

Autism SPECTRUM

RESOURCES FOR MARRIAGE & FAMILY



Presenters: Rev. Dan &
Rev. Dr. Stephanie C. Holmes

**Autism Spectrum: Moving from
Surviving to **Thriving!****



Learning Objectives

- Name and describe challenges and stressors for marriage and family systems with a member with autism or other special needs
- Identify stages of grief moving beyond Kubler-Ross to other models of grief and chronic sorrows that include hope in the grief and acceptance process to move beyond surviving and thriving
- Discuss strategies for licensed mental health professionals, coaches, Christian counselors to implement in therapy/support to strengthen marriages in nuclear and stepfamilies examining additional issues that stepfamilies with special needs children may face

Our NeuroDiverse and Complex Family System

When we are not
“posing”

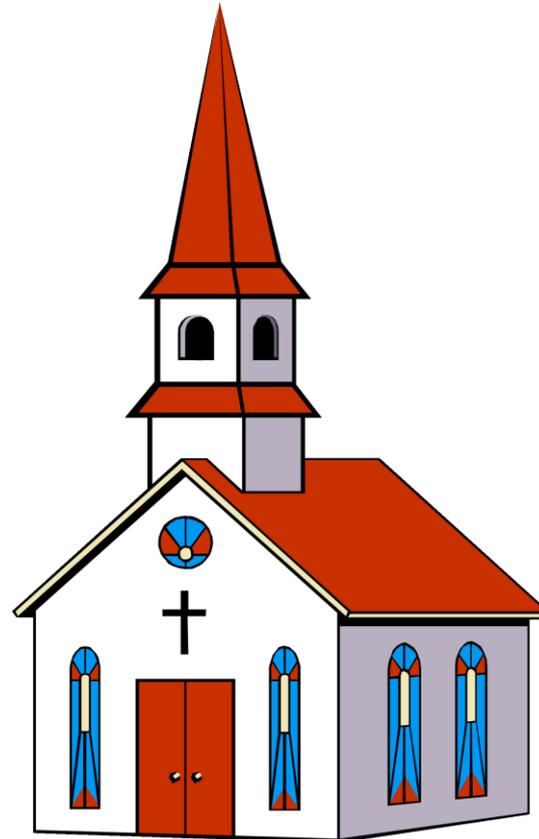
- Sydney: Diagnosed 2005/2006
Asperger’s/OCD
- Erica:
Diagnosed 2005
ADD/PDDNOS
- Dan:
Autism/Asperger’s
2019



Impacts On the Family

- The diagnostic process itself
- The behaviors and emotions of life on the spectrum
- Autism criteria are the same for male and female yet manifest differently
- Frequent co-morbidity of ASD with a 2ndary diagnosis
- Various protocols
- Finances/Cost of protocols
- Isolation
- Physical Exhaustion
- Educational Process
- Time Management
- Ignorant People (and what they say)
- Emotional Process of Acceptance
- Church Issues

A Typical Experience?



Therapies and Protocols

Occupational
Therapy

Specialized
Diets

Medication

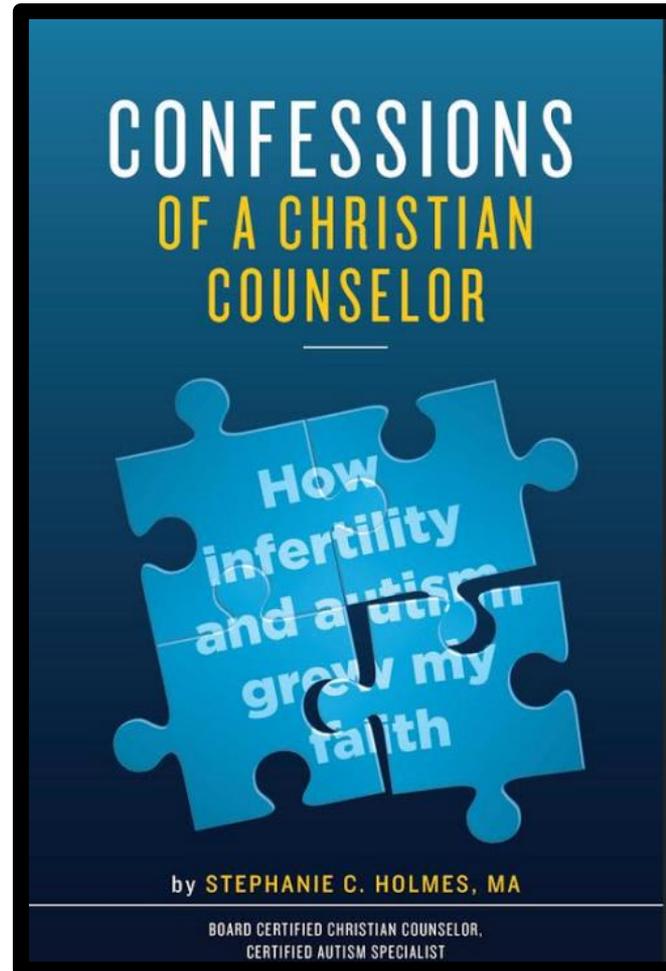
Physical
Therapy

Prayer

Social Skills
Training

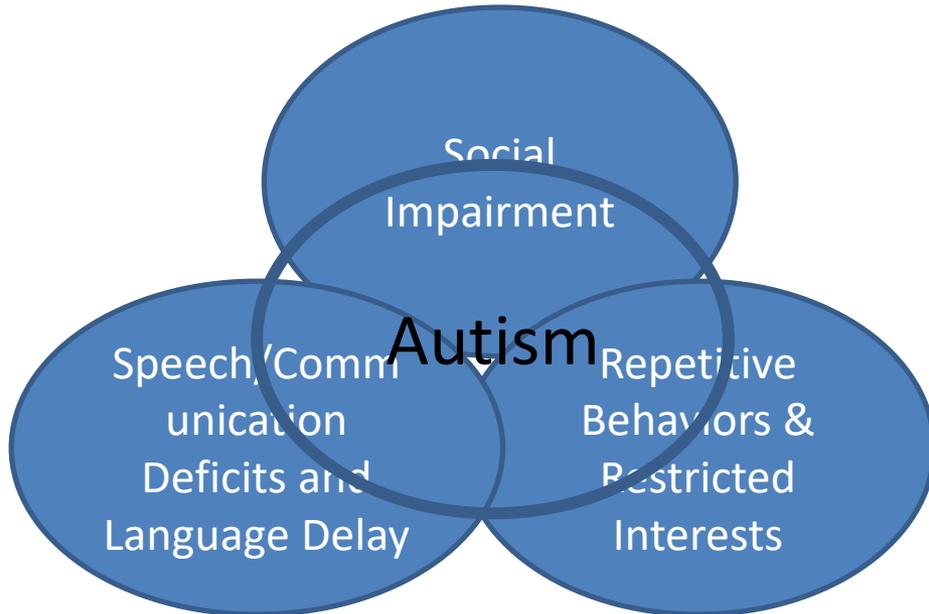
Cognitive-
Behavioral
Therapy

The Rest of the Story

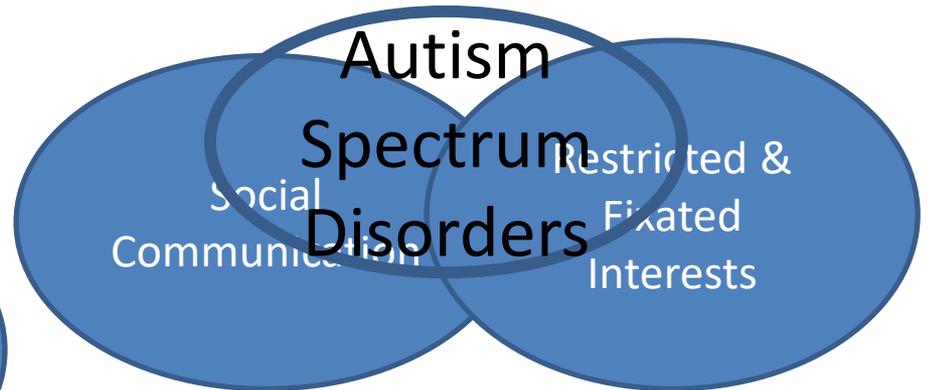


DSM IV & 5 Side by Side

DSM IV
Pervasive Development Disorders



DSM 5
Autism Spectrum Disorders



DSM-5 Criteria

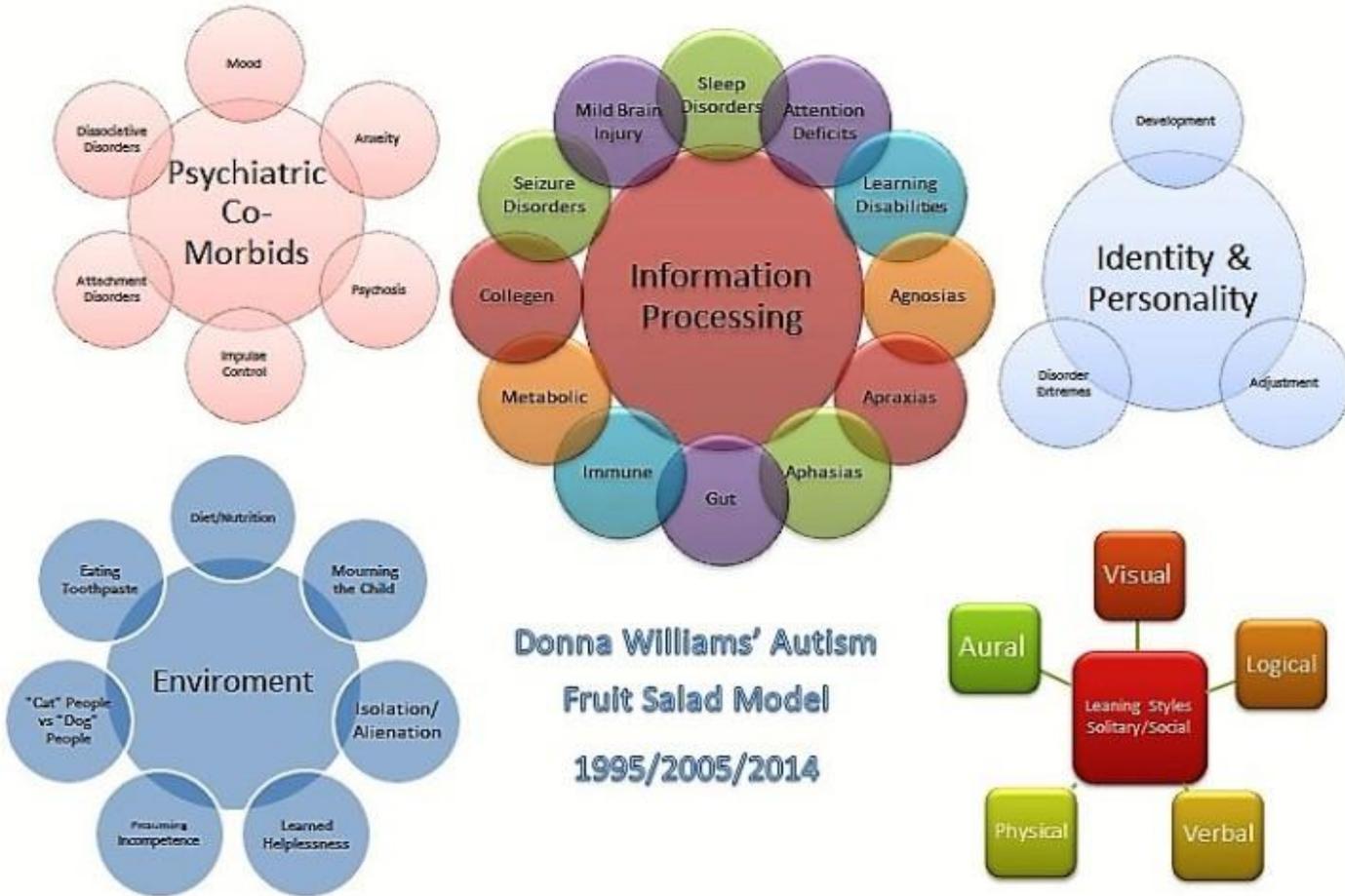
- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
- A. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 - B. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
 - C. Deficits in developing, maintaining, and understand relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
- *Specify* current severity:
 - **Severity is based on social communication impairments and restricted, repetitive patterns of behavior.**

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
- B. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 - C. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 - D. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
 - E. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
- *Specify* current severity:
 - **Severity is based on social communication impairments and restricted, repetitive patterns of behavior.**

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.
- **Note:** Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

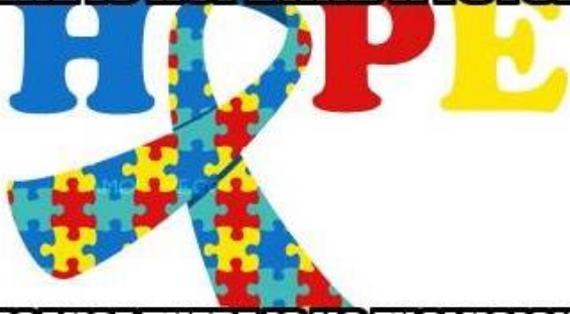
- *specify if:*
- **With or without accompanying intellectual impairment With or without accompanying language impairment**
- **Associated with a known medical or genetic condition or environmental factor** (**Coding note:** Use additional code to identify the associated medical or genetic condition.)
- **Associated with another neurodevelopmental, mental, or behavioral disorder** (**Coding note:** Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)
- **With catatonia** (refer to the criteria for catatonia associated with another mental disorder)
- (**Coding note:** Use additional code 293.89 catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)
- Level 1,2,3 Can be applied separately to Criteria A /B
- Level 1- needs support
- Level 2- needs moderate support
- Level 3- needs substantial support

Fruit Salad Anyone ?



Language Matters

THERE IS HOPE AND A FUTURE



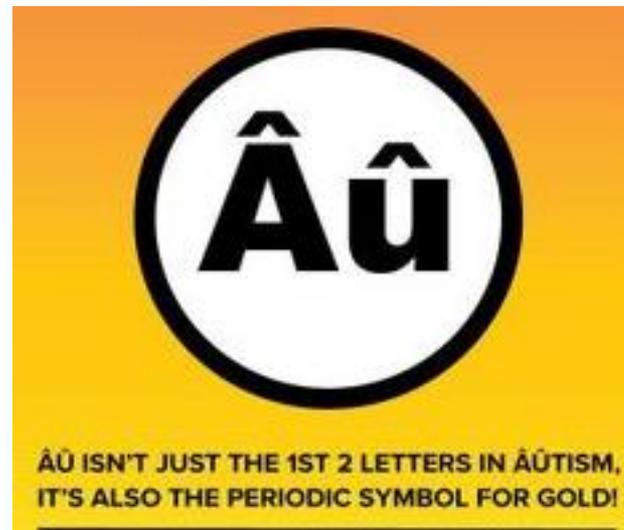
**BECAUSE THERE IS NO EXCLUSION
CLAUSE IN JEREMIAH 29:11**



Autistic Person



Person With Autism



Prevalence

- Autism is the fastest growing developmental disorder with the current prevalence noted 1 in 54 children (CDC 2016).
 - In 1985: 4 out of 10,000
 - in 1996: 3.4 out of 1,000
 - in 2004: 1 out of 125.
- More and more families have a child on the spectrum. Boys 1 out of 34
- In 2019, a 2.1 million participant study by JAMA, Autism showed an 80% hereditary rate. Meaning a child on the spectrum is likely to have a parent or close relative on the spectrum. It is far more genetic than once realized.

Challenges for Special Needs Families

- Medical/Protocols/Therapies
- Finances
- Family Relationships
- Isolation
- Physical Exhaustion
- Education
- Time Management
- Ignorant People

Kubler Ross Stages of Grief

- Denial & Isolation
- Anger
- Depression
- Bargaining
- Acceptance

Dr. John Chimarusti's Emotional Journey Model

- Incorporates linear and cyclical perspectives of Kubler-Ross and Chronic Sorrow Models
- He conceptualizes The Emotional Journey Model as a spiraling staircase or twisting ladder of emotions:
 - Confusion, Denial, Anger-Guilt, Hope, Depression, Acceptance, Understanding
- You can go back and forth and up and down
- Dr. Stephanie Holmes' interview with him on Converge Autism Radio (Mental Health News Radio)
 - <https://www.iheart.com/podcast/966-springbrooks-conver-29873217/episode/the-emotional-journey-how-to-support-72159073/>

Helping the Marriage: Practical Steps

- Marital Bond/Teamwork
- Personal Space
- The identity of the family is not Autism
- Communication
- Ask for Help
- Teachable Moments: What am I learning?
- Patience
- Organizational Skills
- Tolerance
- Rest
- Don't neglect or ignore the NT child
- Joy in small victories
- Prevention/Proactive
- Be flexible
- Spiritual Strength

The NT Sibling

- Talk about things with them. Don't hide it or make the issue or challenges a secret.
- Be Positive
- Normalize their frustrations
- Obviously don't play favorites
- Have family fun time
- Encourage the NT to have their time
- Every person NT and AS have strengths and challenges
- Keep promises

Impacts on the NT sibling

Frustration as they
will feel the
stressors

Feel lonely, Left
out or Neglected

Jealousy

Possible
Embarrassment

May act out/Bids
for attention

Overly
perfectionistic
trying to ease the
load

Basics of Building a Stepfamily- Material Taken from Ron Deal

- Wait 2-3 years following the death or divorce of your spouse before seriously dating anyone
- Date for two years before you decide to marry
- Know how to “cook” a stepfamily (5-7 years, slowly in a crockpot- no blending required)
- The honeymoon period of marriage tends to be after the kids have launched
- Think about all of the kids involved- how will each be affected
- Be sensitive to “loyalties” to the other parent
- Do not expect your new spouse to feel exactly the same as you do about your kids (and you for the new spouse)
- Stepfamilies have unique barriers
- You must parent as a team- get your game plan
- Work Smarter not Harder

Cook a Stepfamily? What does that even mean?

- Even though another term is blended family- a blender is not required
- You cannot create an instant family from parts of two families- no microwave cooking (no poof instant family)
- Even an oven can provide too much “heat” for such a delicate recipe
- You need a “crock pot”
- Use low heat
- Longer period of Time
- Add Ingredients to Taste
- Different ingredients cook differently
- Some ingredients don’t seem like they fit the recipe

Special Needs Require Special Ingredients: Not Just ANY Partner will do

- The biological parent already had knowledge of the special need through the years, so have the siblings of the special needs' child
- Children on the autism spectrum or other behavioral issues already have issues with caretakers and people in authority- trust takes time to build
- The biological parent knows what triggers a child or what may cause a meltdown etc. The stepparent may come to see this as manipulation.
- The biological parent is aware of what needs to be budgeted for the child's need (medical/therapy/help resources). The stepparent may not be understanding of the costs and see \$ taken from "their" kids
- The biological parent knows where the child started and has seen progress and what accomplishments have been made. Stepparent only sees the child here and now and may not ever appreciate where the child has come from

- Biological siblings have grown used to routines or accommodations that are necessary for the special needs' child; new siblings may feel caught off guard or betrayed by how much time the special needs child requires
- The new partner needs these traits: patience, sense of humor, flexible, generous, stable, reliable and willing to learn and try new things
- “The new family” needs to learn about the special needs' child while in the dating process
- The new family may need to adapt to some routines that are already working or the special needs child

A new partner/spouse represents a GAIN to the one getting married but often represents LOSS to the children

Remarriage ends a dream of biological parents ever remarrying

Remarriage means a change in habits and routines and traditions of the old family

New siblings may resent the needs of the special needs child

Remarriage often requires moving which is change in housing and new schools and new friends

Not every person know how to interact and live with someone with special needs

The biological parent may feel pitted against the new spouse and advocating for the special needs' child

There is Hope

It is possible to have a strong marriage and family with a child on the spectrum.

Jeremiah 29:11 – There are no exclusion clauses- there is hope & a future.

Additional Materials

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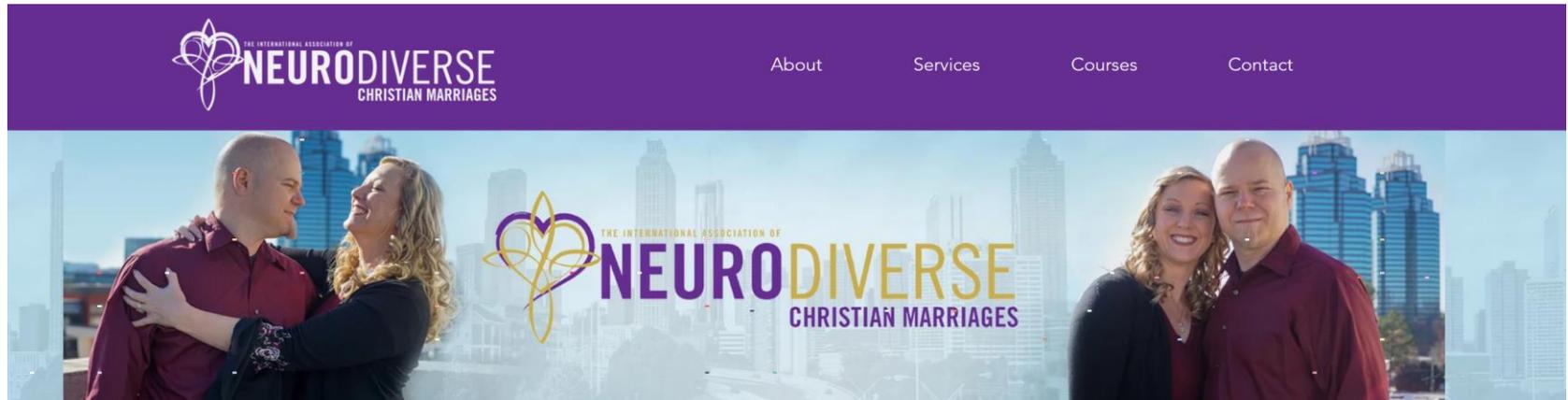


- [Consulting](#)

Professionals

<https://www.christianneurodiversemarriage.com/>

Found under Courses



Welcome!



For Couples and Professionals Check out our Podcast Mental Health News Radio New Podcasts each Monday

We share our story as a NeuroDiverse couple, cover topics on Marriage & Family, interviews couples about their journeys.

We also interview professionals in the field of autism such as Dr. Tony Attwood, Grace MyHill, Mark Hutton, Kathy Marshack, & Jodi Carlton.

We interview people in counseling or ministry and add the Autism/ND nuances

Scheduled guest to include Leslie Vernick, Sheila Gregoire, Dr. Doug Weiss and more!

For couple, coaches, ministers, counselors, educators, social workers- any one supporting families with autism.

