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BEHAVIORAL HEALTH

The Amana Family Resource Guide

A complete companion for parents and caregivers of autistic children — from diagnosis to daily life

Rooted in Trust. Committed to Growth.

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WELCOME

A Letter to Families

Dear parent or caregiver,

Whether your child was diagnosed last week or three years ago, you have probably discovered that the hardest part of this journey is rarely a lack of love or effort — it is the flood of unfamiliar systems, acronyms, and decisions arriving all at once. Therapy options. Insurance authorizations. School meetings. Well-meaning advice from every direction.

We created this guide to be the resource we wish every family received on day one: a single, plain-language companion that walks you through understanding the diagnosis, starting services, assembling a team, knowing your rights, supporting your child at home, and — just as importantly — taking care of yourself.

At Amana, family partnership is not a slogan. Parents are the most important members of every care team we build, because the skills a child practices in a session only become life skills when they are carried into breakfast tables, bath times, and backyard play. You are the constant in your child's life. Our job is to equip you.

Keep this guide somewhere handy. Read it front to back, or jump to the section you need this week. Bring your questions to your BCBA or our intake team — every question is welcome.

With warmth,

The Amana Behavioral Health Team

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What's Inside

SECTION ONE

Understanding the Diagnosis

Knowledge is the foundation of confident advocacy. Before choosing therapies or meeting with schools, it helps to understand what an autism diagnosis actually tells you — and what it doesn't.

What autism is

Autism spectrum disorder is a developmental difference in how the brain processes communication, social interaction, and sensory information. It is called a spectrum because it shows up differently in every single child. One child may speak fluently but find friendships confusing; another may communicate through a device while excelling at puzzles and patterns; a third may be deeply affected by sounds and textures that others barely notice.

A few truths worth holding onto from the start:

- Your child's diagnosis describes how they experience the world today — it is not a ceiling on who they can become.
- Autism often travels with companions: ADHD, anxiety, epilepsy, sleep difficulties, or gastrointestinal issues. Mention anything you notice to your pediatrician, because treating co-occurring conditions often improves everything else.
- Nothing you did caused your child's autism. Decades of research are clear on this point.

Reading the evaluation report

The diagnostic report you received is more useful than it looks. Underneath the clinical language, it is a map of your child's current strengths and support needs. Sit down with it — ideally alongside a professional who can translate — and pull out three things:

- **Strengths —** What your child does well right now (these become the foundation therapy builds on)
- **Needs —** The specific skill areas flagged for support, such as expressive language, play, self-care, or emotional regulation
- **Recommendations —** Any formal recommendations for services, hours, or further assessments — schools and insurers often ask for these

> **Amana tip:** *Make three copies of the full evaluation: one for your records, one for the school, one for providers. You will be asked for it constantly, and the original should never leave your house.*

Finding information you can trust

The internet is full of autism advice, and not all of it is safe. When researching, favor organizations that publish evidence-based guidance and clearly separate proven approaches from experimental ones. Good starting points include the CDC's developmental disability pages, national autism advocacy organizations, and university-affiliated research centers. Your Amana BCBA can also point you toward reading matched to your child's specific profile.

Be cautious with any source that promises a cure, sells a product alongside its advice, or asks you to abandon your care team. If a claim sounds dramatic, run it past a professional you trust before acting on it.

> **Amana tip:** *Set a timer when researching online. Twenty focused minutes with trusted sources beats two anxious hours of scrolling — and your BCBA can fact-check anything that worries you.*

SECTION TWO

Getting Started with Services

Research consistently shows that the earlier support begins, the greater the developmental gains — but starting well matters as much as starting soon. This section helps you choose wisely.

Start from the evaluation, not the internet

It is tempting to sign up for everything. Resist. The most effective starting plan flows directly from your child's evaluation: match each identified need to the therapy designed to address it, and add services deliberately as you learn what helps.

- ☐ Re-read the evaluation and list your child's top three support needs
- ☐ Match each need to a therapy type (see below)
- ☐ Verify what your insurance covers before committing
- ☐ Meet at least two providers before choosing, when waitlists allow

The major therapy types, decoded

- **Applied Behavior Analysis (ABA) —** Uses the science of learning and motivation to teach communication, social, play, and daily-living skills, and to reduce behaviors that get in a child's way. Amana's specialty.
- **Speech-language therapy —** Builds spoken language, comprehension, articulation, and alternative communication methods for children who don't yet speak.
- **Occupational therapy (OT) —** Develops fine motor skills, sensory regulation, and independence in daily routines like dressing and eating.
- **Physical therapy (PT) —** Strengthens gross motor skills — balance, coordination, strength — when movement is a challenge.
- **Developmental therapy —** Supports cognitive, social, and emotional growth through play-based approaches, often in early-intervention programs.

Many children receive more than one therapy at once. When they do, the providers should talk to each other — coordinated goals move faster than siloed ones.

What quality looks like in a provider

- Licensed clinicians with real experience in pediatric autism, not just general practice
- For ABA: treatment designed and supervised by a Board Certified Behavior Analyst (BCBA), with regular supervision of the technicians who deliver sessions

- For speech: certification through the national speech-language-hearing association; for OT: national occupational therapy certification
- Individualized treatment plans — if every child gets the same program, walk away
- Progress measured with data and shared with you in plain language
- Parents welcomed as participants, never treated as outsiders

Choosing a setting

- **In-home —** Therapy woven into your child's real environment and routines — the skills are learned where they will be used. This is Amana's model.
- **Clinic-based —** Structured space with specialized materials and chances to practice with peers.
- **School-based —** Delivered through an IEP during the school day at no cost to you.
- **Telehealth —** A practical bridge when waitlists are long or distance is a barrier; especially useful for parent coaching.

Questions worth asking every provider

Interview providers the way you would interview anyone caring for your child — because that is exactly what they are. Bring this list:

- ☐ How many autistic children of my child's age have you worked with?
- ☐ Who designs the treatment plan, and how often is it reviewed?
- ☐ How do you measure progress, and how will you share it with me?
- ☐ How are parents involved — can I observe sessions and receive coaching?
- ☐ How many hours per week do you recommend for my child, and why?
- ☐ What does your waitlist look like, and what can we do in the meantime?
- ☐ How do you handle challenging behavior — what is your approach to consent and dignity?

Watch a session before you commit

Credentials matter, but chemistry matters too. Ask to observe a session or tour the environment. Watch for warmth: Does the therapist follow the child's interests? Do they celebrate small wins? Does the child seem comfortable, or merely compliant? Your instincts as a parent are data — trust them.

Monitor, adjust, repeat

Starting services is not a one-time decision. Set concrete goals with your providers, review progress on a schedule (every three to six months is typical), and speak up when something isn't working. Needs evolve; good providers expect plans to evolve with them. And if progress stalls despite everyone's best effort, seeking a second opinion is not disloyalty — it is advocacy.

> **Amana tip:** *Keep a simple therapy binder or digital folder: treatment plans, progress reports, session notes, and your own observations. Continuity of care lives in that folder when providers change.*

SECTION THREE

Building Your Support Team

No family should do this alone, and the strongest outcomes come from a web of support — medical, educational, communal, and personal. Here is who belongs in yours.

The clinical circle

- **Developmental pediatrician or pediatric neurologist —** Coordinates the medical side of autism and screens for co-occurring conditions like ADHD, epilepsy, and sleep disorders.
- **BCBA —** Designs and supervises your child's ABA program; your go-to for behavior questions large and small.
- **Behavior technician (RBT) —** Delivers day-to-day ABA sessions under the BCBA's supervision.
- **Speech-language pathologist —** Builds communication — spoken, signed, or device-based.
- **Occupational therapist —** Addresses sensory regulation, motor skills, and independence in daily routines.
- **Psychologist or counselor —** Supports emotional wellbeing, anxiety, and family adjustment.

> Amana tip: *Ask your providers to share reports with each other (you'll sign a release). A team that communicates multiplies its impact.*

The school circle

- **Special education teachers —** Design and deliver your child's IEP goals and specialized instruction.
- **Paraprofessionals and aides —** Provide extra hands and individualized support in the classroom.
- **School-based therapists —** Deliver speech, OT, or PT during the school day when written into the IEP.
- **School counselors and social workers —** Support coping skills, peer relationships, and emotional health at school.

Attend every IEP meeting you possibly can, and stay in friendly, regular contact with your child's teacher between them. A two-line email each week — "anything I should know? here's what we're seeing at home" — prevents most problems from growing.

The community circle

- **Parent support groups —** Other parents who truly get it. Local groups and online communities offer advice, vent space, and lasting friendship.
- **Social skills groups —** Structured settings where autistic children practice peer skills with coaching.
- **Recreational programs —** Adaptive sports, sensory-friendly movie screenings, inclusive camps, and library programs designed for neurodivergent kids.
- **Religious and cultural networks —** Faith communities and cultural organizations can offer belonging for the whole family.

The friendship circle

Friendship skills grow with practice and the right conditions. Look for playgroups designed for neurodivergent children, buddy programs that pair kids with trained peer mentors, and classrooms where teachers actively build inclusion. At home, arrange short, structured playdates around your child's genuine interests — shared enthusiasm is the best social lubricant ever invented.

> **Amana tip:** *One good friend matters more than ten acquaintances. Depth beats breadth, for kids and parents alike.*

SECTION FOUR

Knowing Your Rights & Finding Funding

You are your child's most important advocate — and advocacy is far easier when you know exactly what the law guarantees and where the money can come from.

The two laws every parent should know

- **IDEA (Individuals with Disabilities Education Act) —** The federal special education law. It guarantees every eligible child a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) — meaning your child is entitled to the supports they need, alongside typical peers to the greatest extent appropriate. Part C covers early intervention for children under three; Part B covers ages 3–21.
- **Section 504 of the Rehabilitation Act —** A civil rights law. It requires public schools to provide accommodations — sensory breaks, extended time, seating changes — to students with disabilities, even those who don't qualify for special education.

IEP vs. 504, in one breath

An IEP provides specialized instruction plus services, with written measurable goals and legal teeth. A 504 Plan provides accommodations within the regular classroom for children who don't need specialized instruction. If your child needs teaching that differs from the standard curriculum, pursue the IEP first.

Getting an IEP, step by step

- **Step 1 —** Put your request for a special education evaluation in writing to the school district — email counts, and the date starts the clock.
- **Step 2 —** The school evaluates your child; timelines are set by law (roughly 60 days in most states, and your state's exact timeline will be in your procedural safeguards packet).
- **Step 3 —** The team — which includes you — meets to review results and decide eligibility.
- **Step 4 —** If eligible, the team writes the IEP: goals, services, minutes, placement. You may bring anyone you like, including your BCBA or an advocate.
- **Step 5 —** If found ineligible for an IEP, ask the team to consider a 504 Plan at the same meeting.

> Amana tip: *Bring your child's outside evaluation and a one-page summary of your concerns to every meeting. Short written documents get read; long verbal explanations get forgotten.*

When you hear "no"

If insurance denies coverage

- Request the denial in writing, including the specific reason and plan language.
- File an appeal with a letter of medical necessity from your provider — Amana's team helps families with this routinely.
- If the internal appeal fails, ask about external review and contact your state insurance commissioner. Persistence overturns a remarkable number of denials.

If the school denies services

- You may request an Independent Educational Evaluation (IEE) at the district's expense if you disagree with their evaluation.
- You may pursue mediation or a due process hearing — free dispute processes built into IDEA.
- A special education advocate or attorney can level the playing field; many offer free consultations.

Paying for therapy

- **Private insurance —** Most health plans in North Carolina and many other states are required to cover medically necessary autism treatment, including ABA. Our intake team verifies benefits and handles authorizations with you.
- **Medicaid and Medicaid waivers —** Covers autism services for eligible children; waiver programs in many states extend coverage to families whose income would otherwise disqualify them — waitlists are common, so apply early.
- **State programs —** State disability programs may fund respite care, assistive technology, and early intervention.
- **Grants and nonprofits —** National and local nonprofits offer grants for therapy, equipment, and communication devices. Ask our team and local autism resource centers what's currently open.

> **Amana tip:** *Funding programs run on paperwork. Keep every evaluation, denial letter, receipt, and progress report — a well-organized folder has paid for more therapy than any single program.*

SECTION FIVE

Supporting Your Child at Home

The strategies in this section are the same ones our clinicians use every day — translated for kitchen tables, car rides, and grocery stores.

Understanding behavior: become a detective

Every behavior serves a purpose. Meltdowns, bolting, hitting, or shutting down are almost always communication — of a want, a need to escape, a bid for attention, or a body seeking sensory input. Your job isn't to judge the behavior but to decode it.

The simplest decoding tool is the ABC log. After a tough moment, jot down:

- **A — Antecedent —** What happened right before? (transition, demand, noise, hunger?)
- **B — Behavior —** What exactly did your child do? Describe it like a camera would.
- **C — Consequence —** What happened next? What did the behavior get, or get out of?

Within a week or two, patterns emerge — and patterns are power. Maybe meltdowns cluster around hunger, or transitions off screens, or one particular fluorescent-lit store. Share your log with your BCBA; it is exactly the information a great treatment plan is built from.

> In real life: *A family noticed grocery-store meltdowns always happened on Saturday afternoons — the store's busiest hour. Switching to Tuesday mornings, giving their son a picture shopping list, and letting him carry the basket cut meltdowns to nearly zero within a month.*

In the storm: responding to meltdowns

- Lower your voice and slow your body. Your calm is contagious; so is your panic.
- Safety first, teaching later. Mid-meltdown is not a learning moment.
- Reduce input: fewer words, dimmer lights, more space.
- Offer an exit — a break card, headphones, a quiet corner.
- Reconnect afterward. Comfort doesn't reward a meltdown; it teaches your child that you are safe harbor.

Visual supports: structure your child can see

Predictability lowers anxiety, and for many autistic children, what they can see beats what they can hear.

- **Visual schedules —** Picture cards, a whiteboard, or an app showing the day's sequence — wake up, breakfast, school, therapy, play, dinner, bath, bed. Move or check off each step as it finishes.
- **Social stories —** Short, positive picture-stories that preview a new or hard situation — a dentist visit, a fire drill, a new sibling — so your child can rehearse before living it.
- **Transition warnings —** A visual 5-minute warning card eases the hardest moments of the day: stopping one thing to start another.

> In real life: *If school mornings are a battle, photograph your child doing each step of the routine and post the photo strip at eye level. Kids follow a schedule starring themselves far more willingly than one starring clip art.*

Amana tip: *Start with one visual support, not five. Master it, then add. Every child needs a different level of structure — observe and adjust.*

Communication: meet your child where they are

If your child speaks

- Use short, concrete, positive language: "Feet on the floor" beats "Stop climbing on that right now."
- Give processing time. Count five silent seconds after a question before repeating it — many children need exactly that long.
- Watch the body, not just the words. Stress can take speech offline; a child who "won't answer" often can't in that moment.
- Practice back-and-forth through play: turn-taking games are conversation rehearsal.

If your child uses few or no words yet

- Explore AAC — augmentative and alternative communication — including speech-generating apps and devices. Research is clear that AAC supports spoken language development rather than replacing it.
- Picture-exchange systems let a child hand you an image of what they need — a snack, a break, a hug — long before words arrive.
- Honor every attempt: pointing, pulling your hand, a gesture, a glance. Respond to it like speech, and communication grows.
- Keep the device or cards within reach all day. A communication tool locked in a backpack teaches silence.

> Amana tip: *Insurance or the school district will often fund a communication device or app — ask your speech therapist to help you request an AAC evaluation.*

Sensory needs, in plain language

Autistic children often experience sensation turned up or turned down. A hand dryer can register as a jet engine; a shirt tag as sandpaper. Other children crave input — spinning, crashing, chewing, squeezing — because their bodies are under-registering the world.

- **For the easily overwhelmed —** Noise-reducing headphones, sunglasses, tag-free clothing, warning before loud events, and a calm-down corner stocked with soft things.
- **For sensory seekers —** Trampoline time, swing sessions, chewable jewelry, weighted lap pads, and "heavy work" like carrying groceries or pushing the laundry basket.
- **For every family —** Learn your child's early warning signs — covering ears, going quiet, pacing, hands to face — and offer a break before the storm, not during it.

The habits that hold it all together

- **Catch them being good —** Notice and name it out loud the moment you see behavior you want. Aim for five praises for every correction.

- **Stay consistent —** Same expectations, same responses, from every adult — parents, grandparents, sitters, therapists. Consistency is what turns a session skill into a life skill.
- **Coach, don't rescue —** Let your child attempt hard things with support instead of doing everything for them. Independence is built one wobbly attempt at a time.
- **Share what you learn —** Tell your therapy team what works at home and ask what works in session. The traffic should flow both ways.

SECTION SIX

Caring for the Caregiver

You cannot pour from an empty cup — and your child needs you present far more than they need you perfect.

Recognize burnout before it recognizes you

Caregiver burnout is real physical and emotional depletion caused by prolonged stress, and parents of autistic children experience it at high rates. Warning signs include:

- Exhaustion that sleep doesn't fix
- A shorter fuse than the person you know yourself to be
- Physical symptoms — headaches, stomach trouble, getting sick constantly
- Quietly abandoning your own needs, hobbies, and friendships
- Feeling numb, resentful, or alone even in a full house

If several of these sound familiar, that is not a character flaw. It is a signal — and signals deserve a response.

Stay informed without drowning

- Choose two or three trusted sources and ignore the rest of the internet.
- Learn what applies to your child this season, not everything about autism at once.
- Let professionals interpret the dense stuff — that's what your team is for.
- Give research a time slot, then close the laptop. Constant scanning is stress in disguise.

Make yourself a line item

- Guard one small daily ritual that is only yours — coffee before the house wakes, a walk, ten pages of a novel.
- Move your body regularly; even a fifteen-minute walk shifts brain chemistry.
- Keep one friendship alive that has nothing to do with autism.
- Practice saying yes when someone offers help — and give them something specific: a meal, a pickup, one hour of babysitting.

Real ways to get real help

- **Respite care —** Trained short-term care for your child so you can genuinely rest. Ask our team and your state's disability services what respite funding exists near you.

- **Support groups —** Local and online communities of parents who get it without explanation. Shared experience is powerful medicine.
- **Professional support —** A counselor of your own is a tool, not a last resort. Many specialize in parents of children with disabilities.
- **Your inner circle —** Grandparents and friends often want to help but don't know how. Teach one person your child's routines well enough to give you an evening off.

Asking for help is not failing at caregiving. It is how sustainable caregiving works.

Celebrate everything

The first new word. The haircut without tears. The playdate that just… went fine. The IEP meeting where you spoke up. These are not small things — they are the whole journey, arriving one moment at a time. Write them down somewhere. On the hard days, that list will remind you how far your child, and you, have come.

SECTION SEVEN

Glossary & Quick Reference

Every field has its alphabet soup. Here is this one, decoded.

AAC: Augmentative and alternative communication — tools from picture cards to speech-generating devices that support or substitute for spoken language.

ABA: Applied Behavior Analysis — therapy using the science of learning and motivation to teach skills and reduce barriers.

ABC log: A simple record of Antecedent, Behavior, and Consequence used to find patterns in behavior.

ASD: Autism spectrum disorder, the formal diagnostic term.

BCBA: Board Certified Behavior Analyst — the master's-level clinician who designs and supervises ABA treatment.

FAPE: Free Appropriate Public Education — what IDEA guarantees every eligible child.

IDEA: Individuals with Disabilities Education Act, the federal special education law.

IEE: Independent Educational Evaluation — an outside evaluation you may request at district expense if you disagree with the school's.

IEP: Individualized Education Program — the legal document setting your child's special education goals and services.

LRE: Least Restrictive Environment — the IDEA principle that children learn alongside typical peers to the greatest appropriate extent.

OT: Occupational therapy (or therapist) — supports sensory regulation, fine motor skills, and daily-living independence.

PT: Physical therapy (or therapist) — supports gross motor skills, strength, and coordination.

RBT: Registered Behavior Technician — delivers ABA sessions under BCBA supervision.

Respite care: Short-term, trained care for your child that gives caregivers a genuine break.

Section 504: The civil rights law requiring schools to provide accommodations to students with disabilities.

SLP: Speech-language pathologist — builds communication in all its forms.

Social story: A short, positive picture-story that previews a situation so a child can rehearse it in advance.

Visual schedule: A picture-based sequence of the day's activities that makes time visible and predictable.

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