



Newsletter of the

# KENTUCKY AUTISM TRAINING CENTER

The mission of the Kentucky Autism Training Center is to enhance supports for persons with autism by providing information and technical assistance to families and service providers across Kentucky.

Issue 15, Winter 2005

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Hello to all:

I ran across a staggering statistic not too long ago-nearly two-thirds of the adults in Kentucky are overweight or obese.\* We all know that individuals that are overweight have increased risk many for chronic diseases. The reality of the situation is Kentuckians are having fewer and fewer happy and healthy days.

The purpose of this newsletter is not to burden folks with a list of things that they are not doing to improve their health; instead I wanted to present diverse perspectives on how making informed choices regarding health can make a positive impact on families. Everyone struggles to find that "right mix" of positive attitude, nutritious diet and daily physical activity; I want to thank all the parents and professionals that shared ideas and strategies with our readers.

As we move into warmer weather, things are heating up here at the KATC. We are so excited about our conference this summer. We have a fabulous line-up of speakers at the conference that will discuss practical strategies-check out page 33 for registration information.

I also wanted readers to be aware that the KATC is hosting a PROVIDER EXPO at AUTISM 2005. The purpose of the provider fair is to provide a networking opportunity for families and professionals. Service providers and support organizations from across Kentucky are invited to share information about their services and activities, for more information---please contact us at the KATC.

As a way to promote increase the awareness of autism in our communities, folks might also be interested to know that we are hosting special sessions for law enforcement professionals & first responders; individuals who are seeking to develop volunteer based community recreational programs for individuals with autism and individuals employed through early childhood & daycare centers. For more information see page 32.

I hope you get a chance to get out and enjoy the weather this spring. I would to love hear how you used an idea presented in this issue of the newsletter.

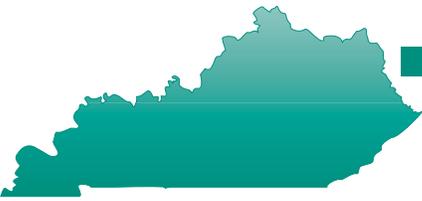
Sincerely,

*Rebecca Grau*

Editor



\* The Kentucky Obesity Epidemic 2004, University of Kentucky Prevention Research Center



# POSITIVE THINKING CAN MAKE FOR A HEALTHY CHANGE

**Bryant Stamford, Ph.D.**

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*Editor's Note: I would like to thank Dr. Stamford for giving the KATC permission to reprint this article that appeared in The Courier-Journal on July 15, 2004.*

You no doubt have heard the sage advice that "it's not what happens that's important, it's how you feel about it that counts."

Two folks can experience an identical event and come away with two entirely different perspectives. One sees it as positive, as an opportunity. The other sees nothing but negative consequences and is devastated. The proverbial clash between the optimist and the pessimist.

Recently, I attended two talks, and both impacted me greatly. The message was similar, but the messengers couldn't have differed more.

One talk was by Kevin Elko, a highly successful sports psychologist. The other was by Richard Alpert, also known as Ram Dass, a spiritual teacher who achieved fame in the 1960s by getting bounced from the faculty at Harvard, going to India in search of a guru, returning to the United States and writing a book titled "Be Here Now," which has sold millions of copies.

The message, in brief, was "you are what you think." Your thoughts create your world, in other words.

If you want to be happy, start with your thoughts, and quit waiting for the "big break" or any external event that you believe will change things. It won't. Studies of lottery winners show time and again that hitting it big didn't produce the happiness that was expected.

If your thoughts are positive, in general, then you are likely to be an optimist who believes that good things will happen. If, on the other hand, your thinking slants toward the negative, you likely are a pessimist and you tend to expect the worst.

## **Optimism and health**

Optimistic folks are happier, and optimism can pay off in a variety of ways, including improved health.

Optimism strengthens the immune system, which can help ward off acute and chronic diseases. It increases longevity, aids recovery from serious health problems if they should occur, helps you avoid Alzheimer's disease and even helps keep your teeth healthier.

So, can you decide to be an optimist? Yes. It starts with your basic pattern of thinking, which can be divided into thoughts from the past, present and future.

Our past is a powerful influence on us and certainly can dictate our thoughts. If my past is filled with horrible memories, my perception of the world is likely to be negative. The reverse is true for those with a truckload of fond and loving memories.

So, am I bound by what happened to me long ago? No. Keeping the past alive is a choice we make, even though the past is gone and doesn't really exist except in our minds.

That's the point Kevin Elko and Ram Dass were trying to make. Our

world exists largely in our minds and is crafted by our thoughts.

It's very hard to overcome and forget the past. Believe me, I know. There are countless things that can haunt me, if I choose to give them that power.

There are bad decisions I've made, people I have offended, loved ones I've betrayed, and the list goes on. And if I allow these haunting memories in for a lengthy stay, they will sour my future, because I will use them as a template for judging what is likely to happen.

Thus, I have a choice. I can allow my mind to be full of bad memories and fearful projections, or I can dwell on what is happening right now.

## **Mindfulness**

Elko and Ram Dass were actually conveying the power of mindfulness, living in the present, focusing only on what is happening right now.

When I immerse myself in the present moment, devoid of past and future preoccupations, I am completely free. I have a clean slate from which to operate.

The mind is hyperactive and powerful, but it can be policed. You can decide that you will entertain and dwell only upon optimistic thoughts. I sound like Pollyanna, I know, but it's true.

When a negative thought enters, observe it momentarily, then replace it with a positive thought. I'm not talking about mindless clichés that are the province of rah-rah motivational speakers. I'm talking about meaningful thoughts that are reasonable to you and that you believe.

I give lots of talks to groups, for example, and every time I do I am nervous as all get out. Obviously, time and practice have made me a better speaker, but in addition, I truly believe that my positive self-messages and optimism about my performance are important factors as well. My thoughts are helping to create the reality of an effective performance.

## **The bottom line**

Our health is a product of the foods we eat and whether we choose to exercise regularly. I've been advancing this message for decades. Lately, I've been enlarging my vision to include the power of the mind and the thoughts we choose to entertain.

Evidence is mounting that optimists are healthier, and optimism is a frame of mind that is under our control if we decide to take charge. The most effective strategy is to live in the present, free from the tyranny of the past and future.

Sounds simple, but it's the most difficult challenge of all. Start small, with what's on your mind right now.

# FEEDING DIFFICULTIES IN CHILDREN WITH AUTISM

**Jocelyn Warren OTR/L, Weisskopf Center for the Evaluation of Children  
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When thinking about the classic family dinner time we envision everyone sitting around the table, sharing stories about their day, eating the same foods, enjoying eating their meals, and sitting in their own chair. If this doesn't sound like a typical dinner at your house, then read on.

Although statistics vary, some claim that feeding disorders prevail in up to 25% of typical children and up to 80% in children with developmental disabilities. From these statistics we can see that in many homes, this wonderful vision of dinnertime may not be happening.

Children with feeding disorders can be described as the inability or refusal to eat certain foods. Children with these disorders may not take in the quality or quantity of nutrition appropriate for their developmental age. In children with autism we often see such behaviors as unwillingness to try new foods, eating a limited amount of foods, food jags (when children eat the same foods every day or for every meal), having rituals surrounding mealtime, gagging, or severely restricting foods they will eat, such as only one brand or color. Although it is not certain, many feel that these behaviors are related to sensory processing differences and a desire for sameness. If these behaviors are limiting a child's food variety, nutrition (getting adequate amounts of calories, proteins, vitamins, and minerals), time that it takes to consume a meal (it should only take approximately 20 minutes for a meal to be eaten), growth (height and/or weight), or are interfering with mealtime environment (ex. Child won't sit at the table, gagging at the sight of food, won't allow certain foods to be in sight, etc.) an interdisciplinary evaluation may be beneficial to determine the cause of the behaviors. Such causes can include physiological conditions, oral motor skill deficits, sensory processing disorders, or behavior problems.

In evaluating children with feeding disorders it is important to have an interdisciplinary approach. Several disciplines commonly involved include: speech language pathologist, occupational therapist, psychologist, pediatrician, dietitian, and a gastroenterologist. If a child has a feeding disorder it is important to interview the caregivers, evaluate oral motor and sensory processing skills, observe the child eating, review child's typical daily food intake, and discuss meal time structure. Initially all physiological conditions must be ruled out as causing the feeding disorder. A thorough medical history will help determine if



this may be the case. Some physiological conditions affecting feeding can include; reflux, food allergies, difficulties with absorption, digestion, elimination of food, oral motor skill delay, or oral motor structural differences such as cleft palate or cleft lip. Further medical tests may be necessary to further investigate if physiological conditions are suspected.

Oral motor skills will be evaluated to see if the child has the coordination, strength, and mobility to eat foods expected for the child's

developmental age. Eating requires a vast amount of motor skills to bite, chew, and swallow.

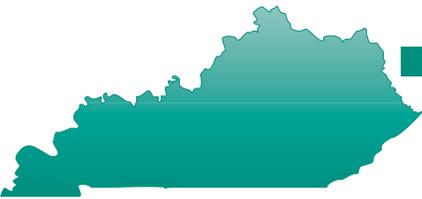
Sensory processing skills must also be evaluated to determine if a child is able to tolerate foods of crunchy, smooth, hard-chewy, mixed, and soft-chewy textures. A child may also avoid certain temperatures or flavors of foods such as hot, cold, room temperature, salty, sour, sweet, and spicy. Some children may also avoid the tactile input from food, as they don't want their hands/face to get dirty.

Observation of the child eating will give the team a wealth of information in assessing feeding skills including ability to use utensils, sitting posture (muscle tone and postural stability), meal time behaviors, family/child interactions, and cup drinking.

A food diary filled out by the family will include the amounts and types of food the child has eaten. This will allow the dietitian to determine if nutritional needs are being met.

## Mealtime Strategies

1. Make mealtimes fun. Play restaurant, cut foods into fun shapes, pretend to have a tea party, refer to children's cook books to have your child help prepare the meal, or involve your child in grocery shopping or preparing menu. Be creative!!
2. Include your child with the entire mealtime. This can include preparing the menu, grocery shopping, putting away the groceries, preparing the meal, setting the table, serving food to the plates, clearing dishes from the table, and washing the dishes. Have your child smell, touch, look at, and taste the foods during meal preparation.
3. Establish a mealtime routine. This can include establishing a seating assignment, having your child sit at the table for a certain amount of time, and timing the meals with only 2 to 3 snacks during the day. Make sure your child comes to mealtime being hungry. If they have snacked all day they may refuse to eat the dinner.



4. Be a positive role model. If you want your child to eat fruits and vegetables it will be important for them to see you eat these foods.

5. Turn off the television. Mealtime should be calming so that the child may focus attention on the meal.

6. Provide a stable seat for your child to sit in. If sitting at the table is troublesome you may want to consider a highchair or a chair with a tray so that it is clear that you expect them to sit for the meal.

7. Help your child adjust to new foods before expecting your child to eat the targeted food. Introducing the food can include looking at it, smelling it, touching it, touching food to ones lips, and touching food to tongue.

8. Some children will need to taste a food for up to 20 times before they get used to the taste. If your child does not like a new food you introduce, try, try, and try again.

### **Preventing Food Jags**

1. If your child eats a limited variety of food , rotate foods so that the same meal is not presented each day. For example, if your child only eats chicken nuggets and fish sticks rotate these foods so that your child has chicken nuggets for lunch and fish sticks for dinner.

2. Change the way the particular foods are presented. You can change the color, shape, taste, or texture. For example you can change the way chicken nuggets are presented by trying different brands, different restaurants, different shapes (chicken strip, chicken nuggets, popcorn chicken, dinosaur shaped nuggets, etc), changing the presentation of the nugget by serving them in different plates or bowls, trying different dipping sauces, cutting the nuggets in different shapes, etc.

### **Where to find help**

The Weisskopf Child Evaluation Center offers both feeding evaluations and feeding therapy. Evaluations are completed by an interdisciplinary team including: speech language pathologist, occupational therapist, dietitian, and psychologist. For questions regarding feeding concerns or to inquire about feeding clinic services please contact Jocelyn Warren OTR/L 502-852-0819.

Other facilities in the area which offer feeding therapy services include Cincinnati Children's Aerodigestive and Sleep Center

513-636-2828 or Indianapolis' Riley Hospital for Children 1-800-622-4989.

### **Resources**

*Just Take A Bite* by Lori Ernsperger, Ph. D. and Tania Stegen-Hanson, OTR/L

*Cooking Art* by MaryAnn F. Kohl and Jean Potter

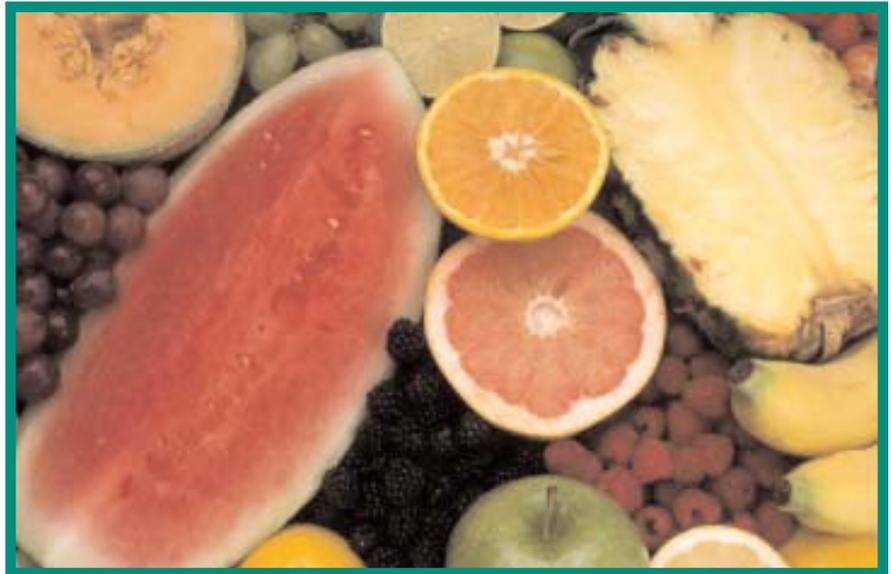
*How To Get Your Kid To Eat..But Not Too Much* by Ellyn Satter

### **Catalogs to order equipment**

Jump-In – [www.jump-in-products.com](http://www.jump-in-products.com) 810-231-9042

Talk Tools – [www.talktools.net](http://www.talktools.net) 888-529-2879

Professional Development Program [www.pdppro.com](http://www.pdppro.com) 651-439-8865



# NUTRITION ISSUES AND SPECIAL DIETS IN CHILDREN WITH AUTISM

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Multiple hypotheses are proposed regarding nutrition and autism, but few studies have investigated the role of overall nutritional sufficiency to the healthy wellbeing and behavior expression of these children. Of the studies that have been conducted, most have detected a degree of nutrition insufficiency (Shearer, Larson et al. 1982; Ho 1997; Cornish 1998; Cornish 2002); although, Raiten and Massaro (1986) argue that children in this population are adequately nourished. Unfortunately, shortcomings in the research methods limit how these published studies can be used. None of the studies, for example, has evaluated intake for longer than seven days, and no study repeated dietary intake measurements over an extended time period. Nutritional status is often determined by dietary patterns over substantially longer time intervals, so caution must be used when interpreting data from these limited sampling intervals (Gibson 1990).

Nutrition can play an important role in maintaining the healthy mood, cognition and physical functions of an individual. For example, a child with iron deficiency can express symptoms of apathy, short attention span, irritability, and reduced ability to learn (Insel 2003). These symptoms are also characteristic of the behavior of autistic children. Interestingly, Latif and colleagues (2002) found 52% of children with autism may be iron deficient, and 11.5% were deficient to the point of anemia. Although the results indicate a possible correlation between autism and iron deficiency, not all children with autism are iron deficient. Conversely, Padhye (2003) argues iron overload is the root cause of autism development. Physically, nutritional intake and body weight in childhood can have a major influence on adult health (Dietz 1998, Must and Strass 1999, Law 2000, Kiess 2001, Guo et al. 2002). Nutritional status should be taken into consideration not only to address aberrant behaviors, but to assure health in adulthood.

Parental viewpoint and expectations are important to consider when examining nutrition and autism. Parents hold the strongest influence in the dietary intake of children (Birch 1992). Within the context of the family environment adolescents learn important values about eating well and staying healthy (Boutelle et al. 2001). This influence is magnified for children with autism who, as they navigate activities for daily living, rely to a greater extent on parents and caregivers than typical children.

## **Nutritional Assessment of Children with Autism on Specialized Diet Therapies**

Although the relationship of nutrition and autism remains speculative, many parents of children with autism seek alternative nutrition therapies for their children, such as ketogenic diets, or a gluten and casein free restriction diet.

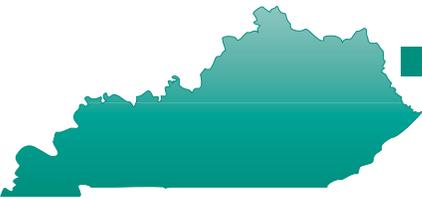
### **Ketogenic Diet**

A ketogenic diet historically functions as a last resort for some seizures in children who have not responded to more conventional interventions, including medication (Mahan and Stump 1996). The therapeutic mechanism of the diet, used to create and maintain a state of ketosis, remains unclear (Mahan and Stump 1996). The use of this diet in the autism population is novel. Evangelidou and associates (2003) reveal 26.6% of children with autism demonstrated significant improvements in behavior while on a ketogenic diet. Children with mild autistic behaviors yielded highly successful results with minor-to-moderate improvement in patients with severe autistic behaviors (Evangelidou, Vlachonikolis et al. 2003). The nutritional impact of this diet for children with autism has not yet been addressed.

### **Gluten and Casein Protein Withdrawal Diet**

Cornish (2002) compared the nutritional intake of children with autism following this dietary regimen with intake of children with autism on an unrestricted diet to assess incidence of nutrient deficiency. No significant differences in energy, protein, or micronutrient intakes were discerned between the two groups (Cornish 2002). Consumption of servings from the fruit and vegetable groups was higher, and consumption of bread, cereals, potatoes was lower for the gluten and casein free diet group compared to the unrestricted diet group (Cornish 2002). A difference in intake of the two groups compared to dietary reference intakes or intake of normal children was not examined in this study.

Arnold and associates (2003) indicated children with autism, especially children on a gluten and casein withdrawal diet, are at risk for essential amino acid insufficiency. In their study, both children with autism on an unrestricted diet and children with autism on a gluten and casein free diet were significantly more likely to have a dietary deficiency in one or more essential amino acids than normal children. Plasma levels of methionine were lower in children with autism on an unrestricted diet compared to typical children, and plasma levels of valine, isoleucine, leucine, tyrosine, and lysine were lower in children with autism on the gluten and casein free diet compared to typical children; however, none of these differences was significant (Arnold, Hyman et al. 2003).



## Abnormal Feeding Practices

Abnormal feeding practices for children with autism may cause incidence of altered dietary intake. Williams and colleagues (Williams, Dalrymple et al. 2000) conducted a survey of 100 families of children with autism to measure feeding problems in this population. According to the parents, frequent feeding problems include not trying new foods, eating few foods, eating non food items, food cravings, specific food preferences, mouthing objects, and specific rituals surrounding eating. These results were comparable to previous survey results by Raiten and Massaro (1986) which indicated food cravings and pica (eating non-food substances) occur frequently in children with autism. In their study, 53% of autism subjects exhibited food cravings compared to 18% of typical children (Raiten and Massaro 1986). Moreover, 33% of autism subjects ate non-food items compared with 3% of typical children. Cornish (1999) found that 100% of parents reported that their children with autism exhibited food refusal and food neophobia (fear of new foods), and that 88% reported specific rituals at meal time, as well as prolonged meal times due to the children not staying seated at the table. Data by Schreck and colleagues (2004) indicate children with autism have a significantly higher appearance of problems at mealtimes compared to typical children including refusal of foods, requiring specific utensils to consume foods, acceptance of only foods of low texture such as pureed foods, and a lack of variety of foods. Although these studies indicate a strong occurrence of feeding problems, all relied on parent surveys rather than third party observation to evaluate the problem. Also, the studies have failed to compare the rate of food neophobia in children with autism relative to typical children. Birch and Fisher (1998) argue all infants and children are predisposed to be neophobic and reject new foods. It is unclear the extent to which food rejection occurs in autism above the rate that occurs in typical children.

Sensory – perceptual issues pertaining to food textures can contribute to feeding problems in children with developmental disabilities. They manifest themselves as hypersensitivity, i.e., a child gags at the slightest touch on the tongue; or hyposensitivity, i.e., a child who drools and requires an increased stimulus to initiate swallowing (Stevenson 1995). Some children with autism appear to prefer only soft foods and may have difficulty chewing. Others prefer only solid foods and appear nauseated when eating certain minced foods (Gillberg and Billstedt 2000). Low functioning individuals may "eat" anything within reach, including pieces of paper, cigarettes, flowers, and even needles and pins for oral gratification (Gillberg and Billstedt 2000).

To investigate the effects of food texture, Ahearn and colleagues (2001) exposed 30 children with autism spectrum disorders to food groups with varying textures to monitor overall acceptance as measured by the child taking a bite of an offered food. Seventeen of 30 children exhibited preferences based on food type or texture. The starch food group was the most preferred texture (Ahearn, Castine et al. 2001). Although this study indicates a high degree of texture sensitivity in this population, the investigators did not compare preference in typical children.

Children with developmental disabilities often exhibit a significant delay in feeding skills, often related to neuromuscular dysfunction and lack of muscle coordination. Cognitive delays in these children may lead caregivers to treat the child as younger than their age, thus delaying development of proper feeding skills (Baer and Harris 1997). Feeding time may take up to 15 times longer than in normal children (Trier and Thomas 1998). Trier and Thomas (1985) indicate mothers of children with disabilities spend 3.5 hours/day feeding their child compared to 0.8 for typical children. It is unclear if children with autism experience decreased feeding skills and prolonged meal times as no studies to date have assessed these variables in autistic children.

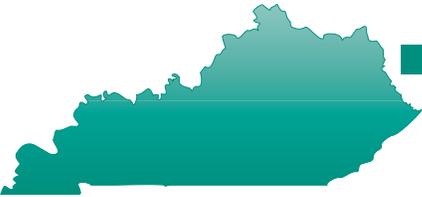
## Challenges Regarding the Assessment of Nutrition Intake of Children with Autism

For young children, the family may provide the major framework for a child's initial eating experiences which, in turn, may influence the development of attitudes and beliefs about food (Tiggemann and Lowes 2002). Parents shape their children's eating environments in a variety of ways: through the choice of an infant feeding method, by the foods they make available and accessible, by direct modeling influences, by the extent of media exposure in the home, and by how they interact with children in the eating context (Birch and Fischer 1998). Parents determine which foods are offered, which foods are not allowed, and where and when foods are consumed (Birch 1992). Accordingly, parental influences related to nutrition should be taken into consideration when assessing nutritional intake of children. Few studies have investigated the nutrition influences of parents with children with autism. Raiten and Massaro (1986) indicated parents of children with autism who had a positive belief in the relationship between diet and behavior and a positive attitude about the importance of nutrition had children who scored a higher diet adequacy ratio. Several studies indicate parents are concerned about the nutritional habits of their children with autism (Schreck et al. 2004, Cornish 2002, Cornish 1998). No known studies have assessed parental strategies for addressing feeding concerns for their children.

Much of the data indicate potential nutrient deficiency. The appearance of several nutritional risk factors including lack of dietary variety, aberrant meal time behaviors, and considerable medication usage confirm that comprehensive assessment of nutritional status should be included in the medical protocol for supporting the health of children with autism. Consultation with a physician and registered dietitian (RD) should be part of the quality standard for using diet as intervention in autism related symptoms.

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# NUTRITION AND AUTISM

**Angela Ratiff, RD, LD**

**Cabinet for Health Services, Nutrition Services Branch**

Families who have autistic children could face challenges with nutrition. Several professional organizations have identified these children to be at risk for poor eating habits. There are some common behaviors in these children that cause problems with eating. Often their behavior causes them to limit food choices, Children with autism spectrum disorders have very choosy eating habits that go far beyond "picky eating". Limited food variety is most commonly caused by sensory problems. This food sensitivity problem will cause a child to refuse foods of different texture, color, smell and/or taste. A problem can occur when a parent is trying to offer a "new" food into a child's diet. The best nutrition is a diet with a variety of foods eaten each day. Meeting this goal in autistic children is tough for families.

Another challenge is the "need for routine". Things like a favorite bowl, plates, chair, location and time of meals are examples of what may be an important part of a child's meal time routines. If something looks "different" or is not in the same place on the table or plate, the child may not choose to eat.

Distractions during meal time also created problems. An example might be having the TV on during the meal. When this happens very little if any food will be eaten.

A multi-vitamin is often needed to assist in meeting the child's nutrition needs. A multi-vitamin may be of greater need in a child with limited food choices. It may be difficult to get the child with autism to take a multi-vitamin.

There are some things families can try to improves their child's nutrition.

1. *Don't get discouraged if your child refuses a new food.* A child may try a new food 10-20 times before they will eat it. Children with autism may need the food offered more times. When offering new foods, also give foods that are easily accepted.
2. *Keep meal times constant.* Small things such as favorite plates and bowls can go with you while dining out. Try to give your meals at the same time when you are at home or eating out. Give thought to food placement in the table at home and away.
3. *Limit distractions during meal times.* Don't take phone calls or watch TV. during meals.
4. *Make gradual changes.* Families may be more successful if the "new" foods offered are in forms that are similar to what the child is used to seeing. This is very important when offering new foods. Take time to consider color and texture of the new food.
5. *Be realistic and expect slow changes.* Although feeding children with autism spectrum disorders can be difficult at times, progress can be achieved.

If additional assistance is needed they can always consult their local dietitian or local health department.

# MOVING TO LEARN: SNEAKING FITNESS INTO YOUR CHILD'S DAY

**Angela Aebersold, Parent**

An inherent aspect of teaching children with autism and other processing issues is the large amount of time needed for skill acquisition, especially in comparison to typical learners. For students who have difficulty learning in a gestalt manner, even simple tasks must be broken down into smaller steps or parts. Most students with autism need more time to repeat, or practice tasks in order to master a skill. Another time-intensive component unique to teaching students with autism is the aspect of generalization. Combined, these components lead to a teaching environment that involves much intensity in order to be successful. Because so much time is devoted to the mind, the body often gets overlooked. As caring parents and professionals working with children (and adults!) with autism, we must be sure not to forget the connection between our minds and bodies. Luckily, you don't have to have the skill level of an occupational or physical therapist in order to begin teaching children how to have fun and move while learning! The following activities can be embedded into any learning program to help improve your child's fitness level and improve confidence.

## **Breathing**

Many children with processing issues have low muscle tone, which can impact the muscles used for breathing. Children with autism often breathe shallowly rather than using their diaphragm for breathing. This inefficiency puts the whole body on alert, making it difficult to attend and focus. Language production can also be affected by improper breathing. The ability to grade respiration is necessary for the production of certain sounds (like f, v, s, and z) and for putting the ending sounds on words. Because all exerting activities require the use of the diaphragm for breathing, various large motor activities should be incorporated into every child's fitness program. But for children with autism, it is critical to do so.

## **Jumping**

Since most children love to jump, many parents start with trampoline. But don't stop there! Encourage your jumping students to hurdle (use hula hoops, cones, or blocks – even pieces of paper) and to jump on (pogo sticks, hopscotch) and off (balance beams, foam structures, swings) things. Be sure to provide safe "crash pads" (mats, pillows, foam pits, etc.) for jumping off and on. Remember to only use activities that are naturally reinforcing to the child. In other words, you would never encourage jumping if the child is afraid of high places or has balance issues. *Note: Parents and teachers should never allow students to jump on equipment or in areas that are not meant for such activities (such as a playground), as they may have difficulty assessing the dangers of varying heights and landings.*

## **Heavy Work**

By encouraging participation in heavy work on the way to a language-based activity, teachers can help calm and organize their students. Cleaned detergent bottles or 2-liters filled with rice, beans or sand can be carried while transitioning from one activity to another. Even wiping tables, cleaning chalk boards, and wringing rags and sponges provide crucial proprioceptive input. Outside, teachers can encourage students to push and pull loaded wheelbarrows and wagons. Teachers can incorporate games that involve pulling (tug-o'-war) and pushing (scooter races). Finally, don't be afraid to give your children and students jobs that require heavy lifting and carrying. They may protest in the beginning, but will soon learn that their bodies need it!

## **Climbing, Hanging, and Crawling**

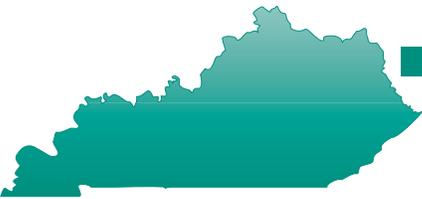
Climbing, hanging, and crawling are excellent activities for children with autism because they address several areas simultaneously. Because climbing, hanging, and crawling activities both force the diaphragm to open up and involve the use of large muscles, they are great for increasing strength and improving breathing. Additionally, the cross-patterning actions involved in such activities improve midline crossing and bilateral conditioning. Finally, the characteristic provisions of proprioceptive input to the joints make climbing, hanging, and crawling excellent heavy work activities. Therefore, the following activities can also be used to calm and organize children with processing issues.

- Hanging (from monkey bars, rings, a trapeze, or the low pull up bar)
- Climbing (rock wall, rope net, slide or pool ladders, steep hills or foam pits)
- Crawling (scooters, tunnels, mat "tents", "wheelbarrow" walking)

*Note: Adults should be sure that students have sufficient strength to support their body weight before asking them to hang. Always provide a safe landing area to ensure safety.*

## **Core Conditioning**

Core conditioning goes hand in hand with breathing and is another area of fitness that is often overlooked by parents and educators alike. While most children will naturally seek out activities that work the lower or upper body, they tend to shy away from those that ultimately work to strengthen the core. Any activity that requires balance engages the core, so use your imagination and your child's favorite activities to encourage core strengthening.



## Balls

Since most children enjoy bouncing and physioballs, this activity provides an excellent opportunity for core strengthening. Teachers can begin by encouraging students to stretch back on the ball (also improves breathing!) and then to sit up. Allowing the student to enjoy a few bounces between each sit up will encourage participation. If done properly, they won't even know that they're actually doing sit ups. By using a smaller, stationed physioball, teachers can help students work their core by encouraging them to move heavy objects from one side to the other. For example, teachers could place several weighted balls in a bucket on the seated student's left side. Keeping his feet stationary, the student uses both hands to move the balls from the origin bucket to the target bucket (be sure to work both sides). Another way to get students to do sit ups is by using a suspended ball. Simply suspend a favorite ball (or fidget toy) from the ceiling using a bungee-type cord. Next, have the student lie on the floor (supine) so that the object hangs over his bent knees. Encourage the student to lift his trunk to hit or grab the object with one hand while crossing over his midline. The teacher can help by switching the object from side to side so that the student is reaching up diagonally in an alternating fashion. For group work, soft medicine balls can be substituted for regular balls during throwing and catching games. Parents and teachers must be sure to closely supervise and be ready to "spot" the child during such activities.

## Weights

Most parents and teachers assume that lifting weights would require more discipline than they think their child may be able to muster. However, many would be surprised by the power of proprioceptive input! In the beginning, ask your child to wear light ankle or wrist weights while doing preferred activities. Later, core conditioning can be added by encouraging the use of light resistant weights while seated or lying on a physioball. Exercise tubing or bands can always be used in the place of free weights if safety concerns arise. Remember that children should always be closely supervised while using even light resistant weights. Also, parents or teachers who are not familiar with proper weight-lifting techniques should consult a professional before beginning a lifting program.

As you can see, it's quite easy to make fitness a priority by embedding fun, yet safe activities into a child's learning program. Remember that every good fitness program is one that provides just the right amount of challenge and variety for the participants. Good luck and have fun!

For more ideas or suggestions on exercise or sensory activities for children with autism or other processing issues, contact Angela Aebersold at [angelaebersold@bellsouth.net](mailto:angelaebersold@bellsouth.net).

# PHYSICAL EDUCATION FOR INDIVIDUALS WITH AUTISM

## **Dr. Peter St. Pierre, Assistant Professor – Physical Education Western Kentucky University**

Although autism is considered a behavioral disorder with no physical diagnostic component, individuals with this developmental disability generally exhibit low motor ability and fitness performance. This doesn't stem from an inherent lack of motor function, but seems to be attributable to indirect factors including social interaction patterns, communication deficits, and attention deficits. The good news is that there are several intervention techniques that offer promise in teaching individuals diagnosed with autism; and research shows that this population experiences the same adaptations to physical training as same-age peers. There is no reason that individuals diagnosed anywhere along the autism continuum cannot learn motor skills and improve their fitness within a well-designed Physical Education program.

The goals of Physical Education (PE) are no different for students with autism than for any child in a public school. Appropriate physical education in early years focuses on developing basic motor skills, understanding movement concepts, then later combining basic skills and concepts into

more specialized skills used in leisure, recreation, and sport activities. Basic motor skills are the foundation of all leisure, sport, and recreation activities; skills such as running, throwing, kicking, striking, and jumping are important components in a variety of games. Understanding movement concepts is also important, including space awareness (directions, locations, levels), relationships (of body parts, with people, with objects), and effort (time, force).

Anyone who remembers participating in the President's Physical Fitness Program will understand that fitness is also a primary goal in a quality PE program. Higher levels of physical fitness, including muscular strength and endurance, flexibility, and cardiovascular endurance, will enhance the ability to participate in more recreational and sport activities.

Research shows that individuals with autism show the same training effects as nondisabled peers. One case study reports on a young man with autism (in his 20's) who participated in a weight training/aerobic program at a YMCA. With one-on-one support and a structured program, 'Bill' doubled his strength

and cardiovascular endurance over a 15-week period (Newman, DeSanto, and Reeve, 1997). Increased strength and endurance can be quite important as young adults transition into the workplace, offering more opportunities in employment that requires manual tasks.

A quality Physical Education program can provide increased employment and recreation opportunities, with an added benefit of decreasing health risks associated with low physical fitness (obesity, heart disease, Type II diabetes). Several studies have also reported that exercise can have a positive influence on both academic performance (Steinberg and Knitzer, 1992) and disruptive behavior (Levinson and Reid, 1993; Yell, 1988).

But what does a quality PE program look like? For individuals with autism, several new innovative approaches focus on the unique needs of this population. One in particular is based on the TEACCH philosophy, using three of its main elements to cultivate success in a physical activity setting – physical structure, schedules, and task organization (Schultheis, et. al., 2000). The Success in Physical Activity (SPA) program focuses on two areas: physical fitness and motor ability. The following paragraphs describe strategies and procedures that have been shown to be quite effective in this model.

### Physical Structure

Specific physical boundaries are an important aspect of the SPA model. The gym can be an intimidating place for children with autism because it's very different in size, sound characteristics, and number of distractions compared to a classroom. For higher-functioning students, separating physical spaces may be as non-invasive as setting out cones, but for some it will be necessary to use high-wall room dividers to give the perception of 'small rooms'. Setting physical boundaries minimizes distractions, and allows students to identify and remember the activities associated with each area. The use of definite boundaries leads to decreased need for verbal prompts and more independent behavior. Additionally, the separation increases the emotional security of the students.

### Schedules

Schedules are used to provide structure and organization of time and tasks. They inform students about assigned activities, and the order in which the activities should be completed. The SPA model uses large poster boards with detachable cards. Each student has a customized board tailored to their needs, which includes a photo of the student and their name. Activity cards are placed in a particular order, and included a color symbol, a picture symbol, and a word that match identical symbols at designated activity areas (colors and symbols accommodate non-readers). Students check their schedules when they arrive in the gym, take the top activity card and find the matching activity area; they place the card in a folder at the station and complete the physical activity. Once the activity is completed, they retrieve another activity card and proceed to the next activity area. These schedules foster a sense of independence, and encourage self-motivated behavior.

### Task Organization

Within each activity area, it's important to provide structure and clear guidelines that allow students the best chance for success. Equipment should be set up in advance of the students arriving in the gym, with only the exact equipment available that is necessary for the task. The use of objects, colors, numbers and words are used in the SPA model. Objects include 'spots' with student pictures or names that suggest where to perform, timers to signal when an activity ends, and footprints for stepping sequences. At each activity area, there are prompts to help students understand what is expected. These prompts range from posters with pictures of the activity, to one-on-one instruction with physical demonstrations and immediate feedback.

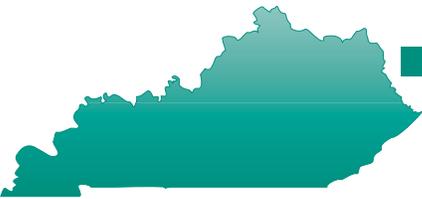
### Content

The SPA model content focuses on motor ability and physical fitness. Primary motor skills include throwing, kicking, locomotor patterns (skipping, running, galloping), and balance. These skills are practiced at stations with one-to-one instruction, and are based on the developmental potential of each individual. The emphasis of motor development is for students to develop the necessary skills to participate in sport and recreation activities with nondisabled peers. Fitness components in the program include strength, cardiovascular endurance and flexibility. Strength training can include free-weights or machines (i.e. Nautilus), and cardio exercises include stair-steppers, treadmills, and stationary bikes.

The SPA model is an effective program that has the potential to positively affect motor ability and physical fitness. Other benefits include increasing self-motivation, and fostering independence. As more physical educators accept the task of providing quality PE to students with autism, the efficacy of the SPA model is reinforced. In 2003, Houston-Wilson and Lieberman reported that once an autistic student's unique attributes were accounted for, three strategies were effective in providing positive experiences: Organizing and structuring events, Organizing and structuring space, and Structuring events in time; in essence, these are identical to the SPA model strategies.

Individuals diagnosed with autism have the potential to become fit, competent movers who can participate in and enjoy sports and leisure activities. Increased strength and cardiovascular endurance can also help in obtaining employment in areas that require manual tasks, with the added benefit of decreasing the risk for diseases correlated to sedentary lifestyles. Helping them to this end will take effort on the part of a physical education teacher or specialist, who must first understand the nature of each individual, then implement an effective program like SPA. By structuring the environment, tasks, and schedule, everyone can reap physical, cognitive, and emotional benefits.





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# FITNESS FOR ADULTS WITH DISABILITIES

**Kristy Stambaugh, CTRS, CRC, MRC**

It is no secret that obesity rates throughout the United States are skyrocketing. According to the Center for Disease Control in Kentucky the rates are even worse, it is estimated that more than 38% of Kentuckians are overweight and 24% are obese. For individuals with disabilities obesity rates are even higher nationwide. Whereas about 16.5% of people under age 45 are obese 27.4% of individuals in the same age range but having a disability are also obese. The numbers are even greater for individuals in minority groups with a disability.

One of the most significant indicators for obesity is lack of physical activity. For individuals with disabilities this is even truer. There are many barriers to participation that include public attitude, lack of physical access, lack of transportation and financial limitations.

Four years ago Lexington Parks and Recreation began offering a 2-day per week fitness class for adults with a variety of disabilities. Our program strives to lessen these barriers, it is held in a fully accessible facility that is open to the general public, we provide transportation assistance and the cost is just \$24.00 per program or \$2.00 per class.

This program is designed to offer the participants choice, socialization, leisure skill development and health promotion. It is a 12-week program that offers the participants the opportunity to drop in one or two days per week. It is held from 12-2pm on Tuesdays and Thursdays when the community center is open for adult participants. The first hour is designed to provide leisure skill development, teamwork and socialization. We participate in Basketball, Football, Floor Hockey, T-ball, Kickball, Stretching and other "team" sports. The second hour is in our fitness room where the participants work independently on weight machines, treadmills, bikes or free weights. We help the

participants adapt the equipment to meet their unique needs and assist with progress reported if requested.

For our participants this program has improved self-confidence, independence, endurance, and socialization. We have a highly skilled and dedicated staff with recreation backgrounds that deliver this program under the direction of a Certified Therapeutic Recreation Specialist (CTRS). Our program is designed to offer something for everyone regardless of their abilities. We currently have participants with mobility impairments, autism, mental retardation, mental illnesses and cognitive delays.

If you would like more information on this program or any others that the Therapeutic Recreation section at Lexington Parks and Recreation has to offer please contact Kristy Stambaugh at 859-288-2928 or by email at [kstambau@lfucg.com](mailto:kstambau@lfucg.com).



# MODERATE IS MAGIC: PHYSICAL ACTIVITY AND AUTISM

**Louisa S. DeBolt, Ph.D. Assistant Professor, Department of Exercise and Sport Science, Eastern Kentucky University**

A common perspective promoted by physical educators and allied health professionals is that physical activity may decrease inappropriate behavior in children with autism and pervasive developmental disorders (Allison, Basile, & MacDonald, 1991; Elliot, Dobbin, Rose & Soper, 1994). Yet, few realize the importance of the intensity of the activity. It has been shown that moderate to vigorous levels of aerobic activity improved classroom performance, whereas playground activities, such as throwing, kicking, and catching, did not (Kern, Koegel, & Dunlap, 1984). This article will address the benefits of physical activity for children with autism and provide information for integrating these types of activities into the lifespan. At all ages, the participation of activities that are moderate to vigorous may provide the "magic" needed to decrease stereotypic behaviors and increase time on-task in individuals with autism and related disorders (Allison et al., 1991; Elliot et al., 1994; Kern et al., 1984; Levinson & Reid, 1993).

## **Benefits of Moderate to Vigorous Aerobic Exercise**

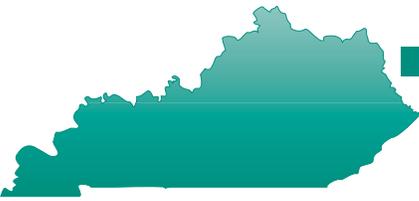
Although most physical educators realize the health benefits of moderate physical activity, other types of educators and parents may not realize the added benefits of using physical activity to improve behavior in students with autism. Research has indicated that moderate to vigorous aerobic exercise decreases stereotypic behaviors and increases on-task behavior (Allison et al., 1991). Kern et al. (1984) examined the effects of the intensity of exercise in children with autism aged 5-7. The researchers used teachers' aides and peers to hold hands with the youngsters for 15 minutes while jogging. A second group of youngsters participated in ball playing on the playground for 15 minutes. The results of the study showed that jogging reduced stereotypic behavior, while ball playing had little or no influence (Kern et al., 1984).

Another study examined the effects of walking versus jogging, on visual stimulation, physical self-stimulatory behavior, and "out of seat behavior" behavior, with a five year old boy with autism (Celiberti, Bobo, Kelly, Harris, & Handleman, 1997). The results of the study concluded that the jogging activity resulted in a decrease in physical self-stimulation and "out of seat behavior" when performed prior to a classroom setting. The walking activity did not result in any changes in these stereotypic behaviors (Celiberti et al., 1997).

Adolescents and adults with autism have found similar benefits after moderate aerobic exercise. Following 20 minutes of moderate stationary bicycle riding, five adolescents experienced increases in attention span, on-task behavior, and correct responses in a classroom setting (Rosenthal-Malek & Mitchell, 1997). Moderate aerobic exercise was found to decrease the frequency of maladaptive and stereotypic behaviors in six adults; however, non-exercise activities and general treadmill walking and stationary biking did not (Elliot et al., 1994). A continuation of this study found that aerobic exercise significantly reduced maladaptive behaviors prior to a vocational task in two adults with autism and mental retardation. These studies imply that aerobic exercise may be used prior to vocational settings to decrease nonproductive behaviors and increase on-task behavior.

The research appears to indicate that for individuals with autism at any age, moderate-vigorous aerobic exercise may decrease maladaptive stereotypic behavior, while increasing attention span, correct response, and on-task behavior. These results have been found both in the classroom (Rosenthal-Malek & Mitchell, 1997) and in vocational tasks (Elliot et al., 1994). Thus, the challenge now lies in determining the appropriate moderate to vigorous physical activities for persons with autism throughout the lifespan.





## Moderate-Vigorous Through the Lifespan

The following paragraphs provide suggestions for moderate to vigorous activities that may be appropriate throughout the lifespan for students with autism.

### Elementary School (P-2)

When trying to enhance learning and on-task behavior in children with autism, moderate to vigorous activities may be used to start off the academic period or school day. One way of incorporating moderate-vigorous physical activity with elementary school students is to walk briskly or jog (Kern et al., 1984). Walking or jogging at the same time every day may improve classroom behavior and decrease inappropriate behaviors. Other suggested activities include: aerobic dance, jump roping, or one-two minute fitness stations. The key is to persistently start off with the same moderate to vigorous activity each period, to increase the likelihood of on-task behavior throughout the lesson.

### Elementary School (3-5)

As with primary elementary students, upper elementary students with autism should also participate in moderate-vigorous physical activities at the beginning of the period to improve on-task behavior. With this in mind, activities such as brisk walking, jogging, rope jumping, scooter boarding, or animal crawls such as crab walking, bear crawling, or dog walking, may be used. At this level, the development of functional locomotor skills may also be an emphasis during these elementary years. Therefore, other beginning activities may include: whole body dances, skipping, leaping, galloping, hopping and sliding.

### Middle School

During middle school, the adolescent with autism will usually be more successful in individualized closed activities (Auxter et al., 2001). Stationary bicycles, stair steppers, treadmills or other aerobic machines have been shown to be successful when used with adolescents with autism. Jogging around the gymnasium or track, followed by moderate intensity calisthenics such as crunches, push-ups, and jumping jacks, may also be used. Other activities may include, 15-20 minutes of step aerobics or aerobic dance using video tapes.

### High School

High school students with autism need to continue to focus on participating in moderate to vigorous aerobic activities. In high school, this may take the form of stationary bicycling, stair stepping, or treadmill walking. Many communities have a fitness facilities with aerobic machines, resistance training machines, and free weights. Some high schools will also offer elective courses in physical education that consist of aerobic dance, step aerobics, or cardio kickboxing. When accompanied by an aide, these courses may be appropriate and enjoyable for some students with autism. The improved fitness levels for high school students with autism may also help prepare the young adult for job related skills. Many adults with disabilities find vocational positions that perform manual labor such as, stocking, gardening, janitorial or line work. These positions tend to be physical in nature; thus, regular exercise may be beneficial by improving productivity and stamina. At the high school level, there also needs to be an emphasis on the development of leisure and recreational skills. These may include: horseback riding, bowling, golf, roller or inline skating, hiking or fishing. The leisure skills may be included in the important transition from school-based activities to community-based programs.



### Adulthood

Adults with autism may be especially receptive to the benefits of moderate to vigorous physical activities due to improved behavior in vocational settings (Elliot et al., 1994). Adults will typically be performing manual labor as part of their job requirements. Therefore, improved fitness levels may be important. While improving strength and endurance, physical activity may be used to reduce stereotypic and maladaptive behavior. Adults can also benefit from lifetime leisure and sport skills that are moderate in nature. These activities may include golf, horseback riding, hiking, bicycling, and walking.

## Aquatics

When using moderate to vigorous physical activities, aquatics should be considered at any age for individuals with autism. Aquatics, may in fact be one of the best venues in which to teach movement for individuals with autism (Auxter et al., 2001). Some authors feel that the "ability to swim appears least affected, and may enable a child to experience genuine competence and admiration for proficiency with movement" (Attwood, 1998, p. 4). The key with developing aquatic skills is persistence. Physical education instructors should encourage parents, guardians, and relatives to keep children with autism participating in aquatics so that their skills may continue to develop.

### Just try it!

Use the magic of moderate intensity activities to work with youngsters and adults with autism. These activities have been shown to decrease stereotypic and maladaptive behaviors, while increasing time on-task, and correct response. What more could you ask for? The following are some suggestions for including these types of activities in the lives of persons with autism:

Daily physical activity: Include, provide and prepare for daily moderate to vigorous physical activities at all ages

Elementary ages: Brisk walking holding hands, bicycling, rope jumping, scooter board with a rope attached, trampoline, Hipity hop, and jogging.

Middle& High school: Brisk walking around a track, aerobics videos, aerobic machines (treadmill, bicycles, elliptical, rowers).

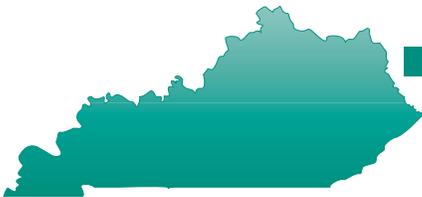
Adulthood: Fitness center equipment including aerobic machines, weight training machines, aerobics videos.

Aquatics: At any and all ages persons with autism should be involved with aquatics. At early ages and up through middle and high school, parents should keep children in swimming lessons until the child can swim independently. It may take 9-10 years of year round lessons, but once the child can swim they can swim for life. Another option is too try "senior" aquatics classes. Typically senior classes will be taught with an instructor with some "adapted" experience. Also, senior water exercise classes go all year round and include exercises with water dumbbells.

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# MODIFICATIONS TO SUPPORT HEALTHY LIVING STYLES

**Bob Bronger**  
**Fern Creek Traditional High School**  
**Jefferson County Public Schools**

## **The relationship between home and school.**

### **Background and History:**

While teaching has always been my dream...it was also to teach every child.

Thirty years ago as a student of Marshall University I was enrolled in an Adaptive Physical education class. Part of the requirement was to drive to a small rural school outside of town with the sign, "Trainable Retarded School" embossed in stone. The students at this school were not allowed entry into the comprehensive classroom, much less the school near campus. At that time, many students opted not to complete the assignment.

I was appalled at the acceptance of neglect and ignorance of students with cognitive or physical varying abilities. After I left their school each day, I had learned that many of the students were only allowed to attend the school, they never experienced the outings that other children in their family or community experienced. In some cases, there was abuse of those children based on their inability to function by speech or physical tasks. Many hours of their day were spent in darkened areas of their home, shamed by their disabilities.

While there were very few of us who agreed to the assignment, it was the most life changing experience for me. I didn't have anyone in my classes or my family that were different than I. This was my first encounter with students whose gifts were very different than the athletes I had been in contact with in the past. The class was only one semester, but I was there every week until graduation. Each child touched me in many ways. Imagine the thrill to be greeted at the door with loving and open arms every day, or to see the spark of enthusiasm in great accomplishments. My study in college allowed me the opportunity to meet these tremendous athletes who enjoyed the social, emotional, and physical challenges of physical education. Each child has touched me in ways that influence me still today. Whether it was their loving nature, their excitement with their new accomplishments or obvious growth in their health...each day was precious.

Fast forward 15 years...I had several students that were new faces to me passing me in the halls. I had not recognized the various small groups sitting by the track. They were not in my class, but I saw every child. How could this be? After several times I noticed these same kids walking to different areas and I inquired as to their destination. The answer didn't seem to fit my expectations. They are walking for their Physical Education class with their teachers. They were not allowed to have PE with the other students because of their varying abilities. At that moment, I went back to that small school and knew what had to be done. Their teachers were well meaning and allowed the students an opportunity, but they were not certified physical education teachers or able to introduce proper skill development to

enhance their lifelong fitness goals.

Later that day I approached our principal to ask that we be able to begin an adapted physical education course. While ready with rationale and reasons, they were not needed, Joe McWilliams of South Oldham High School immediately agreed. There were so many students that I knew I would need manpower to support my new students. Acknowledging the emotional and life changing experience it was for me in West Virginia, I wanted to see others empowered as well to share in my voice. Kids on the football team were targeted for their support. Only a handful of players agreed to be peer tutors that first semester, but there was enough to begin the dream.

We started by teaching the skills of individual and team sports, as well as a fitness segment using the weight and cardio machines. In the beginning of facilitating the course, the curriculum was the standard based units of studies. I utilized the Program of Studies, but later integrated the National Standards for Adapted Physical Education. I had prepared, but needed to adjust my schedule based on the physical needs of my students. While in other classes, I taught building skills over a two to three day period, which was a strategy that was not effective or developmentally appropriate for this course. Every day needed to be a new day for the students. By adjusting my schedule based on their interests, needs and abilities, I was greeted with newly enrolled students excited to be apart of a wonderful learning community. The skill and strength gains were evident early on, and then over time began to positively influence their lifelong goal of fitness. Each skill or a different sport changed day to day for variety and focused time together. Many of the students were then trained and physically ready and interested to try Special Olympics.

My 9th graders came to me with very little skill development, but overtime by age 19-20 they were able to model various drills and station work for their incoming freshman classmates. There was a need to establish rules and cues to demonstrate and modify activities. Using peers as partners supported the need for stations built around individual skill level and goals. While some students benefited from oral prompting, others needed demonstration with different spacing between students. Games were much more humanistic with the elimination of outs or strikeouts in the beginning until we trained for the Special Olympics. Modifications of equipment ensured safety and success, like allowing the tee ball to remain stationary, or modifications for students in wheelchairs. Sometimes strategic placement of the student near a peer or teacher supports safety.

Other equipment used may be a lower or larger goal or target for students to feel success. Using varying balls or equipment like larger or lighter bats helps support their practice of fine and gross motor skills. The use of Velcro covered mitts in indoor setting can support catching skills.

Many times just subtle adjustment of weight, color, size and texture can equal the playing field for all involved.

Teaching skills must always be modeled and acted out with the student. Any new motion or change of patterns calls for the specific modification of body positions for each student. Skills and sports are chosen based on their IEP objectives to support physical functioning and transition needs. We utilized the calculator skills for our bowling unit to support basic mathematics across settings, but also different skills to support social and emotional interactions with adults and peers. While in the gym, stations were established based on the varying skill level of each child. The fitness component allowed my students to show significant gains in weight management and control, and strength.

While the course offered so many benefits, it was the relationships and career development of the peer tutors that was the most amazing to see be nurtured. The students with severe cognitive needs were truly becoming more integrated - the core of our school. At least one peer tutor a year has become or is studying to be a special education teacher.

District or school funds are needed to purchase specialized equipment for the course. Whether it is balls of varying textures, or bells for tracking purposes, or dancing to music. The communication with the classroom teachers and instructional assistants is critical to the success of the program. Whether it is to support the children with seizures, diapering, monitoring medication or moods of the day...communication and leadership support is critical to the success of the program. The time spent with the school psychologists, speech and occupational therapists allowed me to ensure the student's needs were met. My input at the Admissions and Release Committee was respected as we worked together to support the physical and health goals needs for their individual planning to ready themselves for life.

### **Training for Peer Tutors:**

Support for the peer tutors is also critical. With the special education teacher, we provide safety procedures, technical assistance in the background of the disability, and the philosophy of high expectations and goal setting for each of the students. While we provide orientation, every day is a new learning experience. Teacher preparation is essential in supporting needs.

### **Resources for Teachers beginning an Adaptive Physical Education Program:**

1 National Standards for Adaptive Physical Education

2 Knowledge about IDEA and the Federal law (PL 94-142, PL 101-476, PL 105-17) which mandates that physical education be provided to students with disabilities and defines physical education as the development of:

- physical and motor skills,
- fundamental motor skills and patterns (throwing, catching, walking, running, etc). and
- skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).

The APE teacher is a direct service provider, not a related service provider, because special physical education is a federally mandated component of special education services [U.S.C.A. 1402 (25)]. This means that physical education needs to be provided to the student with a disability as part of the child's special education. This is contrasted with physical therapy and occupational therapy, which are related services. These therapies are provided to the child with disabilities only if he needs them to benefit from instruction.

### **Selected Resources on Adapted Physical Education/Activity:**

#### **National Center on Physical Activity & Disability, (NCPAD):**

Web site: <http://www.ncpad.org>

Phone: 1-800-900-8086

#### **PE Central**

Web site: <http://www.pecentral.org>

Email: [pec@pecentral.org](mailto:pec@pecentral.org)

Phone: 540-953-1043

Address: PE Central P.O. Box 10262 Blacksburg, VA 24062

### **Suggestions for Adapting Activities: Modifications For Selected Activities**

#### **Basketball**

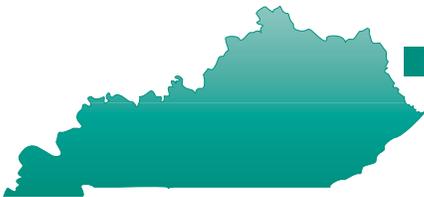
- Use various size balls (size, weight, texture, color)
- Allow traveling
- Allow two-hand dribble
- Disregard three second lane violation
- Use larger / lower goal
- Slow the pace, especially when first learning
- If student uses wheelchair, allow him / her to hold the ball on their lap while pushing the wheelchair
- beeper ball, radio under basket for individual with visual impairment

#### **Bowling**

- Simplify / reduce the number of steps
- Use two hands instead of one
- Remain in stationary position
- Use a ramp
- Use a partner
- Give continuous verbal cues

#### **Softball**

- Use Velcro balls and mitts
- Use larger or smaller bats
- Use a batting tee
- Reduce the base distances
- Use Incrediballs



- Shorten the pitching distance
- If individual is in wheelchair, allow them to push the ball off ramp, off lap, or from tee
- Use beeper balls
- Provide a peer to assist
- Players without disabilities play regular depth defense
- Students without disabilities count to ten before tagging out person with disability

There may be specific components of any given activity that pose a barrier to participation of students with disabilities. Listed below are selected activities and suggestions on how to make them accessible to students with varying abilities.

*This information provided by PE Central (<http://www.pecentral.org>). Many students with disabilities are not able to read or use handouts or materials that are typically given out. Below is information on a variety of alternate formats that might be used. For students with disabilities, communication can often be a significant barrier to full inclusion in class.*

*Below are some basic strategies to use when communicating with people with certain categories of disability.*

### **Vision**

- Orient persons to the room using specifics like "clock clues"
- Don't shout
- Give verbal cues when conversing
- Identify yourself and other around you
- Don't leave without saying you are doing so

### **Hearing**

- Look at the student and speak clearly, slowly, and expressively, with normal tone
- Get their full attention
- Use pen and paper
- Place yourself near a light source
- Don't cover your mouth
- Talk directly to the person who is deaf or hard or hearing, not the interpreter
- If you are writing a message, do not talk at the same time

### **Speech**

- Give your whole attention to the person
- Allow time for person to finish speaking
- Ask short questions that require short answers, speak normally
- Speak expressively, use pen / paper if needed

- Don't pretend to understand when you do not

### **Cognitive**

- Allow enough time for the individual to learn and master a new task. Repetition is important
- Give one direction at a time
- Be patient and allow extra time for the person to put their thoughts together
- Give exact instructions (i.e., "Be back at 12:30" as opposed to "30 minutes")

### **Mobility**

- Don't move a person's assistive device without permission
- Speak at their eye level, but do not kneel
- When giving directions, consider distance, terrain, or other obstacles

## **Helpful Hints About Teaching Materials**

### **Communication**

#### *SOME RULES OF THUMB*

#### **Large Print**

- Double spaced, 1 inch margins on all sides
- Use a bold serif 16 font for text, non-bold serif font for headings
- Underline instead of italics
- Print single sided pages
- Use non-glare paper (pale yellow or buff mat)

#### **Visual Aids / Lecture**

- Visual aids should be large with bold fonts using bright, high-contrast color
- Visuals should always be described
- Provide copies or outline of presentations ahead of time

#### **Audio / Electronic**

- Have computer disks available for homework or other assignments to be put on disks
- Save information as a text file
- Have audio tapes on hand with tape recorder
- Always orally describe visuals

#### **Web & Other Media Access**

- Site features such as alt tags (descriptions that pop up when a mouse rolls over an image), large san-serif fonts (non-decorative fonts like Arial, Veranda, and Tahoma), clear color contrast, and web software testers such as "Bobby Approved" displayed icons assure better accessibility
- Have written or visual descriptions of audio information



- Use captions on videos
- Consult resources such as the National Center on Accessible Media (<http://www.ncam.org>) or Web Accessibility in Mind (<http://www.webaim.org>) for further information

### Other Resources

- Parent Advocacy Coalition for Educational Rights, (PACER),  
Web site: <http://www.pacer.org>  
Address: 8161 Normandale Blvd., Minneapolis, Minnesota 55437

- The North Carolina Office on Disability and Health, (NCODH)  
Web site: <http://www.fpg.unc.edu/~ncodh>  
Email: [odhpubs@mail.fpg.unc.edu](mailto:odhpubs@mail.fpg.unc.edu)  
Voice / TTY: (919) 843-3531
- NC Department of Public Instruction  
Exceptional Children and Healthful Living Section  
Address: 301 N. Wilmington St., Raleigh, NC 28601  
David Mills, Chief, Speech and Language, 919-807-3982  
Kymm Ballard, Physical Education, Sports Medicine & Athletics Consultant, 919-807-3858

## YOU NEVER KNOW...

### Cathy Burke, Volunteer

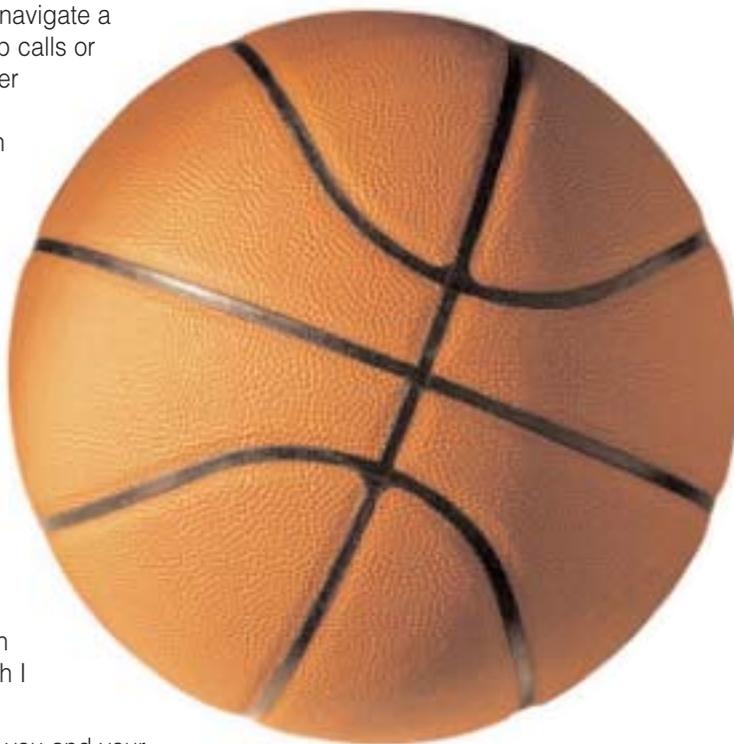
When my husband, son and daughter woke early on Saturday mornings for a 6-8 week period last winter to go volunteer with children in the BOOST program, I secretly enjoyed the stillness of our home. When they would return 2 to 3 hours later, I would listen to them talk about the kids they had been working with playing basketball at the YMCA. They would chatter on together about what had taken place, attempting to fill the "outsider" in. I admit, I felt a little left out. However, this was a good bonding opportunity for my husband and children; and after all, I did just get to read that new book, why complain?

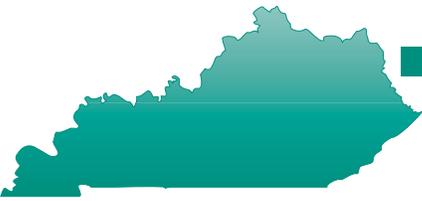
All stuck to this commitment and never missed a Saturday. I took pride in this feat along with my husband. For we all know it is not easy to navigate a teenage boys' social calendar around early Saturday wake-up calls or pick up sleepless daughter early from the Friday night slumber party. In the end, both our children took great pride in their meeting their commitment. Perhaps more importantly, our son and daughter soon realized that their participation not only contributed to the children with autism, but also to themselves.

As this year approached and I was at a loss for an excuse for reasons not to join in, I reluctantly agreed to go, just to observe. Well, that lasted less than 5 seconds... before I was on the floor playing with now my very own mentoring Buddy.

I feel great fulfillment, where I once felt very frightened that I could not "handle" a situation. I have no expertise in the field of Autism, or in education. I did not consider myself capable of participating in this type of volunteerism, however I have learned differently. This small yet great experience has lead me to volunteer more both independently and with my family in other areas. Volunteering with children with autism has proven to be a blessing, even though I originally thought I did not have the time or the ability.

I wanted to share my side of volunteering to hopefully inspire you and your family to find something new or fun and give it a try together. You never know what the end result might be.





# CALLING ALL VOLUNTEERS: ESTABLISHING COMMUNITY RECREATIONAL GROUPS FOR INDIVIDUALS WITH ASD

**John C. Burke, Ph.D.**  
**Director, Kentucky Autism Training Center**

As we all know, children and youth with ASD are often sitting at home while other children are participating in weekend sport leagues, whether it is basketball, soccer, or baseball. While some individuals with ASD can and do play in such leagues, there are many that have not been given enough opportunities as young children to acquire the skills. When they reach ten, twelve, or the teen years, they are often significantly behind their peers. When parents try to find programs for their children with autism, they are often told that there are none whether it is do to lack of funding or the leagues not having trained personnel in autism.

Three years ago parents of children with autism in the Oldham/Louisville area began to approach the Family YMCA Branch in Oldham County to explore the development of programs for their children. Instead of being given reasons as to why the YMCA could not begin a program, the leaders of the Y showed enthusiasm and a desire to work towards this goal. Being a member of the YMCA and a professional in the field of autism, the Y asked if I would like to assist. The person in charge of this program at the YMCA, Billy Rankin, did a great job of attracting enthusiastic volunteers ranging in age from "preteen to middle age" and coming with varied levels of experience. It was not long before a group of highly spirited volunteers were serving as mentors.

While all volunteers shared the important qualities of being supportive and positive, their understanding of autism varied. To better prepare them, we provided the volunteers with a brief overview of autism and basic strategies. During our presentation, we emphasized the use of partial participation and positive reinforcement. We also gave each volunteer a set of basic questions to ask the parents in order to establish current skill levels and to find out what skills the parents wanted us to target. In addition, other general questions were asked including: "How does your child communicate?", "How does your child begin to show frustration?", and "What motivates your child?".

Because the children with autism ranged in age from approximately 4 to 17, each Saturday we split them into two groups with each group having one hour of fun and skill development. Given that some children with autism find it important to have consistency, each participant was paired with a primary mentor. If we knew that a mentor could not be present in an upcoming session, we would prepare a substitute mentor. To also help with the overall organization of the sessions, we typically had a floater who would assist some of the younger mentors as they worked with their participants.

Today, the Oldham County YMCA has developed both BOOST (Buddies Overcoming Obstacles through Sports Together) basketball and soccer with only one central person from the YMCA and many community members serving as mentors. The program has resulted in children acquiring sport skills, and perhaps more importantly, BOOST has helped the participants to gain social skills and greater self-esteem. As each season comes to a close, participants, parents, and volunteers all feel a great sense of accomplishment. While the mentors have helped the children to learn basketball along with other important skills; clearly the children have given much to the volunteers.

**Establishing volunteer based recreational programs is clearly possible. While there are some across our Commonwealth, we need to begin others. As part of our Autism Institute 2005, we will be offering a FREE session for people who would like to hear more about developing a volunteer based sports program for children with (and without) autism. During the session, the "basics" of establishing a program will be covered along with examples provided by people from different organizations. Autism awareness training materials will be made available for those who wish to go back to their community and begin a program. The KATC will also continue its commitment of providing (free) autism awareness and introductory workshops to community groups who might be a source of volunteers.**

**If you are interested, please contact us and we will sign you up for the special session.**

# NEW KID ON THE BLOCK: THE KELLY AUTISM PROGRAM

**Dr. Kersting, Director, and Dr. Boman, Faculty Supervisor**

Imagine this: Parents are sitting around a table discussing their adolescent's future, and they realize that the future is coming quicker than expected! What is our child going to do? Will he/she find a good job? All parents have those discussions but they become exponentially more poignant when their child has a disability.

The Kelly Autism Program at Western Kentucky University was started to answer those questions. Its foundation is based on three simple but powerful goals: independence, productivity, and community involvement for adolescents and young adults diagnosed along the Autism Spectrum Continuum. Since the initiation of the Kelly Autism Program in November of 2002, the number of participants has grown from one young adult to eighteen adolescents and young adults. A family generously gave an

The program's goals are based on the Treatment and Education of Autistic and Related Communication Handicapped Children, TEACCH, the philosophy of community involvement; parent involvement; social and academic programming, and training for individuals diagnosed along the ASD continuum; educational support at various levels; job coaching; and transition planning and support.

The Kelly Autism Program has three programs: middle school, high school and post-secondary. Each program has goals and affords participants opportunities appropriate to their age and interest. The program goals are:

- Educational Support
- Social skills development and expansion
  - Leisure/recreation development and expansion
  - Community development participation
  - Transition support
  - Family education and support

Here is how this is being accomplished at the Kelly Autism Program.

## **Educational Support**

The KAP staff works closely with the school and transition counselors to write and implement an appropriate IEP designed with a transition focus. Educational support is addressed through classroom assistance where the staff assists during the school day, and through tutoring in an after school setting in the KAP facility. The tutoring reinforces the functional academic skills which are targeted in the school and, sometimes, extends them to the work-setting. The broad educational areas are communication, literacy, functional math, technology and daily living activities.

## **Social Skills**

The high school group has a Teen Council. The purpose of the Teen Council is to provide high school students an opportunity to learn and practice leadership and group participation skills with peers. In the monthly meetings, part of the Teen Council's responsibilities includes scheduling social activities. Since the Kelly Autism Program is housed in a university setting, we are able to use the university center, which has bowling, billiards and a game room. Besides using the university center, the teens also decide to participate in other community recreation activities such as basketball games, putt-putt golf and the Capitol Arts programs. In the summer, parents invite the teens to their homes for 'popcorn and a movie,' or a pool party.

The purpose of these social activities is to reinforce and support



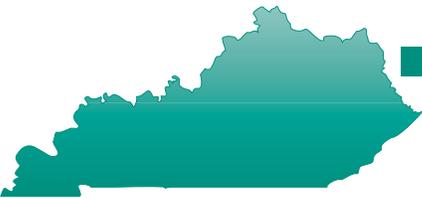
initial funding gift to Western Kentucky University.

The Kelly Autism Program's general goals are:

- To provide training, intervention, support opportunities to adolescents- *"Sweating in the Sun" Working at Leichhardt's Nursery*

cents and young adults with autism spectrum disorders. Specifically, it is to provide transition and job placement support, provide academic support, extend their social opportunities, and expand their community involvement through projects.

- To empower families as knowledgeable advocates so they can help their children become self-advocates in order to receive appropriate educational services.
- To provide training and other resources to interested community organizations.



the teens' participation in social events. I remember one teen coming to a staff member and saying, "Hey, I need to practice talking in a group, think we could do that now?" Well, talk about learning to be assertive and appropriate! We got that group together and practiced! Then we asked him what he learned that he could use in other groups. Staff and parents have noticed a significant improvement in their teen's willingness to participate in community events and activities; we see less reluctance to try new activities as well.

### **Leisure/Recreation**

Since we are part of the university, the teens have access to the Health & Fitness Center. The typical schedule for many of our teens is after school tutoring for an hour, followed by an hour at the Health and Fitness Center. At the Center, the teen and staff agree to specific goals. In fact, one teen is able to use the Center program for the physical education requirement; he said, he didn't like group sports and this was an acceptable alternative to the school. The teens participating in this program are healthier, and have an improved self-concept because they can participate in weight lifting, treadmill and other types of exercise. One teen is very interested in keeping track of his strengthening biceps!

This summer we are expanding this program because a faculty member, who is serving on our board, chairs the Outdoor Recreation program. We are planning canoe adventures and other outdoor activities. Teens participate according to their interest. We have found that once there is group bonding, peer pressure helps the reluctant teen try the new activity. That, in itself, is progress.

### **Community Involvement**

This year the KAP staff and Teen Council decided to create, print and sell Christmas cards. Okay, that is an end in itself: creativity, work, and a sense of accomplishment. To finish that story, two of those Christmas card designs were accepted for the Kentucky Visual Arts traveling exhibit.

On to "the rest of the story." For community involvement, the Teen Council agreed to 'adopt' families having an adolescent from each of their respective high schools. As it turned out, the Teen Council ended up adopting 5 families. The teens purchased presents, wrapped them and took them to the Family Resource Center. We talked about that 'gift' at the December Teen Council meeting. After drawing our semantic maps and webs to highlight what we did, we discussed what their generosity meant. The director summed it up for them this way: "This time each of you was Santa. Know why? Because you gave this gift to someone with no expectation of return." One teen was heard saying, 'Wow, that's cool!'

This spring we plan to expand community involvement by participating in tree planting and at St. Vincent's where clothes are sorted for redistribution. Community involvement gives the teens a sense of community and participation that is so important to a rich, fulfilling life.



*Silk-Screening Christmas Cards*

### **Transition**

This program is 'the heart' of the program. All other goals revolve around this central theme. School-to-work transition provides the teen with an opportunity to develop independence and productivity. The job coaching assistance ranges from 100% to 0% assistance. The transition program operates year round, with the peak activity time during the summer. The Kelly Autism Program staff has worked diligently to forge cooperative links with the business and social services community in Bowling Green. As a result, seven businesses joined us in our first year of operating this program. Both the business owners, staff, parents and, particularly the teens have been pleased.

The transition program integrates functional academic skills, which are related to those found in the work place. For example, communication, literacy, math and daily living skills are focused on applications in that work setting. A typical summer placement would be: one hour of functional academic teaching, job placement for two hours, followed by an additional hour of functional academic training. To address the 'financial end' of teens working, parents are asked two questions: Do you give your teenager an allowance? Would you consider linking that to work performance? Invariably the answer is, "No we do not give an allowance, and yes, an allowance should be linked to working." Most of our summer placements are unsalaried because this is the teen's first job placement, the parent provide the financial support ranging between \$5.00-\$7.00 an hour. The teens earn the money and are paid after each work session so functional math skills can be taught on a daily basis.

In terms of financial management, Friday is the day the teen is taken shopping and out to lunch. The teen decides on the shopping venture and the restaurant. The teens spend their money. It has been most instructive to watch them decide when they realize that 'going out' means a subtraction of their funds! My, oh my, just like other teens I know!!

For businesses participating in the Kelly Autism Program's Transition-to Work program an annual Alliance Award is given. This year there are 7 businesses recognized with over 60 peo-

ple in attendance. The university president, Dr. Ransdell, made the presentations to the business community and to the teens who worked in the summer program. Such recognition of public service and participation by the teens is critical to foster the growth of this program.

### **Family Education and Support**

The Kelly Autism Program depends on the parents whose teens and adolescents are participating in the program. An Advisory Board allows parents, community representatives and educators to meet on a quarterly basis to discuss the Kelly Program and make recommendations about new programs and educational initiatives. The KAP staff publishes a monthly Newsletter which discusses each program, middle school, high school and post secondary, as well as a feature article either written by or featuring an adolescent or post-secondary participant. In addition, the high school parents meet on a monthly basis for a 'Dinner and Conversation With.' While their teenager is participating in the Teen Council meeting and social activity, the parents are in the university dining facility, discussing a topic they selected with a faculty member or agency staff. This is an informal way to assist parents help each other and gain the information they need to become more efficient advocates for their child.

In conclusion, the Kelly Autism is a young program. Such a program has two overall objectives: to collaborate with proven programs like KATC and to serve as a model for "growing a similar program" in a university setting. When such a program is 'grown' in a university setting, it has access to physical and human resources, can train students to better serve communities when they graduate, and can provide comprehensive service to families and teens. Everyone involved is a "Winner"!



*Bowling for "Kids' Sake"*

## **RICHMOND PARKS AND RECREATION**

**Erin Moore**  
**Special Programs Coordinator**  
**Richmond Parks & Recreation**

The Richmond Department of Parks & Recreation has activities depending on the season. In the spring we will have a Challenger Baseball Program for children with physical, developmental or intellectual disorders. It is a non competitive league which focuses on teaching the fundamentals of baseball. We also usually sponsor a non competitive bowling league and track & field for Special Olympics.

In the summer we have a 4 week Art in the Park Program which focuses on art activities and different sports.

In the fall we have Special Olympics bowling and a league for those who do not compete at the state competition.

In the winter we have started a Cheerleading Program for girls ages 15 & under, who will compete at the Special Olympics state competition in March. We also have a non competitive soccer league held at Madison Indoor. The children are learning various soccer skills such as dribbling, shooting, and passing.

For more information, please send me a note at [erinmoore@richmond.ky.us](mailto:erinmoore@richmond.ky.us)

# TOPSOCCER - THE GAME FOR ALL KIDS WITH DISABILITIES

The KENTUCKY YOUTH SOCCER ASSOCIATION is a service organization that provides a variety of programs to approximately 45,000 registered players, 81 member associations and 6,000 coaches across the Commonwealth of Kentucky. The guiding philosophy of KENTUCKY YOUTH SOCCER is to organize and promote the sport of soccer across the Commonwealth. One program that is growing across the country as well as Kentucky is TOPSoccer.

## What is TOPSoccer?

TOPSoccer (The Outreach Program for Soccer) is a community-based training and team placement program for young athletes with disabilities, organized by youth soccer association volunteers throughout the state. The program is designed to bring the opportunity of learning and playing soccer to any boy or girl, ages 8-19, with a mental or physical disability. Our goal is to enable the young athletes with disabilities to become valued and successful members of the KENTUCKY YOUTH SOCCER family.

## Why do we need a TOPSoccer Program?

TOPSoccer was formed to fulfill the KENTUCKY YOUTH SOCCER mission statement which is, in part, "to foster the physical, mental and emotional growth and development of youth across the commonwealth through the sport of soccer at all levels of age and competition." There are thousands of children with disabilities who need, and can be provided with, the opportunity to play soccer through the TOPSoccer program. Christi Scovel, the TOPSoccer director for the Elizabethtown YSA, started a program in the spring of 2004: **"As a parent of a 3 year old with Down Syndrome I wanted to give my son an opportunity to play soccer like his brothers and sister. I knew we could put him in EYSA's regular program once he turned 4, but there might come a day when he would no longer be able to keep up. And once we reached that day, there wasn't much else out there to keep him physically active."** She recognized a need for the program in her area, and with the help of other volunteers has the program up and running with fifteen athletes. **"Last spring we ran a pilot program at Mike Carroll Soccer Complex for 3 weeks at the end of the Spring Soccer Season to see if there would be an interest in the program. We gained 8 athletes and 13 buddies for the 3 week trial period, all the athletes and most of the buddies are returning this fall to play again."**

George Karch, the director for the Marshall Co YSA TOPSoccer program began a program in his area in the spring of 2003.

**"Just seeing these children come out on the field and learn what the game is all about, being with friends, other children and adults, and playing a sport is so great. The best thing about the program is that when some of the parents bring their child out to see what is going on and they see the sudden changes in the kids; watching kids coming out of a shell, touching, talking, and really wanting to come back the next practice. The parents, teachers, buddies and coaches all can see big changes in these children. That says it all."** Scovel echoed similar statements regarding the overall philosophy of the program: **"TOPSoccer provides**

**physical development and coordination, social development, cognitive thinking, an opportunity for some children to play on a team sport for the first time in their lives, and just plain old fun. TOPSoccer also allows an opportunity for these athletes' parents to be a "soccer mom" or a "soccer dad" and cheer their child on from the sidelines, possibly for the first time."**



## How do we Get Started?

There is a need for TOPSoccer in almost every community across the Commonwealth. If you are interested in learning more please visit our website at [www.kysoccer.net](http://www.kysoccer.net).

and click on the programs link, then on TOPSoccer. You may also contact David McIver, Program Manager, via email at [programs@kysoccer.net](mailto:programs@kysoccer.net) or by phone 859-268-1254.

If you live in one of the following areas, please contact the person(s) listed below.

### Green River Area TOPSoccer

Mike and Peggy Ranney, TOPSoccer Coordinators  
4030 Pine Lake Court  
Owensboro, Kentucky 42303  
Home Telephone: 270.684.1155  
Email: [mranney@omuonline.net](mailto:mranney@omuonline.net)

### Marshall Co TOPSoccer

George Karch, MCTOPSoccer Coordinator  
318 Woodgrove Rd.  
Benton, KY 42025  
(270) 527-2449

### Graves Co TOPSoccer

Jeannie McAlpin  
1725 Hopewell Road  
Mayfield, KY 42066  
270.247.5638  
[mjmcAlpin@peoplepc.com](mailto:mjmcAlpin@peoplepc.com)

### Elizabethtown YSA TOPSoccer

Christi Scovel  
3815 Deer Haven Dr  
Elizabethtown, KY 42701  
270-352-0017  
270-300-8571 Cell  
[vcscovel64@msn.com](mailto:vcscovel64@msn.com)  
[HardinTOPSoccer@msn.com](mailto:HardinTOPSoccer@msn.com)

### Louisville Area TOPSoccer

Janice Winter  
2325 Rebel Ridge Rd  
La Grange, KY 40031  
502-222-8017  
[mark3952@bellsouth.net](mailto:mark3952@bellsouth.net)

# AWARENESS TRAINING FOR CO-WORKERS OF INDIVIDUALS WITH AUTISM

The Kentucky Autism Training Center has a mission to enhance supports for persons with autism by providing information and technical assistance to families and service providers across Kentucky. As part of this mission we are committed to the goal of promoting community-based employment for persons with autism.

Toward this goal the Kentucky Autism Training Center has sought and was awarded funding for a study entitled, Removal of Social Barriers for People with Autism in Employment Settings. The purpose of this study is to explore if a brief autism workshop for co-workers of people with autism can help increase the development of natural supports in the workplace and consequently increase success.

The study is seeking work sites that employ, or anticipate hiring, an individual with autism. Other criteria include participation of a minimum of four co-workers who work alongside an individual with autism. In addition to participating in a brief awareness workshop, co-workers will be asked to complete a brief questionnaire on three separate occasions and be observed in the workplace while interacting with the individual with autism.

The individual with autism that is employed at the participating worksite must provide consent for participation. In cases where it is appropriate, consent and an interview will be done in conjunction with the individual's guardian.

The possible benefits of this study include better working environments for individuals with autism and stronger natural supports in the workplace. For more information or to volunteer for this study please contact Rebecca Grau at (502) 852-4631 or email at [rebecca.grau@louisville.edu](mailto:rebecca.grau@louisville.edu) or contact Richard Hudson at (502) 852-2479 or e-mail at [richard.hudson@louisville.edu](mailto:richard.hudson@louisville.edu).



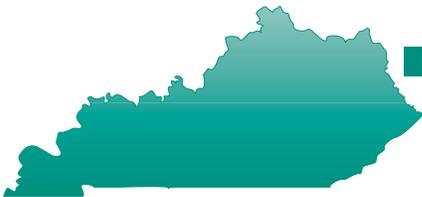
## FOCUS ON: THE SPECIAL OLYMPICS

**Mark Buerger**

Special Olympics is the world's largest program of sports training and competition for children and adults with mental disabilities. Special Olympics Kentucky offers training and competition in local, area, state, and national programs in 17 sports throughout Kentucky. All children and adults 8-years-old and up are eligible to participate in Special Olympics competition and children 5- to 7-years old can participate in the Play Activities program which helps them develop fine motor skills as well as social skills.

Special Olympics helps people with intellectual disabilities build physical fitness, confidence and self-esteem. Most children with a dual diagnosis of Autism and MR qualify to participate in the program.

For more information about how your child can participate in Special Olympics call 800-633-7403 or visit [www.soky.org](http://www.soky.org).



# THE SPECIAL OLYMPICS KENTUCKY AND MY FAVORITE SON

**Paul Brown, Parent**

The hopes and dreams for my son changed the day he was diagnosed as autistic. As I would later discover raising an autistic boy was tougher than raising a boy that is autistic. For my son it has meant a life of limited opportunities, uncertain expectations, but mostly very few friends. Special Olympics Kentucky has been a positive learning experience for my son as well as everyone involved in Special Olympics. I wanted to share our experience for my son as well as everyone involved in Special Olympics. I want to share our experience. I hope our story offers guidance and support for other parents with autistic children.

Our participation began at a Special Olympics Kentucky "plane pull" fundraiser. We went inside a Boeing 747 and watched the plane pull. My son's behavior was erratic, but not unlike the other Special Olympic athletes at the event. I had to find out if my son could participate in the Special Olympics.

The Winter Special Olympics Kentucky flyer looked interesting when I read it. We enrolled in the 25 and 50-meter snow shoeing event. I was the coach and Trevor was the team. I brought a camera, computer and printer. We missed the mandatory opening ceremony. It was by choice because my son would not have understood the value of standing around. We would later discover that standing around was appropriate, especially when receiving a medal.

On the first day we arrived late for practices. We inspected the ski lodge. Then, at our own pace we put on our heavy clothes and entered the roped off practice area. Our practice was over in less than 10 minutes. My son was acting out. I was taken aside by several parents. They shared personal experiences when their children Trevor's age acting out. We returned to the hotel early. We swam in the indoor pool and watched a video. I took pictures earlier on the day and printed them in the hotel room. Later in the day we returned to the ski lodge for an evening of food, dance and fun. We did not arrive late., because all Special Olympic athletes had to wait in line for a cafeteria-style meal, Trevor hates to wait. I discovered while standing in line that many other athletes shared Trevor's view. Trevor chose his meal by pointing. He enjoyed jumping to the music at the dance.

On the second day we arrived to practice and compete. We had to follow the practice and completion schedule. Josh Cox, director of Special Olympics Kentucky, accommodated every request. We requested early notification of the 50-meter snowshoeing event so Trevor could wait in the lodge. This was less visually distracting than waiting on the racecourse. I brought a can of COKE to the starting line. When the race started I ran to the finish line. Trevor ran after me screaming for the can. Trevor won the 50-meter snowshoeing event. I was warned not to run inside the roped off competition area. Trevor later won the 25-meter event using the same technique. I ran outside the competition area. The 1st medal ceremony was rough. I asked that certain distractions be removed from the medal ceremonies. My son's behavior was better for the 2nd medal ceremony because the judges and volunteers hid their food and drink.

The following year we had a blast at the Kentucky Winter Special Olympics. We were getting to know other parents, friends, volunteers and the athletes from throughout Kentucky. Pictures were used from the previous year to communicate what activity, how long, when the activity is over, and what's next. Things went much more smoothly, especially waiting. My son practiced more often and for longer periods. Before his scheduled events a volunteer would stand with Trevor at the starting line. I would sit at the finish line. At the start of the race I stood with arms "open wide". My son won 2 silver medals with this technique. Trevor received his medals without parental assistance. A volunteer assisted during the medal ceremonies. This was a special moment.

Special Olympics Kentucky bowling events were a helpful learning experience. My son competed as a team. We joined a local team and practiced with them. Bowling is a great cause and effect game. Initially we practiced alone early on the weekends before the other bowlers arrived. As the other bowlers arrived, my son would become distracted and anxious. We practiced along until we could finish 3 games. Practicing with the team has taught my son to recognize social cues such as turn taking. It takes 12 documented games to compete in the Special Olympics. Trevor bowls from a ramp and has an average of 106. I align the ramp. Trevor lays the ball and pushed it down the lane. He has been on his school television several times to display his medals. His classmates have even approached us in public to share this story.

Summer camp was a 3-day event that was held in a secure dorm room setting at the University of Kentucky. Athletes came from all over the state. At this event I began to appreciate and more fully understand Trevor the individual. He waited in line with the rest of the athletes. For the first meal we were first in line. We worked our way to end of the food line by second meal on the second day. He chose the items in his meal without assistance. He ate along side other athletes as well as the student body at UK. Swim lessons were mandatory for all athletes. I asked and we received an accommodation so Trevor could swim freely in the largest pool he had ever seen. We did return to the group. At the social Trevor was attentive to the brake dancing and Karaoke. Trevor danced for a complete song. It was a first dance for his partner. Later, I witnessed another athlete bring their parent to introduce Trevor. They said, "Hey Mom I wanted to introduce you to a new friend of mine!" This was a very special moment. The staff volunteers and I came away with the better understanding of the contributions made by all athletes. Trevor came away with new friends from places like Cadiz, Lebanon Junction and Lexington.

An important part of our Special Olympic experience is giving back. I have taken the plunge at the Polar bear Plunge to benefit the Special Olympics Kentucky.

Did you notice an excitable boy at a previous Special Olympic polar plunge fundraiser? That was not an excitable boy - that was my favorite son.

# LOCAL SPECIAL OLYMPICS COORDINATORS BY COUNTY

## **Adair/5**

**Stephanie Barnes**  
Lindsey Wilson College  
Division of Human Services & Counseling  
210 Lindsey Wilson Street  
Columbia, KY 42708  
270-384-4895 (home)  
270-384-8150 (work)

## **Allen/5**

**Pat Witcher**  
2795 Old Hartsville Road  
Scottsville, KY 42164-8617  
270-622-3258 (home)  
270-622-7140 (work)  
270-622-4649 (fax)

## **Verna Williams**

2394 Brownsford Road  
Scottsville, KY 42164  
270-622-7461 (home)  
270-622-7140 (work)  
270-622-4649 (fax)

## **Anderson/8**

**Sonia Goforth**  
1050 Buckley Lane  
Lawrenceburg, KY 40342  
502-859-4130  
*Meeting: - 4 times each year*

## **Barren/5**

**Kasandra Pedigo**  
157 Grand Avenue  
Glasgow, KY 42141  
270-651-7752 (home)  
270-651-4413 (work)

## **Bath/9**

**James Ross** (Gateway Special Olympics)  
HCR 75 Box 5696  
Wellington, KY 40387  
859-983-3917 (day)  
606-768-2757 (evening)

## **Boone/7**

**Debbie Staggs**  
339 Center Park Drive  
Florence, KY 41042  
859-525-7705 (home)  
*Meeting: Gloria Dei Lutheran Church - 1st  
Monday of every month - 7:00 pm*

## **Boyle/8**

**Helen Overstreet**  
2251 Gose Pike  
Danville, KY 40422  
859-238-7734

## **Bracken/7**

**Carla Miller**  
213 Kenner Street  
Ludlow, KY 41016  
859-491-6257 (evening)  
859-261-8485 (fax)

## **Breathitt/3**

**Nan Herald**  
727 Washington Avenue  
Jackson, KY 41339  
606-693-0230 (home)  
606-666-7506 (day)  
606-666-5991 (fax)

## **Bullitt/4**

**Brenda Royal**  
335 East Williams Lane  
Taylorsville, KY 40071  
502-836-8274(home)

## **Reta Pile**

195 Eastview Drive  
Shepherdsville, KY 40165  
502-543-1002 (home)  
502-955-8951 (fax)

## **Christian/5**

**LuAnn Diuguid**  
Holiday Elementary  
3910 Nassau Circle  
Hopkinsville, KY 42240  
270-889-9866 (home)  
270-887-1280 (work)

## **Debbie Castile**

Christian Co. Middle School  
210 Glass Avenue  
Hopkinsville, KY 42240  
270-886-6809 (home)  
270-887-1130 (work)  
270-887-1189 (fax)

## **Clark/8**

**Darren Diguette**  
PO Box 643  
Winchester, KY 40392  
859-335-6932 (home)  
859-744-0370 (work)

## **Daviess/2**

**Kim Johnson**  
352 Hill Avenue  
Owensboro, KY 42301  
270-684-5606 (home)  
270-686-1000 (work)  
270-686-7263 (fax)

## **Jeannene Hurst**

2315 Cedar Street  
Owensboro, KY 42301  
270-926-0606 (home)  
270-316-4794 (work)  
270-686-7263 (fax)  
*Meeting: Community Room, Owensboro  
Christian Church - 1st Monday of every  
month - 7:00 pm*

## **Fayette/8**

**Mary Fehrenbach**  
681 Rolling Creek Lane  
Lexington, KY 40515  
859-273-4176 (home)

## **Fayette/8**

**Julianne Greer**  
880 Edgewood Drive  
Lexington, KY 40515  
859-271-9078 (home)  
859-259-1974 (work)

## **Floyd/3**

**Ed Senig**  
PO Box 414  
Weeksbury, KY 41667  
606-452-9564 (home)  
606-452-4200 (work)

## **Franklin/8**

**Billy Edge**  
200 Schenkel Lane, #138  
Frankfort, KY 40601  
502-330-9366

## **Grant/7**

**Pam McDaniel**  
39 Kings Dr.  
Dry Ridge, KY 41035  
859-824-2537 (day)  
859-823-0153 (evening)

## **Grayson/2**

**Randy & Alfreda Weedman**  
569 Blue Chip Farm Road  
Leitchfield, KY 42754-9257  
270-259-3405 (home)

## **Johnson/9**

**Garnetta Gay Daniels**  
584 Ky. Hwy. 1596  
Boon's Camp, KY 41204-8507  
606-789-5615 (home)  
606-789-5050 (work)  
606-789-6755 (fax)  
*Meeting: Community Center, Paintsville - 1st  
Friday of every month - 6:00pm*

## **Kenton/7**

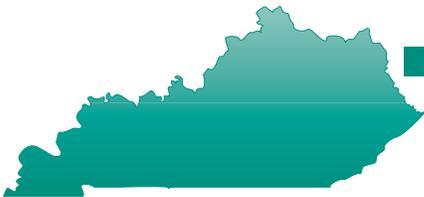
**Maribeth Corken**  
9 Requardt Lane, #1  
Ft. Mitchell, KY 41017  
859-344-1650 (home)  
859-344-2185 (work)  
*Meeting: Gloria Dei Lutheran Church - 1st  
Monday of every month - 7:00 pm*

## **Laurel/6**

**Alice Paslick**  
771 Collett Drive  
London, KY 40741  
606-312-2282 (home)

## **Madison/8**

**Erin Moore**  
321 North Second Street  
Richmond, KY 40475  
859-623-8753 (work)  
859-528-0699 (home)  
859-624-0376 (fax)



### **Magoffin/3**

#### **Samra Shepherd**

70 Patrick Road  
Salyersville, KY 41465  
606-349-2084 (home)  
606-422-4230 (evening)

### **Marion/4**

#### **Joyce Morris**

154 Lee  
Lebanon, KY 40033  
270-699-1044 (day)  
270-692-2988 (evening)

#### **Sharon Wheatley**

1470 Loretto Rd.  
Lebanon, KY 40033  
270-699-6894 (day)  
270-692-3494 (evening)

### **McCracken/1**

#### **Karen Hammond**

1805 Deerhaven Lane  
Paducah, KY 42001  
270-534-9906 (home)  
270-534-9906

### **Meade/4**

#### **Mickie McManamon**

Meade Co. High School  
634 Quail Run Road  
Brandenburg, KY 40108  
270-422-2650 (home)  
270-422-7515 ext. 2513 (work)

### **Menifee/9**

### **Montgomery/8**

#### **James Ross (Gateway Special Olympics)**

HCR 75 Box 5696  
Wellington, KY 40387  
859-983-3917 (day)  
606-768-2757 (evening)

### **Ohio/2**

#### **Danielle Coffman**

6968 State Route 69N  
Hartford, KY 42347  
270-232-4070 (home)  
270-276-3601 (work)

#### **Pam & Mark McKinney**

90 Harmony Hills Lane  
Beaver Dan, KY 42320  
270-274-5808 (home)  
*Meet the 2nd Monday of each month at 7:00 pm at Wayland Elementary*

### **Pendleton/7**

#### **Mary Ann McCord**

RR #2, Box 127  
Butler, KY 41006  
859-782-5914 (home)  
859-472-7000 (work)  
859-472-7011 (fax)

### **Powell/8**

#### **James Ross (Gateway Special Olympics)**

HCR 75 Box 5696  
Wellington, KY 40387  
859-983-3917 (day)  
606-768-2757 (evening)

### **Pulaski/6**

#### **Mary Sue Bowling**

101 Briarwood Dr.  
Somerset, KY 42503  
606-676-8978 (home)

### **Rowan/9**

#### **Lisa Fryman**

875 Seas Branch  
Morehead, KY 40351  
606-783-1951 (home)

#### **Donna Oakley**

91 Christy Creek  
Morehead, KY 40351  
606-776-6464 (home)  
606-784-3000 (work)  
606-783-7264 (fax)

### **Scott/8**

#### **Lynne Wolfe**

404 East Main Street  
Georgetown, KY 40324  
502-863-6653 (home)

### **Shelby/4**

#### **Sally Zimmerman**

108 Gloria Drive  
Shelbyville, KY 40065  
502-633-5409 (home)  
502-633-2344 (work)

### **Simpson/5**

#### **Tamra Lynn Curd**

505 Rainbow Drive  
Franklin, KY 42134  
270-598-5835 (home)  
270-586-3273 (work)  
270-586-2021 (fax)  
*Meeting: Franklin - Simpson High School - 1st Monday of every month 5:00 pm*

### **Warren/5**

#### **Brent Belcher**

Bowling Green Parks & Rec.  
225 E. 3rd Ave.  
Bowling Green, KY 42101  
270-842-5169 (home)  
270-393-3584 (work)  
270-393-3603 (fax)

#### **Ginger Cruce**

Bowling Green Parks & Rec.  
225 East 3rd Avenue  
Bowling Green, KY 42101  
270-843-9401 (home)  
270-393-3265 (work)  
270-393-3606

### **Woodford/8**

#### **Janine Bowden**

3008 Tim Tam Trail  
Versailles, KY 40383  
502-696-5426 (day)  
859-879-7003

### **Shelby/4**

#### **Sally Zimmerman**

108 Gloria Drive  
Shelbyville, KY 40065  
502-633-5409 (home)  
502-633-2344 (work)

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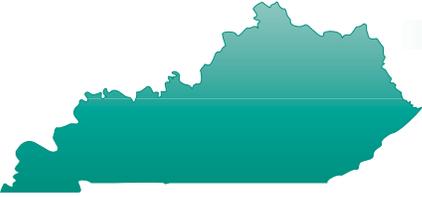
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Bowling Green Parks & Rec.  
225 East 3rd Avenue  
Bowling Green, KY 42101  
270-843-9401 (home)  
270-393-3265 (work)  
270-393-3606

### **Woodford/8**

#### **Janine Bowden**

3008 Tim Tam Trail  
Versailles, KY 40383  
502-696-5426 (day)  
859-879-7003



## A BIG FAT PROBLEM

**Jeff Worley**

**Reprinted from University of Kentucky ODYSSEY Fall 2004, by permission**

Joan Griffith, who strikes you immediately as direct and knowledgeable, is a soft-spoken woman. But she carries a loud message: She wants the kids and teens she works with to "own their bodies." And she's formed a team to help them do exactly that.

No, make that TEAMS.

"We started a clinic here last January that we call TEAMS—Teens Enjoying Active Management Systems," says Griffith, who came to UK two years ago after a distinguished career as an inpatient and outpatient pediatrician in the U.S. Air Force (she wound up being a colonel). The clinic, dedicated to helping children, adolescents and young adults find healthy weight solutions, is run out of the UK Department of Pediatrics.

The clinic is for all teens. Patients may be self-referred or referred by their primary-care physician, Griffith explains. "The cornerstones of the program are lifestyle changes, physical activity, counseling, and dietary adjustments." So far, the program has enrolled 50 patients, some from as far away as 2 1/2 hours from Lexington.

When teens are referred to this program, here's what happens. Griffith talks with them in the initial session, asking the most basic questions about their reason for wanting to join the program. She also gathers additional information, completes a physical examination, and, when indicated, suggests lab screening for thyroid, lipid profile and blood sugar. The patient and family meet with a dietician who provides nutritional counseling. Other clinic consultants include an exercise physiologist and psychologist who assist in developing individually tailored exercise plans and assessment of emotional issues that may be affecting eating habits and self-image.

"After this screening, we have the boy or girl come back in two to four weeks with only one goal: no weight gain," Griffith explains. "From there on, we want them to lose a pound a week."

The participant's parents, who also come to the meeting with the dietician, are absolutely crucial to any weight-loss success, Griffith says, and so are involved from the start. "A parent can be an asset or a saboteur. Think about it: Somebody buys the groceries, somebody brings the food into the house, somebody cooks the food. I want to get the family to the point where they say, 'We as a family will make changes.'"

Although no weight-loss statistics have yet been generated from the current group of participants, Griffith says that TEAMS has been so well-received that program hours, beginning last September, have been extended.

"We know that obesity represents the merger of many factors," says Griffith. "There's an energy imbalance. We have to watch calories, but also have to watch how we expend the energy those calories give us." She believes one of the most important things she and her staff can do, especially in concert with colleagues like Jody Clasey, an associate professor in UK's Department of Kinesiology and Health Promotion who is the primary exercise physiologist in the TEAMS program, is to get kids and teens to realize that exercise is fun. "Exercise is obviously essential to weight loss," Griffith says. "We've got to do what we can to make these kids enjoy exercise. Repeating the words of a young teenager involved with the local Health Department TWEENS Program, Griffith says her motto is 'Make it fun and they will come.'"

Along with encouraging physical activities the girl or boy already enjoys, Griffith referenced the book titled *Forgotten Neighborhood Games: Get Kids Back Outside and Loving It* by Scott Strother, as an excellent source of neighborhood games that kids used to play after school or after dinner. She hopes the book will spark some interest in "being outdoors and moving."

Griffith, a board-certified pediatrician since 1985, admits that she once had a more passive attitude toward childhood and adolescent obesity.

"My theory used to be, if the family didn't come to me asking for my help, there was no reason to do anything because without family involvement and support, it wasn't going to work. I no longer believe that. I believe now that legally and medically, we as a society have to get involved. We would never think of turning our eyes if we saw a kid who was malnourished, and we need to realize that severe obesity is a form of malnutrition, too."

Over the years, Griffith has seen her share of happy results from the children and teens she's worked with. "I remember one young man back at Andrews Air Force Base who was overweight and despondent when he first came to see me. Then after nine months of working hard to lose weight, he stopped in the clinic. 'Dr. Griffith, do you know what the other students are calling me now?' he said. 'No, what?' I said. 'They're calling me "slack butt." 'Cause I've lost so much weight.' He'd lost so much his clothes didn't fit anymore. He lit up my room with his smile. So my theory is: One slack butt at a time."

Anyone 21 years of age or younger is eligible to participate in the TEAMS Program. To join, a child or adolescent can be referred by the primary-care provider, or parents can contact the program directly at 859/323-5643.

*Appointments for the UK TEAMS program are available Mondays from 1 pm to 7:30 pm in the UK Dept. of Pediatrics located on the second floor of the Kentucky Clinic. For more information, call 859-323-6211.*

# UPCOMING EVENTS, TRAINING AND WORKSHOPS



March 29-31, 2005

Choices and Changes: Reaching for Success Collaborative Conference  
Galt House East Hotel  
Louisville, Kentucky  
Contact Pam Goins at [pgoins@kde.state.ky.us](mailto:pgoins@kde.state.ky.us) for additional information on this conference.

Register online at:

[http://www.kycid.org/index.php?option=com\\_content&task=view&id=30&Itemid=53](http://www.kycid.org/index.php?option=com_content&task=view&id=30&Itemid=53)

March 29, 2005 at 1:30:00 PM (3 Hours)

Dr. Burke, Shawn Henry and Treva Wright presenting "Developing Natural Language Boards to Promote Communication"

June 15-17, 2005

Kentucky Autism Training Center  
AUTISM INSTITUTE 2005  
Kentucky International Convention Center-Louisville, Kentucky  
For registration information, call 502. 852.4631

Autism Sessions...

A series of parent and teacher sessions have been scheduled with the Kentucky Autism Training Center to help you better understand and cope with raising and/or teaching a child with autism and other related disorders.

Bondurant Middle School  
300 Bondurant Drive  
Frankfort, Kentucky 40601

4:30 ~ 7:30 p.m.

April 19 – Behavior Management, Rick Hudson, Ph.D.  
May 17 – Sibling Issues, Shawn Henry, M.Ed.

Seating is limited so, please call or email to reserve your spot for these innovative sessions.

BeLinda Henson: 502-875-8440  
email: [bhenson@franklin.k12.ky.us](mailto:bhenson@franklin.k12.ky.us)

June 28-29, 2005

Low (606) 928-0205  
Louisville, Kentucky  
For more information, please call the Big East Special Education Cooperative  
(606) 928-0205

Northern Kentucky Special Education Cooperative will host the following workshops:

July 25, 2005

Teaching Nine Critical Communications Skills

July 26, 2005

Setting up a Classroom using the Pyramid approach to Education

July 27, 2005

The Pyramid Approach to Behavior Intervention

September 29, 2005

Incorporating PECS Across the day

September 30, 2005

Two Day PECS Day 1

October 1, 2005

Two Day PECS Day 2

For more information contact:

[cbelcher@nkces.coop.k12.ky.us](mailto:cbelcher@nkces.coop.k12.ky.us) or visit  
<http://nkces.coop.k12.ky.us>

Bowling Green Asperger and Autism Resource Group

Upcoming Meeting Schedule:

April – no meeting

May 8th – speaker to be announced

June 12th – speaker to be announced

All meetings will be held on Sunday afternoons at 2:00 p.m. at Barnes & Noble

To receive meeting announcements by e-mail, or for further info contact:

Karen Thomas at [Karen@accessky.net](mailto:Karen@accessky.net)

# CONNECT WITH KDE - HELPING YOU HELP YOUR CHILD

**Coordinated by: KY-SPIN**

Judy Mallory, Director of the Division of Exceptional Children Services, and staff from KDE (Kentucky Department of Education) invite you to join them for an informational workshop discussing current KDE initiatives for children and youth with disabilities.

"Connecting with KDE" workshops will be repeated statewide in four locations during the Spring of 2005. These are full day workshops for parents and professionals. Lunch will be provided. Although there is no registration fee, you do have to register.

Topics will include:

- Update on KDE Initiatives
- Kentucky Continuous Monitoring Process
- Annual Performance Report
- IDEA Update

Time will be allotted for questions after each session.

**For more information contact:**

KY-SPIN  
10301-B Deering Rd. Louisville, KY 40272  
Toll Free: 1-800-525-7746 Phone: (502) 937-6894  
E-mail: [spininc@kyspin.com](mailto:spininc@kyspin.com)  
Website: [www.kyspin.com](http://www.kyspin.com)



**You must pre-register so we may adequately plan for lunch and materials.** Fill out and mail this portion of the pre-addressed brochure to register for the workshop.

I will be attending the following workshop (check one):

**May 2nd, 2005 (Monday)**

Center for Rural Development • Somerset, Kentucky (Pulaski County) • 8:30-3:30  
*Pre-registration deadline April 30th*

**May 10, 2005 (Tuesday)**

Jefferson Community College (JCC) Campus • Shelbyville, Kentucky (Shelby County) • 8:30-3:30  
*Pre-registration deadline May 9th*

**May 11, 2005 (Wednesday)**

Christian County Board of Education • Hopkinsville, Kentucky (Christian County) • 8:30-3:30  
*Pre-registration deadline May 10th*

**I am a:**  **Parent**  **Professional**  **Other:** \_\_\_\_\_

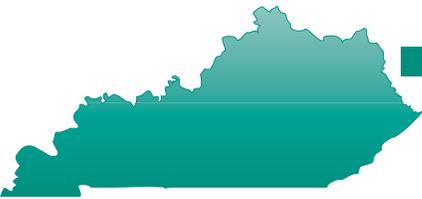
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**If you have special dietary needs, are a vegetarian, need special accommodations, etc. please describe:**

\_\_\_\_\_



**KENTUCKY AUTISM TRAINING CENTER, UNIVERSITY OF LOUISVILLE  
PRESENTS**

**AUTISM INSTITUTE 2005: SPECIAL SESSIONS**

**JUNE 17, 2005**

**KENTUCKY INTERNATIONAL CONVENTION CENTER • LOUISVILLE, KENTUCKY**

You are invited to Autism Institute 2005 Special Sessions:

- **Understanding Autism for Law Enforcement and other First Responders.**
- **Using a Collaborative Volunteer Model to Promote Inclusion in Community Recreation Activities.**
- **Understanding Autism, Simple Strategies, Communication and Play for Early Childhood, Preschool and Childcare Professionals.**

There will be no registration fee for these special sessions for law enforcement professionals & first responders; individuals who are seeking to develop volunteer based community recreational programs for individuals with autism spectrum disorders or individuals employed through early childhood & daycare centers. If you require additional information about Autism Institute 2005, please contact Kristen Frarey at *Kristen.frarey@louisville.edu* or call 1-800-334-8635, ext. 852-4631. Registration information will also be available on our website at *www.kyautism.com*

**Conference Location:**

Kentucky International Convention Center  
 221 Fourth Street Louisville, KY 40202  
 Phone: (502) 595-4381 or 1-800-701-5831 • Fax: (502) 595-3675  
<http://www.kyconvention.org/index.html>

**REGISTRATION FORM - AUTISM INSTITUTE 2005: SPECIAL SESSIONS**

Please keep a copy for yourself and complete a separate form for each attendee.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ I would like to be added to the KATC Listserve.

I live/work in \_\_\_\_\_ / \_\_\_\_\_ County.

- I will be attending the June 17th 8:30-10 am EST session, Understanding Autism for Law Enforcement and other First Responders.
- I will be attending the June 17th 1:00-3:30 pm EST session, Using a Collaborative Volunteer Model to Promote Inclusion in Community Recreation Activities.
- I will be attending the June 17th 10:15-2:15 pm EST session, Understanding Autism, Simple Strategies, Communication and Play for Early Childhood and Childcare Professionals

**Please mail completed registration forms to:**

Autism Institute 2005  
 KATC/UofL  
 911 S. Brook St.  
 Louisville, KY 40203

# AUTISM INSTITUTE 2005

Presented by

**Kentucky Autism Training Center**

and

**Ohio Center for Autism and Low Incidence**

**June 15-17, 2005**

**Kentucky International Convention Center - Louisville, Kentucky**

## Featuring Two Day Presentations by...



**Brenda Smith Myles, Ph.D.** is an associate professor in the Department of Special Education at the University of Kansas where she co-directs a graduate program in Asperger Syndrome and autism. She has written numerous articles and books on Asperger Syndrome and autism including *Asperger Syndrome and Difficult Moments: Practical Solutions for Tantrums, Rage, and Meltdowns* (with Southwick) and *Asperger Syndrome and Adolescence: Practical Solutions for School Success* (with Adreon), the winner of the Autism Society of America's outstanding literary work. Myles is on the executive boards of several organizations, including the Organization for Autism Research, and Maap Services Inc. She is also the editor of *Intervention in School and Clinic*, the third largest journal in special education. Dr. Myles was honored as the 2004 Autism Society of America's Professional of the Year.

**Peter Gerhardt, Ed. D.**, is the author or co-author of articles and book chapters on the needs of adults with autism spectrum disorder, the school-to-work-transition process and analysis and intervention of problematic behavior. He has presented nationally and internationally on these topics. He currently serves on numerous professional advisory boards, including the Autism Society of America, MAAP Services, NJ COSAC and ASPEN. Dr. Gerhardt received his doctorate from the Rutgers University Graduate School of Education. In 2002 Dr Gerhardt became the Chairman of the Scientific Council of the Organization for Autism Research.

## ***\*as well as a Keynote Speech and Full Day Session by...***



**Julie A. Donnelly, Ph.D.** holds an advanced degree in Special Education and over 25 years of teaching and consulting experience with students with autism. She has a private practice, Autism Support Services, through which she puts on workshops, inservices, trainings and consults with families, agencies and schools. Dr. Donnelly keynotes and presents at national and international conferences and publishes in the special education and autism publications. Julie Donnelly is the mother of a young man who experiences autism. Refer to her website for additional information on her work, [www.autismsupports.com](http://www.autismsupports.com)

***\*all included in this three-day multi-track conference with many other distinguished presenters addressing topics such as...***

- Verbal Behavior Strategies Integrated into the Classroom
- Decreasing Behavior Problems: What causes these problems? Practical Guidelines for Educators and Parents
- Special Needs Trusts
- Autism Resources Serving Families - Provider Expo
- Initial Steps in Developing a Comprehensive Student Program
- Daily Schedules: How to choose and implement a schedule for your student
- Mini-Schedules: Working toward Independence
- How to Develop Social Skills for Individuals with Asperger's Syndrome
- Teen Counsel
- Social and Emotional Needs in Individuals with Asperger's Syndrome: Q & A for Parents
- Preparing for Medical Appointments
- Promoting Receptive and Expressive Language: Deciding on a Communication system for individuals with ASD
- Promoting Receptive and Expressive Language: Using Single and Multi-pictured Based Supports
- Toilet Training
- Diet and Nutrition
- Behavior and Social Skill Strategies in the Home
- Structuring the Classroom for Success and Independence

- Alternative Therapies
- Understanding Autism and Simple Strategies for Pre-school and Childcare Professionals
- Communication and Play Strategies for Pre-school and Childcare Professionals

**Sponsored by the Kentucky Department of Education and the Ohio Department of Education**

## Conference Schedule and Session Information

### Wednesday, June 15th

**7:30 a.m. Registration - Bridgeside Lobby**

**9:00 a.m.** Welcome and Opening Ceremony

**9:30 a.m.** Morning Sessions

- Initial Steps in Developing a Comprehensive Student Program - Shawn Henry, M.Ed., Katie Carnazzo, M.A., Kelly Shepperd, M.A.
- Social-Emotional Counseling and Psychotherapy for Individuals with Asperger's Syndrome - Myrabeth Bundy, Ph.D.
- ABA Beyond Discrete Trials: The Application of ABA for Older Learners with ASD - Peter Gerhardt, Ed.D.
- Medical Issues Concerning Parents - Gail Williams, M.D.

**11:00 a.m.**

- Teen Counsel - Dr. Frank Kersting
- Social and Emotional Needs in Individuals with Asperger's Syndrome: Q&A for Parents - Myrabeth Bundy, Ph.D.

**12:30 p.m.** Lunch (on your own - visit [www.4thstlive.com](http://www.4thstlive.com) for restaurants located next to Convention Center)

**1:45 p.m.** Afternoon Sessions

- Structuring the Classroom for Success and Independence - Kathy Meredith, M.A.
- Sexuality and Socially Appropriate Behavior - Peter Gerhardt, Ed.D.
- Preparing for Medical Appointments - Jill Hudson, M.S.

**3:15 p.m.**

- Daily Schedules and Mini - Schedules: Working toward Independence - Kelly Shepperd, M.A.
- Panel Discussion: Alternative Therapies

**4:15 p.m.** Adjourn

### Thursday, June 16th

**7:30 a.m. Registration - Bridgeside Lobby**

**8:30 a.m.** Morning Sessions

- Verbal Behavior Strategies Integrated into the Classroom - Terese Vali, M.A., Deb Myers, M.A.
- An Understanding of Asperger's Syndrome for the LBD Teacher - Brenda Smith Myles, Ph.D.
- Social Skills and Transition Programming for Competent Adulthood for Learners with Autism - Peter Gerhardt, Ed.D.
- The Resourceful Parent - Julie Donnelly, Ph.D.

**10:15 a.m.**

- Promoting Receptive and Expressive Language: Using Single and Multi-pictured Based Supports - John Burke, Ph.D. and Kelly Shepperd, M.A.
- The Cycle of Tantrums, Rage and Meltdowns - Brenda Smith Myles, Ph.D.
- Diet and Nutrition for Individuals with ASD - Hazel Forsythe, PhD, RD.,LD.

**11:45 a.m.** Lunch - **Keynote available**, featuring **Dr. Julie Donnelly!** *"Where Have We Come From? Where Do We Need to Go?" (Keynote Lunch - Registration required - \$15, sign up on Registration page.)*

**1:30 p.m.** Afternoon Sessions

- Toilet Training - John Burke, Ph.D. and Kelly Shepperd, M.A.
- (continued) The Cycle of Tantrums, Rage and Meltdowns - Brenda Smith Myles, Ph.D.
- Analysis and Intervention of Problematic Behavior in Workplace or Community - Peter Gerhardt Ed.D.
- Behavior and Social Skill Strategies in the Home - Julie Donnelly, Ph.D.
- An Overview of the DIRtm Model: A Comprehensive Approach to Reversing the Core Deficits of ASD - Ann Pilewskie, M.A.

**3:15 p.m.**

- Practical Strategies to Teach the Hidden Curriculum to your Students - Brenda Smith Myles, Ph.D.

**4:15 p.m.** Adjourn

**Friday, June 17th**

**7:30 a.m. Registration - Bridgeside Lobby**

**8:30 a.m.** Morning Sessions

- How to Develop and Implement a Sensory Diet for Students with Autism Spectrum Disorders - Brenda Smith Myles, Ph.D., Shawn Henry, M.Ed.

- Special Needs Trusts - Bryan Broulis, J.D.

- \*Special Session: Understanding Autism for Law Enforcement and Other First Responders - John Burke, Ph.D.

10:15 a.m.

- Autism Resources Serving Families - PROVIDER EXPO

- \*Special Session: Understanding Autism for Preschool and Childcare Professionals - Cheryl Dunn, M.A.

**11:45 a.m.** Lunch

**1:00 p.m.** Afternoon Sessions

- Decreasing Behavior Problems: What Causes these Problems? Practical Guidelines for Educators and Parents Specific - Richard Hudson, Ph.D.

- Supports for Students with Asperger's Syndrome in Middle and High School - Brenda Smith Myles, Ph.D.

- \*Special Session: Using a Collaborative Volunteer Model to Promote Inclusion in Community Recreational Activities - John Burke, Ph.D.

- \*Special Session: Simple Strategies for Preschool and Childcare Professionals - Teri Sinn, M.A., Kelly Shepperd, M.A.

2:30 p.m.

- \*Special Session: Communication and Play Strategies for Preschool and Childcare Professionals - Brenda McMillan, CCC-SLP, Shawn Henry, M.Ed.

- \*Special Session: Multisystems Approach to Intervention for Pre-school Children with Autism - Ann Pilewskie, M.A.

**3:30 p.m.** Adjourn - See you next summer!

***Conference schedule is subject to change - final schedule will be available either on our website or at Registration Desk.***

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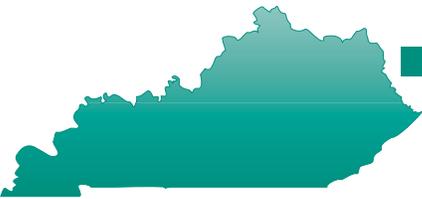
**Special Events and Conference Notes**

**Keynote Lunch -Thursday, June 16th**

***Dr. Julie Donnelly***

***"Where Have We Come From? Where Do We Need to Go?"***

**Registration is required - \$15 - we look forward to seeing you there!**



## Autism Supports and Service - Provider Expo

The Kentucky Autism Training Center has a mission to enhance supports for persons with autism by providing information and technical assistance to families and service providers across Kentucky. As part of this mission the KATC is hosting a **PROVIDER EXPO** at AUTISM 2005. The purpose of the provider fair is to provide a networking opportunity for families and professionals. Service providers and support organizations from across Kentucky are invited to share information about their services and activities.

For information regarding participation, please contact Rebecca Grau at 502-852-7799 or [rebecca.grau@louisville.edu](mailto:rebecca.grau@louisville.edu)

## Autism Institute 2005 Special Focus Sessions

During the Conference, three special sessions will be offered for the following groups:

Law enforcement professionals and first responders; individuals who are seeking to develop volunteer based community recreational programs for individuals with ASD; Pre-school professionals employed through early childhood and day care centers.

These special sessions will be on the last day of the conference with limited seating. If you are a member of one of these groups and would like to attend, please complete the Special Focus Session Registration Form. There will be **no registration charge** for people involved in these areas.

Contact KATC at 1-800-334-8635 ext. 852-4631, or email [katc@louisville.edu](mailto:katc@louisville.edu) for a registration form.

## Continuing Education Units

### KENTUCKY:

Approval for Continuing Education Units will be submitted for approval to the respective granting agencies: Occupational Therapy, Speech and Language Pathology, Nursing, Psychology, Social Work, Day Care, Physical Therapy, Pre-school Professionals, Instructional Leadership.

Educators: Contact your local Board of Education and present your certificate of completion (you will receive documentation after each session you attend at the conference) in order to receive professional development credits for attending Autism Institute 2005.

Contact Kelly Shepperd for any questions pertaining to CEU's or Leadership Credits: 502-852-8073 or [kjshep01@louisville.edu](mailto:kjshep01@louisville.edu)

Information will also be posted on our website, [www.kyautism.com](http://www.kyautism.com), as the conference approaches.

### OHIO:

OCALI is affiliated with the Alliance of Central Ohio Professional Development Providers. Eighteen (18) Professional Development Contact Hours (PDCHs) are available (6 hours per day.) A certificate will be issued at the conclusion of each day. If you would like a certificate, a \$5.00 check or money order only (we are unable to accept cash) made payable to the Franklin County Educational Service Center (FCESC) will be collected for processing fees at registration each morning of the conference.

Kentucky Autism Training Center • 1-800-334-8635 ext. 852-4631 • University of Louisville • [www.kyautism.com](http://www.kyautism.com)

OCALI • Ohio Center for Autism and Low Incidence • 614-410-0321 • [www.ocali.org](http://www.ocali.org)

## ACCOMMODATIONS

Please note: Availability of hotels is not guaranteed. Please make hotel reservations immediately to insure lodging. Thanks!

The following hotels are conveniently connected by pedway to the Convention Center.

• **Galt House Hotel** - 140 N Fourth Avenue Louisville, 40202 (502) 589-5200 or toll free at 1-800-626-1814  
[www.galthouse.com](http://www.galthouse.com) A block of rooms will be held until **May 16th, 2005** - mention "Autism Institute" to receive this special rate.

West Tower: \$85/single, double occupancy - (Attendees can cross over to East tower to access Pedway)

East Tower: \$115/single, double occupancy - (East tower connected by Pedway to the Convention Center)

• **Hyatt Regency Hotel** - 320 West Jefferson St. Louisville, Kentucky 40202 (502) 581-1234 or toll free at 1-800-633-7313  
[www.louisville.hyatt.com](http://www.louisville.hyatt.com). \$112/single or double occupancy - mention "UofL Department of Education" to receive this special rate.

• **Marriott Hotel** -304 West Liberty St. Louisville, KY 40202 (502) 627-5045 or toll free at 1-800-626-5646  
[www.marriottlouisville.com](http://www.marriottlouisville.com)

### **Other Local Option (Not connected by Pedway but within driving distance)**

• **Holiday Inn Downtown** - 120 W. Broadway Louisville, KY 40202 (502) 582-2241 or toll free at 1-800-626-1558  
<http://www.ichotelsgroup.com/h/d/hi/1/en/hd/sdfdt> \$65 single, \$75 double occupancy - Mention "Autism Institute" to get this rate. Please note: This hotel is 4 blocks from the Convention Center - Attendees may drive or take the Trolley.

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### **Kentucky International Convention Center**

**221 Fourth Street Louisville, KY 40202**

**Phone: (502) 595-4381 or 1-800-701-5831 Fax: (502) 595-3675**

**<http://www.kyconvention.org/index.html>**

## Driving Directions

### **From Lexington, KY**

I-64 west to the Third Street exit. Take Third Street to Jefferson Street. Turn right on to Jefferson Street. The convention center is located at Jefferson and Fourth Streets.

### **From Columbus, OH**

I-71 to I-64 west to the Third Street exit. Take Third Street to Jefferson Street. Turn right on to Jefferson Street. The convention center is located at Jefferson and Fourth Streets.

### **From Indianapolis, IN**

I-65 south to the Jefferson Street exit. Take the Jefferson Street exit and the convention center is located at Jefferson and Fourth Streets.

### **From St. Louis, MO**

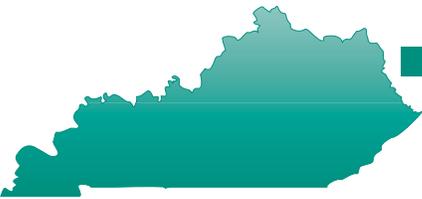
I-64 east to the Ninth Street exit. At the traffic light at the end of the Ninth Street exit ramp, turn left on to Market Street. Take Market Street to Fourth Street. The convention center is located at Market and Fourth Streets.

### **From Nashville, TN**

I-65 north to the Brook Street exit. Take the Brook Street exit. Continue on Brook Street to Jefferson Street. Turn left on to Jefferson Street. The convention center is located at Jefferson and Fourth Streets.

**NOTE:** The Kentucky International Convention Center offers two parking garages for visitors. The Cowger Garage is located at Fourth and Market Streets. The Commonwealth Garage is located on Jefferson Street between Third and Fourth Streets (next to the Hyatt Regency Hotel). Registration will be located in the BRIDGESIDE lobby on the first floor of the Convention Center.

**Note: Parking in above garages - \$1/hr., \$7/day max.**



## REGISTRATION

**Please keep a copy for yourself and complete a separate form for each attendee. Thanks!**

**Please indicate your role:**

\$150.00 Professional/Educator

\$120.00 Group Rate for 5 or more - I am enclosing \_\_\_\_ registrations.

\$65.00 Family Member Full Time Student Para Professional/Instructional Assistant

\$45.00 Group Rate for 5 or More - I am enclosing \_\_\_\_ registrations.

**Add \$15.00 Sign me up for the Keynote Lunch on Thursday, June 16th. (please add to total below)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization/School District Name \_\_\_\_\_

Families: I live in \_\_\_\_\_ Co. Professionals: I work in \_\_\_\_\_ Co.

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ I would like to be added to the KATC Listserve.

Do you have alternate contact information for summer? \_\_\_\_\_

**Note: For more information on sessions and to view the Conference-at-a-Glance, go to the KATC website at [www.kyautism.com](http://www.kyautism.com).**

**Scholarships:** Family Member scholarships for conference admission only are available. These will be granted on a limited basis according to financial need and date of registration. Contact the KATC to request a scholarship application. If you would like to attend the Keynote Lunch, please submit your registration form and fees along with the application.

**Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ P.O. # \_\_\_\_\_ (Must enclose copy of P.O.w/registration)**

**Please mail completed registration forms to:**

Autism Institute 2005  
KATC/UofL  
911 S. Brook St.  
Louisville, KY 40203

**If submitting registrations with only a P.O., you may fax to 502-852-7148 attn. Kristen Frarey**

Please make checks payable to *KATC* or *Kentucky Autism Training Center*. Unfortunately, credit card payments cannot be accepted. Onsite registration will be an additional **\$15.00**. Thank you.

Kentucky Autism Training Center • 1-800-334-8635 ext. 852-4631 • University of Louisville • [www.kyautism.com](http://www.kyautism.com)

OCALI • Ohio Center for Autism and Low Incidence • 614-410-0321 • [www.ocali.org](http://www.ocali.org)

# COMING SOON TO A SCHOOL NEAR YOU: CHANGES IN THE SCHOOL NUTRITION AND PHYSICAL ACTIVITY ENVIRONMENT

**Tonya Chang**

**Kentucky Director of Advocacy  
American Heart Association**

After four years of debate and an outpouring of public support, Kentucky lawmakers finally passed a school nutrition and physical activity bill during this session of the General Assembly. Kentucky is one of many states that in recent years have considered policy changes in schools in response to the dramatic increase in childhood obesity.

Childhood obesity has reached epidemic proportions nationally and in Kentucky. In the last twenty years, the rate of overweight has more than doubled in children and has nearly tripled in adolescents. Kentucky high school students have the third highest rate of overweight in the country. Even Kentucky's youngest citizens are affected. It is estimated that seventeen percent of 2 to 4 year-olds in Kentucky are overweight. The issue of a child's weight has nothing to do with vanity and everything to do with health. Being overweight puts children at an increased risk for developing a host of chronic health problems including high blood pressure, high cholesterol and type 2 diabetes.

Recognizing the important role that schools play in helping shape children's behaviors and the need for schools to serve as positive role models, for the last several years many parents along with health advocates have called for modest changes in the school nutrition and physical activity environment. In the past these efforts have been met with much resistance from snack food and beverage interests and some in the school community. Some felt like schools were being singled out for blame. This was an unfortunate misconception. Where some saw blame, we saw a real opportunity for schools to serve as a catalyst for positive change. Although there was some strong opposition again this year, we were able to help secure passage of a meaningful piece of legislation related to school nutrition and physical activity.

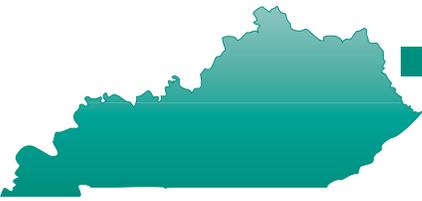
## **Senate Bill 172:**

- Bans soft drink sales in elementary schools during the school day;
- Allows elementary schools during the school day to sell water, juice, low-fat milks (plain or flavored) and other beverages that contain less than 10 grams of sugar per serving;
- Limits retail fast food in cafeterias to once a week;
- Requires the school food service director or other person who is responsible for meal planning to become credentialed or certified by the national School Nutrition Association;
- Requires 8 hours annually of nutrition education for school food service directors and 2 hours for cafeteria managers;
- Requires an annual report on the school nutrition and physical activity environment-the report will be issued to parents, the school-based council and the local board of education;
- Requires local school-based councils in elementary schools (or the school principal in cases where elementary schools don't have a school-based council) to develop and implement a wellness policy that includes daily physical activity. Allows up to 30 minutes a day or 150 minutes of week of the physical activity to be included as instructional time;
- Establishes penalties for competitive food violations; and
- Requires the KY Board of Education to promulgate regulations that address the nutritional content of foods and beverages sold in school stores, vending machines, canteens and a la carte cafeteria sales.

Some of the changes will be apparent beginning in the next school year, while others will be implemented following the development of administrative regulations. Will these changes alone reverse the obesity epidemic? No, but collectively these changes are an important first step in the right direction.

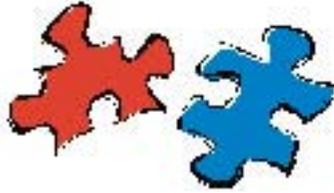
The legislators who worked tirelessly and passionately on behalf of these efforts deserve special thanks. They include Representative Tom Burch, Senator Alice Forgy Kerr, Representative Tim Feeley and Senator Ernesto Scorsone.

Schools cannot bear this responsibility alone. Changes must also occur at home. If you would like more information about nutrition and physical activity, please visit <http://www.heart.org>. Making healthy choices isn't always easy. Living a healthy lifestyle truly is a journey and not a destination.



# LEGISLATIVE UPDATE: 2005 HB 296-REP. SCOTT BRINKMAN

## AN ACT RELATING TO THE KENTUCKY COMMISSION ON AUTISM SPECTRUM DISORDERS



This bill establishes the Kentucky Commission on Autism Spectrum Disorders within the Cabinet for Health and Family Services. The commission is charged with developing a comprehensive state plan for an integrated system of training, treatments, and services for individuals of all ages with ASD, including a timeline to implement the plan in all geographic areas of the state. The commission is required to make recommendations to the Governor and the General Assembly regarding legislation, administrative regulations, and policies. Members are to be appointed by July 1, 2005. A comprehensive state plan and recommendations are to be submitted by October 1, 2006. Beginning October 1, 2006 the duties of the commission will be assumed by the Kentucky Council on Developmental Disabilities. The Council is required to appoint a subcommittee to monitor the implementation of the state plan and report to the Governor and the General Assembly.

HB 296, as signed by the Governor on March 18, 2005, may be viewed at the following website: [www.lrc.ky.gov/record/05rs](http://www.lrc.ky.gov/record/05rs).

If you have questions regarding the appointment of members to the commission, please contact Hollis Rosenstien in the Governor's office at 502-564-2611.

