

AUTISM HUMANITARIAN PROJECT

NAME: FULL NAME

PHONE: PHONE NUMBER

EMAIL: EMAIL ADDRESS

ABOUT ME: Add a small Bio here about yourselfe and why you want to do this project.

My thought was just when I got money for my bonds and currency, I wanted to help children with Autism and Asperger. I want them to be provided with all the tools needed for them.

Preferably the med beds for complete healing but in the meantime ways to make their lives better.

WHAT IS AUTISM:

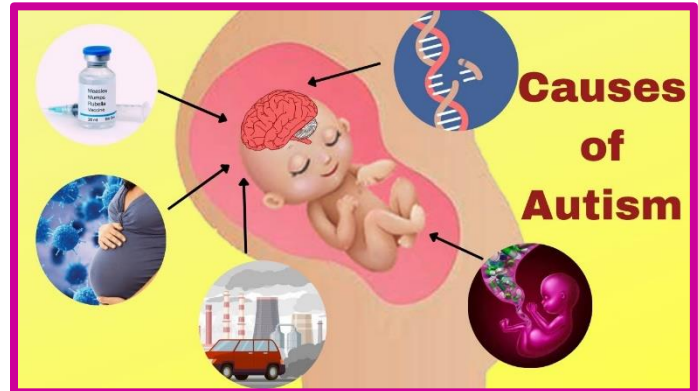
Autism Spectrum Disorder (ASD) refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication. According to the Centers for Disease Control, autism affects an estimated 1 in 44 children in the United States today.

WHO IS AFFECTED BY AUTISM:

According to the Centers for Disease Control and Prevention (CDC), about 1% of the world's population has autism spectrum disorder – over 75,000,000 people. That may be a large number, but autism spectrum disorder (ASD) features a wide range of symptoms and levels of severity. According to the Autism Society, the prevalence of ASD has increased between 6% and 15% each year from 2002 to 2010 and will likely continue to rise at this rate. Currently, over 3.5 million people in the U.S.

WHAT ARE THE CAUSES OF AUTISM:

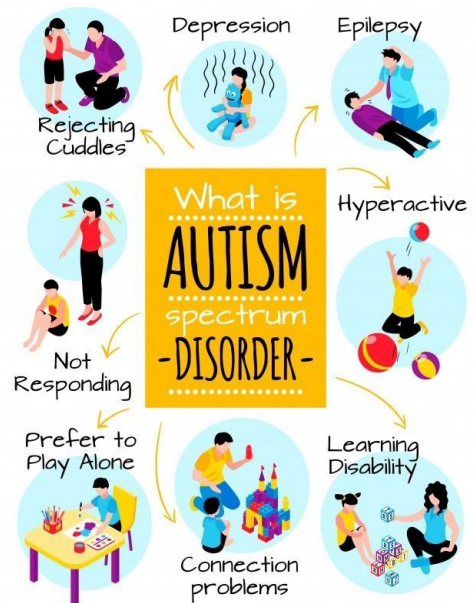
- Having an immediate family member who's autistic
- Certain genetic mutations
- Fragile x syndrome and other genetic disorders
- Being born to older parents
- Low birth weight
- Metabolic imbalances
- Exposure to heavy metals and environmental toxins
- A maternal history of viral infections
- Fetal exposure to the medications valproic acid or thalidomide (thalomid)



TYPES OF AUTISM:

THERE ARE 5 AUTISM SPECTRUM DISORDERS:

- ASPERGER'S SYNDROME – aka Level 1 Autism Spectrum Disorder
- RETT SYNDROME
- CHILDHOOD DISINTEGRATIVE DISORDER (CDD) - Heller's syndrome or disintegrative psychosis
- KANNER'S SYNDROME
- PERVASIVE DEVELOPMENTAL DISORDER – Not Otherwise Specified (PDD-NOS)

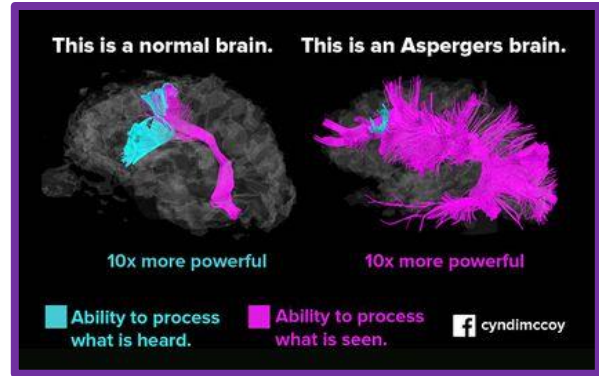


ASPERGER'S SYNDROME

Although the term Asperger's syndrome was quite common before 2013, the term is actually no longer used by medical professionals. It has since been reclassified as level 1 autism spectrum disorder by the DSM-5 diagnostic manual. Still, Asperger's syndrome may be used informally – in fact, autism communities use it more often than level 1 spectrum disorder.

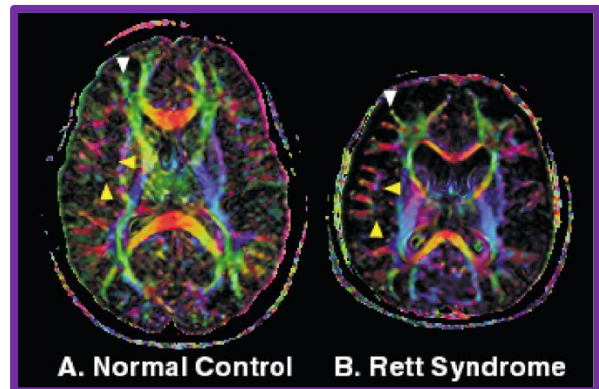
A child with level 1 spectrum disorder will have above average intelligence and strong verbal skills but will experience challenges with social communication. In general, a child with level 1 autism spectrum disorder will display the following symptoms:

- Inflexibility in thought and behavior
- Challenges in switching between activities
- Executive functioning problems
- Flat monotone speech, the inability to express feelings in their speech, or change their pitch to fit their immediate environment
- Difficulty interacting with peers at school or home



RETT SYNDROME

Rett syndrome is a rare neurodevelopmental disorder that is noticed in infancy. The disorder mostly affects girls, although it can still be diagnosed in boys. Rett syndrome presents challenges that affect almost every aspect of a child's life. The good thing is your child can still enjoy and live a fulfilling life with the proper care. You can have family time together and provide support to allow the child to do what they enjoy.

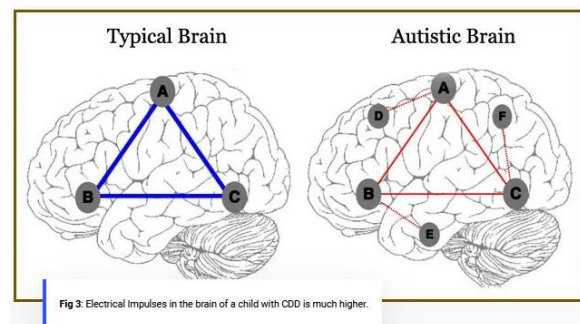


Common symptoms of Rett syndrome include:

- Loss of standard movement and coordination
- Challenges with communication and speech
- Breathing difficulties in some cases

CHILDHOOD DISINTEGRATIVE DISORDER (CDD)

Childhood disintegrative disorder (CDD), also known as Heller's syndrome or disintegrative psychosis, is a neurodevelopmental disorder defined by delayed onset of developmental problems in language, motor skills, or social function. A child experiences normal development in these areas only to hit a snag after age three and up to age 10. The developmental loss can be very heartbreaking for



parents who had no idea their child had autism challenges all along.

The cause of CDD is unknown though researchers link it to the neurobiology of the brain. Childhood disintegrative disorder is more common in boys. Out of every 10 cases of the disorder, nine will be boys, and only one will be a girl.

In CDD, the child will have normal development up to the time when the disorder starts, and regressions suddenly start to occur in more than two developmental aspects of their life. The child may lose any of the following skills and abilities:

- Toileting skills if they had already been established
- Acquired language or vocabularies
- Social skills and adaptive behaviors
- Some motor skills

NER'S SYNDROME

Kanner's syndrome was discovered by psychiatrist Leo Kanner of John Hopkins University in 1943 when he characterized it as infantile autism. Doctors also describe the condition as a classic autistic disorder. Children with Kanner's syndrome will appear attractive, alert, and intelligent with underlying characteristics of the disorder such as:

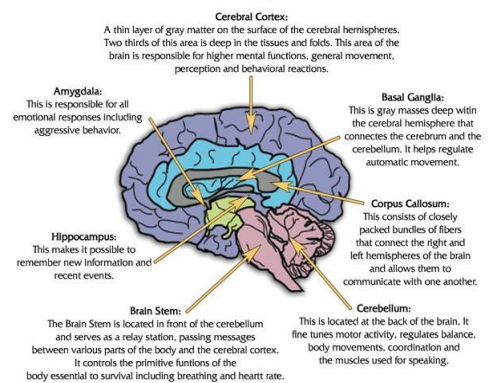
- Lack of emotional attachment with others
- Communication and interaction challenges
- Uncontrolled speech
- Obsession with handling objects
- A high degree of rote memory and visuospatial skills with major difficulties learning in other areas.

PERVASIVE DEVELOPMENTAL DISORDER – NOT OTHERWISE SPECIFIED (PDD-NOS)

Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) is a mild type of autism that presents a range of symptoms. The most common symptoms are challenges in social and language development.

Your child may experience delays in language development, walking, and other motor skills. You can identify this type of autism by observing the child and noting what area the child

Parts of the Brain Affected by Autism



Autism and Pervasive Developmental Disorders



displays a deficit in, such as interacting with others. PDD-NOS is sometimes referred to as “subthreshold autism,” as it is a term used to describe an individual that has some but not all symptoms of autism.

HOW TO HELP

My project is to build play stations for children with Asperger’s and Autism that will help promote current methods used to help with in a Play park both indoor and outdoor.

No cure currently exists for autism spectrum disorder, and there is no one-size-fits-all treatment. The goal of treatment is to maximize your child's ability to function by reducing autism spectrum disorder symptoms and supporting development and learning.

HELPING YOUR CHILD WITH AUTISM THRIVE

There are many things you can do to help a child with Autism Spectrum Disorder (ASD) overcome their challenges. These parenting tips, treatments, and services can help.

Applied Behavioral Analysis (ABA) works to systematically change behavior based on principles of learning derived from behavioral psychology. ABA encourages positive behaviors and discourages negative behaviors. In addition, ABA teaches new skills and applies those skills to new situations

Early Intensive Behavioral Intervention (EIBI) is a type of ABA for very young children with an ASD, usually younger than five, often younger than three.

- Pivotal Response Training is a variation of ABA that works to increase a child’s motivation to learn, monitor his own behavior, and initiate communication with others by focusing on behaviors that are seen as key to learning other skills, such as language, play, and social skills. This training works to generalize skills across many settings with different people.
- Discrete trial teaching is a common form of ABA, in which what is being taught is broken down into smaller steps and taught using prompts and rewards for each step. Prompts and rewards are phased out over time.
- The Lovaas Model consists of 20-40 hours of highly structured, discrete trial training, integrating ABA techniques into an early intervention program. The intervention typically begins when the child is between the ages of 2-8 years old, and no later than 12 years old. The technique utilizes child-specific reinforcers to motivate and reward success. Additionally, the use of language and imitation are



crucial for the teaching model. Click here to learn more about the Lovaas Model.

- The Early Start Denver Model is an early intervention program designed for infants, toddlers, and preschoolers ages 12-48 months with autism. Developed by Geraldine Dawson, Ph.D., and Sally Rogers, Ph.D., it is the only experimentally verified early-intervention program designed for children with autism as young as 18 months old. ESDM applies the principles of ABA to an early-intervention program. Similar to Pivotal Response Training, interventions are delivered within play-based, relationship-focused routines. Studies testing the efficacy of the treatment have found the intervention “resulted in significant improvements in IQ, language, adaptive behavior, and autism diagnosis”. To learn more about the Early Start Denver Model, read more here.



- Speech Therapy Since people with ASDs have deficits in social communication, speech therapy is an important treatment option. Speech therapy with a licensed speech-language pathologist helps to improve a person’s communication skills, allowing him to better express his needs or wants. For individuals with ASD, speech therapy is often most effective when speech-language pathologists work with teachers, support personnel, families, and the child’s peers to promote functional communication in natural settings.



- Some individuals with ASD are nonverbal and unable to develop verbal communication skills, and the use of gestures, sign language, and picture communication programs are often useful tools to improve their abilities to communicate.

OCCUPATIONAL THERAPY (OT)

Occupational therapy is often used as a treatment for the sensory integration issues associated with ASDs. It is also used to help teach life skills that involve fine-motor movements, such as dressing, using utensils, cutting with scissors, and writing. OT works to improve the individual’s quality of life and ability to participate fully in daily activities. Each occupational therapy program is based on individual evaluations and goals.



Occupational therapy for young children with ASD often focuses on improving sensory integration and sensorimotor issues. In older children, OT often focuses on improving social behavior and increasing independence.

PHYSICAL THERAPY (PT) Physical therapy is used to improve gross motor skills and handle sensory integration issues, particularly those involving the individual's ability to feel and be aware of his body in space. Similar to OT, physical therapy is used to improve the individual's ability to participate in everyday activities. PT works to teach and improve skills such as walking, sitting, coordination, and balance. Physical therapy is most effective when integrated in an early intervention program.

NEW PLAYGROUND INTENDED TO HELP AUTISTIC CHILDREN BUILD SOCIAL SKILLS

Along with the above listed typical therapies, I want to build indoor and outdoor play stations for the Autistic.

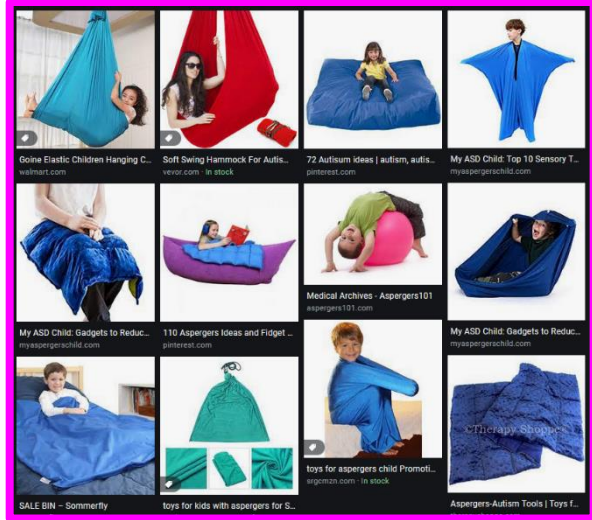
Inviting a friend to play on a tire swing can be difficult for autistic children, but with special kinds of playgrounds cropping up in Maryland and around the country, it may become easier.

The Shafer Center, a school in Owings Mills for autistic children ages 2 to 8, recently installed a playground intended to help children with social interaction and motor skills.

Specialized equipment can "foster social interaction" between autistic children, who sometimes have a more difficult time interacting socially and using social cues, experts say.

"A lot of pieces on the playground require more than one person," said Kristen DeBoy, an applied behavioral analysis therapist at the Shafer Center. "It sparked social interaction."

The playground features a tire swing, a track, a balance beam, a group see-saw called a we-saw, and a new take on a merry-go-round called the omni-spin. The playground equipment is similar to what's used on regular playgrounds, but it has



AMAZING SENSORY PLAYGROUNDS, FREE AND OPEN TO THE PUBLIC

For kids on the autism spectrum or with other special needs, a trip to the neighborhood playground can be overwhelming, socially confusing and even unsafe. That's why changes afoot in playground design are so welcome. Modern playground design is pivoting towards meeting the needs of all children, and this has spawned great play places, usually referred to as "inclusive" or "sensory" playgrounds.

What makes a play space a "sensory playground"? In short, it's an inclusive place for kids to play. The space may be fully accessible for kids who use wheelchairs and are fenced off to contain kids who could wander or bolt. These playgrounds typically offer sensory options for kids who seek them, such as wind chimes, sand to dig in, nubby surfaces, mazes to explore, mirrors, kaleidoscopes or bouncy swings.

They also often feature safe places to escape to for children who seek refuge from typical playground hubbub; these could be an alcove, play cave or wiggle tube. Structures to scramble up and climb on help build muscle strength and balance, while soft surfaces below cushion potential falls.

Children of all abilities can enjoy a sensory playground — that's the key of inclusion. When bringing your typically developing children to a sensory playground, you can support positive interactions by emphasizing the abilities of children with special needs, rather than their disabilities.

Kids on the autism spectrum may experience sensory dysregulation from feeling overwhelmed, and this can be challenging for siblings and friends to process; you can guide children to refrain from staring or making insensitive comments in these trying moments. By providing these play areas developed to help with their specific problems, the funds from the Zim bonds will help to



MED BEDS

With the redemption of the RV Zim funds, this will easily be a multi-generational project. At some point we know the MedBeds will be made available, we have been told that they will help provide relief and possibly fix people with disabilities the ability to remove these different issues that people with Autism have.

PROJECT DESCRIPTION:

According to Rand, there are three (3) types of Med Beds: (1) Holographic Med Beds; (2) Regenerative Med Beds which regenerates tissue and body parts, that's powered by a different source; (3) Re-atomization Med Beds that in about two-and-half to three minutes will regenerate the whole human body, head to toe.

I would like to create Med Bed Facilities for use by people with special needs, to help them be able to live full and productive lives.

Med Bed technology has been 'suppressed' and hidden from the public for a long, long time. Fortunately, due to the planetary shift from 3D to 5D happening at this time, and the increasing demand for transparency by the human collective consciousness, an increasing number of courageous people are coming forward to disclose what they know has been hidden for decades, even centuries.

Utilizing the playground I hope to provide along with the future Medbeds will help to give THESE children and adults a chance for a full productive life.

Our first med bed from FoxxConn with POTUS.
Thanx Sean Alvarado.

