Many parents swear by the GFCF diet, others prefer the Feingold diet or megavitamin therapy. You can buy supplements of herbs and vitamins specifically made for kids with HFA. Such supplements often include calcium, fish oil, omega -3 -6 or -9, vitamin B-6, HNI enzymes and DMG or dimethylglycine. If you use these diets and therapies, the best thing to do is to keep written records of how often your child tantrums or exhibits other behaviors. This way you can tell if the therapy is working.

There have been a few scientific studies of the GFCF diet. In one three-month study of fifteen kids ages two to 15 years old, there was no difference between the kids who followed the diet and those who did not. However, researchers at the Loma Linda Medical Institute in California concluded that the diet was mostly helpful and improved nonverbal cognition, but that more double blind studies are needed.
Some parents have tried the GFCF or Feingold diets and found that they were not worth the effort. These diets make it extremely hard to buy regular grocery foods or to eat in restaurants. If there are other kids, you end up cooking different meals for them. Trying to keep to the diets may cause parental burnout and may simply not be worth their benefits.

HFA Kids and Behavior Problems—

If your child is experiencing significant behavioral problems, then you as a parent need to understand what he is thinking, how he interprets what is going on, and how his deficits cause problems before you can begin any intervention strategy. Do not rush into action until you have collected enough information and analyzed what is going on. If you do not know the reasons behind the behavior, you may very likely do the wrong thing. If you know what is going on, you can help things go better.

Realizing that your child will not be a good observer of his behavior is your first step. The child with High-Functioning Autism (HFA) often does not know what to do in a situation. He does not know the appropriate behavior because he doesn't understand how the world works. Or, if he knows a better solution, he cannot use it because he becomes "stuck."

Not knowing what to do - or being unable to do what is appropriate - results in anxiety that leads to additional ineffective and inappropriate actions. An HFA behavior is usually a result of this anxiety, which leads to difficulty moving on and letting go of an issue and "getting stuck" on something. This is rigidity, and it is the most common reason for behavioral problems. See the sidebar for a list of reasons for rigidity. You must deal with rigidity and replace it with flexibility early on in your plan to help your child. Flexibility is a skill that can be taught, and you will make this a major part of your efforts to help your child.

Reasons for Rigidity—

1. A misunderstanding or misinterpretation of another's action.
2. A violation of a rule or ritual – changing something from the way it is supposed to be. Someone is violating a rule and this is unacceptable to the child.
3. Anxiety about a current or upcoming event, no matter how trivial it might appear to you.
4. Immediate gratification of a need.
5. Lack of knowledge about how something is done. By not knowing how the world works with regard to specific situations and events, the child will act inappropriately instead.
6. Other internal issues, such as sensory, inattention (ADHD), oppositional tendency (ODD), or other psychiatric issues may also be causes of behavior.
7. The need to avoid or escape from a non-preferred activity, often something difficult or undesirable. Often, if your child cannot be perfect, she does not want to engage in an activity.
8. The need to control a situation.
9. The need to engage in or continue a preferred activity, usually an obsessive action or fantasy.
10. Transitioning from one activity to another. This is usually a problem because it may mean ending an activity before he is finished with it.

Note: Attention-getting is very rarely seen. It should not be considered as a reason for rigidity until all of the above reasons have been considered and eliminated.

Understanding your child involves knowing the HFA characteristics discussed earlier and how they manifest themselves in everyday behaviors. How does your child or adolescent see the world, think about matters, and react to what is going on around him? The following reasons will help you understand "why he acts the way he does."

Not Understanding How the World Works—

Your HFA child has a neuro-cognitive disorder that affects many areas of functioning. This includes a difficulty with the basic understanding of the rules of society, especially if they are not obvious. Life has many of these rules. Some are written, some are spoken, and some are learned through observation and intuition. Your child only knows what has been directly taught to him through books, movies, TV shows, the Internet, and explicit instructions. He is not able to sit in a room, observe what is happening, and understand social cues, implied directions, or how to "read between the lines," and as he is growing up, he does not learn how to do this. Instead, he learns facts. He does not
"take in" what is happening around him that involves the rest of the world, only what directly impacts him.

Many of the conversations he has had have generally been about knowledge and facts, not about feelings, opinions, and interactions. As a result, he does not really know how the world works and what one is supposed to do in various situations. This can apply to even the smallest situations you might take for granted. Not knowing the unspoken rules of situations causes anxiety and upset. This leads to many of the behavioral issues that appear as the HFA child tries to impose his own sense of order on a world he doesn't understand.

The HFA child creates his own set of rules for everyday functioning to keep things from changing and thereby minimize his anxiety. Sometimes, he just makes up the rules when it is convenient. Other times, he attempts to make them up by looking for patterns, rules, or the logic of a situation to make it less chaotic for him and more predictable and understandable. If there are no rules for an event or situation, he will create them from his own experiences based on what he has read, seen, or heard. He will often have a great deal of information to use in reaching his conclusions and forming his opinions and feelings. As a result, some of his conclusions are correct and some are wrong.

He will rarely consider someone else's point of view if he does not consider them to be an "expert." The fewer people he sees as experts, the more behavioral difficulty you will see. He might consider teachers and others to be experts, but his parents will rarely be seen as such. Therefore, he will argue with you about your opinions if different from his own. He thinks that his opinion is as good as yours, so he chooses his. This represents his rigid thinking. He finds it difficult to be flexible and consider alternate views, especially if he has already reached a conclusion. New ideas can be difficult to accept ("I'd rather do it the way I've always done it"). Being forced to think differently can cause a lot of anxiety.

You must never overestimate your HFA child's understanding of a situation because of his high intellectual ability or his other strengths. He is a boy who needs to figure out how the world works. He needs a road map and the set of instructions, one example at a time.

Frames of Reference—
In trying to understand how the world works, your child tries to make sense of your explanations, but sometimes is not able to do this. As a result, your effort at intervening falls short. This can occur because your explanation has no meaning. Each HFA child can only understand things for which they have a frame of reference, meaning they have a picture or idea about this from other sources or from prior discussions. They cannot understand what you will tell them without this frame of reference. For example, when I asked a teenage boy if he missed his parents when he was at overnight camp for a week, he replied that it was not all that long. When I asked him again if he missed them, he said he could e-mail them whenever he wanted. After my third attempt to get an answer he finally said to me, "I can't answer that question. Since I have never missed anyone before, I have nothing against which I can compare my feelings to know what missing feels like." In the next few chapters we will explain how to give your child or teenager a new frame of reference.

Preferred and Non-preferred Activities—

For all HFA individuals, life tends to be divided into two categories – preferred and non-preferred activities. Preferred activities are those things he engages in frequently and with great intensity. He seeks them out without any external motivation. However, not all of his preferred activities are equal. Some are much more highly desired and prized. An activity that is lower on the list can never be used as a motivator for one that is higher. For example, you cannot get him to substitute his video game playing by offering a food reward if the game playing is higher on his list.

Any activity that is not preferred can be considered non-preferred. They are less desirable and many are avoided. The lower they are on the list of desirability, the more he will resist or avoid doing them. Sometimes an activity or task becomes non-preferred because it is made to compete with one that is much more highly valued. For example, taking a bath could be enjoyable, but if your child is reading, and reading is higher on his list, he will resist or throw a tantrum.

Preferred and non-preferred activities are always problem areas. Your child or teen will always want to engage in preferred activities even when you have something more important for him to do. He does not want to end preferred activities and your attempts to have him end them can produce upset of one kind or another. On the other hand, trying to get him to do non-preferred activities, such as interacting socially, can also be difficult. If many non-preferred elements are combined together, the problem can
become a nightmare, such as with homework.

The HFA child rarely has activities he just likes. He tends to either love or hate an activity. The middle ground is usually missing. Teaching a middle ground or shades of gray can be a goal and will be discussed later. Also, as you try to teach him something new, you will encounter resistance because you are asking him to do something that's not a preferred activity. But, as he outgrows younger interests, he will need to learn new ones in order to have some common interests with his peers. He needs to experience new things to see if he likes them, but may not want to do this just because you're asking him to do something new. He already has his list of preferred interests and will rarely see the need for anything new. Quite often, his preferred list will include computer or video games. However, the more he is on the computer or the more he plays video games, the less available he is to be in the real world and learn something new. Most likely, you will have to control his access to preferred activities if new ones are to be introduced.

**Obsessive-Compulsive Behaviors and Anxiety—**

Obsessive-compulsive issues, also referred to as rituals, rigidity, perseverations, rules, or black-and-white thinking, originate in the HFA person's difficulty understanding the world around him. This creates anxiety, the underlying cause for his obsessive-compulsive behaviors. You will see anxiety in many different ways, depending on how your child manifests it. Some kids will show it in obvious ways, such as crying, hiding under furniture, or clinging to you. Others show it by trying to control the situation and bossing people around. Some may hit or throw a tantrum. Some may act silly. No matter how your child displays his anxiety, you need to recognize that it is there and not assume it is due to some other cause such as attention seeking or just plain misbehavior.

Anxiety can occur for the smallest reason. Don't judge anxiety-producing situations by your own reaction to an event. Your child will be much more sensitive to situations than you will be, and often there will be no logical reason for his anxiety. Something that you would be anxious about causes no anxiety in your child, while a small event causes him to be quite anxious. When events change, he never knows what is going to come next and he becomes confused and upset, leading to some form of inappropriate behavior.

Your child's first reaction is to try to reduce or eliminate his anxiety. He must do
something, and one of the most effective means is to take all changes, uncertainty, and variability out of the equation. This can be accomplished by obsessions. If everything is done a certain way, if there is a definite and unbreakable rule for every event, and if everyone does as he wishes, everything will be fine. Anxiety is then diminished or reduced, and no upset, tantrums, or meltdowns occur.

Unfortunately, it is virtually impossible to do this in the real world. Nevertheless, anxiety needs to be dealt with in some manner. This is the first order of business in planning for many interventions. If you move ahead before this has been settled, it will continue to be a significant interfering factor. Let's look at some examples of this.

Jake, age seventeen, won't leave the house because he wants to have his nails in a certain condition. This condition requires many hours of grooming that interfere with sleeping, eating, and doing just about anything else. This is obsessive-compulsive behavior. Any attempt to get him to leave the house or stop his nail maintenance causes anxiety and is rarely successful.

Anytime Michael, age eleven, hears an answer that he does not like, he becomes upset. If he asks a question or makes a request and the other person's response is not what he expected, he starts to argue with them, often acting out physically. He must have certain answers that are to his liking. This is rigidity in thought and it is also obsessive-compulsive.

Each of these cases has a cognitive and a behavioral component, and both must be considered. Each child must learn to get "unstuck" or let go of an issue and move on. They also need to learn how to change their thinking so that it doesn't become a problem to begin with.

Behavioral Manifestations of Anxiety—

- Becoming easily overwhelmed and having difficulty calming down.
- Creating their own set of rules for doing something.
- Demanding unrealistic perfection in their handwriting, or wanting to avoid doing any writing.
- Demonstrating unusual fears, anxiety, tantrums, and showing resistance to directions from others.
- Displaying a good deal of silly behaviors because they are anxious or do not know what to do in a situation.
• Eating a narrow range of foods.
• Having a narrow range of interests, and becoming fixated on certain topics and/or routines.
• Having trouble playing and socializing well with peers or avoiding socializing altogether. They prefer to be alone because others do not do things exactly as they do.
• Insisting on having things and/or events occur in a certain way.
• Intensely disliking loud noises and crowds.
• Lecturing others or engaging in a monologue rather than having a reciprocal conversation.
• Preferring to do the same things over and over.
• Reacting poorly to new events, transitions, or changes.
• Remaining in a fantasy world a good deal of the time and appearing unaware of events around them.
• Tending to conserve energy and put forth the least effort they can, except with highly preferred activities.
• Wanting things to go their way, when they want them to, no matter what anyone else may want. They may argue, throw a tantrum, ignore you, growl, refuse to yield, etc.

Black-and-White Thinking and Mindblindness—

The obsessive-compulsive approach to life results in the narrow range of interests and insistence on set routines typical of an HFA child. However, it usually starts as a cognitive (thinking) issue before it becomes a behavioral one. Cognitive issues, such as the inability to take someone else's perspective (mindblindness) and the lack of cognitive flexibility (black-and-white thinking), cause many of the behaviors we see. We know there is a cognitive element by looking at the child's behaviors. There is always some distress, anxiety, or obsession manifested in every inappropriate behavior.

As mentioned, your child's cognitive difficulties lead to inaccurate interpretations and understanding of the world. How someone interprets a situation determines how he will respond to it. Many times the interpretation of an event is either not an accurate one or not one that leads to positive or prosocial actions. If the event can be reinterpreted for him, it might lead to a more productive outcome. In doing this, we must first try to understand how the individual interprets a situation. All of the individual's behaviors are filtered through his perception of the way the world works.
Take a look at the questions in the sidebar as they pertain to a problem situation. Try to answer all the questions to see which explanation fits the situation the best. Each of these questions represents a problematic way of thinking for your child. As a result of your questioning, it should become clearer that your child is engaging in a nonproductive interpretation and that correcting this faulty thinking with a more positive interpretation could lead to a more positive action. Remember, details are extremely important in trying to understand what is happening and what to do about it. Do not try to intervene until you understand, at least to a small degree, what is happening with your child. Changing thinking becomes a paramount issue, but one that is often neglected. However, successful changes in thinking will dramatically increase the success rate of any strategy you use.

Questions to Ask about Your Child's Behavior —

To help you determine the reasons why your child acts the way he does, you should ask yourself the following questions:

1. Because a situation was one way the first time, does he feel it has to be that way always? (Being rule bound.)
2. Does he need to be taught a better way to deal with a problem? (He does not understand the way the world works.)
3. Does he see only two choices to a situation rather than many options? (Black-and-white thinking.)
4. Has he made a rule that can’t be followed? (He sees only one way to solve a problem. He cannot see alternatives.)
5. Is he blaming you for something that is beyond your control? (He feels that you must solve the problem for him even when it involves issues you have no control over.)
6. Is he exaggerating the importance of an event? There are no small events, everything that goes wrong is a catastrophe. (Black-and-white thinking.)
7. Is he expecting perfection in himself? (Black-and-white thinking.)
8. Is he misunderstanding what is happening and assuming something that isn't true? (Misinterpretation.)
9. Is he stuck on an idea and can't let it go? (He does not know how to let go and move on when there is a problem.)
Caution about Punishment for Meltdowns—

Punishing a youngster with High-Functioning Autism (HFA) for a meltdown is like punishing someone for swearing when they hit their thumb with a hammer. It won’t do any good whatsoever and can only serve to increase the distance between you and your “special needs” son or daughter. One of the most important things to realize is that meltdowns are part of the HFA condition.

Meltdowns aren’t wholly caused by the current scenario, but are usually the result of an overwhelming number of other issues. The one which "causes" the meltdown is the "straw that breaks the camel’s back". Unless you’re a mind reader, you won’t necessarily know what the other factors are and your HFA youngster may not be able to fully communicate the problem.

What is a Meltdown?

A meltdown is a condition where the HFA youngster temporarily loses control due to emotional responses to environmental factors. It generally appears that the HFA youngster has lost control over a single and specific issue; however, this is very rarely the case. Usually, the problem is an accumulation of a number of irritations which could span a fairly long period of time, particularly given the strong long-term memory facilities of the HFA youngster.

Why the Problems Seem Hidden?

HFA kids don't tend to give a lot of clues that they are very irritated. Often times, HFA youngsters’ grievances are aired as part of their normal conversation and may even be interpreted by moms and dads as part of their standard whining. Some things which annoy HFA kids would not be considered annoying to others. This makes moms and dads less likely to pick up on a potential problem. Their facial expressions very often will not convey the irritation, and their vocal tones will often remain flat even when they are fairly annoyed.

What happens during a Meltdown?

The meltdown appears to most parents as a temper tantrum. There are marked differences between adults and kids. Kids tend to flop onto the ground and shout,
scream or cry. Quite often, they will display violent behavior such as hitting or kicking. In adults, due to social pressures, violent behavior in public is less common. Shouting outbursts or emotional displays can occur, however. More often though, it leads to depression and the HFA adult simply retreats into himself and abandons social contact.

Some HFA kids describe the meltdown as a red or grey band across the eyes. There is a loss of control and a feeling of being a powerless observer outside the body. This can be dangerous as the HFA youngster may strike out, particularly if the instigator is nearby or if they are taunted during a meltdown.

Depression—

Sometimes, depression is the only outward visible sign of a meltdown. At other times, depression results when the HFA youngster leaves their meltdown state and confronts the results of the meltdown. The depression is a result of guilt over abusive, shouting or violent behavior.

Dealing with Meltdowns—

There's not a great deal of that you can do when a meltdown occurs in a very young child. Probably the very best thing that you can do at their youngest ages is to train yourself to recognize a meltdown before it happens and take steps to avoid it.

Once the youngster reaches an age where they can understand, probably around seven years give or take a few. You can work on explaining the situation. One way you could do this would be to discreetly videotape a meltdown and allow them to watch it at a later date. You could then discuss the incident, explain why it isn't socially acceptable and give them some alternatives.

Shutdowns versus Meltdowns—

Technically, there aren't too many differences between meltdowns and shutdowns. Both are extreme reactions to everyday stimuli. Both tend to be the result of long-term unresolved issues rather than the more obvious triggers, and both are almost completely out-of-the-control of the youngster with High-Functioning Autism (HFA) – rather than being used by kids and adults as a means to an end (which would be either a
tantrum or emotional blackmail).

Some HFA kids are more prone to meltdowns while others lean more towards the shutdown model. It's possible to do both, but this depends greatly on the root cause of the problem. There's a personality component to the reaction with HFA kids who are sure of themselves or more fiercely independent leaning towards meltdowns rather than shutdowns, but again there's a wide variance depending upon the feelings brought on by the trigger. Some events can make even the most confident of HFA kids doubt themselves.

**What exactly is a shutdown?**

While a meltdown could be described as rage against a situation, a shutdown tends to be more of a retreat. Behaviors which manifest during a shutdown include rolling oneself into a ball or fetal position, crawling under objects or lying face down or completely under the covers on a bed. Gaze avoidance tends to increase significantly during a shutdown, and conversation is non-existent.

As with meltdowns, in a shutdown situation, the HFA youngster may act irrationally or dangerously. Unlike a meltdown however, the harmful activities are almost always directed at oneself. The HFA youngster may attempt self-harm and may even be suicidal. He/she may be more likely to take reckless risks (e.g., attempting to jump out of a bedroom window).

**What causes a shutdown?**

As with meltdowns, the cause of a shutdown tends to be cumulative, and the trigger may bear little resemblance to the actual problem. The real problems associated with shutdowns tend to lean towards depression, loneliness, poor self-image and poor self-worth.

In a small child, a shutdown may be triggered because of a simple breakfast issue (e.g., they were given something they don't like). In this case, the cause may actually have nothing to do with breakfast at all - but rather it may be symptomatic of the youngster's frustration at not being able to make himself understood.

**What does a shutdown look like in HFA adults?**
In grown-ups, shutdowns can result from extreme events (e.g., losing a job, marriage break-up, etc.), but they can also have very small triggers, which simply remind the HFA adult of a larger pain (e.g., a small incident at work can provoke some long-term insecurities and cause a retreat).

A shutdown will move some form of emotional pain to the center of the adult's focus, and he/she may start contemplating "what if" and "if only" scenarios. These thoughts are always counter-productive, because you can't change the past, and they usually only make the person feel entrapped by events. During a shutdown, the adult may collapse into a heap and will generally not have any contact with anyone.

*What can be done?*

Like all HFA traits, there's not really a cure; however, self-respect goes a long way towards prevention. If you have HFA kids, it's very important to counter any negative messages they're receiving from others. If those negative messages are coming from teachers or family, then you may need to get involved yourself.

Unlike meltdowns (where it's best to leave the HFA youngster alone - but in a safe place), it's generally helpful to talk in a soothing voice during a shutdown. Just make sure that you're careful what you say - and keep things positive. The only thing to remember when soothing your child during a shutdown is that you're still dealing with a child on the autism spectrum. Don't try to force eye contact, and don't touch the child without either being invited to do so - or being cautious to see the reaction first.

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**HFA Kids and Hyper-Focus—**

One of the unusual abilities that kids with High-Functioning Autism (HFA) have is “hyper-focus”. Like all HFA traits, hyper-focus is a double-edged sword. On the one hand, when combined with the special interest and HFA long-term memory, it is responsible for the genius label as it applies to HFA kids. On the other, it's responsible for many learning and obedience issues.
Hyper-focus is commonly found in HFA kids who also have the ADD/ADHD. In recent years, the definitions of ADHD (Attention Deficit Hyperactive Disorder) and ADD (Attention Deficit Disorder) have merged, in the medical sense under the banner of ADHD. Personally, I'm not keen on this merging of diagnosis because while the two share similar definitions, there are some fundamental differences between them. While both ADHD and ADD kids have, by definition, attention issues, the hyperactive child is more likely to have attention problems due to hyperactivity itself while the ADD child is more likely to have a hyper-focus problem.

Consider the differences between the two:

1. A child who does not respond when his name is called because he is distracted or is shouting and jumping from chair to chair.
2. A child who is intently starring at a spinning wheel, or playing with some lego bricks and does not respond when his name is repeatedly called.

Hyper-focus is possibly the cause of the problem only in the second case.

One of the basic tenants of positive parenting and positive schooling is that the obedient child should be rewarded. In school for example, a child who is obviously paying attention will receive a reward, while one who is not may be rebuked or simply ignored. This technique is generally quite effective with neuro-typical kids.

Unfortunately, this technique does not work with hyper-focused kids who go into daydream state - or "zone out" - automatically. Zoning out is not disobedience. This child is not trying to be naughty - they just happen to go into that state automatically.

The best remedy for these kids is for the parent or teacher to work more closely with them and for more one-on-one time to be allocated. In schools, this isn't always practical and hyper-focused kids can often miss out on necessary attention and can fall behind. Often, such kids are labeled "slow" and are put into remedial classes simply because they lack the ability to remain "on-task".

Hyper-focus has a lot of advantages. It allows one to think more abstractly and with greater complexity. It is a particularly useful skill to have when you need to be able to model complex systems or think in an extremely logical manner (for computer programming). In the adult world, hyper-focus allows HFA people to deal with excessive levels of detail while still retaining a top-down approach.
HFA kids tend to hyper-focus mainly on their special interests, and they are able to take in and process large amounts of related information as a result. The best way to make use of hyper-focus in primary school kids is to attempt to line their work up with their special interests whenever possible. For example, if the student's special interest is trains, then giving them sentences to write about trains, mathematics problems regarding carriages/train sizes/weights, or giving them scientific projects on the use of electricity or steam in trains will allow the student to use their special interest to further their normal learning.

School Refusal—

Some kids with High-Functioning Autism (HFA) experience fear or panic when they think about going to school in the morning. These kids may tell their parents that they feel nauseous or have a headache, or may exaggerate minor physical complaints as an excuse not to go to school. When the HFA child or teen exhibits a developmentally inappropriate and excessive anxiety concerning separation from their home or from those to whom they are attached, they may be experiencing Separation Anxiety Disorder. Separation Anxiety Disorder is characterized by the child exhibiting three or more of the following for a period of more than four weeks:

1. persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
2. persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
3. persistent reluctance or refusal to go to school or elsewhere because of fear of separation
4. persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
5. persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
6. recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
7. repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated
8. repeated nightmares involving the theme of separation

In addition to the symptoms described above, HFA kids with an unreasonable fear of school may also:

- display clinging behavior
- fear being alone in the dark
- feel unsafe staying in a room by themselves and frequently go check to find their parent or have a need to be able to see their parent (e.g., a child in a shopping mall who feels a lot of distress if they can't always see their parent may be exhibiting a symptom of separation anxiety)
- have difficulty going to sleep
- have exaggerated, unrealistic fears of animals, monster, burglars
- have nightmares about being separated from their parent(s)
- have severe tantrums when forced to go to school

School Refusal Warning Signs—

While one student may complain of headaches or stomachaches, another may refuse to get out of bed, while a third repeatedly gets "sick" and calls home during the school day. Symptoms can run the gamut and may even include combinations of behaviors. Here are some typical warning signs:

- Anxiety or panic attacks
- Depression
- Drug/alcohol use
- Failing grades
- Fatigue
- Frequent physical complaints such as headaches, stomachaches
- Physical aggression or threats
- Risk-taking behavior
- Social problems
Many symptoms, particularly physical complaints, can mimic other disorders. When these occur in combination with a pattern of not attending school, a complete evaluation should be made by qualified professionals to determine whether a student has school refusal disorder or another psychological or possibly even a physical disorder.

Separation Anxiety Disorder can be exhausting and frustrating for the parents to deal with, but it is worse for the HFA child who feels such intense fear and discomfort about going to school. If parents are unable to get the child to school, the child may develop serious educational, emotional, and social problems.

Because the anxiety is about separating from the parent (or attachment object), once the child or teen gets to school, they usually calm down and are OK. It's getting them there that is the real challenge.

School avoidance or school refusal may serve different functions. For some HFA kids or teens, it may be the avoidance of specific fears or phobias triggered in the school setting (e.g., fear of school bathrooms due to contamination fears associated with Obsessive-Compulsive Disorder, fear of test-taking). For other kids or teenagers, it may serve to help them avoid or escape negative social situations (e.g., being bullied by peers, being teased, or having a very critical teacher).

When school refusal is anxiety-related, allowing the HFA child to stay home only worsens the symptoms over time, and getting the child back into school as quickly as possible is one of the factors that is associated with more positive outcomes. To do that, however, requires a multimodal approach that involves the student's physician, a mental health professional, the parents, the student, and the school team. The same therapeutic modalities that are effective with Panic Disorder and Obsessive-Compulsive Disorder are also effective for school refusal, namely, exposure-response prevention (a form of cognitive-behavior therapy that may include relaxation training, cognitive alterations, and a graded hierarchy of steps towards the goal).

There is some research that suggests that education support therapy may be as effective as exposure therapy for treating school refusal. Working with the school psychologist, the student talks about their fears and is educated in the differences between fear, anxiety, and phobias. They learn to recognize the physical symptoms that are associated with each of these states and are given information to help them overcome their fears about attending school. The student is usually asked to keep a
daily diary where they record their fears, thoughts (cognitions), strategies, and feelings about going to school. The time of day that they arrived at school is also recorded, and the record is reviewed each morning with the school psychologist. Although it might seem like a good idea to incorporate positive reinforcement for school attendance, that may backfire and merely increase the student's stress levels and anxiety.

Parent training in strategies to work with the HFA child in the home is also an important piece of any school-based plan to deal with the student with school refusal.

When it comes to school refusal, accommodating the HFA child by letting them stay home is generally contraindicated, unless there are other issues. So what can parents do? Here are some tips:

1. A child's reluctance to go to school can be irritating to parents. Expressing resentment and anger is counterproductive. And you won't feel the urge to do so if you adopt specific strategies to assist your HFA child.
2. Be open to hearing about how your child feels. However, lengthy discussions about the child's problems are not always helpful and can be experienced as a burden by the child. The focus must always be that you want to help your child be free of worries and fears.
3. Do not deny the child's anxiety or worries, but acknowledge them and reassure him/her. For example: "I know you're worried I won't be there to pick you up, but there's no reason to worry. I'll be there."
4. Do not quiz the HFA child about why s/he feels scared. The child often does not know why. By not being able to provide an explanation, in addition to being anxious, the child feels guilty about not making sense of what is happening. Better to acknowledge that the fears make no sense and that the HFA child has to fight them.
5. It is most important to tell the HFA child exactly what s/he is to expect. There should be no "tricks" or surprises. For example, a child may be told that he should try to stay in school for only one hour, but after the hour he is encouraged or asked to stay longer either by the school or parent. This will backfire. The child will eventually refuse future arrangements for fear that they will be modified arbitrarily. Part of being anxious is anxiety about the unknown and the “what if?”
6. Punishment does not work, but kind, consistent, rational pressure and encouragement do.
7. Try to find ways to enable the HFA child to go to school. For example, a child is likely to feel reassured if times are set for him or her to call the mother from
school. In extreme cases, mothers may stay with the child in school, but for a specified length of time which is gradually reduced.

Dealing with Temper Tantrums in HFA Kids—

Kids with High-Functioning Autism (HFA) have been known to have a tantrum or two. Think about why a child may have a tantrum. That's right, they work! Tantrums can get kids what they want, or they would not have them. What do kids want? Candy, attention, favorite toys, not to go to bed, to continue self-stimulating, not to take medicine, more cookies, no more broccoli, and on and on.

Kids want what they want, when they want it. There are some things you can do to prevent tantrum behavior (e.g., teach kids to wait) but that cannot help you when you are at the shops with a screaming child! The best solution for a tantrum is a commitment from all people who have regular contact with your child to ignore the tantrum and never give the child what he is fussing for as long as he is still having a tantrum. Here's how to do it and stay sane.

What Is A Tantrum?

A tantrum is a form of communication. It's a way for the child to say: "Look, parents and the whole world, you'd better give me what I want!" A tantrum is a normal reaction to frustration (not getting what you want) that has grown into a behavior problem. It is normal for a child to express anger when disappointed. Anger is a healthy response as long as it is expressed in a socially acceptable way.

When a child expresses anger, our first reaction may be amusement. It's cute when a toddler gets mad. Their face frowns up, they say cute things, and they seem so pitiful. Our second reaction, unfortunately, may be to give in to them. This is when a normal anger reaction may turn into a tantrum. The child learns quickly that this tool they have just discovered is like magic. It gets the child what he wants.

As time goes on, parents get angry too and begin to punish, ignore, yell, and, eventually, to give in again. This is why many parents say, "I tried ignoring, but it did not work." You
cannot ignore for a while. You must always ignore, in all situations, or it will not work. The child must learn that you will never give in to him when he is fussing. What happens when we ignore, yell, or punish for a while and then give in? The child has learned that for a tantrum to work, it must be loud and must last for a long time! To stop a tantrum, you and all who have regular contact with your child will have to agree to never give in to a tantrum. This is very hard to do! If you cannot commit to this, then stop reading now and find a way to enjoy the tantrums.

Counting Procedure—

One strategy is to let the child know that reinforcement is currently not available. It can be used when a child wants something that he can have, but not by throwing a tantrum.

Mother/father: “No crying.” (Start counting as soon as the child takes a breath but stops as soon as the crying begins again.)
Mother/father: Repeat “No crying” (Resume counting each time the child stops crying.)
Eventually stops crying for a full count of 10.
Mother/father: "What do you want?"

Where a child has echolalia, he may begin using the number sequence as a request for the desired object. The numbers should then be counted non-verbally using your fingers instead. In some cases the counting procedure may actually escalate the tantrum because the presence of the mother/father still suggests that he can get what he wants. This can be especially true if the tantrums have worked in the past to get the child what he wants. Planned ignoring should then be used.

Planned Ignoring—

Planned ignoring, or tactical ignoring, is a strategy to deal with behaviors that thrive on attention. It is not to be used when the tantrum causes harm to the child, others, or property. To ignore the child harming self, others, or property would be teaching a behavior that is much worse than a tantrum. If your child is harming self, others, or property, ask the professionals working with you for another strategy. Here's how to implement planned ignoring for tantrums:

Consistent response from everyone—
Everyone who has regular contact with your child must agree to use this approach for each and every tantrum. If your child can understand you, when he is calm, tell your child that you will not pay attention to any tantrums (use words he understands) and that you will not give him what he wants as long as he is having a tantrum.

Complete ignoring of the tantrum—

Whenever and wherever a tantrum occurs, it must be completely ignored. This means no positive or negative attention. The tantrum should be treated as if it did not exist and that it will change nothing for the good or bad in your child's life. Do not look at your child (except out of the corner of your eye to assure your child's safety). Do not talk to your child, correct your child, yell at your child, reason with your child, comment on the tantrum, or explain your actions to your child. Do not touch your child (except to protect him from harming himself, others, or property). Step over your child if you have to. No hugs, spankings, pats, squeezes, etc. Do not give your child anything to distract him, especially the item he is fussing for.

Lavish praise to other kids for their appropriate behavior—

Do not talk to others in the room about the child's tantrum. Talk to other adults about the news, sports, or weather. Focus on the other kids or people in the room and what they are doing right. Also, do not ignore good behavior when it occurs at other times. When you see your child behaving well, sitting quietly, tell him so: "I like how you are sitting so quietly!" This will let the child know that you pay attention to good behavior, not bad.

If you are alone, occupy your attention with other activities—

Read a book, call a friend (this may be a good idea as long as the friend will support you in your new, tough-love stance with your child - but do not call anyone who will convince you to give in), listen to music, watch television, sweep the floor, anything to distract you from paying attention to your child's tantrum.

Positive reinforcement for appropriate behavior—

When the tantrum stops (in the beginning, this may take a long time), wait a few moments, and then praise your child for the next appropriate behavior. Do not discuss
the tantrum and do not give your child the item or privilege he was fussing for until 30 minutes have passed. At that time it is appropriate to say: "Now ask me again for a cookie (or the item that set the tantrum off - if it is appropriate to have at that time)." Praise the child for appropriate asking and give the item, if appropriate. This positive reinforcement will encourage appropriate behavior.

When to Intervene in a tantrum—

If your child begins to hurt himself, others, or property during a tantrum, you must intervene. If your child is trying to hurt others, remove the others from his reach and give the others your full attention. Do not talk to your child while intervening. Continue to ignore the tantrum. If your child is hurting himself, remove any items that may harm your child or move your child to a safer place. Do not talk to your child and use only the amount of physical contact necessary to assure your child's safety. Make all your actions appear to be matter-of-fact. Treat the tantrum with as little attention as possible. Not unlike the way you deal with an unpleasant noise from outside over which you have no control.

If your child was in the middle of completing a task for you when the tantrum began, ignore the tantrum but make sure the child completes the task, even if it means hand-over-hand help. For example, if you asked your child to pick up the toys and then the tantrum began, do not allow the tantrum to get the child out of the chore. Without talking to the child, help him pick up the toys and put them away. When the task is finished, walk away without praising your child, unless the tantrum stopped. You may also wait for the tantrum to stop and then have your child complete the task.

Getting help in dealing with tantrums—

Talk with supportive people who understand what you are doing with your child. Hopefully, you have a spouse, minister, friend, family member, and/or professional to share your progress with. This will help keep you on track and will help you deal with the strange looks you will get from people in the community who do not understand what you are doing to your child.

Have someone else observe your ignoring to make sure you are not providing any inadvertent attention to your child. Stick to the planned ignoring for at least one month before thinking about changing tactics. Behaviors that have been around for a long time
will take longer to extinguish. If the tantrum behavior occurs again after it has stopped, apply the planned ignoring all over again. Your child must get the idea that tantrums do not help them or hurt them, they just get ignored!

**Tantrums as a request for attention—**

Kids with HFA often communicate through their behavior. That may well be what is going on in a tantrum. You may acknowledge that you understand that the child is trying to tell you something but "you must use your words" or communicate in some other way.

As long as the child is not fussing, give praise when the child uses his words. Also, make sure you listen, don't ignore good communication (get up and meet the need or request if it is appropriate - or explain why it is not appropriate). Often we parents get busy and put the child off for too long once he has asked appropriately for something. Show your child that appropriate communication is rewarded and honored.

A tantrum can be a request for attention. Parents have a natural tendency to run to their kids when they are in distress. Unfortunately, kids can learn to get attention just by screaming. It is important that you stop reinforcing the behavior by giving attention to your child. Instead, give lots of positive attention during appropriate behaviors. For example, approach him when he is playing quietly and offer lots of hugs and kind words (or whatever works as positive reinforcement for the child).

Never give attention to the problem behavior again. Time out or ignoring will work if the problem behavior is an attempt to gain attention. If the child is using self-injurious or destructive behavior to gain attention, don't leave the child alone. Block the behavior and protect the child but do not say anything and do not provide any “soothing” touches.

**Be aware of sensory issues that can cause tantrums—**

Some tantrums are related to sensory issues. A tantrum may occur due to your HFA child's hearing a noise, seeing something that they dislike or are afraid of, smelling something, etc. If you suspect this, look into the sensory issues and consult your child's occupational therapist for sensory integration ideas. Some kids enjoy tantrums because they lead to the mother/father holding the child. I know some therapists recommend
holding a child to relieve the tantrum. Just my opinion: I think this gives too much attention and may actually reinforce the tantrum.

Some kids do things in a tantrum that cause them self-harm (e.g., banging head, hitting self, etc.) and can lead to self-injurious behavior - sometimes this is a sensory issue also. Researchers believe some kids hurt themselves to release endorphins in the body that then provides them with a sensation they enjoy. If your child is hurting himself, please contact a psychologist or psychiatrist or other medical professional for evaluation.

Helping Your Child to Understand the World—

There are many things you can do to help your HFA youngster better understand the world, and in doing so, make everyone's lives a little easier. The ideas below are only suggestions. Depending on your child’s temperament, some will be helpful, others won’t. So, you will need to embark on a trial-and-error campaign.

1. Begin early to teach the difference between private and public places and actions so that your HFA child can develop ways of coping with more complex social rules later in life.

2. Don't always expect him to 'act his age'. HFA kids are usually relatively immature, and you should make some allowances for this.

3. Explain why she should look at you when you speak to her.... encourage her, give lots of praise for any achievement - especially when she uses a social skill without prompting.

4. In some HFA kids who appear not to listen - the act of 'singing' your words can have a beneficial effect.

5. Keep all your speech simple - to a level he understands.

6. Keep instructions simple ...and for complicated jobs, use lists or pictures.
7. Let her know that you love her and that you are proud of her. It can be very easy with an HFA youngster who rarely speaks not to tell her all the things you feel inside.

8. Limit any choices to two or three items.

9. Limit his 'special interest' time to set amounts of time each day if you can.

10. Pre-warn her of any changes, and give warning prompts if you want her to finish a task (e.g., “When you have colored that in, we are going shopping”).

11. Promises and threats you make will have to be kept - so try not to make them too lightly.

12. Teach him some strategies for coping. For example, telling peers who are teasing to 'go away', or to breathe deeply and count to 20 if he feels the urge to cry in public.

13. Try to build in some flexibility in her routine. If she learns early that things do change - and often without warning - it can help.

14. Try to get confirmation that she understands what you are talking about/or asking. Don’t rely on a stock ‘yes’ or ‘no’ that she may like to answer with.

15. Try to identify stress triggers. Avoid them if possible. Be ready to distract with some alternative 'come and see this...'

16. Use turn taking activities as much as possible – not only in games, but at home too.

Remember, HFA kids have their own unique personalities, abilities, likes and dislikes - they just need extra support, patience and understanding from everyone around them.
School-Related Behavioral Problems: Tips for Educators—

Consider the following scenarios: A child with High-Functioning Autism (HFA) has a behavior meltdown, in the school hallway. He begins to scream and hit other child. A teacher is able to redirect the child and thus eliminate the behavior. Afterward, the IEP team meets to discuss behavioral approaches for the future and to try to find out what led to this behavioral incident. As the team discusses potential reasons for the behavior, they discover that the child has been the victim of intense bullying and teasing. In response, the team questions what they can do in the future to eliminate behavioral difficulties. The issue of dealing with the bullies is never discussed.

Another child has a history of behavioral challenges that were minimal during elementary school, but have intensified in middle school. The team realizes that middle school presents special challenges because of changing classes and working with multiple staff. Accommodations are discussed that may assist the child in making numerous transitions throughout the school day. Despite these efforts, behavior incidents continue to occur. The behaviors are most likely to occur in the cafeteria or in hallways, which are incredibly noisy. It is suggested that in the future, in-school suspension be considered when there is a behavioral challenge. This is the approach used with other kids, and the school has a strong zero-tolerance policy. The child is warned repeatedly. Despite these warnings, behaviors continue and actually escalate, resulting in removal from the educational setting.

Responding to Problematic Behavior

When a child with HFA engages in problematic behavior, a typical response includes trying to identify what is going on within the child that leads to this behavior crisis. Questions are asked, such as, “Why is he exhibiting this behavior?” “Why is she hitting others?” or “What will stop this behavior?” All too often, this last question keeps us focused on consequence procedures that are child specific. However, simply focusing on the child as the sole source of the behavior provides limited insight into potential solutions and problems. In these situations, there are multiple issues to consider.

First, the federal law guiding special education services, the 2004 Individuals with Disabilities Education Improvement Act (IDEIA), requires special procedures and safeguards to be used when considering discipline for child with disabilities. These IDEIA
provisions regarding discipline were designed to ensure that kids with disabilities maintain their ability to receive an appropriate education, even though the symptoms of their disability may include behaviors that require interventions. These provisions consider the amount of time a child may be removed from class or school due to behavior, and require the school team to analyze whether the behavior is related to the child's disability. This process is called manifestation determination. If the behavior is determined to be due to the disability, the law requires that a functional behavior assessment be conducted that results in an individually designed behavior support plan. This plan should use positive behavioral interventions, strategies and supports to address the behavior and teach alternative ways of responding.

When conducting a functional behavior assessment, professionals and family members examine setting events or triggers that may increase the probability of these behaviors. These setting events may not be readily apparent. For example, a child with HFA is ill, has had a difficult morning ride on the bus or has not slept. These conditions will increase the likelihood that a behavior incident will occur. For most of us, stresses in life, changes in morning routines or skipping our morning coffee may set us up to be moody and agitated. These are setting events. Setting events that we often do not consider are related to the culture of the school. Schools that struggle with bullying, high rates of suspension or expulsion, or even high staff turnover may be settings that promote problematic behaviors. If this is the case, then schools should take a systematic approach in creating a school culture that is responsive to child and staff.

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**Transitioning HFA Teens to Adulthood**—

No doubt that this is an exciting time in your home. Your teenager with HFA has reached the age of college and career. Your hard work has paid off after years of special education, therapy and family support. Congratulations on a job well done!

Now you get to move on to the next phase in life. You’ve given your teenager a good strong foundation and you want to continue to help. If you haven’t yet, researching adult HFA is a good place to begin this transition.

As more young people are growing up under the HFA diagnosis than ever before, the
need for family and community resources are increasing. If you search the Internet, you will find articles, books, videos, and support groups all geared directly to the HFA adult.

The video “Asperger: Transition to College and Work” by Coulter Video is a good starting point. This video delivers just what the title suggests practical help for the transition into adulthood.

Once you’ve researched and read up on the basics, find local resources for support and information applicable to your community. Job skills classes, adolescent and/or adult HFA support meetings, career counseling, and independent living options can all be found on the local level. Tap into these sources to receive much needed planning assistance and support for both of you.

Encourage your teenager to pursue his dreams. If college seems too overwhelming, suggest a local community college. Your adolescent can live at home, fully supported by family, while obtaining a college degree. Plus, the community college will have disability support services that can be used for additional assistance.

A vocational training school is another option to think about. Close to home, these programs are geared towards adults looking for a career certificate. Computer technology classes, welding, auto repair, and air-conditioning technology are common vocational school possibilities. In less than two years, your adolescent could be certified in an area of interest that also pays well.

The opportunity to live at home and continue the education process will give your adolescent time to make choices and decisions regarding life skills. All the research you do now can be utilized over the years while your adolescent achieves his post-high school goals, giving you both a better transition into the adult years.

Problems with Balance—

Both High-Functioning Autism (HFA) and Sensory Integration Dysfunction often go hand in hand. It is common to hear that a child with HFA also has difficulty with balance and other gross motor skills, fine motor skills, and unusual tolerance (or intolerance) to sounds, lights, smells, and touch. These complaints cause as much of a problem for kids with HFA as the actual language, communication, and social weaknesses that are a
direct result of Autism Spectrum Disorder.

There are therapies that address the symptoms of HFA and sensory issues. However, there are activities you can do at home with your child that will help develop sensory integration. There are separate sensory systems that create a person’s sensory profile.

*Here is a list of these sensory areas:*

- Fine motor skills are necessary for grasping, writing, tying shoes, and working buttons and zippers. These skills include all physical skills related to the strength and control of the small muscles of the body.
- Gross motor skills are necessary for walking, kicking, jumping, and coordination. These skills include all physical skills related to the strength and control of the large muscle groups of the body.
- Proprioception is the ability to properly use the big muscles and joints of the body.
- Tactile is the ability to properly interpret touch.
- Vestibular is the ability to balance, body movement, and knowing where your body is in relation to space. Closely related, but not exactly sensory systems, these skill areas are often incorporated during occupational/sensory therapies.

When working with kids with HFA and sensory issues, keep in mind that many physical play activities can be adapted to your home therapy program. Sensory therapy should look like play and it should be fun.

*Here are some activities you can try, along with the sensory systems each activity will benefit:*

**Proprioceptive**—

- Encourage pushing or pulling heavy weight, such as a basket of books or toys.
- Have the child jump into a foam pit or onto a padded mat.
- Have the child jump on a trampoline.

**Vestibular**—

- Have the child walk on a balance beam
- Push the child on a swing.

**Tactile**—
• Have a finger painting session.
• Mash and roll out Play-Doh.
• Play catch by tossing a textured, weighted ball.
• Use mud, pudding, or shaving cream to play in with hands and feet.

There are many books and videos that can help you develop a home play therapy plan for your child with HFA and sensory issues. One such guide is the video entitled, “Learn to Move, Move to Learn, Dinosaurs” by Jenny Clark Brack. This video is a theme-based lesson geared towards young kids.

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**Shortening the Duration of Meltdowns—**

The parent’s behavior can influence a meltdown’s duration, so always check your response first. Here’s how:

• Calm down
• Quiet down
• Slow down
• Prioritize safety
• Re-establish self-control in your child, then deal with the issue

1. Calm down: Take 3 slow, deep breaths, and rather than dreading the meltdown that’s about to take place. Assure yourself that you’ve survived meltdowns 1000 times before and will do so this time too.

2. Quiet down: Keep your speaking voice quiet and your tone neutrally pleasant. Don’t speak unnecessarily. Less is best. Don’t be “baited” into an argument. Often HFA kids seem to “want” to fight. They know how to “push your buttons”, so don’t be side-tracked from the meltdown issue.

3. Slow down: Meltdown often occurs at the most inconvenient time (e.g., rushing out the door to school). The extra pressure the fear of being late creates, adds to the stress of the situation. HFA kids respond to referred mood and will pick up on your stress. This
stress is then added to their own. So forget the clock and focus on the situation. Make sure the significant people in your life know your priorities here. Let your boss know that your HFA child has meltdowns that have the capacity to bring life to a standstill, and you may be late. Let your child’s teacher know that if your child is late due to a meltdown that it’s unavoidable, and your child shouldn’t be reprimanded for it.

4. Prioritize safety: Be sure to do this when your HFA child is having a meltdown. Understand that they can be extremely impulsive and irrational at this time. Don’t presume that the safety rules they know will be utilized while they’re melting down. Just because your HFA child knows not to go near the street when they are calm doesn’t mean they won’t run straight into 4 lanes of traffic when they are having a meltdown. If your HFA child starts melting down when you’re driving in the car, pull over and stop. If your child tends to “flee” when melting down, don’t chase them. This just adds more danger to the situation. Tail them at a safe distance (maintain visual contact) if necessary.

5. Re-establish self-control: When your HFA child is calm and has regained self-control, he will often be exhausted. Keep that in mind as you work through the meltdown issue. Reinforce to your child the appropriate way to express their needs/requests.

Remember that all behavior is a form of communication, so try to work out the ‘message’ your HFA child is trying to convey with their meltdown, rather than responding and reacting to the behavior displayed.

Note: A meltdown is not the same as a tantrum. Tantrums are caused by someone not getting their own way and then "acting out", in order to try and get what they want. Meltdown is triggered by sensory overload (e.g., hypersensitivity to things such as noise, heat, etc.). This leaves the child feeling irritable, agitated, and stressed.

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**Siblings’ Reactions to Meltdowns—**

Having a child with any type of developmental disability can be very stressful for the parents and the siblings of that child. This may be seen to be even more so at times for kids with “physically hidden” disorders like High-Functioning Autism (HFA). Kids with
physical disabilities have a more visible and obvious disability. Whereas kids on the autistic spectrum tend to look exactly like other kids but can behave very differently.

For siblings this behavior can be difficult to understand even when they are aware of their sibling's autism spectrum disorder. Many siblings can think of their HFA sibling as simply naughty or rude – particularly if they are quite young and unable to fully understand the issues involved.

Siblings may often feel embarrassed around peers, frustrated by not having the type of relationship with their sibling that they wanted or expected, and/or angry that the child with HFA requires so much of the parents' time. This can often mean the child not wanting to ask friends over to play, as they fear their sibling may embarrass them.

It is hard enough for parents of the child with HFA to understand why their child has this syndrome, much less why they behave the way they do.

Teach siblings about HFA to the extent that they are able to understand. Let them know that it is okay to be frustrated with their sibling who is affected, but it won't help their relationship.

Let siblings know what that child needs, again to the extent that they can understand and provide as normal of an environment as possible. Try to make this as concrete as possible, and provide real life examples of what you mean that they can follow and relate to.

Obviously some family dynamics can make this tricky - but try to make some special parent-child time with the non-HFA sibling at least weekly.

In order to do this you may need to look to your family, friends or local social services to offer the child with HFA somewhere to go for some respite (while you can then do some activity with their sibling).

This may mean staying in and watching a video or just chilling out in peace. Or it could involve a set activity like swimming, the cinema, walking, shopping etc. Whatever it is try to make it child-focused so that your child gets to determine what you do (within reason!)
It is often tempting to coddle the child with developmental disabilities, like HFA, and expect the other kids to do so as well. But, the child with HFA will benefit and learn social skills from their siblings as well, and they should be entitled to a reasonable amount of sibling rivalry as well as any other child.

You don't want to deny the child with HFA the typical childhood, which includes fighting over toys and television shows. These formative sibling relationships and experiences have a major effect on kids as they grow up (regardless of HFA).

So to summarize, siblings need to know enough about their brother or sister's issues to give them an understanding at their level. They also need to know that it is OK to feel some negative emotions at times toward their sibling, and where ever possible they need a little "special" time with you on their own.

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**Treatment for HFA Symptoms**—

Because High-Functioning Autism (HFA) is a relatively new diagnosis in the field of developmental psychology and psychiatry, many treatment approaches are still in the developmental stages and lots of work still needs to be done in this area. One thing has definitely been established - the sooner treatment begins - the better! This applies especially to remedial, educational and therapeutic intervention. While there is no specific treatment or 'cure' for HFA, there are many interventions which can significantly improve the functioning and quality of life of people and kids with HFA.

**Social Skills Training**—

This should be one of the most important components of a treatment program. Kids with HFA can be helped to learn social skills by an experienced psychologist. Body language and nonverbal communication can be taught in much the same way as one would teach a foreign language. Kids with HFA can learn to interpret nonverbal expressions of emotion and social interaction. This can assist them with social interaction and peer relationships and prevent the isolation and depression that often occurs as they enter adolescence. Teenagers can sometimes benefit from group therapy and can be taught how to use the teenage 'slang' and language forms of their peer
Educational Intervention—

Because kids with HFA may differ widely in terms of IQ and ability levels, schools should learn to individualize educational programs for these kids. Some of them may cope well in a mainstream class with additional support, while others may need to receive specialized education. In all cases, teachers should be aware of the special needs of HFA kids, who often need a great deal more support than first appears necessary.

Psychotherapy—

Psychotherapeutic approaches which focus on supportive therapy, the teaching of social skills and concrete behavioral techniques are more effective than approaches which concentrate on emotional in depth therapy, which may be too uncomfortable and stressful for the person with HFA. Kids can benefit from play therapy and 'story' therapy aimed at raising awareness of nonverbal communication, development and teaching of empathy and learning of social skills.

Diet—

Although there is no conclusive evidence, there are strong suggestions that changes in diet may significantly reduce the symptoms of some kids with HFA. Many parents report that their kids become much more manageable when certain classes of food are eliminated from the diet. These include dairy products, sugar, gluten, wheat and some artificial colorants and preservatives like MSG and tartrazine. It is worthwhile consulting a trained nutritionalist to assist with dietary intervention and parents should not simply eliminate important foods from their kid's diets without expert advice.

Psychopharmacological Interventions or Drug Therapy—

Many kids and adults with HFA do not need any form of medication, while others need to be treated symptomatically. While there are no specific 'HFA' drugs, psychiatric drugs can be used to treat some of the problems which may manifest or be associated with HFA, such as ADD/HD, depression, mood swings, temper tantrums, irritability, aggression, obsessions and compulsive behaviors and anxiety. Many of the drugs used to treat the other Pervasive Developmental Disorders like Autism are also used to treat
some of the associated symptoms of HFA. These include Ritalin, Adderall, Paxil, Strattera, Prozac, Risperal and others.

Like many psychiatric drugs, these often come with unwanted side effects and the risk of addiction and their benefits should always be weighed against the potential harm they could cause, particularly in the case of kids. Remember that you should always consult your doctor before altering or discontinuing any prescription medication. It is also important to realize that there are effective herbal and homeopathic alternatives to many of the prescription drugs. As with any medication, it is always best to consult your doctor before changing or discontinuing any prescribed medicines.

Natural alternatives—

Herbal and homeopathic remedies can be viable alternatives to the synthetic drugs and may be just as effective, with far fewer risks and side effects. Depending on the symptoms that need treatment, Native Remedies recommends the following remedies to assist in an overall treatment plan. Herbal remedy for depression, mood swings, repetitive behaviors, irritability, and aggression. These may all be symptoms of serotonin imbalance and may show improvement with the use of our 100% herbal MindSoothe Jr. formula. The ingredients of MindSoothe Jr. have been clinically proven to assist in balancing serotonin levels and act as SSRI's (Selective Serotonin Re-uptake Inhibitors) in much the same way as the synthetic SSRI's do.

Herbal remedy for anxiety (calm and soothe)—

Tranquilizing drugs may be very effective in calming autistic kids and adults, who can easily become highly distressed and volatile over seemingly small changes in their environment. However, many tranquilizing drugs are also addictive and individuals may build up tolerance, resulting in the need for increasingly higher doses. PureCalm is an herbal formula which has been especially formulated to calm and soothe kids and adults without the risk of side effects and potential addiction. Available in easy to administer drop form, the dosage may be adjusted to suit kids or adults. PureCalm may be taken on its own when needed for quick symptomatic relief, and is also safe to use with most prescription and herbal medicines.

Herbal remedies for ADHD, hyperactivity and concentration—
Like the benzodiazepines and tranquilizing drugs, the psycho-stimulants come with documented side effects and potential for dependency. Yet many parents find it very difficult to deal with HFA kids who also have symptoms of ADHD, hyperactivity and concentration problems. For the treatment of hyperactivity, restlessness and lack of concentration, Native Remedies has developed two highly effective remedies: Focus ADHD Formula is a 100% herbal remedy which has been especially formulated to treat the symptoms of ADHD in kids and adults alike. Focus comes in a tincture and is easily administered as drops in some juice or water. Native Remedies also offers BrightSpark, a safe and effective homeopathic formula. BrightSpark can be effectively used on its own or it can be combined with Focus ADHD Formula for severe or stubborn cases or for kids with defiance and anger problems.

Herbal remedy for tantrums—

Many HFA kids have violent tantrums, sometimes seemingly without cause. Tantrums may often be a result of the child's frustration at being unable to communicate or understand, and may also be a response to changes in routine or environment. Tantrum Tamer, a specially formulated homeopathic remedy, uses proven homeopathic ingredients which can greatly reduce or eliminate distressing and hard to handle tantrums. Tantrum Tamer dissolves easily in the mouth and is pleasant tasting and readily accepted by kids. Remedies may be used independently or in combination.

Preventing Behavior Problems Before They Start—

Most parents tend to wait until a problem arises and then attempt to deal with it through the use of a consequence. Consequences can be positive (gaining something) or negative (losing something). At times, consequences are discussed prior to an event, but usually in terms of a motivator: "If you do this, you will gain (lose) something else." More often we use consequences in the middle of a problem, such as, "If you don't stop that, you're going right to bed." Or, "You won't watch any TV if you don't leave your sister alone." Or, "You're in time-out right now. I've had it." All of these statements are made when the behavior is out of control. You have given many warnings and you are now acting out of frustration. However, none of these comments will lead to positive change in the short or long run.
With an HFA child it is far better to anticipate the occurrence of a behavior and then plan for it. Many problem behaviors are repetitious, especially in the same situation. Even when they don't occur every time, they may still be frequent enough to warrant this approach. A rule of thumb is if a behavior repeats itself at least half of the time, parents need to prepare for it. For example, if homework, bedtime, or dinnertime have been frequent problems in the past, chances are very good they will continue to be so in the future.

Future vision is the ability of an individual to know what is going to happen in an upcoming situation because of its constant reoccurrence. When you know what is going to happen you can prepare your child for the event prior to its occurrence by discussing what usually occurs and what needs to occur. For example, going out to dinner is often a problem time. So talk with your child about what normally happens, how he acts, how you do, and then follow that up with a discussion and see if you can get a firm commitment from your child that he is going to follow these new behaviors. If he responds in a positive way, you have increased the likelihood that things will go better when you go out for dinner.

If you happen to miss the opportunity to prevent a problem, there is often a small "window of opportunity" in which you can still salvage the situation. In the example above, suppose you have forgotten to say something before you left for dinner. As events begin to unravel, you have a very brief period of time – sometimes only a minute or two – before you'll be in a messy situation. Seize this opportunity. It may be the last best one in that situation.

To make interventions effective you need to create an environment in which your child feels comfortable, anxiety is decreased, and your child has an understanding of the events taking place around him. The environment needs to provide consistency, predictability, structure, routine, organization, logically explained rules, and clear rewards/consequences in response to these rules. When this is in place, your child will begin to feel competent. I am reminded of a student who had been expelled from his kindergarten class as the result of unmanageable behaviors – even with one-on-one support. After his first week in my class of eight HFA students, without any additional support, he said, "Hey, I like this new school. I know the way." A number of things must be in place to create "the HFA world."

First, the physical environment must be consistent. In all locations you need to identify consistent areas where specific activities are completed, such as that homework is always completed at the desk in his bedroom or at the kitchen table. These
areas/activities should also have consistent behavioral expectations, which are explained to your child, such as, "At my desk I do calm sitting." Calm sitting is modeled and practiced. You need to identify clear physical boundaries, such as a planned seating arrangement in school or a planned play area at home. Use consistent materials that are clearly marked and accessible, like toys that are within easy reach and stored in or right by the area they will be used in.

In addition, expectations, such as the rules, rewards, and consequences, should be visually available. Once again, these must be clearly described to your child. After this has been completed, use charts with stickers or stars to keep track of reward systems. Use the letters of your child's name placed on a chart to keep track of consequences. Throughout the day, if letters have been received, they can slowly be erased for positive responding. This provides a wonderful visual response for appropriate behaviors, and you can deliver this feedback, depending on your child's needs, every ten minutes, fifteen minutes . . . three hours – you decide what works best.

Second, your relationship with your child must also be consistent in both word and action. He must see you as a predictable person, a person in control, a calm person, and, finally, a person who keeps his word. Being "easy" or giving your child a "break" will hinder your effectiveness. You make rules and stick to them. You make requests and follow through; you don't make second requests, and you don't plead. Your interactions must be stable, allowing your child to anticipate how he will respond. He must see you as someone who can help him understand the world around him. The highest praise I can receive from a child is being thought of as his helper or problem solver – "Ask Mrs. Simpson, she knows how to help." "Mrs. Simpson is a problem solver." "Did you know Mrs. Simpson's job is to help me figure things out?" If you are only seen as a problem causer, your effectiveness will be minimal. You must be highly organized and pay attention to details as you create a structured environment for your child. However, you must be able to remain flexible within this structure. By doing so, you will provide the structure your child needs to learn to be flexible.

Third, reinforcers will need to be very individualized, as the HFA child or teen often does not respond to typical reinforcers. You must be well aware of what your child views as a reward. Incorporating obsessions into a reinforcement system is an appropriate way of offering a strong reinforcer and of also controlling access to an obsession. You need to make sure your child is aware of how the reward/consequence system works. Natural consequences can also be highly effective and will remove the "giving" or "denying" of the reward from you. An example of a natural consequence is: "If you finish your morning routine within a certain time limits you will have time to watch a favorite TV show before school. If you take too long, you will not be able to watch the show."
Favored activities should follow less favored or challenging activities. A word of caution: reinforcers can also cause difficulties if they are used too frequently. Not only will they lose some of their potency, but struggles can arise over the giving or not giving of the reward.

Fourth, at both home and in school, develop a daily routine so that your child knows what he is doing and when. Posting the schedule and reviewing it when your child becomes "stuck" can provide the necessary prompt to move on. In addition, compliance is not a struggle between you and your child, but rather simply a matter of following the schedule. The individual views the schedule as a guide. As noted, a guide will always serve to decrease anxiety, which in turn decreases behavior issues. I have heard my students tell visitors who enter our classroom, "That's our schedule; don't erase it or we won't know what to do." This is said even by students with excellent memories, who from the first week of school could perfectly recite the daily schedule for each day of the week (again, during sabotage, a goal will be to decrease the importance of the schedule as the year progresses).

The important detail is to review the schedule. We have seen many situations where detailed schedules are written, but never regularly and carefully reviewed with the child. As you review the schedule, you not only lessen anxiety, but you also provide an opportunity to discuss appropriate responding. When you develop a schedule at home, you may number the items on it, such as 1, 2, 3, but try to avoid assigning times to each event or activity. It is often difficult to do things to the minute, and failure to do so can lead to further upset for an HFA child. You may also choose to establish a routine for only a small portion of the day, if you feel a day-long schedule would be too great a change for your child. For example, you might create a schedule for an activity, such as going to the mall, as an easier place to start. For a teen, rather than using a written schedule, you could use a desk calendar or day planner. Again, this accomplishes the goal of providing a visual guide. We will discuss the use of schedules in greater detail later on in this chapter.

The creation of this environment will take time and will require you to examine more details than you knew existed in any environment. Your reward, however, will be the miracle of watching your child leave his anxieties and problematic behaviors behind. You will see him begin to really trust you and take chances he never thought he could. You will witness his gradual and steady steps into a larger world.

It's time to expand your ideas of how to use language and to explore how you can use it as a powerful tool to decrease anxiety and increase compliance. Remember, gain your child's attention before you begin to speak. You should be physically close to him
(though not in his personal space) and, for the young child, on his eye level. Your language should convey meaning, provide the "road map" or "game plan," and enable your child to respond more appropriately. These kids don't have the road map we all have and take for granted, which allows us to maneuver in the world around us. Language used in a concrete, predictable manner becomes a way to teach alternative behaviors. For example, even after social skills training, saying to Sam, age nine, "Today after school, Mom is taking you to the playground to make and play with a new friend," doesn't provide enough information. He doesn't know what that means or what is expected of him. Instead, I would provide Sam with a "game plan."

When your child misinterprets a situation, your language can be used to reframe the situation, allowing your child to reinterpret it appropriately. This reframing can also be used when your child engages in inappropriate behaviors. Through your language, you provide alternative responses for the future. More important, your language can be used to introduce new ways of thinking or rethinking previously held beliefs.

An example of this would be the introduction of new foods into a child's repertoire. This was a goal for Michael, an eleven-year-old who would eat very few foods. More disturbing, the particular foods he ate made him seem unusual to his middle school peers (the same soup brought from home each day, cold noodles, etc.). In beginning to work with Michael, the idea of eating new foods was introduced by linking the eating of new foods with age-specific skills. The discussion began by asking him to recall different skills he had learned at different ages (crawl/walk/run, cry/sounds/words, drink from a bottle/sippy cup/regular cup, etc.). This led to the development of a new system to classify how a child changes: the preschool way, the elementary school way, the middle school way, the high school way. Trying, eating, and then incorporating new foods into his diet was put into this system with specific foods for each category. Items such as pizza, sandwiches, hot dogs, burgers – typical adolescent foods – were included in the middle school category. This language approach was paired with a step-by-step program to actually introduce the new foods. In addition, we helped Michael to view eating these new foods in a different way (we reframed his approach to new foods).

A social story and cue card with "the middle school way" were also created. Initially, Michael bought the school lunch only on Tuesdays. Once this went smoothly, we met again to choose the next new food to try. Providing him with the visual of a weekly lunch menu helped to lessen his anxiety. Every Friday we outlined what he would eat each day of the following week. We also wrote down on which days he would bring a packed lunch and on which days he would buy lunch and what he would buy. Initially, to allow Michael some choice, he had complete control over his packed lunch.
After a new food had been introduced and accepted by Michael for two weeks, another new food would be introduced the following week. The same pattern was repeated, unless he initiated a change (for instance, he wanted to try a new food sooner, which he sometimes did after success with the second new food). His middle school goal was to eventually buy school lunch three days a week and pack lunch two days a week. Once this was established, we began to work on the foods he brought from home. This task became quite simple, because buying lunch had generated many new and appropriate food choices for Michael that he could also bring from home.

Throughout this period, "the middle school way" was mentioned as frequently as possible. Whenever Michael did something new or was successful in any new area, I labeled it "the middle school way" and pointed out he could not have done this in elementary school. This intervention, though presented as a whole, had three distinct parts:

- A gradual step-by-step approach was used to introduce the eating of new foods.
- A reframing of Michael's thinking about new foods was reinforced at every opportunity.
- A system was developed to pair eating new foods with a rule ("the middle school way").

When using language to teach new responses, developing and writing the keywords or phrases to be used when introducing or generalizing these new concepts will be important. In the above example with Michael, "the middle school way" was a keyword for behaving in an age-appropriate manner. By making the words and phrases visual, you guarantee both greater understanding and usage of the phrases. Remember, using the phrases, not simply writing them, makes them effective. The words or phrases can be developed by you or by your child. Unusual phrases, ads, or catchy sayings are often attractive and easy to remember. The first step is choosing the area you want to work on with your child. Then select (or have your child select) a word or phrase to be used as a quick reminder for appropriate responding. With use, the key word or phrase alone will convey the concept and what appropriate responding will look like. This will allow your child to generalize a skill more easily. When the phrase is used in a new situation, he will know what to do, because the phrase corresponds to the new behavior. After one has been mastered, add other phrases as needed. Below is a sample list of phrases we have found to be effective:

Sample List of Key Words and Phrases
- Being flexible (it is very important that this concept is taught early, even to a child as young as five – in my classroom this is as important as reading and math)
- Being okay (getting yourself together to handle a situation)
- Bumping (refers to interrupting others when they are speaking)
- Conversations go back and forth (used as a reminder when learning how to converse with others)
- Dealing with disappointments (refers to what to do when something doesn't go the way we thought it would)
- Don't be a "me first" (used with those kids who have an obsession about always being first: in line, when playing a game, being called on, etc.)
- Don't get stuck (refers to not allowing a problem to control you or stop you from moving on; this skill is taught)
- Drop the subject (refers to talking on and on)
- Eyes up here (key phrase to help with attending and focusing)
- Get your control (key phrase used during a crisis)
- Good choices/bad choice
- In your head (refers to statements that should not be said aloud, usually statements about a person's physical appearance or statements that would hurt another's feelings)
- Just do it (refers to times when the child must quickly respond in a particular way without question; especially useful when the child is involved with peers or when returning to mainstream settings from special education)
- Keep your problems small (used when the child's behaviors are just beginning to escalate in a negative way; serves as a reminder to maintain control)
- Kiss ("keep it small and simple")
- Looking and listening (often referred to as L and L)
- Lower/raise your volume (to help the child to modulate voice volume; often paired with a hand signal)
- Making changes (variation of the previous two above)
- MYOB ("mind your own business")
- Off the topic (said to the child when his response is not on the topic being discussed)
- Personal space (not hugging, touching, etc., others when it is not appropriate)
- Problems and solutions (refers to a technique used to either prevent a tantrum or assist the child in regaining control during a tantrum)
- Respond quickly and quietly (often referred to as Q and Q)
- Salvage the rest of the day (refers to not allowing a problem to ruin the rest of the day)
- Say one thing (when answering questions or discussing a topic with too much detail – this skill should be practiced)
• School sitting, school walking, etc. (refers to a specific manner of doing something that has been demonstrated to the child previously).
• Show me (add the phrase for what you want the child to do)
• Stick up for yourself (refers to the type of response the child must make when being teased or taken advantage of by others)
• Stretching the topic (attempting to go off topic by trying to make your new topic – usually a special interest – appear related to the original topic)
• Switching/substitutions (key words used to remind the child about being flexible)
• Tell me what you have to do (often used after giving directions)
• That doesn't make sense (used when the child says something that is inappropriate, for instance: fantasy talk, mislabeling another's or their own feelings, giving misinformation on a topic)
• The preschool way, the elementary school way, etc.
• The rule (It is very helpful for the child to have appropriate responses described as the rule; it appeals to their sense of seeing the world in black and white. Often simply stating that a desired response is "the rule" brings immediate compliance.)
• The way (used to let the child know that you don't like the tone of voice they are using; e.g., "Can you try another way of saying that?")
• Thinking with your body (learning to use your body to communicate)
• Thinking with your eyes (learning to use your eyes to communicate)
• This is a choice/This is not a choice
• Use your words (controlling yourself by using words when you are upset or frustrated, rather than responding with a meltdown)

What parents say is important, but how parents say it can be the difference between success and failure. Sometimes a calm, even voice is needed; other times, a more dramatic tone may be called for. When you change the tone of your voice, point it out to your child. He doesn't use varied tones of voice to convey different meanings. By pointing this out, you communicate your meaning and you increase his awareness of the importance of paying attention to vocal tone. This should also be done with facial expressions and body language – two other modalities HFA kids don't use when communicating to or processing communication from others. Vary your facial expressions and body language, and explain and show how it helps parents to understand what others are saying.

HFA Teens and Social Skills—
Adolescence can be a trying time for parents and teens alike. As parents, we know that our adolescents have a lot of growing up to do. The truth is, these years bring about difficult adjustments on both parties, and this happens whether or not you are dealing with an HFA child.

Adolescents with HFA have lived through the elementary and middle school years and have struggled with social skills weaknesses all along. Through years of classroom experiences, a social base has been built. It may not be strong – but it is there. All you have to do is find a way to add to it. The same is true for basic living skills.

Here are some suggestions you may find helpful:

1. Find resources to help you choose appropriate tasks/skills for your adolescent. You can find books that are geared towards adolescents with HFA. These books highlight the skills needed that may not come naturally.

2. Instead of pushing your adolescent to recognize his need for these social and basic living skills, try building them into his daily schedule. As the parent, you can require his participation in daily chores, personal hygiene, and even part-time employment.

3. Reinforce your chore/responsibility requirements with rewards and consequences. Be consistent.

4. Use calendars, written schedules, and visual daily lists to plan your adolescent’s daily commitments. While it is true she may not appreciate having chores and planned responsibilities, chances are she will become accepting when faced with negative consequences.

5. Sometimes parents have to find sneaky ways to teach social skills to their HFA teens. One of the most effective ways to accomplish this is to bring in another trusted adult. Involving a favorite teacher, a relative, church leader, or coach may help your adolescent see that these skills you have been pushing are indeed very important.
Helping Students with High-Functioning Autism: A Snapshot for Teachers—

Kids with High-Functioning Autism (HFA) will respond quite well to specific classroom adaptations. Here are the recommended methods a teacher can employ with their HFA students:

1. Implement Creative Programming - Through the student’s IEP, educators can develop class schedules which will be motivating and challenging to the student while addressing his/her needs.
2. Intervene Early - The earlier intervention begins, the earlier kids can learn the needed skills for adulthood and friendship.
3. Obtain In-Depth Training - learn the differences among the kids with HFA in elementary, middle school and high school.
4. Recognize Kids’ Strengths - Many kids with HFA will go on to make great contributions to society. However, we must tap into their strengths and offer support so that they do not drop out of school because academic and social demands are too high.
5. Understand How Social Impairments Impact Learning and Peer Relationships. Some kids require weekly sessions with trained staff members who can help them “solve the puzzles” they encounter in everyday activities and help alleviate depression caused by perception of social failure. Provide ongoing social skill instruction to help kids form relationships with peers.

Role of Inclusion—

1. Carefully structure seating arrangements and group work. Kids with HFA should not be seated near class bullies or aggressive kids. Rather, sit them next to kids who can serve as a “peer buddy.” See where the child works most effectively; near the teacher or near a quiet open space. Avoid self-selection when kids are being assigned to a group. Teach kids how to function as a team and accept all members.

2. Connect with Each Other, Parents, Internet, and Other Support Groups. To avoid the feelings of many educators and families who feel isolated in their attempts to support kids with HFA, create regular communication through meetings, telephone or e-mail among inclusion and special education educators and parents. Create a Home School Coordination- Improve the behavior of this student by combining school and home effort. Work on goals that the child should meet. Then send home a note indicating if the child has met that goal. If s/he has done so, reward him/her (in school and at home if the appropriate behavior is being exhibited there as well).
3. Don’t Take it Personally. Don’t be insulted by the student who interrupts, speaks too loudly or misses your jokes. Separate the child from the syndrome (be perturbed with the behavior, but support the child) and try to imagine the world as viewed through his eyes. Model warmth and acceptance. Refrain from impatience and irritation so peers will too.

4. Help Your Classroom Become a Caring Environment. Create and maintain your classroom as a safe, supportive and accepting community by expecting and ensuring that all kids respect, support and take responsibility for each other. Help create a strong sense of belonging among all the diverse kids in your classroom.

5. Prepare for Changes in the Routine. Since most kids with HFA thrive on clear expectations and routines there are many different methods a teacher can use to help create smooth transitions. Write class schedules and time frames on the blackboard, or use a picture schedule for younger kids. Designate classroom jobs, space and time with certain activities (e.g., computer). Explain changes in the routine well in advance (e.g., “On Thursday, we will have an assembly. That means you go straight from your second period class to the auditorium.”).

6. Promote Positive Peer Interactions. Create ways to connect the student with empathic peers in order to promote social acceptance and friendships. Use role playing and games - Try the program “Magic Circle” where kids are seated in a circle and are encouraged to share their feelings and listen to others. This type of activity helps promote active listening skills and recognition of each individual. Help the student engage in successful conversations and reflection by using comic strips, since the pictures, words and symbols identify what the people say and do and emphasize what people may be thinking. Social stories which describe typical social situations and explain the meaning of various comments and identify appropriate responses are also good. Direct the child to participate in activities or clubs in which their abilities might neutralize their social deficiencies (e.g., math groups). Make sure they are not involved in groups that are frequented by bullies. Identify the student’s special gifts and teach him/her to share those gifts through tutoring, class presentations, or community service.

7. Provide a Safe Haven. Kids with HFA can become overwhelmed by noise, crowds, chaos or trying to engage in social interactions (e.g., an assembly, recess time), which can lead to anxiety and stress. Offer an alternative to attending these events. Try earplugs or headphones to assist in screening out troubling noise. Make sure the child has a trusted contact person with whom they feel comfortable with (e.g., special
education teacher, school psychologist, guidance counselor or principal, older responsible pupil). Give access to a quiet, private place (e.g., school library, tutoring room, empty classroom or office) where the student can spend lunchtime, study hall or any other free time alone, can rest and refresh themselves to alleviate the stress that accompanies the constant effort to fit in.

8. Use Available Resources/ Make Needed Accommodations. Kids with HFA often respond well to visuals, graphic models and technology. They often have impaired gross or fine motor skills. Encourage the use of computers for written assignments and exams. Allow for extra time or quiet space if needed. When significant amounts of notes need to be taken, pair the student with HFA with a buddy in order that the student can photocopy the notes missed. Allow time on the Internet. The effort and anxiety associated with interpersonal connections is greatly reduced because then kids only have to deal with the written word. However, limit the amount of time on the computer in order that a potential obsession does not develop and that the computer does not become a substitute for human contact.

Characteristics of HFA—

- Cognitive abilities which are average or above average (they are often known as “little professors”)
- Depression, frequent school absences, low school motivation due to being socially vulnerable and easy targets for teasing and bullying
- Difficulties with subjects that require inferential reasoning, abstract concepts, problem solving, extensive calculations or social judgments
- Fine motor problems which lead to poor penmanship and low writing motivation
- Friends and new acquaintances may be acknowledged with tight and enthusiastic hugs instead of formal greetings like “Hi, how are you?”
- Gross motor clumsiness which leads to poor skills in competitive sports and physical activities
- Hypersensitivity to noises or smells
- Lack of emotional reciprocity or empathy
- May begin to talk about the latest topic of concern which is of interest only to themselves (e.g., train schedules), may be age inappropriate or boring but the person does not pick up on looks of disinterest or snickers from the group
- May move into the personal space of others, not recognizing body language, facial and verbal cues that he/she has transgressed
- May not make direct eye contact
- Persistent preoccupation with parts of objects
- Rigid and inflexible adherence to specific routines or rituals
• Speech and language peculiarities such as: stilted and formal language, voice too loud or monotone or hyper-verbal.
• Stereotyped and repetitive motor movements

Personal Challenges for Kids with Autism Spectrum Disorder—

Listed below are behaviors that a child on the Autistic Spectrum might encounter on a daily basis. Autistic spectrum disorder includes kids with conditions such as autism, pervasive developmental disorder, and HFA.

Social Interactions:

• inappropriate use of eye contact, avoidance or extended staring
• little sense of other people’s boundaries
• not accepting hugging, cuddling or touching unless self-initiated
• poor use of nonverbal gestures
• trouble with back and forth social interactions
• wanting to be left alone at times

Interest and Activities:

• defensive to touch which isn’t self-initiated
• difficulty waiting
• history of eating problems
• lack of fear or real danger
• lining up and or/ ordering objects
• pacing or running back and forth, round and round
• repeatedly watching videos or video segments
• resisting change
• strong attachment to inanimate objects
• very sensitive to sounds

Qualitative Impairments in Communication:

• difficulty understanding abstract concepts
• problem understanding jokes
• problem with getting the order of words in sentences correct
• problems answering questions
• problems using speed, tone and volume appropriately
• problems with reciprocal conversations

Learning Characteristics:

• delayed response time
• good visual skills
• hyperactivity
• needs help to problem solve
• problems organizing
• short attention span to some activities and not others
• well developed long term memory

Observable Problems Behaviors:

• aggression- biting, hitting, kicking, pinching
• low motivation
• temper tantrums
• toileting problems

Motor Problems:

• balance
• clumsiness
• motor planning- can’t make body do what it needs to do
• stiffness
• tired easily

Environmental Challenges that Lower Ability to Function Competently—

Personal:

- not being understood
- not understanding
- not having choices
- making a mistake
- being touched

Major Changes:

- alterations in school, work, home, community
- time changes
- staff or teacher absent
- cancellation of event or activity
- having to wait too long

*Environmental Confusion:*

- crowds
- noise
- not having enough space
- losing things of value
- surrounded by too much movement
- surrounded by too much visual stimuli

*Relationships:*

- being corrected
- being denied
- being late
- being ignored
- being left out
- being teased
- being scolded

Sensory Challenges—

*Sound/ Auditory:*

- reacts to unexpected sound
- fears some noises
- making self-induced noises
- confused about direction of sound
- distracted by certain sounds

*Sight/Vision:*

- has been diagnosed as having a visual problem
- is sensitive to light
- has difficulty tracking
- upset by things looking different
- closely examines objects or hands

_Smell/Olfactory:_

- sensitive to smells
- explores environment by smelling
- reacts strongly to some smells
- ignores strong odors

_Touch/Tactile:_

- defensive about being touched
- prefers deep touching rather than soft
- dislikes feel of certain clothing
- over or under dresses for temperature
- upset by sticky, gooey hands

_Taste:_

- has an eating problem
- dislikes certain textures or foods
- tastes non-edibles

_Movement/Vestibular:_

- seems fearful in space
- arches back when held or moved
- likes rocking, swinging, spinning
- avoids balancing activities

_Perceptual/Perceptual Motor:_

- has difficulty with time perception
- problems with use of some tools
- difficulty with body in space
- relies on knowing location of furniture

Social Skills which may be Personal Challenges—

_Perpersonal Management/Self Control:_
- waiting
- finishing work
- taking care of belongings
- turning in assignments on time
- changing activities
- accepting correction

Reciprocal Interactions:

- imitating
- sharing
- taking turns
- offering help, comfort
- inviting others to join
- asking for a favor
- letting someone know you are hurt or sick

Reciprocating Social Interactions Appropriately:

- listening
- commenting on a topic
- answering questions
- accepting help
- responding to teasing
- making a choice
- giving eye contact appropriately

Manner of Interaction:

- being polite
- being kind
- being considerate
- being honest
- not walking away when someone is talking

Abstract Social Concepts:

- being good
- timing
- fairness
- friendship
- caring
- lying
- humor

*Group Behaviors:*

- come when called to a group
- stay in certain places
- participate with group
- follow group rules
- winning and losing
- pick up, clean up, straighten up

**Effective Behavior Interventions of Problem Behaviors—**

*What makes HFA kids do what we do?*

- Biological Influences
- Instructional/ Reinforcement History
- Setting /Events
- Stimulus Events

In order to create an effective intervention for problem behaviors, educators (and parents) need to take into consideration a variety of aspects.

1. **Hypothesize the function of the behavior**

- Social Attention
- Escape/ avoidance
- Wants tangible item or activity
- Sensory Feedback

2. **Gather Information**

a. Antecedent : Does the behavior occur......

- When you are attending to other people in the room?
- Following a request to perform a difficult task?
- When a request for an item or activity is denied?
- Repeatedly, in the same way, for long periods of time, even when no one is around?

b. Consequence: When the behavior occurs, do others....

- Attend to the student?
- Leave the student alone?
- Negotiate or give the desired item/activity
- Allow the student to engage in inappropriate behavior?

3. **Plan an Intervention**

a. Based on information gathered, are environmental changes needed?

- Move student closer to teacher.
- Limit materials available to student.
- Remove distracters.

b. Based on information gathered, determine how people should react to the challenging behavior each time it occurs.

- Plan to ignore.
- Plan to attend.
- Plan to remove privileges.
- Plan to redirect.

4. **Identify a Replacement Behavior**

a. What appropriate behavior is “functionally equivalent” to the challenging behavior?

- Manipulating a stress ball or twist pen to replace inappropriate hand movements
- Teaching the student to ask if he can use the computer later to replace tantrum behavior
- Teaching student to raise his hand to replace attention-seeking behaviors
- Teaching the student to communicate his wants appropriately to replace escape/avoidance behaviors

b. Complete replacement behavior planning guide with team...

- Which behavior is the team going to target for replacement?
- What functionally equivalent behavior is the team going to train in place of the problem behavior?
- In what situations will training occur?
- Who will be responsible for conducting the training sessions?
- What motivation system will be implemented during training?
- Describe how the team will evaluate if and how the student uses the new response.

Promoting Positive Classroom Behavior of Kids—

The suggestions written below can be used to help kids with HFA but can be used in any classroom to help promote a positive atmosphere.

a) Rules - Establish, teach and enforce classroom rules. Rules should be positively stated and identify the specific behaviors you wish to see displayed

b) Premack Principle - Method of maintaining and increasing compliance with rules through the use of positive reinforcement. A desired activity is available to kids on the completion of an undesired activity (e.g., a student who stays in their seat for a period of time can earn an opportunity to work on the computer).

c) Contingency Contracts - Kids and educators formalize agreements concerning specific behavior for the exchange of reinforcers by writing an agreement. It outlines the behaviors and consequences of a specific behavior management system. (See the link on this site titled "Contracts")

d) Self Recording - The student monitors his or her own behaviors by using a data collection system. Kids can be taught to increase their on task behavior during a class by placing a + in a box when they are paying attention for several minutes and a —if they are off task.

e) Self Evaluation - A self-management system that has been used to promote appropriate behavior in many general education programs. Kids are taught to evaluate their in class behavior using a rating scale. For example, a student can rate his on task and disruptive behaviors using a 0-5 point rating scale ("unacceptable" to "excellent"). The student earns points (which can be exchanged for reinforcers) based on both student behavior and the accuracy of his ratings.

Ways to Decrease Inappropriate Classroom Behaviors –

Listed below are various ways to decrease inappropriate behaviors and increase
appropriate ones for kids with HFA.

- Redirection - Introduce a novel stimulus to recapture the student’s attention by delivering verbal and nonverbal cues to the student to stop misbehavior, offering assistance with a task, engaging him/her in conversation, reminding him/her to focus attention on the task, or modeling calm and controlled behavior.

- Interspersed Requests - Used to motivate kids to perform a difficult or unpleasant task by initially asking them to perform several easier tasks, which they can complete successfully in a short amount of time. This helps promote “behavioral momentum”.

- Differential Reinforcement - Techniques used to decrease inappropriate behaviors by reinforcing the occurrence of positive behaviors, which cannot coexist with the appropriate behavior. (See the link on this site titled "Differential Reinforcement")

- Extinction - A strategy in which the positive reinforcers maintaining a behavior are withheld or terminated, resulting in the reduction in the behavior. (See the link on this site titled "What is ABA" --- then read about 'Ignoring')

- Checklists and Schedules - Provide visual structure and motivation needed to complete assignments and remain on task by checking off assignments and activities upon their completion.

Adaptation of Oral Presentations/Lectures for HFA Kids—

Some HFA kids require modifications to be made in order for them to understand what is being taught. There are various types of adaptations. Listed below are a few which can be used to help any student achieve to their highest potential:

Pausing - to help kids retain lecture content pause for 2 minutes every 5-7 consecutive minutes of lecturing. During the pause kids can discuss and review content, ask questions or engage in visual imagery.

Visual Aids - Visual supports such as charts, graphs, lists and pictures can be used to highlight main points, maintain attention, promote eye contact and address the needs of visual learners.

Guided Notes - Outlined and guided notes in which the student fills in the blanks provide a foundation for note taking, and promotes on task behavior. Since many kids with HFA have difficulty with fine motor skills such as writing, this is a method that can
be implemented to help them throughout lectures.

Active Student Responding (To encourage active participation) choral responding - in which kids answer simultaneously on a cue from a teacher during fast paced lessons.

Response Cards - cards are simultaneously held up by all kids to display their responses to questions or problems presented by the teacher

Cooperative Learning Groups/ Peer Tutoring - helps with social interaction

Other Strategies—

- Use repetition by asking kids to answer the same questions several times during a class period.
- Reinforce correct responses and appropriate behavior with descriptive statements that identify what made the answer "right".
- Group student with peers who participate and attend.
- Select kids randomly to respond and remind them that they may be called on next
- Change activities frequently
- Vary the presentation and response modes of instructional activities.
- Decrease the complexity and syntax of statements.

Affective Education Strategies to Implement in Any Classroom—

Rapport - Maintaining rapport with kids can help establish a positive classroom environment. Educators can establish rapport by talking to kids about topics in which they are interested, sharing their own interests, providing opportunities for kids to perform activities in which they excel, and complimenting kids.

Humor - Good natured joking helps develop a good relationships and a positive classroom atmosphere. Humor helps kids see a situation from another perspective and decreases the likelihood of conflicts.

Dialoguing - Dialoging involves meeting with the kids to assist them in identifying the problem, discovering their perspective on that problem, phrase it in their words, and discussing solutions for resolving the problem. It helps kids understand their behaviors and problem solve alternatives to inappropriate behaviors.
Teaching Organizational Skills—

For kids with High-Functioning Autism (HFA), organizational skills are a mystery. We all need strong organizational skills. Teaching these skills starts very young and continues through childhood, as they increase in difficulty. Kids with HFA lack these natural skills and must be taught these skills if they desire to be productive adults.

When you think about teaching kids with HFA organizational skills, you automatically think of lists, schedules and daily planners. While these are an important part of organizational skills, they are only a tip of the iceberg. Organizational skills are also known as executive functions. The executive functions affect abstract thinking, memory, task oriented goal creation, and mental adaptation in a wide range of situations.

Beginning at a very young age, we should teach our kids with HFA organization skills that are age-appropriate, such as, paying attention, understanding time, cooperation, memory work, basic research, basic planning. As our kids get older, these executive functions become more complex as they learn to manage projects, set goals, remember the small details, and organizing and planning assignments.

To begin teaching your child with HFA organizational skills, you should first assess his weaknesses. In the meantime, you can help your child by working on time management and organization. These are two of the most important skills needed for success in school and in life. Here are some suggestions that may help.

Time management—

• Breaking assignments down into manageable pieces is a very practical skill to teach. For example, if your child has to read a book and write a report, the manageable pieces would be to locate the desired book, read the book, write down the basic book report information, and summarize the book in writing. At the same time, you will teach him to assign a period of time for each piece so he can learn how to plan his assignments.

• Speaking of planning and timing assignments, planning is essential to time management. Every opportunity should be used to encourage planning. If you are going on an outing, have your child plan what he expects to happen during that outing. For example, if you are going to the zoo, have your child make a list of what exhibit he
wants to visit first, second, third, and so on.

- Visual timers help kids see how much time is left, which will do a greater job at teaching the concept of time in minutes or hours. These timers usually have a number display as well as a red line that gets smaller as time runs out.

**Organization**—

- Desktop organization and de-cluttering should take place regularly. When your child’s workspace becomes disorganized, he will lose his ability to concentrate on the task at hand. Setting a time for him to put things away, make notes in his planner, and clean up his workspace.

- Encourage your child to make written lists. Having a list will help him stay on task. It will also help his memory skills.

- Find a simple daily planner or agenda book and have him write down everything each day. Homework assignments, favorite television shows, anything that is important to him can go in his daily planner.

- Visual schedules, either written or picture schedules are a valuable tool for your child. Since he has HFA, he prefers a routine. Having a visual schedule to refer to will make him more aware of his routine and help him cope with changes when they occur.

Executive functions are complex. These are just a few tips to get you started. Once your child has gained strength in these basic organizational areas, he will be able to function better at school and at home.

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**The Cycle of Meltdowns**—

Meltdowns typically occur in three stages that can be of variable length. These stages are (1) the “acting-in” stage, (2) the “acting-out” stage, and (3) the recuperation stage.

*The “Acting-In” Stage*

The “acting-in” stage is the initial stage of a tantrum, rage, or meltdown. During this stage, kids and teenagers with HFA exhibit specific behavior changes that may not seem
to be related directly to a meltdown. The behaviors may seem minor. That is, kids with HFA may clear their throats, lower their voices, tense their muscles, tap their foot, grimace, or otherwise indicate general discontent. Furthermore, somatic complaints also may occur during the “acting-in” stage. Kids also may engage in behaviors that are more obvious, including emotionally or physically withdrawing, or verbally or physically affecting someone else. For example, the child may challenge the classroom structure or authority by attempting to engage in a power struggle.

During this stage, it is imperative that a mother/father or educator intervene without becoming part of a struggle. The following interventions can be effective in stopping the cycle of tantrums, rage, and meltdowns – and they are invaluable in that they can help the child regain control with minimal adult support:

1. Intervention #1 involves displaying a chart or visual schedule of expectations and events, which can provide security to kids and teenagers with HFA who typically need predictability. This technique also can be used as advance preparation for a change in routine. Informing kids of schedule changes can prevent anxiety and reduce the likelihood of tantrums, rage, and meltdowns (e.g., the child who is signaling frustration by tapping his foot may be directed to his schedule to make him aware that after he completes two more problems he gets to work on a topic of special interest with a peer). While running errands, parents can use support from routine by alerting the child in the “acting-in” stage that their next stop will be at a store the child enjoys.

2. Intervention #2 involves helping the child to focus on something other than the task or activity that seems to be upsetting. One type of redirection that often works well when the source of the behavior is a lack of understanding is telling the child that he can “cartoon” the situation to figure out what to do. Sometimes cartooning can be postponed briefly. At other times, the child may need to cartoon immediately.

3. Intervention #3 involves making the HFA child’s school environment as stress-free as possible by providing him/her with a “home-base”. A home-base is a place in the school where the child can “escape.” The home-base should be quiet with few visual or activity distractions, and activities should be selected carefully to ensure that they are calming rather than alerting. In school, resource rooms or counselors’ offices can serve as a home-base. The structure of the room supersedes its location. At home, the home-base may be the child's room or an isolated area in the house. Regardless of its location, however, it is essential that the home-base is viewed as a positive environment. Home-
base is not “timeout” or an escape from classroom tasks or chores. The child takes class work to home-base, and at home, chores are completed after a brief respite in the home-base. Home-base may be used at times other than during the “acting-in” stage (e.g., at the beginning of the day, a home base can serve to preview the day's schedule, introduce changes in the typical routine, and ensure that the child's materials are organized or prime for specific subjects). At other times, home-base can be used to help the child gain control after a meltdown.

4. Intervention #4 involves paying attention to cues from the HFA child. When the child with HFA begins to exhibit a precursor behavior (e.g., throat clearing, pacing), the educator uses a nonverbal signal to let the child know that she is aware of the situation (e.g., the educator can place herself in a position where eye contact with the child can be achieved, or an agreed-upon “secret” signal, such as tapping on a desk, may be used to alert the child that he is under stress). A “signal” may be followed by a stress relief strategy (e.g., squeezing a stress ball). In the home or community, parents may develop a signal (i.e., a slight hand movement) that the mother/father uses with their child is in the “acting-in” stage.

5. Intervention #5 involves removing a child, in a non-punitive fashion, from the environment in which he is experiencing difficulty. At school, the child may be sent on an errand. At home, the child may be asked to retrieve an object for a mother/father. During this time the child has an opportunity to regain a sense of calm. When he returns, the problem has typically diminished in magnitude and the grown-up is on hand for support, if needed.

6. Intervention #6 is a strategy where the educator moves near the child who is engaged in the target behavior. Moms/dads and teachers move near the HFA child. Often something as simple as standing next to the child is calming. This can easily be accomplished without interrupting an ongoing activity (e.g., the educator who circulates through the classroom during a lesson).

7. Intervention #7 is a technique in which the mother/father or educator merely walks with the child without talking. Silence on the part of the grown-up is important, because a child with HFA in the “acting-in” stage will likely react emotionally to any adult statement, misinterpreting it or rephrasing it beyond recognition. On this walk the child can say whatever he wishes without fear of discipline or reprimand. In the meantime, the grown-up should be calm, show as little reaction as possible, and never be
confrontational.

8. Intervention #8 is a technique that is effective when the child is in the midst of the “acting-in” stage because of a difficult task, and the mother/father or educator thinks that the child can complete the activity with support. The mother/father or educator offers a brief acknowledgement that supports the verbalizations of the child and helps him complete his task. For instance, when working on a math problem the child begins to say, “This is too hard.” Knowing the child can complete the problem, the educator refocuses the child’s attention by saying, “Yes, the problem is difficult. Let's start with number one.” This brief direction and support may prevent the child from moving past the “acting-in” stage.

When selecting an intervention during the “acting-in” stage, it is important to know the child, as the wrong technique can escalate rather than deescalate a behavior problem. Further, although interventions at this stage do not require extensive time, it is advisable that grown-ups understand the events that precipitate the target behaviors so that they can (1) be ready to intervene early, or (2) teach kids and teenagers strategies to maintain behavior control during these times. Interventions at this stage are merely calming. They do not teach kids to recognize their own frustration or provide a means of handling it. Techniques to accomplish these goals are discussed later.

The “Acting-Out” Stage

If behavior is not diffused during the “acting-in” stage, the child or adolescent may move to the “acting-out” stage. At this point, the child is dis-inhibited and acts impulsively, emotionally, and sometimes explosively. These behaviors may be externalized (i.e., screaming, biting, hitting, kicking, destroying property, or self-injury) or internalized (i.e., withdrawal). Meltdowns are not purposeful, and once the “acting-out” stage begins, most often it must run its course.

During this stage, emphasis should be placed on child, peer, and adult safety, and protection of school, home, or personal property. The best way to cope with a tantrum, rage, or meltdown is to get the child to home base. As mentioned, this room is not viewed as a reward or disciplinary room, but is seen as a place where the child can regain self-control.

Of importance here is helping the individual with HFA regain control and preserve
dignity. To that end, grown-ups should have developed plans for (1) obtaining assistance from educators, such as a crisis educator or principal, (2) removing other kids from the area, or (3) providing therapeutic restraint, if necessary.

**The Recuperation Stage**

Following a meltdown, the child with HFA has contrite feelings and often cannot fully remember what occurred during the “acting-out” stage. Some may become sullen, withdraw, or deny that inappropriate behavior occurred; others are so physically exhausted that they need to sleep.

It is imperative that interventions are implemented at a time when the child can accept them and in a manner the child can understand and accept. Otherwise, the intervention may simply resume the cycle in a more accelerated pattern, leading more quickly to the “acting-out” stage. During the recuperation stage, kids often are not ready to learn. Thus, it is important that grown-ups work with them to help them once again become a part of the routine. This is often best accomplished by directing the youth to a highly motivating task that can be easily accomplished, such as activity related to a special interest.

**Preventing Tantrums, Rage, and Meltdowns**

Kids and teenagers with HFA generally do not want to engage in meltdowns. Rather, the “acting-out” cycle is the only way they know of expressing stress, coping with problems, and a host of other emotions to which they see no other solution. Most want to learn methods to manage their behavior, including calming themselves in the face of problems and increasing self-awareness of their emotions. The best intervention for tantrums, rage, and meltdowns is prevention. Prevention occurs best as a multifaceted approach consisting of instruction in (1) strategies that increase social understanding and problem solving, (2) techniques that facilitate self-understanding, and (3) methods of self-calming.

**Increasing Social Understanding and Problem Solving**

Enhancement of social understanding includes providing direct assistance. Although instructional strategies are beneficial, it is almost impossible to teach all the social skills that are needed in day-to-day life. Instead, these skills often are taught in an
interpretive manner after the child has engaged in an unsuccessful or otherwise problematic encounter. Interpretation skills are used in recognition that, no matter how well developed the skills of a person with HFA, situations will arise that he or she does not understand. As a result, someone in the person’s environment must serve as a social management interpreter.

The following interpretative strategies can help turn seemingly random actions into meaningful interactions for kids with HFA:

1. Analyzing a social skills problem is a good interpretative strategy. Following a social error, the child who committed the error works with an adult to (1) identify the error, (2) determine who was harmed by the error, (3) decide how to correct the error, and (4) develop a plan to prevent the error from occurring again. A social skills analysis is not “punishment.” Rather, it is a supportive and constructive problem-solving strategy. The analyzing process is particularly effective in enabling the child to see the cause/effect relationship between her social behavior and the reactions of others in her environment. The success of the strategy lies in its structure of practice, immediate feedback, and positive reinforcement. Every grown-up with whom the child with HFA has regular contact, such as parents, educators, and therapists, should know how to do social skills analysis fostering skill acquisition and generalization. Originally designed to be verbally based, the strategy has been modified to include a visual format to enhance child learning.

2. Visual symbols such as “cartooning” have been found to enhance the processing abilities of persons in the autism spectrum, to enhance their understanding of the environment, and to reduce tantrums, rage, and meltdowns. One type of visual support is cartooning. Used as a generic term, this technique has been implemented by speech and language pathologists for many years to enhance understanding in their clients. Cartoon figures play an integral role in several intervention techniques: pragmaticism, mind-reading, and comic strip conversations. Cartooning techniques, such as comic strip conversations, allow the child to analyze and understand the range of messages and meanings that are a natural part of conversation and play. Many kids with HFA are confused and upset by teasing or sarcasm. The speech and thought bubble as well as choice of colors can illustrate the hidden messages.

Conclusion—
Although many kids and teenagers with HFA exhibit anxiety that may lead to challenging behaviors, stress and subsequent behaviors should be viewed as an integral part of the disorder. As such, it is important to understand the cycle of behaviors to prevent seemingly minor events from escalating. Although understanding the cycle of tantrums, rage, and meltdowns is important, behavior changes will not occur unless the function of the behavior is understood and the child is provided instruction and support in using (1) strategies that increase social understanding and problem solving, (2) techniques that facilitate self-understanding, and (3) methods of self-calming.

Kids with HFA experiencing stress may react by having a tantrum, rage, or meltdown. Behaviors do not occur in isolation or randomly; they are associated most often with a reason or cause. The child who engages in an inappropriate behavior is attempting to communicate. Before selecting an intervention to be used during the “acting-out” cycle or to prevent the cycle from occurring, it is important to understand the function or role the target behavior plays.

HFA Students and Public Schools—

Before the landmark Supreme Court case of Brown v. Board of Education in 1954, school districts frequently did not allow handicapped kids to enroll. Today legislation such as the Education for All Handicapped Kids Act of 1975, amended in 1990 in 2004 to become the Individuals with Disabilities Education Act, protects the right of handicapped kids to a free and appropriate education in the public schools.

The "spirit" of laws that apply to handicapped kids is that each child should be educated as an individual. This is a good thing for kids with HFA in particular. They need individual treatment because they can range from highly gifted students who excel in academics to kids with a variety of learning disabilities and comorbidities like Oppositional Defiant Disorder. The majority are usually between the two extremes.

From birth to age three years, federal laws require that handicapped kids receive early intervention services. These may be speech and language therapy, nutritional counseling, vision and medical services, parental counseling and so forth. Usually a teacher comes to the child's home and works with her one-on-one, although some kids
receive services in public school classrooms or clinical settings. However, kids with HFA often do not receive a diagnosis until after they enter school so they tend to miss Early Intervention programs.

Once a child enters school, parents can require a free evaluation and assessment by a multidisciplinary team. If the team determines the child does not require special education, parents have the right to appeal the decision and get another free evaluation. The most common problem is that HFA kids often appear too bright and verbal to need services. Their solitary lifestyle can mask their social deficiencies. For this reason, many parents end up hiring lawyers to receive public school accommodations for their kids.

If the school determines that the child needs special education, parents should find out what is available at that school and in that district. Services can be speech and language therapy, occupational and physical therapy, counseling, vocational education, and assistive technology like special computer software. Parents have to consider if the child should be in a self-contained classroom or mainstreamed or in a combination of both. Moving the child to a different school or even school district with better facilities might be beneficial. Often it's a good idea to hire or have the school provide an expert in HFA to help staff and parents decide what's best for the child.

A handicapped child can receive services under the Individuals with Disabilities Act (IDEA) or under Section 504 of the Rehabilitation Act of 1973. Section 504 is about getting access and removing barriers to education. For example, a child in a wheelchair may need a special door opener, but once she receives access to the classroom, she is treated like other students. Schools tend to encourage parents to go for 504 accommodations rather than services under IDEA because it is less work for them. One of the few advantages in using 504 accommodations is that the child receives no "label." However, many more services become available under IDEA.

Under IDEA, parents and school staff meet together at the beginning of the school year and come up with an "Individualized Education Plan (IEP)." The plan must be written, and include an assessment of the child's current strengths and weaknesses. The IEP must contain measurable goals for the year and list specific special education aids and services. Parents and staff meet periodically to make sure the goals are attained. There should be an IEP case manager who checks the child's work every day and develops new strategies. Most IEPs for HFA kids have contingencies such as allowing extra time for
work, giving out shorter or alternate work assignments, providing the child with copies of other students' notes, allowing the child to take tests over or have extra time for them, or allowing the child to take oral instead of written tests.

Some HFA kids need those special contingencies. However, for the majority, the most important need is getting help with social interactions and reciprocity. HFA kids can excel academically and fail in life because they do not have social skills. One author wrote of a "cycle" in which HFA kids earn advanced degrees but cannot land jobs because they do not interview well. Then they take a lower level job that requires hand-eye coordination, fail at that, go back and get another advanced degree and so the cycle goes on.

For this reason, many parents opt out of the public system and find a private school that is designed for kids with HFA. Sometimes administrators at their public schools even recommend such a placement. In that case, the school district may pay for tuition at the private school. If a doctor recommends such a school, the tuition costs can be tax-deductible or covered by medical insurance. Many HFA kids benefit from even a year or so at a residential school that provides intense, twenty-four hour training in social skills.

Classroom Solutions—

Many kids with HFA are very bright, and may even excel academically in one or more subjects. However, they often need protection from other students who bully or take advantage of them. HFA kids do not know which students to avoid. For example, if an HFA child makes a friend, that "friend" may make him do assignments for him, break rules, take the blame and otherwise put the HFA child in jeopardy.

HFA kids usually do not understand the "hidden rules" of school but take all rules at face value. They may memorize the rule "Don't swear in middle school." Yet they don't know that all middle students swear, but you don't swear in front of adults, and you don't swear in front of a certain prissy teacher in particular. HFA kids also do not understand "hidden social agendas." If an HFA child participates on a high school debate team that meets in a coffee house, she comes prepared like a little professor to talk about the subject at hand. She does not understand that the other students are there to socialize as well as practice for the team.

For this reason, HFA kids require individualized training in social and emotional
competency. There are many promising new teaching techniques for kids with HFA. On the elementary school level, some educators are using "social stories" with special cartoons illustrated with "emo faces" to help HFA kids recognize facial expressions. Acting classes also might help an HFA child better understand emotional reactions.

Self-contained or mainstream classroom? Self-contained classrooms usually have a small number of kids with a variety of special needs. The teacher may have extra training in special education and receive help from one or more aides. Therefore, the big advantage of a self-contained classroom is extra individual attention.

However, there are several disadvantages to self-contained classrooms. Kids with HFA often gain more knowledge about social interactions and how the "normal" world operates in a mainstream classroom. Academics may be "watered down" in a self-contained classroom. Kids with HFA do not do well with emotionally disturbed kids who are often streetwise and aggressive. If these two groups are together in a self-contained classroom, you often produce a combination of the perfect victim and perfect victimizer.

Sometimes a child may start out in a self-contained classroom and gradually transition to a mainstream one. This usually has to be done slowly, and takes an average of two months to two years. It may begin with just a half-hour at a time in the regular classroom for elementary school students, and perhaps an hour at a time in the student's strongest subject on the high school level. Some experts recommend seating the HFA child next to a successful student who can help him with organization and provide class notes, if necessary.

In general, HFA kids do better in classrooms that are predictable and structured with as few transitions as possible. Teaching with an emphasis on visual presentation plays to the HFA child's strength of visual acuity. Educators should structure lessons in clear patterns that are easy to follow.

During "unstructured" periods such as lunch, physical education, recess and passing to classes, an HFA child may need special accommodations.

The teacher should have some understanding of HFA. A good teacher should not be "fake" because that will just confuse the HFA child even more. He may develop a special "cue" such as tapping the child's shoulder to help the child pay attention when his mind is wandering. He should be strong in language skills, and use drama to help the child
understand other people's emotions. The teacher should be a calm person in control of his classroom: this will decrease the HFA child's anxiety. Changes and surprises will upset an HFA child. Therefore, the teacher should help with transitions and let the child know in advance when he will have to recite in front of the class.

The Purpose of Social Stories—

A social story describes a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. The goal of a social story is to share accurate social information in a reassuring manner that is easily understood by a child with High-Functioning Autism (HFA). Half of all social stories developed should affirm something that the child does well. Although the goal of a story should never be to change the child’s behavior, his or her improved understanding of events and expectations may lead to more effective responses. Although social stories were first developed for use with kids on the autism spectrum, the approach has also been successful with adolescents and adults and other social and communication delays and differences – as well as individuals developing normally.

Sample Social Story:

Frequently, kids with HFA expect things to be the same way that they first saw them. Such was the case with Ronnie, who expected to find the overhead projector in the classroom bathroom—just as it had been the first time he went there! He refused to use the bathroom unless the projector was in there, causing problems when the teacher was in the middle of a lesson using the projector in the classroom. Further complicating the issue was his insistence that the projector was needed to keep the bathroom free of bugs. Ronnie’s mother wrote the following story for him:

My name is Ronnie. I am an intelligent second grader at Wheeling Elementary School. Sometimes, I have to use the bathroom. This is okay.

Bathrooms need to have a toilet or urinal, and maybe sinks. Sometimes, when people need to find a place to keep something until they need it, they might place it in the bathroom. My teacher keeps her overhead projector in the bathroom when she is not
using it to make more room in the classroom. It's okay to store an overhead projector in the bathroom, but usually most bathrooms do not have overhead projectors in them.

Sometimes, my teacher uses the overhead projector to teach the kids. If she were to bring all the kids into the bathroom where the overhead projector is, it would be too crowded! So my teacher brings the overhead projector into the classroom to use it.

It's okay to use our bathroom with the overhead projector in it. It's also very okay and intelligent to use our bathroom when my teacher is using the overhead projector with the class.

The custodians work very hard to keep our bathrooms clean. They use disinfectant to keep everything nice for the kids. If the custodians notice bugs, like spiders, they might use bug spray. Bug spray, and other things that custodians have, are used to keep bathrooms free of spiders and things. People never use overhead projectors to keep an area free of spiders; it just would not work. If I should ever see a bug in the bathroom, it's okay to tell an adult. The adult may know how to use a tissue or toilet paper to get rid of the bug, or we may choose to use another bathroom.

Our HFA kids may need similar social stories for a wide variety of situations. Simply changing the topic and adapting the vocabulary and situation to accommodate your child's concerns will help to produce a social story that helps him to deal with a necessary change from his expectations.

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**Transitioning HFA Kids into Adolescence—**

Adolescence can be a very confusing and difficult time for kids with High-Functioning Autism (HFA). The teenage years are complicated for all of us, especially for families who are unprepared for this time period. You are very wise to plan ahead for your family’s journey into adolescence. While planning ahead may not make the situation unfold painlessly, it will improve your chances for a smooth transition.

For kids with HFA, adolescence transition means much more than it does for typically developing kids. Areas of concern include:
• Appropriate knowledge of dating and sexuality
• Developing a healthy self-image
• Education issues like special considerations and allowances due to specific weakness and strengths
• Participation in all treatment options like classes, groups, therapy sessions, medications, etc.
• Social skills like communication, personal space, basic personal hygiene, etc.

It is especially important that you plan for all the issues that affect your child with HFA during the teen years. There are several treatment options that you can investigate. However, the family environment can be extremely effective with or without additional outside therapies. Here are some treatments you may choose to examine:

• Social skills training-for non-verbal communication, social cues and gestures, etc.
• Cognitive-behavioral therapy-for dealing with the feeling, emotion, and behavior connections
• Individual psychological counseling-for talking through issues and making plans
• Career counseling-to find the right career path for your child’s strengths and personality
• Medication-to help with depression, anxiety, and/or hyperactivity

As another option for your child with HFA, adolescence transition can be handled by caring parents in the home environment. Here are a few suggestions:

• College and career planning-choosing a career, planning for college, trade school, technical school, etc.
• Daily living skills-personal hygiene, home management, money skills, etc.
• Organizational skills-time management
• Sex education-dating and sexuality knowledge
• Social development-making and keeping friends, keeping a job, etc.

For kids with HFA, the teenage years do not have to be especially difficult. By thoroughly investigating the options above, you can cover all of these transition areas and more.

Dealing with Rituals and Obsessions—
Rituals and obsessions are one of the hallmarks of HFA. In order to cope with the anxieties and stresses about the chaotic world around them, kids often obsess and ritualize their behaviors to comfort themselves. While some kids may spend their time intensely studying one area, others may be compulsive about cleaning, lining up items or even doing things which put them or others in danger.

Here are some suggestions to help:

1. Be prepared for resistance by arming yourself with suggestions and alternatives to your child's behavior. A great way of doing this is by creating a "social story". Carol Gray's Social Stories site is a great resource for parents and educators alike to create books which will modify behavior in kids with autistic spectrum disorders.

2. Choose your battles wisely. Breaking an obsession or ritual is like running a war campaign. If not planned wisely or if you attempt to fight on many fronts, you're guaranteed to fail. Not only is it time consuming and tiring, it means you can't devote 100% to each particular area. So, if you have a child with a game obsession, a phobia of baths and bedtime troubles, choose only one to deal with. Personally, and I have had that choice, I dealt with the bedtime troubles. Using logic, a sleep deprived child certainly isn't going to deal with behavioral modification in other areas well. Plus, it was having an effect on his overall health. Deal with the worst first!

3. Communicate with your child to explain the effect that his or her ritual is having on your family as a whole. My child's 2am wakeup calls were affecting me mentally, emotionally and physically, and I told him so. I pulled some research off the internet about sleep needs and discussed this with him.

4. Speak to professionals for advice. Contact your pediatrician for recommendations for behavior therapists. Your local parent support groups and national associations, such as the National Autistic Society, will not only provide you support but the information you need to move forward with your child.

5. When breaking an obsession or ritual, examine the ways that you may have fed into this. With my child's bedtime activities, I found I was too tired to fight his waking up at 2am. While dealing with this ritual, I ensured I was in bed early myself so I had enough sleep in me to knock his night owl tendencies on the head.
6. When tackling any problem with any child, HFA or not, it's always best to remain calm at all times. Kids can feed off your anger, frustration and anxiety, so keeping a level head at all times is essential. If you feel a situation is escalating and elevating your blood pressure, take a step back and collect yourself.

Transitioning Between Schools—

For kids with HFA, transition between schools will evoke a wide range of negative emotions. Change is difficult for these kids, and when a new school year rolls around, everything changes. New classmates, new teachers, and new schedules can cause major anxiety, which can spiral to depression.

Dealing with transition problems can also affect your child’s home life. Anxiety brought about at school will carry over at home causing disruption. Anger and frustration can escalate, triggering meltdowns. While the transition at school cannot be avoided, there are things a parent can do to lessen the effects of all the change that comes with moving to a new school. Here are some tips to help you deal with this unstable period in your child’s life.

Plan ahead—

Begin planning for transition phase well in advance. Make a checklist of people to speak with and places to visit. Your list may look like this:

• Create a visual calendar that shows when the change will occur.
• Meet with the special education coordinator at the new school to discuss my child and ways this person can help with the transition.
• Schedule doctor’s appointments and therapy appointments to discuss counseling, medication, and any other available forms of help for my child’s transition.
• Talk to my child about the changes that are coming.
• Visit current teachers and therapists and request their help.
• Visit the new school for a tour and then plan a visit with my child.
Prepare your child—

Parents must prepare their child for transition period. Talk with your child about the change that is coming long before it actually happens. For example, near the end of this school year you can mention during your drives to school how your morning drive will be different next year. This will most likely bring protests, and this will give you a chance to talk positively about the new school. Keep it light and without pressure.

Prime the school staff—

The teachers and therapists at your child’s new school should know all about your child with HFA. Transition will be less difficult if the new school staff has a plan in place specifically for your child.

Put together a support program—

A complete and dedicated team should be in place for your child. Transition team members may include the pediatrician, neurologist, psychologist, school counselor, teacher, and YOU! While the medical community may rely on medical tests, medications, and therapies, parents can offer support at home. Moms and dads can find resources like books and videos to help them encourage their child.

Social Skills: Key Concepts and Interventions—

KEY CONCEPTS:

1. HFA kids and teens are often described by their parents as being bright but clueless.

2. Kids with HFA often score well within the normal range on standardized tests typically used by schools to evaluate students. These tests usually do not test for social skills.

3. It is often helpful for parents to think of themselves as coaches for their kids.

4. Kids and teens with HFA can have wide ranges of strengths and weaknesses which can
puzzle and frustrate parents and educators. For example, since he can program a computer, why can’t he write a book report?

5. Persons with social-cognitive deficits still desire successful social relationships and companionship. Do not assume that they don’t want to have friends.

6. Poor parenting or role modeling does not cause HFA.

**INTERVENTIONS:**

1. An activity notebook: These can be used to document all the activities in a given day. Then parents and youngster together can plan for minor changes in routines to help decrease time spent in repetitive stereotypes movements such as rubbing or twirling, or spending all one’s time on a single interest.

2. Discussions on specific topics such as how to greet others, how to wait your turn, how to ask for something, what to do when you don’t get your own way, and how to tell someone you like them. Use pictures, role model actual situations, or write in a journal.

3. Emotion Flash Cards or vocabulary cards: These are cards that describe in pictures various emotions.

4. How to give and receive compliments. What types of compliments are appropriate in a given situation?

5. How to help others. Teach the youngster or teen specific tools to use to understand situations in which it is or isn’t appropriate to help others.

6. How to understand and use skills such as using a friendly and respectful tone of voice, or waiting for pauses in conversation.

7. Learning to recognize early signs of stress and anxiety, to avoid going into the anxiety-anger cycle.

8. Roll-play various stressful and/or emotional situations.

9. Strategies to teach how to recognize and cope with one’s emotions. These include the use of an anger thermometer, lists of things that might make one horrified, bored, confused, overjoyed, or mad; or emotion scales which assign a number score to the
intensity of a given emotion.

10. Teach commonsense rules for starting conversations. For example, one system is the PATHS method. This stands for Prepare ahead, Ask yourself what you are going to talk about, Time it right, say Hello, and watch for nonverbal Signals.

11. Teach how to notice and use nonverbal skills. For example, the SENSE method. This stands for Space (maintain the proper physical space between others), Eye Contact, Nodding (To show agreement or disagreement), Statements of Encouragement (such as uh-uh), and Expressions (face).

12. Teach the difference between public and private. Be very specific. Make lists or draw pictures of private activities and public activities. Make lists of examples of private places and public places.

13. Teach vocal cues. One such cue is proper use of tone of voice. Ask teen or youngster to try to guess what people are thinking based on inflection in speech patterns or tone of voice.

14. The “I Laugh” Approach: These are a series of specific exercises to teach communication skills and problem solving. “I Laugh” stands for: Initiating new activities, Listen effectively, Abstracting and inference, Understanding perspective, Gestalt, the big picture, and Humor.

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**School Phobia**

Most kids with High-Functioning Autism (HFA) at some time in their school career are challenged by anxiety. School phobia (known to professionals as school refusal), a complex and extreme form of anxiety about going to school (but not of the school itself as the name suggests), can have many causes and can include related anxiety disorders such as agoraphobia and selective mutism.

*Symptoms include:*

- a racing heart
- fatigue
- frequent trips to the toilet
• nausea
• shaking
• stomachaches

Young HFA kids (up to age 7 or 8) with school phobia experience separation anxiety and cannot easily contemplate being parted from their parents, whereas older kids (8 plus) are more likely to have it take the form of social phobia where they are anxious about their performance in school (such as in games or in having to read aloud or answer questions in class).

HFA kids with anxieties about going to school may suffer a panic attack if forced which then makes them fear having another panic attack and there is an increasing spiral of worry with which parents often do not know how to deal.

How School Phobia Starts—

Going to school for the first time is a period of great anxiety for very young kids. Many will be separated from their parents for the first time, or will be separated all day for the first time. This sudden change can make them anxious and they may suffer from separation anxiety. They are also probably unused to having the entire day organized for them and may be very tired by the end of the day – causing further stress and making them feel very vulnerable.

For older HFA kids who are not new to the school, who have had a long summer break or have had time off because of illness, returning to school can be quite traumatic. They may no longer feel at home there. Their friendships might have changed. Their teacher and classroom might have changed. They may have got used to being at home and closely looked after by a parent, suddenly feeling insecure when all this attention is removed; and suddenly they are under the scrutiny of their teachers again.

Other HFA kids may have felt unwell on the school bus or in school and associate these places with further illness and symptoms of panic, and so want to avoid them in order to avoid panicky symptoms and panic attacks fearing, for example, vomiting, fainting or having diarrhea. Other kids may have experienced stressful events.

**Possible triggers for school phobia include:**

1. Being bullied
2. Being off school for a long time through illness or because of a holiday
3. Being unpopular, being chosen last for teams and feeling a physical failure (in games and gymnastics)
4. Bereavement (of a person or pet)
5. Fearing panic attacks when traveling to school or while in school
6. Feeling an academic failure
7. Feeling threatened by the arrival of a new baby
8. Having a traumatic experience such as being abused, being raped, having witnessed a tragic event
9. Moving to a new area and having to start at a new school and make new friends or just changing schools
10. Not having good friends (or any friends at all)
11. Problems at home such as a member of the family being very ill
12. Problems at home such as marital rows, separation and divorce
13. Starting school for the first time
14. Violence in the home or any kind of abuse; of the child or of another parent

Kids with Asperger Syndrome need to be dealt with differently to kids without the syndrome as, for example, teaching them relaxation techniques can actually make them more anxious.

How to Help—

The longer school phobia goes on, the harder it is to treat, so referrals to Child and Adolescent Mental Health Services are usually quite quick to ‘nip it in the bud’. However, if your child is severely affected, it is better to ask for a referral (from your child’s doctor or head teacher) to the service before you are desperate as it is often overstretched: in reality it can take some time to get an appointment.

Things you can do yourself as a parent include getting help from your child’s school. Teachers need to be aware there is a problem. Sometimes being taught in a special unit in school (if the school has one) may help your child feel more secure as it is a more comfortable place and acts as a half-way point between home and school. (Some HFA kids are so severely affected that they stop going to school.) It should be made quite clear to your child’s teachers that she is not ‘playing up’ but that her anxiety is very real and she is suffering from it.

At home, life should continue and your child should be encouraged to carry on as normal. But she might want to stop going out, especially without you, even to parties that she was quite happy being left at before. Although you need to deal sensitively with her, if she doesn’t absolutely have to miss something, it is best to help her go by going
with her for part (or all) of the time so that her world does not shrink altogether. It is also helpful to:

- Encourage your child to find things she can enjoy in the school day.
- Explain that her fears are brought on by thoughts that are not true thoughts: she is reacting to normal things in an extreme way.
- Find things that your child can look forward to each day.
- Keep to the same routine. Make life boring for your child so that she has less to be anxious about (no surprise trips out). Make her go to bed and get up at the same time every day (even on weekends) so that she has some secure framework to live around.
- Reassure your child. Tell her that she will be fine once she has got over the part she dreads.
- Tell her she is brave for going to school. Although her friends find it easy, she has a private battle she has to fight every school day.
- Tell her you are proud of her for being so brave.
- Tell her you love her.

Completing School Assignments On Time—

Teachers often complain about the slow work pace of students with High-Functioning Autism (HFA). The lack of language skills plays a part, as well as the student’s physical limitations due to the lack of fine motor skills. The student’s handwriting skills are probably awkward and clumsy, thus slowing him down. Poor organizational skills interfere with the student’s ability to produce timely assignments. In addition, many kids with HFA are perfectionists bordering on obsessive behaviors. This causes control issues.

The slow pace problem is often addressed in the student’s education plan. The student is offered reduced workload, additional time for most assignments, reading assistance during testing, and occupational therapy exercises to improve fine motor skills such as handwriting. The first thing you can do is to make sure your child has these special accommodations in place to help him become a successful student.

Here are some additional ideas for you:
• Take steps to control obsessive behaviors. Unfortunately, these behaviors are common in kids with HFA. They can take control and cause many problems. Learn and perform behavior modification techniques for obsessive and/or compulsive issues.

• Remember the importance of routine. Your child performs best when he has a set and regular routine. Work to make his home time a seamless, structured continuation of his school day. It may seem like too much to you, but kids with HFA attain great comfort, thus becoming more productive, when the routine is rigid.

• Practice fine motor skills exercises and handwriting regularly. Practice will help increase his handwriting speed. With added speed, he can finish assignments faster. Taking notes during class will become easier for him.

• Organizational skills are necessary for independence. Learning time management techniques, thought process control, as well as basic organizational skills like keeping a daily calendar, creating written lists, and using other visual aids will help our child become more productive.

Complaining teachers can increase your child’s anxiety levels. Since kids with HFA are likely to suffer from anxiety, this negative input is sure to have an effect on your child. Behavior modification, therapy, or medication may be needed to control anxiety due to academic pressure. Taking steps to deal with your child’s weaknesses will improve the situation. In addition, it would not hurt to schedule a meeting to remind your child’s complaining teachers about his educational limitations.

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**How Diet and Supplements Can Help—**

A gluten-free, casein free diet is recommended for HFA kids. Often parents feel rather overwhelmed with such a restrictive diet, and only opt to embrace it as a last resort. Results vary when using a gluten-free, casein free diet – but the keyword here is RESULT. You can expect some result.

Kids with HFA usually have gastrointestinal problems (e.g., reflux, constipation, diarrhea, vomiting and hiccups). It is well-known that the proteins found in wheat, rye, oats,
barley and dairy products (gluten and casein) are NOT completely broken down in kids with HFA. These undigested proteins can leak into the bloodstream, potentially interfering with neurological processes by having an opiate-like effect upon their systems.

It's suggested that these undigested proteins (peptides) can reach toxic levels, with the HFA child seeming to "crave" milk and wheat products. Symptoms of gluten/casein intolerance include red cheeks and ears, dry skin, runny nose, headaches, hyperactivity, tantrums and malformed bowel movements.

*Parents report a variety of outcomes, including:*

- improved fine motor skills
- improved focus and attention span
- improved intestinal function
- improved personal hygiene habits
- improved sleep patterns
- improved social skills
- improved speech and communication
- increase in affection shown
- reduction of tantrums and irritability

So a gluten-free, casein-free diet is definitely worth considering for your HFA child. You don't have to feel overwhelmed by the restrictive nature of the diet. I suggest simply starting slowly and eliminating one group (either gluten or casein) at a time. Once you're comfortable without wheat or dairy products, then you can tackle the next element. If you see a desirable result from eliminating one component, you may decide not to go any further.

Simply substituting gluten-free flour in all recipes I used was a simple but highly effective action. I like to bake, so in any cakes, biscuits, slices and desserts, I just substituted gluten-free flour in my usual recipes. I didn't add any extras like Xantham gum, and didn't have any failures.

Finding an alternative to bread was our biggest obstacle. The gluten-free varieties just weren't the same, so instead we excluded bread altogether. The gluten-free pastas on the market are excellent, but do tend to cook slightly quicker.

I suggest you email all the major distributors of snack foods, such as muesli bars and fruit slices and ask for a list of their gluten-free products. This helps with easy
identification at the store. Eating out is difficult at first, but if you mention you're gluten-free most restaurant or cafe chefs will gladly prepare something gluten-free.

The gluten-free, casein-free diet finally eliminated all our grandson's known trigger foods such as peanut butter, chocolate and caffeine in sodas. We stayed on the diet strictly for 10 months before gradually reintroducing gluten. We have seen no return of the eliminated characteristics in our grandson (all of those mentioned above). We have continued to use gluten-free pasta and flour in our cooking.

I believe that the gluten-free diet had a detoxifying effect not only on our HFA grandson, but on all of us, and the benefits have been obvious. So be adventurous and try a gluten-free/casein-free diet for your HFA child....you may be nicely surprised!

More diet tips especially for HFA kids—

• Reduce and eliminate foods containing artificial ingredients, preservatives and coloring
• Reduce and eliminate foods with high sugar, salt and fat content
• Incorporate more fresh foods into the diet
• Always eat breakfast; this meal is key for regulating energy levels, brain power, and moods
• Have healthy go-to foods on hand, such as apples and peanut butter, carrots, and celery, granola bars, fruit and nut mixes, yogurt with fruit, hard boiled eggs, cheese and crackers
• For picky eaters not fond of vegetables or ‘healthy foods’, check out health food stores or farmers’ market for homemade sauces, herb vinegars, and dressings free of preservatives or chemicals to add flavor to meals

Supplements for HFA kids—

Herbal and homeopathic remedies can be viable alternatives to synthetic drugs and may be just as effective, with far fewer risks and side effects. It is important that you only use natural remedies from a reliable source, as the quality of herbs used as well as methods of preparation may affect the strength and effectiveness of the remedy.

Depending on the symptoms that need treatment, certain herbal and homeopathic ingredients may be recommended as part of a holistic treatment plan, such as:

• Chamomila (6C) is used homeopathically for kids who are irritable and difficult to please, as well as for those with a low pain threshold. It is also well–known for its
soothing effect on infant colic, symptoms of teething babies and its ability to promote sleepiness naturally.

• Cina (6C) is used homeopathically to relieve irritable, increase tolerance and prevent temper tantrums. Regular use of Cina is also thought to make kids less stubborn and more affectionate.

• Melissa officinalis has been studied for its beneficial effect on the nervous system, and is well-known for its soothing and calming properties.

• Passiflora is known for its soothing properties as a general nerve tonic to help naturally maintain a positive demeanor, balance emotions, settle the nerves and ease minor worries, as confirmed by clinical research.

• St. John’s Wort, which has been used in traditional medicine for centuries and research has confirmed the positive effects of this herb on mental and emotional health.

Natural remedies may often contain a combination of ingredients for best effect. A holistic treatment plan aims to address the underlying cause of the problem and does not just treat the symptoms in isolation. In this way, it provides an all-around approach to greater well-being.

Preparing Your HFA Teen for Adulthood—

Stepping into adulthood can be a confusing and difficult time for the HFA teen. However, it does not have to be. Many teens with HFA are fairly well adjusted after years of living with the associated symptoms and adapting to better fit into their environment. Here are a few areas that can cause problems for the teenager with HFA:

• Employment
• Independent living skills
• Post-secondary education
• Relationships and social skills
• Self-care issues
Parents can help their HFA teen prepare for life as an adult by making sure he has the right amount of support. Support can come from many sources. Parents, teachers, school advisors or counselors, medical professionals, therapists, friends, and support group members cover most, if not all, of the basic areas of life.

Some geographical areas offer support for the HFA teen through government agencies. With a qualifying diagnosis, your teenager may be able to receive health insurance coverage, housing assistance, various therapies, vocational training, and career counseling, just to name a few possibilities. Check with your local government or disability services office to learn more about availability in your area.

It might help if you make a list of the skills you would like to see developing in your HFA teen. By making this list, you will be able to see his strengths and weakness and help determine a plan for his immediate future. Here is a sample list:

- Social skills and relationships-- Does he have the ability to relate to others and communicate, verbally and non-verbally? Should he continue with social skills classes or perhaps find a home program?
- Self-care-- Does he have good personal hygiene? Does he understand the importance of regular medical care and keeping track of his medications?
- Coping skills-- Can he handle the anxiety, emotions, and frustration often brought on by change? Should he begin cognitive therapy to help with his emotions?
- Career and college choices-- Has he chosen a path based on his special interests and talents? What colleges are grabbing his interests? Do these schools offer disability support services?
- Basic living skills-- Does he understand the importance of housekeeping, budgeting, and grocery shopping?

Moving into adulthood does not have to be daunting for your teenager with HFA. Teens can develop the necessary skills for college, career, and independent living with the right support.

The Difference Between Meltdowns and Tantrums—
One of the most misunderstood HFA behaviors is the meltdown. Frequently, it is the result of some sort of overwhelming stimulation of which cause is often a mystery to moms and dads and teachers. They can come on suddenly and catch everyone by surprise. HFA kids tend to suffer from sensory overload issues that can create meltdowns. Kids who have neurological disorders other than HFA can suffer from meltdowns. Unlike tantrums, these kids are expressing a need to withdraw and slowly collect themselves at their own pace.

Kids who have tantrums are looking for attention. They have the ability to understand that they are trying to manipulate the behavior of the others, caregivers and/or peers. This perspective taking or "theory of mind" is totally foreign to the HFA youngster who has NO clue that others cannot "read" their mind or feelings innately. This inability to understand other human beings think different thoughts and have different perspectives from them is an eternal cause of frustration.

Tantrums—

A tantrum is very straightforward. A youngster does not get his or her own way and, as grandma would say, "pitches a fit." This is not to discount the tantrum. They are not fun for anyone. Tantrums have several qualities that distinguish them from meltdowns.

• A youngster having a tantrum will look occasionally to see if his or her behavior is getting a reaction.
• A youngster in the middle of a tantrum will take precautions to be sure they won't get hurt.
• A youngster who throws a tantrum will attempt to use the social situation to his or her benefit.
• A tantrum is thrown to achieve a specific goal and once the goal is met, things return to normal.
• A tantrum will give you the feeling that the youngster is in control, although he would like you to think he is not.
• When the situation is resolved, the tantrum will end as suddenly as it began.

FACT:

If you feel like you are being manipulated by a tantrum, you are right. You are. A tantrum is nothing more than a power play by a person not mature enough to play a subtle game of internal politics. Hold your ground and remember who is in charge.

A tantrum in a youngster who is not HFA is simple to handle. Moms and dads simply
ignore the behavior and refuse to give the youngster what he is demanding. Tantrums usually result when a youngster makes a request to have or do something that the parent denies. Upon hearing the parent's "no," the tantrum is used as a last-ditch effort.

The qualities of a tantrum vary from child to child When kids decide this is the way they are going to handle a given situation, each youngster's style will dictate how the tantrum appears. Some kids will throw themselves on the floor, screaming and kicking. Others will hold their breath, thinking that his "threat" on their life will cause moms and dads to bend. Some kids will be extremely vocal and repeatedly yell, "I hate you," for the world to hear. A few kids will attempt bribery or blackmail, and although these are quieter methods, this is just as much of a tantrum as screaming. Of course, there are the very few kids who pull out all the stops and use all the methods in a tantrum.

Effective parenting -- whether a youngster has HFA or not -- is learning that you are in control, not the youngster. This is not a popularity contest. You are not there to wait on your youngster and indulge her every whim. Buying her every toy she wants isn't going to make her any happier than if you say no. There is no easy way out of this parenting experience. Sometimes you just have to dig in and let the tantrum roar.

Meltdowns—

If the tantrum is straightforward, the meltdown is every known form of manipulation, anger, and loss of control that the youngster can muster up to demonstrate. The problem is that the loss of control soon overtakes the youngster. He needs you to recognize this behavior and rein him back in, as he is unable to do so. A youngster with HFA in the middle of a meltdown desperately needs help to gain control.

• A youngster in a meltdown has no interest or involvement in the social situation.
• A youngster in the middle of a meltdown does not consider her own safety.
• A meltdown conveys the feeling that no one is in control.
• A meltdown usually occurs because a specific want has not been permitted and after that point has been reached, nothing can satisfy the youngster until the situation is over.
• During a meltdown, a youngster with HFA does not look, nor care, if those around him are reacting to his behavior.
• Meltdowns will usually continue as though they are moving under their own power and wind down slowly.

Unlike tantrums, meltdowns can leave even experienced moms and dads at their wit's end, unsure of what to do. When you think of a tantrum, the classic image of a
youngster lying on the floor with kicking feet, swinging arms, and a lot of screaming is probably what comes to mind. This is not even close to a meltdown. A meltdown is best defined by saying it is a total loss of behavioral control. It is loud, risky at times, frustrating, and exhausting.

Meltdowns may be preceded by "silent seizures." This is not always the case, so don't panic, but observe your youngster after she begins experiencing meltdowns. Does the meltdown have a brief period before onset where your youngster "spaces out"? Does she seem like she had a few minutes of time when she was totally uninvolved with her environment? If you notice this trend, speak to your physician. This may be the only manifestation of a seizure that you will be aware of.

When your youngster launches into a meltdown, remove him from any areas that could harm him or he could harm. Glass shelving and doors may become the target of an angry foot, and avoiding injury is the top priority during a meltdown.

Another cause of a meltdown can be other health issues. One example is a youngster who suffers from migraines. A migraine may hit a youngster suddenly, and the pain is so totally debilitating that his behavior may spiral downward quickly, resulting in a meltdown. Watch for telltale signs such as sensitivity to light, holding the head, and being unusually sensitive to sound. If a youngster has other health conditions, and having HFA does not preclude this possibility, behavior will be affected.

HFA Teens and Suicidal Ideation—

Parents, families and teachers need to keep a watchful eye on the emerging teenager who has High-Functioning Autism (HFA). Know the warning signs of “suicidal ideation” (i.e., thoughts about - or an unusual preoccupation with – suicide), and learn about the three D's = drugs, depression, and dangerous activity.

Some teens with HFA can deal with social isolation, but others can't, so that makes them depressed, question the reason for living, and ask themselves if there's any point in carrying on.

Often times, HFA teens are discriminated against and outright bullied. They may be harassed to conform and fit into the humdrum “typical” society. Some will take their
own lives if the heat gets too high.

Perhaps, if suicide is a problem with this group, it would be due to the fact that it is more difficult for them to connect emotionally with other people. They also don’t realize that they will hurt others by taking such drastic action on themselves. It is overwhelming for them because basic things for some take so much effort for this group of people – and it is too easy for them to be disconnected emotionally from people.

Like all mental conditions which cause people to behave differently from the norm, HFA is associated with depression. Depression can be caused by a number of things including:

- Anxiety and Panic Attacks
- Fatigue or Tiredness due either to the condition or to the treatment of the condition
- Guilt or regret over past actions/ outburst/ meltdowns
- Miscommunications
- Misunderstandings
- Overwhelming feelings and thoughts
- Social troubles because you do not seem to fit in

HFA teens need the love and support of family and friends more than the average teenager. So again, watch for the warning signs.

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**Sensory Issues**

A common thread discussed by parents of children with High-Functioning Autism (HFA) is sensory issues. These children can have either Hyper- or Hypo-sensitivity. Some of them even express the sensory issues from birth. The sensory issues can be specific to one sense or across several senses.

*Examples of hypersensitivity:*

- Touch: Does not like touch (especially when unexpected); may be sensitive to textures or different fabrics
- Taste: Easily gags due to texture or tastes; a "picky" eater
- Sounds: Showing great discomfort to loud noises such as fireworks, movies, or parades; easily distracted by sounds
- Smells: Avoids the meat aisle in the grocery store (too stinky); detects odors that others may not even notice
- Sight: Bothered by bright lights

Children and HFA are anecdotally said to be hypersensitive to touch. They will often report that some – or most – of their clothes are “tickly.” HFA kids with touch sensitivity are often in the state of “red alert”. Many of the sensations that we take as meaningless, they view as a physical threat. Kids with touch sensitivity also experience tactile sensations differently than others. Something that we experience as smooth can seem to them painful. The result is that often their behavior is affected.

To give you an idea of how HFA kids experience the world, imagine the feeling you have when someone scrapes his nails along a blackboard, or the feeling you have when you cut your nails too short. This is how a touch sensitive youngster might experience a warm caress. There is a difference, however. When you cut your nails too short, it bothers you for a while, but the discomfort goes away. If a child is touch sensitive, the discomfort never goes away.

The HFA youngster may not be able to wear his dress pants because the feel of wool is too uncomfortable to bear. He may not be able to concentrate in school because he is enduring the hardness of the chair or the rush of air blowing on him from the ventilation system. He may be quick to lash out when another child bumps him because of the perceived attack by the other child. He may be unable to make friends because of the fear of being bumped prevents him from interacting in a normal fashion.

*Here are some of the things that may indicate that your HFA youngster is touch-sensitive:*

- Craves certain sensations the he finds calming, like rocking or firm pressure
- Fights irrationally when you are combing or shampooing his hair, cutting his fingernails, or brushing his teeth
- Gets distracted because of the things that are touching him are bothering him
- Insists on having certain textures of clothing
- Makes you cut all the tags and labels out of his clothing
- Reacts strongly to sensations that most people don't notice
- Soles of feet, mouth and tongue are usually most sensitive areas
- Tries to avoid tactile experiences
• Won’t eat certain foods because of their texture

Treatment—

Treatment of touch sensitivity is usually done under the direction of an occupational therapist. If you feel that your HFA youngster may have touch sensitivity, you should first try to confirm the diagnosis by going to someone who is trained in diagnosing sensory integration problems. You should first consult your doctor with your concern and try to get a referral to a “Pediatric Occupational Therapy Service” for diagnosis and treatment. They will manage your HFA child’s treatment plan and teach you what you can do at home to help your child.

What Can Parents Do?

A common approach is to spend the time and money needed to find alternative fabrics and styles of clothing. Tolerance for fabrics will vary from child to child. So take your HFA son or daughter with you to the clothing store and have him/her experiment with different clothing items. For each shopping excursion, plan on spending at least two hours. You may have to go to several stores. And if you find only one item that your HFA child can tolerate per trip – consider yourself very lucky!

Help for over and under-sensitivity to tactile experiences:

• Cook meals with different size pieces of vegetables and different texture foods.
• Encourage and offer tight squeezes and hugs.
• Encourage gardening and patting down soil and working with sand.
• Provide clothing the child is comfortable in.
• Supply a bag of different textured items such as feathers, leather, silk, tinfoil, sandpaper and sponge and encourage the child to rub them and feel the different surfaces.
• Use tactile-rich decor such as cork, sisal rugs and furry blankets.

Other Sensory Issues—

Help for over and under-sensitivity to oral experiences:

• Encourage bubble blowing.
• Ensure the child is on a multivitamin to make up for any dietary deficiency.
• Offer chewing gum, lollipops and hard candy.
• Supply simple wind instruments such as recorders and harmonicas.
• Supply straws or cups with built in straws.

Help for children with auditory sensitivity:

• Expose the child to a variety of music and see which is most enjoyed.
• Supply earplugs or earmuffs when at a loud event or sports match.
• Take the child to quiet places on outings such as the library, art galleries, coffee shops and parks.
• Teach the child how to cope with or move away from loud noises such as a passing train or screaming children.

Help for children with olfactory sensitivity:

• Don’t bring home magazines with perfumed pages.
• Give permission for the child to leave the room if an odor is too strong and try and make the same provision at his school.
• Supply a small vial of a perfume the child likes that he can sniff if he needs to.
• Teach a child to breathe through his mouth to minimize unwanted smells.

Help for children with visual sensitivity:

• Build 3D models.
• Do jigsaw puzzles with the child.
• Encourage activities where the child sorts items into shapes and sizes.
• Work on collages.
• Work with an ophthalmologist as different color and strength lenses can help.

It is helpful to get the child assessed professionally and then integrate the occupational therapist’s suggestions into everyday routines.

Teaching HFA Children To Lose Gracefully—
My HFA granddaughter and I played games most of her life when she was younger. The one thing I decided early on was that I would not "let" her win. I wanted to teach her that there are winners – and losers. I wanted her to know that sometimes she's going to be the winner, and sometimes her opponent will win. That's life!

Some games are games of chance. So when we played, she had the same odds of winning as I did. Other games are games of skill. When we played, I didn't go easy on her. I wanted her to play her best, and if she scored more points than I did – that's great. If not, I expected her not to behave like a sore loser. Of course, that's easier said than done. Many times when she lost a game she would have a tantrum and say that she did not want to play anymore. Other times she would beg me to play "one more game", hoping that she would win the next game for sure.

So, when you play games with your HFA child, you will have to deal with him losing and possibly not taking it so well. Here are a few suggestions on how to teach your child to lose gracefully:

- Choose an activity that requires cooperation as well as competition (e.g., freeze tag, red rover, or duck duck goose).
- Focus on how well your child is improving in a given game and not on the fact that they lost.
- If your child is the loser, offer to play again. He still may not win, but at least he gets another chance to try.
- Make it a rule that the winner has to say "good game" to the loser.
- Play games of chance to illustrate that sometimes winning depends on luck and not skill (e.g., games like “Candyland” and “Snakes and Ladders”).
- Play games that last forever, like Monopoly, in which your child (and you) will run out of steam before anybody wins or loses.
- To make the loser feel okay about losing, agree before the game starts that the loser will get a prize. For instance, picking the dessert for dinner (so there is actually some benefit to losing). Don't do this for every game, however.

By around age 4, children have many more skills than they did when they were younger, and they know it — and therein lies the rub. They're developing a sense of what they can do and often expect a lot of themselves. When reality clashes with that sense of their ability, they can take it hard. They're in constant motion, seeking out adventure. Especially around ages 3 and 4, children are very imaginative in their play and want to believe they're capable of much more than they really are. Rather than facing the harsh
reality of their own limitations, they 'pretend.'

In a game where a boy has convinced himself that he's the greatest slugger of all time, “striking out” in the middle of his fantasy can bring on a collapse of his exaggerated sense of self, leaving him confused and uncertain. Losing, then, at anything from T-ball to Go Fish, may have less to do with the game itself and more to do with the sudden unpleasant reversal of expectations and emotions, which are on a bit of a hair trigger anyway.

Expect your child to be unhappy with losing – and realize that each time he does, he is developing emotional muscles that he would not be developing otherwise.

Rigidity in Thought and Behavior—

One frequently observed feature of High-Functioning Autism (HFA) is rigidity in thought and behavior. Rigidity seems to pervade so many areas of the lives of children with HFA.

Novel situations often produce anxiety for these children. They may be uncomfortable with change in general. This can result in behavior that may be viewed as oppositional and can lead to emotional meltdowns. This general rigidity is what parents, neighbors, and teachers often label as stubbornness.

Children with HFA may have many fears in addition to those related to unexpected changes in schedules. Large groups of people and complex, open environments like school hallways, cafeterias, playgrounds, or bus stations tend to overwhelm children with HFA. They may also be overwhelmed by unexpected academic challenge or by having too many things to remember or too many tasks to perform.

They often have limited frustration tolerance and may display tantrums when thwarted. Routines and rules are very important to kids with HFA in providing a sense of needed order and structure, and hence, predictability about the world.

Another form or rigidity is moralism, a kind of self-righteous and inflexible adherence to nonnegotiable moral principles that is often out of context with practical reality. An
example might be a youngster who criticizes a parent who has run a yellow traffic light when the parent is on the way to the emergency room for treatment of a severe cut or burn.

Rigidity is also found in the inflexibility over matters that are of little consequence, such as arguing about whether the route to the emergency room was the quickest when it might be the difference between a few hundred yards by choosing to take one turn over another. In the classroom, this may be found when an HFA student fixates on a perception that a teacher has not enforced a rule consistently. Such fixations on moral correctness can escalate and interfere with availability for instruction.

Reasons for Rigidity—

1. A misunderstanding or misinterpretation of another's action.
2. A violation of a rule or ritual—changing something from the way it is supposed to be. Someone is violating a rule and this is unacceptable to the HFA youngster.
3. Anxiety about a current or upcoming event, no matter how trivial it might appear to you.
4. Immediate gratification of a need.
5. Lack of knowledge about how something is done. By not knowing how the world works with regard to specific situations and events, the youth will act inappropriately instead.
6. Other internal issues, such as sensory, inattention (ADHD), oppositional tendency (ODD), or other psychiatric issues may also be causes of behavior.
7. The need to avoid or escape from a non-preferred activity, often something difficult or undesirable. Often, if your son/daughter cannot be perfect, he/she does not want to engage in an activity.
8. The need to control a situation.
9. The need to engage in or continue a preferred activity, usually an obsessive action or fantasy.
10. Transitioning from one activity to another. This is usually a problem because it may mean ending an activity before he is finished with it.

Many HFA children have a hard time with changes. The reason for this behavior can be caused by anxiety, and this anxiety results in rigidity.

*Here are the reasons HFA kids are so resistant to any kind of change:*

- anxiety about a current or upcoming event (e.g., the start of school)
- not understanding how the world works
• not understanding the actions of someone else  
• other issues like Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD)  
• reluctant to participate in an activity the child cannot do perfectly or an activity that is difficult for him.  
• someone changing a circumstance or rule that has been established  
• the need for instant satisfaction, the child may not understand delayed gratification  
• the need to control a situation  
• the need to keep doing the activity that the child likes (obsession or fantasy)  
• transitioning to another activity, this is especially hard if the activity is not finished

The cause of anxiety or rigidity in your HFA child has a lot to do with the fact that she does not have the ability to understand the world like we do.

*Because of the HFA neuro-cognitive disorder, she:*  
• does not “take in” what is going on around her  
• does not know how to “read between the lines”  
• does not understand implied directions  
• does not understand social cues  
• needs explicit instructions  
• will have difficulty understanding rules of society

“Facts” are what kids with HFA learn and feel less anxious about. Since HFA kids have a hard time with all the normal rules of society, having “rules” has a calming effect on them. They think, “This is the rule. I can handle it o.k.”

Facts also have to be from someone they think is an “expert” in their eyes. Teachers and doctors may have this leverage with them, but moms and dads are, for the most part, not considered “experts.”

Understanding what causes so much anxiety, tantrums, and out of control behavior helps parents to know where their HFA child is coming from, and with that, parents will be able to help their kids become healthy and happy adults.

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**Grade-Skippping for the Highly Intelligent HFA Student—**
Most children with High-Functioning Autism (HFA) are very intelligent. Highly intelligent children on the autism spectrum often developed “asynchronously” (i.e., their minds, cognitive and emotional functions are developed differently and are ahead of their physical growth). Their interests are completely different from those of their peers, and they prefer the company of adults or older children because they can relate to them in a better way.

Many children with HFA are not in school to socialize – they are there to learn (one of the things these children hate is other students disrupting class). So, if your HFA child is, for example, grade 5 chronologically but grade 7 academically – I would recommend that you place him/her with the 7th graders.

*How can you know if grade-skipping is right for your HFA youngster?*

1. Assess how your youngster handles an unexpected challenge. If he is a perfectionist, easily frustrated, or easily becomes upset over a failure, advancing could be devastating.

2. Kids must demonstrate a desire to advance, and a commitment to learning and completing tasks.

3. If your youngster is bored at school, or doesn't do his homework because the work is too easy, that could be an indicator that grade skipping is appropriate.

4. Physical health is imperative, but not necessarily a youngster’s size, which may be more of a concern for males than females. Some families are deterred by the loss of a high school athletic career.

5. Standardized testing can determine the difference between someone who is well-educated and one who is intellectually gifted. To advance successfully, some teachers indicate that kids should have a measured IQ in at least the 98th+ percentiles (IQ measurements vary depending on the test, but 125-130 is a minimum) and should already work at the average level of the desired grade placement.

6. They need to be well-adjusted emotionally (except for social difficulties that stem from inappropriate school placement), and should not be simultaneously coping with other emotional pressures (e.g., divorce in the family, moving to a different school, etc.).

Grade skipping is not perfect for everyone, and the decision should be carefully weighed in light of the "whole" youngster. But if you feel that your HFA child is a good candidate for acceleration, be assertive with your school in requesting that he or she be evaluated.
Defiance in HFA Teens—

Parenting a defiant teenager with High-Functioning Autism (HFA) is tough (if you don’t how that is). Here are some quick tips to give parents some relief from the power struggles:

1. Active Listening – Some behaviors are bids for attention or expressions of frustration at not feeling understood. Moms and dads can reduce problem behaviors when each defiant youngster feels genuinely cared about, understood, and paid attention to. Active listening is hard work and takes energy and practice. It cannot be done when thinking about or attending to other things, or when distractions occur. Active listening need not last a long time, but attention must be focused completely on the children and the message must be communicated back to them in the listeners own words in a way that lets them know they really were heard.

Body language, facial expressions, tone of voice, eye contact, respect for personal space, and choices of words are all important in communicating the desired message. It may take two or three attempts to really understand the message, and that is okay, as long as it is finally understood accurately and that is clearly demonstrated. A few brief exchanges of this sort for each youngster every day are necessary.

2. Consequentencing – Consequences may be used to discourage unacceptable behavior of defiant teenagers. Usually this will occur after other techniques have been tried unsuccessfully. Consequences should not be confused with punishment; nor should they ever be given in anger. They should be applied consistently. That means that the behavior consequenced today, will again be consequenced next week. Also, behavior consequenced for one child will not be allowed for others. This consistency lowers anxiety by making the environment predictable. Consequences are given to help children establish boundaries. Consequences should be clearly explained, related to the behavior, and completed as soon as possible.

A parent who is angry with a child should calm down before deciding a consequence and if applicable should consult with the other parent before doing so. Consequences are more effective when discussed matter-of-factly from a caring and controlled point of view. Moms and dads should regularly discuss the effectiveness of consequences for the specific child and should always support each other in the positive discipline process.
3. Encouraging/Coaching – Encouragement, praise, and coaching are all effective ways to make pro-social behaviors more likely and more frequent. The stronger the relationship between parent and a given youngster, the more powerful this method becomes.

4. Ignoring Behavior – Moms and dads may consciously decide to ignore certain behaviors of their defiant teenager at times in an effort to extinguish the behavior by not reacting to it. The behavior may be inconsequential, may be designed just to "get a reaction," or may be masking another, more important, issue which is what really needs attention. Ignoring a behavior should not stop communication or relationship building. It is a specific behavior that is being ignored, not the person. Examples might include using certain words, attempts to provoke or annoy moms and dads, making personal comment to or about parents, saying "I won't" or "you can’t make me," etc.

5. Logical Consequences – Logical consequences may be necessary when no natural one occurs, or when the natural one is insufficient to make a change in future behavior. An example would be a defiant child causing a disturbance at an event, not being allowed to attend the next one.

6. Natural Consequences – Sometimes consequences occur through the natural course of events (such as a child coming home late from school and missing a phone call from a friend). If the natural course of events makes an impact by teaching a lesson, moms and dads need not intervene further. They can be sympathetic to the child’s plight (this must be genuine however, and never patronizing or sarcastic).

7. Observing and Commenting – A parent may choose to comment on a behavior in a non-threatening, non-judgmental way to bring it to the attention of the youngster. This may be new information for the child to think about. What they choose to do with that feedback will provide further opportunities for discussion and teaching. For instance, "I notice you tend to be critical of others when they are taking about a success" or "You seem to only break the rules when you are in a group" etc.

8. Physical Proximity – Sometimes a defiant youngster who is beginning to become anxious, irritable or overly active will be calmed down by eye contact, a special "look" or signal, moving next to them or a reassuring hand on the arm or shoulder. Along with physical proximity it is important to be calm and reassuring.

9. Pre-Teaching – It is easier to prevent negative behaviors than to deal with them after they occur. A very effective tool is to pre-teach behavior prior to an event or potentially
vulnerable situation. This involves talking with the person or group in detail about what will be happening, why, and what their role and expected behaviors will be. Pre-teaching reduces anxiety, clarifies expectations, builds confidence, sets up success, and can add to the fun of anticipating an event.

10. Redirecting – Commonly used with younger defiant kids or those with short attention spans, this technique simply stops one behavior by substituting another or diverting the attention of the child or group to a different subject or activity.

11. Re-Focus - A defiant child may be asked to spend time thinking about something (such as a recent run-away or self-mutilation) and express their feelings and thoughts in some way. This could be writing, poetry, drawing, etc. Whatever format is used, it then needs to be processed with the teenager. They can then be assisted in identifying early clues and practicing alternative responses. The purpose of this type of activity is to encourage thinking, self-awareness, communication, and planning for different choices in the future.

12. Requesting – When there is a good relationship between the parent and youngster, a simple request to do, or stop doing, something or a re-stating of the expectations is often enough. If over-used, however, it may become less effective, may be experienced by the child as overly controlling, or can slow the process of responsible growth and decision-making skills. Example: "Michelle, we don’t use that type of language here, could you please find a different word?"

13. Rewarding/Reinforcing – Rewarding positive behavior is the best way to ensure its continuation. A common error in parenting is to spend so much time and energy dealing with crises and negative behaviors, that kids who are being responsible can either get "lost" or are tempted to act less responsible to become part of the action.

Rewards can take many forms from simple a comment: "I noticed that you...." or "I really appreciated it when you..." to special time and attention or more concrete things such as a special treat or privilege. For every negative interaction the child experiences, it takes four positive interaction to overcome the effects. Moms and dads need to be very deliberate about maintaining at least a 4:1 ratio of positive to negative interactions every day with every child.

14. RIGHTS – (such as food, clothing, therapy, medical attention, education, and spiritual activities) are NEVER withheld as a consequence. Privileges (such as television, telephone, radio, some activities, free time, visiting with friends, hobbies, walking
around the grounds, etc.) may be temporarily withheld as logical consequences and can be powerful incentives for some teenagers.

15. Role Modeling – Most of what kids learn from adults comes from simply observing. All moms and dads are role models to their kids and need to be very conscious of their own behavior. Kids are astute observers of how we treat them, how we relate to each other and how we take care of ourselves.

16. Role Playing/Rehearsing – This technique can be used to practice for an upcoming situation that may be difficult, foreign, or anxiety producing or to re-create a situation that already occurred to experience alternative responses. Examples should include role-playing a situation in which the child was angry and became physically or emotionally abusive; or one in which they demanded or sulked instead of negotiating.

The purpose of the role-play is to practice more acceptable styles of self-expression while still making their intended point. Practicing of this sort will make the desired responses more likely in future similar situations. Role playing can also be used to practice saying something that is difficult or anticipating a variety of responses in order to reduce anxiety.

17. Sequencing – Desirable behaviors can be used as motivating for less desirable ones. For example – "You may watch one hour of approved TV as soon as your book report is satisfactorily completed" or "you may make that phone call as soon as you have finished cleaning up the kitchen." This type of statement helps the Parent avoid power struggles because they did not say, "no." It puts the struggle and control back with the youngster, where it belongs. They can then choose whether or not they will watch TV today and when (within limits). A version of this can be re-stated calmly and compassionately as often as necessary while the child struggles with their choice.

18. Shaping – Shaping behaviors is an approach that breaks skills down into steps and rewards small movements in the right direction. For instance, if you are trying to teach the skill of greeting a visitor, you would ultimately want the child to go through the following series of behaviors: stop what they are doing, stand up, look a the visitor, walk over to them, make eye contact, smile, say "hello," extend their right hand to shake, say "my name is...," etc. To ask for all of that from someone who has never done it before, or who is shy, is asking too much.

So at first they would be rewarded if they momentarily stopped what they were doing when someone new cam in. After a few times they would need to stop what they were
doing, stand up and look in the direction of the visitor in order to be praised, and so on. In other words new skills are not all or nothing but are a series of steps to be learned.

19. Substitution – It is never enough to tell children what they can’t do or what behaviors they must stop doing. We must always add what they CAN do instead. Some examples might be ideas such as, "You cannot hit your roommate when you are angry, but you can go for a brisk walk, write in your journal, talk about how you feel, etc." The goal is to replace or substitute an unacceptable behavior with one that is acceptable and still meets the same need. The message should always be, "your needs and feelings are normal and okay and we are here to help you express them in ways that will allow you to be successful and responsible."

20. Teaching Alternatives – A good way to teach children personal responsibility is to spend time brainstorming together about all the possible responses, and predicting the reactions to each response. Instead of telling them what to do and what not to do (which can elicit dependency or oppositional responses); it is useful to spend time exploring different options. For example, instead of saying "don’t say that to your dad" it is better to say something like "that’s one way you could handle it. How do you think he would respond to that?" "Is that the response you want from him?" "How else might you phrase that idea?", etc. If they have trouble coming up with alternatives, you can help out by saying, "Do you want to know what some other people have tried?"

21. Teaching Interactions – Effective parenting requires frequent interactions. Situations, both dramatic and mundane, present themselves continually. Moms and dads, who recognize the golden opportunities in routine living tasks, capitalize upon them by turning them into teaching interactions, build solid relationships, have fewer behavior problems, and receive daily rewards. Problems = teachable moments. Teaching interactions can take several forms such as demonstrating a skill; processing dynamics (such as "have you noticed that when someone doesn’t fulfill their responsibility; others become resentful and peopleed become irritable with one another?"); teaching a concept (such as negotiation); or others.

The point is that on-duty parents should always be interacting with children, and the nature of those interactions is teaching; rather than lecturing, punishing, judging, criticizing, doing for, or becoming friends with the youngster. Again, problems = teachable moments.

22. Temporarily Removing One or More Privileges – It is not meaningful or realistic to "remove all privileges." This generally leads to resentment towards the adult and a lack of understanding or personal responsibility. When this technique is chosen, 1) it must be
made clear to the teenager exactly which privileges(s) will be removed, 2) why it is being removed, 3) exactly how it will be handled, 4) and for what time period. If there is something they can do to get the privilege(s) reinstated sooner, that should also be clearly explained. Note: this requires more thought and explanation than simply saying, "You're grounded."

23. Tolerating Behavior – When establishing a relationship or dealing with multiple behaviors, it may be necessary to tolerate some behaviors temporarily. This is a purposeful, thought-out choice on the part of the parent based upon priorities, values, relationship, age and developmental level of the child involved, current situation, and specific treatment issues. This is not to be confused with passivity, avoiding conflict, letting the youngster "do whatever they want," inconsistently enforcing expectations or other methods that don't work.

24. Writing Assignments – Education sometimes alters behavior. Examples include researching the long-term effects of smoking or drug usage; talking with teenage parents to learn what sacrifices they have made; learning about a particular culture, religion or disability in order to develop understanding or tolerance, etc. Such an assignment should include considerable thinking, learning, and dialogue with parents, rather than simply writing a certain number of words without much independent thought.

Helping Your HFA Teen to Accept the Diagnosis—

How do you let your child be who they are while still protecting them so they don't emerge traumatized? I feel what is most important is not to let your child feel ashamed of who they are. If they've got a spark to them, they've got things they're interested in, don't kill it by making them conform. Most people lose that spark naturally when they get older; there's no reason to do it prematurely. Don't take away one of best things your HFA teen has going for herself: her passion for living life, even if it's living life on her own terms. If she wants to fit in, she'll ask you how to fit. It'll come, but let it be when she's ready for it rather than force her into a cookie cutter existence.

Some HFA teens go through middle school so excited about their passions that they barely notice they're the odd ones out, or if they notice, they don't care (probably not a lot, but some). Others are unfortunately bullied quite a bit. There are a few things you
can do to try to either prevent this from happening or minimize the effects if it does. First, use her talents and passions to find her a niche in the school where she can succeed. The drama club is a natural place. Many quirky children find refuge in drama clubs; and if she can succeed in school plays, then she has one place where she belongs and can be accorded respect.

If there's a particular subject she's interested in, see if she can start a club and find other children interested in the same thing. Or find if you can a group outside of school interested in that kind of thing. Buffer her so if she does encounter some rejection she will already belong to and have found success in enough other activities that it won't really matter so much. Perhaps you could encourage her to take interest in a particular teacher, especially in a subject she enjoys, so she could have an ally at the school. Teachers were always invaluable support people to me when I was in school.

If she does encounter problems, try to find ways around some of the biggest trouble spots. For example, she could eat lunch in a classroom instead of the lunchroom if the lunchroom is problematic. If bullying does occur, hopefully you can work with her and the school to minimize the amount of places that it occurs. Keep reminding her of how great she is, and let her cry to you if she needs to. But the most important thing you can do, it seems, is continue to let her be who she is because it's not worth losing yourself for a bunch of junior high children, and give her outlets where she can succeed so she's not as bothered by the junior high children. Also, if she's into it and they're available, a support group for HFA teens may be valuable.

Getting HFA Kids Ready For School—

*You've got to leave for work in 5 minutes ...when you notice your HFA child is still in his pajamas.*

Here are some tips for improving your morning routine and getting him to school on time. Getting HFA kids ready for school can be a nightmare. Making these minor adjustments to your morning can help improve your mood - and his - for the entire day:

• Go to bed earlier, and get up earlier. You'll have more time for dealing with any
emotional struggles. Also, this gives your youngster time to wake up, which they tend to do slowly.

• Have your youngster go school shopping with you and try things on. New shoes can be uncomfortable, and your youngster may decide they don't like certain colors or patterns of shirts. Figure out what clothing they like and stick to it. Consider buttons vs. clasps, laces vs. velcro, long sleeves vs. short, and such things. To the youngster, these things might cause major irritation.

• If your youngster's class does Show And Tell, pick something out the night before. An HFA youngster can get really picky about such things, and making a choice or finding the right toy can take forever. Do this at night so you don't risk being late for school the next day.

• Pick out clothes the night before. Have your youngster decide from a few options, so that they are less likely to argue about what they will wear when it's time to get dressed for school. Letting them be involved in the decision reduces confrontation and promotes independence.

• Stock up on the breakfast foods your youngster likes. Healthy choices are important, but try to get some back up snack foods that your youngster enjoys. A less-than-healthy breakfast is better than nothing at all, and it is definitely better than dealing with a tantrum when you are already running late. Get your youngster to make a list of preferred breakfast foods, and negotiate to get plenty of healthy options on that list. Take it with you when you buy groceries.

• Watch out for minor issues like socks that aren't completely dry. Take the time to dry them, because you'll waste even more time dealing with the aftermath of a tantrum when your youngster puts them on.

• When you drive your youngster to school (assuming they don't ride the bus), try to take the same route as usual. While it's good to gradually expose your youngster to changes, this isn't the best time. Taking a different route than usual can be stressful for anyone with an autism spectrum disorder.

Hopefully these tips will help you get your HFA child ready for school without tantrums and meltdowns. Then, your youngster will be in the mood to put her excellent brain power to use at school.
School Concerns: Advice to Teachers—

During the individual development of the HFA child, moms and dads and teachers must take notice as skills blossom or fail to develop as expected. Many kids suspected of HFA are brought to the psychiatry, psychology, or early childhood departments of pediatric medical centers. Other kids with HFA in the U.S. are spotted as having unique delays by child find screenings and soon receive pull-out or part-time programs for preschool kids with developmental delays. They frequently require speech/language, occupational, and physical therapy interventions. They are monitored for further crystallization of symptoms. Frequently, behavior management programs and parent support programs are employed.

There are many jurisdictions, however, where these early assessment and intervention opportunities are not in place. Early on, kids suspected of delays might be classified in general as having pervasive developmental disorders, an umbrella category for many of the varieties of autism. They may be seen as multiply handicapped or multiply disabled. They may be placed in a diagnostic center or in a diagnostic mode while they are being monitored. Schools are some of the best laboratories for differentiating appropriate classification schemes, as the strengths and weaknesses crystallize in the child’s attempts to absorb, adapt to, and master the world of learning.

Thousands of children face life with HFA. Here are 10 of the most common school concerns faced by students with HFA:

1. need for predictability
2. problems with abstract reasoning
3. problems with anxiety, depression, and emotional regulation
4. problems with attention, organization, and other areas of executive functioning
5. problems with language
6. problems with motor issues including written production
7. problems with ritualistic, repetitive, or rigid behavior
8. problems with sensory hyper- or hypo-sensitivity
9. problems with social interactions
10. very focused areas of interest and expertise

Children with HFA have a restricted range of interests that can take unusual or eccentric forms. For example, some may be interested in unusual things, such as washing machines, bus timetables, or subway maps. Although their obsessive interests may be similar to the interests of other children, they are unlike other children because their
restricted interest is the only activity in which they participate. Their rigidity is often exhibited as an insistence on a specific order of events, a compulsion to complete what was started, an insistence on rules, a difficulty with transitions, or a fear that is based on a single experience. They do not seem to recognize that there are times when rules can be renegotiated, bent, or broken. Because they may have difficulty predicting the future, insisting that things happen in a certain order can be comforting to them.

Many children with HFA have additional psychiatric diagnoses, such as attention deficit hyperactivity disorder (ADHD) when they are children and depression or anxiety when they are adolescents and young adults. Even though children with HFA often lack the emotional resources to cope with the demands of the classroom, they do not always demonstrate stress through their tone of voice or body posture. Therefore, their inner turmoil may escalate to a point of crisis before others recognize their discomfort.

Teachers should be aware that changes in behavior—such as greater levels of disorganization, inattentiveness, and isolation—may be indicative of anxiety or depression. Because these children typically have difficulty identifying their own emotions, they may not be able to acknowledge that they are sad or depressed. Teachers need to be aware of the signs of agitation to initiate interventions to avert an emotional or neurological crisis.

Teachers can use the following strategies to help students with HFA cope more effectively with their daily social environment:

- Create a safe place for a student to go when he or she feels a need to regain control. Similarly, consider safe escapes—for example, sending a student on a simple errand—that remove the student from difficult situations in a non-punitive manner.
- Limit opportunities for obsessive talk about special interests by providing a specific time of day for this behavior. Use the student’s fixations as a method to broaden his or her repertoire of interests.
- Provide a predictable and safe environment that avoids things that could trigger rage or a meltdown in students. Because a student or group of students can be a trigger for this behavior, it may be wise to limit interaction.
- Set up consistent routines with clear expectations throughout the day. Warn the student of upcoming transitions and try to avoid surprises.
- Teach an appropriate replacement behavior when extinguishing an inappropriate behavior. For example, teach the student to engage in such appropriate waiting behavior as counting slowly to 10 rather than screaming to gain the teacher’s attention.
- Teach anger-control skills.
- Teach cause-and-effect concepts.
- Use humor to diffuse tension.

Students with HFA generally have average to above-average intelligence and frequently have good rote memory skills. However, they may lack higher-level thinking and comprehension skills and have poor problem-solving skills. Because many can decode words well, their impressive vocabularies may give a false impression that they understand everything they say or read. Teachers can support academic progress in students with HFA by using the following strategies:

- Shorten or modify their written assignments and consider allowing them to use a word processor or computer.
- Provide visual schedules so they know what is happening throughout the school day
- Link their obsessive interest in a single subject to another subject that is being studied in class
- Capitalize on their exceptional memory skills by providing them with opportunities to demonstrate their factual knowledge in class

Anger-Control for HFA Teens—

Teens with High-Functioning Autism (HFA) may be prone to anger, which can be made worse by difficulty in communicating feelings of disturbance, anxiety or distress. Anger may be a common reaction experienced when coming to terms with problems in employment, relationships, friendships and other areas in life affected by HFA.

There can be an ‘on-off’ quality to this anger, where the child may be calm minutes later after an angry outburst, while those around are stunned and may feel hurt or shocked for hours, if not days, afterward. Parents often struggle to understand these angry outbursts, with resentment and bitterness often building up over time. Once they understand that child has trouble controlling his anger or understanding its effects on others, they can often begin to respond in ways that will help to manage these outbursts.
In some cases, HFA teens may not acknowledge they have trouble with their anger, and will blame others for provoking them. Again, this can create enormous conflict within the family. It may take carefully phrased feedback and plenty of time for the teens to gradually realize they have a problem with how they express their anger.

The next step is for the teen to learn anger management skills. A good place to start is identifying a pattern in how the outbursts are related to specific frustrations. Such triggers may originate from the environment, specific individuals or internal thoughts.

**Common causes of anger in HFA teens:**

- Being swamped by multiple tasks or sensory stimulation
- Build up of stress
- Difficulties with employment and relationships despite being intelligent in many areas
- Having routines and order disrupted
- Intolerance of imperfections in others
- Other people’s behavior (e.g., insensitive comments, being ignored)

Identifying the cause of anger can be a challenge.

**It is important to consider all possible influences relating to:**

- How well the teenager is treated by peers
- The environment (e.g., too much stimulation, lack of structure, change of routine)
- The teen’s mental state (e.g., existing frustration, confusion)
- The teen’s physical state (e.g., pain, tiredness)

**Steps to successful self-management of anger include:**

- Awareness of situations — The teen becomes more aware of the situations which are associated with them becoming angry. They may like to ask other people who know them to describe situations and behaviors they have noticed.
- Becoming motivated — The teen identifies why they would like to manage anger more successfully. They identify what benefits they expect in everyday living from improving their anger management.
- Develop an anger management record — The teen may keep a diary or chart of situations that trigger anger. List the situation, the level of anger on a scale of one
to ten and the coping strategies that help to overcome or reduce feelings of anger.

- Levels of anger and coping strategies— As the teen becomes more aware of situations associated with anger, they can keep a record of events, triggers and associated levels of anger. Different levels of anger can be explored (e.g. mildly annoyed, frustrated, irritated and higher levels of anger).
- Self-awareness— A teen becomes more aware of personal thoughts, behaviors and physical states which are associated with anger. This awareness is important for the teen in order for them to notice the early signs of becoming angry. They should be encouraged to write down a list of changes they notice as they begin to feel angry.

*A simple and effective technique for reducing levels of anger is the “Stop – Think” technique:*

As a teen notices the thoughts running through his mind...

1. Stop and think before reacting to the situation (are these thoughts accurate or helpful?)
2. Challenge the inaccurate or unhelpful thoughts
3. Create a new thought

A plan can also be developed to help a teen avoid becoming angry when they plan to enter into a situation that has a history of triggering anger. An example of a personal plan is using the “Stop – Think” technique when approaching a shopping center situation that is known to trigger anger.

- **My goal:** To improve my ability to cope with anger when I am waiting in long queues.
- **Typical angry thoughts:** ‘The service here is so slack. Why can’t they hurry it up? I’m going to lose my cool any moment now’. Stop thinking this!
- **New calmer and helpful thoughts:** ‘Everyone is probably frustrated by the long line – even the person serving us. I could come back another time, or, I can wait here and think about pleasant things such as going to see a movie’.

*Other possible approaches:*

- Cognitive Behavior Therapy
- Creative destruction or physical activity techniques to reduce anger
• Find anger management classes in your area
• Relaxation techniques
• Self-talk methods
• Use visual imagery (jumping into a cool stream takes the heat of anger away)

_Coping with extreme anger:_

It is hoped that teens with HFA can make use of these strategies when they notice themselves becoming angry and therefore avoid feeling extreme anger. However, this is clearly not always possible. For situations where teens feel they cannot control their anger, they can have a personal safety plan.

**Possible steps in a personal safety plan:**

1. Avoid situations which are associated with a high risk of becoming angry
2. Explain to another person how they can be of help to solve the problem
3. Explore the benefits of using medication with a doctor or psychiatrist
4. Leave the situation if possible
5. Make changes to routines and surroundings e.g. avoid driving in peak hour traffic
6. Phone a friend, or a crisis center to talk about the cause of anger
7. Plan ways to become distracted from the stressful situation (e.g., carry a magazine)

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**Language Difficulties—**

Language seems to develop on time in kids with High-Functioning Autism (HFA), but words, while formulated according to the rules, seem to lack functional effectiveness, because they most often are used to express immediate needs or to expound on the youngster’s favorite subjects.

Young people with HFA seem not to see the main idea or the pivotal point. They tend to have problems with abstraction, inference, or practical, functional language. Also, their semantic understanding is limited, which frequently shows up in tests and instructional measures of listening comprehension.
Instead of delaying language development, HFA impairs the subtleties of social communication. These boys and girls have difficulty understanding nuances (e.g., irony, sarcasm, fanciful or metaphoric language, etc.). And many of them take language literally (e.g., expressions like “watching paint dry” or “smart as a tack” leave these kids very confused).

Kids with HFA are often referred to as “little professors,” which is due to their stiff and often pedantic and monotonic use of language. The varied, expressive qualities of expressive language may be unusual, which is called prosody (i.e., the tempo, pitch, loudness, tonality, stress emphasis, and rhythm patterns of spoken language). HFA speech patterns often seem odd to those who don’t know them. Tone, intonation and volume are often restricted, seemingly inappropriate, or appear at odds with what is being said.

These young people also have difficulty interpreting and displaying non-verbal communication. Body language, facial expressions, the use of personal space, gestures and postures are often mysteries to kids on the autism spectrum. This inability to instinctively comprehend unspoken communication has led some experts to suggest HFA is actually a non-verbal communication disorder.

Characteristics Checklist for High-Functioning Autism: Language Difficulties—

1. Attempts to control the language exchange, and may leave a conversation before it is concluded.
2. Creates jokes that make no sense.
3. Creates own words, using them with great pleasure in social situations.
4. Difficulty discriminating between relevant and irrelevant information.
5. Displays a delay when answering questions.
6. Displays difficulty analyzing and synthesizing information presented.
7. Displays difficulty as language moves from a literal to a more abstract level.
8. Displays difficulty sustaining attention and is easily distracted (e.g., one might be discussing plants, and the HFA child will ask a question about another country — something said may have triggered this connection, or the child may still be in an earlier conversation).
9. Displays difficulty understanding not only individual words, but conversations and material read.
10. Displays difficulty with problem solving.
11. Displays difficulty with volume control (i.e., either too loud or too soft).
12. Does not ask for the meaning of an unknown word.
13. Does not inquire about others when conversing.
14. Does not make conversations reciprocal (i.e., has great difficulty with the back-and-forth aspect).
15. Engages in obsessive questioning or talking in one area.
16. Focuses conversations on one narrow topic – with too many details given.
17. Has a large vocabulary consisting mainly of nouns and verbs.
18. Has a voice pattern that is often described as robotic or as the “little professor.”
19. Has difficulty absorbing, analyzing, and then responding to information.
20. Has difficulty discriminating between fact and fantasy.
21. Has difficulty initiating, maintaining, and ending conversations with others.
22. Has difficulty maintaining the conversation topic.
23. Has difficulty understanding the meaning conveyed by others when they vary their pitch, rhythm, or tone.
24. Impairment in prosody (i.e., the pitch, stress, and rhythm of the voice).
25. Impairment in the pragmatic use of language (i.e., the inability to use language in a social sense as a way to interact and communicate with others).
26. Impairment in the processing of language (i.e., one’s ability to comprehend what has been said).
27. Impairment in the semantic use of language (i.e., understanding the language being used).
28. Interprets known words on a literal level (i.e., concrete thinking).
29. Interrupts others.
30. Is unable to make or understand jokes/teasing.
31. Is unsure how to ask for help/make requests/make comments.
32. Knows how to make a greeting, but has no idea how to continue the conversation (e.g., the next comment may be one that is totally irrelevant).
33. Lacks interest in the topics of others.
34. Makes comments that may embarrass others.
35. Moves from one seemingly unrelated topic to the next.
36. Once a discussion begins, it is as if there is no “stop” button (i.e., must complete a predetermined dialogue).
37. Processing of information is slow and easily interrupted by any environmental stimulation (i.e., difficulty with topic maintenance), which appears as distractibility or inattentiveness.
38. Rarely varies the pitch, stress, rhythm, or melody of his speech – and does not realize this can convey meaning.
39. Rhythm of speech is more adult-like than child-like.
40. Uses conversation to convey facts and information about special interests, rather than to convey thoughts, emotions, or feelings.
41. Uses language scripts or verbal rituals in conversation, often described as “nonsense talk” by others. Scripts may be made up or taken from movies, books or television programs (e.g., uses the voice of a movie or cartoon character conversationally and is unaware that this is inappropriate). At times, the scripts are subtle and may be difficult to detect.

**Attention Difficulties—**

In the past, kids with High-Functioning Autism (HFA) would sometimes get an ADHD diagnosis when they just couldn't focus in school. Today, we know a lot more about the differences between HFA and ADHD. Still, there are many similarities that can be difficult even for therapists to straighten out.

Theoretically, the distinction is easy enough. HFA is a part of the Autistic spectrum with emotional, social and possible verbal/motor impairments. ADHD and others may also have social components, but they're executive function disorders that usually go away as the youngster grows up. They also don't have the autistic traits often found in HFA kids. HFA is different in that children often have an almost uncanny ability to apply laser-like focus on a topic of interest to the exclusion of everything else, such as a teacher. ADHD, meanwhile, may not be able to focus on the teacher either, but that's because the attention is bouncing around all over the place. Thus, Asperger-related attention problems are more about striking balance between interests, and especially the ability to prioritize what is necessary rather than merely what the youngster happens to find interesting.

Some folks like to joke that they haven't quite received a bill until they open the envelope, so they don't have to worry about it just yet. A youngster with HFA can disregard requests to focus on “uninteresting” things in a similar way, simply blocking it out. Or, it could be the inability to maintain focus despite good efforts (kind of like how it's impossible to stay clear-headed at 2 AM when your whole body is crying out for sleep). No more can you “will” yourself to snap into an alert and rested state than an HFA kid may be able to snap into focus on a dull subject instead of an interesting one.

Either way, this is not something the youngster can help, nor does scowling and lectures help. You're more likely to drive the child away — and do everybody involved a disservice. Instead, talk to your daughter and try to pinpoint the problem. Every case is unique, so you have to look for tricks that help you and your youngster get around those particular problems. The key here is to follow up and give reminders without losing your
temper. You can't just say, for example, "Remember to feed the cat at 5:00 PM" …and then get angry when it doesn't happen on its own.

There are many other tricks that may be equally or even more helpful. Again, discuss the nature of the challenges with your youngster with the goal of figuring out workable solutions together. Finally, never lose sight of the fact that even the most perfect plan is bound to have slip-ups; this is not the fault of your child, and she is probably just as frustrated as you are even if she lacks the tools to express it properly.

Rituals and Obsessions—

Rituals and obsessions are one of the hallmarks of High-Functioning Autism (HFA) and other Autistic Spectrum Disorders. In order to cope with the anxieties and stresses about the chaotic world around them, children often obsess and ritualize their behaviors to comfort themselves. While some children may spend their time intensely studying one area, others may be compulsive about cleaning, lining up items, or even doing things which put them or others in danger.

Based on data from psychological testing, it is likely that the memory of the youngster with HFA may not be better than others in general, but the huge collection of facts he knows probably represents the amount of time and effort that has gone into accumulating knowledge on one or two subjects to the exclusion of much else. The obsessions are not necessarily characterized by memorization of data alone.

The term “systemizing” applies to the “fascination with data” that has inherent networks, such as maps, weather patterns, or airline schedules. Although it is commonly thought that obsessions can be strengths that can be utilized in the educational process, these obsessions can interfere significantly with other important daily functions. Children with HFA are more interested in systems that can be described as “folk physics” (an interest in how things work) versus “folk psychology” (an interest in how people work).

Obsessions aren't always so bad, especially if they are some of educational or healthful value, but when mixed with the mental makeup of a child with HFA, problems may arise. Kids with HFA have trouble with social and emotional development and understanding the nonverbal cues in a conversation. While they are more than happy to start
discussing their subject of obsession to another person, they will most likely not notice if
the other person is not interested.

They may not get the hint of a person's disinterest or lack of time to talk. They may
instead proceed to follow another person around continuing to talk on and on about
their area of fascination. They may go right up to someone else already engaged in
conversation and interrupt them to begin associating their topic of interest with their
obsession. They may take over a conversation and talk endlessly not leaving much time
or room for any feedback from another.

Kids with HFA may become so obsessed with a particular toy, game, or subject, that
they may push friends away unknowingly. They may leave little time for anything else,
and homework may suffer. They may become too easily distracted always thinking back
to their obsession and not be able to stay on task.

Moms and dads need to take care to allow their kids to be passionate about certain
subjects but to not let it entirely rule their lives. If a child is overly obsessed with playing
video games or play on the computer, it is OK to give them some time to play, but the
time should be limited. Even if the subject of fascination is reading books or doing
science experiments, it is still important that time be given to other subjects or just to
get out to get some exercise.

Kids with HFA do not learn the social norms and common sense ideas the same way
another child does. They may never completely understand the reasons why things
matter socially. They may not see any reason why they shouldn't devote all their time to
their one major fascination. Moms and dads can take consideration for their passion,
but also help them become a more socially rounded person. It is important, however, if
a child fixates on a particularly bad habit or inappropriate subject matter, that a parent
put an end to it immediately.

Even with HFA, a child will eventually notice when a parent is not interested and it may
become hurtful. Moms and dads should take the time to listen to their child and even
learn about what is so fascinating. A parent who will take the extra initiative to go visit a
planetarium for their child interested in space, or take a trip to a dinosaur museum for
the child obsessed with dinosaurs, will give their child the extra support and assurance
they need.

Choose your battles wisely. Breaking an obsession or ritual is like running a war
campaign. If not planned wisely or if you attempt to fight on many fronts, you're
guaranteed to fail. Not only is it time consuming and tiring, it means you can't devote
100% to each particular area. So, if you have a youngster with (1) a game obsession, (2) a phobia of brushing his teeth, and (3) bedtime troubles, choose only one to deal with. Deal with the worst problem first!

When tackling any problem with any youngster, HFA or not, it's always best to remain calm at all times. Children can feed off your anger, frustration and anxiety, so keeping a level head at all times is essential. If you feel a situation is escalating and elevating your blood pressure, take a step back and collect yourself.

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**How to Stop Confusing Your Child—**

Every child has a "blind spot" in learning and understanding things. Many kids don't "get" algebra, for example. This is a challenge that the child can usually overcome at some point (e.g., with the help of a tutor). However, in children with High-Functioning Autism (HFA), the "blind spot" happens to be reading social cues — and it is permanent (called mind-blindness). This blind spot is right there in their face, every day (e.g., dealing with parents, teachers, peers, etc.).

There are certain effects that make language vivid and engaging, fun to use, and interesting to listen to (e.g., figures of speech, sarcasm, body language, tone of voice, etc.). But these effects can stand like sturdy roadblocks between the messages we try to give our HFA kids and their ability to receive them.

HFA kids with language processing problems, developmental delays, and other special needs can have genuine difficulty understanding the nuances and subtexts of language. If your child reacts to something you've said in a way that surprises you (e.g., ignoring, overreacting, defying, misunderstanding, panicking, giving you that "deer in the headlights" look, etc.), then consider the following:

1. If your message is anything other than simple and straightforward, pare it down and try again. You may be surprised at how much more cooperative your youngster is when he actually knows what you want.

2. Just as you wouldn't talk to a 3-year-old the same way you'd talk to a 13-year-old and expect the same degree of comprehension, you can't talk to an HFA youngster with delayed language, social or emotional skills in a way that would be appropriate for his chronological age.
3. It's natural to try to add more and more explanation when you feel that your son or daughter doesn't understand what you're saying, but if language is the problem in the first place, adding more language probably isn't going to help.

4. Instead of trying to “tip” your child to your meaning with tone of voice, body language and wordplay, use simple repetitive phrases that are easy to understand. If you want your youngster to do something, start by saying "I need you to ..." If you're talking about feelings, say "I feel ..."

5. Without an awareness of the way tone of voice and body language can change the meaning of words, your youngster may misinterpret your intention or your level of urgency.

6. You may be inflating your statements for humor or out of anger, but your youngster may think you really mean it. He may:
   - accuse you of overreacting
   - panic or overreact
   - not know what to make of what you've said
   - think you're being cruel

7. What seems friendly and harmless to you may seem threatening and confusing to an HFA youngster who does not understand that you don't really mean it – or even why you would say a thing you don't mean.

8. If you use an expression your youngster is not familiar with, or if he doesn't understand that words can be used in ways that have nothing to do with their literal meaning, then your statement may seem silly, annoying or incomprehensible.

9. If your youngster is unable to pick up cues from your tone of voice, he may take what you say at face value (i.e., the exact opposite of your meaning).

10. Children with HFA can learn to not take things literally, but they don't seem able to let go of one meaning (they need to store both). Thus, expose your child to as many “silly phrases” as possible (e.g., “that opened up a can of worms” ... “that’s the straw that broke the camel’s back” ... “what’s good for the goose is good for the gander” ...etc.). Explain what each of these phrases mean. Learning them early can save confusion and embarrassment later.
Attachment Problems—

Delays and atypical behaviors related to High-Functioning Autism (HFA) are often observable in the first 2 years of life. Some babies with HFA show less-than-expected interest and pleasure in other people. Infants with HFA may share interests and activities less and may even babble less than other infants. Your baby may seem less interested in communicating through sounds or physical gestures, and his speech may be delayed to some extent or robotically copied from books or TV shows.

Kids with HFA tend to display better attachment to parents than kids with more severe forms of classical autism. However, you may notice that despite your youngster’s bonding with you, he still has difficulty connecting with her peers. Later in childhood, he may be more likely to engage in conversation (although this often is one-way conversation) with you and other adults than with his peers.

One mother of an HFA child recalls: “My daughter was very much in her own world and I rarely felt that she and I connected; it was an odd feeling.”

Some children with HFA often appear to prefer being alone to the company of others and may passively accept such things as hugs and cuddling without reciprocating, or resist attention altogether. Later, they may seldom seek comfort from others or respond to parents' displays of anger or affection in a typical way. Research has suggested that although HFA children are attached to their parents, their expression of this attachment is unusual and difficult to interpret. Moms and dads who looked forward to the joys of cuddling, teaching, and playing with their child may feel disappointed by this lack of expected attachment behavior.

How Parents Can Help—

What exactly is it that highly-skilled parents do that helps the HFA child form a secure attachment?

Being sensitive and responsive to very young children seems to be the key. This means you are there when the child needs you and that you can be counted on to meet his needs, especially social needs.
Parents who are responsive to young children respond quickly to their needs, and they respond in a way that is in tune to the child. The adults who develop secure attachments with their very young children respond to crying more quickly. They are also more affectionate when they respond than parents who have kids that are not attached. Secure children know that adults will take care of them. This makes them easier to be around and they are easier to comfort.

Sensitive parents are also careful not to over-stimulate their young children. Kids need lots of loving. And they usually enjoy playing with adults. But it is easy for them to get overexcited. Very young children cannot walk away from you when they have had enough. But they do give signals. If the child looks down or won't look at you, it usually means that he is tired and wants to be left alone. A sensitive parent understands this. The mother or father leaves the young child alone for a while to let him calm down.

A sensitive parent reacts to the child's signals. The interaction has turn-taking, like a game of ping-pong. First the child sends a signal. This may be a sound or a look or a movement. The parent notices and signals back -- by imitating the sound, touching the foot that moved, or simply telling the child what she just did. Then the young child responds again, and the adult responds back again. The child and the parent carefully react to each other. Very young children who receive this high quality interaction are more likely to develop a secure attachment. This type of interaction also helps develop children's thinking skills.

Watch yourself the next time you are attending to your young HFA child. Are you talking and playing with him while also tending to his needs? If the answer is yes, then you know that you are doing much more than simply meeting the child's physical needs. You are also helping the child learn to trust adults and to feel safe and secure. Taking the time to "connect" with the HFA child is vitally important.

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**Oral Sensitivity and the Gag Response**

In contrast to motor-based swallowing problems, difficulties with eating can also stem from dysfunction with the sensory system. The act of swallowing does require both motor and sensory functions to complete the act.

All of us have a range of sensory tolerance, some of us more sensitive than others. If you have a low sensory threshold, you may have an affinity for stronger tasting foods or
perhaps crunchy foods. Conversely, if you are on the other end of the sensory spectrum, you may prefer milder foods or soft foods. Kids also have taste and texture preferences and tend to prefer milder, simple foods.

Hypersensitive oral reactions are exaggerated responses to touch in the mouth or around the face. Younger HFA kids with hypersensitive oral reactions may not let you into their mouths for feeding, tooth brushing, or play. They may have problems moving from one food texture to the next, spitting out or gagging on any food but puree. They may gag when a spoon touches the tip of their tongues. A tiny lump of food may be gagged on instead of swallowed.

The following are red flags for sensory-based eating difficulties:

- Able to bite and chew solid foods, but not swallow them
- Gag on foods that require chewing
- Hypersensitive gag only with solids and not with liquids
- May try to swallow foods whole to avoid contact for chewing
- No problems with taking liquids
- Will separate textures from smooth food and pocket or expel them

Some kids become so sensitive and emotional, that their reactions go one step beyond hypersensitive and become “aversion reactions” (these are stronger, more emotional, and less logical reactions). These kids may cry, fuss, pull away, push food away, or refuse even to let you near their mouths. Gagging may turn into vomiting in an aversive reaction.

Fears can develop around eating or any touch around the mouth. HFA kids may try to control all aspects of a meal in an effort to protect themselves from uncomfortable situations. They may want only certain food textures, certain spoons, certain plates, and certain cups. Moms and dads become frustrated because their youngster will eat only a few foods prepared in very specific ways. Face washing and tooth brushing can seem impossible.

For most HFA kids, mouth hypersensitivity is one part of an overall body sensitivity to touch or changes in touch. These kids have a hard time handling touch on other parts of their bodies as well. Therefore, treatment for the face and mouth needs to be part of a treatment plan of relaxing or desensitizing touch reactions throughout the body.
Because most hypersensitive kids have body as well as mouth over-sensitivities, they may allow touch or cuddling only if it is their idea. If you try to approach them, they may push you away, or rub or scratch the spot. The touch may be quite agitating.

Helping your youngster handle deep pressure or firm touch is usually a good starting place. Light ticklish touch can be too over-stimulating. Massage can be an excellent activity for these kids. Deep pressure touch, given in an organized, predictable way can be very helpful with touch sensitivities. When your youngster can anticipate the touch, it makes it easier to handle. A variety of other firm touch activities may be described by your youngster's therapist.

Let your HFA youngster know that you are going to touch. Approach the youngster within his/her vision so that the touch is not a surprise. Often, touch is handled well if the youngster sees it coming. Kids seem to be able to "prepare" themselves for the touch and sometimes can react more appropriately. Also, your youngster needs to learn that touch around the face and in the mouth can be fun.

Remember that the mouth is the most sensitive part of the face. Start by touching places away from the mouth and work toward the mouth. Consider starting on the trunk or back of the arms, and make a game of moving toward the face. In this playful way, the game becomes a distraction, so your youngster isn't just worrying about the touch. You also are moving in a predictable fashion that is less scary.

**Tips for helping your child accept touch:**

1. Kiss your youngster's face with the stuffed toy, and then let him/her kiss the toy or your face.
2. Play face-touch games with stuffed toys and dolls.
3. Playfully taking turns with touching can help your youngster handle play around the mouth.
4. Tooth brushing with regular or electric toothbrushes can help
5. Wipe the face regularly (slowly and softly) with warm cloths, using deep pressure. This can be calming to an over-reactive youngster.
6. Singing is nice to combine with touch activities. The predictability of the tune helps your youngster prepare for the touch.

Eating involves many different types of touches that the parent needs to understand. The spoon, fork, and cup touch the lips as they bring food to the mouth. The food temperature is a touch. Food texture (e.g., lumpy, wet, thick, etc.) is an important touch of eating. Some kids remove food from the spoon with their teeth very rapidly, so that
the spoon doesn't touch their lips. Try gradually keeping the spoon or cup at the lips longer. Use the youngster's most favorite foods for this activity.

Food temperature often can cause over-reactions. Remember that room-temperature foods tend to be easier to handle. Notice the temperatures your youngster handles easily. Make temperature changes very slowly and with foods the youngster likes.

When HFA kids over-react by gagging when you try to switch to thicker, more textured or lumpy foods, you probably need to make the transition more slowly. HFA children usually will do better moving from strained foods to thickened strained foods, to blended foods, to thickened blended foods, to thickened blended foods with tiny, very soft lumps. Remember, it is easier to hide lumps in thickened foods. They are much too obvious when presented with strained foods. Good food thickeners include cereal, dehydrated foods, instant potatoes, instant puddings, and ground cracker crumbs.

When you present new body or mouth touches or new food textures, always start with familiar touches or textures. Making games of the touching helps kids think that the touch or the eating or the new texture o" their idea. Move at your youngster's pace, but be persistent.

Provide crunchy foods, and separate textures during meals. Keep crunchy foods on hand for your sensory-sensitive youngster, as these foods facilitate an important "sixth sense" called proprioception, in which sensory feedback makes the child aware of movement and body position. Crunchy foods may help your youngster to develop better proprioception. Also, avoid mixing foods together that have conflicting textures, such as mashed potatoes and gravy.

A speech-language pathologist or occupational therapist (OT) that is trained in oral sensitivities can implement an oral-sensory treatment program to help desensitize the child and reduce the sensitive gag response to textures. Also, the therapist can assist the mother or father with activities to transition the child to age-appropriate textures and tastes of food. If the sensory problem is more pronounced or pervasive, an OT with a background in sensory integration can provide more involved sensory intervention. These therapies may need to be preceded by resolution of medical problems first, especially reflux, before treatment activities can have an effect.

Advice to parents with HFA kids who have sensory-based eating problems may include to avoid forcing the child to eat certain foods, maintain a routine mealtime, have at least one preferred food available each meal, and to have the youngster join the family at mealtime versus eating alone.
HFA kids with hypersensitive reactions to touch in the mouth and around the face need extra help learning to handle the touches of everyday life, especially for eating. You do not have to struggle with this one alone. Your youngster’s pediatrician, dietitian, or therapy team can work with you and your youngster to figure out the best way to help.

**Motor Skills Development—**

There is significant data to suggest that many kids with High-Functioning Autism (HFA) frequently show an exaggerated response to loud noises such as thunder or unexpected sounds. In addition, your youngster may show hyper-responsiveness to unexpected experiences in general, because a core attribute of HFA is sensory-motor dysfunction. Motor clumsiness is often significant.

Very few highly athletic kids are found in the HFA population. They may display some exquisitely developed skills such as mastery of a musical instrument, but rarely do they display general gross motor precocity. They are often awkward in tasks requiring balance and coordination. They are often late to handle a pencil comfortably, catch a ball, ride a bike, or use playground equipment effectively.

They often display hypotonia, a generalized muscular weakness that affects posture, movement, strength, and coordination. Kids with HFA also may display tactile defensiveness; in other words, they may avoid touch, warmth, and hugs. For these reasons, occupational and physical therapies are among the very earliest interventions that should be employed along with speech/language therapy, the most frequently employed early intervention.

Teitelbaum and colleagues (2004) at the University of Florida have identified motor measures of the early developing smile, and postural and other motor movements that they feel demonstrate the possibility of identifying HFA in infancy. Teitelbaum’s group used a notation system for movements (called the Eshkol-Wachman movement notation) in the attempt to find diagnostic clues about HFA early in life. They present evidence that abnormal movement patterns can be detected in HFA in infancy. This finding suggests that HFA can be diagnosed very early, independent of the presence of language.
As shown by the group in earlier studies, almost all of the movement disturbances in autism can be interpreted as infantile reflexes “gone astray.” In other words, some reflexes are not inhibited at the appropriate age in development, whereas others fail to appear when they should. This phenomenon appears to apply to HFA, as well. Based on preliminary results, a simple test using one such reflex is proposed for the early detection of a subgroup of kids with HFA. What moms and dads often see, however, are late-developing, immature, and awkward visual-motor skills.

Fine motor (holding a pencil, cutting with scissors, tying shoes) and gross motor (walking, running, athletic coordination) developmental milestones are often more difficult for kids with HFA to attain in comparison to their neuro-typical peers. The difficulties that HFA kids face in regard to motor skills development can lead to frustration, low self-esteem, and apprehension toward learning a new task.

Children with HFA may struggle academically and socially as a result of difficulties in mastering motor skills. In school, students who lack the dexterity to write legibly and swiftly with a pencil can easily fall behind in completing assignments. Social interactions that involve activities such as competitive sports may result in an HFA youngster being teased or mocked by peers, as a clumsy gait or awkward hand-eye coordination is detrimental to overall physical ability. Tasks that are simple for children with typical motor development, such as buttoning a shirt or zipping a coat, can be quite challenging for those who lag behind in motor functioning. The most effective way of minimizing the issues related to fine/gross motor skills and HFA is for a child to participate in an occupational therapy program, which is offered as a free service for eligible public school students.

**Occupational Therapy and Motor Skills Exercises—**

Occupational therapists are able to help kids with HFA improve their fine and gross motor development through a variety of exercises. Mom and dads can also work with their kids on these techniques in the home environment. The earlier an HFA youngster begins to receive assistance in strengthening fine motor skills and gross motor skills, the more likely that school, social, and daily life experiences will be easier to navigate.

*Some methods that therapists use when promoting motor development in children with HFA traits are:*

- Developing hand-eye coordination by practicing athletic skills such as catching, throwing, or kicking balls
Increasing arm and leg coordination with activities such as swimming and moving to music
Offering hands-on assistance when practicing tasks such as buttoning, holding utensils, and tying laces
Providing children with ample opportunity to work on physical coordination and balance through supervised use of playground equipment
Teaching remedial exercises that are designed to encourage neat handwriting and appropriate pencil grasp

Though kids with HFA may always have issues of some degree with fine and gross motor functioning, consistent therapeutic techniques can greatly enhance a child's physical potential. Motor skills development in children with HFA can improve over time when proper interventions are taken.

What Parents and Teachers Can Do To Help—

Gross motor skills are typically delayed in young children with HFA. Parents and teachers should administer some form of periodic testing to assess the challenges the student is facing in gross motor development. This will enable the teacher to plan effective gross motor goals. The focus for the teacher should be to bring the HFA child to a higher level of participation.

Young children love to run, jump, skip, climb, and ride a tricycle. Bringing HFA students to a level of participation in the activities young children typically engage in increases the probability that the student will interact socially with his typical peers. Social interaction through play is such a challenge for children with HFA, and removing the barriers of gross motor delays increases the probability that the child will interact well with his peers.

Facilitate the development of gross motor skills in young children with HFA with play. Since peer acceptance during social and play situations can be a challenge anyway, children with HFA can really benefit from developing better gross motor skills on the playground. Play opportunities on the playground facilitate gross motor as well as social interaction.

*Here are some examples:*

- "Big toy" climbing stations are great fun for children, and many skills are developed during play on this popular playground apparatus.
• A basketball goal set up for young children with a lowered basket is another great playground gross motor activity for children with HFA.
• A swinging bridge helps strengthen walking skills, while slide ladders provide a fun way to meet climbing goals.
• Circle soccer can be played with the whole group. Make a big circle and throw a soccer ball into the circle. The children will kick the ball around with the goal being to keep the ball in the circle. It's a fun way to practice kicking skills with a game.
• Play hopscotch with some colorful sidewalk chalk and a bean bag. Have the child bend over with one leg up to pick up the bean bag.
• Skipping and galloping races are also great playground gross motor activities.
• Swings are great too. Teach HFA children to "pump" their own swings, building up leg muscles in the process.

When planning gross motor goals for kids with HFA, parents and teachers should plan to address the overall clumsiness that is typically seen with a variety of activities that improve overall gross motor skills. “Play” is the best way to accomplish these goals.

Face-Blindness—

Many children and teens with High-Functioning Autism (HFA) have difficulty recognizing the faces of those they don’t know well. Prosopagnosia, also known as “facial agnosia” and “face-blindness,” is a neurological disorder that makes facial recognition difficult or impossible. Research suggests that up to two-thirds of children and teens with HFA have difficulty recognizing faces until they have interacted with a particular person on a number of occasions.

Research into Facial Recognition—

Most research into the facial processing abilities of kids and teens with HFA has focused on the ability to read and accurately interpret facial expressions. Research on facial recognition difficulties among children with HFA has been sparse, but there have been a few studies conducted. Findings indicate that many of children with HFA have difficulty recognizing the faces of people they have only met once or interacted with a few times, but have no trouble recognizing those they know well.
One research study found that some individuals with HFA performed well on tests of facial recognition, whereas others showed significant deficits in this area. However, all HFA individuals performed better on facial recognition tests than those whose “face-blindness” resulted from other causes (e.g., genetic predisposition, illness, stroke, etc.). The performance of children with HFA (who experienced difficulties with facial recognition) fell somewhere in between neurotypical control subjects and typical “face-blind” subjects.

Resultant Social Problems—

Failure to recognize people one has met before can act as a serious social problem. A “face-blind” youngster may meet someone, have an interesting conversation, and then not recognize that individual when he encounters her again, which can lead to social embarrassment and anxiety, and make it more difficult to establish friendships. “Face-blindness” is especially problematic in the workplace when the employee is unable to recognize coworkers and supervisors.

In addition to failing to recognize peers, the "face-blind" individual may also experience false positives, believing that a stranger is a known person because certain memorized features (e.g., hairstyle, glasses, hat, etc.) are the same. This can lead to embarrassing situations whereby the “face-blind” youngster or teenager greets a stranger as though he were an acquaintance.

Theories—

It’s hypothesized that the lack of typical social skills associated with HFA may result from “face-blindness.” However, because some of those with HFA have normal facial recognition abilities, it is unlikely that social dysfunction prevents the development of such abilities. No significant differences in social skills have been found between “face-blind” HFA kids and those with good facial recognition, which indicates that there is no correlation between social abilities and the ability to recognize faces.

Another hypothesis asserts that the inability to recognize faces may stem from a relatively low social interest in others and the avoidance of eye contact, which may necessitate looking away from faces and thus not developing a clear memory of their characteristics. If such behaviors begin in childhood, perceptual skills for remembering faces and their unique elements may not develop. This hypothesis claims that social skills deficits cause “face-blindness” rather than the other way around.
Yet another hypothesis regarding “face-blindness” in children and teens with HFA has to do with detail orientation. HFA create a tendency to fixate on certain characteristics of the face, and so the child may fail to see the face as a whole. Strangely enough, some research studies have found that those with HFA may be better able to recognize faces when they are upside down.

Difficulty Recognizing Peers—

“Face-blind” kids and teens don’t easily commit whole faces to memory in the way that most people do. Rather, they must rely on unusual features and other aspects of the individual to make an identification until they know that person very well. In extreme cases, facial recognition is never achieved, even for family members and close friends, but this is quite rare. Most children with HFA can recognize the faces of those they know well and are capable of developing strategies for improving recognition of peers.

Strategies for Coping with Face-Blindness—

HFA children and teens with “face-blindness” often rely on hairstyles, clothing, context (e.g., an area of the school where the peer is most commonly seen), and objects (e.g., an person’s car, glasses, cologne, etc.) to identify acquaintances. This is a good initial strategy, but it creates problems when the particular individual gets a haircut, adopts different styles of dress, gets contact lenses, or appears in a different context. Someone who can be recognized in one place (e.g., school) may be difficult to identify during a chance encounter at the Mall.

Tips for Children and Teens with Face-Blindness:

Here are some effective strategies for improving identification and reducing social anxiety...

• Pay close attention to hand gestures and facial expressions the individual makes frequently (e.g., how loudly he speaks, his body postures, other expressive features that could be used to identify him in the future). Focus on features that are u NOT likely to change.

• Spend time with an outgoing buddy or family member and arrange to have him greet others by name until you know them well enough to recognize them on your own.
• Choose a pleasant spot to sit and watch people, identifying characteristics of movement, facial expression, and other aspects that could be useful for identification purposes.

• Tell teachers and peers about the problem on first contact so that they will not feel insulted if you don’t recognize them at a future time. In some situations it can be helpful to tell a funny story about a time when you didn’t recognize someone. Having a laugh together can ease the tension of talking about the problem.

• When meeting someone for the first time, silently describe the face in your mind to commit features to memory (e.g., a full lower lip, a short nose, arched eyebrows, etc.). Note particularly any unusual or interesting features that will help make quicker identification in the future.

Parents can teach these recognition skills and strategies to their child and practice them together. It can also be helpful to tell the youngster's teachers about the problem and ask them to identify other students by name whenever possible, particularly early on in the school year.

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**Behavioral Management Plan—**

Although behavior problems are not unusual at home or school, they are not always a major presenting problem in High-Functioning Autism (HFA). Negative behavioral outbursts are most frequently related to frustration, being thwarted, or difficulties in compliance when a particularly rigid response pattern has been challenged or interrupted. Oppositional behavior is sometimes found when areas of rigidity are challenged. First, attempt to analyze the “communicative intent” of the negative behavior. A harsh, punitive approach to negative behavior is especially ill-advised when the child’s negative behavior was his attempt to communicate his feelings.

Example Positive Behavior Support Plan

1. **Issues impacting behavior are:**
   
   • aggression
   • attention-seeking
   • excessive “dawdling” whenever parent requests a task to be completed
- no internal regulatory “sensors” to move forward while experiencing tasks too demanding or difficult
- non-compliance
- possible abusive verbal outbursts
- unable/unwilling to complete chores/tasks

2. Estimate of current severity of behavior problem: moderate to serious

3. Current frequency/intensity/duration of behavior: 3-4 times/week to multiple times/day; lasts a few seconds for aggression, a few minutes to a few hours for non-compliance

4. Current predictors for behaviors:
   - being misunderstood
   - challenging task
   - entering into a new social situation
   - feelings of rejection
   - inability to express himself
   - not understanding task or instruction
   - sensory challenges
   - uncomfortable emotional state (e.g. anxiety, embarrassment, shame, anger, frustration)

5. What should child do instead of this behavior:
   - complete tasks/chores with appropriate attempts to seek help when needed
   - participate in activity/conversation in context
   - use socially and situationally acceptable strategies for calming himself
   - verbally express difficulties and feelings appropriately

6. What supports the child using the problem behavior:
   - attention for inappropriate behaviors
   - escape from demands
   - return of control
   - sensory stimulation (sometimes in the form of confrontation or power struggles)
7. Behavioral Goals/Objectives related to this plan:

- compliance
- development of age and context appropriate social skills
- coping skills and self-monitoring
- increased tolerance to frustration
- sensory stimulation and challenging tasks/chores
- staying on task
- development of positive replacement behaviors

8. Parenting Strategies for new behavior instruction:

- check for understanding of directions/expectations
- consistent encouragement to express difficulties
- discuss rules/consequences in advance and ensure comprehension
- immediately reinforce all appropriate attempts at communication and other appropriate behaviors
- model appropriate behaviors
- proactive and periodic checking for understanding and issues
- probe to understand root causes of problem behaviors
- role play challenging situations
- validate feelings and offer alternative replacement behaviors in the form of limited choices

9. Environmental structure and supports:

- anticipate predictors of behavior and avoid or prepare for intervention
- avoid confrontation through calmness, choices, negotiation
- designate a “safe place” to calm down (not for punishment)
- reduce distractions
- set up situations for success

10. Reinforcers/rewards:

- immediately reward appropriate behaviors with smiles, verbal praise, thumbs up, pat on the back for sitting quietly
- positive report to other parent
• standard aversive disciplinary techniques (e.g., red cards, punishment time-outs, citations) are ineffective and will not be used
• video-game time for work completed

11. Reactive strategy to employ if behavior occurs again:

• offer “safe place” to calm down
• offer limited choices
• validate feelings

12. Monitoring results and communication:

• discuss results of plan
• ensure consistency
• make any necessary changes

Adolescent Behavior Problems—

Parents often have difficulty recognizing the difference between variations in “normal behavior” versus “HFA-related behavior.” In reality, the line between ‘normal’ and ‘HFA behavior’ is not always clear – usually it is a matter of expectation.

A fine line can often divide normal from HFA teen behavior, in part because what is normal depends upon the teen's level of development, which can vary among teens of the same age. Development can be uneven, too, with a teen's social development lagging behind his intellectual growth, or vice versa. In addition, normal teen behavior is in part determined by the particular situation and time, as well as by the teen's own particular family values, expectations, and cultural or social background.

Understanding your HFA teen's developmental progress is necessary in order to interpret, accept or adapt his behavior (as well as your own). Remember, teens have great individual variations of temperament, development and behavior – especially when they have to deal with the HFA condition.
Your responses, as a parent, are guided by whether you see the adolescent's behavior as a problem. Frequently, parents over-interpret or over-react to a minor, normal short-term change in the teen's behavior. At the other extreme, moms and dads may ignore or downplay a serious problem. Also, they may seek quick, simple answers to what are, in fact, complex HFA teen problems. All of these responses to teen behavior may create more difficulty or prolong a resolution.

Adolescent behavior that moms and dads tolerate, disregard or consider acceptable differs from one family to another. Some of the differences come from the parent's unique upbringing. They may have had very strict parents themselves, and the expectations of their kids follow accordingly. Some behavior is considered a problem when parents feel that others are judging them for their teen's behavior. This leads to inconsistent responses from the parent, who may tolerate behavior at home that he/she would not tolerate in public.

Sometimes moms and dads feel so hurt by their HFA teen’s behavior that they respond by returning the “disrespect” – which is a mistake. Teens know that they still need their parents even if they can't admit it. The rollercoaster they put the parent on is also the one they're feeling internally. As the parent, you need to stay calm and try to weather this teenage rebellion phase, which usually passes by the time a child is 16 or 17.

But no one's saying your HFA teenager should be allowed to be truly nasty or to curse at you, for example. When this happens, you have to enforce basic behavior standards. By letting your teenager know that you're here for him no matter what, you make it more likely that he'll let down his guard and confide in you once in a while.

Problems with Eye Contact—

A child or teenager with High-Functioning Autism (HFA) may exhibit less eye contact with you and others than expected, and he or she may not read faces for cues about feelings or consequences. This lack of connectivity is often felt in an intangible way, especially by caregivers. We anticipate with open hearts the child who will “give back” our attention. However, in children with HFA, there may be very little variation in expressions of emotions and little joy in playing interactive baby games. The arrival of the youngster’s social smile may occur later and infrequently.

*What can moms and dads do to help their kids with HFA?*
- Be understanding when we don't feel like looking - we're not being rude, just feeling insecure.
- Encourage "looking at my face" but don't push it - it's really uncomfortable for us.
- Explain how some folks need to see you looking in their direction before they think you're listening.
- Give your children a few options for controlling gaze avoidance (suggest looking at cheeks) or higher.
- Place less emphasis on eye contact and more on "participation in conversation".

Eye contact is a form of communication in American culture; we assume a person is giving us their attention if they look at us. The HFA child experiences difficulty with eye contact; it is extremely hard for them to focus their eyes on a person for any extended period of time. Limited eye contact is a part of the disability. Don't demand an HFA child look you in the eye as you are talking to them--this is extremely difficult for them to do.

One of the key signs of HFA in folks is a difference in their use of eye contact in communication. This seemingly trivial variation can cause huge conflicts and misunderstandings when trying to deal with the non-HFA world. When to look someone in the eye, when to look away, does lack of eye contact indicate unfriendliness or dishonesty, does eye contact that too lengthy indicate a threat or a seduction? A lot gets expressed and read into a seemingly simple gaze. The confusion gets compounded by the fact that different cultures have different rules for eye contact, and the rules within families can be different than those for friends, acquaintances or strangers. What’s praised as “paying attention” for some cultures is then criticized in others as “not being respectful.”

There are reasons the non-HFA world uses eye contact: as an indication of openness, interest, paying attention, as well as to convey less friendly messages such as boredom or dominance. Checking in with the listener's eye contact is a way to verify that you're still getting your point across and not confusing, boring, or offending the listener. While it may be considered impolite to interrupt when confused, a simple squint conveys the message clearly.

For those with HFA, eye contact may be very uncomfortable. Just go online and read some of the blogs from adults with HFA and you'll find great discussions about how eye contact can feel threatening, distracting, or overwhelming.

So, what can be done about problems with eye contact? It would be great if everyone acknowledged that eye contact is a trivial matter, and folks were judged by their words
and actions instead. Unfortunately, I don't think that's going to happen any time soon. Unless they're clearly affected by HFA or autism, most folks probably don't even know what it is. I don’t think individuals without HFA are being deliberately bigoted or judgmental, but reading nonverbal messages is an instinctive and lifelong, although mostly unconscious, behavior.

I think the solution comes down to compromise and careful consideration of the situation. Adults should find a way to explain to others why their eye contact is different. I suggest stating that looking away helps the speaker concentrate, or asking the listener to let them know if they’re getting bored. These direct methods are probably most useful for those folks you know fairly well and those you’re going to be interacting with a lot.

Some online sites suggest faking eye contact by looking just above the eyes, at the forehead, or the eyebrows. I think this is an intriguing idea, but you’d need to practice first. Find a non-HFA friend and see how this works. Most people without HFA get an uncomfortable feeling when body language is different, even though they may not be able to explain precisely what is wrong. Don’t try faking eye contact for the first time on a job interview or a first date.

A final option is to try to learn non-HFA eye gaze behaviors. This is a big, time consuming project and will probably require training from some sort of professional and lots of practice. I’d suggest finding a qualified therapist, speech professional, or coach to figure out all the technical details and then a close non-HFA friend to practice.

Unfortunately, there’s no simple answer to the matter of eye contact, just a lot of compromises. In the end, the folks who matter most to you will probably get your message, whether or not you look them in the eye.

Special Concerns in Adolescence—

Most experts do a great job of presenting the problems children with High-Functioning Autism (HFA) face during their adolescent years, yet they offer few solutions. The years from twelve to seventeen may be the saddest and most difficult time for young people with HFA. This is not true of every adolescent with HFA. Some do extremely well. Their indifference to what others think makes them indifferent to the intense peer pressure
of adolescence. They can flourish within their specialty, and become accomplished musicians, historians, mathematicians, etc.

HFA adolescents typically become more isolated socially during a period when they crave friendships and inclusion more than ever. In the cruel world of middle and high school, HFAs often face rejection, isolation and bullying.

Meanwhile, school becomes more demanding in a period when they have to compete for college placements. Issues of sexuality and a desire for independence from moms and dads create even more problems.

Here’s the scoop:

Criminal Activity— Pain, loneliness and despair can lead to problems with drugs, sex and alcohol. In their overwhelming need to fit in and make friends, some HFAs fall into the wrong high school crowds. Adolescents who abuse substances will use the HFA’s naivety to get him to buy or carry drugs and liquor for their group. If cornered by a police officer, an HFA teen usually does not have the skill to answer the officer’s questions appropriately. For example, if the officer says, “Do you know how fast you were driving?” an HFA teen may reply bluntly, “Yes,” and thus appears to be a smart-aleck.

Depression and Acting Out— The teenage years are more emotional for everyone. Yet the hormonal changes of adolescence coupled with the problems outlined above might mean that an HFA adolescent becomes emotionally overwhelmed. Childish tantrums reappear. Boys often act up by physically attacking a teacher or peer. They may experience “melt down” at home after another day filled with harassment, bullying, pressure to conform, and rejection. Suicide and drug addiction become real concerns, as the adolescent now has access to cars, drugs and alcohol. The “saddest and most difficult time” can overwhelm not only the HFA adolescent, but also his family.

Inability to “Be an Adolescent”— An HFA teen typically does not care about adolescent fads and clothing styles - concerns that obsess everyone else in their peer group. HFAs may neglect their hygiene and wear the same haircut for years. Boys forget to shave; girls don’t comb their hair or follow fashion. Some HFAs remain stuck in a grammar school clothes and hobbies such as unicorns and Legos, instead of moving into adolescent concerns like MySpace and dating. HFA boys often have no motor coordination. This leaves them out of high school sports, typically an essential area of male bonding and friendship.
School Failures— Many HFAs with their average to above average IQs can sail through grammar school, and yet hit academic problems in middle and high school. They now have to deal with four to six teachers, instead of just one. The likelihood that at least one teacher will be indifferent or even hostile toward making special accommodations is certain. The HFA student now has to face a series of classroom environments with different classmates, odors, distractions and noise levels, and sets of expectations. HFAs with their distractibility and difficulty organizing materials face similar academic problems as students with Attention Deficit Disorder. A high school term paper or a science fair project becomes impossible to manage because no one has taught the HFA teen how to break it up into a series of small steps. Even though the academic stress on an HFA adolescent can be overwhelming, school administrators may be reluctant to enroll him in special education at this late point in his educational career.

Sexual Issues— HFA adolescents are not privy to street knowledge of sex and dating behaviors that other adolescents pick up naturally. This leaves them naive and clueless about sex. Boys can become obsessed with Internet pornography and masturbation. They can be overly forward with a girl who is merely being kind, and then later face charges of stalking her. An HFA adolescent may have a fully developed female body and no understanding of flirtation and non-verbal sexual cues, making her susceptible to harassment and even date rape.

Social Isolation— In the teenage world where everyone feels insecure, adolescents that appear different are voted off the island. HFAs often have odd mannerisms. One adolescent talks in a loud un-modulated voice, avoids eye contact, interrupts others, violates their physical space, and steers the conversation to her favorite odd topic. Another appears willful, selfish and aloof, mostly because he is unable to share his thoughts and feelings with others. Isolated and alone, many HFAs are too anxious to initiate social contact. Many HFA adolescents are stiff and rule-oriented and act like little adults, which is a deadly trait in any teenage popularity contest. Friendship and all its nuances of reciprocity can be exhausting for an HFA teen, even though she wants it more than anything else. One girl ended a close friendship with this note: “Your expectations exhaust me. The phone calls, the girl talks, all your feelings...it's just too much for me. I can't take it anymore.”

How Moms and Dads Can Help Adolescents with HFA—

Moms and dads of adolescents with HFA face many problems that others moms and dads do not. Time is running out for teaching their HFA teen how to become an independent adult. As one mother put it, “There's so little time, and so much left to do.”
They face issues such as vocational training, teaching independent living, and providing lifetime financial support for their child, if necessary.

Meanwhile, their immature HFA teen is often indifferent or even hostile to these concerns. Once an HFA teen enters the teen years, his moms and dads have to use reasoning and negotiation, instead of providing direction. Like all teenagers, he is harder to control and less likely to listen to his moms and dads. He may be tired of moms and dads nagging him to look people in their eyes, brush his teeth, and wake up in time for school. He may hate school because he is dealing with social ostracism or academic failure there.

*Here is how thirteen-year-old Luke Jackson, author of Freaks, Geeks and Asperger, wrote about being an Asperger adolescent:*

“‘Are you listening to me?’ ‘Look at me when I am talking to you.’ HFA kids, how familiar are those words? Don’t they just make you groan? (And that’s putting it politely!) ...When I look someone straight in the eye... the feeling is so uncomfortable that I cannot really describe it. First of all I feel as if their eyes are burning me and I really feel as if I am looking into the face of an alien.”

*Here are some ways that moms and dads of adolescents with HFA deal with common issues:*

*Appearance* — Because of their sensitivity to textures, HFAs often wear the same clothes day in and day out. This is unacceptable in middle or high school. One idea that has worked for some moms and dads is to find an adolescent of the same age and sex as yours, and then enlist that person help you choose clothes that will enable your child to blend in with other adolescents. Insist that your adolescent practices good hygiene every day.

*Driving* — Most HFAs can learn to drive, but their process may take longer because of their poor motor coordination. Once they learn a set of rules, they are likely to follow them to the letter - a trait that helps in driving. However, HFAs may have trouble dealing with unexpected situations on the road. Have your child carry a cell phone and give him a printed card that explains HFA. Teach him to give the card to a police officer and phone you in a crisis.

*Drugs and Alcohol* — Alcoholic drinks or drugs often react adversely with your child’s prescriptions, so you have to teach your child about these dangers. Since most HFAs are very rule-oriented, try emphasizing that drugs and alcohol are illegal.
Life after High School— If your adolescent is college-bound, you have to prepare her for the experience. You can plan a trip to the campus, and show her where to buy books, where the health services are, and so forth. Teach her how to handle everyday problems such as “Where do you buy deodorant?” “What if you oversleep and miss a class?” As you prepare your adolescent for the workforce, keep in mind that people with HFA often do not understand office politics. They have problems with the basics, such as handling criticism, controlling emotions, showing up on time, and working with the public. This does not mean they cannot hold down a job. Once they master certain aspects of employment, HFAs are often able to work at high levels as accountants, research scientists, computer programmers, and so forth.

School— If the pressure on your child to conform is too great, if she faces constant harassment and rejection, if your principal and teaching staff do not cooperate with you, it may be time to find another school. The adolescent years are often when many moms and dads decide it is in their child’s best interest to enter special education or a therapeutic boarding school. In a boarding school, professionals guide your child academically and socially on a twenty four hour basis. They do not allow boys to isolate themselves with video games - everyone has to participate in social activities. A counseling staff helps with college placements. If you decide to work within a public school system, you may have to hire a lawyer to get needed services. Your child should have an Individual Education Plan and accommodations for the learning disabled. This may mean placement in small classes, tutors, and special arrangements for gym and lunchtime. He should receive extra time for college board examinations. Teach your child to find a “safe place” at school where he can share emotions with a trusted professional. The safe place may be the offices of school nurse, guidance counselor, or psychologist.

Sex— You absolutely have to teach your adolescent with HFA about sex. You will not be able to “talk around” the issue: you will have to be specific and detailed about safe sex, and teach your child to tell you about inappropriate touching by others. Your child may need remedial “sex education.” For example, a girl needs to understand she is too old to sit on laps or give hugs to strangers. A boy might have to learn to close toilet stall doors and masturbate only in private.

Social Life— When she was little, you could arrange play dates for her. Now you have to teach her how to initiate contact with others. Teach her how to leave phone messages and arrange details of social contacts such as transportation. Encourage her to join high school clubs like chess or drama. It is not necessary to tell her peers that she has HFA -
let her do that herself. Many adolescents with HFA are enjoying each other’s company through Internet chat rooms, forums and message boards.

*Summer and Part-Time Jobs*— Most of these jobs - movie usher, fast food worker, store clerk, etc - involve interaction with the public. This means they are not always a good fit for an adolescent with HFA. Some HFAs can find work in their field of special interest, or in jobs that have little interpersonal interaction. Other adolescents have spent joyful summers at camps designed for adolescents like them.

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**Effective Teaching Practices for HFA Students**—

As a parent of a child with High-Functioning Autism (HFA), you may have had an occasion in which your child’s teacher was unsure of what course of action to take given a particular issue related to your child’s condition. Not all teachers know how best to deal with an HFA student – but most are willing to learn. If you have had such an experience, please feel free to copy and paste the “teacher’s tips” below and offer to provide a copy to your child’s teacher(s).

*Effective Teaching Practices for Students with High-Functioning Autism (HFA):*

1. A youngster with HFA is likely to be more successful at completing school assignments and tests if the work is presented in a way that visually highlights and organizes important information. For example, the directions for a test might be highlighted so that he will be sure to see them. Important sections of a book can also be highlighted to help him study. If he will need specific information from a reading in order to complete an assignment, the educator could highlight that information in the text, or give him a written reminder telling him the type of information to look for.

2. A youngster with HFA may be more successful at mastering some academic skills if aspects of the curriculum are geared towards his interests. For example, instead of trying to stop him from thinking about airplanes, he could learn math using airplanes. For example, when teaching division, you can have him calculate the speed of a plan that takes 5 hours to go 1000 miles.

3. A child with HFA might also benefit from having an assigned peer who accompanies him in some less structured social situations. For example, an older child might volunteer to sit with him at lunch two days each week and help him to interact with
other children in that setting. Such peers might also help him develop leisure skills. Some older kids from Boy Scout troops, church groups, or college children are often willing to help students by accompanying them on a community outing each week to places such as the bowling alley, movies, or science museum. Often an older boy can serve as a role model in a way that is more attractive to students with HFA than when grown-ups are telling them how to behave.

4. As children with HFA move into middle school and high school, extracurricular activities become another structured opportunity for peer interaction. Joining groups that are related to the strengths and interests of a youngster with HFA gives them the opportunity to interact around a shared interest.

5. At times mothers and fathers of children with HFA have difficulty finding out what happened at school. Two methods can be used to improve communication between the school and home. First, the child should keep a notebook in his binder that educators can use to send notes home. When the educators write a note, the child should place it in their folder for that class so that they will remember to show it to them when they do their homework. Likewise, they can place information in the various folders that they want to communicate to the educators.

6. Computer skills can provide vocational and recreational skill. Many students with HFA enjoy working on computers and find that some computer jobs suit them well. The use of the Internet has also been a way to meet others and form friendships that is more comfortable for individuals with HFA than more conventional ways of meeting.

7. Consistent written rules will help the child with HFA to know what is expected of him at all times. When one breaks a rule, you should remind him to look at his rules, rather than telling him what to do. When the educator tells a child what to do, the instructions take on a "personal" nature that can be difficult for a child with HFA. By referring the youngster back to the rules the direction seems less personal, as though the rules sheet is saying what to do, not the person. Another way to make the rules seem more palatable are to put them on school letterhead, refer to them as school policy, or say that these are rules the doctor at the hospital (if they have been seen by a psychologist or psychiatrist) said they must follow.

8. Homework assignments may need to be written in a way that gives more information that other children usually need. For example, the other children may remember to copy the assignment from the board, but a child with HFA might need the educator to write the assignment and put it in their folder. Along with the written assignment, the educator may also need to write a checklist of the materials the child will need.
9. If a youngster with HFA feels a "rage" coming on, it would be helpful if the educator or caretaker would give him a written note to go to a predetermined quiet area of the school to write about why he or she is angry. All verbal directions from staff or mothers and fathers should stop as this tends to escalate the anger of a person with HFA. If more directions are needed, it is helpful if the grown-ups write them out. At first the child may crumple up the paper, but usually if you leave the paper by them and walk away, he will eventually read it.

10. If a child needs to communicate with others when they are upset they should be encouraged to write to you (or write on the computer) as their ability to communicate verbally is reduced when they are anxious.

11. If classes rely on lecture as a teaching method, it may be necessary to find someone who can help the child with HFA to take notes. This help could take one or more of the following forms depending on the needs and types of help that work best for them. The child could be paired with a classmate who writes clear notes and who could photocopy his notes to share with the child, or the child with HFA might tape record classes to help him remember the lectures, or his educator might provide him with an outline of the lecture.

12. It is very important for children with HFA to learn to rely on daily schedules. By doing so, they will be able to function in a more organized and independent manner as grown-ups. Children with HFA should learn to independently follow the directions of a daily schedule that is contained on the inside cover of their school notebook. It could be housed within a laminated sleeve so that they can use a water soluble marker to cross off each event as it occurs. This is also a good avenue for introducing unexpected changes that may occur during the day. Changes should be highlighted so that he can anticipate them without becoming upset.

13. Many children with HFA have been very successful in school when they are assisted by a personal aide. Again this should be a person who knows about HFA. Such a person would benefit from receiving specific training regarding high-functioning HFA. The role of this person should not be to serve as the child's shadow that steps in and helps whenever a problem arises. Instead, the aide is most helpful when she assists in developing and implementing the structure (e.g., schedules, modifying assignments, checklists, etc.) that will be useful in increasing the youngster's independence. This aide can also make sure that these structures are implemented throughout his day. Even when the child with HFA is spending time in a special education class, it might be helpful for him to have the aide present. In this situation the aide might be responsible for
implementing the structure and making sure that the child's assignments and instruction are commensurate with those being presented in regular classrooms. This might be necessary as his peers in a special education classroom may not have academic skills that are comparable to his.

14. When a youngster with HFA understands what is going to happen next, he is less likely to become upset. The use of written schedules, written instructions, and routines will help the youngster to understand what is happening. Writing a schedule in a way that helps the youngster anticipate changes will help him to remain calm when those changes occur and writing activities into his schedule which are appealing to him will increase his interest in following the schedule.

15. Many students with HFA have poor handwriting and their handwriting skills do not seem to improve with practice. It has been helpful to teach these kids keyboarding skills at as early an age as possible. Once these are mastered, many students have found it easier to complete homework assignments, take notes in class, and complete long-term projects. Often occupational therapists have provided valuable services in teaching children with HFA to use keyboards.

16. Many children with HFA benefit from using a notebook that helps them organize their work and materials. These notebooks are usually ring binders that have a folder for every class during the day. The folder should have two pockets: one for assignments and the other for completed work. In addition to the folders, there should be a place for his daily schedule, a notebook for communication between educators and mothers and fathers, and a plastic pouch to carry his supplies. If he has difficulty organizing his supplies for different classes he may need a separate pouch for each class which could be placed in front of the class folder.

17. Often because of difficulties with communication, students with HFA benefit from speech and language services. The focus of these services should be on developing pragmatic language skills. Speech therapists have served a number of roles in helping students with HFA meet pragmatic language goals. The use of scripts can help the youngster learn what to say in a variety of situations. For example, if a child with HFA has difficulty with other children during lunch, his speech therapist might help him develop a script for beginning a conversation and then a list of things to talk about. The child may also benefit from working with a speech therapist in groups where the group is learning to apply language skills in practical social situations, such as playing games together.
18. Often times, students with HFA are impulsive. They will need special preparation before entering new situations. This might require having someone who is familiar with the youngster "scout" the situation ahead of time to anticipate possible problems and then write out rules that the youngster with HFA can review and keep with him when he enters that situation.

19. Often the outbursts and impulsive behaviors of children with HFA can appear to be manipulative, purposeful rule breaking, or intentional rudeness. In most cases, these problems will be related to the youngster's condition and should be addressed in ways that are different than the ways there behaviors might be addressed in other students.

20. Providing students with checklists is another way to help them remain organized. For example, when the child has homework assignments it would be helpful to provide two pieces of information. At the top of each homework assignment sheet would be a list of necessary materials. On the bottom would be his assignment written out in detail. Giving the youngster checklists is particularly helpful when he has to complete short series of related activities or when they need to organize a group of materials. For a chore at home they might need a checklist for completing the steps necessary to clean their room. "Clean your room" would be an item on their schedule. Then a checklist could be posted in their room telling them all the things they need to do (e.g., sweep the floor, put your toys in the toy bin, put your school notebook in your backpack, put your books on the shelf, put away your clean clothes, make your bed, etc.). They would check off each item as they completed it so that they would know whether they have finished all of their tasks.

21. Providing a child with structured opportunities to interact with peers can help him develop his social skills. Just putting him in situations where other students are present, however, is unlikely to be helpful. Instead, inviting children into his special education class to play structured games is a way to give him practice interacting while keeping the interaction focused through a concrete game. In some cases, providing his peers with simple information about HFA is also likely to make his peer interactions more successful because they will know more about why he does the things that seem odd to them.

22. Social skills will improve when these students are provided with strategies that will improve their understanding of social situations and give them specific behaviors to use when they are interacting with others. Two such strategies, Social Stories and Comic Strip Conversations, have been developed by Carol Gray of Jenison Public Schools in Michigan.
23. Some students with HFA benefit from individual counseling. This counseling does not take the form of insight oriented counseling. Instead it makes use of many of the strategies described above, such as the social stories, to help develop social skills. Other strategies include role-play, concrete problem solving, such as making a list of who to talk to when someone teases you, or helping them to develop the skills to write their own schedules. Occasionally there are more emotional issues that need to be addressed but every attempt should be made to relate these issues to concrete information that can be understood by the child and to keep these discussions from being too open-ended. Frequently some portions of these counseling sessions are more successful when they take place by writing back and forth to each other.

24. Some children have difficulty remembering which books to take home. It is often helpful to give children with HFA two sets of books; one for home and one for school. This reduces the number of ideas that the youngster needs to organize to be able to complete his homework in a timely way.

25. Sometimes it is difficult for students with HFA to carry on reciprocal conversations because they are so driven to talk about their own interests. Many are able to put off talking about their interests to another time if they know when that time will be. For example, you might write on his schedule that he will be able to talk to the teacher about airplanes at 9:30. When he starts interrupting class or a private conversation by bringing up airplanes, you can remind him that you will talk about it at 9:30.

26. Students with HFA might benefit from visual techniques designed to help them understand the nature of reciprocal conversations. For example, visual symbols can be used to learn pragmatic skills such as taking turns and not interrupting. The child and a peer might be given a box of Legos and a list of topics. Each peer could take turns choosing a topic. This may help the youngster to understand that he cannot always talk about his own interests. As each peer takes a turn to say something about the topic, he gets to place a Lego onto another and pass the structure to the next peer. Once the group get used to this game it can be elaborated. For example, the members of the group might only be able to put a block on if he says something directly related to what the person said before. Or the group members can draw cards that tell them what sort of comment to make on their turn. One card might instruct the youngster to ask a question of the youngster who just spoke. Another card might tell the youngster to say something he liked about what the person just said. Other cards might emphasize nonverbal pragmatic skills such as drawing a card that tells the youngster to show someone you are interested without saying anything or show someone you agree without saying anything. Strategies such as these give students repeated practice in conversational skills.
27. Usually when students with HFA become upset or engage in inappropriate behaviors, they are unlikely to have the skills to appreciate why what they are doing is wrong because they cannot form those cause and effect social connections. It is tempting to think that bright children would know the effects of their behavior on others, but this is often not the case and it is best to err on the side of HFA when interpreting misbehavior. Visual comics and stories will help them to understand social situation better and will help them to know what to do.

28. When children with HFA are mainstreamed into the regular classroom setting, it would be best to do so for classes that are interesting to them and which are related to their strengths. For example, special needs children are often mainstreamed into electives such as physical education classes. Such a strategy would probably not be successful for students with HFA. The social nature of this type of class and the relative lack of structure would make it difficult for them to have success in this setting. They would be much more successful if they were placed in a class such as math, and electives, such as computers, which are academic strengths, strong interests, and take place in a structured setting.

29. When you are preparing students to work or play independently, they will be most successful if you provide them with important “written” information (e.g., How much am I expected to do? How will I know when I am finished? What am I expected to do? What will I do next?). By knowing ahead the answers to these questions, the youngster will be more successful and independent in completing activities. Having a clear understanding of what is happening and what they are supposed to do will also decrease any anxiety they feel when they are unsure and unable to ask for clarification.

30. Worksheets might need to be reorganized to help the child be more successful. He is more likely to finish all the problems and follow directions if there are fewer problems on each sheet of paper and if the place for his answers is large and prominent. For example, his class might have a homework assignment of 20 problems that are all written on the same page. The child might be more successful if his assignment contains the same 20 problems, but on 4 different pages. Each problem might be accompanied with a large numbered box that corresponds to the number of each problem so that he can clearly see where the answer belongs and also clearly see whether he has finished all of the problems on the page.
Most HFA kids have normal or above-normal intelligence, and are able to complete their education up through the graduate or professional school level. Many are unusually skilled in music or good in subjects requiring rote memorization. On the other hand, the verbal skills of kids with HFA frequently cause difficulties with educators, who may not understand why these "bright" kids have social and communication problems.

Some HFA kids are dyslexic; others have difficulty with writing or mathematics. In some cases, HFA kids have been mistakenly put in special programs either for kids with much lower levels of functioning, or for kids with conduct disorders. HFA kids do best in structured learning situations in which they learn problem-solving and social skills as well as academic subjects. They frequently need protection from the teasing and bullying of other kids, and often become hypersensitive to criticism by their teenage years. One approach that has been found helpful at the high-school level is to pair the adolescent with HFA with a slightly older teenager who can serve as a mentor. The mentor can "clue in" the younger adolescent about the slang, dress code, cliques, and other "facts of life" at the local high school.

**HFA kids are characterized by a number of elements:**

- Abnormal eye contact - either avoidance or prolonged intense gaze
- Clumsy and uncoordinated
- Competence with expressive speech and number often masks poor comprehension
- Literal interpretations of speech
- Competent with puzzles
- Consistent unawareness of non-verbal feedback (including consequences of actions)
- Cope well in a structured predictable environment with clear and simple rules stated in concrete terms - they will follow the rules to the letter
- Holistic approach to tasks and does not cope with approximations
- Lack of interest in pleasing people (e.g., educators and parents) and unresponsive to the usual subtle cues of displeasure such as head shaking etc.
- Lack of spontaneity in exploring new situations
- Learn from direct instruction, not intuitive perception
- More interested in books and factual information
- Poor or absent capacity to use or understand facial expression, gesture, tone, pause or body language
- Precocious visual and auditory memory
- Slow development of speech without the usual approximations
- Use of speech to gain gratification or impart information and rarely for communicative intent
- Very egocentric

Areas of Difficulty—

The school environment is a complex, constantly changing and often unpredictable. Children are required to cope with changing stimuli; varying behavioral expectations; complex social interaction with adults, peers and children of other age levels; the academic challenges of each day; their own mood and state of health and are expected to behave appropriately at all times. This can be a challenge for neurologically typical kids but for those with learning and social disabilities, it can, unless properly, managed be almost insurmountable.

Kids diagnosed with HFA may not be able to understand or express their emotions, understand what is expected of them or be able to apply the rules learned at other times and in other situations to the situation with which they are faced.

These children are often of average or above average intelligence and as they mature, they become aware of their difference and want to fit in but don't know how to. This can lead to intense frustration which may either result in outbursts of verbal and/or physical violence or withdrawal into themselves. The quiet, well behaved student is often the most at risk because the problem issues are unseen and thus unaddressed.

The student may have a "reputation that precedes them" for both children and staff. Older children may have low self-esteem and an expectation of failure both academically and behaviorally.

*The main characteristics of HFA, which hinder both academic and social progress are:*

- Cognitive Skills
- Communication Skills
- Physiological Deficits
- Social Skills

An effective program will among many things, recognize the children' strengths and
build on them to give them a feeling of achievement and thus improve their confidence. It will also recognize the problem areas and provide strategies to deal with behaviors, strategies to teach both academic and social concepts, which start with the concrete and move to the abstract at the student’s pace. Overall the program will not just teach 'academic fact' but teach strategies and skills that will assist future academic learning, social interaction and the development of the children self-control and self-discipline.

Learning Structures—

Kids diagnosed with HFA require a mixture of the following structures to successfully achieve in the classroom. Behavior is often an indicator of frustration and stress and the following can assist in their management and reduction. Often, these ideas are beneficial to all the children.

Physical:

• Be aware that the student may be defensive of their person and/or personal space and plan for this if applicable.
• Consider isolating the student for short periods to teach new concepts or build on pre-existing knowledge in a distraction free setting.
• Ensure that the youngster is in a position of least distraction from the source of the information to which the youngster must respond (i.e., up the front and away from visual and auditory "clutter")
• Structure the physical environment to facilitate learning and minimize frustration (providing visual and physical order assists in focusing)
• Watch for peers who feed-off and feedback inappropriate behaviors and position them away from the student - often the student will like these peers but the relationship is not necessarily the best for either student
• Watch for peers who obviously or subtly annoy the student and position them away from the student

In Class Structure:

• Break tasks up into manageable segments and train the student to schedule and plan
• Brief, precise, concrete instructions and make sure that they understand - don't assume that repeating the instruction means that the student has understood
• Predicatable environment and routine with preparation for any changes
• Set behavioral limits and monitor to implement consequences or provide coping strategies
• State clearly what is expected - be concrete and allow time for the student to process the information
• Teach the student to ask for help and appropriate methods of doing so

*Presentational Issues:*

• Break work into small steps
• Have written instructions for older primary children and include visual cues and mark clearly the things that need to be completed
• Keep black/whiteboard presentation as neat as possible
• Know and use the student's strengths
• Present new concepts in a concrete manner
• Show examples of what is required
• Use activity based learning where possible
• Use visual prompts as appropriate

*Teaching Issues:*

• Do not do for the student what they can do for themselves
• Don't expect the student to automatically generalize instructions
• Use language to tie new situations to old learning
• Don't rely on emotional appeals or presume that the student will want to please you
• Concentrate on changing unacceptable behaviors and don't worry about those which are "simply" odd
• Use the obsessive or preferred activity as a reward
• Use opportunities which arise to teach the student about how other children feel and react when they are hurt or upset
• Be absolutely consistent and don't give options if there are no options

Work closely with the parents and listen to them - they have already had much experience coping with the youngster. And don't judge atypical parenting as odd – it is often a coping reaction to the student's behavior rather than the cause of the behavior.

*Other Strategies to Support Development:*

• Explain metaphors and avoid where possible (i.e., 'Frog in your throat')
• Explain the timetable to the secondary youngster so they understand the daily structure - a simple written timetable also helps primary age kids and can benefit all the class
• Explicitly teach rules of social conduct so that the youngster does not constantly interrupt or interrupt with questions relevant 20 minutes ago
• Have a Communication Book and use it daily to inform parents of successes and failures, ask for parental advice and receive information from parents (it is difficult for parents to find out what is happening at school but it is vital that they know so they can inform the Doctors and therapists of issues and receive and transmit advice from medicos to educators)
• Have a strategy to employ when the youngster can't cope due to overstimulation or confusion
• Have a time out area for discipline when needed (it is important to enforce consequences and to ensure that the 'time out' isn't more attractive than the activity)
• Provide a formal "peer support network" or "mate/buddy" system for the safety of the youngster
• Provide the parents with a timetable to ensure that the youngster can be rehearsed for the following day and has the necessary equipment required for the day’s activities because they are not strong on organizational skills and need assistance in this area
• Teach "safety phrases" such as "Are you pretending? ...or What do you mean? ...or Why should I do that?" to give the youngster a vocabulary of questions to help them gain information (they won’t know how to do it naturally) so they can determine the nature of a situation and respond accordingly
• When an issue begins to surface, do not ignore it or think it too minor to mention to parents (parents prefer more information than less and often something minor points to a serious issue which has bearing on behavior at home)

* Kids diagnosed with HFA have a propensity to disrupt the class due to:

• lack of ability to focus  
• confusion  
• literal interpretation of instructions  
• inability to read social rules and cues  
• overloading of the 'senses' (too much noise, visual stimulation or physical stimulation)  
• lack of desire to 'please'  
• inability to explain feelings plus other factors.  

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These kids are rarely disruptive for the sake of it and are amenable to behavior modification providing that clear and simple instructions are given and consequences are consistently applied if the inappropriate behavior continues.

It is very important to keep the parents informed because that is their only way of knowing what is happening at school. This information is vital to the youngster's doctors to ensure that the management program is relevant and effective and that problems can be identified and managed quickly to minimize disruption to the youngster and fellow children.

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**HFA Teens and Sex Education**

The subjects of puberty, relationships, and sexuality are major sources of anxiety for teens with HFA. Sexuality is often a tough subject for moms and dads to negotiate, as well. They often take a neutral position with these topics, hoping their kids learn about relationships by example and that the heavier, difficult topics are taught in school health class. While this approach does not always end poorly, it is a recipe for disaster when HFA is involved.

Teaching your teenager with HFA sexuality and puberty information is crucial. This is not information you want him to learn from his classmates, or worse, by doing his own Internet searches. Mother/fathers of kids with HFA should start with the very basics of sexuality, and move on to dating and relationships, since the social ability of a person is so intertwined with their sexuality.

*Here are several important points to consider when teaching your youngster with HFA sexuality, puberty, and relationship information:*  

1. Adolescents with HFA need sexual education. During puberty, these young people will develop the desire for sexual interactions. It’s important to be explicit about the changes in their body and their emerging feelings. Moms and dads may want to help adolescents feel positive about their changing bodies. However, subtle explanations about sexuality will not register or may be misinterpreted. To help the adolescent understand sexual boundaries, moms and dads or caregivers must give detailed
instructions as to what's appropriate depending on the adolescent's age and social abilities. Books or videos that are age appropriate may help the person with HFA better understand sexual relationships and behavior.

2. Be frank and straightforward. Speak using easy to understand descriptions and correct terminology.

3. Intimacy can be a struggle. People with this disorder struggle with the back-and-forth nature of intimate relationships. Dating and courtship can be confusing, as they rely on so many subtle or hidden rules and meanings. A teen with HFA may find empathy a foreign emotion, causing the other partner to feel isolated and alone. With social skills training and behavior therapy, the skills necessary to achieve an intimate relationship are within reach.

4. Make sure the information you are sharing is age-appropriate. For example, you would be less detailed for a 9-year-old than you would for a 16-year-old.

5. Repetition is necessary when teaching kids with HFA. Short sessions repeated over time will work best on any subject.

6. Sensory issues may impact sexuality. Hypersensitivity or under responsiveness are common in adolescents with HFA. This can impact their sexual behavior, either reducing the desire to be close or causing them to be overly needy of sex. When it comes to sexual behavior, they may not understand boundaries or limits. Moms and dads may want to use appropriate visual aids to explain touching others inappropriately, keeping their bodies appropriately clothed and touching private parts in public.

7. Sexual relationships challenge adolescents with HFA. The subtle cues of dating and sexual relationships may be difficult for adolescents with HFA to navigate. The syndrome is commonly known by a lack of social awareness or skills, communication difficulties, obsession with a particular topic or subject and poor coordination. Their social skills may impact the type of sexual relationships they develop. There is very little research into sexual behavior and adolescents with HFA. However, most adolescents who suffer with the syndrome show interest in sex. Society's norms on sexuality will not be intuitive to the person with HFA. The subtle cues of dating and sexual relationships may be difficult to navigate.

8. Use visual aids, like books and videos to engage your teenager in the conversations.

* A word about HFA adults: Adults with HFA may present the sexual behavior of
adolescents. Since HFA is a developmental delay, adults may experience sexual behavior similar to adolescents. They may be delayed in their social skills, which would manifest in their sexual relationships. These grown-ups need to be made aware through observation or research which sexual behavior is age appropriate. Obsessive behavior is a symptom of HFA and may carry over to sexual relations. Also, some medications used to treat symptoms of the syndrome may also impact sexual desire.

On the issue of sexuality, there are two extremes, and you often find HFA teens clustered at both. On the one hand, there are the shy, prudish teens who consider it a big deal to unbutton the top button on their shirt or to wear shorts. At the other end, there are teens that think nothing of nudity and aren’t concerned who sees them. Surprisingly, there are also a number of confusing teens who flip back and forth between the two extremes.

Both types of HFA teens create social issues with the "prudish" type often being subjected to bullying over their appearance. They also often have problems attending gym class. These HFA teens often face longer-term life and relationship issues because social rejection in the teen years can often have lasting consequences. All too often, these teens have major issues with dating and with meeting others. In this regard, some of worst problems stem from their conservative dress sense and the fact that they would never set foot in many of the places where social activities are conducted (e.g., dances).

Not surprisingly though, it's the more "relaxed" types of HFA teens who tend to get themselves into the worst trouble. There's no mistaking the problems that girls who are just a little too forthcoming when talking about sexual issues or who flirt inappropriately attract amongst the less controlled members of our society. Male issues tend to be more likely to involve the police, or violence.

Your HFA teen’s tendencies will generally start to become obvious from an early age (typically around 5 or 6 years). One parent states, “My children are sent outside fully clothed to play, but frequently when I look out of the window, I see the discarded piles of their clothes on the ground and find them happily jumping around stark-naked on the trampoline where all our neighbors can see them. No amount of correction seems to get the message through. Even worse, they seem to have an unhealthy fascination with their organs and with ‘potty talk’ when their friends have mostly outgrown this.” The big problem with this delay is that it brings the parent uncomfortably close to puberty (a time when such frolicking and talk ceases to be innocent and becomes altogether more dangerous).
Like all teens, HFA teens are curious about their bodies and those of others around them. It's fairly normal for some younger kids to show themselves to others ("You show me yours and I'll show you mine"). Unfortunately, this is where the sexual and social delays and fascination with the wrong subjects can cause big problems. It is not uncommon for an HFA youngster to remain focused on the "show and tell" stage for much longer than their friends.

The other issue affecting teens with HFA is obsession. HFA teens are well known for forming fixations on objects, concepts and even people. These obsessions need to be monitored carefully lest they get out of control. It's not at all uncommon for HFA teens to develop sex obsessions, even without a partner. Most of these obsessions are perfectly safe behind closed doors, but if they are even discussed openly, there could be social problems (HFA teens have a tendency to say just a bit too much).

It's much more critical that "sexuality" gets discussed with HFA teens (versus teens that do NOT have HFA), because they have more naivety and greater scope for trouble.

**What exactly should be discussed?**

*Here are some ideas to help you, the parent, get started and keep the discussion going:*

• Clearly state your feelings about specific issues, such as oral sex and intercourse. Present the risks objectively, including emotional pain, sexually transmitted infections and unplanned pregnancy. Explain that oral sex isn't a risk-free alternative to intercourse.

• If you're uncomfortable, say so — but explain that it's important to keep talking. If you don't know how to answer your adolescent's questions, offer to find the answers or look them up together.

• Don't lecture your HFA teenager or rely on scare tactics to discourage sexual activity. Instead, listen carefully. Understand his/her pressures, challenges and concerns.

• Let your HFA teenager know that it's OK to talk with you about sex whenever he or she has questions or concerns. Reward questions by saying, "I'm glad you came to me."

• Your HFA teenager needs accurate information about sex — but it's just as important to talk about feelings, attitudes and values. Examine questions of ethics and responsibility in the context of your personal or religious beliefs.
• When a TV program or music video raises issues about responsible sexual behavior, use it as a springboard for discussion. Remember that everyday moments — such as riding in the car or putting away groceries — sometimes offer the best opportunities to talk.

*Be ready for questions like these:*

**What if my boyfriend/girlfriend wants to have sex, but I don't?**

Explain that no one should have sex out of a sense of obligation or fear. Any form of forced sex is rape, whether the perpetrator is a stranger or someone your HFA teenager has been dating. Impress upon your teenager that “no” always means “no”. Emphasize that alcohol and drugs impair judgment and reduce inhibitions, leading to situations in which date rape is more likely to occur.

**What if I think I'm homosexual or bisexual?**

Some HFA teenagers wonder at some point whether they are gay or bisexual. Help your teenager understand that he or she is just beginning to explore sexual attraction. These feelings may change as time goes on. Above all, however, let your child know that you love him/her unconditionally. Praise your child for sharing his/her feelings.

**How will I know I'm ready to have sex?**

Various factors — peer pressure, curiosity and loneliness, to name a few — steer some HFA teens into early sexual activity. But there's no rush. Remind your child that it's OK to wait. Sex is a “grown-up” behavior. In the meantime, there are many other ways to express affection — intimate talks, long walks, holding hands, listening to music, dancing, kissing, touching and hugging.

If your HFA teenager becomes sexually active — whether you think he/she is ready or not — it may be more important than ever to keep the conversation going. State your feelings openly and honestly. Remind your teenager that you expect him/her to take sex and the associated responsibilities seriously.

Stress the importance of safe sex, and make sure your HFA teenager understands how to get and use contraception. You might talk about keeping a sexual relationship exclusive, not only as a matter of trust and respect, but also to reduce the risk of sexually transmitted infections. Also, set and enforce reasonable boundaries (e.g., curfews and rules about visits from friends of the opposite sex.
Your child’s doctor can help, too. A routine checkup can give your HFA teenager the opportunity to address sexual activity and other behaviors in a supportive, confidential atmosphere — as well as learn about contraception and safe sex. For females, the doctor may also stress the importance of routine HPV vaccination to help prevent genital warts and cervical cancer.

With the parent’s support, your HFA teenager can emerge into a sexually responsible adult. Be honest and speak from the heart. If your teenager doesn’t seem interested in what you have to say about sex, say it anyway. He/she is probably listening — if not to you, to someone else (who may or may not have good advice).

Do not hesitate to enlist professional help for your teenager with HFA. Sexuality can be a stressful, anxiety filled topic. Your teen’s doctor and/or psychologist can help you if you have difficulty. With the right resources and professional assistance, if necessary, you can successfully prepare your teenager with HFA for adult relationships.

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**When Your HFA Child’s Grades Start To Drop—**

"He did so good in the 6th grade, but now in middle school, he can barely bring home anything better than a C."

Sound familiar?

When your youngster brings home that report card showing grades that are less than great (and maybe downright pitiful), sometimes it's difficult to know what to do. Do you act like it doesn't matter, have a long discussion with your son or daughter about the importance of grades, or automatically discipline them for having bad grades? While all of these may seem to be tempting options, it's important that you actually work with your child to help her start improving her grades.

*If your HFA child’s grades seem to be going down the toilet, here are 25 things you can do to “save the day”:* 

1. Bad grades can be a result of a variety of problems. So, the first thing to do is take stock of why your child is not getting the grades you think he/she should. Is it just
because he/she is lazy or is there another problem? Are they having trouble seeing the
board? Do they understand what the teacher is saying? Do they ask questions when
they don’t understand? Does he/she have trouble remembering what they have
learned? Do you put too much pressure on them to perform and maybe they are not as
capable as you think they are? Are they bored? These are definitely questions you
should be finding the answer to – without grilling the child. Simply ask them to be open
with you so you can work together.

2. What worked in the past? Think about a time when your youngster got his homework
done well and with no hassles. What was different? What made it work that time? Ask
your youngster about it and believe what he says. See what works and motivates him
instead of what motivates you.

3. Have realistic goals. When you structure your youngster’s study time to help him
bring his grades back to an acceptable level, be realistic in your goals. Remember, it took
time for your youngster to get behind, so you need to allow time for him to catch up.
Get actively involved in your youngster’s homework by reviewing it and helping with
study strategies. On occasion, try to be present during study time. If you can’t be there,
try to get your youngster into an after school program or ask another trusted grown-
up to be there with them.

4. Despite the fact good study habits are, largely, a discipline we instill in our kids, we
must always bear in mind that learning through play inspires kids to learn more. So, any
opportunity to mix play and learning together should be taken. Hence, making learning
play is a study skill. Note TV and video-computer games are not considered play since
they increase anxiety and aggression.

5. Don’t restrict your youngster from ALL privileges until his grades improve. Restricting
your youngster from all of his privileges until he brings his grades up usually backfires. In
effect, you end up taking away something that might actually motivate him to improve.
Instead, require your youngster to study for a certain amount of time each day to earn
those extra privileges that evening.

6. Teach your child to manage interruptions. He should turn his communications off
when he studies. Even better, put them out of site. If the cell phone rings or an email
announces itself, what happens? Many students struggle with managing interruptions
like these, and work grinds to a halt.

7. Good study skills emphasize relaxing and thinking about the challenge (brainstorming
possible solutions) before tackling it. Creating a plan of attack ahead of time is often
helpful to the child. In this way assignments can be simplified and completed in small, digestible bites, avoiding any overwhelming feelings.

8. Good study skills mean once homework is begun, no distractions should be allowed. This teaches kids to concentrate on their studies. Some children like to stand up and then sit down while studying. This can increase circulation and aid attention and is okay. Other kids like to put on their favorite study hat when they do homework as a physical reminder to help them concentrate on their work.

9. Give your child a bottle of water. He needs to stay topped up with enough to concentrate fully. Keep a bottle nearby, because good study habits depend on hydration.

10. Homework should be prioritized, with the most difficult tasks completed first, while the youngster is fresh and alert, or, alternatively, waiting until a parent arrives home to tackle an especially difficult problem.

11. It is important that kids begin their studies soon after arriving home, with no noise or distractions to interfere with their doing homework. A desk, adequate lighting, quiet, and a comfortable chair are a good start. Giving school studies the highest priority at home causes kids to give it a high priority in their lives.

12. Kids may have different learning styles. Some kids learn better by hearing, others by seeing a demonstration, and still others by reading. Keep in mind that your youngster may have a learning style that suits him best. Teach to his style. For deeper learning, use all three styles together.

13. Within the parameters you set around schoolwork, your youngster should be free to make his own choices. You need to back off a bit as a parent. Otherwise you won’t be helping him with his responsibilities. If you take too much control over the situation, it will backfire on you by turning into a power struggle.

14. Make sure your youngster is paying attention to the teacher. His eyes should always be on the teacher when she is talking. One way to confirm that he is paying attention is to check with the teacher. A second method is visiting the class and seeing for yourself. Another way is to make sure he is regularly answering and asking questions in class. Hence, when he arrives home, ask him about his class participation.

15. Meet with your youngster’s teacher. Call your youngster’s teacher and ask for a meeting. Tell her what you are seeing at home—and then ask what she has observed in
the classroom. Ask her for any ideas she might have to help your youngster get back on track.

16. Moms and dads must use their own judgment to determine, for example, if the kids should play for a short time, after school, before commencing their homework, or if they should dive into it immediately, and how long study breaks should be. What is best will be determined by what works for your family. Remember to praise kids for work completed properly and on time. It may be that your kids will move heaven and earth to get their homework done if allowed to play right after school with their friends. Again, what works best for your family will determine your decisions. Bear in mind, however, that the later in the day school study begins, the less its importance becomes in the youngster's mind and the more likely the youngster will tire before completing it.

17. Putting difficult problems into one's own words can help a youngster understand the problem better, instead of relying on rote learning. Beware of rote learning where your youngster can repeat the solution to a problem, but doesn't understand what she is saying. Therefore, stress to her that understanding the problem is more important.

18. Regular scheduled play breaks are important. A play break can be used as a reward after a particular problem is completed correctly. In this way the completion of a difficult problem is associated with a reward, play. What's more, a play break should not involve TV or computer games, but physical movement like playing with friends or going outside to play with the dog. Video-computer games and TV increase anxiety and aggression. These activities are associated with obesity and decreased learning in school. What's more, they interfere with old fashioned play and, therefore, increase obesity.

19. Rewarding a student for good grades is a judgment call. If it works for your youngster, why not, but remember the bottom line is that our kids learn to enjoy learning for its own sake. This is why making learning fun and learning through play are such excellent study skills.

20. Set limits around homework time (e.g., weekend activities don’t happen until work is completed; if grades are failing or falling, take away screen time so your youngster can focus and have more time to concentrate on his work; homework is done in a public area of your house; homework is done at the same time each night, etc.).

21. A common problem for many children is a lack of structure in their after school schedule. Make sure sports or other clubs do not come first, with homework being fit in at the end of the day when your youngster is tired. This is not a good lesson to teach
your youngster, because it gives them the message that play comes before work—and is therefore more important than work. Schoolwork has to be prioritized, and a structure has to be set up so it isn’t squeezed in at the last minute.

22. Stop the nightly fights. The way you can stop fighting with your child over homework every night is to stop fighting with him tonight. Disengage from the dance. Choose some different steps or decide not to dance at all. Let homework stay where it belongs—between the teacher and the student. Refuse to get pulled in by the school in the future. Stay focused on your job, which is to help your youngster do his job.

23. Study habits are learned at home. Parenting means teaching our kids these skills and making them habits. Study skills are so important to good grades that some think grades really measure how well moms and dads teach their kids to study, particularly in the primary grades.

24. Take a break. If you feel yourself getting reactive or frustrated, take a break from helping your youngster with homework. Your blood pressure on the rise is a no-win for everyone. Take five or ten minutes to calm down, and let your youngster do the same if you feel a storm brewing.

25. Talk to your youngster about what’s going on. Have a frank conversation with your youngster about his grades. Say, “Look, I’ve been letting you manage your homework on your own, but it’s not working. Now we’re going to set up a study time every day where I supervise your work. We can talk about not doing that once your grades get back up where they need to belong. But in the meantime, we have to seriously set aside some time to work on this.”

Understanding Your High-Functioning Autistic Child—

If you’re situation is like most parents’ situation, your HFA child’s behavior seems a bit odd at times. Here are a few tips to help you, the parent, understand what’s going on with him or her:

1. Despite what has been widely written, kids with HFA do have emotions. In fact, more often than not, they are rich with emotion – not devoid of it. More modern literature is starting to reflect this more accurate position. The difference is that the response is
different in them. Kids with HFA are often very lonely and can become depressed as a result of feeling out of place in the world. Reaching out to a youngster who has HFA may open more questions for you than provide answers, but a greater effort is likely to yield a greater reward in the long run.

2. If your HFA youngster says "I need help with ___", that is what he needs help with, even if it doesn't seem possible. The other side of the coin is if the youngster says "I am capable of ___", it is a good idea to trust that.

3. Many HFA kids are very intelligent and may have extraordinary skills that you may or may not understand, but at the same time, your youngster may lack what will seem to you to be common sense.

4. You and your HFA youngster do not experience life the same way, so their obstacles, interests, complaints, frustrations are likely to seem illogical to you and to those around you. There are many issues that contribute to the way they view the world around them. There are communication issues, stigma, sensory, 'stereotypical interests', unique responses to social issues, stressors, and additional things than you may be able to imagine. If you look at it as if they are dodging paintballs all day long every day, paintballs which are invisible to you, it may make a little more sense that they move the way they do, talk the way they do, and make the decisions the way they do.

5. You and your HFA youngster do not think alike. This means that you are likely to misunderstand each other. Knowing this will enable you to do three things:

- When family members, co-workers, friends seem to be having a "group opinion" in the negative, you have the insight to be able to say, "It may appear to be that way, but I think it's a big misunderstanding".
- When he says or does something that seems hurtful, you can trust that it may not have been intended the way you thought, even if it seems very clear to you.
- When you say or do something that your youngster takes offense to, you can trust that he is misunderstanding you honestly and not trying to be critical.

For moms and dads with HFA children, consider this: Maybe it's not only about your youngster's understanding of the world, maybe it's the world's understanding of your youngster.

HFA is a neurological disorder, and is one of five diagnoses that comprise what's called “the autism spectrum.” The “autism” label has carried some serious baggage. So much so that in the 1960s there was born a movement of “anti-labelism” where kids were no
longer stamped with a diagnosis, and instead their condition was referred to only as “special.” This trend swung too far in the other direction though. Now it's time to embrace terms like “HFA” and “Autism,” so that those with the disorder can begin dealing with exactly what it is that makes them different—both the negatives and the positives.

What can moms and dads with HFA children do to handle stress? Here are some ideas:

1. Joining a support group can be a great way for families to relieve stress. When someone tells you “I understand ...I've been there” – nothing feels better at that moment.

2. Make sure you're taken care of. There's a good reason that the airline stewardess instructs passengers to put the oxygen mask on themselves first before assisting their kids. If you can't be there in a healthy, operating way, you're not much good to your youngster.

3. One of the biggest challenges for children with HFA is an ability to shrug off life's failures. But, moms and dads can help their kids to process failure better. Praise, and praise, and praise for trying. Very often moms and dads say, “This is a special youngster, and I want to shield him from failure.” It's a good thought, but it's not the final resting ground. The final resting ground is independence and bravery.

4. Read up on the history of HFA to find out how the view of "the HFA condition" has developed over the years. Depending on the challenges of their particular youngster, moms and dads will feel some sense of pressure to change that youngster—maybe due to an outburst in the supermarket or an awkward conversation with the neighbors. We can all forgive ourselves when want to secede to societal pressure. What's important is this: loving your youngster for who he is.

Motivating Your Underachieving HFA Teenager—

Most moms and dads find it difficult to tolerate an adolescent who simply refuses to “try.” His refusal to do homework is often an indirect way of expressing anger and confusion. Under-achievement in HFA teens can be caused by many things:
• Peer pressure, especially among adolescents: “If I do too well, my friends won't like me.”
• Overly high parental expectations. The father may be a doctor, but Michael may want to play in a rock band right now, and if the academic pressure is too strong, Michael may rebel.
• Mild learning disabilities or an unrecognized physical problem such as a vision or hearing difficulty.
• Emotional upset. The adolescent who has experienced a death in the family or whose parents are going through a divorce is very likely to go through a period of under-achievement.

Under-achievement allows HFA teens to postpone the responsibility associated with independence and thereby postpone independence itself. Here are some of the traits of under-achievers:

• Academically, under-achievers commonly fail to prioritize effectively, often focusing on activities that have little long-term value while ignoring valuable experiences necessary to their futures. They also show little interest in core subjects.
• Much of the time they say they are bored.
• Their effort is inconsistent.
• They tend to feign indifference, and they act as if very little matters to them.
• Under-achievers (while frequently complaining that they want to be left alone) really want others to solve their conflicts and take their responsibility.
• Under-achievers are usually creative in their excuses, consistently avoiding personal responsibility for their failures, or even in some cases, for their successes. Their explanations serve to deny them control over their circumstances, thereby reducing their anxiety for their continued failures.
• Under-achievers often have difficulty choosing areas of study and may experience difficulty earning a diploma or degree.
• Under-achievers tend to pass their anxiety on to others as they passively wait for someone else to take charge of their circumstances.
• Usually, the under-achievers’ goals change frequently or disappear.
• When asked about their inconsistent levels of performance, under-achievers will blame others or events beyond their control.

Often times, moms and dads are more worried than their “special needs” teenager about whether or not homework has been completed or enough time has been spent studying for an exam. Many parents have spent an evening or a weekend completing a
project for their under-achieving teenager when, in fact, he may have had several weeks to work on it. Parents may "jump in," awakening and prodding their teenager in the morning to ensure he gets to school on time.

Often times, moms and dads report that their under-achiever is in a dazed state. Parents give instructions to him, but the instructions are usually not followed to completion. When questioned by parents or educators, the under-achiever often responds in a hostile manner. He may complain of being overworked and under-appreciated.

Under-achievers can be charming and active, but they have ambivalent attitudes toward authority. They are often resentful and angry toward individuals who attempt to control them; yet, at the same time, they want that control as a way of delaying personal responsibility. Superficially, they respond with indifference, generally withdrawing from adults.

Under-achievers often express anger through passive-aggressive behavior. They may not say anything, but they just will not do anything --- or they will do it half-heartedly. This allows them to view themselves as controlling responses over authority figures. This is a manipulative game.

Under-achievers may have at one time been good students. Then signs of growing indifference slowly surfaced (e.g., missing, lost, or unprepared assignments become increasingly frequent). This behavior usually begins to occur at about the time these teens are required to complete heavier workloads outside the school environment (a major step in personal responsibility). These responses are often subconscious choices made by the under-achiever to avoid future increased responsibility.

As under-achievers get older, parents can observe their growing irresponsibility and "forgetfulness." This forgetfulness may better be identified as "selective memory" (e.g., they have no difficulty remembering sporting events and scores, but are often forgetting test dates). The path of least resistance often becomes the norm.

Often times, under-achievers feel "picked on" and overwhelmed without understanding why they are encouraging so much attention to be focused on them. Remember, the under-achiever’s behavior is subconscious. He does not purposefully decide to avoid responsibility. Rather, he feels anxiety or frustration – and gives up. Feeling a number of fears, under-achievers unconsciously use denial of reality to avoid coping with these fears. This process keeps under-achievers immature.

How can you motivate your under-achiever?
1. Because under-achievers are highly fearful of the future (even though they usually won’t admit it), they need to explore and discuss their fears and anxieties about specific issues in a non-threatening, indirect manner. You can help by casually bringing up situations in your life, or the lives of others you know. Giving insights into various aspects of adult life is helpful. Especially bring up situations that are anxiety provoking and fearful. Discuss how you would handle these situations. Ask the teenager to give suggestions, and in a non-threatening manner, discuss the merits of these suggestions. Playing "what if" scenarios is helpful. Under-achievers need to learn how to build appropriate strategies.

2. Encourage your adolescent to do something he likes—whether it's painting or biking or tinkering under the hood of his car. Having him do something in which he excels will help bolster the confidence he needs to try school challenges.

3. If the mom or dad feels the need to help with a delayed school project, have the teenager write or discuss why he procrastinated or why he is having difficulty. This will allow him to use anxiety as a cue to action, not as a message to withdraw from responsibility. Providing assistance to under-achievers should happen only after they have made legitimate attempts at resolving their problems. Help should be in the form of guidance, not actually doing the work. This teaches under-achievers to accept responsibility, but assures them that others will be a helpful resource.

4. If you feel you're making no progress, consult a professional. Under-achievement often has deep psychological roots, and if you're not making headway with your adolescent, you'd be wise to contact someone who can help discover what's bothering him.

5. Offering emotional support (under-achievers generally have low self-esteem) helps immensely, but ultimately, the under-achiever has to decide to do it for himself. Show acceptance and affection for your youngster and make certain that he knows you love him no matter what his academic standing.

6. Progress may be exceedingly slow, but express pleasure in anything. An improvement from a C to a C+ is a good start. A few forays into grades of B- and above will prove to the under-achiever that he is capable of better work and nothing terrible will happen if he does it.

7. Realize that under-achievement is the responsibility of the under-achiever. Moms and dads and educators must place responsibility and consequences back on the under-
achiever. Parents and concerned others need to learn to redirect their energy to aid under-achievers in becoming more responsible. Responsibility and consequences must be returned to under-achievers in such a way that reinforces in them that they are responsible for their choices.

8. Sometimes, one of the best ways to help an under-achiever is to not get directly involved in homework. Find out how much time he should be spending on homework every night and then require that amount of time to be invested. Make sure he touches base with you, your spouse, or an older sibling to show that he made an effort to do his work. Then check to see that the work makes it into the backpack. (Doing the work but not taking it to school is another form of self-sabotage for the under-achiever.)

9. Though it may be hard for moms and dads to accept, not all kids are academically inclined. But even if your adolescent isn't a scholar, he can be great at many other things. He may be a wonderful jazz pianist, or have excellent painting skills. Or maybe he's just a really nice kid. Your job as a parent is helping your adolescent find what he's good at, and what he really loves—whether it's helping the poor, working with tools, or starting a business. Many things are possible for people of all abilities, and if you believe in your adolescent—no matter what—you make his road that much easier.

10. Under-achievers are highly fearful of the future and the emotions that they feel about these fears. They need to learn and understand that their emotions are cues that can lead them to positive actions. Becoming self-aware, understanding motives and reactions, helps under-achievers more easily accept responsibility for themselves. They learn that by appropriately acting on their feelings, they can work though them, be successful, and not be overwhelmed. This process aids in raising their self-esteem and maturity level. In turn, under-achievers become more resilient and goal-oriented. They learn that feelings of inadequacy can be overcome and success can make them feel good. This helps them become more independent and progress toward maturity.

HFA Teens and Learning to Drive a Car—

Driving is quite a strange skill to master. How quickly you pick up driving often has very little to do with your intellect in other things. Some real dummies are still able to drive in as few as five lessons, whereas some really intelligent people can need as many as fifty lessons.
Many people with HFA experience sheer hell learning to drive. Probably the most difficult thing for them appears to be planning in advance and thinking ahead.

Look for a sensitive instructor. Some approved driving instructors may be opinionated and impatient – which will certainly add to your stress-level.

Do not compare yourself with other people. Others may be exaggerating about how few lessons they needed and could be lying when they say they passed first time.

Slow progress is still progress.

Most high-functioning autistics can become a driver, however their process might take longer because of their poor motor control. After they learn a couple of guidelines, they will probably follow them to the letter (a trait that helps in driving). However, high-functioning autistics may have trouble dealing with unexpected situations on the road.

When taking formal driving sessions, you will probably find it overloading, if not overwhelming, to receive verbal instructions. You will learn best in your own time, your own pace and in your own manner, not someone else's, especially NT's.

I think it could be more suitable if the driving instructor is informed about HFA beforehand and learns how to communicate with you (tell him what communication method works best for you). The instructor should be more patient with you than with NT's when you are reversing, signaling, or performing maneuvers to pass on the highway, for example.

HFA doesn't limit a person's ability to drive in every case. The ability to drive safely must be judged on an individual basis. People with HFA should follow some basic guidelines though:

1. Assemble a group of professionals such as the parents, a school psychologist, a driver’s education instructor and others to discuss whether or not you capable of driving a car. Assess your visual/motor tasks, how easily you get distracted, and overall motor skills.

2. Apply for a driving license at the normal legal age, but be sure to put down HFA on the application at the DMV. It’s against the law not to declare this on the application, but it won't disqualify you for getting a license.
3. Take driving lessons with a driver’s education instructor, but double the amount of physical driving practice to really get used to reacting to normal driving situations. Also, bring information that can help the instructor adapt strategies to help understand you better. Take frequent breaks during this time, ask that the information be broken down into small sections, and ask the instructor to use physical cues to help with estimating speed and distance.

4. Continue to practice with someone familiar to make it more comfortable. Simulate situations in an empty parking lot that require avoidance steering, emergency breaking and distractions like loud music, water on the windshield and pedestrians until you are comfortable.

5. Drive along familiar routes as often as possible. New routes and not knowing where you are going can be distracting and upsetting.

6. Remain calm when other drivers break the rules of the road and be ready for when they do. People with HFA tend to follow the rules of the road and the signs concretely – sometimes to a fault. Anticipate the actions of other cars by observing their behavior – again, the most important thing is to pay attention to other cars.

**Driving Tips for Parents with HFA Teens**

Follow some of the "keys" to getting your adolescent on the right track:

1. After about 10 lessons on rarely visited roads, you're ready to let your adolescent enter Stage 3. Let your adolescent drive you from your home to a location very nearby like the corner service station or even the nearby school, taking the side streets and back roads.

2. After about 5 to 10 lessons in an empty parking area, begin stage 2 -- taking your adolescent to a new subdivision when there is not a lot of construction work going on. Often times you can find many nearly empty subdivisions. In this setting your adolescent learns to drive near houses, on regular streets with just an occasional car passing by.

3. After your adolescent has his or her learner's permit, start Stage I of your hands-on driver's education program. Take your adolescent to a vacant parking area. We used the library parking lot after hours but an empty shopping mall on a Weekend morning might also work. Practice parallel parking during this stage to liven things up!
4. Either make a scheduled appointment on-line or show up at the Department of Motor Vehicles to take the learner's permit written test. In some states your adolescent will have two opportunities to take the written test in one day if they fail the first time. Schedule your appointment for early enough in the day.

5. Motivate your adolescent to maintain a's and b's on his report card because that means a reduced auto insurance rate. Also, motivate your adolescent to maintain a learner's permit for a full two years before getting the regular license. The car insurance folks view this as "experience" driving and will give the adolescent a lower rate oftentimes based on how many years of driving experience.

6. In certain states your adolescent needs to complete a Drug and Alcohol test. The drug and alcohol four hour test may be taken on-line and must be completed to get a driver's permit.

7. Stage 4 is about allowing your adolescent drive on the highway. Select a segment of the highway that is not as high in traffic (don't do this during rush hour). Only have your adolescent drive from one exit to the next, and know ahead of time where you want him or her to turn off.

8. Stage 5 involves allowing your adolescent drive to a fun location. It is important for your adolescent to learn how to not only drive, but to know more about how you get to the places he likes to go. Let him practice taking you to the supermarket, a popular restaurant, school or other popular spot.

9. The final stage 6 is allowing your adolescent to help you drive on a road trip. Explain exactly how to utilize a roadmap, how to plan a long trip. Check the laws of different states before venturing out on your road trip. Not all states allow an adolescent to drive using a learner's permit when crossing into their state.

10. Your adolescent should preferably take a driver's education class. It does not have to be in a school setting. Many states now offer on-line driver's education classes.

The Negative Effects of “Nagging” —
Moms and dads often engage in nagging techniques because they need their children to do something and because they believe their persistent requests, demands, reminders, and threats of negative consequences will influence them to do what they want. What most mothers and fathers fail to realize is that even when nagging does work (which is always just a temporary ‘fix’), it usually ends up leaving both sides with negative feelings about the whole matter.

“I told you to pick that up.”
“How many times do I have to remind you?”
“Will you stop it?”
“You need to have a better attitude!”
“If I have to tell you again, you’re going to your room.”

Chronic nagging will chip away at an HFA youngster's self-worth over time. Studies show that nagging does not improve behavior – it actually worsens it. Nagging is especially defeating in kids with a poor self-image. Nagging and repeating commands make kids nervous. Some kids exhibit more than their fair share of negative behavior, but constantly reminding your children produces more negative behavior. It is better to purposely pick out some redeeming qualities and concentrate on the positives (e.g., "I like the way you ignored your brother when he was trying to pester you"). You will see the “negatives” melt away.

It's really important to understand how nagging affects everyone involved. For one, nagging says to your youngster that he is either unable or not responsible enough to do what you’ve asked of him without being reminded. It may be true, but what happens is this: children will start to internalize this belief and live up to the expectation that they are irresponsible. They begin to believe that they can't do it rather than they won't do it.

The other thing about nagging is that it sounds more like a demand than a reasonable request. Demands are inherently inconsiderate because it tells the person that her feelings absolutely don't matter. It's also very disrespectful. You're effectively "pulling rank" and making the child feel powerless and inferior. If you can imagine having a superior at work demanding rather than requesting something of you, then you will understand what negative feelings this might bring out in your youngster. Rebelling and defiance become a natural reaction to nagging.

In addition, nagging can give children a false sense of power because they learn they can make you upset and amplify your nagging to ridiculous levels by holding out. The longer they wait the more powerless and upset you feel because your words continue to lose
influence. You react by nagging some more, which causes them to wait even longer, and the vicious cycle goes on and on.

There are a few things you could do in the place of nagging that might benefit everyone involved. The first is to come to a reasonable agreement on what needs to be done and when. Make sure that an understanding of the consequences is communicated clearly but gently and be prepared to follow through with those consequences if the agreement is not met (which will likely occur often at first). Many children will make agreements too easily just as a way to postpone what needs to be done. They may also get defensive or upset even at a simple request. Rather than reciprocate the negative attitude, make it easy for them to discuss their objection so that an agreement can be made. Once you've come to an agreement, resist all urges to hint, remind, re-ask, or demand.

The key to end nagging is to change your own attitude to certain situations. Repeating the same request over again does nothing for you or your youngster. Try these tips for a new perspective:

1. Are you expecting more of your HFA youngster than he can reasonably deliver at his stage in life? Listen to other moms and dads when they discuss everyday life. You’ll learn about what other children are doing and can use this as a guide. Of course, every youngster is different, but knowing roughly what to expect will help you pitch your expectations accordingly.

2. As with other areas of parenting, “positivity” can go a long way when you’re caught in the nagging trap. If you can’t avoid mentioning what your youngster didn’t do, try to counter-balance this with acknowledging a good thing that he did. Perhaps he forgot to brush his teeth again, but he did wash his hands. Make a big deal out of what he did well and your nag can just be a sideline.

3. Everyone likes to receive praise. Instead of concentrating on what your youngster isn’t doing, focus on the times when he does cooperate. Implement a star chart, with a small reward after a certain number of stars are achieved. If he forgets to hang up his coat as you asked, mention that next time he hangs up his clothes, he’ll get a star on his chart. A star chart is a positive, visual incentive to good behavior.

4. If all else fails and you really want to make a point, refuse to get drawn into any other discussion until your youngster cooperates. The prospect of being ignored is often enough to spur him into action.
5. If you always nag your youngster to get dressed after breakfast, change things around. Encourage him to dress first then have breakfast. With the prospect of food, he might be more likely to cooperate.

6. If you don’t listen to your youngster’s wants and needs, you can’t expect him to consider yours. Nagging stems from a youngster not listening to a parent, and that parent feeling frustrated. So, when your youngster has something to say, give him the attention you’d expect him to give you. Then, when you want to ask something of him, you’ve already set a positive example.

7. If you feel your youngster no longer listens to you, it could be that he has simply become immune to the same demands. If you’re constantly asking your youngster to tidy up, put things in a more positive way. For example, instead of saying: ‘Tidy this room, it’s too messy to move in here.’ Try: ‘Shall we tidy up together, and then we’ll have more room to do this jigsaw?’ If you get involved yourself, the task may seem less overwhelming to your youngster.

8. Pick your battles. Driving home the idea of road safety is never wasted. But do you really need to make a point about every crumb dropped on the floor? Decide what issues are most important to you as a parent and concentrate on these.

9. Remember that a youngster can’t always see the reasoning behind the things a parent wants him to do. So, if you want him to get dressed in the morning, explain that once he’s dressed, he can go outside to play. Or if you’re constantly asking him not to step off the sidewalk, tell him that you wouldn’t want him to get hurt by a passing car.

10. Sometimes a bit of light relief is all that’s needed, rather than repeating your request for a tidy room yet again. Stage a pretend fall over a toy which has been left on the floor. Most kids love slapstick humor and the distraction can be enough to get the job done.

‘Stopping nagging’ is hard for some moms and dads to do because they actually fear what would happen if their youngster does not come through for them. This could range from something as minor as the dishes sitting in the sink longer than they should to not filling out college applications before the deadline or taking their medication. The fear or frustration may be so strong that mothers and fathers will either give in to the urge to nag – or end up doing it themselves. This is probably the worst thing you can do since all it does is reinforce the irresponsible behavior and teach children that they can get out of responsibilities by just waiting long enough. Instead, be patient and show that
you have confidence in your HFA youngster even at the risk of her not coming through. You may be surprised.

How to Explain High-Functioning Autism to Your Recently Diagnosed Child—

More than likely, there is little need to explain HFA to your child. If you read accounts by others with HFA, they usually say that they knew they were different long before they knew they had an official diagnosis. Most report being relieved to learn about their diagnosis because it explained so much about the differences.

Some moms and dads choose to explain HFA as soon as the diagnosis is received, keeping the kid involved from the start. Even though the youngster may not be able to comprehend the full definition, there is that feeling of being different. Other care-takers choose to explain HFA much later, after the kid has grown and is able to understand exactly what it means. Either way is acceptable, depending on how you wish to do things in your home.

When it comes time to explain HFA to a children, be mindful that they may become overwhelmed or even angry when they learn that their differences have a name, and that name is part of the Autism spectrum.

Here are a few suggestions to help you explain the diagnosis:

- Explain HFA as a difference in manner of thinking versus a true disability. While it is true that some people with HFA qualify for government disability services, there are so many positives within the diagnosis on which you can choose to focus.
- Be prepared to list the characteristics of HFA. Some of these characteristics are definitely strengths. HFA is definitely not all negative!
- Autism is a spectrum disorder and HFA is on the higher end of ability. Most children will know someone at school who has classic Autism and may become distraught over the idea that he shares that condition. Make special note of the specific differences.
After you explain HFA to your child, you should be prepared for any questions and concerns she may have. Encourage her to talk to you about her feelings. Books, websites, and other publications are available to help you through this process.

Sneaky Ways to Curb HFA Teen Anger—

When parenting angry teens on the autism spectrum, it’s easy to "take the bait" and turn a minor challenge into a major power struggle – but that ends up being miserable for everyone. Instead, there are steps you can take to prevent or defuse a conflict and help your angry teen learn valuable lessons about respect and cooperation.

1. “No” is a complete sentence. Many HFA teens are programmed to push and resist against rules. Saying no is just a boundary, and if you feel guilty or bad for saying no, you are training your teens to have the belief that life should go their way – and if it doesn't, it's your fault as the parent! Say no, just once, and if she throws a tantrum, walk out of the room and let her anger be her problem.

2. Brainstorm solutions to the struggle. The idea is to never discount your teen’s idea. Write all the suggestions down and then hand the list to your teen first. She will go through them and cross off the ones that she doesn't like. Then you get the paper and the opportunity to cross off the ones you don't like. Usually there will be two or three suggestions left that the two of you can come to an agreement about. This is a wonderful problem-solving method and with enough practice, it can be done without writing anything down.

3. Don’t argue or challenge your HFA teen when she’s angry. Many times moms and dads deal with angry outbursts by challenging their teens and shouting back. But this will just increase your feeling of being out of control. The best thing you can do is remain calm in a crisis. Think of it like this: If you get into a car accident and the other driver jumps out and yells at you, if you can remain calm, he will probably start to calm down and be rational. But if you yell back at him with an aggressive tone and say, “This was your fault mister,” the tension just stays elevated.

4. Don’t make empty threats. Giving harsh consequences – or multiple consequences – in the heat of the moment is a losing proposition. As you may have discovered, when you say to your teen, “O.K. Just for that, now you’re grounded for 2 weeks instead of
one” ...your teenager asserts, “I don’t care, screw you!” What’s really happening here is this: the mother or father has lost control and is desperately trying to regain control. Harsh consequences that seem never-ending to your teen are not effective, and will only make her angrier in that moment. Plus, most parents (after declaring that the child is grounding for 2 or 3 weeks) usually retract such a hard consequence later just to avoid further parent-child conflict.

5. Don’t try to reason with your HFA teen when she’s in the middle of an “anger attack.” Many moms and dads fall back on logic when their teens are angry. After all, as grown-ups, we reason through things to defuse tense situations. This is always a challenge with teens, because they don’t have the same ability to stop and reason like we do. Thus, when you’re dealing with your angry teenager, you have to avoid using “reason” and use different techniques. Saying, “Why are you angry with me? You were the one who forgot your cell phone at school,” will only make your teen rage even more. She’s already “hurting” over the fact that she doesn’t have her cell phone, and now she perceives that you are rubbing salt in the wound. Instead, wait until she calms down, and then brainstorm some solutions.

6. Don’t wave the white flag. Some moms and dads give up when their teen throws a tantrum. The mother or father is emotionally overwhelmed and becomes paralyzed with indecision or gives in to avoid another bout of anxiety. If you’re this type of parent, you may find that your teen will get mad on purpose just to push your buttons – she will bait you by acting pissed or saying something hateful, because she knows that this will cause you to give in. So your job is to not take the bait (i.e., don’t get angry and don’t give in). Moms and dads sometimes have a tendency to renegotiate with their teen in these situations. They are having a hard time managing their own feelings, and as a result, they don’t know how to coach their teen properly in that moment. But remember, if you renegotiate, even every once in a while, you’re showing your teen that she gets her way in the end.

7. Emotionally detach. Sometimes we create patterns of reactive behavior with our teens. They say or do something we don’t like, we react to it, they say or do something else, we react to that, and pretty soon, we are reacting to each other. The parent-child conflict escalates and we begin to try to force our teens to do things they don’t want. We aren’t solving the problem, and our reactions are hurting our teen and ourselves. The first step in emotional detachment is to understand that reaction and control will not work. The next step is to get peaceful and balanced. Out of that calm state of mind, a solution or an intuitive thought will emerge that will effectively resolve the issue.
8. Give consequences for the behavior, not for the rage. When your teen throws a tantrum, make sure you give her consequences based on her behavior and not on her anger. For example, if she calls you a “bitch” during a rage attack, give her a consequence later for that infraction of the rules. But if all she does is stomp into her room and slam the door, then let that go. Teens get pissed just like adults do. They need to feel that they have a safe place to blow off some steam. As long as they're not violating any major rules, allow them to have their angry time.

9. Give your HFA teen appropriate ways to be powerful. We all want to feel powerful, and if your teen doesn't have opportunities to do it appropriately, she will create ways to feel powerful that are inappropriate (e.g., power struggles, picking on siblings, etc.). In the middle of a battle with your teen, stop and ask yourself, "How can I give her more power in this particular situation?" It might be as simple as asking her for help in coming up with a solution.

10. Give your teen choices. We all like to feel influential – and our teens are no different. Let them make as many choices as they can that will give them control over what happens to them. For example, "Do you want to do your homework before or after dinner?" or "Do you want to have your friend over for pizza Friday or Saturday evening?"

11. Help your teen become aware of her sensitivities and tolerance level. Help her to see what she does and what she doesn't do when she gets overloaded. Urge her to verbalize her feelings and develop a reflective attitude toward her sensitivities. That way, she eventually learns to prepare herself for challenging situations.

12. Help your teen figure out what she needs. The most important way to help your angry teen is to become aware of her underlying insecurities and vulnerabilities and be as soothing as possible. Underneath the teen’s anger is her inability to let you know directly how much she needs you and how much she depends on you for comfort and security. The only response she knows is to act out (hardly a way to win friends). Therefore, you want to first gain your teen’s trust and confidence and somehow slip under her anger so that you can offer her what she really needs.

13. Let your teens know how valuable they are to you. The more they feel valuable to us, the less likely they are to use anger as a coping strategy. Ask their advice on buying clothes, or how to decorate your home. Have them teach you a video game or a fun activity.
14. Make your instructions fun and enjoyable. Many of us approach disciplining our teens with a serious, no-fun-allowed attitude. But think about how much more you learn when you are enjoying yourself. For example, try singing "no" (e.g., “no, not today”) instead of speaking in your usual admonishing tone of voice, or use a gibberish language to ask your teen to pick up her socks from the living room floor (e.g., “picky up socky’). Some parents think they don't have time to think of unique ways to teach their teens or that they aren't creative enough to come up with ideas. Those are just self-limiting thoughts, and you would be better served throwing them out of your brain. A great skill to have as parents is to think of fun ways to handle difficult situations. You might be able to immediately win a power struggle by forcing your teen to do something, but in the long run, you both lose.

15. Pay attention to your physical reactions. It’s important to watch your physical reactions, because your senses will tell you, “Oh crap, here we go with another knock-down-drag-out battle.” You’ll feel your heart start beating faster and your muscles getting tight. Even though it’s hard to do, the trick is to act against that in some way and try to stay calm. Remember, you’re showing your teen how to handle anger in these moments. By staying calm, you’re not engaging in a power struggle, and paying attention to your own reactions will also help your teen pay attention to herself because she won’t need to worry about you “coming down on her.” When you don’t respond calmly, your teen will work even harder to “win the battle.

16. Stick with the major issues. The average teenager receives approximately 12 minutes a day in actual communication with her mom and/or dad. The parents spend 7 minutes of that time correcting or arguing with their teen. That only leaves about 5 minutes with anything positive going on. So, carefully choose the major issues to work on with your teen, and don't hassle her with a lot of minor complaints. Working on too many issues at once can be overwhelming.

17. Take care of yourself. Have you discovered that when you are tired and overworked that you become irritable and controlling of your teenager? Possibly the most important thing you can do for your teen is to take care of yourself. To be an effective, loving mother or father, you need a lot of energy and encouragement. Make time for yourself whether it is a bubble bath, yoga, or a light jog around the park. Knowing your early warning signs of burnout is also important (e.g., your shoulders getting tight, noticing that you are getting grumpy, a headache starts to come on, etc.). These are signs of not taking enough time for yourself, and if you don't take that time, you will most likely become resentful over the time others demand from you.
18. Teach your HFA teen to say “no” to you in a respectful way. How many of us were allowed to say no growing up? If we weren’t allowed to, we did say no in a number of other ways. Like rebelling, or doing a job half-ass. Teach your teens to say respectfully, "No, I'm not willing to do the dishes, but I will sweep the floors and clear the table." This creates an atmosphere of cooperation and support.

19. Understand that “bad” behavior is a form of communication. If we hold the belief that misbehaving teens are "bad," then we get drawn into trying to fix the bad teen and make her "good." That type of belief system sets up the power struggle. Instead, understand that your misbehaving teen is trying to communicate something to you, and it is your job to "get" that message. Ask her if her behavior is effective, is she getting the results she wants. In this way, the judgment is taken out of the equation. You might say, "This doesn’t look like it is working because it is making you even angrier. What else can you try?" ...or show curiosity about her behavior, "Babe, I'm curious, why did you do that?" You will probably get an honest answer and have a better understanding about what is going on with your teen.

20. Use self-calming. This is a technique you or your teen can do instead of reacting negatively to a situation. Take a break to get into a peaceful state of mind, to work through your feelings and find alternative solutions to the problem. It is a way to relax instead of reacting in an angry or hurtful way. Try going to a special space you have created for yourself that is peaceful. Ask yourself the following questions: (1) What is the issue? (2) What is my part in this issue? (3) What is one thing I can do to solve this problem?

21. Use signals. Sometimes when a parent and teen are working on resolving recurring conflict, it is helpful to have a signal that alerts both of them to this pattern of behavior. Use signals that you both have agreed upon and feel comfortable using. Remember the more power and control you give your teen, the more likely she will be to cooperate. Signals that are funny are also a light way of reminding each other about your patterns.

22. Use win-win negotiation to resolve conflict. Most of us were not taught the concept of win-win negotiation. We most likely experienced situations that were win-lose or lose-lose. When your teen is angry with you for some reason, the most effective negotiations are when both sides win and are happy with the end results. It can be challenging since you must listen intently to what your teen wants while staying committed to what you want. Ask your teen, "I see how you can win in this situation – and that's great, because I want you to win. How can I win, too?" When teens see that you are just as interested in seeing them win as yourself, they are more than willing to help figure out ways that you both can win.
HFA and Lack of Eye Contact—

Eye-to-eye contact is a type of communication. However, there ought to be a shared language involving two individuals when eye-to-eye contact is made. A person should be able to read what the other person is thinking and feeling. That's the way non-HFA eye contact functions. With HFA however, that's not often the situation.

Eye-to-eye contact isn't something that is natural or even desirable to High-Functioning Autistics. They have trouble with the interpretation of this language. Many reasons exist why they can't share the language.

First, looking at someone's eye balls is extremely awkward. It is just like looking at the headlights of a train. Eye balls flicker and move, which can be unpleasant for those who have HFA. Even if they do make eye contact, they do not know the silent language. They need to learn each thing that the eyes tell them, from very obvious to very subtle.

The next issue is in what they send. They have no clue about what messages they're sending using their eyes. That triggers confusion for the one who is attempting to read them, because they don't send obvious messages. With this confusion on both sides, conversation using this method doesn't work well. The big deal relating to this whole eye-to-eye contact issue is the fact that our culture has built in a lot of meaning into the use of eye contact. We've interpreted this as an indication of trustworthiness and not hiding something, being secure, and the skill of listening.

These are the expectations that are put on everyone in this culture, whether we are able to make eye contact or not. If you don't use it, you are charged with lying, not being comfortable, having something to hide, not listening, etc. This may not seem sensible when you have HFA. I have yet to meet individuals with HFA who are natural liars. A number of them have had to learn to be devious when they need to be and tell the little white lies, so they don't hurt the feelings of non-HFA individuals. Bluntness has never harmed anybody. They lie only if they have to, and it is not very natural to them. Therefore, convinced that they lie due to not having eye-to-eye contact makes no sense.

Eye contact has nothing to do with listening. The eyes as well as the ears aren't linked on a single band. HFA people may hear and learn without needing to really look at
there’s also peripheral vision, which is looking - but from the sides of the eyes. Non-HFA individuals believe that if the eye-to-eye contact isn’t full in the face, it’s not eye contact. HFA individuals can be comfortable and never give eye-to-eye contact. Actually, they’re much less comfortable should they have to give it every time. It is stressful and diminishes their self-ease. The truth is, should they meet someone who they don’t know, they don’t give eye-to-eye contact. They have a tendency to avoid stressing themselves to provide eye-to-eye contact and have a dialogue simultaneously.

Eye-to-eye contact is for the benefit of non-HFA individuals and not much of a benefit for the people with HFA. They can’t do it adequately, nor communicate it very well. Additionally, it stresses them and makes them uneasy.

Grandmothers Raising High-Functioning Autistic Grandchildren—

More than 3.9 million grandmothers are raising their grandkids in their homes. Overall, about 5.4 million kids nationwide live with their grandmothers. In fact, one in 10 grandmothers has been the primary support of a grandkid at some time in their lives. While this is not a new phenomenon in this country, the rate of grandmothers raising their grandkids is increasing, and there is every reason to believe the numbers will continue to grow.

Kids with High-Functioning Autism (HFA) have a special need in their lives for ‘safe’ people who won’t criticize them or put them down for their differences. They need loving, non-judgmental grandmothers who accept them as they are and make a place for them in their lives. If you can reach out to them, they will treasure your relationship with them for the rest of their lives.

Many grandmothers in this care taking role underestimate or are unaware of the added burdens their new role as "mothers" will place upon them. Grandmothers often assume their role will be to nurture and reward kids without having to set limits. When grandmothers serve as mothers, however, they must learn to set limits and establish controls as they did with their own kids.

Grandparents raising HFA grandchildren should provide the following:
• advocacy that builds a support system around the kids in their family, neighborhood, and community
• affection and compassion freely given
• guidance modeled by the grandparents’ behaviors
• establishing and maintaining reasonable limits, direction, and activities to meet their needs
• motivation that models and stimulates curiosity and imagination in learning about the world
• nurturing with kindness and attentive listening to feeling and ideas
• understanding that takes into consideration how the grand kids view, influence, and respond to the world around them

In the best of circumstances, kids who are being raised by their grandmothers are going to experience loss and abandonment as well as other issues relating to their place in the family. This is not what they expected out of life.

Nobody knows what causes HFA, though most scientists acknowledge a genetic factor. So the deficits your grandkid has can only be understood, minimized and worked around. They will require accommodating on everyone’s part. But in time, with proper programming, the kid’s behavior and understanding of the world should improve.

Often, grandmothers take on the parenting role when the grandkid's own mothers abandon them or when the kids can no longer live with them because of the parent's mental disorder, substance abuse, or incarceration. Thus, you may have the added burden of caring for kids who suffered from abuse or neglect from their own mothers. These kids may feel insecure and afraid; they may be angry at their situation and even embarrassed by it. It will take time for these kids to feel safe and secure. You can encourage these good feelings and ease their adjustment to their new home in a number of ways:

• Help your grandkids to feel that they are "home" by making room for them and their belongings. Your home needs to be welcoming, safe, and kid-friendly.
• Practice positive discipline that emphasizes education, not punishment, and that rewards good behavior with praise.
• Set up a daily routine of mealtimes, bedtime, and other activities so that the kids have some predictability in their lives.
• Set up a few rules, and explain the rules to the kids. Then, enforce them consistently.
• Work on communication skills. Talk to your grandkids, and make sure that the kids know that they can always talk to you.
The deficits that comprise HFA are not always readily apparent, especially in milder cases. The kid is usually of average intelligence or higher, yet lacks what are essentially instincts for other kids. If your grandkid seems “perfectly normal” despite the diagnosis you’ve been told about, then he is probably working very hard to make sure he fits in - and it’s not as easy as it looks. It is best to treat your grandkid for what he is - normal. But be prepared to take some advice from those closest to him regarding what is the best way to handle certain situations.

Building new relationships can be difficult. Sometimes, it helps to find things that you can do with your grandkids to nurture your relationship and to make them feel secure and happy in their new home:

- There are many local support groups for grandmothers raising grandkids, and a number of these groups also provide activities for the kids. You might also find welcoming groups at your place of worship or in the local schools or library.
- If you don’t have your own computer, use the one at the public library. The library may have classes or other free help for you. You’ll find lots of things that you and your grandkids can do on the computer, from games to school research.
- Kids of all ages need to be active. Physical activity may help your grandkids feel better and develop a healthy lifestyle, and it can be an important stress reliever for you.
- Kids love to hear stories, and even older kids may surprise you by sitting quietly as you read aloud. Kids who see you read have a better chance of becoming readers themselves.

Look for ways to be supportive. Let them know that there is another heart tugging at the load - and it’s yours. Keep on the lookout for articles about HFA and send them copies. This shows that you are interested. Ask lots of questions about the special programs the kid is in. Be enthusiastic and optimistic. Let them know you think they’re doing a great job. At other times, you can be a sympathetic sounding board when they have difficult decisions to make, or when they just need to tell someone what an awful day they’ve had.

If you’re feeling stressed, overwhelmed, and unhappy, you are not going to be able to provide the best care for your grandkids. It’s important that you take care of yourself and not allow yourself to be overwhelmed by your parental responsibilities. Here are some suggestions:
- Talk to someone. This could be a friend or relative or a professional, such as a counselor, family doctor, or someone at your church or temple. Unburdening yourself can be a stress reliever.
- Take a parenting class. A class may help you to feel more comfortable with your status as a caregiver for young kids. It will also provide resources in the form of your teacher and the other students in the class.
- Take a break. A short time away from your grandkids may give you some time to relax. Look for a trusted adult who can babysit or take over while you're out.
- Learn to say "no." You don't have time to do everything. Learn to make priorities, and eliminate the unnecessary tasks in your life.
- Find a support group—either a group specifically for grandmothers raising grandkids or some other support group where you can share your challenges with others who will understand.

Your HFA grandkid needs to know that you are a safe haven in a bewildering world. It may seem a lot to ask to be flexible with a kid who appears to be misbehaving, but inflexibility will only put distance between you and the kid. If the kid’s manners and mannerisms drive you crazy, ask others for suggestions on how to set expectations for your house.

It might be helpful to think of yourself as a seeing-eye dog. Remember, your HFA grandchild is “blind” in certain ways. Point out trouble-spots and guide him around them, explain social situations that he can’t “see,” and narrate what you are doing as you do it. By doing so, you’ll help him to feel more secure with you, and you’ll be actively participating in his special programming.

Watch the emotional levels. HFA kids often have great difficulty sorting out emotions. If you get angry, the kid could lose control because she is unable to deal with your anger and her own confusion at the same time. Reign in your temper when the kid is clumsy, stubborn, or frustrated. In situations where you feel you really need to be firm, keep your tone calm, your movements slow and even, and tell the kid what you’re going to do before you do it. Get advice from others on how to deal with little meltdowns so that you are prepared in advance, but do your best to avoid triggering them.

Here are some simple DO’s to remember:

- Do acknowledge the kid’s expressions of frustration.
- Do control your anger.
- Do get involved in the kid’s interests.
- Do learn what sorts of activities are recommended for the kid.
- Do praise the kid for his strengths.
- Do respect the kid’s fears, even if they seem senseless.

Here are some simple DON’T’s to remember:

- Don’t compare him with his siblings.
- Don’t feel helpless - ask for help.
- Don’t joke, tease, shame, threaten, or demean the kid.
- Don’t talk to him as if he were stupid.
- Don’t tell the kid he will outgrow his difficulties.

There is lots of useful free information for grandmothers. Much of it is available on the Internet. If your computer skills are a little rusty, you can find help at your public library.

HFA Teens and College—

Your intelligent High-Functioning Autistic (HFA) child has made it to his junior year in high school, and it’s time to consider colleges! The good news is that more and more colleges are meeting the special needs of HFA teens to help them succeed.

*Here are some important suggestions for teens with HFA – and their moms and dads – as they think about applying for, managing, and thriving in college:*

1. Consider broadening your search if your youngster has additional disabilities such as ADHD, which often co-exists with HFA. Academic programs for kids with organizational disabilities may also offer social help for HFA people.

2. Consider taking a few classes online. Young people with HFA may be overwhelmed by the harsh lighting and noise from a classroom. You may want to check and see if a couple of your required classes may be taken online. However, be advised that taking classes online actually requires more self-discipline than in a traditional classroom.

3. Do your best! Speaking as an instructor who also has HFA, I am sensitive to young people who have special needs. However, this also means I expect people to attend class unless they have medical documentation.
4. Establish a medical care provider near your campus. This is extremely important because as a person with HFA, you have special medical conditions that many college students will not share. Do some research online or ask your hometown physician for a referral.

5. Have the number of a personal counselor nearby. You may have your good days and bad. Some issues can be especially daunting for a college student with HFA. There’s no shame in speaking with a counselor on campus that can help you work through those issues.

6. If you are planning on living in a dorm, you may want to let the administration know about your HFA or request a private room. If you are someone who is extremely sensitive to external stimuli (e.g., light, sound, etc.), you may want to be placed in a “study floor” instead of a “sorority wing.” Or, if possible, you may want to request a private room so that you have a little more control over your environment.

7. Join an activity to meet people with similar interests to your own. Socializing is not something that always comes easily to people with HFA. Think of those activities you enjoy or in which you have succeeded. There are bound to be groups or clubs focusing on that activity.

8. Let your teachers know of your HFA and what may be helpful to you. If possible, arrange a meeting with your teachers before the beginning of the semester, but no later than the first week. They will probably respect your honesty and the initiative you are taking in your courses. Also, don’t hesitate to ask for help. As an instructor, I am always willing to help someone who asks for it.

9. Obtain certification of your HFA from your medical professional. In order to obtain accommodations on a college campus (such as disability support services), you will probably be required to have documentation of your HFA from a physician, neurologist, or psychiatrist.

10. Research universities. Talk with high school counselors and other moms and dads; search online for schools offering support to HFA people. Some schools designate certain dorm floors for young people with social difficulties and facilitate interactive activities to ensure they connect with others right from the beginning.

11. Seek career counseling as soon as possible. Finding a job after graduation is particularly challenging for young people with HFA. Unfortunately, society tends to focus on the limitations that come with the word “autism” rather than the strengths. So
you may want to write down some activities you really enjoy doing or perform particularly well. This can be very helpful for a career counselor who will work to provide you with some direction in terms of courses, volunteer, and internship opportunities.

12. Streamline the process by honing in on schools that offer majors in your youngster's areas of interest and then contact the departments of disability accommodations in each of those schools to see what they offer.

13. Understand that your youngster can have a successful college experience. More than likely she is doing OK or even brilliantly at academics and will just need extra help with social and life skills.

14. Utilize your advisor. Take an active approach with your advisor. It can’t hurt to mention your HFA so you can work with your advisor to find a career that is compatible with your strengths. Share the results of any career testing with your advisor, so that you may receive more guidance.

15. Visit several colleges. Most HFA kids are very concrete thinkers and cannot just "imagine" what a school will be like from descriptions and photos.

16. When applying for college or a program, it is a good idea to indicate your disability. Of course, you are not required to do so. However, state institutions are not permitted to discriminate against someone due to a disability.

17. Without delay, locate the disability support services on campus. This is very important, as they will likely be the professionals who will arrange (or provide verification) for you to receive necessary accommodations to perform well in your courses.

18. Write down your strengths as well as your limitations. As I mentioned, society tends to focus on the limitations of HFA rather than the strengths. You need to advocate for yourself by writing down what you do well and those tasks in which you have succeeded.

   Congratulate yourself for having the ambition to attend college and not letting yourself be limited by HFA! You’ve made it this far – what else will you do!"
Dealing with Fixations in HFA Children—

Fixations (or perseverations) with certain topics or objects (e.g., books, video games, trains, history, movies, etc.) are a classic symptom of HFA. In addition to impairments in social functioning, the DSM lists as a characteristic of the disorder restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- apparently inflexible adherence to specific, nonfunctional routines or rituals
- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
- persistent preoccupation with parts of objects
- stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)

While these fixations must be understood and accepted as part of the disorder, they are also coping mechanisms that young people with HFA use to escape social anxiety.

For example, video games are becoming an increasingly common interest among young people with HFA. Although the virtual world of games can be a great place for young people to practice social skills, make friends, and have fun, the interest in video games can quickly become an unhealthy and even dangerous obsession.

For young people who get picked on all day at school or feel ostracized and out of place in their everyday lives, it's soothing to come home and play video games for hours. In the safe haven of online gaming, young people with HFA can isolate themselves from real-life people and the complexities of face-to-face interactions.

However, the social setting in online gaming or chat rooms is unrealistic and far more predictable than real-life social situations. While social conversations in real life are highly complex and unpredictable, online gamers share a common and simple language for communicating.

Since most online interaction occurs through typing, there is time to think about a response, and the response can be given in symbols and phrases without regard for facial expressions or nonverbal cues. In addition, curse words, rude remarks, and hurtful jokes may be considered socially acceptable online, but they will not be welcome responses in the real world. This disjunction between socially acceptable interactions in
the virtual world and the real world can be terribly confusing to young people with HFA who already struggle to understand basic social conventions.

Moms and dads of a youngster with HFA are thus faced with a dilemma: Do we limit our youngster's time spent doing the activities that interest him most and run the risk that he will withdraw even more, or do we allow him ongoing, easy access to things like video games and science fiction/fantasy books and movies despite the obvious social repercussions?

It’s important for mothers and fathers to find the balance between accepting their youngster's unique interests, and encouraging him to develop social skills and additional interests that might take him outside of his comfort zone. By granting unlimited access to video games and other fixations, parents offer their young ones nothing more than a quick fix. The perseveration may be a convenient coping skill for facing the hardship of a long, difficult day at school but it will not be the healthiest path into adulthood.

Young people with HFA need to be challenged to explore other interests and find healthier coping skills. It's easy to use video games and other antisocial outlets to cope, but easier isn't usually better.

If HFA children aren't encouraged and helped to develop social skills and independent living skills, there will be a direct impact on how many friends they have, and how successful they are in school and on the job later in life. They may be soothed in the short term, but that deep underlying desire to make friends or have a boyfriend or girlfriend will remain a source of constant dissatisfaction and further isolation.

Addressing fixations is difficult for the parent. On one hand, video games and other interests encourage more social interaction than young people with HFA would ordinarily have, but on the other hand, it's not the kind of social interaction that prepares them for life.

Parents should encourage their youngster to develop interpersonal skills off of the computer, and set limits around how often their youngster with HFA uses or talks about their fixations. Mothers/fathers should also offer incentives to their youngster to balance his time spent focused on the fixation and time spent doing social activities. For example, if a youngster is passionate about video games, a parent could agree to allow the youngster a certain amount of time to play each week in exchange for the youngster's participation in an after-school activity.
When young people with HFA have “structure” around when they can engage in their particular interest, they are more willing to accept rules limiting its use. In our facility, the HFA child is allowed to read his favorite book at designated times, but he is not permitted to bring the book to meals. This way, the child learns that his interest is perfectly acceptable when explored in socially appropriate ways, places, and times.

The fixations of young children with HFA fulfill a need in their lives that will likely never disappear completely. However, their usefulness in real life is extremely limited. Everyone needs an occasional break from the rigors of daily life, but HFA children depend on their mothers and fathers to set limits around these fixations and offer guidance in navigating the complex social world around them. By making a plan and following through with it, you accept your HFA child for the unique being he is while giving him the tools he needs to live up to his full potential.

Many of the advances in history have been made by people who are obsessed with one topic – learning more about it, experimenting with it, sharing their knowledge, etc. Great discoveries can come out of this obsessive focus.

In an ideal world, there would be a way to turn an obsession into a productive job. With some obsessions such as counting ceiling tiles, you might have to be a bit more creative …but if an HFA child is consumed by his interest in cars, he may be able to combine his interest with a useful profession.

Sometimes the obsession is so all-encompassing that it's hard to get the youngster to pay attention to anything else. This means that he'll be missing some of the learning time he needs to develop his other skills.

In my experience, it's very difficult, almost impossible to remove a kid's obsession. If you absolutely forbid access to the obsession, the upset might be huge and last for a long time and the child might cling even more tenaciously to what he wants.

Rather, you may have better luck in limiting his access to his current fixation. You could employ the "First.....then....." strategy. First, he must complete this task, then he gets so many minutes of ______ time …or you could ration his time by clocks or timers. Every half hour, he gets five minutes of _____. You'd have to adjust the times to whatever is reasonable for your HFA youngster. You could gradually increase the time intervals or the amount of work he must accomplish before he gets time for the activity of his choice.
Rather than attempting to remove his access to it totally, you could try to find a substitute. Just plain removing an obsession may not work, but finding a substitute may.

The substitute would need to fill some of the same purpose that the HFA child finds in his obsession. This takes some detective work on the parent’s part. Does he like the sound? Is the appeal visual? Feels? Smells?

Once you figure out what the appeal may be, then you can start to find appropriate substitutes. A word of caution though; whatever you substitute could then become the child’s obsession. So, make sure the substitute is socially acceptable, age appropriate and something that could endure for several years.

If you have access to an Occupational Therapist (OT), they’re great at helping determine the possible sensory appeal some obsessions may have for your client and in coming up with acceptable substitutes. If there is no OT available, you can play detective yourself.

Sometimes, an HFA child will cling more tenaciously to his obsession when he's upset or unsure. The more calm and sure he is of his routine, the more he may feel he can let the obsession go or at least spend less time on it.

Children with HFA love routine. When you have trouble making sense of your world, it's hard to predict what may come next, how it might affect you and what other people will expect of you. That's why routines and schedules are so important. A visual schedule lets the youngster know what will happen next in his day. And a visual schedule, whether in words or in pictures is better than just telling the kid. Besides, teaching him to rely on a schedule rather than on an adult telling him what to do helps in his independence.

40 Positive Traits of HFA—

Young people with HFA are “high-functioning” in the sense that they are better able to maintain social relationships than those with autism. Unlike those with autism, kids with HFA often score highly on measures of verbal intelligence.
When contemplating disorders such as HFA, there is a tendency to focus on negative aspects. But many of those with HFA have positive traits as well, which has led some people to question whether it should be viewed as a difference rather than a disorder.

Here are the “positives” associated with the HFA condition. People with HFA:

1. are excited about the world around them with a zest and hunger for learning
2. are fascinated by facts and dates
3. are frequent victims of social weaknesses of others, while steadfast in the belief of the possibility of genuine friendship
4. are loyal with impeccable dependability
5. are often very perceptive
6. are often original with unique perspective in problem solving
7. are persistence of thought
8. are physically beautiful
9. are seekers of truth, conversation free of hidden meaning or agenda
10. are sensitive to specific sensory experiences and stimuli, for example: hearing, touch, vision, and/or smell
11. are the "social unsung hero" with trusting optimism
12. are truthful to a fault, blurtling out the first thing that pops into their mind, speaking things the rest of us think but would be too polite to say – and because of their innocence it's probably going to be accepted better than if it came from another mouth
13. avoid "ritualistic small talk" or socially trivial statements and superficial conversation
14. can hear things normal people can’t hear
15. can memorize lines from movies
16. can spend days in their room reading children's encyclopedias
17. have a great consideration of details
18. have a rare freshness and sense of wonderment
19. have a rote memory and an overall good memory
20. have a sweet innocence about them
21. have an encyclopedic or "CD ROM" knowledge of one or more topics
22. have avid perseverance in gathering and cataloging information on a topic of interest
23. have clarity of values/decision making unaltered by political or financial factors
24. have enthusiasm for unique interests and topics
25. have exceptional memory and recall of details often forgotten or disregarded by others, for example: names, dates, schedules, routines
26. have knowledge of routines and a focused desire to maintain order and accuracy
27. have narrow, yet highly focused interests 
28. have outside interests like reading about weather instead of learning what they're learning in school 
29. have strength in individual sports and games, particularly those involving endurance or visual accuracy, including rowing, swimming, bowling, chess 
30. have the ability to pursue personal theory or perspective despite conflicting evidence 
31. have the amazing ability to absorb facts easily in their brains 
32. listen without continual judgment or assumption 
33. live in the present, and don't hold grudges 
34. often have advanced vocabulary and interest in words 
35. often have the ability to regard others at "face value" 
36. see things differently than others 
37. seek sincere, positive, genuine friends with an unassuming sense of humor 
38. speak their mind irrespective of social context or adherence to personal beliefs 
39. take everything literal and are usually unprejudiced 
40. they remember lot of things about their life, both past and present 

HFA and Adolescent Issues—

Adolescence is full of challenges – especially if a teenager has to deal additionally with the HFA condition. The change is fast, everywhere, and hard to keep up with: The body changes in response to increasing levels of sex hormones; the thinking process changes as the youngster is able to think more broadly and in an abstract way; the social life changes as new people and peers come into scope. Yet the youngster needs to deal with every single one of these changes, all at the same time! With their willingness to help, that’s where the parents come in, who have "been there", with the life experience, maturity and resources. So, how can parents help? Recognizing the complex and sometimes conflicting needs of an adolescent would be a good point to start.

Teenagers yearn to develop a unique and independent identity, separate from their moms and dads. Yes, they love their parents, but they don’t simply want to follow their footsteps. They challenge their parents in any way they can. They disobey their rules; criticize their "old fashioned" values; they discard their suggestions. Experienced moms and dads know that sometimes they have to be very "political" approaching their adolescent kids, if they are going to get their point across. On the other hand, teenagers give a lot of credit to their peers. They yearn to belong to a peer group which would
define and support their identity. They may attempt to do things very much out of character just to gain the approval and acceptance of their peers. They tend to hide their weaknesses and exaggerate their strengths. Of course, what teenagers consider as "weakness" or "strength" may sometimes shock their parents.

Young people with HFA bring their special flavor to the adolescence, essentially determined by the levels of three ingredients: interest, avoidance and insight.

Level of interest—

Since all forms of HFA has an impact on social development by definition, most teenagers with HFA will show little or no interest in others. They may seem to be totally unaware of their peers' presence or they may appear indifferent when peers try to interact. As HFA gets less severe, the level of interest in peers usually increases. For these young people, the quality of social interactions mostly depends on the levels of avoidance and insight.

Level of avoidance—

In the social development of teenagers who show some interest in peer interactions, social anxiety and resultant avoidance play an important role. Some young people get very nervous just with the thought of approaching others and may choose to avoid it at all costs. Their avoidance may appear as if they are not interested in others. It is important to differentiate this since anxiety can be treated much more easily than genuine lack of interest.

Anxiety: A Fifteen year-old adolescent with HFA was brought by his mother to seek help with his high level of social anxiety. He was refusing to go to school, where he lately had been labeled as "tardy". Their home was in walking distance of school and he would leave home late in the morning to avoid his peers riding or walking to school. He would not go to the school cafeteria to avoid waiting in line. He would avoid classes in which students had to study in groups. Most of his anxiety could be eliminated over a few weeks by the trial of an anti-anxiety medication which he tolerated well and he was able to function better in school.

Most frequently, interaction with peers will create more anxiety than interaction with younger or older people: Younger kids are safer to approach since they would be more likely to accept the dominance of an adolescent with HFA and less likely to be critical. Older teenagers and adults are safer because they will be more likely to understand and
tolerate. Moms and dads therefore commonly observe that their kids with HFA prefer to interact with younger kids or adults over their peers.

For teenagers with HFA who show interest in peers and do not avoid contact, the quality of social interactions will depend on the level of insight.

Level of insight—

Yet some teenagers with HFA will not avoid interacting with others; younger, older or similar age. Rather, they are eager to communicate, though, often in a clumsy, in-your-face way. The level of their insight into their social disability will then become the determining factor of their social success. If they are unaware of their shortcomings in gauging the social atmosphere and reading social cues, they may inadvertently come across as rude, insulting or boring. They may miss subtle criticism, sarcasm or tease. As they develop better insight, they become more motivated to learn which had not come naturally and intuitively. They also have a better chance to work through a sense of loss, common to all disabilities.

Coping with the Loss of Normalcy—

Regardless of the individual developmental route, most kids with HFA start realizing that they are not quite like others at some point during their adolescence. A few factors seem to facilitate the process:

- higher IQ
- higher level insight into difficulties in social interaction
- higher level of interest in others

Once the adolescent realizes that he has significant difficulties in conducting social relationships compared to his peers, he needs deal with this loss, just like dealing with another loss. Understanding the thoughts, feelings and behavior of an adolescent with HFA is the necessary first step in helping him out and being there for him. Considering this coping process in a few stages may make the caregivers’ job easier:

- Acceptance
- Adaptation
- Anger
- Denial
- Depression
Most commonly, the adolescent will not go through these stages one after another, but rather display a larger or smaller aspect of each at any given time. This is a painful process for not only the adolescent but for others who care for him as well. Moms and dads may find themselves compelled to forget the whole thing and act as if nothing is happening. Well, we are all tempted to avoid pain and denial is an excellent pain killer. The good news is, as much as the denial is contagious, the courage and strength, too, and seeing his parents dealing with the pain calmly and matter-of-factly will encourage the adolescent talk about his anger and frustration. This will in turn help the adolescent get closer to the acceptance and adaptation:

- You don’t have to bring it up, but when he does, give them a good listening ear and be patient.
- Don’t try to change the subject, unless your youngster does so.
- Don’t try to minimize his difficulties, but also don’t let him exaggerate, providing gentle reality testing.
- Offer the option of counseling, since sometimes it is easier to talk to a stranger; however, try not to push the idea directly even if you feel that your youngster clearly needs professional help.

Sometimes you have to be very political trying to sell an idea to a teenager. The mere fact that the idea is coming from his parents may make him refuse it. Let the idea come from a family friend, teacher, or a neighbor he trusts. Give him time to think about it. He may come back to the suggestion when he feels he is ready.

Consider trying an antidepressant medication if he doesn’t seem to be able to move on. Look for the following common symptoms of clinical depression. If five or more of these are present week after week, put your foot down:

- Appearing sad for most of the time
- Becoming irritable and angry with the drop of a hat so that family members start walking on egg shells
- Blaming himself unfairly for anything that goes wrong
- Complaining that he is tired all the time and wanting to take naps during the day
- Eating less or more than usual
- Losing interest in activities he usually enjoys
- Making remarks like he hates life, he hates you, nobody loves him, or wishing he was dead
- Not being able to fall asleep, waking up in the middle of the night and having difficulty falling back to sleep
• Putting himself down, saying he is stupid
• Withdrawing himself from the rest of the family, refusing to participate in group activities

Clinical depression is a serious condition which carries a significant risk for self-harming behavior. If you suspect that he may have clinical depression, set up an appointment with a child and adolescent psychiatrist as soon as possible and do not put this as an option. He does not have a veto power on this decision.

Anger, Denial and Depression—

A young teenager was referred from a clinical study of depression in kids and teenagers to maintain his antidepressant medication. My clinical evaluation revealed HFA in addition to his ongoing depression. The diagnosis of HFA made very much sense to the moms and dads who had wondered for years what was wrong with their son who, among other things, had difficulty relating to his peers, despite being very bright and able to communicate with adults in a quite sophisticated manner. Since he had responded only partially to the study medication we tried him on another antidepressant. Even though his mother thought that he was happier, more motivated and energetic, he was not able to recognize any improvement.

During his most recent follow-up he was very angry with me and announced that he didn’t think that he had High-functioning autism, he wanted to stop his medication and wished everybody lefted him alone. My suggestion for counseling was discarded, too. His mother and I firmly insisted that he continues to take his medication. We didn’t push the diagnosis or the counseling idea. I recommended his mother that if he does not feel like coming next time, she comes by herself so that we can strategize how to continue his treatment.

Most teenagers with HFA excel in one or two subjects. They tend to accumulate a lot of information on the subject and love to talk about it over and over. Unfortunately, after one point family members end up losing interest and start getting bored to death. Rather than avoiding the subject, try finding out new ways to engage the young person in the subject. Structure the topic in a different way. Find a way to challenge him. Be creative and let sky be the limit! Your interest will make your youngster feel better about himself, realizing his mastery on the subject will boost his self-esteem.

Many teenagers with HFA resolve their sense of loss by turning the issue upside down: Rather than clinging to depression and despair, they find their identity in HFA. They get
in touch with other youth with HFA. They take on themselves educating their peers about HFA at school. They set up web sites, chat rooms and even write books about it. They gather support for a better understanding and treatment of HFA. Encouraging your youngster, providing him means to this end and removing the obstacles in front of him may turn out to be the best antidepressant treatment ever. All this may seem remote and you may not know where to start.

Consider the following tips:

- Attend support groups for parents and make acquaintances.
- Get in touch with the organizations like the Autism Society of America or Asperger Syndrome Coalition of the U.S. and contact their local chapters.
- If it doesn’t work right away, don’t get discouraged and keep trying, always letting your youngster make the first move in showing interest.
- Invite your new acquaintances to your house and encourage them to bring their kids.
- Leave brochures, leaflets and other information about teen groups around to catch the attention of your teenager.

Acknowledging Sexuality—

In contrast with their rather slow social development and maturation, teenagers with HFA develop physiologically and sexually at the same pace as their peers. As their sons and daughters with HFA grow older and display sexualized behavior, many moms and dads find themselves worrying that their:

- youngster will be taken advantage of
- youngster will contract sexually transmitted diseases
- youngster will not have the opportunity of enjoying sexual relationships
- youngster’s behavior will be misunderstood
- daughter will get pregnant or their son will impregnate someone else’s daughter

While some moms and dads get concerned that their kids show no interest in sexual matters, others have to deal with behaviors like:

- masturbating in public
- staring at others inappropriately
- stripping in public
- talking about inappropriate subjects
• touching others inappropriately
• touching their private parts in public

Talking about sex, especially the sexuality of our kids makes us feel uncomfortable. Even though we all wish that our kids have safe and fulfilling sexual lives, we hope the issue just gets resolved by itself, or at least somebody else takes the responsibility of resolving it. We may find ourselves lost trying to imagine our kids, who have significant problems carrying a simple conversation, building relationships that may lead to healthy sexuality. We may find it comforting to believe that our kids don’t have sexual needs and feelings, and avoid bringing up the subject in any shape or form. We may feel uneasy about sex education, believing that ignorance will prevent sexual activity.

How can we make sure that our kids with HFA express sexuality in socially acceptable and legally permissible ways, avoiding harm to themselves and others?

The key is making your mind that you will address the issue, rather than avoid it. Set up a time with your youngster to talk about sexuality, rather than making a few comments about it when the issue is hot, right after an incident, when everybody feels quite emotional about what just has happened. Ask direct questions about what your youngster knows about sex. Ask about his desires and worries. Tell him what you think should be his first step. After inquiring and talking about the normal behavior, set realistic but firm limits about inappropriate behavior. Seeing your level of comfort around the issue, your youngster will get the message that it is OK to have sexual feelings and it is OK to talk about them. Getting this message alone will bring the tension around sexuality a few notches down. If this approach fails, please do not be shy about asking for help.

Other moms and dads with adolescent kids would be a good starting point. Your youngster’s school may also be able to help. Finally, you may inquire about professional help which should provide an individualized sexuality assessment and sex education based on individual needs, while utilizing behavioral modification techniques to discourage inappropriate sexual behavior and promote appropriate sexual behavior.

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Adult HFA Children Who Move Back Home – or Never Leave—
Older HFA kids (19-years-old and up) are moving back home – or have never left! Why is this? Between a troubled economy, crushing student loan debt, and social skills deficits that are part of the HFA condition, grown HFA kids are moving home at ever-increasing rates – or they have never left!

It's hardly surprising that a mixture of emotions (e.g., anger, anxiety, and possibly joy) flows when junior moves back home. If you're still trying to decide if this step is right for you, the "Are You Ready for a Refilled Nest?" quiz may help (located at the bottom of this article). But if you've already taken the plunge, it may be helpful to understand where the boomerang trend and its accompanying emotions are coming from, and the issues most likely to arise.

House Rules—

Moms and dads love their children. They want the best for them. When they see their children clearly making mistakes and bad choices, they immediately want to intervene. The key is to remember that they are grown-ups now and they have the right to make the choices they make as well as face the consequences, good or bad, of those choices. This is when all those years of teaching them should be kicking in. We all learn through our mistakes, and we all continue to make mistakes as grown-ups. Our adult HFA kids have the right to live as a mistake-making / consequence-facing human, just as we do.

When House Rules are established, they need to remain focused on the Household. The following is a general list of common areas to address:

• Chores— How will they be divided? Obviously the adult kids need to be responsible for the cleaning of their own private areas, but what about shared living areas? What is the timeline for doing the chores in the common areas? How will the laundry facility be shared?

• Company— If the entrance to their private living areas is not private, you have every right to set hours for entertaining. Other areas to address would be those house rules other members of the household must follow such as no one of the opposite gender in the bedroom, no company in the house after midnight, etc. House rules apply to all in the household.

• Conditions of Residence— These would be rules as to why they are being allowed to move in and what will cause an eviction. Some moms and dads have a general rule that any youngster living with them must be attending school full-time, working, or serving in the armed forces, as there will be no 'free ride'. If the youngster is in school full-time
they live in the home rent-free. The other circumstances require the payment of rent, usually based upon their ability to pay.

- Household Influence— If you have a rule against no alcohol, no drugs, and no X-rated movies, for example, in your home; you have the right to extend that rule to the adult kids. Anything you believe to be harmful to the environment of your home or harmful by way of example or risk to the underage kids is eligible for rule setting in this category. These items must be carefully addressed so they do not become matters of running the adult child's life, or about what they do outside of the home. These rules need to stay strictly focused on the home environment.

- Rent— Does this amount cover just shelter, or are food and utilities covered as well? If food is not covered in the amount, will they buy their own groceries, or contribute groceries to the household? When is the rent due, and what is the late payment policy? Will a deposit be required? Will said deposit be returned in part or full? If so, under what circumstances?

- Their Kids and Pets— Keeping them under control and also living according to house rules. You have the right to have your privacy and your belongings respected. You have the right to expect them to parent their own kids and care for their own pets. This area can become an area of contention when moms and dads desiring to be helpful begin to interfere in the parenting style and routines of their adult kids. This is a huge no-no. They are grown-ups and those are their kids. Unless your grandkids are in imminent danger, you have no right to interfere.

Running Their Own Life—

It is difficult to see someone you love make choices that you know will have a bad outcome, or which you do not personally agree with. As moms and dads of adult HFA kids, you must first and foremost respect their rights as grown-ups.

Whether they live under your roof or not, you have no right to insist upon setting rules which interfere in their right to choose for themselves what to do with their own life. Some examples of Running-Their-Life Rules are as follows:

- How they dress or style their hair
- How they parent their own kids
- Places they may go
- Their diet and exercise program or lack thereof
- What line of work or field of study they may be involved in
• Where they may attend church or if they attend church or not
• Where they may work or go to school
• Whether they get piercings and tattoos
• Who they may associate with outside of your home.

Exceptions—

In some cases, there is true and imminent danger involved to the safety and welfare of your adult youngster, their kids, your own underage kids, or yourself. In these cases, you have every right and responsibility to act. A few examples would be as follows:

• Alcohol and Drug abuse. If their life or the life of another is at risk by all means intervene. This is where programs such as Al-Anon can help you understand the dynamics and what you can and should do. You may have to become acquainted with the principles of Tough Love and actually hold an Intervention to help your adult youngster.

• Clear animal abuse or neglect as outlined by your state or local government. Your opinion that something is neglectful or abusive must be substantiated by state or local law before you have the right to intervene because it may well be just your opinion.

• Clear child abuse or neglect as outlined by your state government. Your opinion that something is neglectful or abusive must be substantiated by state law before you have the right to intervene because it may well be just your opinion.

The best way to teach our kids is through the example that we set. They learn far more from what we do than what we say, and they do watch what we do very closely. If we expect them to live a certain way, we must be consistently and without hypocrisy living that way ourselves. Then, if we set a good example, they may choose to adopt our philosophy and way of life for themselves. They also may choose to go their own way. The point is that it is their life and their choice, and that must always be respected.

Preparing a Lease—

Writing down the terms of a room and board arrangement eliminated all sorts of problems. My grandson learned that he would be now responsible for his own food and laundry, and that the six hours of weekly yard work were not negotiable since he was receiving a value of $500 a month in free rent & utilities. Other terms included "quiet hours" from 11pm to 7am and no overnight guests. By addressing these issues in a businesslike manner, there was no question of who was responsible for what, and how
the rent would be dealt with. It solved the problem for us and is an excellent example of why a lease should be drawn up with our adult kids when they find themselves living back at home for a while.

What should be covered in the lease? From our experience, we learned that it was helpful to address these issues in our lease agreement:

• How will the chores be managed? This is one of the problems where resentment can build up in a hurry, if not addressed before an adult youngster moves back home. While moms and dads are more than happy to help their children out if financially possible, this doesn't mean the youngster gets a free pass from household chores. Yes, chores. With an extra person in the house, there are extra dishes, extra laundry, and extra stuff lying around that needs to be picked up. Asking for your youngster to help out with assigned tasks is not unreasonable and should be addressed in the lease so there is no misunderstanding.

• How will the groceries be managed? Feeding an extra mouth can also cost money, especially if that mouth belongs to an adult male with hollow legs. How we solved the problem with our grandson was to install a 6 cubit foot refrigerator freezer in his basement kitchenette. He bought his own food and left the stuff in our frig alone. With an extra adult in the house, a grocery bill can increase by 50%. Setting guidelines for how the cost of groceries will be handled should also be part of the lease.

• Who will pay the extra utility costs? Having an adult youngster living at home costs money. There's the added cost of hot water for that extra shower and extra laundry, plus the high speed DSL, cable television, or an extra phone. Extra water also means a higher sewer bill. If you can't afford the extra cost of utilities, who pays the additional cost should be part of the lease.

• Will there be rent? Our adult kids often move back home because they are trying to recover financially, and aren't in a position to pay rent or utilities. If you aren't charging your adult kids rent to help with expenses, then it is not unreasonable to ask for work in lieu of payment. Yard work, painting the house, or "whole house" cleaning on weekly bass is one way to work off the rent without having to pay cash.

If you were managing a rental property, you might have rules of occupancy which might include no illegal activities, no loud parties, no unauthorized roommate or pets, no smoking, or other activities that you find objectionable. Just because your boarder is your youngster, he doesn't get to carry on in a way that jeopardizes the quality of your life. And, just because he IS your youngster doesn't mean you have the right to invade
his privacy and snoop around his room. Writing down the house rules in a lease takes out the guesswork of out what is permitted and what isn't.

While a lease isn't necessary for every situation, sitting down and discussing ground rules is an important issue that moms and dads should insist on when an adult youngster is wanting to move back home temporarily. By discussing expenses in a businesslike manner, deciding how the work will be divided, and writing it all down, a family can avoid hard feelings and misunderstandings that can lead to damaging a family relationship.

Sample Rental Contract—

When your grown-up child moves back home, it's best to draw up a contract to outline expectations and financial agreements. Some families draw up formal paperwork, others use a rental contract simply as a guideline for discussion. Here's a sample rental contract to get you started:

1. Cooking, laundry and chores: (Name) will mow the lawn on Saturday, grocery shop on Sunday using the family shopping list, and cook dinner on Mondays and Wednesdays. He is responsible for the purchase, laundering and maintenance of his own clothing and any personal items.

2. Guests and quiet hours: Household quiet hours run from midnight to 6 a.m., unless otherwise arranged. No overnight guests without prior arrangement.

3. Rent: Beginning with his second monthly paycheck, (name) will pay $200 (or whatever amount) a month to cover rent and food.

4. Set a time limit and a goal: This agreement runs from June 15, when (name) moves home, until (date), when he will have saved enough money to get an apartment of his own, i.e., first and last month’s rent and a security deposit.

5. Utilities: Beginning with his second monthly paycheck, (name) will pay 25% of the utilities, including water, gas, electrical and cable.

Quiz: Are You Ready for a Refilled Nest?

Depending on distance and family dynamics, a grown child's move back home can be a major undertaking. If you're pondering whether you're ready to refill that empty nest,
this quiz may help. And if the answer is "no," consider that there may be other, less drastic ways to help your youngster get back on his feet.

1. Are the chances of his finding satisfying full- or part-time work in your town better than where he is now?
2. Do you have a good, supportive relationship with your youngster?
3. Does he visit frequently and without any particular problems?
4. Does he need to get his feet back on the ground after a devastating life event - a bad break-up, divorce or medical crisis?
5. Does he still have close friends in your area? Depression and loneliness are, unfortunately, common problems for the HFA adult. His support network needs to encompass more than his wonderful parents.
6. Does your youngster have specific plans - he wants to buy a house, pay off debts, go to grad school or find a job - that would be made possible by a dramatic, temporary change in his living situation?
7. Does your youngster respect your privacy and your needs?
8. Can he be relied on to follow mutually agreed upon rules?
9. Is your home and bank account large enough to accommodate your returning youngster?

If you answered "yes" to all - or nearly all - of these questions, welcoming home a returning, grown youngster may be a great solution for your family, particularly if you talk frankly and openly about concerns, lay ground rules ahead of time and keep the channels of communication open.

A "no" answer to any of these questions is a red flag - not insurmountable, but definitely worth exploring alternative ways to help your youngster deal with his challenges, short of moving in with you.

Conclusion—

It's necessary to set standards. This means spelling out clearly what is acceptable behavior and enforcing the consequences of inappropriate behavior. Don't be afraid to lay down rules. Moms and dads don't have to accept intolerable behavior. Make sure the youngster knows there are boundaries that can't be crossed. You are not curtailing the youngster's rights. Remember, you have rights, too.

And what about money? The key is to communicate about it. To avoid money quarrels, discuss openly who pays for what. Don't be shy about insisting that a youngster who's working contributes to the household expenses.
If the conflicts persist in spite of your efforts, most cities have family counseling services that can help moms and dads and kids work out the problems.

No matter what brought the youngster home, there comes a time when the "visit" must come to a close. It was, after all, only temporary. Be especially sensitive to when the youngster has stayed long enough. Realize why the child is at home in the first place. If moms and dads begin to feel exploited, or feel that the children are getting too comfortable, it may be time to force them to get on with acting like grown-ups.

HFA and Loneliness—

It is hard to know if kids with HFA are as lonely as their moms and dads believe they are. Therapists do know that playing with a friend, making a friend and being with a friend are "overwhelming skills" for HFA children. Kids without HFA make no sense to kids with HFA because they are totally preoccupied with their own agendas.

Teaching HFA children social skills is a big task for moms and dads and educators. It is not like teaching the child how to ride a bicycle or tie a shoe, but rather trying to teach something no one formally taught you. How do you teach someone how to read a room, especially someone who has no understanding of other individual's emotions and body language? Kids with HFA have no idea about how to reason socially and come up with proper courses of action in social situations (e.g., one guy with HFA got lost in the school corridors on his way to gym. He had forgotten the route, but he did not think to simply follow his classmates to the gym).

Yet therapists emphasize the need to teach HFA children social skills because they desperately need them to get along in life. The HFA child’s lack of social understanding virtually colors every other experience in his/her life. Yet the question of whether kids with HFA are truly lonely and want friends is a different discussion. Like all kids, some are extroverted and others are more withdrawn. Like all kids, they probably vary in their need for social interactions.

When researchers ask kids with HFA about friendship, they are usually very negative. They think of friendship with other kids as too much work and often prefer grown-ups. For example, when a teacher was forcing a six-year-old to participate in a playgroup with other kids, he said, "I hate kids. I don't play with kids. I'm not a kid. I was born a
grown-up." Michael, a fourteen-year-old with HFA advises other HFA children, "If you like being on your own, then be happy with your own company and don't let anyone convince you its wrong." His advice to ‘pushy moms and dads’ is "Never force your youngster to socialize. Most HFA children and autistic individuals are happy to just be by themselves."

However, these kids might be happier by themselves because social activity has caused them so much pain in the past. In one study, gifted kids with HFA could not describe friendship in positive terms such as "a friend is someone who is nice to you." They had only negative associations such as "a friend is someone who does not hit you." These kids told interviewers only about how mean other children had been to them and seemed to lack any idea of what reciprocal friendship really means.

Yet as HFA children go through the teen years, most realize that they are missing out by not fitting in. It is at this point in their lives that they crave friendships with peers, yet this unfulfilled desire on top of high school pressure to conform, constant rejection and harassment can often cause depression in HFA teenagers. They grow more isolated even as they crave more interaction with other teenagers. Young HFA kids often believe everyone in their class is the same and everyone is a potential friend. HFA teenagers know better.

Research shows that the more time a person with HFA spends socializing, the happier she is. HFA children can and do form friendships. When they do, research shows that even one friendship will speed up their entire social development.

People married to someone with HFA often talk about their own feelings of loneliness. They tell counselors that marriage to a person with HFA feels like living alone. An HFA husband/wife often does not attend to details like anniversaries, may not connect with the couple's kids on an emotional basis, and may not benefit from marriage counseling. A parent of a youngster with HFA may feel rejection when their youngster refuses to cuddle or express affection. The youngster's needs are unrelenting and yet the moms and dads' rewards are sometimes rare. Brothers and sisters hide their lonely feelings about living in a family where their HFA sibling monopolizes their moms and dads' precious time and they miss the normal give and take of sibling relationships. Many siblings believe that the HFA child’s “disability” is an advantage ...a passport to special attention, recognition and privilege.

Helping kids with HFA develop social skills will no doubt become easier in the future. Every day educators are developing better techniques. Researchers are closing in on the genetic and environmental causes of HFA and may someday develop a cure. There is
promising new research being conducted in a study on "Friendship and Loneliness in Individuals with HFA." Perhaps someday the answers will be clearer for individuals with HFA and those who love them.

**HFA Teens and Social Isolation—**

In the teenage world where everyone feels insecure, teens that appear different are ostracized. HFA teens often have odd mannerisms. For example, they may talk in a loud un-modulated voice, avoid eye contact, interrupt others, violate others’ physical space, and steer the conversation to their favorite “weird” topic. HFA teens may appear willful, selfish and aloof, mostly because they are unable to share thoughts and feelings with others. Isolated and alone, many HFA adolescents are too anxious to initiate social contact.

Many HFA teens are stiff and rule-oriented and act like little grown-ups – a deadly trait in any adolescent popularity contest. Friendship and all its nuances of reciprocity can be exhausting for a person with HFA, even though he wants it more than anything else.

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**Helping HFA Children with Homework—**

School can be a complex situation for kids with HFA. Homework can be a real struggle, especially after spending an entire day forced to sit in the classroom. Truthfully, moms and dads of kids without HFA also struggle with how to handle the homework problem. Should you push, hover, beg, and plead – or should you gently remind your youngster about his assignments and then let her face the consequences? The answer lies somewhere in the middle.

There are several reasons why homework can be such an issue for HFA kids. Homework interferes with free time, which is better spent on that special interest. Homework is hard because of the distractions of home.

The main problems that interfere with homework are:

- Anxiety caused by frustration. Teach your youngster relaxation techniques he can use during class (e.g., deep breathing) and homework times to reduce frustration. Anti-anxiety medications can help in moderate to severe cases.
- Cognitive reasoning. Cognitive therapy is very helpful in this area.
• Communication difficulties (pragmatics or comprehension). Speech/language therapy can help your youngster with communication skills. These therapies can be performed in the home with the help of published resources.
• Lack of organizational skills. Use written list, daily schedules, and a visual timer to help your youngster gain organizational skills. Time management is often an area of concern and should be developed, as well.

Here are some thoughts that may help you deal with homework-related issues:

• Have you established a homework routine? Kids with HFA work much better with a set routine.
• Is she easily distracted by noise or activity? Set up a homework zone that suits her sensory needs.
• What frustrates or upsets her? Avoid these triggers before and during homework time.
• What is her best time of day? Does she work better right after school or after a play break and snack?

You can have success with your HFA youngster. Homework does not have to be a problem. Remember, work with your youngster’s strengths – and be consistent.

Surviving Thanksgiving with Your HFA Child—

Thanksgiving is especially difficult for kids who have HFA. They are easily over-stimulated, and their emotions overwhelm them. So it is up to the family members around them to make life a bit easier for these kids. Remember, they are not social people. Crowds and noise overwhelm them. They do not cope well with the hustle and bustle of family get-togethers.

Some HFA kids may not want to join in when the family sits down to eat. They may be checking out the “goings-on” in the kitchen, trying to figure out how people cook, or they may sit in a corner participating in one of their obsessive hobbies. Let them be! If you pressure them to join in, they may become overwhelmed and go into a meltdown.
Following these simple guidelines should lead to a much more positive experience for everyone, and will provide your HFA youngster with the love, support and confidence to participate fully in this wonderful occasion:

• Explain any changes to your child’s routine; prepare him for any changes by calmly telling him the day before what will be happening. Visual supports always work well, so use photos or drawings to explain what will be happening.

• Explain to your child that he will need to be given permission to leave the table. Rehearse this together with some simple role-play (this is very important because it gives your youngster an exit strategy and also allows him to get through the dinner without going into meltdown). If you see that he is becoming upset, you can activate the exit cue so he can get out before the situation deteriorates.

• Explain to your youngster what is expected of him (e.g., “Say ‘hello how are you’ to guests and sit at the table with us when we eat”).

• Keep any physical changes to your home to the minimum. Decorate, but don't make a big deal about it all.

• Reduce the time talking about Thanksgiving. Remember, your child cannot easily control his emotions, so to talk a lot about this occasion may lead to stress and anxiety. Enlist the help of others in your home in keeping conversations about Thanksgiving to a minimum when the child is within ear-shot.

Tips for Adults—

Here are some tips that adults with HFA may find helpful in surviving Thanksgiving:

• Seek help from a counselor if you need to. Holiday therapy can be a temporary bridge to January 2nd.

• Schedule realistically. Over-scheduling during Thanksgiving can lead to burnout when being around people is gratifying, but stressful (or just plain difficult). While it’s great to push yourself to socialize, Thanksgiving is a time to be reasonable – don't expect yourself to attend 3 “get-togethers” in one day.

• Plan for taking breaks during visits; announce a time-out and remove yourself from the group (e.g., take a walk outside, take a nap with a book, take some quiet time for deep breathing, offer to run an errand in the car, play a video game alone, etc.).
• Beware of the lure of substance use. Many of us rely on an alcoholic drink or two to help ease “party anxiety”. While there may not be too much harm in this, there tends to be a surge in substance abuse during Thanksgiving, which can lead to hangovers, a shaken sense of self, embarrassment, or worse. Remember that as long as you’re using substances to deal with holiday stress, you’re not truly growing in your ability to handle difficult social situations.

• Be extra kind to yourself. We spend so much time during Thanksgiving thinking about giving to others (or avoiding it), but how much do we think about truly giving to ourselves? This is the time to use kind words and actions to take care of yourself (e.g., buy or check out a new book, go to the movies, eat a favorite meal, spend quiet time petting the cat, etc.).

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**How to Help Siblings Deal with an HFA Brother or Sister—**

The special needs of the siblings without HFA can be classified into four categories. These children need:

1. help dealing with peer and community reactions
2. information
3. to have expectations clarified
4. to have their feelings validated

Having a child with any type of developmental disability can be very stressful for the parents and the siblings of that child. Siblings without HFA may be drawn into caretaking roles (e.g., teachers, co-parents). Many children find these roles difficult to fulfill because it takes away much of their own childhood and sets aside their own needs.

For most siblings without HFA, having an HFA brother or sister becomes a central experience in their lives. They may see their HFA sibling as having the spotlight (not an easy situation for any kid). Thus, it is very important for parents to be aware of how the HFA child – and the sibling without HFA – may need to be nurtured in special ways.

Often times, brothers and sisters are thrown together for better or for worse. When a sibling has HFA, it can complicate that relationship because one child lacks social skills
and the other child simply cannot figure out why his brother or sister acts the way he/she does.

*Here are some important factors to bear in mind as you attempt to assist your NT or “neurotypical” child (i.e., the child without HFA) in dealing with his/her HFA sibling:*

1. A child may need help in understanding what it feels like to be sensitive to touch or sound. A demonstration of metal scratching a chalk board could be used to show how sound can be unpleasant to their HFA brother/sister.

2. Children may become anxious about an HFA sibling’s future, and to some extent may begin to wonder what their own responsibility should be. Sometimes having an HFA brother or sister can interfere with establishing a sense of autonomy. The non-HFA child can feel guilty as she moves forward toward relationships, higher education or jobs, while the HFA brother/sister may be developing more slowly or struggling. The non-HFA child may feel like she is abandoning her parents as well. Reassure her that things are being taken care of, and that it is important that she keep moving forward in her own individual life.

3. Children may become competitive with - or critical of - their parents around how to best manage the behavior of their HFA sibling. Admit that you, the parent, do not have all of the answers. This admission provides an opportunity for a more realistic picture of parents as people coping, rather than as ‘superheroes’ whose achievements the child can never equal.

4. Don’t put the sibling in a parenting-role with the HFA child. Let her know that she can help or teach, but it is important for her to have different ways to interact that are also fun.

5. Don’t accept bad behavior from your HFA youngster, and don’t expect perfection from your other kids.

6. Fully educate yourself about your HFA youngster, and then inform his siblings on an age-appropriate basis. Know that HFA kids find it very difficult to pick up on social cues and often have intense, narrow interests.

7. Get some counseling from a mental health care professional. There is nothing wrong with allowing your children without HFA to receive extra assistance to help them cope with their HFA sibling. In psychotherapy, they can learn specific tools, build self-confidence, and have a safe environment to share their thoughts and feelings.
8. Give children without HFA a balanced presentation of both the special strengths and talents as well as the challenges of the child with HFA.

9. Help your HFA child understand how his siblings think and feel, and why they behave the way they do.

10. In some cases, non-HFA siblings feel the need to be high-achievers in order to make up for the stress caused by their HFA brother/sister. Keep an eye out for this “perfectionism” and reassure the child without HFA that she can simply be herself (e.g., “It’s OK to do your best – but perfection is never a requirement”).

11. It is often tempting to coddle the HFA child and expect the other children to do so as well. Do not make this mistake.

12. Know that the HFA diagnosis should be disclosed to the child with HFA before it is explained to siblings. Once the child with HFA appears to be comfortable discussing the diagnosis with other family members, you can share the label with his brothers and sisters. Until then, use descriptive language, but no label.

13. Know that the child with HFA will benefit and learn social skills from their siblings. They should be entitled to a reasonable amount of sibling rivalry. You don’t want to deny the HFA child the typical childhood, which includes fighting over games and movies.

14. Let siblings know what the HFA child needs to the extent that they can understand, and provide as normal of an environment as possible.

15. Let your children without HFA know that it is all right to feel angry, embarrassed, jealous, neglected, worried, or any other feeling they might have about their HFA sibling. Emotions are not “bad”; siblings often have these feelings, and they are not “wrong” for having them.

16. Non-HFA children sometimes feel guilty that they have friends and their HFA sibling does not, and they may find themselves in a position of having conflicting loyalties between friends and family. If a sibling becomes protective when her HFA brother is teased, reassure her that she is not the only protector – it is the parent’s and teacher’s job as well.
17. Non-HFA kids benefit from opportunities to express their emotions about their HFA sibling’s special needs and behaviors. Useful activities might include reading books about HFA, making a book about HFA, or using puppets/dolls/stuffed animals to facilitate the expression of emotions.

18. Parents often find it is necessary to explain why their rules and expectations may be different for the child with HFA (e.g., the HFA child may be allowed to spend more time on the computer or less time doing homework). This may appear unfair to the other children, but it needs to be explained at a level they can understand (e.g., “Your brother needs special teachers at school to help him with homework...” or “The computer helps your brother calm down when he feels over-stimulated...

19. Realize just as you may grieve the loss of a “normal” child, the HFA child’s siblings may also be grieving, because they don't have the kind of sibling-relationship that other families enjoy. Let them talk about their feelings.

20. Seek support groups. Moms and dads in these support groups have other children too, and they can be a valuable resource for the siblings of your HFA youngster.

21. Set aside quality time alone with each youngster. One way to accomplish this is to take one child at a time on an errand or personal appointment when you can.

22. Some children may benefit from sibling support-groups. This can be particularly useful when the sibling does not know other siblings of HFA children. In a support group, the brother/sister has an opportunity to find out that he/she is not alone. Sibling support groups promote an atmosphere in which siblings are more likely to express negative feelings; they may feel safer to do so because they are in the presence of others going through similar experiences, and because they don’t have to worry about hurting or angering their parents. Siblings can also use the support group to brainstorm ideas about how to handle touchy situations with their “Aspie” brother/sister.

23. Sometimes kids believe that HFA is contagious. Reassure siblings that they cannot “catch” a case of HFA even though they are around their HFA sibling frequently – it’s not like a cold or the flu!

24. Sometimes kids blame themselves and engage in “magical thinking” where they believe that their actions or angry thoughts “caused” their sibling to have HFA. Thus, reassure siblings that having HFA is not anyone’s fault – it is simply something some people are born with.
25. The children without HFA need to be encouraged to pursue their own interests. This helps them focus outside the stress that having an HFA sibling may have on the family and helps them see themselves as more than so-and-so’s brother/sister.

26. The sibling without HFA may find herself in a situation where she has to explain to others the unusual behavior of the HFA sibling. After helping children to better understand HFA, they can be helped to learn to explain what HFA is to others. Moms and dads can help by providing opportunities for kids to rehearse or practice explaining (e.g., through puppets or role-play).

27. Understand that HFA is an "invisible" disorder. Siblings may be embarrassed in front of their peers when their sibling (who looks no different than any other child) can't stop blinking his eyes or making faces (tics). Siblings may think of their HFA brother/sister as simply naughty or rude – particularly if they are quite young and unable to fully understand the HFA-related issues.

28. When explaining an HFA child’s behavior to the other children, be sure to provide factual information and concrete explanations (e.g., “He plays the same thing over and over because he doesn’t think that it’s fun to try new things…” or “She’s flapping her hands because it helps her calm down…”).

29. When siblings witness cruel behavior towards their HFA sibling – or are the target themselves – it is imperative from the beginning that adults get involved. Siblings should be encouraged to share this information with trusted adults as soon as it occurs. Moms and dads can use this opportunity to discuss with all the kids in the family how to choose friends. Both the sibling and the HFA child will need to develop strategies with school staff for dealing with teasing/bullying.

30. "Family meetings" where parents and all the kids get together to discuss the week's events can (a) provide good insight to family members and (b) provide opportunities to problem-solve past issues and trouble-shoot potential future issues.

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**Violent HFA Children: What Parents and Teachers Can Do**

There is a great concern about the incidence of violent behavior among HFA kids and adolescents. This complex and troubling issue needs to be carefully understood by
parents, educators, and other grown-ups. HFA kids as young as preschoolers can show violent behavior. Moms and dads and other adults who witness the behavior may be concerned; however, they often hope that the young child will "grow out of it." Violent behavior in a youngster at any age always needs to be taken seriously. It should not be quickly dismissed as "just a phase they're going through!"

Faced with a world in which they find it difficult to interact socially, communicate clearly, and control their own behavior, kids with HFA sometimes respond with aggressive behavior. Aggression - physical and verbal - is a common characteristic of HFA, and can be directed toward inanimate objects, moms and dads and other family members, educators, peers, and even toward the youngster herself. An observant parent or teacher can take practical steps to soothe and redirect a violent HFA youngster.

**Range of Aggressive Behavior**—

Violent behavior in HFA kids and adolescents can include a wide range of behaviors. Kids who exhibit aggressive behavior intend to deliberately hurt others. Aggression can manifest in a number of ways including:

- biting
- cruelty toward animals
- destroying public or personal property
- explosive temper tantrums
- fighting
- fire setting
- hitting
- kicking
- pushing
- spitting
- threats to hurt others (including homicidal thoughts)
- throwing objects
- use of weapons

**Factors Which Increase Risk of Aggressive Behavior**—
Numerous research studies have concluded that a complex interaction or combination of factors leads to an increased risk of violent behavior in HFA kids and adolescents. These factors include:

- being the victim of physical abuse and/or sexual abuse
- brain damage from head injury
- combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family)
- emotional problems
- exposure to violence in media (TV, movies, etc.)
- exposure to violence in the home or community
- frustration
- genetic (family heredity) factors
- limited communication or problem solving skills
- low self esteem
- presence of firearms in home
- previous aggressive or violent behavior
- spending time with peers who are aggressive
- stress
- temperament
- use of drugs and/or alcohol

What are the "red flags" for aggressive behavior in kids?

HFA kids who have several risk factors and show the following behaviors should be carefully evaluated by a Child and Adolescent Psychiatrist:

- Becoming easily frustrated
- Extreme impulsiveness
- Extreme irritability
- Frequent loss of temper or meltdowns
- Intense anger
Moms and dads and educators should be careful not to minimize these behaviors in kids.

*What can be done if a youngster shows aggressive behavior?*

Whenever a mother/father or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional. Early treatment by a professional can often help. The goals of treatment typically focus on helping the youngster to:

- accept consequences
- be responsible for his/her actions
- express anger and frustrations in appropriate ways
- learn how to control his/her anger

In addition, family conflicts, school problems, and community issues must be addressed.

*Can anything prevent aggressive behavior in HFA kids?*

Research studies have shown that much violent behavior can be decreased or even prevented if the above risk factors are significantly reduced or eliminated. Most importantly, efforts should be directed at dramatically decreasing the exposure of kids and adolescents to violence in the home, community, and through the media. Clearly, violence leads to violence.

In addition, the following strategies can lessen or prevent violent behavior:

- Early intervention programs for violent HFA youngsters
- Monitoring the child's viewing of violence on TV/videos/movies
- Prevention of child abuse (use of programs such as parent training, family support programs, etc.)
- Sex education and parenting programs for adolescents
Treatment—

To be effective, treatment approaches for aggressive HFA children need to take these factors into account:

- **‘Me against the world’ attitude.** Kids who become aggressive have often learned to see the world as a cold and hostile place. They develop a habit of thought that attributes hostile intentions to others. This attitude leaves them little choice but to fight virtually all the time. If, for example, another youngster bumps up against them in the hallway at school, they immediately take offense, certain that they were attacked. They cannot imagine that perhaps the bumping was just clumsiness on the other youngster's part or an attempt to tease that really wasn't hostile.

- **Always the victim.** Even while they are the aggressors, aggressive children almost always think of themselves as victims—of unfair educators, of other bullies, of prejudice—and believe that their aggressive acts are therefore totally justified.

- **Distorted thinking.** Aggressive kids come to believe that overpowering another child is a mark of strength and worth, and that violence is a legitimate way to resolve conflict. Popular media support this idea, with wrestlers who pound their opponents without mercy and so-called action heroes who slaughter foes by the truckload. For good or bad, the government unwittingly encourages the idea that "might makes right" when it engages in shows of strength celebrating the Army and police. Aggressive kids needn't look far for evidence that force is what really counts.

- **Never safe.** The violent youngster sees the world as an unsafe place in which there are only victims and victimizers, so he (unconsciously) chooses to be one of the latter. The power and delight he takes in hurting others, in combination with his already numbed emotions, can make for a lethal mixture.
• **Self-esteem.** For some kids, violence toward other kids may be a powerful source of self-esteem, particularly if they lack other confirmation of their human worth. In many cases, the problem is not lack of self-esteem as much as lack of self-esteem related to positive, peaceful accomplishments.

• **The loss of empathy.** Aggressive kids often don't even recognize (much less feel) the suffering of others. Empathy develops early in infancy. Most nine-month-old infants register concern if they see their moms and dads crying, for example. Kids who have been emotionally traumatized learn to protect themselves from further emotional damage by shutting off their own feelings along with any empathic feelings they might have for others.

*Specific Strategies for Parents and Teachers—*

• **Acknowledge your child’s feelings while setting boundaries.** Maintain eye contact with your youngster and find ways to help him verbalize his anger. Let him know that it’s okay to be angry but hurting others in not acceptable behavior. You can say, "I understand that you’re angry but I expect you to (state the boundary)."

• **Acknowledge your role.** When one youngster is acting out, the family will blame him for the family's dysfunction. Oftentimes, you will see a family that will present a disruptive youngster for treatment ... this is the sacrificial lamb for the family's toxicity. Parents need to examine their own behavior, and if need be, the entire family should seek counseling.

• **Be selective about the types of television programs your kids watch.** Don’t let them view shows that depict violence as humorous, or as a way to deal with problems.

• **Clearly State Expectations.** Power struggles will be reduced when the youngster knows what is expected of him.
• **Don't get into a power struggle with a youngster.** Sometimes aggressive kids know that if they struggle long enough with their parents (e.g., yelling, screaming, throwing temper tantrums in a crowded store, etc.), they will get their way. Be firm in disciplining your youngster and let them know that there boundaries that they have to observe.

• **Evaluate Outside Influences.** If aggressive behavior has developed suddenly or has gotten worse over time, then find out if the youngster has a food allergy. Other factors to consider are environmental conditions, change in medication or a change in the home or school setting. Some drugs cause aggression. Seasonal or food allergies can cause discomfort that the youngster can't describe, leading to extreme behavior.

• **Every youngster has currency.** Use it! There's not a youngster born that doesn't have currency, whether it's toys, clothes, games, or television. Access to this "currency" needs to be contingent upon proper behavior (e.g., if a youngster throws a temper tantrum in a crowded store, he should not be rewarded with a toy or a coloring book). He needs to (a) understand the consequences of his behavior, (b) be able to predict the consequences of his actions with 100% accuracy.

• **Identify Triggers to Aggression.** Sometimes violent outbursts are predictable. For example, does wearing a warm winter sweater cause him to become angry? Maybe the fabric feels uncomfortable against his skin, or the smell of the drier sheet is offensive to him. Examine every component of a situation that seems to trigger aggressive actions and making adjustments.

• If you know that your child is prone to frequent aggressive outbursts, always be prepared to avert trouble by sticking close by when he is playing with others.

• **Maintain a unified front.** Sometimes aggressive kids know that if they engage in "divide and conquer" tactics with their parents, they will be able to get their way. If you're together, if you're unified and if you're there for each other, then all of a sudden there's strength in numbers.
• Make sure that your kids have opportunities to expend excess energy by getting plenty of physical activity each day.

• Obtain a proper diagnosis from a psychologist. Many times, mothers/fathers are quick to make evaluations of their kid's unruly behavior, such as blaming aggressiveness on ADHD, attention deficit hyperactivity disorder. Parents need to revisit their evaluations, because a youngster's violence may be stemming from other issues. Don't make judgments until you get to the root of the problem.

• One of the best ways to teach your youngster nonviolence is to control your own temper. If you express your anger in quiet, peaceful ways, he’ll probably follow your example.

• Reduce Stress. Sometimes stress over not being able to verbalize frustration causes aggressive behavior. If a youngster is angry that he can't button his coat, but is unable to describe how he feels about lacking that skill, he could act out inappropriately. Examining the root problem and addressing it may help to curb angry behavior. Calm reactions on the part of the parent or teacher are important here.

• Remove kids from the stimulant that triggers violent outbursts.

• Seek a Doctor's Advice. Medication may be needed, especially if the youngster's behavior is hazardous to him or those around him. The U.S. Food and Drug Administration has not approved a medication specifically for HFA. But some drugs used to treat other conditions have been shown to be useful in treating HFA kids. A health care professional can help you determine whether medication will be helpful for your aggressive youngster.

• Simplify the Environment. Arrange furniture in a sensible way for the youngster so that he can easily maneuver through rooms. If a youngster often tries to escape through a certain door, change the path of the room so that he is unlikely to go near that door. Keep surfaces clear, taking special care to place breakables and dangerous or messy
items out of reach. Organize and structure the youngster's living space to minimize frustration. Again, labels can help the youngster understand where things belong and make him less likely to become overwhelmed or anxious. Restrict access to items that tend to cause power struggles.

• Since kids tend to repeat behaviors that are reinforced, it is important for you to provide them with consistent, positive attention for behaviors that are acceptable.

• **Stop being intimidated by your youngster.** Many moms and dads are afraid to discipline an unruly youngster for fear that their youngster will hate them for being an authority figure. Your youngster doesn't have to like you or even love you, but he does have to respect the parent-youngster relationship and realize that there will be consequences for negative actions. Recognize that you don't have to be your youngster's friend, but you do have to be his parent.

• Your surroundings can set the tone for calm or chaos. So minimize stress levels in the immediate environment.

**Pharmacologic Treatment of Aggression**—

Medications are frequently used in the management of aggression, and current psychopharmacologic treatment strategies involve treating aggression as part of each particular syndrome.

• **Antidepressants**— Antidepressants reduce fear, irritability, and anxiety, emotions that are in the same spectrum as agitation. Current findings point to decreases in negative mood and aggressive attacks, as well as positive changes in personality traits after antidepressant treatment.
• **Antipsychotics**— Antipsychotic medications are not recommended for people who do not have a psychotic or bipolar disorder. Lorazepam or another nonspecific sedating agent is preferred.

• **Benzodiazepines**— Lorazepam is a good choice to treat acute agitation or aggression, particularly when the cause is not clear. Benzodiazepines also have a risk for abuse, and therefore should not be used on a regular basis.

• **Beta Blockers**— Beta-adrenergic blockers, especially propranolol, have been used to treat aggressive behavior in a number of diagnoses, including autism.

• **Mood Stabilizers**— Mood stabilizers are primarily used for the treatment of bipolar disorder and as an adjunct treatment for schizophrenia. They are also used to treat aggression, although they are not prototypical for this purpose.

Before prescribing medication for aggression, the clinician should ensure that the child or adolescent has a medical evaluation to rule out contraindications to treatment and to determine whether the aggressive symptoms might improve without the use of drugs (e.g., cognitive-behavioral therapy). Psychiatric evaluation is also necessary to determine whether depression, anxiety, substance abuse, or other problems are present. Treatment of these conditions may also result in reduced symptoms of aggression.

As a final note, after you have digested most of the material above, if you still struggle in certain areas as it relates to parenting an HFA child, feel free to use me as your personal online *parent-coach*. We can correspond via email: mbhutten@gmail.com.

Best of luck,
Mark Hutten, M.A.