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IDEAS AND INSIGHTS FOR ACTIVE CONGREGATIONS

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How to Welcome Children with Autism and Their Families

Kylie, an active five-year-old, does not speak but she is learning sign language. Sometimes Kylie's behavior is similar to what professionals see in children with Autism Spectrum Disorder (ASD). Her parents want to attend church with Kylie and her two younger brothers. Unfortunately, several disappointing worship experiences have discouraged them from seeking out another church. They remain hopeful that they can eventually find a congregation committed to nurturing the spiritual growth of all their children.

Common Areas of Difference

A diagnosis of ASD indicates that an individual might be impacted in his or her social interaction, communication, and behavior. The word spectrum conveys that no two individuals are alike. There is a wide variety in how people can be affected. An understanding of possible differences can help church teachers and members plan for the inclusion of all children.¹

Language skills. Some individuals with ASD may be unable to speak or to use sign language, while others may possess a broad vocabulary but find grammar and sentence structure tricky. Sometimes their voices are too loud or too soft for the setting. Matching the content of the message (such as sad news) with the appropriate facial expression or voice tone is another type of struggle for some.

Social skills. Children with ASD find that reading social situations and making decisions about how to interact with others extremely hard. These types of differences can lead children to pull away from others. They may find eye contact or touch uncomfortable. Some children respond in the opposite way by charging into a group or acting aggressively toward others. Because social situations are not easy to analyze, a schedule or routine provides structure and a bridge to others for those with ASD. Any change in the routine can create anxiety.

Another feature that individuals with ASD can exhibit is a repetitive passion for one topic—such as trains, trucks, a favorite animal, or a book character. As a result, they may find it tough to relate to others who do not know as much about their topic or show little interest in it.

Sensory Responses. The sensory systems of many people with ASD are turned up to a higher volume. This creates a sensitivity to sights, sounds, smells, tastes, and feelings that would not be a problem for individuals without ASD. In striking contrast, the sensory systems for others with ASD are set way below the average for others. In this case, a child may not respond to conversation or touch.

Strategies for Inclusion

Barbara Newman, author of *Autism and Your Church*, outlines strategies that she uses with children and adults who have ASD. She believes that churches do not wish to exclude or isolate any individual but that they may not have the necessary information to include persons with different abilities. Her strategies open up the possibilities for welcoming all people (not just individuals with



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ASD, but all those who find access to church life challenging), such as those who use wheelchairs; those with hearing loss or impaired vision; worshippers dealing with memory loss, dementia, or Alzheimer's; and people who suffer from mental or chronic illness.

Strategy 1: Gather information. Newman suggests that the congregation appoint one person to contact the family, care facility, or group home to assess gifts and needs. Privacy is always a concern. Church teachers should show respect for the amount and type of information individuals wish to share and reassure families that information would only be shared at their request. Because they do it all the time, parents of children with autism: (a) may be tired of telling the same things to different people in every situation they encounter; (b) are good at outlining who their child is and what their child needs. Listening, practicing patience, and asking for clarification are greatly appreciated by parents.

Strategy 2: Share information as needed. Pastors, other worship leaders, teachers, mentors, and peers benefit from critical information in order to best plan and interact with children.

Strategy 3: Monitor sensory output. Newman suggests setting up a rest or "reset" area that individuals with ASD can use when they need a break from loud noises or too much social interaction. A small room with limited sound and few distractions works best. Headphones or sound blockers are another option to filter out sounds and background noise.

Strategy 4: Take their perspective. When children have trouble or upsetting situations occur, they may not be able to communicate what is bothering them. Teachers and mentors can think through several questions to uncover what might be wrong: What happened immediately before and right after the incident? Who else is part of the setting? Can they share insights into the person's behavior? If the child attends school or participates in another program, ask if someone can talk to the teacher or observe the child in another setting. Learning and seeing what works well for the child in other settings increases the odds that the church can make helpful changes in the church's environment.

Strategy 5: Make comfortable routines. Because children and adults with ASD may not be able to process everything that is happening around them, they rely on routines to provide structure. Everyone needs to feel secure and others in the church can benefit as well. For example, a printed order of worship, picture schedules (a set of pictures that illus-

trate the sequence of activities), and projected PowerPoint slides that highlight the current activity all work well. Including ways that the child or adult can serve and offer their gifts is a good strategy for creating meaning in the routine. Depending on the individual's ability, they could be a greeter, hand out bulletins, light candles, help with food or table preparation, or other church activities.

Strategy 6: Use advance warning systems. Before a nurse sets up an IV, she describes to the patient what she is going to do and why and what a patient might experience. She also periodically asks how the patient is doing. Giving the patient this type of advance warning reduces anxiety and builds trust.

In the church setting, teachers can give a verbal countdown during class ("In five minutes our class will end and we'll go to the sanctuary for worship."); use a special clock that visually displays disappearing time; and hand parents or guardians printed information about any upcoming activity that is not usually part of the routine.

Strategy 7: Multiply communication. To reach those with limited language skills, become familiar with any electronic communication devices that they may use. Consider recruiting mentors to learn and use signing.

Strategy 8: Use visual cues. To reinforce verbal messages, try to think in pictures. Use paper and pencil to sketch or write notes. Some children find drawing a picture of what happened or their feelings easier than verbal descriptions. Churches with strength in the arts, photography, and media are especially equipped to communicate effectively with children in worship.

Everyone is Welcome Here!

Jessica described herself to her mother: "My body has autism, but my spirit does not." She attends a church that shares the conviction that her connection to God is not hindered by ASD.²

By emphasizing all that we have in common and that we all belong to God, congregations can transform children, adults, and families. "Now you are the body of Christ, and each one of you is a part of it."³

1. The content of this issue draws from Barbara Newman, *Autism and Your Church* (Grand Rapids: Friendship Ministries, 2011). Her book includes many reproducible resources. See also www.TheParishPaper.org/free-resources.

2. Newman, 17.

3. 1 Corinthians, 12:27.