



THE  
**S.P.A.R.K.S.**  
GROUP, LLC

# THE SPARK! SPRING GUIDE

# 2017

## **SPRINGTIME means more FUNTIME!** **10 Things Medics Need to Know about Your child's Autism**

April showers bring May flowers. Fingers crossed. We are all READY for SPRING. We can't complain about this milder winter but that still can't stop us yearning for the days of flip flops and sunshine and wanting to be outdoors. Being outdoors means more outdoor activities like running.

Accidents happen. We all hope for the best, but being prepared for the unexpected is particularly important for people with autism. The heightened level of anxiety associated with an emergency can turn a challenging event into a nightmare, so being ready is of the utmost importance.

Owing to the complex and individual nature of autism, informing a first responder or ER doctor that a patient is on the spectrum does not actually provide any concrete, actionable information. What they really need to know are the details of the specific patient's unique needs and sensitivities.

Here is a list of 10 important "pieces of information" that will help individuals with autism get the needs-conscious, medically-sound care they deserve:



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**1. The Basics:** Basic information, including the child's name, date of birth, blood type and a photo (for identification purposes) are essential. These details should always be current and readily accessible in case of emergency.

**2. Communication Needs:** The communication challenges often associated with autism can cause a significant barrier to proper treatment if EMS and ER staff are unaware of the patient's individual needs and abilities. How does your child communicate? Does he/she use an augmentative communication device? If yes, which one? Which language does he/she understand? Does he/she prefer sign language? Does the individual have any special instructions regarding communicating with them?

**3. Unique Behaviors and/or Triggers:** Does the child engage in arm/hand flapping? Are they light or noise sensitive? Do they become combative when restrained? Do they have other sensory issues? Information about the individual's specific behaviors/triggers, what they mean and how best to respond to them constructively and with sensitivity, reduces the possibility of behavior being misconstrued. If left unexplained, an EMS or ER staff may feel the need to use restraints and/or sedation.

**4. Additional Treatment Information:** Does your child have an unusually high (or low) pain threshold? Does he/she respond in an unconventional way to pain? Does he/she have a fear of needles? How does he/she react in these situations and what should medical staff know about how best to help?

**5. Emergency Contact Information** Who should be informed that the child has been involved in an emergency? How can they be contacted? The ability to reach emergency contacts can vastly improve the overall outcome of an emergency situation. Emergency contacts are likely to have a calming effect on the individual undergoing the emergency as well as having an intimate knowledge of the patient's unique needs.

**6. Medical Conditions** Does the child have any co-morbid diagnoses? Always provide medical staff with as complete a medical picture as possible.

**7. Medications** What medications is the child on? What is the dosage and frequency he/she takes the medication? Providing this information can make a huge difference in ensuring that there is no break in needed medications and that no detrimental interactions occur with any newly prescribed drugs.

**8. Allergies/Sensitivities** Does the child have any drug or environmental allergies? Are there foods they should avoid? What does an allergic reaction involve? What should be done in response to an allergic reaction?

**9. Insurance** Providing insurance information, even in an emergency, is a basic requirement. Readily accessible information should include: carrier, policy number, group number, name of primary insured and phone number.

**10. The Patient's Regular Doctors** Who is the patient's primary care physician? Does the person have additional providers? A psychologist? Psychiatrist? BCBA? Physical and/or occupational therapist? And how can these providers be reached? The involvement of a patient's own doctors and providers can both improve the care they receive and reduce the patient's anxiety.

Even in an ideal situation — which an emergency is anything but — being able to simply “come up” with these details and rattle them off without a hitch is virtually impossible, so families need to plan ahead. Bottom line is that accidents and emergencies will happen and they will be a challenge. But, being prepared can make a huge difference.

So, take a few minutes, get your ducks in a row and be sure that you and your loved ones with autism have what you need to make getting through an emergency just a tiny bit more manageable. You'll be glad you did!

*Reference: Wanda Refaely, a San Diego-based independent consultant specializing in autism treatment provider insurance credentialing, contracting and audit preparation.*





# Elopement

Have you ever been out in public or even in the house and you cannot find your child anywhere. Your mind starts to wander and feelings of “what ifs” begin to form in your mind? The fact that your child could be missing can place your mind in a tail spin.

Elopement is probably the most terrifying moment for a parent, especially if you have a child who is unable to communicate well. There are so many things that can happen from elopement. As a parent you have to live in constant alertness to keep your child out of harm’s way. It is often hard to determine the real reason why your child elopes and even harder to keep your child in a safe environment.

Elopement is a behavior that occurs when a child wanders off from a safe and supervised environment. A 2012 study found (via parent survey) that 49% of the study children with autism eloped after the age of 4 and of these, 53% were away from supervision long enough to be considered missing (Berends, 2014). Many parents look into different reasons on why their child elopes, some reasons may be because a demand has been placed upon the child, the child likes the attention that they receive from eloping, or may just be a sensory reason.

## **As a parent/caregiver you should start looking into treatment plans for your child:**

- Start to research different behavior analysis companies that will work with your child and the family, especially if your child elopes often.
- Observe the child to gain different reasons on why your child elopes.
- Talk to caregivers, i.e teachers, babysitters, etc, to see if the child elopes in their care and see what is the cause and effect of the child eloping.

Once that information is gathered see if you see any patterns that come up. For example, does it only happen when there is a demand or when the child doesn’t have the attention on him/her. Start tracking the behavior. Keeping track whenever your child elopes and for home long.

If you have a child on the ASD (Autism Spectrum Disorder), perhaps you should consider having a, Family Wandering Emergency Plan; such as the following example on the next page.

### *Resources:*

*Berends, Valori. (2014). Tackling difficult behaviors part 2- elopement and autism. Seattle Children’s. <http://theautismblog.seattlechildrens.org/tackling-difficult-behaviors-part-2-elopement-and- autism/>*

Make sure your family has a plan in case of a wandering emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event your child is missing.

**Critical Information:**

**Child's Name:**

**Child's Transmitter Tracking Number (if applicable):**

**Child's Official Diagnosis:**

**Child's Identifying Marks, Medications & Medical Needs:**

**Emergency Steps:**

- Clearly state your child's name.
- State that they have a cognitive impairment, provide the diagnosis, state they are endangered and have no sense of danger.
- Provide your child's radio frequency tracking number (if applicable).
- Provide your child's date of birth, height, weight, and any other unique identifiers such as eyeglasses and braces.
- Tell them when you noticed that your child was missing and what clothing he or she was wearing.
- Request an AMBER Alert be issued (if your child is a minor) or a Silver Alert be issued (if your child is an adult)
- Request that your child's name and identifying information be immediately entered into the National Crime Information Center (NCIC) Missing Person File.
- Search known areas your child would likely be, or attracted to. If you have an emergency point person assigned to contact neighbors, pick up your other children from school, watch your children, etc., alert them while searching known areas your child would likely be. If you have other small children, never leave them unattended.

**Emergency Contact Information**

TIP: create an emergency point person who can contact neighbors, fax your alert form to local law enforcement, and assist in making arrangements for your other children. Should your child go missing, make sure this contact has a cell phone, knows what your child is wearing, any identifying features, where your child was last seen, how long your child may have been gone, any medical needs or allergies your child may have, your child's likes and dislikes and main attractions. Ideally, the emergency contact will be a relative or close friend. Provide your emergency contact with a copy of this plan and ask them to keep it in a safe, accessible place.

**Emergency Contact Name:**  **Number:**

**TIP:** list the main places your child may likely go within the neighborhood, as well as the most dangerous areas nearby, such as ponds, lakes, pools, etc. Search these areas first. If you have assigned "search angels" ahead of time, make sure they know which location is assigned to them. Draw maps of these locations, or physically show the volunteers the location to which they are assigned before an emergency happens.

**Location Name and Description:**

<input type="text"/>	<input type="text"/>
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**TIP:** Before an emergency happens, assign at least five (5) willing "search angels" who will commit to searching for your child in the event of an emergency. Make sure they would be immediately available (are typically home) are willing, and know and understand which search location is assigned to them.

**Name. Number. Address. Assigned Location:**

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**OTHER NUMBERS:**

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## How Do You Know When Your ASD Child is Being Bullied?

Passing by a playground, you'll sometimes hear bullying remarks like, "Hey, Fatty, hey ugly ,or hey stupid!" So painful!

Most of us have experienced physical and/or emotional pain of bullying in our lifetime. The negative effects can last a lifetime. Now think about your child with autism. At the heart of his challenges are exactly what makes him a target for bullies: Children with autism usually think that everyone, especially their classmates, have good intentions and are their friends. Unfortunately, their social communication challenges inhibit them from detecting most forms of bullying. Bullies are masters of manipulating communication and socialization, and making a seemingly innocent interaction into humiliation.

### Is Your Child Being Bullied? Check In, Check Up:

**Signs:** Some children with autism may not be able to begin the communication with you. But there may be signs to watch for:

#### Physical signs

- bruises, cuts, bedwetting, self-stimulatory behaviors, self-injury, or refusal to go to school.
- Concerned teacher reports like distractibility, lack of effort in school work, not participating in activities with classmates, incidents of inappropriate behavior – especially those that seem like imitations of more dominant students or bullies.
- Emotional changes like depression, anger, or nervousness.

Conversation: Since some children with autism may not show observable signs. Start conversations to get closer to your child in general while familiarizing yourself with who your child's friends are – and those who are not – and what your child's daily school experience is like. Most children with autism have excellent memories; they can recite word-for- word what was said so you have a playback of what happened for you to address it head-on.

Use specific words that your child can understand:

- "Who are your friends in class / during lunch / during recess / during gym class?"
- "Why do you like Jennifer? What nice and good things does she say to you and do with you?"
- "At school, is there anyone you don't like / don't get along with / isn't your friend?"
- "Tell me about what you and Ashton played today after school / I'd like to hear all about your playdate with Ashton / how you felt while you were with him / what he said to you."



## Prepare and Equip Your Child to Detect Bullying:

**Identify Name-Calling:** Most children with autism can't distinguish whether words are good-natured joking or bullying. Your child might think that name-calling is actually the same as nicknames. Alert your child to a list of key 'red words' like; "stupid, ugly, fat, smelly, dumb" when a classmate addresses him. Also contrast 'kind / nice / happy / good' nicknames to those that are 'mean / not nice / not happy / bad' ones. For example, "Buddy; Dear; Sugar; Dude; etc." vs "Weirdo; Loser; Geek; Fatso; etc."

**Identify Harmful Expressions:** Innocent figures-of-speech like, "Get out of town!" are usually taken literally by people with autism, so your daughter may mistakenly think this person isn't a friend because he's suggesting that she leave. On the other hand, the child's concrete or literal thinking can actually cause her to miss the insincerity in other cases when bullying is occurring. When called a "Loser," the child might be confused and say, "How can I be a loser? I'm not playing a game." You can help your child to understand by explaining that the bullies usually shout these types of words, combined with the fact that words like 'loser' and 'dead' are negative. Through watching TV shows and movies together, practice distinguishing both harmless and harmful expressions, discussing not only the specific words but also the tone of voice.

**Identify Bullying Body Language:** Teach your child to closely observe how people communicate using their eyes, mouth, arms, and fingers. While you are both looking in a mirror, have your child imitate your modeling of a potential bully's gestures, like smirking or snickering. Describe the tiny movements of a smirk: "Look at the way I'm not smiling all the way. I'm trying not to laugh, so my lips are getting tight, my cheeks have a little air in them, my shoulders are moving up and down, etc." Compare a smirk and similar insincere expressions to a smile and other genuine expressions. "You see, when I smile, it's a big, full smile. Sometimes I show my teeth. There's no air in my cheeks, and my shoulders aren't moving." In the same way, discuss the sounds and look of joyful or playful laughter versus sinister laughter or snickering. Tell your child to look for people around him who are pointing at him, smirking, snickering, and/or laughing sinisterly. Explain that the bully and these bystanders are not his true friends.

**Interpret Actions:** Some children with autism understand that outright hitting, punching, kicking, etc. is never OK. But, because they are rule-driven, they tend to do whatever anyone requests, especially if it is from a supposed friend. Tell your child that if it doesn't feel right to do or if it's breaking a rule don't do it because this person is not your real friend.

**Understand Motives:** Kids with autism can't always interpret the reasons why bullies don't want to be their friends. You can shake-up your child's expectations by teaching him to anticipate unexpected possibilities through activities of chance. "Explain how some kids wrongly think that acting like a tough, mean, 'bull' is good. Extend this theme by reading these types of fables or stories, depending on age, such as 'The Gingerbread Man', 'Little Red Riding Hood', and 'The Wolf in Sheep's Clothing.' Similar themes include safety skills for 'stranger danger' and sibling rivalry as in the book 'Sam's Snack' by David Pelham.

**Seek Support:** Explain to your child that bullying is not her fault or responsibility to fix. Because the bully is like a 'fake' friend who doesn't know how, or wants to learn right now, how to be your friend. Tell your child to move on and look to befriend someone else. Partner with your child's school staff, and as a team, discuss resolutions. By having discussions at home, you can give your child the power to stand up against bullying while at school, all while building closer bonds with your son or daughter.

## Bullying Activity Sheet

**Directions:** Color the sheet with your child and the use it to have a discussion with him/her.



In most schools, there are rules against bullying. In cases where a bully physically touches you, whether pushing, tripping , or hitting, tell a responsible adult such as a teacher or principal.

## LIGHT IT UP BLUE for Autism Quiz

**Directions:** Test what you know about autism by answering the questions below.

1. You see a child in the grocery store is upset, covering his ears, rocking, and humming loudly. He accidentally knocks over a display.

**What would you do?**

- a. Walk away.
- b. Ask the parent or caregiver if they need help.
- c. Complain to the manager.
- d. Remark that he should be disciplined.

2. You are surprised when a friend tells you that her youngest daughter was diagnosed with autism spectrum disorder. How would you react?

- a. Say, "But she's a girl, and she doesn't look autistic to me."
- b. Ask what you can do to help.
- c. Say, "That's terrible. I am so sorry to hear that."
- d. Assure her that it's not a big deal.

3. The bakery clerk doesn't look you in the eye or engage in conversation. He gets your cookie order correct and points to your total. What would you say or do?

- a. Roll your eyes.
- b. "I'd like to speak with your manager."
- c. You wouldn't go back to this bakery.
- d. Say "thank you."

4. A young woman with autism is assigned to your group project in college. What would you think?

- a. I'd give her the easiest task.
- b. I'd complain that my group had a person with a disability.
- c. I would treat her like any other member of the team.
- d. She must be really smart, like Rain Man.

5. You're next to a man in his 40s in line for a movie. He is rocking, flapping his fingers by his head, and making odd noises. How would you react?

- a. Move to the end of the line.
- b. Tell him his behavior is inappropriate.
- c. Tell him to take a walk and offer to save his spot.
- d. He's not doing anything wrong; let him be.

6. Your third-grader mentions a classmate with autism who looks sad and sits alone in the cafeteria every day. Other kids call him names.

**What would you say to your son?**

- a. "He probably just wants to be alone at lunch."
- b. "Stay away from that kid."
- c. "Ask him if he'd like company at lunch tomorrow."
- d. "Tell him to go sit with the kindergarteners."

## ANSWER KEY

1. You see a child in the grocery store is upset, covering his ears, rocking, and humming loudly. He accidentally knocks over a display. What would you do?

**Your Answer:** Ask the parent or caregiver if they need help.

**Explanation:** Different from a temper tantrum, some people with autism can have intense responses to certain overwhelming situations. Offering to help with the display, speaking clearly and calmly, and giving the person extra space can all help both the child and his parent.

2. You are surprised when a friend tells you that her youngest daughter was diagnosed with autism spectrum disorder. How would you react?

**Your Answer:** Ask what you can do to help.

**Explanation:** Autism is a developmental disability that does not discriminate based on gender, age, ethnicity, socioeconomic status, etc. Let your friend know that you are there for her and her daughter. Let her take the lead, and be a good listener.

3. The bakery clerk doesn't look you in the eye or engage in conversation. He gets your cookie order correct and points to your total. What would you say or do?

**Your Answer:** Say "thank you."

**Explanation:** People with autism may struggle with social interactions. Poor eye contact or awkward social communication does not mean that the person is ignoring you or being rude.

4. A young woman with autism is assigned to your group project in college. What would you think?

**Your Answer:** I would treat her like any other member of the team.

**Explanation:** Most people with autism do not have an intellectual disability, but this does not mean that their autism makes them a genius either. These are both unhelpful stereotypes. Ask her for her input and encourage her to voice her opinions in the group.

5. You're next to a man in his 40s in line for a movie. He is rocking, flapping his fingers by his head, and making odd noises. How would you react?

**Your Answer:** He's not doing anything wrong; let him be.

**Explanation:** Stimming (or self-stimulating behavior) is just a way some people with autism (and others) self-regulate, cope with anxiety or excitement, or express themselves. He's probably excited to see the movie.

6. Your third-grader mentions a classmate with autism who looks sad and sits alone in the cafeteria every day. Other kids call him names. What would you say to your son?

**Your Answer:** "Ask him if he'd like company at lunch tomorrow."

**Explanation:** Most kids with autism would like to make friends, but they may not know how to approach their classmates. Making the effort to ask if they'd like company could make a world of difference.

