

**Counseling a Parent of a Child with Autism:
A Biblical Assessment of Secular Interventions**

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Abstract

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Autism Spectrum Disorder (ASD) is rapidly increasing in diagnostic prevalence with an even greater populace impact considering the implications upon whole families. Parents are dually overwhelmed with both the challenges of parenting their autistic child and with the decisions before them regarding the help they should seek for their child. For Christian parents, this decision is compounded by the lack of material available to guide them in discerning interventions for ASD biblically. Further, parents are apt to overlook the diagnosis of their own hearts as they determinably pursue interventions promising to cure their child and thus restore the dreams they had for their family.

This project will help both parents and biblical counselors to first view interventions through the lens of Scripture so biblical discernment can be used in determining the best helps for their child's needs that they cannot meet alone. When given a clearer picture of the potential challenges of the autistic child, the contributing factors of these challenges, both physical and spiritual, and a better understanding of an autistic child's unique learning style, counsel can be given to the parents on how to Biblically train their child by shepherding their heart without exasperation. Biblical counselors will be assisted in how to guide the parents in caring for their children but also in ministering to the parents who are suffering, helping them to remove any heart idols that are blinding them in their parenting and decision-making.

As a pediatric occupational therapist, I have worked with autistic children for decades and have seen their unique struggles and learning styles. The interventions that I have to use address only the outer man, ignoring the gospel, its work, and all spiritual aspects of training a child. I see parents who are suffering not only with balancing the intense demands of caring for their autistic child, but also who are struggling with how to develop good character in their child. They relentlessly seek interventions and the latest treatment fads that promise success. These parents are suffering and need help but without Scripture, I cannot fully help their child or them. This project seeks to provide the key missing elements to help autistic children to better interact with others, the responsibilities before them, and to have the skills to better understand Biblical truth.

Introduction

One of the greatest joys in life is God's good gift of children. From early childhood many children will pretend to be a parent. As the years progress, and as a child is brought into the home, parents formulate dreams and aspirations for their child ranging from visions of intimate family interactions and celebrations to hopes of academic success, extracurricular achievements, and professional leadership. For believing families, these wishes also include a yearning expectation that their child will believe the gospel of Christ and grow into a mature believer.

Relevance and Significance of the Study

When parents notice that their child is either digressing in or not achieving their developmental milestones, speaking, socially interactions, or seems consumed by certain behaviors or interests as compared with peers, they can become anxious and depressed. Further, if they receive a diagnosis of autism spectrum disorder (ASD),¹ parents may struggle with guilt over their grief in this diagnosis doubting God's sovereignty and love in giving them a child with autism; their dreams have been crushed. They may question if their child is sinning in their challenges with interactions and emotional regulation and have difficulty discerning whether their autistic child's behavior needs to be disciplined or if it is a physiological weakness or a mixture of both. It is stressful for the parents to humbly seek help and to know what secular help to seek. They are overwhelmed with how to share the gospel and teach Scripture to their child, how to train others to relate to their child, and how and when to biblically discipline their child.

¹ Diagnostic information can be found in the American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, DC: American Psychiatric Association, 2013), 50-59.

In desperation to keep those long-cultivated dreams for their family, parents are apt to voraciously chase after any secular intervention that promises hope and change. Their anguish breeds a lack of biblical discernment of these interventions which is fueled by the current lack of information on how such interventions conflict with Scripture, hindering their ability to truly shepherd the heart of their child.

With the prevalence of ASD rapidly increasing, having a current rate of one in 44 eight-year-old children being diagnosed, the number of families within the church grappling with decisions related to ASD is likewise escalating.² It is critical that counsel is provided to assist parents to biblically discern how to best help their child grow physically, spiritually, and in their emotional responses while also counseling parents regarding their own lusts that may be driving a compromising pursuit of interventions.

Goals and Purpose Statement

Thus, there are three goals to this thesis. First, a biblical analysis of frequently sought secular interventions for autism will provide a reference for discernment to counselors as they assist families in making wise decisions that help to shepherd the heart of their child. Second, through this biblical analysis, it will provide guidance on how to counsel parents in biblically parenting with navigation of the unique needs of a child with autism, including needs of emotional regulation, sensory modulation, executive functioning, and behavioral concerns with consideration of their idiosyncratic learning style. Finally, direction will be presented for counseling such parents in looking at their own hearts and any idolistic lusts that are blinding

² Matthew J. Maenner et al., "Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012," *MMWR. Morbidity and Mortality Weekly Report* 67, no. 45 (November 16, 2018): 1, <https://doi.org/10.15585/mmwr.mm6745a7>.

them in decisions regarding parenting and choice of interventions for their child; here both a focus on the gospel of Christ in their suffering and a pursuit of heart and thought transformation so to be pleasing to God in their parenting and care for their child will be outlined. Therefore, this thesis will demonstrate that secular interventions for autism need to be carefully discerned biblically and are insufficient to address the heart of an autistic child, and the voracious pursuit of them by parents reveals a deeper more serious concern of an idolistic heart that must be biblically addressed first so that they can shepherd the heart of their child.

Research Methodology

For assessment of the components, governing presuppositions and philosophies, and methodology of application of the presented interventions, primarily previously published works will be reviewed and synthesized. For further assessment of these interventions, personal experiences will be accorded through parental and professional report, including that of the author.³ Included interventions to be examined are Sensory Integration (SI) with a focus on any Middle Eastern religious practices including Qigong Sensory Treatment (QST), Applied Behavioral Analysis (ABA), Developmental Individual Difference, Relationship-Based Model (DIR/Floortime®), and emotional regulation programs. For the biblical analyzation of these areas along with the development of a biblical counseling framework, the hermeneutical model to be utilized in all biblical interpretation of Scripture will be the literal-historical-grammatical model.

³ I have worked as a pediatric occupational therapist for over 25 years with a caseload of increasing numbers of children with autism; the majority of my caseload in the last fifteen years have been children with ASD. I have experience with many of the interventions, having used many personally or collaborated directly with those using them and am certified in others including Therapeutic Listening®.

Limitations and Scope

Due to the vastness of interventions in the treatment of various components of autism, this analysis will be limited to categories of interventions with a focus on a few of the more commonly used. The secular interventions evaluated can be categorized as interventions addressing physiological difficulties from a physiological methodology, interventions addressing physiological difficulties from a psychological methodology, interventions addressing physiological or psychological difficulties with Middle Eastern religious methodology, and interventions addressing psychological difficulties from a psychological methodology. Most notably, ABA, emotional regulation techniques, and interventions using Middle Eastern religious strategies will be probed. Since ASD presents in a wide range of abilities, not all areas of difficulty will be explored. An overview will be given regarding areas of treatment including coordination, functional skill development in Activities of Daily Living (ADLs) and leisure skill development (iADLs), motor planning, attention to task, executive functioning, emotional regulation, sensory integration or modulation, visual perception, behavior, speech development, and anxiety. Focus for this thesis, however, will primarily be on attention to task, executive function, emotional regulation, skill development, sensory modulation, and behavior.

Assumptions

For this thesis, the delineated assumptions below are presumed true. It is unwaveringly assumed that Scripture is the holy inspired Word of God and as such, is the final authority in all matters which it addresses (2 Ti 3:16-17). True behavioral change must ultimately address the heart from which all thoughts and actions flow (Mt 15:18-19). Secular interventions for autism can be beneficial to relieve suffering and to help the child to interact with others and his

environment more effectively and is recommended for parents to pursue so long as it is not in opposition to Scripture.

II. Defining the Problem

This section will consider the suffering that is present for both the autistic child and his parents. It will define ASD and lay out the process the parents go through to get this diagnosis as well as its prevalence. Further, it will explain typical challenges that a child with ASD has along with the common interventions that parents will encounter and be encouraged to utilize for their child. The goal of this area is that the church and biblical counselors will see the need for a biblical perspective on how to care for an autistic child along with the precipitators of potential heart idols of the parents.

A. What Does an Autism Diagnosis Entail?

1. Autism demographics are continually changing. As per the Centers for Disease Control and Prevention report in December 2021, the current prevalence is one in 44 eight-year-olds. It is 4.2 times more likely in boys than girls and only seen more prevalent in Indian/Alaska Native children with Hispanic showing lower prevalence. The age of diagnosis spanned 36 months (California) to 63 months (Minnesota); 35.2% were had an intellectual disability while 41.7% had an average or high Intellectual Quotient (IQ).⁴
2. Signs and symptoms indicating ASD include difficulties in social interactions, relationships, and emotional awareness, socially adapting responses and behaviors to social situations, sensory processing difficulties, difficulties in transitions,

⁴ Matthew J. Maenner et al., "Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2012," *MMWR. Morbidity and Mortality Weekly Report* 67, no. 45 (November 16, 2018): 1-5, <https://doi.org/10.15585/mmwr.mm6745a7>.

inflexibility, repetitive motor movements, verbalizations, or actions, abnormally fixated interests or attachment to objects or subjects with little awareness of others' lack of interest in this or of their own interests, speech development delay, and dyspraxia.⁵

3. The Diagnosis of ASD

- a. A developmental pediatrician, pediatric neurologist, child and adolescent psychiatrist, or psychologist, especially neuropsychologists make this diagnosis.⁶
- b. Testing occurs after a referral by a parent, teacher, or healthcare professional and may involve a screening evaluation.⁷
- c. A formal evaluation will entail a barrage of evaluations which may include hearing, speech, motor development, cognition, sensory processing, executive functioning skills, genetic testing, neurological testing, parental interviews, and child observation. Key evaluations for an ASD diagnosis are the Autism Diagnostic Interview – Revised (ADI-R) and the Autism Diagnostic Observation Scale (ADOS-2).⁸

⁵ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, DC: American Psychiatric Association, 2013), 50-51.

⁶ Children's Hospital of Philadelphia, "Who Is Able to Diagnose Autism Spectrum Disorder? | Center for Autism Research," Car Autism Roadmap, 2016, <https://www.carautismroadmap.org/who-is-able-to-diagnose-an-autism-spectrum-disorder/>.

⁷ Children's Hospital of Philadelphia, "Getting an Evaluation for Autism Spectrum Disorder | Center for Autism Research," Car Autism Roadmap, 2016, <https://prvdr-meta-carautismroadmap.pantheonsite.io/getting-an-evaluation-for-an-autism-spectrum-disorder/>.

⁸ Children's Hospital of Philadelphia, "Elements of an Evaluation for Autism Spectrum Disorder | Center for Autism Research," Car Autism Roadmap, 2016, <https://prvdr-meta-carautismroadmap.pantheonsite.io/elements-of-an-evaluation-for-an-autism-spectrum-disorder/>.

4. The DSM categorizes ASD into three levels. Level 1 requires the least support; this person demonstrates pragmatic language and social interaction difficulties as well as challenges with sensory processing, rigidity, organization, sequencing, and transitions. One diagnosed with Level 2 ASD needs significant support, having limited verbal communication, interacting primarily within their own interests; they tend to be very inflexible and rigid in movement and behaviors with meltdowns resulting from change or sensory input. A Level 3 diagnosis requires demonstration of severe deficits, often not speaking or interacting with others; their inflexibility, transitional challenges, and sensory processing difficulty impact nearly every area of life.⁹

B. For What Areas of Difficulty Might Intervention be Sought?

1. Children with ASD may have difficulty with awareness of their own and other's emotions impacting their ability to interact with others socially, most notably seen in play skills at an early age. Emotional outbursts, aggression, and/or not following instructions may also be present; thus, parents seek interventions for behavioral concerns. Treatment is also sought for anxiety.¹⁰
2. Intervention may be sought for fine motor and gross motor skills. Children with ASD frequently present with dyspraxia, having difficulty with motor planning and balance. This is often affected by decreased muscle tone which has significant impact posture and on coordination of upper extremities (UE) and lower extremities

⁹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, DC: American Psychiatric Association, 2013), 51-52.

¹⁰ Renee Watling, Heather Miller Kuhaneck, and Lisa R. Audet, "Emotional Regulation in the Autism Spectrum Disorders," in *Autism: A Comprehensive Occupational Therapy Approach*, ed. Heather Miller Kuhaneck and Renee Watling (Bethesda, MD: AOTA Press, 2010), 115-34.

(LE) or distal control. This decreases their ability to participate in iADLs and ADLs.¹¹

3. Executive functioning deficits impact the ability to sequence tasks, impacting learning. Further it impacts the ability to inhibit actions, shift attention as needed, and recall from memory during task completion.¹²
4. Difficulty in processing environmental input, known as sensory processing, is common.¹³ Responses to input received reflect their perception, resulting in interactions with sensations as low registration, sensitivities often resulting in avoidance, or seeking more sensations to regulate their ability to function attentionally.¹⁴
5. Difficulties in pragmatics, articulation, fluency, pressured speech, and verbal communication result in intervention for speech and augmentative communication.¹⁵
6. Visual Perceptual concerns impacting a child’s ability to read, write, and navigate within their environment may be cause for seeking intervention.¹⁶

¹¹ Tracy Murnan Stackhouse, “Motor Differences in the Autism Spectrum Disorders,” in *Autism: A Comprehensive Occupational Therapy Approach*, ed. Heather Miller Kuhaneck and Renee Watling (Bethesda, MD: AOTA Press, 2010), 163–202.

¹² Susan Ellis Weismer et al., “Executive Function Skills in School-Age Children with Autism Spectrum Disorder: Association with Language Abilities,” *Journal of Speech, Language, and Hearing Research* 61, no. 11 (November 8, 2018): 2641–58, https://doi.org/10.1044/2018_jslhr-l-rsaut-18-0026.

¹³ Sensory Processing Disorder is addressed in Appendix A.

¹⁴ Scott D. Tomchek, “Sensory Processing in Individuals with an Autism Spectrum Disorder,” in *Autism: A Comprehensive Occupational Therapy Approach*, ed. Heather Miller Kuhaneck and Renee Watling (Bethesda, MD: AOTA Press, 2010), 135–62.

¹⁵ Lisa R. Audet, “Core Features of Autism Spectrum Disorder: Impairment in Communication and Socialization, and Restrictive Repetitive Acts,” in *Autism: A Comprehensive Occupational Therapy Approach*, ed. Heather Miller Kuhaneck and Renee Watling (Bethesda, MD: AOTA Press, 2010), 87–114.

¹⁶ Jayachandran Vetrayan, Mohd Fadil Mohd Zin, and Smily Jesu Priya Victor Paulraj, “Relationship between Visual Perception and Imitation in School Function among Autism,” *Procedia - Social and Behavioral Sciences*, no. 202 (August 2015): 67–75, <https://doi.org/10.1016/j.sbspro.2015.08.209>.

C. Common Interventions Used to Treat Each Area

1. Physiologically Based Treatment Methods

- a. Sensory Integration addresses sensory processing, dyspraxia, posture, muscle tone, attention, and visual perception.¹⁷
- b. Strengthening provides assist for coordination and motor planning.
- c. Task Analysis helps task sequencing and routine development.
- d. Oculomotor and visual perceptual development interventions help tracking, attention, and visual perception.

2. Psychologically Based Treatment Methods

- a. ABA addresses task completion, sequencing, and behavior and is based in behavioral psychology.¹⁸
- b. DIR/Floortime® builds relational interactions and communication by development of social, emotional, and intellectual skills.¹⁹
- c. The Zones of Regulation® and thought replacement is based in Cognitive Behavioral Therapy (CBT).

3. Middle Eastern Interventions and Intervention Components

¹⁷ Jeannetta D. Burpee, *Sensory Integration Intensive* (Medford, MA: Education Resources Inc, 2020), 44-50.

¹⁸ Morgan Van Diepen and Boudewijn Van Diepen, *ABA Visualized: A Visual Guidebook for Parents and Teachers* (Los Angeles, CA: Van Diepen Studio, 2019), 17.

¹⁹ Heather Miller Kuhaneck, “Appendix 12.B: The Developmental, Individual Difference, Relationship-Based Model,” in *Autism: A Comprehensive Occupational Therapy Approach* (Bethesda, MD: AOTA Press, 2010), 330.

- a. QST is based in Chinese medicine and treats sensory processing, behavior, sleep concerns, and digestive problems.²⁰
- b. Yoga is used to treat sensory processing, emotional regulation, motor planning, muscle weakness, and balance concerns.
- c. Meditation and reflexology are used to address sensory processing, emotional regulation including anxiety, and behavior.

III. A Biblical Analysis of Common Interventions

It is important to evaluate all that one does according to Scripture. Thus, this section will take commonly used interventions and evaluate their philosophy and methods according to biblical truth. This lays the biblical foundation for discernment of physiological treatment for suffering and the foundation for changing behavior biblically.

A. Applied Behavioral Analysis (ABA)

1. The philosophical basis of ABA comes from behavioral psychology, believing that external stimuli condition and reinforce behaviors.²¹
 - a. This is based ultimately on Darwinian views of natural selection, believing that animals that adapted well to the environment survived while those that did not, perished.
 - b. Further influencers include Pavlov and Thorndike who studied conditioning of behavior with stimuli whereas B.F. Skinner looked at how reinforcers of behavior could change a person's function.

²⁰ Louisa Silva, *Qigong Massage for Your Child with Autism: A Home Program from Chinese Medicine* (London; Philadelphia: Singing Dragon, 2011), 22-27.

²¹ Wayne W Fisher, Cathleen C Piazza, and Henry S Roane, eds., *Handbook of Applied Behavior Analysis*, 2nd ed. (New York: Guilford Press, 2021), 3-25.

2. ABA intervention has three general goals in intervention and include strategies to inhibit negative behaviors and to increase compliance to desired behaviors prior to occurrence, strategies to control undesirable behaviors and reinforce desirable behaviors during or after occurrence, and strategies to assist in learning new skills.²²
 - a. Proactive strategies include altering the environment, advance preparation, rewards as a motivator, moving from easier tasks to harder, and giving choices when appropriate for task completion.
 - b. Reactive strategies include earning of tokens, developing a behavioral contract, extinction of behaviors/replacement, prompting with stages, and management of repetitive behaviors.
 - c. Strategies to learn new skills include task analysis, modeling, naturalistic teaching, problem solving, shaping, generalization, and joint attention.
3. A biblical assessment notes that while some components, particularly in learning new tasks, are helpful, the premise is based on external behavior rather than the heart. The inner and outer man influences are also ignored.
 - a. Outer man influences ignored include physiological inabilities, lack of sleep, sensory influences, and executive function skills. The outer man is decaying as Paul explains (2 Cor 4:16).
 - b. Reinforcements and punishments are to mold behavior without seeking heart influences or change (Mt 12:34). Rewards are for self, not seeking to please God or love others (Mt 22:37-39).

²² Morgan Van Diepen and Boudewijn Van Diepen, *ABA Visualized: A Visual Guidebook for Parents and Teachers* (Los Angeles, CA: Van Diepen Studio, 2019), 27-107.

- c. Biblical love is shown with task analysis, progressing easy to hard, and use of concrete and visual instructions (Eph 4:2; Rom 12:10).
4. Recommendations would be for parents to be very cautious with the use of ABA. ABA strategies can be effective for breaking down skills for learning and for assistance in presenting concepts concretely; however, ABA is based on adherence to a law rather than demonstrating grace when there are outside influencers. Further, it does not help the child to seek to please God and love others but to behave for personal rewards.

B. DIR/Floortime®

1. DIR/Floortime® assumes that developmental skills, physical, emotional, and relational, are the influencers of behavior. This method seeks to build relationships with a child, being driven by the child's interests and engaging with the child where they are.²³
2. Intervention components include improving a child's interest in environmental sensations, emotional regulation, interacting with others in relationship and in communication, ideation, planning skills, and actions to solve problems. It is child-led without forcing engagement or teaching of specific skills.²⁴
3. A biblical assessment of DIR/Floortime® notes that while this intervention does well to consider the outer man's influence on the inner man, it does not address the inner

²³ "Home of DIRFloortime® (Floortime) - ABA or DIR?," www.icdl.com, accessed February 26, 2022, <https://www.icdl.com/parents/abaordir>.

²⁴ Teresa A. May-Benson, "Play and Praxis in Children with an Autism Spectrum Disorder," in *Autism: A Comprehensive Occupational Therapy Approach*, ed. Heather Miller Kuhaneck and Renee Watling (Bethesda, MD: AOTA Press, 2010), 412.

- man (Mt 12:34). Further, it views the child as the person to direct all interactions, ignoring God-given authority (Eph 6:1-2). It demonstrates love towards the child, but love without instruction can exasperate (Eph 6:4).
4. This would be a good program for building on strengths, play skills, and relationships. However, care needs to be taken to teach biblical authority in the home as well as addressing heart influences on actions and thoughts. It is not a program to help with learning new skills.

C. Physiological Treatments with a Focus on Sensory Integration (SI)

1. Sensory integration itself has a foundation in neurosciences, being developed by Jean Ayres in the 1960s, seeing the neuroplasticity of the brain, and using interventions to develop neuropathways. It sees the development of sensory processing as primary for higher level skills of motor planning, postural security, body awareness, eye-hand coordination, attention to task, visual spatial perception, and ocular motor control, which ultimately impact the ability to participate in ADLs, learning, and regulation of behavior.²⁵
2. Intervention components of SI include use of sensory-based play for strengthening, praxis, and sensory processing. Interactions between child and therapist achieve a ‘just right challenge’ to engage the child in vestibular and proprioceptive input to encourage development.²⁶ Beyond use of swings, balls, scooters, and other motor equipment, therapists may use such methods as Therapeutic Listening®, Deep

²⁵ Cara Koscinski, *Sensorimotor Interventions: Using Movement to Improve Overall Body Function* (Arlington, Texas: Sensory World, 2017), 1-33.

²⁶ An explanation of the Pyramid of Learning used in SI is found in Appendix B.

- Pressure Proprioceptive Technique (DPPT), yoga, Qigong Sensory Treatment (QST), and reflex integration.
3. A biblical assessment of SI notes that while the basis is rooted in science, some Middle Eastern practices may be used. While the intervention addresses developmental concerns, it omits trust in God.
 - a. Sin brought both physical and spiritual death (1 Cor 15:20-22) but He provides the means of medicine to help in suffering as a means of common grace (Ps 145:7). Thus, addressing challenges neurologically is a means of His grace.
 - b. Practices such as yoga and QST are rooted in pantheistic religions contrary to Scripture (1 Tm 2:5) involving emptying the mind, self-focus, and meditating on things other than God.
 - c. While SI addresses physiological needs, it omits the heart and the need to trust God for His protection from sensitivities and danger from inabilities, strength to complete tasks and for self-control, and wisdom for what input to seek to help develop and regulate sensory input (2 Cor 9:8; 2 Cor 12:9-10; Jas 1:5-8).
 4. This means of treatment is provided for under God's common grace and addresses physiological deficits physiologically. Warning is given for components that involve pantheistic religious practices such as yoga and QST. If the yoga is only in name, having the child assume positions for motor development, this may be cautiously pursued though it would be best to not call it yoga so not to cause confusion over worship of God as He desires.

D. Emotional Regulation Methods²⁷

²⁷ Further explanation of these methods will be expounded in the full thesis.

1. These methods are based in cognitive behavioral therapy (CBT) to teach self-regulation of emotion; this emotional regulation is seen as originating from an external source which the person experiencing the emotion must reflexively cope with the emotion thrust upon them.²⁸ CBT views man as basically good rather than depraved.
2. Intervention components include understanding and recognizing emotions in definition and in self and then using strategies to change to an emotional state more appropriate for the situation. Strategies may include breathing techniques, proprioceptive and vestibular input, visualization, guided imagery, and meditation.²⁹
3. Believers are to be aware of their emotions which are not to control them, proceeding from man's heart rather than environmental influences (Mt 15:11, 18). Emotions must be described biblically as either godly or sinful and if sinful, repented of, and put off (Gal 5:19-21; Eph 4:22) with godly emotions put on (Gal 5:22-23; Eph 4:23-24). When emotions are out of control, self-control with the goal of pleasing God must be addressed (2 Tm 1:7). As described with SI interventions, the religious practices used as strategies are contrary to Scripture, not providing the peace only found in Christ (Jn 14:27; Phil 4:7), worshiping self and man-made gods, emptying the mind rather than filling it with Scripture as God commands (Josh 1:8; Ps 119:97).
4. Recommendation is to avoid these programs as presented. It is helpful to provide understanding of the emotions; however, the emotions must be defined and addressed biblically with repenting, putting off, renewing the mind, and putting on of godly

²⁸ Leah M Kuypers and Michelle Garcia Winner, *The Zones of Regulation: A Curriculum Designed to Foster Self-Regulation and Emotional Control* (Santa Clara, Ca: Think Social Publishing, Inc, 2017), 3-10.

²⁹ *Ibid*, 135-160.

emotions. Many of the recommended strategies are contrary to Scripture are simply a bandage for the heart issue.

IV. Counseling Parents in Shepherding the Heart of a Child with ASD

The more one understands the way an autistic child thinks and interacts, the better that one can apprehend how to shepherd his heart. This section will present practical means effective with autistic children under the framework of biblical parenting. The goal is to provide biblical solutions in which counselors can train parents for development of their child in character, relationships, diligence and attention, and a means to present the gospel and biblical truths to their child for understanding.³⁰

A. Character Training

1. Parents must balance discipline and compassion.³¹
 - a. All children are born with sin, and parents are to train them in righteousness (Ps 51:5; Dt 6:6-9; Eph 6:4).
 - b. In order not to provoke their child to anger, parents need to demonstrate compassion by using methods that are effective for their child to understand, using wise methods to assist their child in his weaknesses (Ps 103:13-14; 1 Th 5:14). This includes addressing only one rule and area at a time.
 - c. Weaknesses, such as SPD, motor deficits, or learning disabilities, need to be considered as suffering. When expecting a child to obey, the parent needs to pay attention to the influence of their suffering on their ability to complete the task

³⁰ The concepts presented in this section will be further expanded in the full thesis.

³¹ Laura Hendrickson, *Finding Your Child's Way on the Autism Spectrum: Discovering Unique Strengths, Mastering Behavior Challenges* (Chicago: Moody, 2009), 32-44.

and adjust or support them as needed so that the suffering does not keep them from completing when their heart is seeking to obey or cause them to sin when frustrated because of them.

2. Such training involves communication that is clear.³²
 - a. Those with ASD think very concretely. This means using concrete terms without extra wording and using terms that can be visualized if it is an abstract concept.
 - b. Visuals are helpful to train in expectations as well in training in understanding what is sinful and various emotions. These also help with task completion when used as a visual schedule.³³
3. Character training areas include training about sin, God, how to treat others, and in obedience towards parents.
4. Discipline for disobedience needs to be understandable for the child.
 - a. This requires knowing the child well and what he understands; it may mean consequences that seem simple for an older child.
 - b. Consequences need to be immediate, so the child understands the connection. Teaching should coincide, using stories that illustrate concretely; both Scripture and solid children's books can assist. Use concrete examples for discipline that help illustrate abstract concepts.³⁴

B. Developing Relationships

³² Temple Grandin, *Thinking in Pictures: And Other Reports from My Life with Autism*. (New York: New York Vintage, 2006), 13-32.

³³ Examples of visuals to be given in Appendix C.

³⁴ One such example that we used in our family to illustrate the truth that lying lips are an abomination to God (Prv 12:22) was to have our children take a small sip of vinegar and talk about how it makes you want to vomit it out; this was then likened to God's view of lies.

1. Teaching a child to care for others begins with his parents' example towards him; the parents should take interest in what is important to him. ASD children often have special interests; engage with them in these! This is demonstrating loving others (Mt 7:12; Lk 10:27).³⁵
2. Teaching trust in God for when others cannot be controlled is important as this unpredictability causes anxiety in ASD children.
3. Teaching emotions of self and others and understanding non-verbal communication is important. A mirror and videoing are helpful in watching his own non-verbals. Nuances of social communication need to be broken down including taking turns, listening to others, loving others in actions, words, and participating in other's choices.³⁶
4. Breaking down social tasks are critical for understanding including steps needed in social situations, using visual cues, and role playing.
5. Teaching a child means to calm down when over-stimulated or anxious is important for social navigation and should be addressed both as a sufferer and as a sinner (1 Th 5:14).³⁷

C. Cultivating Diligence and Attention

1. Practical helps for attention need to be utilized to address suffering.

³⁵ Appendix D addresses limitations on engaging in a child's special interests.

³⁶ Laura Hendrickson, *Finding Your Child's Way on the Autism Spectrum: Discovering Unique Strengths, Mastering Behavior Challenges* (Chicago: Moody, 2009), 79-90.

³⁷ Physical strategies can be used such as removal from the situation, deep breathing, isometrics, and keeping their hands busy such as is done with coloring. However, this must also be addressed in seeing anxiety as sin, repenting, requesting God's help in the difficult situation, knowing God, and then trusting God.

- a. Tasks should be broken down into individual steps and practiced first with simple tasks. It is helpful to utilize backwards chaining having the child first complete the last step while the parent completes the preceding steps; independence grows progressively backwards.
- b. Visual schedules and checklists help with focus on tasks.
- c. Proper sitting posture provides increased ability to attend due to less instability of the core and extremities to distract.³⁸
- d. Heavy work completed prior to seated work helps a child to focus as this integrates sensations that distract or cause sensitivities, or clumsiness.³⁹

D. Biblical guidance must be provided to the child.

1. A child needs to care for others rather than be self-focused (Gal 5:14).
2. The value of work and the consequences of not working are best taught through concrete examples of enjoying the fruit of labor (2 Tim 2:6; Prv 27:18) or of not laboring (Lk 13:6-9; Prv 15:19).
3. Stories demonstrating diligence or negligence can provide concrete and relatable illustrations (Mt 25:14-30; Gen 39:3-6, 21-23, 41:42-44).

E. Presenting the Gospel and Biblical Truths

1. The child must understand who God is, what He is like, and how He relates to man. Specifically, God must be explained as loving (1 Jn 4:8; Ps 103:8), holy (1 Jn 1:5), righteous (Ps 9:7-8; Jer 17:10), and just (Is 61:8). These should be explained with

³⁸ Appendix E explains proper sitting posture and its impact.

³⁹ Teh Ying Ying and Madhya Zhagan, "View of Implementation of Sensory Integration Activities to Improve On-Task Behaviour for Pupils with Autism Spectrum Disorder," Mohe.gov.my, 2022, <https://myjms.mohe.gov.my/index.php/ajbs/article/view/14530/7507>.

concrete illustrations such as light versus dark for holiness and owing a payment for ‘just.’⁴⁰

2. The child must understand what sin is, when he sins and its consequences, and his need for a savior. He must be guided through the steps of naming sin, confessing sin, turning from sin, and putting on godly actions; this must be a very sequential, verbal, and possibly visual activity regularly. It is seeing sin in his life as evil (Mt 15:19; Jer 17:9) and understanding consequences from God as he understands consequences from parents (Rom 3:10-12; Ps 130:3).
3. The child should be taught God’s love and justice, providing a solution for sin through Christ (2 Cor 5:21; Lk 23:46; Mt 28:6). For the child to know (Jn 17:3), agree (1 Cor 15:3-4), and trust (Rom 10:9-10), parents should teach the Bible using pictures and acting to help to make the teaching concrete.
4. Biblical truths should be presented in daily living, seeing God’s work in creation and His provisions, and calling sin ‘sin’ in the life of the child and of the parent, and relating to Scripture narratives (Dt 6:7). Truths should be shared simply, one concept at a time, and concretely with physical illustration with acting out, pictures, or creative consequences for sin to help in understanding biblical consequences for their sin as stated in Scripture.⁴¹

⁴⁰ The abstract concepts of God’s attributes can be difficult for a child to grasp. I communicated directly with Temple Grandin following a workshop she conducted for occupational therapists on September 15, 2006, where she explained to me that she could not understand the concepts of standing in awe of God’s power until she was able to picture God’s power as lightning striking a powerline.

⁴¹ A great resource for giving creative consequences and illustrations of what happens to those who obey or who disobey Scripture with specific sin areas is the following: Pam Forster, *For Instruction in Righteousness: A Topical Reference Guide for Biblical Child-Training* (Gaston, OR: Doorposts, 1995).

5. If the child is non-verbal, he likely understands more than seen. Parents are still to be faithful in sharing the truths in God's Word.

V. A Biblical Perceptive on the Relentless Pursuit of Intervention

The counselor must also understand the motivations and sacrifices that the parents are making in pursuit of these interventions. Even if the interventions that are pursued are biblical, the hearts of the parents might themselves be driven by idols. The goal of this section is to present what these heart idols might be and how to recognize them.⁴²

A. How Much is Too Much?

1. Demands on the Family

- a. Interventions can take significant time. For example, ABA views more hours as more effective with children receiving anywhere from four to forty or more hours of intervention per week.⁴³ Speech and occupational therapy services will typically schedule forty-five minutes to one and a half hours per week. While these may occur in the home, they frequently occur outside the home requiring travel time. These also require home programs whereby the parents help the child practice and apply skills.
- b. Intense therapy may be exhausting and exasperate the child (Col 3:21). Significant hours are like full time job in addition to school and play.
- c. Intense therapy will require that one or both parents devote hours in addition to their other responsibilities: work, home care, and shepherding.

⁴² Further expansion of this section through the exegesis of the listed references will occur in the written thesis.

⁴³ E Linstead et al., "An Evaluation of the Effects of Intensity and Duration on Outcomes across Treatment Domains for Children with Autism Spectrum Disorder," *Translational Psychiatry* 7, no. 9 (September 2017): e1234–34, <https://doi.org/10.1038/tp.2017.207>.

2. Prioritizing Shepherding

- a. The priority of parenting is training a child in righteousness (Dt 6:6-7). The danger of neglecting this priority is serious, resulting in a child who seeks after ungodliness (Jgs 2:7, 10, 11-13, 21:25). This priority must be foremost over any interventions sought.
- b. The determination must be made whether the intervention assists in shepherding or in relieving suffering by helping the child to attend, interact, follow directions, understand others, and physically complete daily tasks, or if it hinders shepherding due to not enough time or energy left for the parent to provide and the child to receive biblical shepherding.

3. Exclusion from Time with Other Believers

- a. Caring for a child with ASD is exhausting. Biblically, such suffering is not to be born alone (1 Cor 12:26); they need to make their needs known to others. The suffering parents face helps them also to uniquely minister to other believers (1 Cor 1:3-4). Neither of these can occur if the family is so busy with interventions that they are not a part of the local church body.
- b. All believers are vital in the church body (1 Cor 12:12-1-27; Rom 12:4-8).
- c. Exclusion from the church creates isolation whereby sin increases with less accountability from believers (Heb 3:12-15; Gal 6:1-2).⁴⁴

B. Getting to the Root of the Pursuit

⁴⁴ The two sources that follow further address this concern of isolation from the church: Josh Buice, "Isolation from the Church Is Dangerous," G3 Ministries, April 19, 2016, <https://g3min.org/isolation-from-the-church-is-dangerous/>, and Adam Ch'ng, "Beware, Sin Thrives in Isolation," The Gospel Coalition | Australia, July 28, 2020, <https://au.thegospelcoalition.org/article/beware-sin-thrives-in-isolation/>.

1. A child's ASD can often expose parental heart lusts, providing opportunity for their further sanctification.
2. A relentless pursuit of interventions often occurs out of a desire to make their child like other children without ASD.⁴⁵
 - a. This stems from jealousy of others, not being content with the life that God has provided for them (Gal 5:19-21; Prv 27:4).
 - b. Such believe that they are wiser than God who gave them a child with ASD (Rom 11:33; Jer 10:12; Ps 104:24; Prv 3:19-20).
3. A relentless pursuit frequently lacks thankfulness to God in their suffering. It is sinful discontentment in what God has provided.
 - a. Believers are to give thanks always, not only when there is no suffering (1 Thes 5:18; Eph 5:20; Phil 4:6).
 - b. Unthankfulness must be renewed (2 Tm 3:2; Rom 1:21; 2 Cor 10:5).
 - c. Believers are to be content in joys and suffering (Phil 4:11; 2 Cor 12:10; Heb 13:5). God supplies the grace to be content (2 Cor 9:8; Phil 4:19).
4. A relentless pursuit does not fully trust God in His sovereignty and goodness to care for them or their child as they seek to control all they can to change the outcome themselves, trusting the treatment more than God.
 - a. God is both sovereign and good in His care (Pt 10:29-31; Col 1:16-17; Job 42:2; Ps 89:9; 34:5-8; 119:68; 136:1-3; Lam 3:22-26; Gn 50:20).

⁴⁵ Such relentless pursuits by parents have fueled the current emerging outrage against 'ableist' mentalities. This has further resulted in a movement among those diagnosed with ASD to identify as autistic, creating a community that is very pride driven and defensive against anyone who views them not as 'autistic' but as having autism or 'on the spectrum.' This is further expounded in Appendix F.

- b. Seeking to control the outcome evidences unbelief in God and His care for the believer (Ps 23; Ps 91; Ps 57:1-3). It comes from a heart that is anxious and/or angry about what God is doing (Phil 4:6; Eph 4:26-27).
 - c. Trusting a treatment more than God's care indicates a worship disorder, worshipping the work of the treatment rather than the God who works all for our good and His glory (Ez 14:1-7; Rom 8:28; Phil 1:6).
5. A relentless pursuit often focuses on the relief of suffering rather than bringing glory to God during suffering.
- a. Glory belongs only to God (Jer 9:23-24; Is 48:9-11; Jn 7:18; Mt 5:16).
 - b. Suffering shows God's glory and ministers to others (2 Cor 12:9-10; 1 Cor 1:3-4).

C. A Parental Heart Diagnosis

1. A parent who relentlessly pursues intervention, as indicated above, has a worship disorder by worshipping desires other than God alone, carefully crafting them for their own use (Ez 14:1-7; Jer 2; Is 44:1-20; 2 Kgs 17:15).
- a. The idol of acceptance stems from the fear of man (Prv 29:25; Jn 12:42-43; 19:38), being focused on self (Jon 4; 1 Kgs 19). It desires to 'fix' their child to avoid rejection by others and to have acceptance and love.
 - b. The idol of control stems from fear (Job 15:17-24; Prv 1:33; Rom 8:15) and pride (Prv 8:12-13; 21:4; Ob 1:3; Gal 6:3). They want to protect their child from how others view and interact with him. Therefore, they seek to control his behavior and skills by pursuing as many interventions as promise this outcome to ensure that this might be achieved.

- c. The idol of comfort stems from despair (Dt 28:65-66; Ps 42:5-6, 11) and viewing self as a victim (Prv 16:9; Phil 2:3-4; Ps 73) rather than seeing God as good. They are exhausted from the intense suffering of caring for a child with ASD, wishing for the suffering to end. When present, they have given up hope in God and are clinging to replacement hope.
- d. The idol of having an idyllic family stems from not being thankful (Rom 1:21; 1 Thes 5:16-18), jealousy of others (Jas 3:13-18), and bitterness (Lam 3:14-26; 37-41) towards God for this trial. Their dreams of having a child without ASD and a family without navigating the challenges of ASD have been crushed, and they are seeking to regain that dream.

VI. A Plan for Counseling the Parents of an Autistic Child

This section will guide in counseling parents with an autistic child, addressing their suffering and any heart idols present. The goal is to present an overview of potential topics to cover with biblical solutions and homework to help them apply those truths.

- A. The foundation for counseling must be established which includes both the gospel and the sufficiency of Scripture. This foundation is critical to establish whether the parents have saving faith in Christ; if they do not, all counseling will be pre-counseling as the power to change is through the Holy Spirit which resides only in believers (1 Cor 2:12; Rom 8:26-27; Gal 5:16, 22-23). Such pre-counseling presents the gospel and the hope found in Christ and can give tips to assist in practical matters but will not change the heart of the parent who is endlessly pursuing as the seeking of counsel becomes another means of pursuit.

1. The foundation of the gospel helps to clarify knowledge of the believing parents so that they can clearly articulate to their child and helps them to understand its application to their daily life, knowing God and His character.
 - a. God's character of being loving, holy, merciful, wise, and just should be reviewed (1 Jn 4:8; Rev 15:4; Ps 103:8; Rom 11:33-34; Dt 32:4). Knowing God as He is helps the counselee understand how God cannot tolerate sin and His graciousness in salvation; this helps them understand God's love and wisdom in their suffering, how they are to trust Him, and how they are to image Him in their care for their child.
 - b. The counselor needs to walk through man's standing before God, being sinful and unable to meet God's standard of perfection (Rom 3:10-18). The believer who reflects upon this is grateful to God for all His gifts and cultivates humility before Him. Parents can apply this truth by confession of their sins in their trial and in relating to their child as well as viewing the child as a sinner rather than a victim.
 - c. Pointing the parents to the perfect sacrifice that Christ offered for His elect to take the penalty of death and eternal punishment that they owed produces a heart of thanksgiving to God, revealing the wisdom, power, and mercy of God; this same God who cares for them in suffering understands the pain of watching His Son suffer.
 - d. God's provision of salvation requires complete trust in Him and what He has done (Rom 10:9-10); if the parent is trusting God for salvation, he can and must trust God for His care for his autistic child.

2. The foundation of the sufficiency of Scripture establishes where absolute truth and authority is found; this is what guides parenting, decisions, and how we relate to God and others (Jn 17:17; 2 Pt 1:3-4; 2 Tim 3:16-17).

B. Biblical hope needs to be given for the suffering that comes with autism.

1. Physiological suffering such as demands of medical appointments, SPD challenges, challenges with communication, helping their child navigate learning challenges, and the additional assistance needed for completion of ADLs are exhausting and seem insurmountable for the parents.
 - a. God sees their suffering and cares; He understands what it is like to have a child who hurts and struggles, seeing their pain as He sees them! He will strengthen and grow them in Christlikeness through it (Ps 56:8; Rom 8:35-39; 2 Cor 4:17; 12:9-12; Jas 1:2-4).
 - b. God will provide wisdom for how to care for them (Jas 1:5-8); one way is for the counselor to provide some practical helps as afore explained and for the church to provide physical assist with care, time away with other adults, and meals (Rom 12:10-13, 15).⁴⁶
2. Relational suffering including friendlessness, difficulty with sitting in church or participation socially, others not knowing how to relate, and discipline and shepherding challenges, can make the parents feel isolated or misunderstood.
 - a. God does not abandon them and is always present in their loneliness, loving them perfectly (Rom 8:38-39; 1 Pt 5:7; Ps 68:6; Ps 91).

⁴⁶ Training church members in how to care for a child with autism in the family's home, how to relate to him at church and in the community, and how to help him learn during children's Sunday School and programs provides for additional support for the family.

- b. God knows and understands their struggles and is good in His sovereign plan for them, being sufficient for all their needs (Is 55:9; Ps 103:19; Lam 3:21-24; Ps 63:3-8).
 - c. God graciously gives the body of Christ to bear burdens (Gal 6:2).
- C. Addressing the heart of the parents who are relentlessly seeking interventions provides peace in the suffering for both parents and the autistic child.
- 1. The heart that is seeking acceptance from others, fearing man rather than God, is controlled by thoughts and actions to avoid rejection.
 - a. The prescription is to address the sin of self-sufficiency rather than relying on God; this will require growing in trust of God, knowing His love, and how to fear Him (Mt 28:20; Rom 8:38-39; Jer 17:5-8).
 - b. Homework should focus on how to put off fear of man and put on the fear of God by obeying God, serving Him, and being in awe of who He is (Ps 111-112). Memorizing Proverbs 29:25 and then writing out at least five ways fear of man has enslaved them and five ways in which trusting God makes them secure would help to reveal the need for repentance and to cultivate the fear of God.
 - 2. The heart seeking control to protect their child is controlled by fear and pride.
 - a. The prescription is to cultivate humility by developing a bigger and more accurate view of God and His care for them and their family.
 - b. Homework should focus on the attributes of God especially His control, power, sovereignty, and love (Job 38-42; Phil 4:4-9). Studying God's works in Ps 104 and then asking if this is the same God who protects their child as is best for him would be beneficial.

3. The heart seeking comfort is seeking relief from pain and can have a ‘victim’ mentality, not truly believing that God is good.
 - a. The prescription is to learn to believe and trust God fully.
 - b. Homework should focus on God’s goodness and faithfulness, guiding the parents in repenting of not trusting God in this. Studying Psalm 23 and how God cares for His own and then writing out specific ways in which God has shown the same care in their own lives through trials and in knowing Him would help them to apply these truths.
4. The heart seeking an idyllic family is unthankful, jealous, and bitter.
 - a. The prescription is to cultivate gratitude and to find contentment in God’s goodness, wisdom, and provision (Prv 16:9; Phil 2:3-4).
 - b. Homework should focus on thankfulness and on God’s attributes of goodness, wisdom, and presence. The parents should keep a thankfulness journal and recount how God has demonstrated His goodness and wisdom each day and how His presence provides comfort. This thankfulness should be expressed as joy in how God is providing for others instead of being jealous.

VIII. Conclusion

- A. The hearts of the parents must be biblically addressed first in biblical counseling so they are pleasing the Lord, seeking His guidance and living for His glory.
 1. With a proper view of suffering, the sufficiency of Scripture, and having removed the idols impeding their spiritual vision, parents are better prepared to make biblical decisions about interventions to help their child.

2. When the parents are seeking Christ in their own desires, they can better shepherd the heart of their ASD child.
- B. Biblical counselors and the church must consider the suffering of the child with autism and how it impacts the family.
1. The church is unique as it can minister to the spiritual needs of the child and the parents, considering the learning style and needs of the ASD child.
 2. The church must also take the time to be educated so that they can minister God's Word and the gospel in the clearest method to those with ASD.
- C. The church can bring the greatest hope to the family with an ASD child as they shepherd the hearts of the parents, help the parents shepherd their child, and train the church to explain God's Word most effectively to those with ASD. This will transform the lives of the parents, the child, and the church body.

Appendix A

Sensory Processing Disorder

Sensory processing is how the brain takes in, interprets, and then uses information from various sensations including tactile, olfactory, auditory, visual, proprioceptive, vestibular, and interoceptive input. Proprioceptive input is the sense that helps one to discern how his body is moving in the environment; it impacts motor planning and the amount of force, heavy or light, one uses to complete a task. Vestibular input includes movement, often rotational and inversion of the head, and impacts balance; sensitivity in this area may cause a child to easily become nauseous with movement. Interoceptive input is input received from internal body systems; it is the awareness of illness, heartbeat, and breathing among other sensations.

If one is effectively processing sensory input, he will naturally screen out or ignore the sensations that are not important or are insignificant to his current situation. He will readily adjust to new sensations, gradually ignoring them over time. Sensations that are relevant to the task at hand will be noticed and then responded to appropriately.

Those who have challenges in sensory processing have difficulty filtering out unimportant sensations, take a long time or never adjust to new sensations, and/or have difficulty responding appropriately to relevant sensations. When one has difficulty regulating his sensory system, he will struggle with maintaining a calm status and will struggle to attend to tasks. Thus, regulation of sensory input is critical for attention and learning.

How then is sensory input processed by those who struggle in this area? Many children and adults process sensory input differently. This is dependent upon their neurological threshold for sensory input. Some need more sensory input to actually experience it; these are the children who may make extra noises, are the 'dare-devils' on the playground, may constantly wiggle and

fidget, and may not appear to be paying attention. These children are seeking more sensation to feel the input and to seek alertness. Some of these students who seek or who need more sensory input, but need help to get it, have a low registration of the sensory input in their environment; these children may appear lethargic or as if they are existing in their own world.⁴⁷

The other extreme of children who have difficulty in processing sensory input are those who are sensitive or may avoid sensations. Most children can sit in a classroom or church service and block out much of the extraneous noise, movement, lights, and smells. However, the children sensitive to sensory input are intently aware of any sensations around them; this can vary depending on the type of sensation as a child can be sensitive to auditory input but not to visual input. It is not so much that they are distracted by these sensations, though this is true, but that they experience these sensations more intensely than others. This intensity results in more sensitivity.⁴⁸ If the sensitivity is intense enough and causes physical pain, the child will take action to stay away from the negatively perceived input by avoiding the sensation.⁴⁹

⁴⁷ I give further examples of a child who is seeking more input in order to regulate the sensory input received in their environment in the following blog post: <https://www.southshorehealth.org/wellness/blog/sensory-seeking-in-children-how-to-treat-sensory-seeking-behavior>

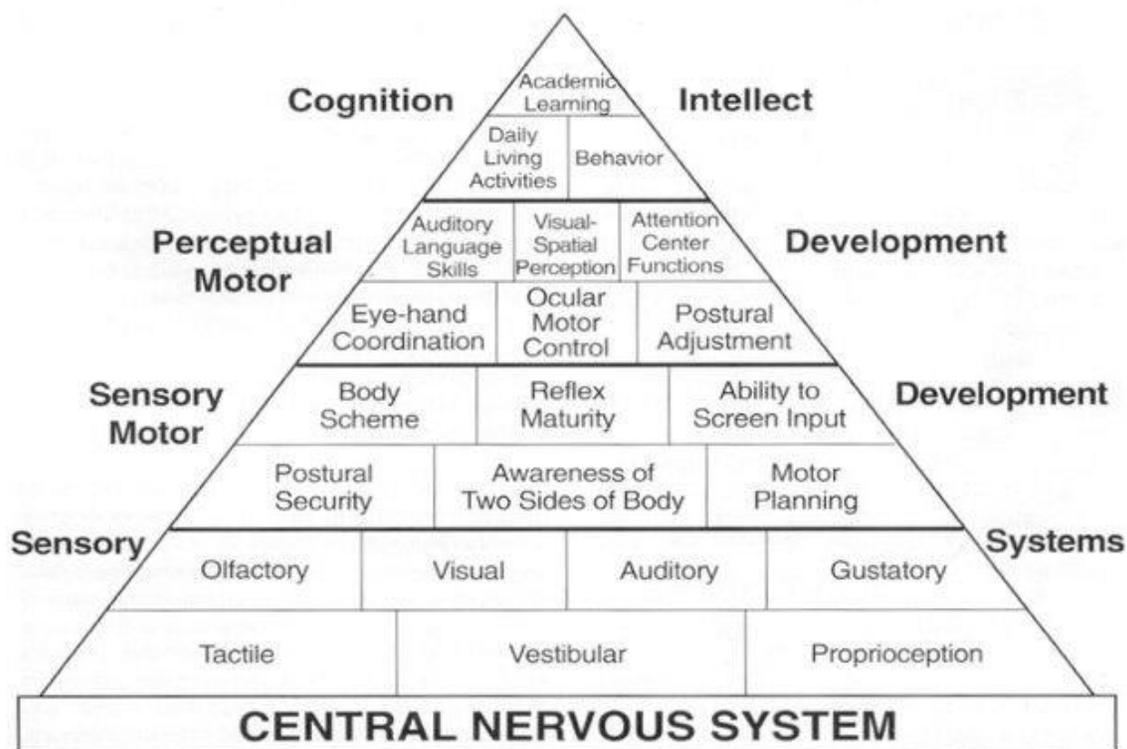
⁴⁸ I give further examples of a child who is sensitive to sensory input received in their environment in the following blog post: <https://www.southshorehealth.org/wellness/blog/child-sensory-sensitivities-treatment-occupational-therapy-for-sensory-processing>

⁴⁹ W. Dunn, "The Sensations of Everyday Life: Empirical, Theoretical, and Pragmatic Considerations," *American Journal of Occupational Therapy* 55, no. 6 (November 1, 2001): 608–20, <https://doi.org/10.5014/ajot.55.6.608>, 625-642.

Appendix B

Pyramid of Learning

Pyramid of Learning



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The pyramid of learning is a model developed by an occupational therapist and an early childhood educator that illustrates how learning typically develops.⁵¹ This is based upon the

⁵⁰ This Pyramid of Learning is reproduced with permission from AlertProgram.com for educational purposes; Taylor &Trott's image is included in their Alert Program® Online Course and its textbook.

⁵¹ K. Taylor and M. Trott, (1991), in "How Does Your Engine Run?"®: *A Leader's Guide to the Alert Program® for Self-Regulation*, M. Williams and S.Shellenberger (Albuquerque, NM: TherapyWorks, Inc., 1996), n.p.

central nervous system and the skills that develop upon that foundation. Critical to the foundational skills is the development and integration of the sensory system; when a child is either over or under stimulated by the sensory input in their environment, they are unable to participate in learning skills, both cognitive and motor. When this is not integrated, they are continually distracted or in distress from the input that they are perceiving, being unable to filter it out to participate in other activities. Thus, environments must be adapted, and work done with the child to help integrate the sensory input they experience.

Basic body awareness of how the body moves, where to place their extremities to function, and use of both sides of the body with crossing midline is then able to develop. However, these areas must be addressed prior to successful development of the refined skills of eye-hand coordination, ocular motor control, and initiation of postural muscles for movement as well as maintaining postural stability. Posturally, this means that the core muscles must co-contract effectively for maintaining a stable sitting or standing position to allow more coordinated extremity mobility.

Since these areas of skill development at the bottom half of the pyramid require significant attention to complete and involve substantial environmental input and distractions, it is reasonable to deduct that a child unable to integrate skills in these areas will have considerable difficulty with attention to task. Addressing these foundational areas helps to relieve the suffering the child experiences in attempting to maintain attention. From a biblical perspective, God can enable one to attend even when these areas of suffering are present, however, the biblical counselor should both consider and provide advice for the suffering as well as help the child and parents seek God's strength to endure and to attend within the suffering (1 Thes 5:14; 2 Cor 12:9-10).

Notably on the pyramid is that the ability to control behavior does not occur until nearly the apex of the pyramid. While suffering can make behavior more difficult, from a biblical perspective, God does not excuse disobedience because of difficult circumstances. Rather, difficult circumstances, in this case physiological challenges, exposes what is in the heart (Mt 15:18-19). This does, however, emphasize the physiological impact on a child's ability to obey; namely, the child who is distracted by sensory input or is unaware of how their body is moving may not be able to process the instructions given by a parent or may become easily distracted or unable to motor plan the task when trying to obey. This then will require that the parents provide simple and sequential instructions to assist with attention and motor skills to help mitigate physiological impact for the child in obedience.

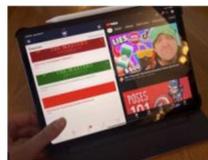
As an occupational therapist, I have seen that while this pyramid is generally true, this does not mean that a child is not working on skills at all levels of the pyramid. What I have typically seen is that a child will have more success on the upper levels of the pyramid when they have integrated or developed the skills at the foundation; as they master the foundation, they have less frustration or suffering in the upper levels of the pyramid. Thus, when the foundation is not secure, most of the work is focused on the foundation with beginning practice on upper areas such as attention and following directions. However, when the foundation is secure, most of the work is on the upper areas with minor adjustments made to the foundation when suffering is noted.

As a biblical counselor, I would use this basic diagram to assess potential areas of suffering that may impact the child in his obedience and ability to attend to tasks. Once the suffering is noted, I would give recommendations to lessen that suffering if possible and help

both the parents and the child to specifically take those areas of suffering to God in prayer that they might rely on His strength in their weakness (Phil 4:13).

Appendix C

Visual Schedules



1. **Working or Playing?**
2. **Mom Happy or Sad?**
3. **God wants me to obey. I want to please God.**
4. **Good Choice or Bad Choice?**
5. **I will choose _____.**

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Visual schedules are helpful for those with ASD as it helps them to sequence the steps of a task or decision and are helpful with maintaining attention to the task on which they are working. These are two examples of visual schedules that I have made and used with ASD patients. An additional visual that would be helpful for children with ASD would include facial pictures depicting emotions so that they can better identify when they have those emotions as well as identify when such emotions are appropriate and/or sinful.

The schedule pictured on the left is helpful for sequencing a series of tasks or components within a task; the child moves each task that is completed from the green side to the red side when done, working from top to bottom. The schedule pictured on the left I have used

⁵² Images were self-created.

with a patient who was trying to hide that she was splitting her iPad screen to play on one side while she was supposed to be completing schoolwork on the other side. I have adapted the schedule slightly to how I might use it in biblical counseling to guide decision making when faced with a reoccurring temptation.

Appendix D

Limitations on Engaging in a Child's Special Interests

Those with ASD often will focus on preferred activities or on preferred interests. When focused on preferred activities, this can be exhibited by always wanting to play with a toy in one particular way, or it may exhibit itself as a repetitive action such as rocking, biting their clothes, or humming; these repetitive actions are known as stims and are used in times of anxiety and as a means to pay attention. However, they are so habitual that they interfere with the child's ability to participate with activities or other people or to listen to others.

Preferred interests, known as special interests or focused interests, are more than a simple enjoyment or hobby and involve much more than a stim though they are used for many of the same reasons as a stim. These uses include avoiding anxiety and seeking acceptance and personal success. They can include enhanced skills and knowledge, but these special interests frequently consume much of the child's communication with others, time alone, and one's thoughts. As such, a special interest can dictate their life and the lives of those around them. However, since these may include gifted abilities and knowledge, how does one balance using those gifts for good and not having these interests dictate lives?

Special interests can be areas in which a child can succeed for a career or pursue further research into and thus, be helpful to others. How then can parents encourage them in these areas? Encouragement can occur with helping them to learn more about these areas through research, school projects and papers. Parents can plan special family times together by visiting places which provide for further learning in such areas. If it is an area that is beneficial for others, parents should encourage their child to use their special interest to help others; this may be by teaching a workshop for others, using manual labor skills such as fixing a car for another family,

or working in a location where he can share his knowledge in a helpful way such as at a museum or at a specialty shop.

However, always and only talking about special interests can be unloving to others as it does not look at the interests of others, taking much of other's time and being self-focused. How then can parents shepherd their heart in this area? The first question that the parents should ask is why their child is so focused on this area. This can be answered by observing when they are most apt to talk about their special interest. Is it when they are anxious in a social setting? Are they seeking approval? Are they unaware of how to communicate socially? "The problem is, when he chooses a behavior that's motivated by a heart's desire to control those around him so that he can feel safer, he's sacrificing others' interests to serve his own. But Jesus taught that his goal should be to serve others ahead of himself (Mark 10:42-45)."⁵³

Thus, the heart issues behind the special interest focus must be addressed. This includes addressing the anxiety biblically and helping them to renew their anxious thoughts. It involves instruction so that they know specific topics to initiate conversation on socially that does not include their special interest. Parents and biblical counselors can shepherd them by teaching them to love others through their conversational topics. They may not be aware of hobbies of others and may not know how to ask about that; parents can help them have a question to ask others regarding hobbies and then practice following the question up with other questions to learn more about what others love to do. It is important to teach a child that when others are asked about things they love, they feel loved by them; this is then obeying the command God gives them to love others (Mt 7:12; Mt 22:39).

⁵³ Laura J Hendrickson, *Finding Your Child's Way on the Autism Spectrum: Discovering Unique Strengths, Mastering Behavior Challenges* (Chicago: Moody, 2009), 66.

Appendix E

Proper Sitting Posture and Impact on Attention

If one was to take a pyramid and place it upside down, on its point, and then attempt to balance items on the other end, the pyramid would be very unstable with much movement in large motions. Such is the case with a child, or adult, who is sitting without a stable trunk or feet. When the trunk or feet are unstable, the upper body, including the arms and hands move in a wider arc resulting in more difficulty in coordination for writing. To compensate for this instability, the child must use more attention to complete the tasks which have become more difficult for them and must use more attention to attempt to inefficiently stabilize his arms and hands for the physical demands of the skill. This results in increased frustration as it requires significant added work for a simple task. When having to direct his attention to be so focused on stability, he is unable to adequately focus for new learning skills or to focus on additional teaching and instruction occurring simultaneously. Consequently, it is critical that proper sitting posture is used when completing tasks to decrease suffering through inattention impacted by physiological sources.

To ensure optimal stability, one should be seated with his feet flat on the floor positioned directly under his knees and with his knees and hips at 90° angles. Hips should be positioned near the back of the chair with his back in a nearly upright position. The surface of the desk should be about two inches taller than his elbow when held at his side. His forearms should be resting on the table with an approximately 30° angle between the lateral sides of his chest and his upper arms. The diagram attached below is a resource I have used as a checklist to remind children of this position.



Am I Ready to Write?

- My hips are against the back of the chair.
- My chest is almost touching the table edge.
- My back is straight.
- My feet are under my knees.
- My feet are flat on the floor.
- My forearms are resting on the table.
- My upper arms are NOT touching my body.

⁵⁴ Drawing contained in this document was completed by Abigail Garber and created specifically for this project; permission was granted for use in this thesis.

Appendix F

Autistic Identity

In recent years, those who have been diagnosed with ASD have demonstrated a strong negative reaction to interventions that attempt to make them like those who do not have autism. They refer to people who attempt to ‘normalize’ their behaviors as ‘ableist’ and consider them to be discriminatory of their neurodiversity as autistic. This is in large part a backlash against the behaviorist impact of ABA therapy. Additionally, the autistic community has moved to embracing what they consider identity-first language, ‘autistic individual’, as opposed to referring to people in their community with person-first language; person-first language refers to these individuals as an ‘individual with autism’ or an ‘individual who has autism’.

Biblically, we recognize that individuals have value because God has given them value. This value is not found in their achievements, their social status, nor in a diagnosis. Person-first language aligns with this viewpoint as its emphasis is the humanity of the person rather than focusing on the diagnosis.

In contrast, the neurodiverse community wishes to embrace all the nuances of autism, including justification for stims, inattention, behavior, and special interests, seeing that any call to changing these areas diminishes them as a person and as a community. They view autism as their identity. One autistic author explains this in her article on identify-first language, “In the autism community, many self-advocates and their allies prefer terminology such as ‘Autistic,’ ‘Autistic person,’ or ‘Autistic individual’ because we understand autism as an inherent part of an individual’s identity – the same way one refers to ‘Muslims,’ ‘African-Americans,’ ‘Lesbian/Gay/Bisexual/Transgender/Queer,’ ‘Chinese,’ ‘gifted,’ ‘athletic,’ or ‘Jewish.’”⁵⁵ Further,

⁵⁵ Lydia Brown, “Identity-First Language,” Autistic Self Advocacy Network, accessed April 20, 2022, <https://autisticadvocacy.org/about-asan/identity-first-language/>.

those who embrace identity-first language assert that to use person-first language insinuates that an individual can be separated from his autism. They claim that to use person-first language indicates that autistic individuals would be more acceptable if they had not been born having autism.

While autism will always exist in the life of such an individual, this does not imply that that they must be defined by autism nor that having autism gives them less worth than those without autism. As believers, we are to view ourselves as those who have been created in God's image and have been rescued from our spiritual deadness in sin so that we can bring glory not to ourselves but to Him (1 Pt 2:9-10).⁵⁶ Further, while common autistic characteristics are influenced significantly by physiological sources of suffering, the sinful heart of man still impacts their actions. To fully embrace all autistic characteristics without considering any impact of sin and need to put off that sin is to ignore the depravity of man (Rom 3:10-18).

This identity-first language which is growing in acceptance is important for biblical counselors to be aware of and to address biblically if those using it are doing so to define their identity as this is contrary to biblical truths.

⁵⁶ Martha Peace, "Identity Language in Counseling - Association of Certified Biblical Counselors," <https://biblicalcounseling.com/>, August 30, 2018, <https://biblicalcounseling.com/resource-library/articles/identity-language-in-counseling/>.

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