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PO Box 261209
Plano, TX 75026-1209
(972) 964-1669
<http://naa-nt.org/>

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FROM THE PRESIDENT'S PEN

By Nagla Moussa

Summer is here, the temperature is warm, the days are longer, and it's the perfect time to hang out at the park and enjoy the beautiful weather. The park is a problem you say because your child with Autism Spectrum Disorder (ASD) does not know how to make friends, and does not respond appropriately when other children approach him/her.

Fortunately there is a lot of help out there to guide parents on how to teach their children with ASD how to make friends and play with peers. According to the American Autism Society blog at: <http://www.americanautismsociety.org/parenting-autism/parenting-autistic-children-helping-autistic-children-make-friends/>.

The roadblocks to making friends for ASD children are: odd mannerisms, too rule oriented, immature interests, and sensory issues.

Teaching your child to play with others starts at home - forming a play relationship with your child by showing interest in what they are interested in, and teaching them turn-taking are very helpful first steps. Showing your child how to identify social cues, how to maintain eye contact (if not to the eyes, then maybe to one of the ears), and to identify beginning and ending of conversations are important skills. Teaching conversation starters is also an important skill. This is a lot for a parent to do without help and support. Finding a skilled therapist who is certified in Relationship Development Intervention(RDI) <http://www.autismweb.com/rdi.htm>; or one who has experience in teaching social skills to children with ASD can be very helpful and worthwhile for your child. Reading Michelle Garcia Winner 'Thinking About You, Thinking About Me' is also very helpful <http://www.socialthinking.com/what-is-social-thinking/about-michelle-garcia-winner>.

Making sure your child has social skills goals in his/her IEP at school is critical (social skills goals bank: http://www.specialed.us/autism/05/g_o.htm). If you feel comfortable with disclosing your child's diagnoses, explaining autism to peers can be helpful. Be your child's social director; talk to your child's teachers and find out which children your child plays with at school, and who he has common interests with and invite them for play dates in your home (don't underestimate children's empathy and potential to be your child's friend). Videotape your child's friend dates and replay them with your child, point out all the positive

FROM THE PRESIDENT'S PEN

behaviors your child exhibited and casually give tips on how he/she could have done other things differently. Practice different situation and ask 'what if' questions to help your child learn to deal with what may happen on a play date.

Finding special interest groups that discuss topics that are your child's special passion and share information and objects like 'Thomas the Tank Engine' groups, Legos, Trains, or Star Trek etc.... Join these clubs, but make sure to limit conversation on these topics to club meeting times.

When my son was younger, and his verbal and social skills were very limited, his dad and I always bought him the latest and greatest toy 'in vogue' and he would take it to the playground with him, other children would come over to see the toy, and they would talk to him about it. It was an ice breaker, we took the opportunity to explain that my son didn't talk very well, but he loved to play with others and even though he didn't say much, he can still play with them and share his toy.

Children with ASD, like all children, love to play with peers and make friends. Arming them with practical and simple social skills helps them make friends, and enjoy playing in the park with other children.

MONTHLY SUPPORT GROUP MEETINGS

Parent Get Together and Support Group Meeting

For parents of children with autism of all ages:

When: 2nd Tuesday of each month, (September - May) 9:30a.m.-11:00a.m. (**Original Pancake House**, 2301 North Central Expwy #156, Plano, TX 75075)

3rd Tuesday of each month, (September - May) 11:30a.m. - 1:00p.m. (**Corner Bakery 2401 Preston Rd A**, Plano, TX (In the Whole Foods Market Parking lot.)

There will be no support group meetings in June, July and August.

Self-Advocacy Group

For Teens (7th Grade and up) & Adults with Autism. Participants will learn about autism and its effect on their lives, while developing a great appreciation for their individual gifts and talents. It is important that participants know they have autism. Trained volunteers, including some with autism, facilitate this group. Bring an object, book, picture or other item that represents your talents and interests, \$5.00 to pay for pizza, snacks and drinks.

When : 1st Tuesday of each month, (September - May), at 7:00 pm

Where : St. Andrew UMC, 1401 Mira Vista Blvd. Plano, TX 75093. Please check in at the Theater room upstairs on the 2nd floor)

There will be no self advocacy group meetings in June, July and August.

UPCOMING EVENTS

Watch out the for most awaited event of the year - the Annual Moms' Event of 2019. Details about the event and signup will be posted on our website and Facebook Page. Spots fill up fast - like us on Facebook or visit our website for event information and sign up dates and times.

RESOURCE PACKET

Looking for an autism friendly pediatrician, dentist, private school, hair salon, attorney , therapy providers for speech, OT, ABA, or just about any services that make your child lives easier?

Email Nagla Moussa at nagla_alvin@verizon.net for a comprehensive parent resource packet. It's invaluable!

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St. Andrew United Methodist Church

Concept Connections-Jenny Keese

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The Behavior Exchange - Tammy Cline-Soza

Region 10 Educational Service Center

RBC Wealth Management (Plano)

Therapy and Beyond - Regina Crone Ph.D

Help, Hope, Solutions – Cristina Busu

Jess Dahl Hatton

This is the last of a multi-part series covering appropriate sexual behavior and sexual safety across several age groups of individuals with autism. In this article, Jessica Dahl covers sexuality as understood and faced by teens.

“Sit down and let’s have a nice, comfortable chat about masturbation,” said nobody ever. Yet, here we are. Over the last few installments, I have asked you to consider some very uncomfortable things; the likelihood of your child engaging in sexual relationships in the future, privacy issues and how they set the tone for sexual safety and body awareness and now, the big M. I apologize, I blush, we push on together.

Let’s get this out of the way: All kids and teens are going to explore their bodies and discover it’s more exciting features at some point, whether you are comfortable with it or not. This article’s main intent is to arm you with simple ways to communicate and set appropriate boundaries with your child from first exploration through total independence with private behaviors like self-touch and masturbation.

There is no one way to teach or resolve issues with masturbation because there is no one child or teen with Autism that is quite like another. The problem with setting hard and fast rules are numerous: it is very easy to overreact and instill shame that is counterproductive, it is likewise easy to accidentally reinforce a private sexual behavior leading to the behavior increasing in inappropriate situations, just to name a few. I have had highly verbal clients who could not seem to understand the functions of their bodies or the appropriateness of self-touch despite multiple conscientious and thorough explanations, and I have seen severe clients who seemed to learn private and productive masturbation behavior through some mysterious, secret osmosis. There is no silver bullet here, and there are no real absolutes, only one main goal that will churn your stomach to hear it. Take a second to step out of mom or dad mode and hear me out: you want your child to successfully masturbate.

As a BCBA who focuses my practice solely on the needs of high-behavior teens and adults, I cannot begin to tell you how magically different your life will become when your child stumbles upon the ability to masturbate effectively. There is no single intervention that seems to specifically address issues of hormonal, teen angst so thoroughly as a child who understands the functions of their body well enough to engage in productive self-touch. Without an outlet for these natural urges, I have seen many clients develop more dangerous or socially-unacceptable behaviors. The key is to embrace that healthy, private and safe self-touch is a super antecedent intervention to what can become complex, multiply-maintained and extremely challenging situations.

To be clear, when I say, “stumble upon the ability...”, I mean stumble; there is no ethical or appropriate way to urge your child along. I do not recommend any direct intervention or instruction of any kind. Understand that this can be a long and frustrating process for some individuals.

The only intervention I recommend to teach safe, private masturbation behaviors relies on shaping procedures based on your knowledge of your child. Here are some general steps for you to begin with:

1. Know your child’s strongest communication method- Is your child able to engage in complex and nuanced conversations? Is your child super strong with receptive communication and able to follow specific

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directions? Does your child learn best through visuals? Is your child best able to follow simple gestural commands? Knowing the way your child learns and making a plan for teaching privacy to their communication strengths is tantamount to success.

2. Know your child's behavioral repertoire and function- Does your child now or have they ever engaged in attention-seeking behavior that does not seem to value positive attention over negative? If yes is your answer, despite the communication strengths identified in the above step, it is valuable to consider a nonverbal method of communicating your expectations without giving any specific attention to the behavior. An exaggerated pointing motion near the bathroom or bedroom door, coupled with meaningful eye contact (or lack thereof) may be a very good strategy. Give huge amounts of positive attention for any steps toward privacy.
3. Set specific expectations and stick to them- Consider with your spouse or family members a safe, normative and private location for your child to engage in self-touch and require them to go to that place anytime they begin engaging in the behavior. If your child emerges from the private location without dressing or otherwise in a manner that is unfit for public viewing, give directives to remediate and compose themselves using the communication method identified in step one. If your child requires more help, conscientiously fade yourself out of the composure routine as quickly as possible by beginning to use simple gestural prompts instead of words and moving further and further away, physically while your child remediates the situation with more and more independence.
4. Make time for private time- Seriously, scheduling more loosely, preparing for lateness when you cannot, and/or setting aside specific private times in morning and at night and labelling them as such can be very helpful. Masturbation behaviors can be automatic for many teens and you do not want to regret not making private time after something more public occurs.
5. Teach cleanliness to independence- Your child may need help with redressing or cleaning themselves appropriately. Again, the key is to consider his or her level of independence and consciously fade out with both proximity and prompt levels. Your BCBA can help immensely with hygiene and dressing skills.
6. Consult your pediatrician or MD with any concerns- Never hesitate to consult with your child's physician about any concerns you may have.

If I can leave you with a final thought, please know that your bravery and your consistency in addressing the private masturbation behaviors of your teen are going to be positively correlated with your child's success, happiness and safety. Take heart, mom and dad, and take a deep breath. You've got this.

*Jess Dahl Hatton is a BCBA who specializes in adolescent and adult intervention and has devoted her career to addressing the unique social, behavioral and adaptive needs of this population. She has recently started an ABA company serving the DFW area, Apex Behavior Services LLC. www.apexbehaviorservices.com
Or read more from her on Facebook @jessvasd*

Kina Khatri

This is the second of a multi-part series covering health issues faced by MOTHERS of children with ASD and self-care for them. In this issue, she addresses thyroid dysfunction.

Self-care is how you take your power back.”

– Lalah Delia

What is the adrenal thyroid connection and why is it contributing to my fatigue?

The adrenals and thyroid are part of your HPATG axis or the hypothalamic-pituitary-adrenal-thyroid- gonadal axis. This very intricate and complex system doesn't work like a one way street but has numerous interconnected channels that are in constant communication with each part of the system. If one part of the system is working overtime due to chronic stress (adrenals) this will affect the output of the thyroid as well.

Cortisol in your blood signals to the regulators in your brain (hypothalamus and pituitary) to slow down. This is called a negative feedback loop. This in turn causes brakes to be put on the release of thyroid hormone.

Why did my doctor say that my thyroid hormones were normal?

The conventional medicine approach to evaluating thyroid function is to order a TSH (thyroid stimulating hormone) made by your pituitary. If the TSH value is within the VERY broad reference range then your doctor will say your thyroid is functioning just fine. Assessing the function of your thyroid goes beyond TSH. From a functional medicine perspective it involve all of these other values:

- 1.TSH – thyroid stimulating hormone
- 2.Total T3 – active hormone that is bound to protein
- 3.Total T4 – has to be converted to T3
- 4.Free T3 – active hormone that is unbound to protein
- 5.Free T4 – has to be convert to free T3
- 6.Reverse T3- inactive form, usually goes down this pathway due to stress
- 7.Thyroid peroxidase antibodies – auto antibodies created towards your thyroid gland
- 8.Thyroglobulin antibodies- auto antibodies created towards your thyroid gland
- 9.Thyroid binding globulin – protein that carries the thyroid hormones

These lab tests can be done with serum (blood) through most conventional laboratories. Your conventional medicine physician may not be able to fully interpret a expanded thyroid panel. Traditional medical training usually doesn't cover expanded thyroid interpretation.

How can I heal my thyroid?

1. Food First – Research shows that there is a correlation between gluten intolerance and autoimmune thyroid disease (Hashimoto's for example). If your body is reacting to gluten it will make antibodies to it. The gluten

molecule (gliadin to be specific) resembles proteins on your thyroid. Therefore, the antibodies made to gluten mistakenly attack your thyroid creating autoimmune thyroid disease.

- Try to do an elimination diet, 100% gluten free for a minimum of 4 weeks to see if your symptoms and/or labs results improve.
 - Consider getting advanced gluten/wheat sensitivity blood testing done.
2. Treat leaky gut – Stress contributes to and worsens your gut barrier function causing leaky gut (increased intestinal permeability). When your gut is leaky your body is more likely to make antibodies to food. It takes a minimum of 23 days to clear this antibodies down by half their levels.
 - Consider doing an autoimmune paleo nutrition protocol for a minimum of 4 weeks
 - Add in gut healing and sealing supplements such as glutamine
 - Replenish your microbiome by adding in probiotics
 - Consider getting blood levels of leaky gut markers and/or stool testing of your microbiome
 3. Stress Management – Practice deep diaphragmatic breathing to bring more oxygen to your organs and tissues. Start a 5 minute mindfulness meditation practice using apps such as Head Space or Insight Timer. Work your way up to 20-30 minutes of meditation in a day or at night. Take care of your social, emotional and spiritual needs by attending a place of worship, praying, and counseling to deal with underlying psychological stressors.
 - Limbic system retraining – www.retrainingthebrain.com
 - EMDR therapy
 - EFT therapy
 4. Exercise – Where is the time you ask? Start with a 1 minute morning rebounder workout (jumping on a trampoline) and work up to a 5-7 minutes HIIT (high intensity interval training) work out in the comfort of your own home. Look for 7 minute workout apps. If you have stairs at home or work go up and down the stairs several times as a form of exercise. Exercise is one of the most anti-inflammatory activity you can do for your body. Sitting is the new smoking, so get up and stand or walk around for 10 minutes every hour.
 5. Supplements – Supplements are just what they sound like, supplemental to a food as medicine program. Nutrients that will help support your body's ability to make thyroid hormone include: iodine, selenium, zinc and iron.
 6. Thyroid hormone replacement – As a last resort when all other options have failed, you may need thyroid hormone replacement. The following are some options for thyroid medications:
 - Glandulars – desiccated bovine or porcine thyroid glands that contain both T3 and T4
 - T4 only
 - T3 only
 - T3 + T4

What else could be the cause of my fatigue?

Your organs don't work in isolation, they are in constant communication with each other and work together as a complex well oiled machine. Adrenal dysfunction can effect thyroid and sex hormone production. Treating the adrenals can often autocorrect thyroid and sex hormone dysfunction. Stay tuned for my next article on Caregivers need care too:No mood for sex.

Dr. Kina Khatri is a functional medicine specialist who passionately believes in the body's ability to heal itself when it is given the proper environment to thrive.

Learn more about her and her approach at <https://carpathiacollaborative.com/dr-kina-khatri>

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DO YOU HAVE A CHILD THAT WANDERS?



The National Autism Association's Big Red Safety Box is back in stock! If you have a child that wanders or know one that wanders, please click on this link <http://nationalautismassociation.org/big-red-safety-boxes-now-available> to learn how you can get this box with tools to help keep children with autism safe.

BUYING OR SELLING A HOUSE?

We are excited to have the generous support of a real estate agent, Kirk Iverson! Kirk will donate 25% of net proceeds directly to NAA-NT anytime someone buys or sells a home and mentions NAA-NT as a referral.

Check out his page <https://www.facebook.com/kirk.iverson.942?fref=ts> or <http://BuyHousesSellHomes.KWRealty.com>

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