



Educational Therapies Conference Call

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Ernest Priestly: We're going to say to everyone here today that we're really, really fortunate to have Dr. Lang. She is the founder of the Beacon Day School for students on the Autism Spectrum Disorder.

She has been involved in the care of children for more than 20 in additional psychology and she has been practicing since 1991 and she is the member of several professional organizations. Some of which include the National [inaudible 00:33] Assistant Clinical Professor in the Department of Pediatrics at the University of California, Irvine.

Throughout her career she's worked with children diagnosed with the Autism Spectrum Disorder and has lectured very extensively on the subject. She has long supported children on this disorder here in Orange County and I want to tell everyone, that we're really in for a treat. I want to say Dr. Lang, welcome to the call on therapies today.

Dr. Joanne Lang: Well, thank you very much, I'm glad to be on the call, but my greatest claim to fame is that I have a daughter with developmental disabilities and she's now, I think, she's 27.

Ernest Priestly: Wow.

Dr. Joanne Lang: So, that dates me I guess.

Ernest Priestly: Yes, yes well, you know I'm glad you...

Dr. Joanne Lang: But, she's doing well, so she's my greatest success.

Ernest Priestly: Very good, very good. Could you tell us a little bit about the struggles that you went through? This will kind of give other parents an idea of what you went through and maybe they can empathize with how you were successful at all this.

Dr. Joanne Lang: Well, 26 years ago, our special education really hadn't evolved to the point where it is today, and I fortunately or unfortunately had my own ideas about what was best practices. Even then, school districts were less; you know, they didn't want to spend the dollars for what I thought were best practices.

Unfortunately, I ended up paying for everything that I could pay for by myself because I made the choice. It was either pay for it or pay for a lawyer, and I just chose to pay for it,

because lawyers were and still are exceedingly expensive. I don't know that there's an easy way to sometimes get districts to do the right thing, especially in economic times where, at least in California, the education budget is being cut rather drastically.

Ernest Priestly: Sure.

Dr. Joanne Lang: So, in terms of therapies, the things that I did was really on the job training.

Ernest Priestly: Right.

Dr. Joanne Lang: Much as like it is for parents with children with autism. My daughter Jessica, although not diagnosed with autism 26 years ago, would certainly warrant the diagnosis now. But, at 26, it's not a high priority for me to run out and have her get that diagnosis because she's doing well. I think, you have to define success for each child or each individual based on that individual.

For example, Jessica, when she was ultimately assessed by the school district, they came in and said, 'Well, her IQ is 45 and there isn't... we're not going to do much' and that was sort of the tune. But, the issue isn't just intellectual capacity particularly as it relates to IQ because an IQ score is a totally meaningless score. It's just a summary score. You can have one and 99 and can get a 100, and you can have 50 and 50 and can get a 100. It really doesn't tell you much about how the child learns and what support they need.

That's something that's really important, but the school districts tend to hold onto that because one of the ways that they determine special education needs is through a discrepancy model where you have to be two-and-a-half years delayed or 1.5 standard deviations below the mean. That's how they determine. I know that school psychology associations are trying and some states are trying to get away from that model, but it's still used in a significant portion of the country.

I think, this will lead things into what I consider Beacon Day School Model and something that I developed. A little bit about the philosophy that I hope to put into place. I want to preface my remarks with saying that autism and the concept of autism is changing.

If you have a chance to have any, hear Martha Herbert. Martha Herbert is a neurologist, a pediatric neurologist at Harvard in Boston and she is really looking and developing a new model rather than just being a DSM or Diagnostic and Statistical Manual of mental disorders, a disorder that has three core deficits. Dr. Herbert is looking at the total child not only the core deficits, but other physiological issues such as seizure disorders,

immune deficiency, allergies and how that totality impacts the child functioning in everyday life.

Ernest Priestly: Yes.

Dr. Joanne Lang: As part of looking at the total child picture, when a child comes to Beacon Day School we look at the following information that is required in terms of determining the level of support, particularly in the first 30 days. Now, just because we may determine this little caveat just because we may determine a child needs X doesn't mean that the IEP team necessarily agrees with us.

Ernest Priestly: Right.

Dr. Joanne Lang: Because they may not. But, the elements of this model include understanding cognition, which is more than just an IQ. It's understanding attention, how a child attends, whether they're hyper focused or whether they have a very short attention span. Language, visual spatial functioning, memory, abstract reasoning, the planning, the learning, emotional functioning and how that interacts with the child's ability to use his cognitive strengths.

We look at adaptive behavior because adaptive behavior is really critical in terms of how a child can function. I will share with you a little vignette about my daughter Jessica. She was with a group of people at Carnegie Hall at a school she was attending and they were having a fund raiser there. As usual after you get out of a concert it was very crowded and she got separated from her group. Of course, they all panicked and called the police, but certainly not Jessica. Jessica knew that she had to get to a big hotel where this reception was going to be. There's the La Meridian Hotel, which is just down the street from Carnegie hall, but she missed it and she kept walking. In New York, alone, across the street and ended up in the Four Seasons Hotel, ultimately she was found.

Ernest Priestly: Well, I like her style.

Dr. Joanne Lang: [laughs] Yeah, that's what I said. I said at least, she has really good taste. [laughs] The police found her. She was very calm, she was sitting in a chair. The police asked for her name and she told them her name. Her next question was, "Well, where's the party?" So, she had developed sufficient adaptive behavior to negotiate a very complicated city. Walk across the street and find herself in a place that was well lit and safe. But, she ultimately waited until she was found. That's pretty good adaptive behavior, as far as I'm concerned.

Adaptive behavior is a lot of things. It's being able to communicate your needs, fine and gross motor skills, it's social skills, it's language skills. So, really understanding all of those things is very important. Then, of course, social skills is important. Medical issues,

not only what the medical issue is in terms of a child's medical diagnosis, such as seizure disorder or allergies, but also what are the intervention strategies that might be used, including things like medication. For example, if you have a child with respiratory allergies and you give them some respiratory allergy medication. It might make them, as a side effect, very hyper and look like they're hyperactive and have short attention spans, when it is actually a side effect of the medication. That is particularly true with medications that have aminophilin in the medication.

So, you want to make sure that you have good communication with those individuals that are providing educational care and other support services, to see if there are any direct medical issues or indirect problems, such as medication or side effects from therapy.

You always want to look at the context. Because, I know from myself and I know at Beacon Day School, the child may be great at school, but at home, not be functioning so well.

Ernest Priestly: Right.

Dr. Joanne Lang: The difference really relates in terms of the structure that can be provided. Obviously, at home, you're not going to be so much on a schedule. You may eat dinner at six o'clock, but a lot of things happen. You have to go to the grocery store. You have other activities that you need to be accomplished throughout the day or in the evening. And so, there tends to be, and naturally so, less actual growth. Well, children with autism and related developmental disabilities don't always do so well.

Ernest Priestly: Right.

Dr. Joanne Lang: So, you look at all these things together and you determine the level of support that's needed, and then you put them in place. It's a dynamic process. So, if something isn't working, you want to modify it as soon as you find that it isn't working, or, vice versa - if something is working, you want to use that strategy, and might generalize that strategy more.

Am I explaining myself, do you think?

Ernest Priestly: Oh, yes you are. As a matter of fact, as you've been talking a couple of questions came in. One of them was, they wanted you to elaborate on the new types of treatments that are available for autism. What do you know that's up and coming? Or maybe you can discuss that a little bit.

Dr. Joanne Lang: Well, there are basically some of the traditional models that work. You know, the OT, PT, speech. And by speech, I do not mean just articulation therapy. I

mean higher order language, like pragmatic syntax, social language.

Ernest Priestly: Could you explain that? I think, a lot of people here might not be familiar with the modern terminology.

Dr. Joanne Lang: The issue for a child with a disability such as autism is you want them to be able to talk and to pronounce the words. But, then, you want them to be able to use those words to communicate. So, there's certain social conventions, like taking turns when you are in a conversation, that are very important. Some children don't think in words. If you remember, any of you have read Temple Brandon's book, she thinks in pictures. Her language is related to visualization, not words. We're used to thinking in words.

Ernest Priestly: Right.

Dr. Joanne Lang: Sometimes, it's more challenging for a child with autism to think in words or to adapt to thinking in words. So, we have to be thoughtful about what we are expecting the children to do.

Other therapies. At Beacon Day School, we have music therapy, we have art, we have yoga therapy. So, we do a lot of those things. Let me just address, for example, yoga.

Ernest Priestly: OK.

Dr. Joanne Lang: The reason we have yoga is because yoga is a very calming experience for a lot of the kids. They learn to relax. It's not a cognitive task demand. A lot of these kids, because of the task demands that are placed on them, they become very anxious. So, you want to give them strategies. And when they ask for a break in school or at home, give them a strategy to reduce the anxiety.

In yoga therapy, there are credentials for children or pediatric yoga. One of the associations, and I don't remember which one, has training programs for children and the use of yoga. So, that's one aspect.

Other things that are very useful, for example, are arts. It doesn't matter what kind of art the child engages in. If, for example, the child is very sensitive to touching paints and those kinds of things, there are other mediums which a child can use in order to accomplish what they would like to do. Art is one of those mediums where a child can not only express themselves emotionally, but can also learn and implement and generalize their academic skills. Because, if you ask the child to fold the paper in half or quarters or pick certain colors, you use it to reinforce all those activities.

Then, of course, there's music therapy. Music is also one of those mediums where children can pick and participate with a group. It enhances social skills. All of these therapies can work on social skills of language, communication, and gives that child the opportunity to feel comfortable and to generalize to things that they might not necessarily have an opportunity to experience.

Ernest Priestly: Right.

Dr. Joanne Lang: There is other therapies include of course applied behavioral analysis, and that's a whole broad topic that I'm happy to answer as specifically as I can, but in terms of managing behaviors, that's been well researched and well documented. Sensory integration therapy is varied but generally that's an occupational therapist that works in that realm although I don't know if that is exclusive to that discipline.

What I have found is that other therapies are developed, but sometimes they're offshoots of these core therapies. They build upon these aspects of physical therapy or occupational therapy or music, so they're not a specific, it's not like it's a new discipline.

Ernest Priestly: Right.

Dr. Joanne Lang: This can be very regional because I know people develop a business around this. I'm not saying that they're bad, it's just you have to look at the qualification of the person and who is delivering this service and making sure that it has a good theoretical base and is evidence based so that you know what you're paying for and what you're going to get in terms of what that therapeutic modality is.

Ernest Priestly: OK.

Dr. Joanne Lang: Did I answer the question?

Ernest Priestly: Oh yes you did. I think, people here got an idea sort of the therapies available, which would be yoga, music and art, and certainly the ADA, and those are definitely great therapies people can read up on further.

I did get a question from someone here actually from the Virgin Islands.

Dr. Joanne Lang: Wow, OK.

Ernest Priestly: That's probably the furthest person away so far. They have a question that is they wanted to know where your school is located and what are the age ranges of the children there?

Dr. Joanne Lang: The school is located in Orange, California, and we accept children,

students from age five to 22.

Ernest Priestly: OK.

Dr. Joanne Lang: We have a transition program that actually begins at 18.

Ernest Priestly: OK.

Dr. Joanne Lang: I think, that's a federal law where there's a transition from high school into adult life where we give job opportunities and things like that. That's a very specific program in California.

Ernest Priestly: OK. I've got a really interesting question here, I don't know if you can answer it, but I figured, I've heard this before Jenny from Elk Grove, California asks, "Any strategies on how to get insurance or school to pay for alternative therapies?"

Dr. Joanne Lang: Oooh, if I knew...

Ernest Priestly: That's a topical subject.

Dr. Joanne Lang: The answer to that one I would be independently wealthy and I wouldn't have to work ever again.

Ernest Priestly: [laughs]

Dr. Joanne Lang: I have no idea.

Ernest Priestly: Yes.

Dr. Joanne Lang: I know the medicament is evidence based therapeutic intervention. The issue is that you have to, if you're going to get for example a school district to pay for something, then you're going to have to provide them, because they're not going to do the work for you, you're going to have to provide them the evidence that it is a therapeutic intervention that works. That's sort of their bottom line.

Education will not fund things that they think are medically based and if you ask an insurance company they aren't going to fund things that they perceive or can perceive are educationally based.

Ernest Priestly: OK.

Dr. Joanne Lang: Somewhere in the middle, there is this line and I don't know where it is.

Ernest Priestly: Yes, you know, that's I guess it too depends on the state wouldn't you say? I mean, some states I know are a little bit more progressive in this area, and then

some others who are not.

Dr. Joanne Lang: I certainly agree. I can only speak to California, but a lot depends on the state. A lot depends on even the school district because just from having Beacon Day School, I can tell you that there are districts that are more user friendly and easier to work with than other districts.

Ernest Priestly: OK.

Dr. Joanne Lang: I think, that's true of insurance companies as well.

Ernest Priestly: Right. Well, I've got another question here from Holly from Clinton, I'm not sure what state that's in, but her question was, "What is integration therapy?"

Dr. Joanne Lang: It's a model that's been around for really a long time. The issue that happens with children with disabilities in particularly autism, what will happen is the district will say, OK, Suzie, for example, will get speech therapy two half hours a week. Suzie leaves the classroom, goes to speech therapy for half an hour and comes back, and nobody knows really what the speech therapist is working on. The speech therapist certainly will be working on the defined goals, but the issue is that speech is not a half an hour twice a week.

Ernest Priestly: Right.

Dr. Joanne Lang: It's all day, every day. So, the teachers at Beacon Day School and the instructional assistants and behavior therapists are encouraged to go to speech therapy with the student so they can observe and help the child to have opportunities to integrate whatever is going on in speech therapy in the classroom, and then even translate it and provide the parent information at home, so that it is an ongoing dynamic process rather than static and just twice a week for a half an hour.

Ernest Priestly: Sure.

Dr. Joanne Lang: Certainly, that goes for sensory integration issues, physical therapy, occupational therapy so that you educate the child and you keep the whole child in perspective as the child moves through his educational day.

Ernest Priestly: OK, I am glad that you mention this because there's a kind of a follow up question from someone else here. Her name is Linda from Mt. Laurel, New Jersey. She had a question which was, "Are the district speech sessions as effective as private? Or is it recommended to continue with private once your child starts school?" I guess, she wants to find out whether to use the speech sessions at school, the public school or take them to private sessions.

Dr. Joanne Lang: Well, you have to ask what the credential of the school and the private therapist is.

Ernest Priestly: OK.

Dr. Joanne Lang: Then, if you are using both and some people do, but since the school district's therapy with the private therapy, you want to make sure that they're not using conflicting approaches that we're all on the same page so that the child doesn't get confused.

Ernest Priestly: Right.

Dr. Joanne Lang: The more the merrier, but again you just want to make sure that whatever is being used, whatever therapeutic modalities or goal and objective, the speech therapist is working on, in schools, you want to make sure that the treatment choice is the same and you're working on the same things, and everybody understands everybody; because if we are confused, just imagine what the child is feeling.

Ernest Priestly: Sure, sure. I have another question here from Lynn from Boston and this kind of dovetails on the question of integration therapy as to what it is. She asks, "What's the difference between integration therapy and inclusion within a classroom?"

Dr. Joanne Lang: Well, inclusion within, let me explain. Inclusion is just including a child with a disability such as autism into a general ed classroom. That doesn't mean they learn there, that just means they have a seat there.

Ernest Priestly: Oh, OK.

Dr. Joanne Lang: And what happens in that class... And that's not to say it's bad. I think, one of the things that's important is that not all children with autism and developmental disabilities are the same. What may an inclusion situation may be terrific for one child, but may not be terrific for another child. So, each child has to be viewed on his or her merits and what works for him or her at the time.

Ernest Priestly: Right.

Dr. Joanne Lang: But when you're dealing with children who are more moderate to severely impacted, they can't keep up. I have seen some unfortunate outcomes because everybody wants them to keep up and everybody is moving towards the concept is that we want to get this child mainstreamed, at least restrictive.

But, when a child can't manage that, what happens is they start to cry and then they're taken out of the classroom. The next time reading comes up they cry and pound their fist and they're taken out of the classroom. Inadvertently what's happening, if you would think about it in terms of behavior, is you're reinforcing the crying and the tantruming behavior. When really you have to look at the [inaudible 32:10] management of what's going on in the classroom. Is it appropriate and/or what modifications need to take place to make it appropriate?

Ernest Priestly: OK. Well, I think that answers Lynn's question. I've got a question here maybe you can answer this I'm not sure, but it's from Deborah from Detroit and she asks "What the best therapy for a non verbal child who's 12 years old who was once verbal and to get them to be verbal again?" I guess, that's going to be depending on having an evaluation with someone.

Dr. Joanne Lang: Well, yes, if you have a non verbal child - and I have several children at Beacon Day School who are non verbal - the issue is really looking at getting a really good speech therapy evaluation and looking at things like interests of the child.

I'll give you an example, I have a child that I've worked with in the past and I've known for years, who is a very bright child, but totally non verbal. He is very fluent with a Dynabox, which is an assistive technology device like a computer and it has speech output. I have another child who is a young lady who is non verbal and she's very fluent in sign and uses another assistive technology device.

You have to have somebody, a really good speech and language evaluation along with a good assistive technology evaluation in order to determine the most effective modality in order to encourage speech and language. It can range from anything from low tech like PES, the Picture Exchange System, to very high tech, which is like a computer, which is a Dynabox that needs to be programmed. I think, that's the best answer that I can give.

Ernest Priestly: OK. These therapy questions just keep coming in here. I have one person that asked about gymnastics and karate as being therapy. Have you heard of this?

Dr. Joanne Lang: I haven't heard. A lot of the kids will take you know karate or martial arts types of things, because it allows them a socialization opportunity and gets them into peer activities. What was the other, it was karate and what?

Ernest Priestly: Karate and gymnastics.

Dr. Joanne Lang: And gymnastics. I think, gymnastics... You know, again, I don't have a prior sense that one would necessarily be better than the other.

Ernest Priestly: OK.

Dr. Joanne Lang: The issue is why is the child participating? If the purpose of the activity is socialization and opportunity to interact with your peers, that's great, but you don't want to, you want to look at in the context of the child. There isn't a blanket response that I can give that would make sense for everybody.

Ernest Priestly: OK. OK, I have let's see here another question here from Nadinie. She has a five year old child who has been assessed with autism and he currently has a stammering problem and he can't express his pain as well. And she's asking is there any

therapy that can help this particular problem.

Dr. Joanne Lang: Stammering like a stutter?

Ernest Priestly: That's what it sounds like, yes.

Dr. Joanne Lang: A stutter. Well, a stuttering is a speech and language communication specialist type of problem, so I really can't answer that.

Ernest Priestly: OK, that's fine, that's fine.

Dr. Joanne Lang: I just don't know how to answer that.

Ernest Priestly: OK. I have another question here from Marilyn from Federal Way, Washington. "Just in case school doesn't work out, do you have any information for home schooling?" Because a lot of parents may be home schooling their children. Obviously, they want to know sort of what therapies can benefit them as well.

Dr. Joanne Lang: There are, if you're going to home school your child and it's not an area that I know a lot about. But, there are state and local guidelines about curriculum standards. You need to work with your district or somebody in your education community to make sure that the child is working within the content standards that they are supposed to be achieving, or there is an alternative curriculum. There's one here in California called Basics II.

Ernest Priestly: Say that again.

Dr. Joanne Lang: Basics II it's B-A-S-I-C-S II, it's the second edition of it.

Ernest Priestly: OK.

Dr. Joanne Lang: It was developed by San Bernadino City Unified school district and a neuropsychologist. It is very developmentally based. It has an assessment tool. It's a very... We use it at Beacon. There are other assessment tools I'm sure available. There was another one that was developed and put out by the Orange County Department of Education here in Orange County California and I can't remember the name of that one.

But, if your child has a moderate to severe problem with autism, then those curriculum might be appropriate. Otherwise, you're going to be faced with the content standards for a general ed curriculum, and there needs to be books and curriculum materials and all those kinds of things. And there are organizations out there - and I can't think of the name of one right now - that will guide you in this process.

Ernest Priestly: OK.

Dr. Joanne Lang: But, I'm not an expert in home-schooling, so that's probably all I can

tell you.

Ernest Priestly: OK. I've got one, I think, right down your alley here. It's Debbie, from Spring Hill, Florida: "How do you teach your child through social stories? Do you work on one story at a time until it's mastered, or can you attempt to teach several stories? How do you schedule the social story within the day-to-day activities?" I guess, that's three questions there.

Dr. Joanne Lang: OK. Well, to my knowledge, you can use multiple social stories. It doesn't have to be one at a time. But, you might have one on - it depends on the child, but it might be toileting or transitioning. And you can use them at the appropriate times. And there are several people that are authors that are very good at that. And, unfortunately, I can't recall their names, but I'm sure if you Googled "social autism social stories," you would be able to get some more-specific answers to that question.

Ernest Priestly: OK. As a matter of fact, could you sort of describe... In case someone's out there that doesn't understand what social stories are, could you kind of describe kind of what that's like?

Dr. Joanne Lang: Well, a social story is putting into context, or priming the child, so when they get into a social situation, they know what to do.

For example, you're going over to your neighbor's house, and you want a child to say, "Hi, how are you?" You might pull off a social story before you go and say, "Here's the story of Johnny, and he's going next door to visit his friend, Jimmy." And you have a picture. And you can either use real-life pictures or you can use pictures from the computer. And you write a text based on what the situation is: "The Jones family is going next door to meet the Smith family." And there's pictures of two different houses.

Ernest Priestly: OK.

Dr. Joanne Lang: "What do you do when you walk over to the Smith house?" You ring the doorbell. "Then, what do you do?" They open the door and you say, "Hi."

And it's the kind of thing where you sequence out what we take for granted in terms of social skills. Children with autism need to be primed and taught what are some of the social nuances and conventions in our society. We don't run next door and just burst in the door and say, "Hey, I'm here for dinner." [laughs]

Ernest Priestly: Right.

Dr. Joanne Lang: Because that sometimes will get you into trouble.

Ernest Priestly: Right. Well, let's see here. Great answer. And, man, we're just getting

some great questions are coming in here.

I like this one. There's a woman named Yetta, from Washington, DC. And she says this: "A group of parents and I have started a parent-run play autism group." I think, that's great. "What are some of the suggestions of activities to do while we're out at our outings" - they mean the zoo, aquarium - "that we can do together to develop socialization skills between our children? They are all in the five to eight range. Thank you. And this is a great conference." She bribed me, so that's why I asked that question there.

Dr. Joanne Lang: [laughing] She bribed you...

Ernest Priestly: Yes.

Dr. Joanne Lang: OK.

Ernest Priestly: This is a great conference. Anybody who wants to get their questions answered has to say great things about this conference.

Dr. Joanne Lang: [laughs] OK. Well, let's see.

You have to structure the social interactions. So, let's say you're at the zoo, and you want the children to talk about the elephants, for example. You will have a preplanned - and it doesn't always go as planned, by the way - idea of how you might encourage the interaction. You could say an older child who is, let's say, eight talk to the younger child about elephants, and develop a dialog in that way.

The peer teaching and peer relationships that are developed that way are often very rewarding for both sets of children. Turn-taking. And if you're going to an outing at the park, for example, pivotal response therapy... Laura Schreffirnan - and don't ask me how to spell her name - and the Koegels is C-O-E-G-L-E, I think, at the University of California, Santa Barbara developed the concept of pivotal response, which is learning to take turns.

Ernest Priestly: Yes.

Dr. Joanne Lang: And that's a very good way to get kids to interact and to develop social skills. And it can be as simple as rolling a ball back and forth, or playing catch, or doing any of the things that a typical developing child might do.

Ernest Priestly: Sure. Sure. I've got a really great question, which I'm sure everyone experiences this. Her name is Holly, from Clinton, and her question is: "Since autism is a disorder that affects the whole family, what type of services does the rest of the family

need?"

Dr. Joanne Lang: Well, boy, is that a terrific question. And I'm going to start with my family, because that's what I can relate to. And I'll talk about my youngest son, Joshua. And my daughter, Jessica, is older than Joshua. And I can remember the day Joshua came in the house just screaming, crying, and he says to me, "I don't understand it, mother. She gets all the attention, and she's faking. She's just faking."

Ernest Priestly: Mm-hmm.

Dr. Joanne Lang: You know, Jessica wasn't faking, but for him it was, "Why is she getting attention and I'm not?"

Ernest Priestly: Right.

Dr. Joanne Lang: And that can become a real theme among siblings. And I see a lot of sibling distress around any kind of disability within a family, because they don't understand it. Every child needs his or her own level of attention and family interaction, and many times, when you are out and about, or even in your activities of daily living, everything centers around the child with a disability. And it's very hard.

So, a sibling-support group is, I think, very important, and making sure that the siblings are heard because, even to this day, I know - and my kids are older - there is just this inherent sibling rivalry that sometimes goes on.

The other thing that is very important is to take care of yourself. Make sure that you get enough rest, that you eat well, that you are able to - especially moms, because moms have to work 24x7, and it just goes on every day, all day. And if you don't take care of yourself and give yourself a break, the house of cards will collapse.

And you not only have to take care of yourself; you have to take care of your marriage. And sometimes that means going to counseling or therapy and finding a therapist who understands the issues that evolve around having a child with special needs. Because you have to -

Again, if you take care of yourself and your marriage and have a social network for yourself and your husband and family, then you will survive and survive well. But, boy, is it a challenge.

And I can speak to that personally, because you're always in uncharted waters, and life

can throw a curve ball at you faster than a speeding bullet. And the least of which is not just the child, but everything that surrounds the child - the school districts, the insurance companies - and you feel like you're battling on every front.

Ernest Priestly: Right.

Dr. Joanne Lang: So, therapies, outlets, maintaining good relationships, and even if that means providing or obtaining - like in California, you can get respite services from the regional centers, and making sure that you use those respite services to protect and give you and your husband some time together.

Ernest Priestly: I'm glad you mentioned that, because it seems like the marriage, it gets really, really strained - it's strained a lot. And certainly, having respite care is important. Is there any other thing that people out there can do to kind of work through their relationship issues when this is happening?

Dr. Joanne Lang: Well, not to blame anybody. [laughs] I know, there's a lot of research going on in terms of genetics and autism. And it's very easy to point the finger: "Well, it's your fault."

Ernest Priestly: Right.

Dr. Joanne Lang: And it is what it is. You have a child with a disability. What are the constructive ways that you can deal with it? How can you structure, everyday, having a plan, so that you allow time for yourself, allow yourself to go to those exercise classes or go shopping? Because you will lose perspective, and then you will begin to be angry at those around you, and you can't. You will become overwhelmed. It's like things will pile on the wagon until the wheels of the wagon break.

Ernest Priestly: Wow. There's a lot of people that empathize with that, really do.

Dr. Joanne Lang: It is a monumental problem. If you're going to help your child, you have to have a family and a community of support. And it's REALLY hard for single parents. And if you're going through... I can't tell you the number of families that I've encountered that are getting divorced and angry, and everybody's fighting. And that certainly doesn't help anybody.

Ernest Priestly: Right. Right.

Man, this was great. Later on, we should do a call strictly on this, because there seems to be a lot of people out there who are all going through this, and maybe they just need a place to vent and talk about it. So, yeah, that's a thought for another opportunity for a conference call.

Dr. Joanne Lang: It's absolutely, I can't tell you how important it is.

Ernest Priestly: Yes.

Dr. Joanne Lang: Because you may win the battle, but lose the war.

Ernest Priestly: Right. Right.

Dr. Joanne Lang: And you don't want to do that.

Ernest Priestly: Right. I've got a great question here. Thanks so much for elaborating on that. That's really good information here.

And that brings us to our next question. And his name is - or it may be her name or his name - Johnny Ramsey, from Concordia, Kansas: "When inquiring about yoga, does there need to be any special training for the instructor, or would anyone trained in yoga do?"

Dr. Joanne Lang: Well, there is a special training for yoga, teaching or employing yoga principles for children. Now, that being said, I don't know what organization sponsors that. But, probably the most important thing is that the person that is providing the yoga class is very child-centered and understands children with disabilities, and also that you have enough support in the yoga class.

For example, at Beacon Day School, when we have our yoga classes, it isn't just a yoga instructor and six kids with autism, because you couldn't manage all of that. You have to have the instructor, but also - it depends on the class - like one support person for two children, because that they can help the instructor do the yoga poses and those kinds of things because a lot of the kids just can't do it by themselves.

Ernest Priestly: Mm-hmm.

Dr. Joanne Lang: Oh, and there's one other therapy that I should have mentioned and I didn't, and that is pet therapy.

Ernest Priestly: Say that again?

Dr. Joanne Lang: Pet therapy.

Ernest Priestly: Oh, pet therapy. OK.

Dr. Joanne Lang: That is another terrific therapeutic modality. And that's been proven effective even with children in hospitals. Many hospitals allow therapy dogs in hospitals. And again, there are certain criteria for the therapy dogs: that they have to have a certain amount of training and they wear a jacket. That is another great way to get kids to communicate with each other, around the therapy dog.

And at Beacon Day School, we have a dog-in-the-park day, maybe twice a month.

Ernest Priestly: OK.

Dr. Joanne Lang: So that the kids can get out and be around appropriate therapy dogs.

Ernest Priestly: I'm glad you mentioned that. I'm sure some people here may want to look at that as another possibility, one of the things they can try.

Dr. Joanne Lang: Yeah. It's really great. But, you just have to make sure the dog is very, very well-trained...

Ernest Priestly: Yes.

Dr. Joanne Lang: Because these kids, they may inadvertently hit or bite or do whatever, and the dog cannot react.

Ernest Priestly: Right.

Dr. Joanne Lang: So, you have to make sure. And there are certain organizations that will provide you, I believe, with a therapy dog, but they may be different in different parts of the country, so I wouldn't know, necessarily, one umbrella organization for that.

Ernest Priestly: Sure.

Looks like we're about halfway through the call now. It's gone by so fast. You can't see the screen that I'm looking at, but we have over 120 questions that have come in.

Dr. Joanne Lang: [laughing] Oh, my goodness!

Ernest Priestly: [laughs] I know, we're not going to get to all of them, but I want to kind of pick out the ones are kind of going along with the thread of the conversation.

And one of the ones - I've heard this question before, and I'm sure this is right down your alley here. It's from Janet, from Illinois: "How do we manage the compulsive repeating actions?"

Dr. Joanne Lang: Well, you have to understand the source of the issue. Repetitive behavior can be a result of increased anxiety or self-stimulatory behavior. So, it depends. For example, children, if they are not engaged in an activity, their self-stimulatory, repetitive behaviors, you'll see them increase. So, keeping the student and child engaged in an activity - and I see it in school, particularly - is very important.

Other things, like skin-picking, I see, and other behaviors - self-hitting, hitting their head - are all either self-stimulatory or a result of anxiety. And the skin-picking doesn't even necessarily hurt them, or the head-banging may not even hurt them.

And I can give you an example. There was a young man, a boy that I knew that came to Beacon Day School for a while, and he would have a tantrum, and he would bang his head on the floor. And I couldn't decide whether it was behavior or he was having a seizure, but all I knew was that this couldn't go on because, if he didn't have autism, he was going to have a head injury. And it was scaring me.

Ernest Priestly: Sure.

Dr. Joanne Lang: So it certainly was a behavior, but it was a learned behavior, and it took us quite a while to extinguish that behavior. But, the repetitiveness, it can be either self-stimulatory or it can be anxiety. You have to decide what it is. And you can speak to a behavioral therapist, and I would suggest that you speak to someone who has experience in autism and is a board-certified behavior analyst. I just recently got that credential, and it's a very important one to have when you're working with children with autism.

Ernest Priestly: Mm-hmm.

You spoke of therapy dogs before, and it turns out someone just sent a question in really quick here. Her name is Terry Cooks, from Capitol Heights, Maryland. And she asks: "Where do you acquire a therapy dog?"

Dr. Joanne Lang: I think the best way, if you're in Maryland... Where's this coming from in Maryland? What is the location? Is it in Baltimore or outside of Washington?

Ernest Priestly: Mm-hmm.

Dr. Joanne Lang: Do you know? Hello?

Ernest Priestly: Yes, I'm here.

Dr. Joanne Lang: Oh, OK. Well, wherever it is, sometimes you can call your local children's hospital, like you might call Johns Hopkins Hospital, because they may allow therapy dogs in, and then they can give you the name of the organization that provides the therapy dogs. But, I don't know, in Maryland, an organization - I just wouldn't be aware of it, in Maryland - that would provide the therapy dogs.

But calling hospitals and pediatric units and seeing if they have therapy dogs will be a good lead, because I know, at the children's hospital here in Orange County, they have

therapy dogs, and they have a therapy-dog program associated with their volunteer program. And that's a good way to find out.

Ernest Priestly: OK. So, check with their local hospital, just to find out what therapy dogs that they have available and see how they can participate. OK.

Dr. Joanne Lang: Yeah. Like call John Hopkins - and they have to have a volunteer department; all big hospitals do - and ask for somebody who volunteers in their pediatric unit and see if they have any knowledge of therapy dogs.

Ernest Priestly: OK.

Dr. Joanne Lang: And that's the best suggestion.

Ernest Priestly: I have someone that kind of chimed in here, and they kind of made a statement. They said they acquired a service dog 14 months ago, and he has done amazing work. "I would highly recommend a well-trained dog like we have. And I agree: it's an amazing therapy and an even better tool." So it looks like people are...

Dr. Joanne Lang: Absolutely. Yeah. It's a great opportunity, because the kids can go out with a therapy dog, and therapy dogs can go in restaurants and to movies and even on airplanes. And people, they just love to come up to cute dogs. And a cute dog and a cute kid is a great combination.

Ernest Priestly: Sure, it is. It is.

I have one person who has posted a question twice, actually. And they have a question regarding: "What do you think of the Montessori ABA for children with autism?"

Dr. Joanne Lang: Well, Montessori - Maria Montessori developed, really, the ultimate multi-sensory approach to learning. And she did that with underprivileged children in Italy. And so I think, if you're talking about a multi-sensory approach in conjunction with ABA therapy - is that what the question is?

Ernest Priestly: Yes.

Dr. Joanne Lang: It would depend on how it was implemented by your behavior therapist.

Ernest Priestly: OK.

Dr. Joanne Lang: And at the individual needs of the child. Certainly, I think multi-sensory can be very beneficial to a child, but you have to be careful that the child doesn't become sensory-overloaded. And the reason I say that is that there is work by a researcher by Minshew, who studied neuropsychological issues in children with autism and stated that it was a complex information-processing disorder. So, if you overload the

children with sensory input, they may not do as well.

The ABA therapy has a long history of being an excellent intervention strategy for children. So, if you're trying to get the child be less tactilely defensive, and you're using an ABA approach, that would be very important and might work very well.

Ernest Priestly: Sure.

Dr. Joanne Lang: The other thing that I want to make sure people understand is ABA therapy is more than discrete-trial training. Discrete-trial is only one modality of behavioral intervention. So, I just wanted to make sure people understood that.

Ernest Priestly: OK. Very good.

I've got this one question that I had not heard it before and wanted to ask you about it. And it's from Holly, from Clinton, again. And what do you think about hypnotherapy? Have you heard of that?

Dr. Joanne Lang: Is that named "hippo"?

Ernest Priestly: Yes.

Dr. Joanne Lang: H-I-P-P-O?

Ernest Priestly: H-I-P-P-O.

Dr. Joanne Lang: I don't even know what it is.

Ernest Priestly: Yeah. I just did a quick Google search, and it seems like it's related to horses in some way.

Dr. Joanne Lang: Well, equine therapy is great. I mean, if you're talking about therapeutic riding, Jessica, my daughter, rode horses for years. As a matter of fact, she was the first one to ride horses. And then, not to be left behind, my entire family rode horses. [laughs] We don't do that anymore, but I think therapy, horseback riding can be a very good modality for kids, and adults, with autism.

And I know I'm dealing with moms, and most of you have younger children but the children grow up and at some point we really need to address issues of adolescence and adults because we all have to think of the future.

When my daughter Jessica was young you know I could only see in the moment but now

she's in her late 20's and I think of all the things that I went through and what I should have done and didn't do. That's a whole other conversation.

Ernest Priestly: Yes it is, yes it is. It's going crazy here Dr. Lang. There's like a 145 questions.

Dr. Joanne Lang: Oh my goodness. [laughs]

Ernest Priestly: [laughs] Let's see here, I'm just trying to figure out which ones here that we can pick up. I know there was some pre questions that we got earlier on. Let's see if I can go through some of those here.

Let's see here, well I think one question here that one parent asks is are there any books, actually one teacher asks, are there any books that one should get that teach them about autism given that many teachers, according to her don't really know enough about it. Could you recommend a book for a teacher?

Dr. Joanne Lang: Well I just have been appointed associate professor of education at Pacific University and one of my challenges is to find or write or do something to find a text book that would help teachers understand autism and to teach and provide educational care in a more effective manner.

I wish I had an answer to that question but I don't. Now that's not to say there aren't good references out there. One of them is "Applied Behavioral Analysis for Teachers" which is an excellent book. Unfortunately, I'm at home and I don't have all the references right in front of me, but that is an excellent reference.

Ernest Priestly: OK.

Dr. Joanne Lang: If you're looking for curriculum materials, Basic II is excellent you can get that from Sanford in [inaudible 01:12:01] city, you know by school district. None of these are specifically related to autism for teachers and it's a sad commentary that our Universities are so far behind.

Ernest Priestly: Right, right.

Dr. Joanne Lang: They are really behind the curve because there isn't even a course taught in autism and related disabilities. You know I wish I had a better answer but I don't.

Ernest Priestly: OK, OK, I guess one person here has asked are there any questions related to Asperger's and I do have one here from Candace, I believe in Racine, Wisconsin and her question was talking about self stem behaviors. She says her son is very anxious to accommodate, I'm sorry it says, "What's the difference between behaviors

stemming and tics?" Oh, "What is the difference between behavior stemming and tics? He hums, clicks, spits, flaps his hands, will spin, bang his head, will stretch his jaw or neck, looks at his hand incessantly, which do we address? Which do we overlook as being needed so he can regulate himself? Thank you."

Kind of a tough question to...

Dr. Joanne Lang: That's really a huge question. Anxiety causes things like Obsessive Compulsive Disorder, like picking and those kinds of things are related to anxiety disorders. You will, you can, what you really need is somebody like a third party behavior analyst to come in and do a functional analysis to see what is more related to an anxiety disorder versus what is self stimulatory secondary to just sensory stimulation that the child needs.

I can't really answer you specifically without seeing your child and really understanding what he is doing because when you see a child with so many behaviors everything seems to run together and you're going to have to set a priority. One of the things that will help is, for example, if it's anxiety related, then you one of the effective strategies is [inaudible 01:14:02] management. That's just, why is he anxious? What in his environment is causing him to be so anxious? Is it task demands in school too much? Is it a sensory overload, what is it?

Ernest Priestly: Right.

Dr. Joanne Lang: Then you can handle the anxiety. The sensory stimulation is a little bit more challenging to handle but you can channel it into more age appropriate behaviors like a, oh auties use them, there little balls that you can squeeze in your hand.

You have to understand that we all have sensory seeking behaviors. Smoking is a sensory seeking behavior. You have to, so it's just, what is age appropriate and what's not and to what degree.

Ernest Priestly: OK, I wanted to make comment here; people are really chipping in here to help each other out. One person posted a website called Autism Service Dogs of America.

Dr. Joanne Lang: Oh, there you go.

Ernest Priestly: And just went to the website here and yes, they specialize in service dogs for people with autism. So, once again that...

Dr. Joanne Lang: Where are they located?

Ernest Priestly: Let's see here, looks like it says Lake Oswego, Oregon I think. Apparently they are able to support people from all across the US. I haven't gotten into the details of the website but for those of you that needed to know the address again was Autism Service Dogs of America. Those of you that are you know want to find out more about service dogs for autism, I'm glad you brought that up. It's amazing, people are just chipping in here as we're talking and asking us. You know helping each other out.

I do have one...

Dr. Joanne Lang: Well that's perfect I didn't even know that and that's wonderful.

Ernest Priestly: Yes it is, it is. I've got a question here from Dawn who's calling from St. Croix, Virgin Islands and their question is, "Are DAN doctors useful?"

Dr. Joanne Lang: "Are DAN doctors useful?" Well every, I'm sure most of you know but DAN doctors, and I've been to several DAN conferences, are doctors that are schooled in alternative therapies, medical therapies for children with autism.

I will tell you, I think it depends on the DAN doctor. I think it depends on your child because I think there are many different types of autism. Autism is not one thing. It's a spectrum disorder and by definition is extremely complex.

One of the challenges in knowing what therapy works is that most of the children that I see or that I know are involved in multiple kinds of therapies. They may be doing relation therapy, they may be doing hyperbaric oxygen, they may be doing gluten/katen free diet but nobody is really sure which one is really making the child better if you know what I mean.

Ernest Priestly: Yes, I understand.

Dr. Joanne Lang: You know because you just don't know. I think when you're working with a DAN doctor, take small steps, move slow so that you understand and you make sure that your child is making progress on that particular intervention.

Ernest Priestly: Great. You know I just got another comment regarding the book on teachers actually. And there's someone who chipped in and said that they just bought a book called "Ten Things Your Student With Autism Wishes You Knew." So I guess that's taken from the perspective of the teacher, the things they need to know.

So, people who are looking for a book, that might be a book you might want to consider, according to Linda from Mt. Laurel. She seems to think that book has been very helpful

to her.

Dr. Joanne Lang: That's terrific.

Ernest Priestly: Let's see here. I have one question here from a woman from Green Bay, Wisconsin. Go Packers! And it says, "Our son is 17 and has Asperger's syndrome. He has no friends. But, he gets along with the kids at school. He wants to be normal, to have a girlfriend, and just friends in general. Any suggestions?"

I guess that's kind of an open-ended question. But, I think you kind of get the flavor of what she's trying to ask.

Dr. Joanne Lang: Well, I understand kids with Asperger's syndrome. Of course the children want to be normal. The question is... I'm going to take a step back, because I think it's important for children or adolescents with Asperger's to have opportunities to learn to socially interact with children or adolescents that have a similar disability so that they develop their own support group. And then they learn how to ask people out.

And a good resource for that is Michele Garcia Winner's books. And she has a website. Her last name is Winner. She's a speech and language pathologist and has done a lot of social interactions. But, it is more than asking a girl out, because suppose the girl said yes. Then what would they do?

Because, do they have a plan? Where would they go? So there's a lot of priming and social skills that are required in that kind of social dynamic. And this gets me into the topic of adolescents and moving into adulthood. Because the kids, as they grow up, not only do they want to have friends and dates, they want to have a job. They want to have "a normal existence".

It's: how do you do a job interview? What kind of jobs are best suited for your young person? And there are jobs out there that these kids can do. And in my transition program at Beacon, the kids get out into the community. And we go to a marketing company.

And the marketing company has one of these machines that does mass mailings. And you have to run the letters or the postcards through. And it puts "Dear Resident" or whatever it does on it. Well, one of my students loved that job. Just thought it was the greatest job in the whole world.

Most people thought it was the most boring job in the whole world. But, he could do that.

And the owner of the company came up to me and said, "I'll pay him \$20 an hour just to get him to do that job."

Ernest Priestly: That's great.

Dr. Joanne Lang: So, a lot in our society depends on finding the right fit: social skills, adaptive behavior, cooking strategies, knowing when we need a break, all kinds of things and that are not necessarily taught in school.

So, finding programs like... And Michele Garcia Winner has published a great deal. And using her books and finding social skills programs in your community and adaptive behavior programs, adaptive skills programs in your community can really help you a great deal.

Ernest Priestly: Great. Well, let's see here. We have a woman here, Lisa, from Lodi. This is one of the earlier questions we received. And her question was, "My son is very sensitive to sound and gets over stimulated when there is a lot going on. He seems to cover his ears often and echoes and repeats a lot. What do you suggest as far as having his auditory processing checked? And what therapies would be best for him?"

Dr. Joanne Lang: The first thing I would do would be to probably go to an audiologist. And there are pediatric audiologists who can really check his hearing. And it isn't his auditory nerve that goes from the external auditory canal to the temporal lobes of the brain. It is really how the brain processes the sound.

And sounds can become very overwhelming. So, finding those sounds that are annoying. And sometimes you just have to avoid them. If it's the vacuum cleaner, you don't run the vacuum cleaner when the child's around. If it is fireworks, you don't go to fireworks.

Sometimes the children, if he's in day school, can't stand to hear another child upset. And will want to remove themselves if a child is screaming or crying. And sometimes I've seen a child like put their hands over their ears even getting off a school bus, because they anticipate the noise like on the playground and places like that.

And again, it gets back to the concept of antecedent management and finding out what noises are particularly sensitive. And it can be everything from volume to the complexity of the sound.

Ernest Priestly: So, they really have to be in tuned to what their child causes this. How do you do that? I mean, do you sort of remove sounds and figure out which one it is?

Dr. Joanne Lang: Well, you can do that. Being a good observer. And I know that's easy for me to say, but it's really a complex process. And when you're engaged with your child and you're being a mom doesn't mean that necessarily you can observe from an objective point of view, because you're engaged. And you have to put the child in the car. And you're driving home. And you're doing all sorts of things. And you're multitasking.

So, having a behavior specialist come in and just observe the situation from a totally objective point of view can give you an incredible amount of information, and useful information, because sometimes you can control the environment to prevent the problem.

Ernest Priestly: OK. I have a question from someone who's actually (I believe) from Texas here. And great question, actually. I don't know if you have experienced this or maybe have a suggestion for her. Her name is Blake from Victoria, Texas.

And what is your opinion on the best approach to get smaller communities in rural areas with smaller school systems to rise to the level of care of children on the spectrum require?

Dr. Joanne Lang: Well, new things are happening. The word is telemedicine. Now...

Ernest Priestly: Say that again.

Dr. Joanne Lang: Telemedicine. And it was started by the Navy, because on these big ships where they have thousands of personnel, they couldn't have all the different doctors. They couldn't have a hospital onboard. And so the concept of telemedicine was born. And our technology is so sophisticated nowadays that you can work behaviorally with parents and children.

And there is an organization called Caring Technologies run by a man named Ron Oberleitner. And he's in Boise, Idaho.

Ernest Priestly: And so it's Caring Technologies.

Dr. Joanne Lang. Yes, Caring Technologies. And he has developed a concept of video conferencing with families. And it's one of the things I really want to do. I think it's really cutting edge, because not everybody lives in metropolitan Orange County.

Ernest Priestly: That's right.

Dr. Joanne Lang: So, you have to be able to reach families who live in rural parts of the country. And you have to do it in an effective and efficient manner. So, Caring Technologies had a grant from the NIH where they were asked to evaluate some

equipment so that, for example, a parent could video their child and then this piece of equipment would have captured the behavior just before (and you could set it for a time like five minutes before and five minutes after) the behavior.

And so if there was a behavior analyst like myself on the other end, you could say, "Oh, well, I see what's happening there. He's really sensitive to the washing machine. And if you cut that out and, not that you didn't do the wash. But, that you did the laundry while the children were in school or something." So very, very important aspect.

The issue with telemedicine is that the technology is there. There's no question about it. And you could implement it tomorrow. Here's what the issue is: funding. Medical is not Medicare, but it's just California's name for something else. But, Medical and insurance companies don't want to cover it. School districts don't want to cover it. It's a tragedy.

Ernest Priestly: Yes, it is.

Dr. Joanne Lang: It is an absolute tragedy. And Ron Oberleitner, he's really sort of the guru. But, there are all kinds of companies. And what is the issue is, for example, it isn't just what we're talking about in autism. You can have, for example, in real time, let's say you go to an ophthalmologist and you want a second opinion for your eye problem. You can have your ophthalmologist in California and an ophthalmologist expert in New York look at your eye or your retina at the same time, and get a second opinion.

And so this not a new concept, it is a concept that is now able to generalize to the general population. And it's very cost-effective and a very positive way to support people and individuals not only with autism, but with other issues. And you can't get the insurance companies and districts to fund it.

Ernest Priestly: Yeah, that's really tough. It's going to take time. But, I think we're going to get there. I really do.

Dr. Joanne Lang: Well, the more the people know about it, the more the people fight for it, the sooner we'll get it. Because there are people in rural communities who have no access. None. And it is just an unacceptable problem.

Ernest Priestly: Yes. I've got another person here, Denise from Des Moines, Iowa. She says she has a six-year-old son in first grade with mild PDD-NOS. It seems that he uses potty sounds as a way to stem during certain activities at school, and can be quite disruptive. "How should we approach eliminating or replacing the stem?"

Dr. Joanne Lang: Well, you do two things. I'm sure what happens when he does this stem, everybody says, "Shhh." And he's getting a lot of secondary attention. So, I not give

him the attention. And then try to replace it with a more appropriate behavior that would be acceptable in a kindergarten class.

Ernest Priestly: Sure. OK. Let's see here. I believe one person mentioned Medicaid.

Dr. Joanne Lang: Yes, Medicaid. Thank you. I don't know why I couldn't think of that. But, it just didn't come...

Ernest Priestly: People are listening very carefully here. Have you heard of people using earplugs at all?

Dr. Joanne Lang: Sure. Earplugs can be used. But, you can't use them (or maybe you can) all day, every day. You can't use them in school, for example, all the time, because the children wouldn't be able to hear what was going on effectively. So, they can be used at different times, depending on what the circumstance is and if they'll tolerate them. That's a whole other issue.

Ernest Priestly: Sure. Let's see here. We're up to 172 questions now. This is crazy.

Dr. Joanne Lang: Maybe we'll have to do this again.

Ernest Priestly: Yes, I think so. There's just so many questions here that keep popping up. Let's see here. So, many questions, so little time. Let's see. I'm just going to pick one here at random.

Let's see. I think I've asked these before. Here's we go. One person, I think it's Sabrina from Camano Island, Washington. "What is the best way to help a school and a class to understand the differences of a high-functioning Asperger's child?"

Dr. Joanne Lang: Well, generally one of the things that I would... Gosh, it sounds easy but it's very complex. Teachers are human beings. And sometimes they only understand what they want to understand. So, the first issue is to really understand your child yourself. And make sure you go to a neuropsychologist or somebody who is knowledgeable about understanding how children process information.

Once you've done that, then you can try and ask for an IEP or student study team and try to explain it. Or have the person who did the assessment explain it the IEP team and study team.

Now here is the challenge. The challenge is when a child with high-functioning autism or Asperger's syndrome is in a general education class, it doesn't mean that once a teacher knows that the child has a strength in a certain area and a challenge in another area, that they're necessarily going to change their behavior.

Because, they've been taught to teach at a certain way, and they don't have support many times within the school and the school system to modify their teaching strategies for an individual student. They're taught to teach to the masses, to the mainstream.

Ernest Priestly: Right.

Dr. Joanne Lang: So, when you have children that are not exactly fitting into that mold, then they have difficulty, even though they know that a child is a visual learner versus an auditory learner.

Ernest Priestly: Right.

Dr. Joanne Lang: Does that make sense?

Ernest Priestly: Yes, it does. Yes, it does.

And to that note, I have a question that's actually kind of related to that, to a certain degree. I guess a lot of parents go through this. Her name is Juliette, from Canada, and she asks: "What do you do when the staff at the school your child attends are not willing to incorporate necessary techniques and programs, et cetera, that will enable ASD children to cope in their classrooms?" I mean, I would guess people run into that occasionally.

Dr. Joanne Lang: Oh, I think you run into it more frequently than not.

Ernest Priestly: Yeah.

Dr. Joanne Lang: I don't know what your choices are in Canada. I know, if you're in the United States, or in California, which I can address, I would call an IEP, which is an individualized education plan meeting, and say it isn't working. The issue that you must have, and you must ask the school district to produce, is: is there data, based on your child's goals and objectives, that the child is actually succeeding?

And let me explain to you. On all the IEPs, there is: how is the goal and objective measured? And it can be measured by data collection, like a frequency count: how frequent does the child get up out of the seat? OK? Not attending to his class.

Ernest Priestly: Right.

Dr. Joanne Lang: What are his work products? Can he do his math? Can he write a sentence? Does he know his alphabet? And then "other." Well, most frequently, in special education, they'll mark "other, " and there is no data.

Ernest Priestly: Mm-hmm.

Dr. Joanne Lang: So everything, if you're asking a school district to modify their curriculum, one of the things you want to know is - because they're going to say this, "Well, our curriculum and what's going on is just fine." Well, who says so, and where's the data?

Ernest Priestly: Right.

Dr. Joanne Lang: You have to have the data. And if you want to do something else, like you want a more behaviorally modified classroom, there may be teachers who are more structured and might provide a better milieu for the student. So, I would ask to see a variety of classrooms. I would ask for a behavioral specialist to develop a data-collection procedure. I would look at work products. But, no data, then you have nothing to go on. And if it isn't down there, it doesn't exist, basically.

Ernest Priestly: Right. OK. Let's see here. We have one other question here. And I think it was...

Before I get to any other questions, if you could sort of describe to people here who have children on the spectrum sort of what are the most important takeaways they need to have for therapies, and something they can leave here with to say they can start trying this right away.

Dr. Joanne Lang: In terms of therapies?

Ernest Priestly: Yes.

Dr. Joanne Lang: OK. One of the most important things that I would look at for children is you want to give them a means of communication. Just because the child can verbally speak does not necessarily mean that they can communicate. So, you want to make sure a child has the means of communicating.

The second thing, with that, you have consider is the mental-processing speed. Many of the children with autism and developmental disabilities do not process information rapidly.

So, let me give you an example. If you do speak another language, for us and you in Southern California, I don't speak Spanish, but I know enough to make myself dangerous.

So, I go to Mexico and I say something like "Buenos dias" and order my food in Spanish, and unfortunately the waiter thinks I speak Spanish. Well, he's rattling off in Spanish and

he's lost me. That's what happens to kids. Language and communication happens in milliseconds and not seconds. I would challenge you to go to your husband and, when he asks you a question, to wait five to 10 seconds to give him a response. You'll find out how long a period of time that is.

For children who have information processing deficits, that lag time is very significant. So, be very cogniscent of that in the child's responses, and make sure that educators and other people that work with the child are aware of those responses that give me that lag time.

Other things to really take away relate to prevention and antecedent management. A lot of behaviors can be managed by looking at the environment, and making sure you understand what the child's development challenges are with regard to his environment and activities with daily living.

Even in math or in school, something that might be very easy for us might be very hard for a child conceptually to grasp. And so, doing a task analysis and making sure that the child has the fundamental concepts down is critical. That will prevent some of the negative behaviors, because once you have a challenging behavior and it has been reinforced, it is much harder to extinguish than if you try to prevent it in the first place.

I want to say something for adolescents and getting out into the community. Getting out into the community is critical, but it's also very important to prime the places where you're going to go. For example, at Beacon Day School, the kids go grocery shopping. We went to the grocery store and talked to the manager about the children coming and going shopping. Sometimes you don't know.

You can't always prevent something in the environment. You can't prevent another baby that's crying one aisle over. You don't have any control over that. It might set one of the kids off, and then you need a strategy within the store so that you can maintain the dignity and safety of the child in that environment.

Those are just some taking home thoughts.

Ernest Priestly: Great. I'm sure that's going to be great for a lot of people who want to take something away from what they've heard today. There's close to two hours here of information coming at them, and a little bit of overload, but we're coming close to the end here. I'll try to pick out a couple of questions here that we can end on.

One of the ones that I received was from Pam from Baltimore. Her question was, "What is your opinion on teaching HFA sign language?" I don't know if you've heard of this.

Dr. Joanne Lang: HFA. I'm not sure. I really would have to explore that to make sure I gave a correct answer.

Ernest Priestly: OK, no problem. There's 182 questions now. Let's pick a number here. Let's try here. Here is one person who asked, her name is Alice from New York. Her question is, "If a parent thinks that her child should receive speech therapy five times per week because the communication is extremely important, but the school isn't going to want to increase it how much should she push for this?"

Dr. Joanne Lang: It depends, for example, I guess what I would ask, I would pose a different question. I would say is it group therapy, is it individual therapy? And then, how is it implemented in the classroom? How is that language reinforced in the classroom?

Because you can add it five days a week for a half an hour and it's not as affective as if it was integrated in the classroom every day, all day. I'm really interested in saying yes I absolutely want speech therapy, but I want to know how the teacher and the aids in classroom or the behavioral specialist is following through with that therapy.

Ernest Priestly: Right. I've got another question. In Vermont, it's Amanda from Cambridge, and her question was: "What is the best way to help our kids deal with being picked on or bullied in school for being different?"

I heard this question yesterday and I know this comes up a lot with a lot of parents.

Dr. Joanne Lang: Children are not always nice people.

Ernest Priestly: For sure, I remember that when I was a kid.

Dr. Joanne Lang: Yes, and they can be very clicky, very isolated. A lot depends on the teacher and how that is all handled within the school and the philosophy of the school, because that will set the tone.

You do not want your child picked on under any circumstances. There are teachers who handle that beautifully and there are teachers who don't. And there are administrators who handle that beautifully and there are administrators who don't.

So, providing not only the safe physical environment, but the safe emotional

environment, must be the paramount in your assessment of where you send your child to school. Because you can undo a lot of good work in rapid order if the child is not physically and emotionally safe.

Ernest Priestly: Right, and that's a big problem, we had that question yesterday as well. Thanks a lot for kind of adding to that answer.

I have one question here: "What are your thoughts on SI Therapy?"

Dr. Joanne Lang: Sensory Integration Therapy, I think is what...

Ernest Priestly: Oh, that's probably what they meant.

Dr. Joanne Lang: Yes, I think it is. I think Sensory Integration Therapy is very important and a very useful tool in the overall treatment and educational intervention for children with autism. Because one of their primary issues is that integration of sensory input and complex information processing. And the mind can't deal with everything, all the input.

And so having an intervention and strategy, including sensory... what are they called, a sensory den in the classroom, or next to the child. So, the child, if they need to squeeze their hands, they have these little sensory balls and things that they can play with, that are age appropriate, and can help the child gather and reorganize so that they can continue to function.

Ernest Priestly: Sure, great. I just have one comment here. I have Lynn from Boston, who says: "Thanks so much for a great conference call, I have four pages of notes." There are a lot of people out there writing and just really getting into this. This is really exciting. I guess, the Internet is so great to be able to connect people together.

I wanted to go on, there's one question here from Julie from Canada. Her question is kind of an interesting one; maybe you can shed some light on this one. "How do you transfer skills learned in a contained environment, such as a special needs classroom, one-on-one with the teacher, into a regular classroom setting and society in general?" Kind of a broad question, I guess.

Dr. Joanne Lang: Small steps and slow.

Ernest Priestly: Yes.

Dr. Joanne Lang: You don't take the child who has been a special needs classroom with a one-on-one instructor behavior specialist and then suddenly transplant them the next day into a generalized classroom.

You have to take very small steps. Maybe have the child spend five minutes in the generalized classroom and build on that to make sure that the child is able to handle all the sensory input and all the information and the activity with, which information is provided.

Because if you move too fast, you may find you get a negative reaction because you moved too fast, not because the child can't handle it.

Ernest Priestly: Right. Wow, we are kind of at the end here. We have less than two minutes left. I just want to say, Dr. Lang, thank you so much for the time you spent with us today.

I've gotten some great take away. I'm sure everyone else did too and I really would love to have you back to maybe talk about relationships in the family. When people are going through all the issues related to autism with the other members of the family. I think, people want to hear more about that, maybe one day we can do that.

I just want to say thank you so much for your time.

Dr. Joanne Lang: I would really like to talk about issues with family and siblings. I also want to talk about transition from school age to adolescence into adulthood, because that's where we're headed. And we have not, as an educational and scientific community, done sufficient work to help these kids move into a projective, happy adult existence. So, those are very important issues.

Ernest Priestly: Fantastic. Dr. Lang, once again, thank you so very much.

Dr. Joanne Lang: Thank you.

Ernest Priestly: For those people that are still on the call, I'm going to just have you stay on the line for just a little bit, a minute more. There's something that I want to tell you about.

Dr. Lange thanks once again. I really appreciate your time.

Dr. Joanne Lang: Thank you.

Ernest Priestly: All right. Well, thanks everyone, this has been a great conference call with Dr. Lange. She really discussed some great things about therapies. I was wondering if you can do me a favor, if you can give me your feedback and thoughts - a testimony, if

you will, of what you liked about the call, what you didn't like about the call. Give us your rating, thoughts about it, what you loved about it.

There's a little link at the bottom that says, "Give me your testimonial," I'd love to hear from you. We want to do more of these, so the more feedback you give to us the better we can meet your needs in the future.

And once again, thanks a lot for tuning in the call. There were over 400 of you on the call today. Tomorrow, don't forget to tune in for the call on IEPs. We have a very prominent attorney from Las Angeles, Mark Woodsmall, who is very well known in the community and he is going to talk about IEPs.

He has a son who is also on the spectrum, so he pretty much talks about how he walked through the system and how he does great things giving the parents the strength and the ideas and thoughts and techniques to really generate great IEPs so that you can get a better better scope of where your son and daughter is going to go.

A little late, here in the evening, but I want to say, once again, thanks for tuning in and we'll see you guys tomorrow. OK?

All right, bye-bye.