

(IRC) Section 501(c)(3)
Public Charity Status:
170(b)(1)(A)(vi)

EIN: 33-1729289



DECODER HEALTH
DECODING YOUR CHILD'S BEHAVIORAL NEEDS

DECODER Behavioral LLC

Insurance-based, ABA Therapy,
Home Health Care

Through objective insights and observations, a unique culturally-based vantage point, and know-how, we never stop discovering new ways to achieve results that are in your child's interest.

Empowering children with autism by using applied behavioral analysis (ABA) and sociocultural frameworks in Virginia.

Decoding your child's behavioral needs with evidence-based and culturally competent behavioral analysis.



Complete the Intake Form: Provide detailed information about your child's family history, developmental background, preferences, and dislikes.

Schedule an Assessment Meeting: After submitting the intake form, we'll arrange a meeting with you and your child for a comprehensive assessment.

Assessment by BCBA: Amir Ansari, our BCBA, will assess your child's skills, identify areas of concern, and discuss your goals for therapy.

Create a Behavior Plan: Based on the assessment, Amir will develop a personalized behavior plan for your child.

Approve the Behavior Plan: Review and approve the behavior plan.

Submit for Insurance Authorization: Once approved, the behavior plan will be sent to your insurance provider for authorization. This process usually takes 2-4 weeks, depending on the insurance.

Start Therapy: Upon receiving authorization, our team, including a Behavior Technician or Registered Behavior Technician, will begin therapy sessions at your home.

Ongoing Support: If you have any questions or need further assistance, our team is here to help.



DECODER Behavioral Health Center of Excellence (DBHCoE): Workstreams



Research and Innovation

- Data Collection
- Clinical Trials with Beyond Barriers and Muhimbili National Hospital (MNH)

Outcome:
Publications



Education and Training

- DECODER Health LLC BT training
- Applied Behavioral Analysis (ABA) Training in collaboration with Muhimbili University School of Applied Health (MUHAS)

Outcome:
Skilled Resources



ABA and Speech Therapy

- DECOEDR Health in conjunction with Living Together Autistic Foundation (Li-TAFO)
- Network Referrals

Outcome:

- Improved access to care
- Improved behavioral and health outcomes



Advocacy and Awareness

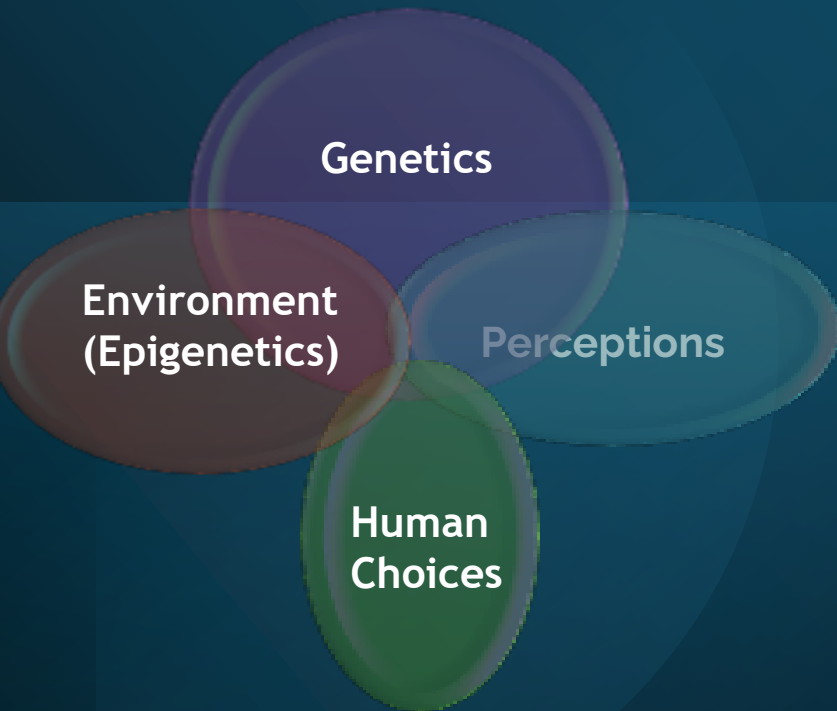
- Media Interviews: Television, Radio, YouTube, Instagram, Facebook, WhatsApp Groups etc.
- Publications: Books, academic journals, newspapers, articles

Outcome: Increased awareness and improved systematic support

Autism, or “Autism Spectrum Disorder” (ASD)

Is a neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave.

Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first 2 years of life.



Characteristics can be detected in early childhood, but this does not mean a child has autism.

Accurate diagnosis may not be possible until later in life beyond 1- 2 years of age.

ASD symptoms and patient needs vary and can evolve over time.

Some ASD individuals can live independent lives while others may require life- long care and support

Evidence-based psychosocial interventions and proven therapies can improve communication, behavioral and social skills, and morale -thus a win for the ASD person and their caregivers.

Sustainable success requires sensitivity, care, and action from the community and society at large, not just from the immediate family.

Why The Term Spectrum:

Symptoms vary among patients severity of symptoms varies among patients

Social Signs:

- Limited eye contact.

- Doesn't respond to their name by 12 months.

- Prefers playing alone or has trouble engaging with peers.

Communication Signs:

- Delayed speech or unusual language patterns.

- Echoing words or phrases ("echolalia").

Behavioral Signs:

- Repetitive motions (e.g., hand flapping, spinning objects).

- Rigid routines or intense focus on specific interests.

Sensory Signs:

- Overly sensitive to sounds, lights, or textures.

School-Based Services: Medical vs. Educational Disability

- Although the child may have a medical diagnosis, that does not automatically qualify them for special education services.
- A student is eligible for special education if they have at least one of 13 disabilities AND requires special education due to that disability.

School-Based Services:

507 Plan

- Disability limits one or more major life functions
- Can be addressed through accommodations

Individualized Education Program (IEP)

- Diagnosis of 1 of 13 disabilities
- Requires specialized instruction or related services to access the curriculum

Diagnosis Screening Tools: PL - Autism

Diagnostic Observation Schedule (ADOS)

Table I. Modules 1–4: Activities^a

Module 1 Preverbal/ single words/ simple phrases	Module 2 Flexible phrase speech	Module 3 Fluent speech child/adolescent	Module 4 Fluent speech adolescent/adult
Anticipation of a social routine	Construction task	Construction task	Construction task ^a
Functional and symbolic imitation	Make-believe play Joint interactive play	Make-believe play Joint interactive play	Current work/school/daily living ^b Socioemotional questions: Plans and dreams Break
Free play Snack	Free play Snack	Break	Cartoons ^a
Response to name	Response to name	Cartoons	Socioemotional questions: Emotions
Response to joint attention	Response to joint attention	Socioemotional questions: Emotions Socioemotional questions: Friends/loneliness/marriage	Socioemotional questions: Friends/loneliness/marriage
Birthday party	Birthday party	Socioemotional questions: Social difficulties/annoyance	Socioemotional questions: Social difficulties/annoyance
Bubble play	Bubble play	Creating a story	Creating a story
Anticipation of a routine with objects	Anticipation of a routine with objects Demonstration task Conversation Description of picture Looking at a book	Demonstration task Conversation/reporting a nonroutine event Description of picture Telling a story from a book	Demonstration task Conversation/reporting a nonroutine event Description of picture ^a Telling a story from a book

^a Activities in a line are similar in intent whenever possible, but not always.

^b Indicates an optional activity.

Diagnosis Screening Tools: ADOS - Generic

Table II. Modules 1–4: Algorithm and Other Items for Diagnosis of Autism DSM-IV/ICD-10 for Social and Communication Domains^a

Module 1 Preverbal/ single words/ simple phrases	Module 2 Flexible phrase speech	Module 3 Fluent speech child/adolescent	Module 4 Fluent speech adolescent/adult
Algorithm items			
Stereotyped/idiosyncratic words or phrases	Stereotyped/idiosyncratic words or phrases	Stereotyped/idiosyncratic use of words or phrases	Stereotyped/idiosyncratic use of words or phrases
Gestures	Descriptive, conventional, instrumental gestures	Descriptive, conventional, instrumental gestures	Descriptive, conventional, instrumental gestures
Unusual eye contact	Unusual eye contact	Unusual eye contact	Unusual eye contact
Facial expressions directed to others	Facial expressions directed to others	Facial expressions directed to others	Facial expressions directed to others
Quality of social overtures	Quality of social overtures	Quality of social overtures	Quality of social overtures
Response to joint attention ²	Amount of reciprocal social communication	Amount of reciprocal social communication	Amount of reciprocal social communication
Shared enjoyment ^{2,3,4}	Quality of social response	Quality of social response	Quality of social response
Use of other's body to communicate	Conversation	Conversation	Conversation
Pointing	Pointing to express interest		Emphatic or emotional gestures
Showing ²	Overall quality of rapport	Overall quality of rapport	
Frequency of vocalization directed to others	Amount of social overtures	Insight ⁴	Empathy/comments on others' emotions ³
Spontaneous initiation of joint attention	Spontaneous initiation of joint attention	Reporting of events ⁴	Responsibility
Other Items			
Immediate echoing	Immediate echoing	Immediate echoing	Immediate echoing
Speech abnormalities	Speech abnormalities	Speech abnormalities	Speech abnormalities
Imagination/functional play	Imagination/functional play	Imagination	Imagination
Mannerisms	Mannerisms	Mannerisms	Mannerisms
Unusual sensory behaviors	Unusual sensory behaviors	Unusual sensory behaviors	Unusual sensory behaviors
Repetitive interests and behaviors	Repetitive interests and behaviors	Excessive, specific interests	Excessive, specific interests
		Rituals and compulsive behaviors	Rituals and compulsive behaviors
Overactivity	Overactivity	Overactivity	Overactivity
Negative behavior	Negative behavior	Negative behavior	Negative behavior
Anxiety	Anxiety	Anxiety	Anxiety

^a Whenever possible, items on the same horizontal line reflect similar or identical codes but, for the sake of space, this is not always true. Superscripts indicate items that appear in other modules, but are not in other algorithms. Nonalgorithm items that only occur in one or two modules are not included here.

Early Intervention

- Prior to age 3, children with 25% developmental delay in one of five areas can qualify for community assistance programs.
- At age 3, children may qualify for special education in a preschool setting
- Speech and language therapy (receptive, expressive, articulation, pragmatics)
- Occupational therapy (fine motor and sensory)
- Physical therapy (gross motor)
- Play Therapy (Floortime)
- Behavioral Therapy (Applied Behavior Analysis)
- Relationship Development Intervention (RDI)

Medical Experts

Pediatrician
downplay parental
concerns, suggested
speech evaluation



Developmental
Psychologist may
confer PDD-NOS
Diagnosis



Community-
program assistance



Did not explain that
PDD-NOS is
“basically” autism

DECODER Health's 4 Pillars of Excellence



Culturally Competent

Considering the high rates of global migration and international dissemination; this field desires practitioners who serve an increasingly diverse population.



Grace and Respect

We prioritize grace and respect, cultivating both individual and team growth for enduring and substantial accomplishments.



Evidence-based

Applied Behavior Analysis uses Evidence-Based Practices—research-backed treatments, respecting values via provider-family-insurer communication.

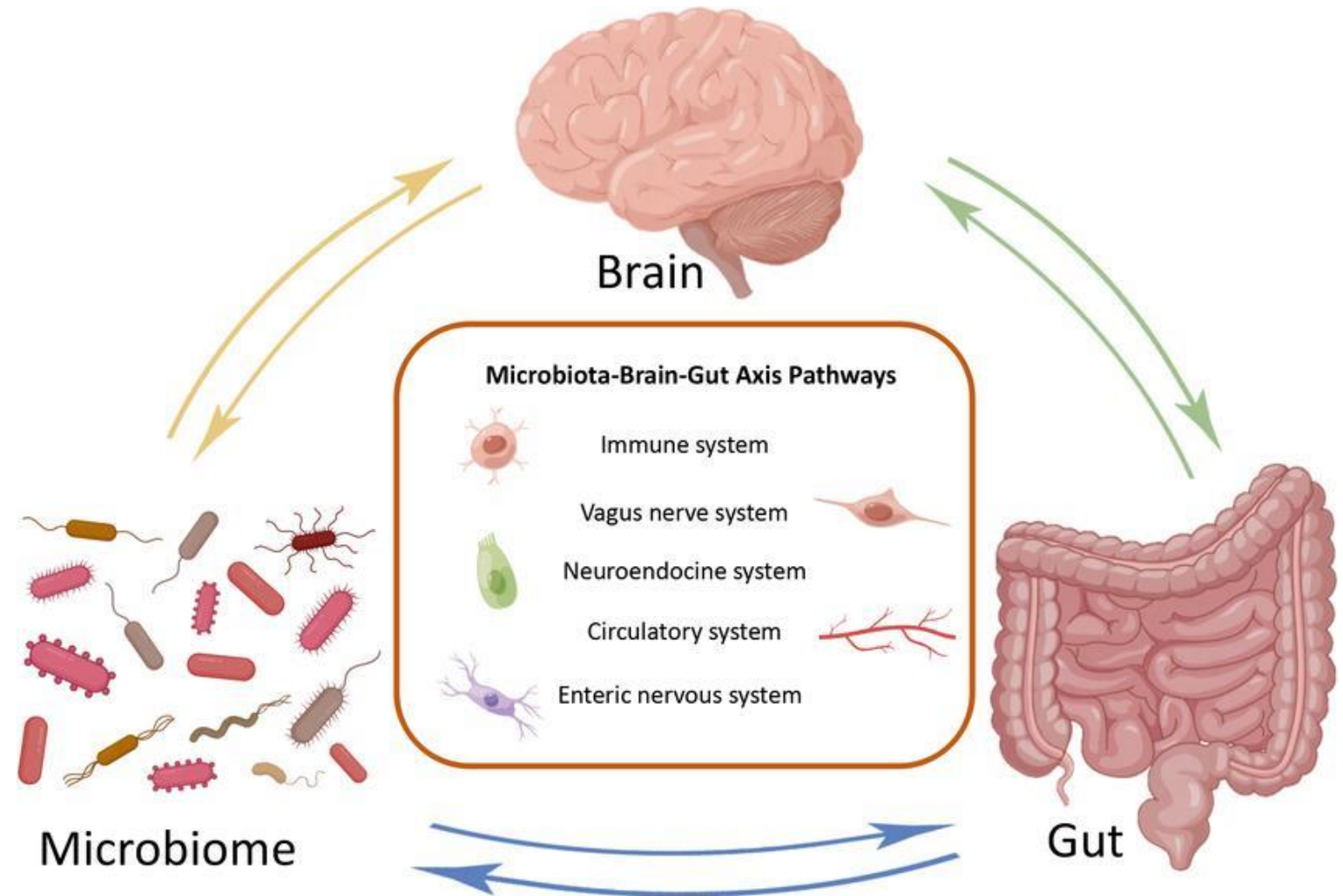


Speed and Agility

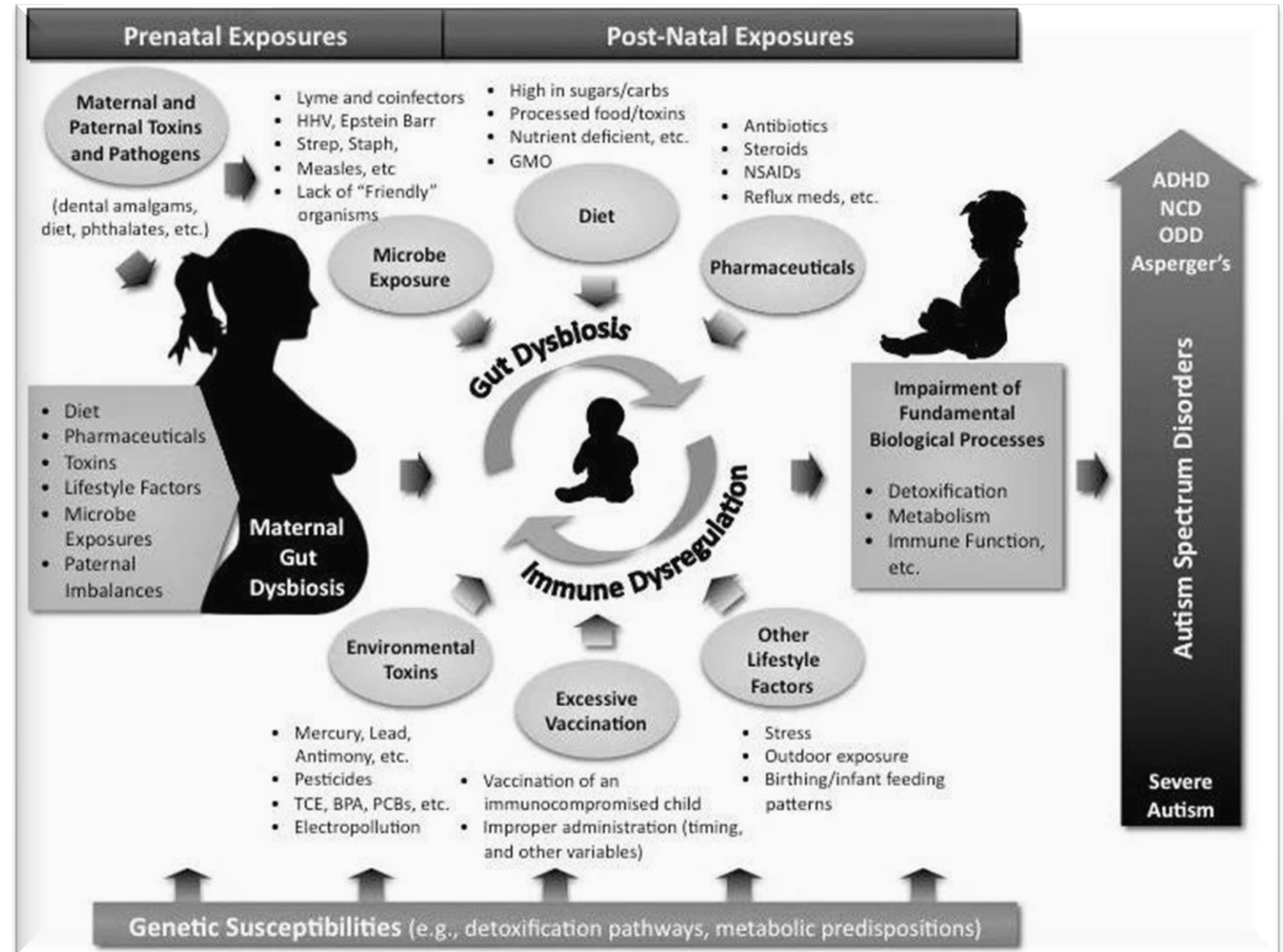
Swiftly responding, we offer solutions for emerging behavioural issues, ensuring effective resolutions and lasting positive outcomes.

Main microorganisms
and pH indifferent
regions of the
gastrointestinal tract

The Microbiota Gut-Brain (MGB) Axis cont.



Detailed Etiology of ASD:



Environmental Factors Associated with ASD

Table 2. Several environmental factors associated with ASD.

Factor	Evidence	References
Parental age	Association studies; meta-analyses; animal studies	[108–113]
Perinatal factors	Meta-analyses	[114–116]
Sex steroids	Association studies	[117–121]
Maternal nutrition	Association studies; meta-analyses; in vitro studies, animal studies	[123–134,136–142]
Fetal exposure to drugs, smoke, alcohol	Association studies; meta-analyses	[143–151]
Maternal diseases	Meta-analyses	[152,153]
Maternal infections	Association studies; meta-analyses; animal studies	[154–161]
Fetal exposure to toxic xenobiotics	Association studies; meta-analyses; in vitro studies; animal studies	[166–171]

Detailed Etiology or Cause(s) of ASD:

- **Prenatal Exposures**
- **Maternal and Paternal Toxins and Pathogens**
 - Dental amalgams, diet, phthalates, etc.
- **Diet**
 - Impact of maternal nutrition.
- **Pharmaceuticals and Lifestyle Factors**
 - Maternal medications and lifestyle choices.
- **Microbe Exposure**
 - Maternal exposure to Lyme, Epstein Barr, Strep, Measles, etc.
 - Lack of "friendly" organisms.
- **Paternal Imbalances**
 - Genetic and environmental contributions.
- **Maternal Gut Dysbiosis**



Environmental Factors Associated with ASD

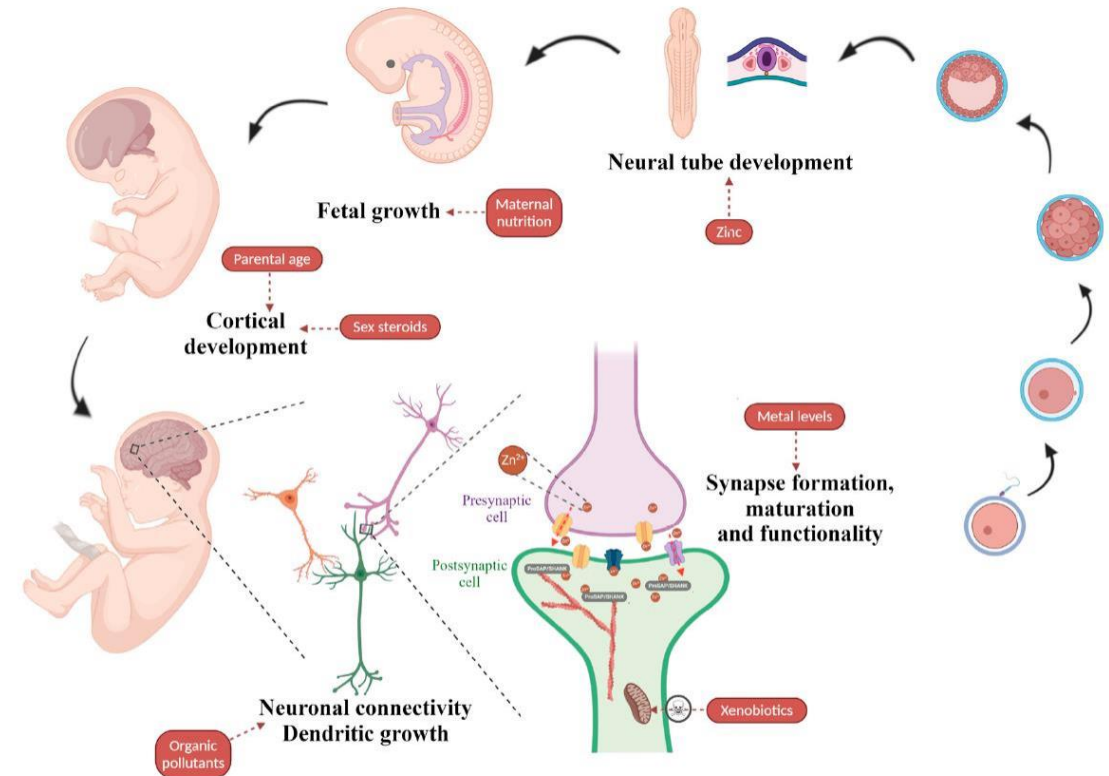


Figure 2. Environmental factors associated with ASD. The illustration indicates the putative impact of environmental factors on embryonic and fetal development with a particular focus on neuronal development and synaptic function. Figure created using BioRender.com images.

Detailed Etiology or Cause(s) of ASD:

Gut Dysbiosis and Immune Dysregulation

Gut Dysbiosis

- Linked to prenatal and post-natal exposures.

Immune Dysregulation

Impairment of Fundamental Biological Processes

Detoxification.

Metabolism.

Immune Function.



Autism Spectrum Disorders (ASD)

• Conditions linked to ASD

- ADHD, NCD, ODD, Asperger's.
- Severe Autism.

Underlying Genetic Susceptibilities

- Detoxification pathways.
- Metabolic predispositions.

Detailed Etiology or Cause(s) of ASD:

Post-Natal Exposures

Diet

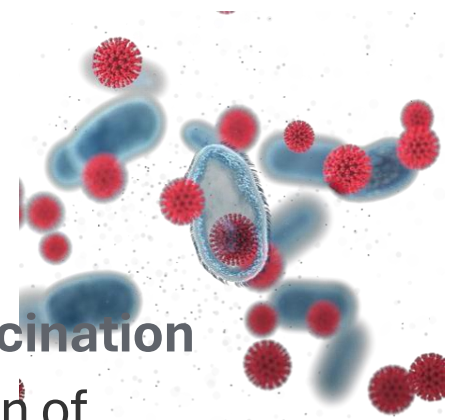
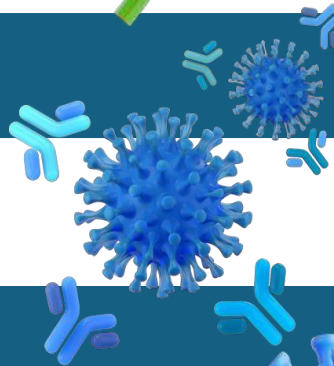
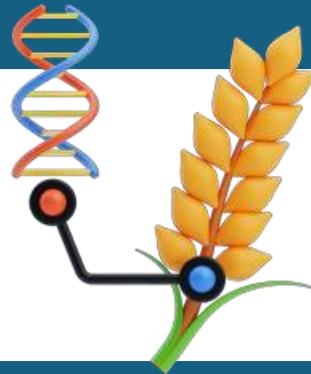
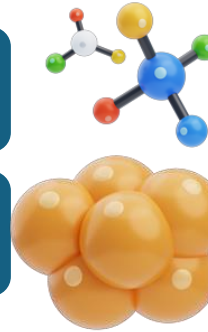
- High sugars/carbs.
- Processed food/toxins.
- Nutrient deficiencies.
- GMO exposure.

Pharmaceuticals

- Antibiotics, steroids, NSAIDs.
- Reflux medications, etc.

Environmental Toxins

- Mercury, lead, antimony, etc.
- Pesticides, BPA, PCBs, TCE, and electropollution.

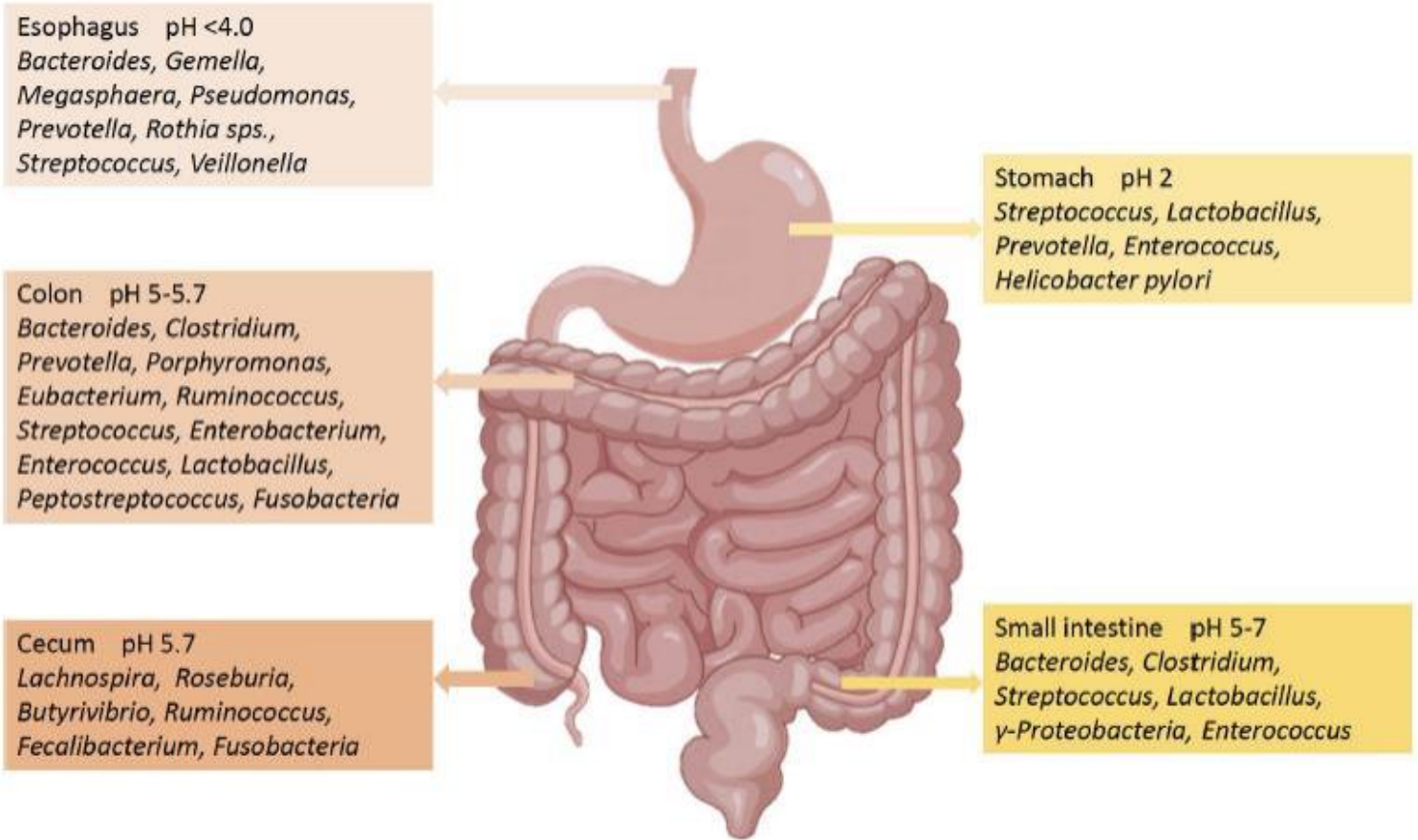


- **Excessive Vaccination**
 - Vaccination of immunocompromised child.
 - Improper administration (timing and other variables).
- **Other Lifestyle Factors**
 - Stress, outdoor exposure.
 - Birthing/infant feeding patterns.



Main microorganisms
and pH indifferent
regions of the
gastrointestinal tract

The Microbiota Gut-Brain (MGB) Axis



Neurodevelopmental Disorders (NDDs)

Neurodevelopmental Disorders (NDDs):

- Intellectual disabilities
- Communication disorders
- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Specific learning disorders
- Motor disorders
- Other NDDs

Genetic & Environmental Influences: NDDs:

- Family-based genetic influences (h^2)
- Shared environmental influences (c^2)
- Non-shared environmental influences (e^2)
- SNP heritability (h^2_{SNP})

Disruptive Impulsive Control & Conduct (DICC) Disorders

Disruptive Impulsive Control & Conduct (DICC)s Disorders:

- Oppositional defiant disorder
- Intermittent explosive disorder
- Conduct disorder
- Antisocial personality disorder
- Pyromania
- Kleptomania
- Other specified DICCs
- Unspecified DICCs

Neurodevelopmental Disorders (NDDs) and Disruptive Impulsive Control & Conduct (DICC) Disorders cont.

Correlations Between NDDs and DICC:

- Family-based genetic correlations (r_A)
- Shared environmental correlations (r_C)
- Non-shared environmental correlations (r_E)
- SNP-based genetic correlations (r_{GSNP})

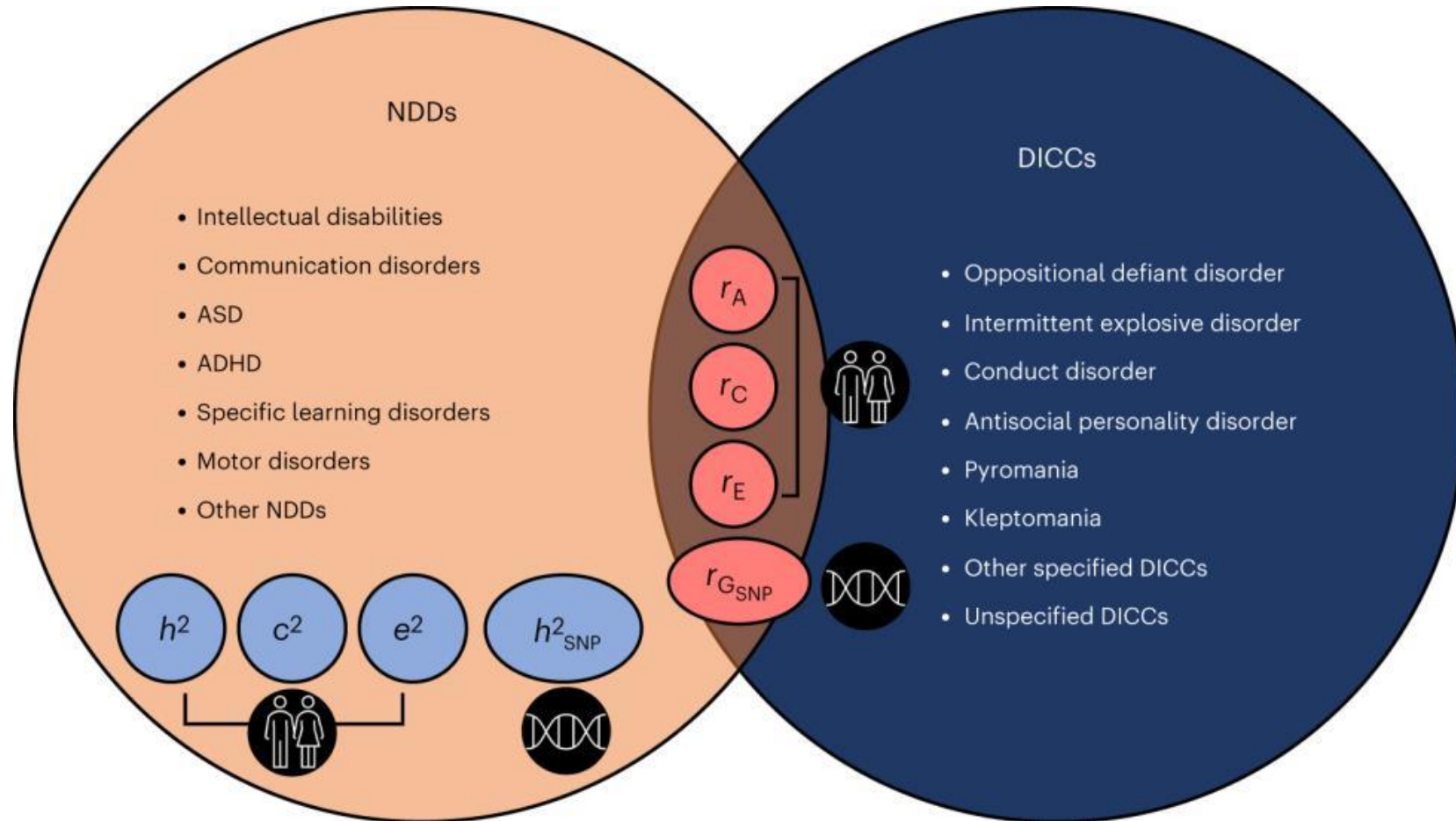
Key Takeaways:

- DSM-5 identifies distinct NDDs and DICCs, yet they may share genetic and environmental factors.
- Genetic and environmental correlations highlight potential overlaps between NDDs and DICCs.

Neurodevelopmental Disorders (NDDs) and Disruptive Impulsive Control & Conduct (DICC) Disorders cont.

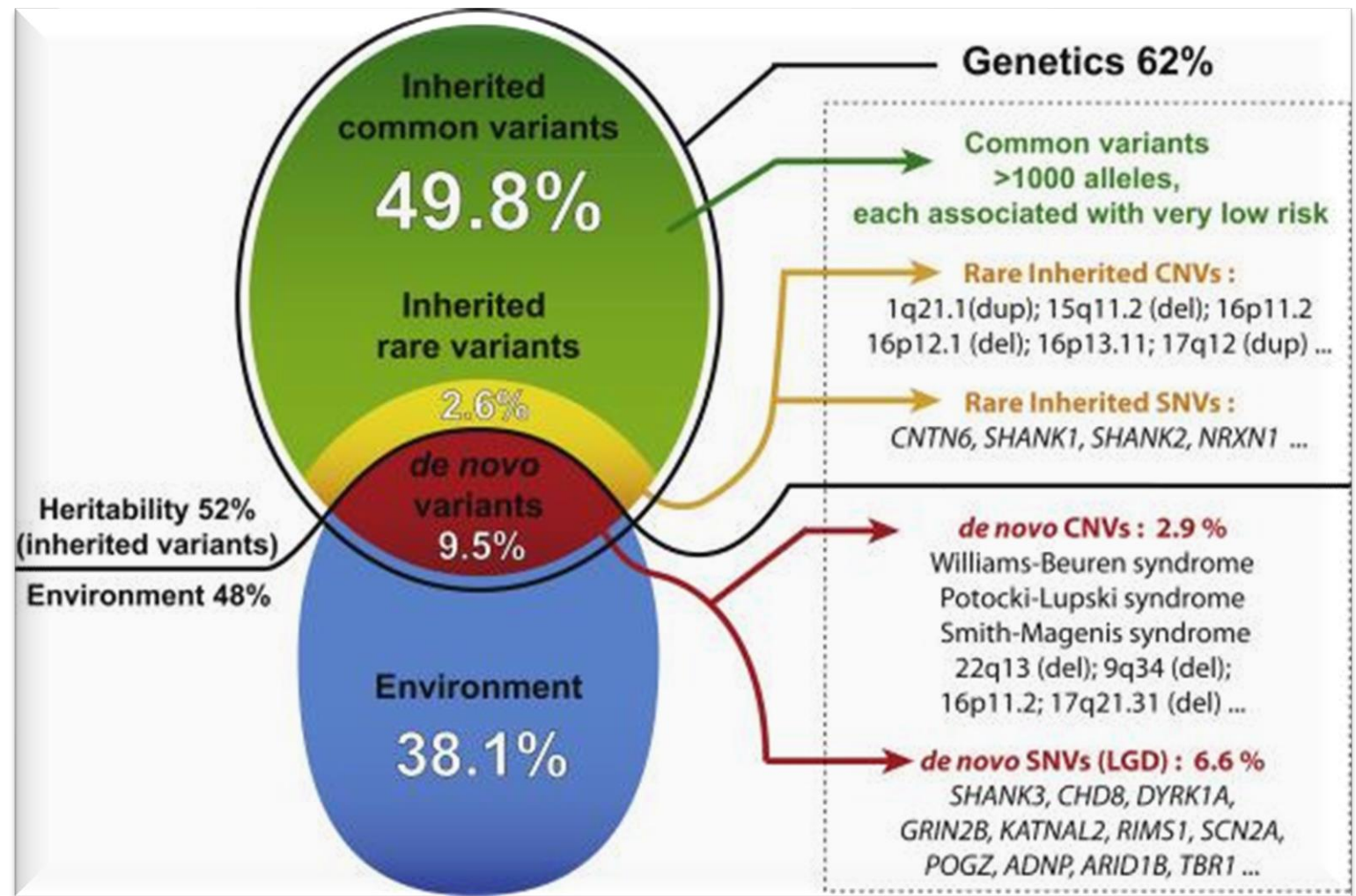
Neurodegenerative Disorders (NDD)

Disruptive Impulsive Control & Conduct (DICC) Disorders

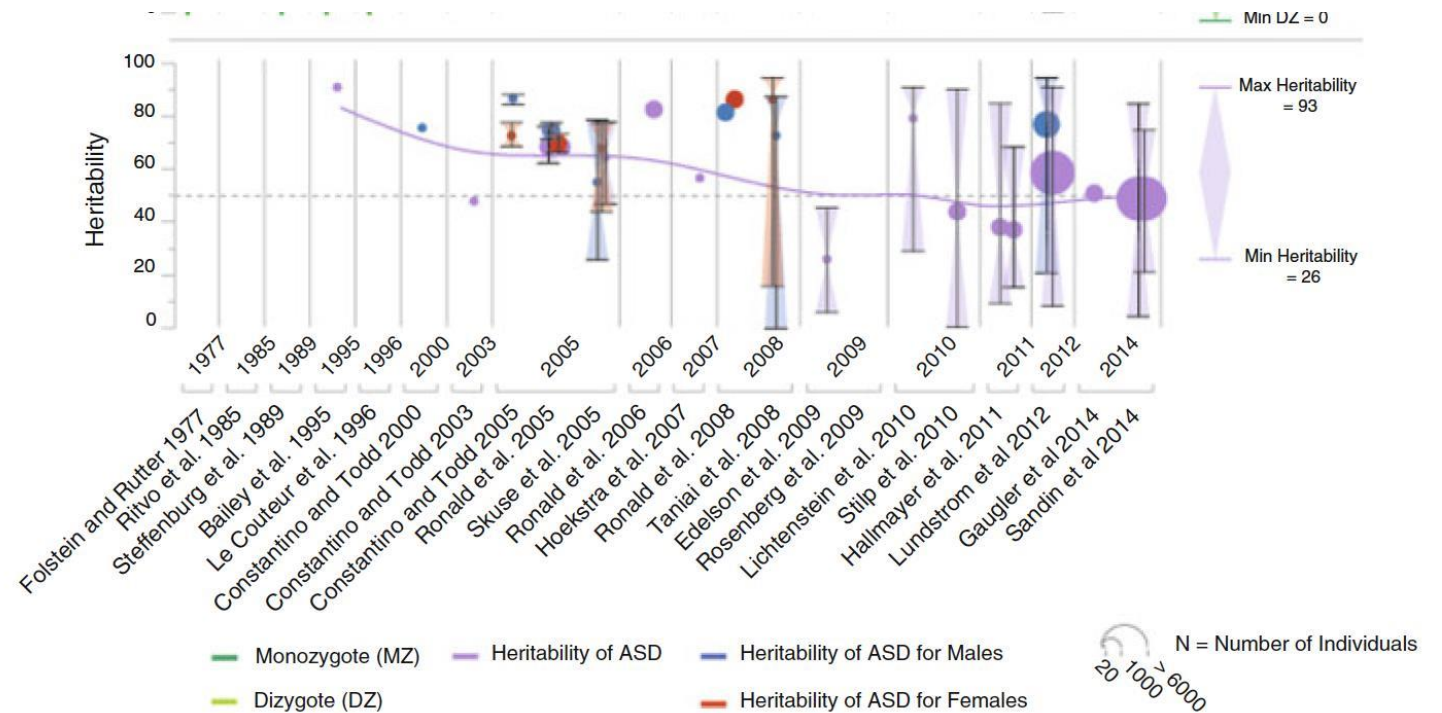


- family-based genetic (h^2), shared environmental (c^2) and non-shared environmental (e^2) influences as well as SNP heritability (h^2_{SNP}) for all NDDs identified by the DSM-5.
- family-based genetic (r_A), shared environmental (r_C) and non-shared environmental (r_E) correlations and SNP-based genetic correlations between different NDDs and DICC.

Hereditary
Contribution
to ASD: ~
50% - 1



Hereditary
Contribution
to ASD: ~
50%



The History of ASD Research 1

- **Early Definitions and Descriptions (1940s)**

1943: Leo Kanner described "early infantile autism."

1944: Hans Asperger identified "autistic psychopathy" in socially isolated children.

- **Advances in Diagnosis and Treatment (1960s-1980s)**

1964: Rimland investigated objective diagnosis of autism.

1972: Kolvin and Rutter initiated clinical phenomenological autism research.

1973: Bartak and Rutter began behavioral intervention studies.

1977: Rutter and Folstein's twin studies demonstrated strong heritability of autism.

1980: DSM-III introduced PDD (Pervasive Developmental Disorders) concept and categorized autism as a mental disorder.

The History of ASD Research 2

- **Mechanism Research (1980s-1990s)**

1985: Baron-Cohen et al. proposed the cognitive deficit theory in autism.

1986: Cantor et al. used computerized EEG analysis on autistic children.

1994: DSM-IV formally introduced Asperger syndrome.

- **Genetic and Model Research (2000s-2020s)**

2007: Research focused on infant siblings of individuals with autism.

2012: D'Angelo et al. reported heterogeneity in ASD genetics.

2013: DSM-5 classified ASD as a spectrum disorder.

2015: Largest Whole Genome Sequencing (WGS) study of ASD conducted.

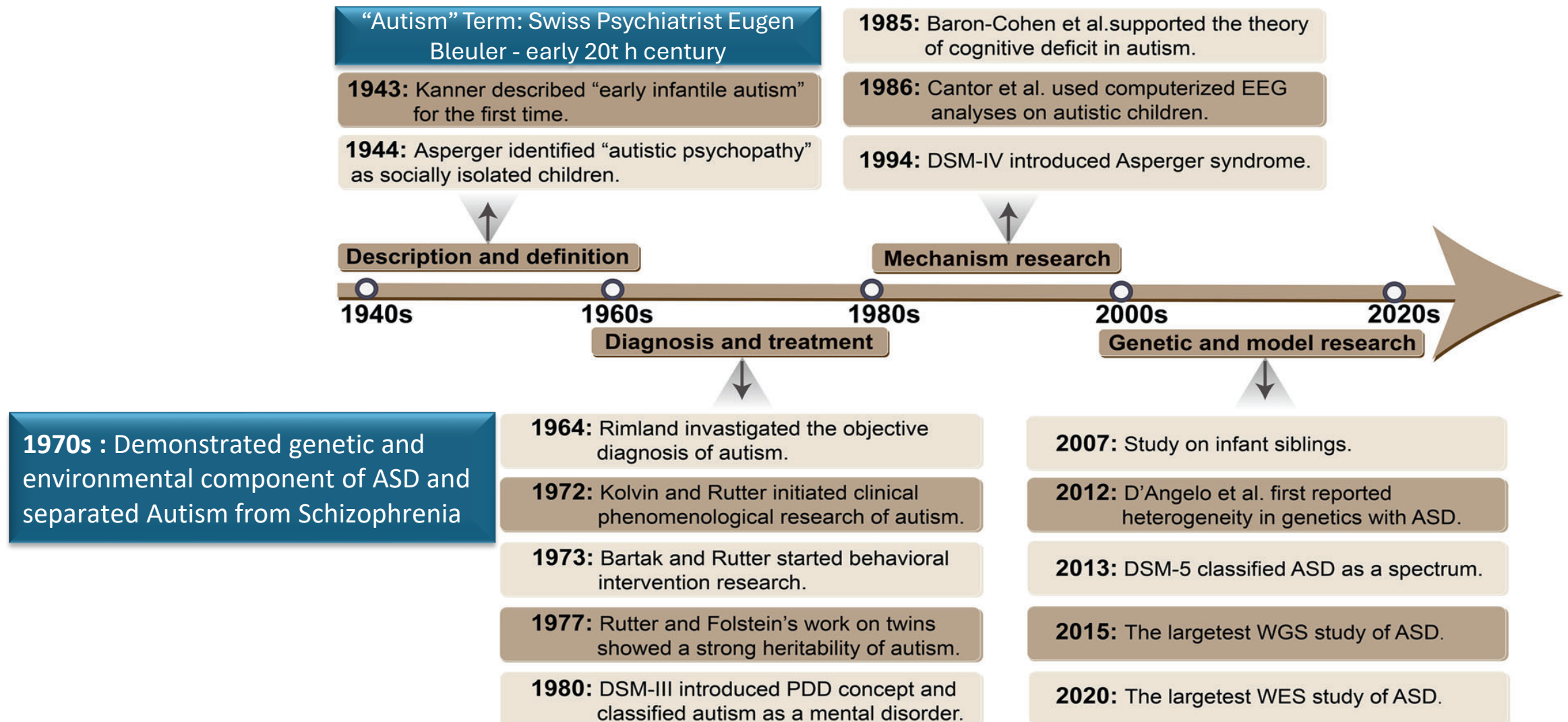
2020: Largest Whole Exome Sequencing (WES) study of ASD conducted.

- **Key Notes**

1970s: Established genetic and environmental components of ASD and distinguished it from schizophrenia.

Shift from description and definition to diagnosis, treatment, mechanism research, and genetic studies over decades.

History of Autism Spectrum Disorders (ASD) Research



Social Behavior in RASopathies and Idiopathic Autism

- RASopathies are genetic syndromes that result from pathogenic variants in the RAS-MAPK cellular signaling pathway.
- The Ras/Raf/MAPK pathway is probably the best characterized signal transduction pathway in cell biology. The function of this pathway is to transduce signals from the extracellular milieu to the cell nucleus where specific genes are activated for cell growth, division and differentiation.
- Despite a heightened risk for social challenges and autism spectrum disorder (ASD), few studies have compared different aspects of social behavior across these conditions.
- It is also unknown whether the underlying neuropsychological characteristics that contribute to social competence and socially empathetic (“prosocial”) behaviors differ in children with RASopathies as compared to children with nonsyndromic (i.e., idiopathic) ASD.

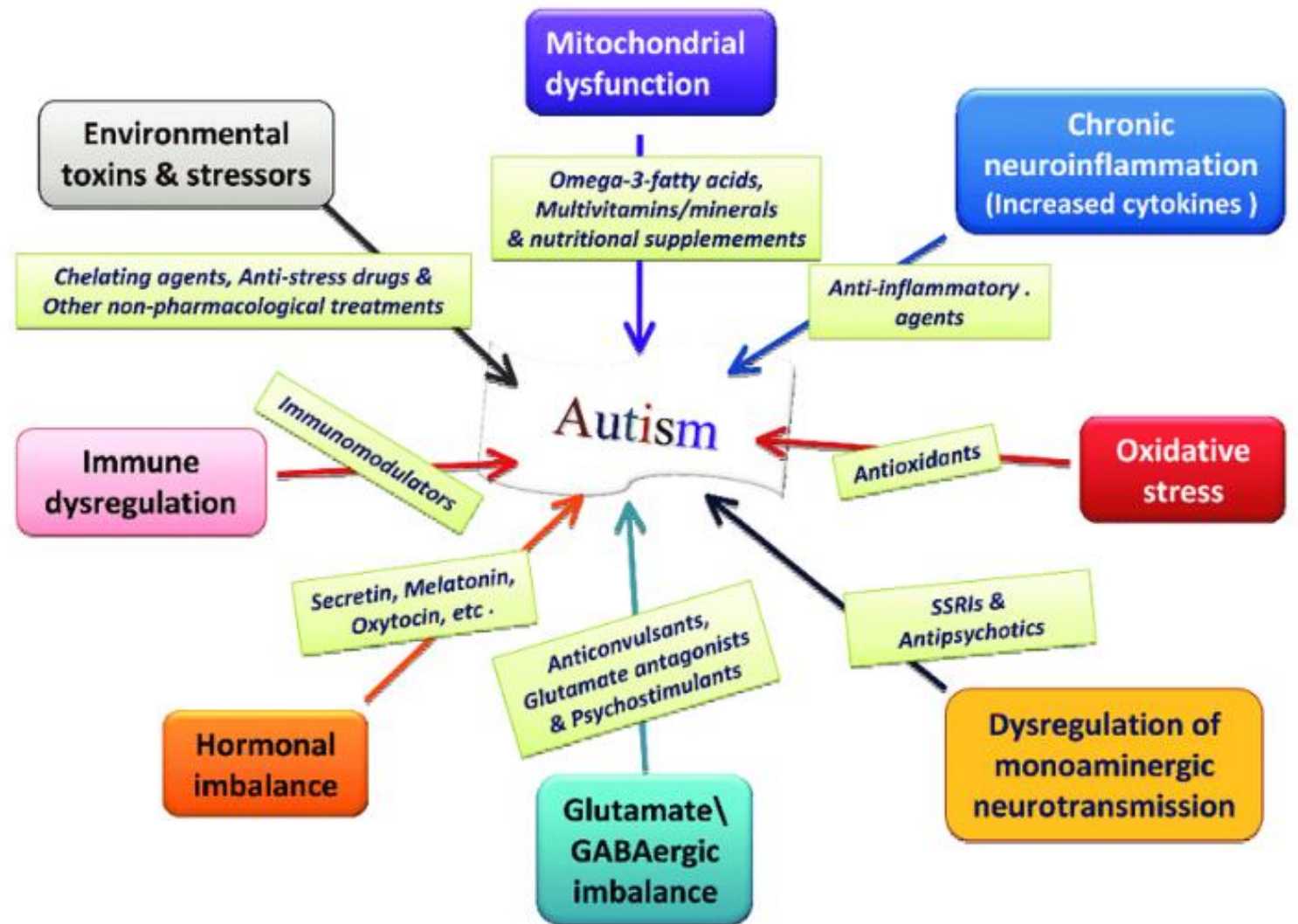


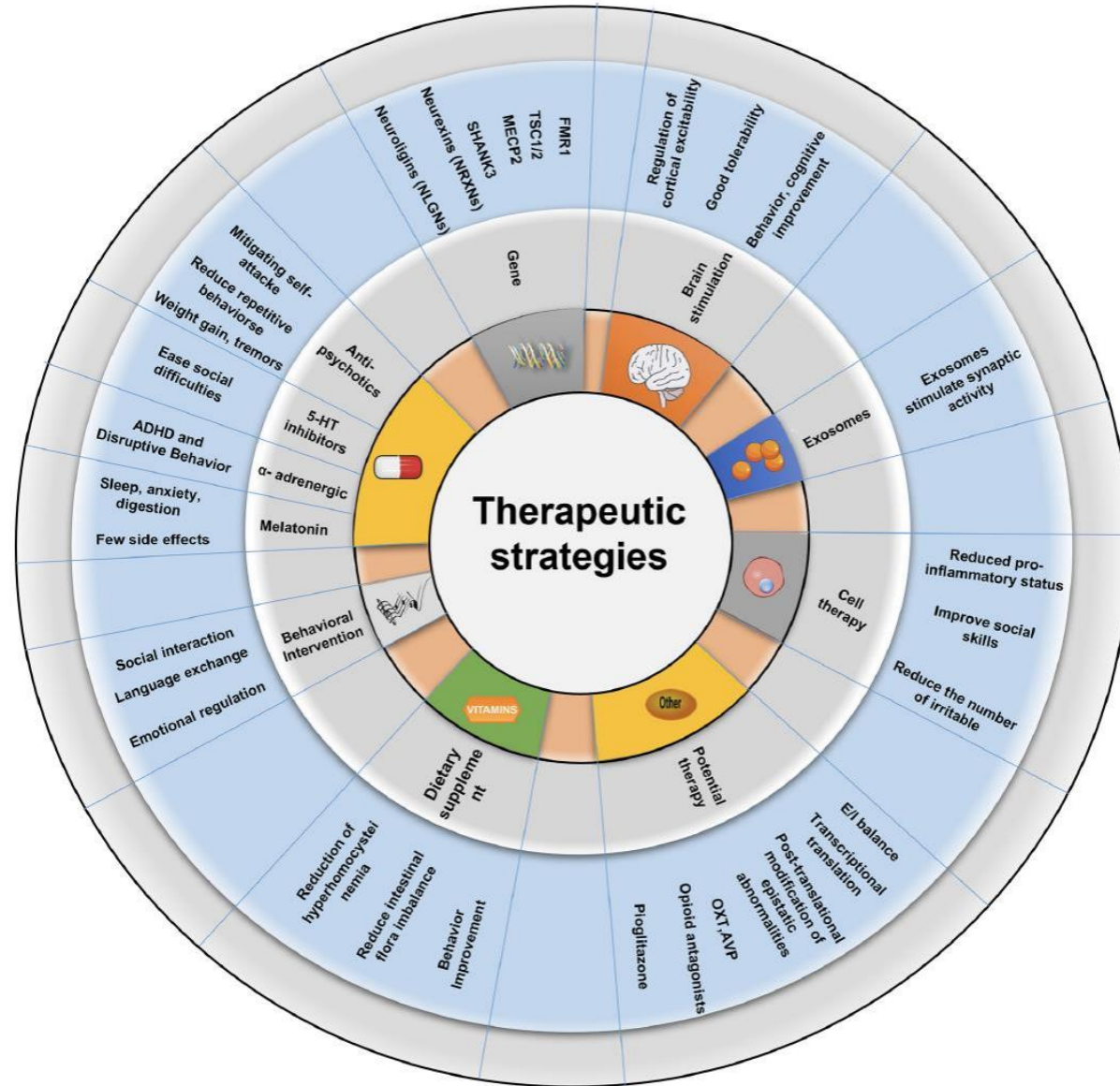
Potential Drugs in ASD Clinical Trials

Table 4. Potential drugs in clinical trials

Drug candidates	Pharmacological target	Improvement of symptoms	Registration number	Phase	Status	Ref.
Lurasidone	D2 and 5-HT-2A receptor antagonist	Irritability	NCT01911442	Phase 3	Completed	—
Atomoxetine	selective adrenergic uptake inhibitor	ADHD symptoms	NCT00498173	Phase 3	Completed	—
Paliperidone	D2 partial agonist and 5-HT-2A receptor antagonist	Aggression, self-injury, irritability	NCT00549562	Phase 3	Completed	—
Melatonin	MT1R agonist	Sleep disorders	NCT01906866	Phase 3	Completed	645,646
Oxytocin	Biological peptides	Social difficulties	NCT01944046	Phase 2	Completed	647
Guanfacine	Selective α 2A adrenergic receptor agonist	PDD	NCT01238575	Phase 4	Completed	—
Acamprosate	GABA agonist and partial glutamate antagonist	Social skills deficits	NCT01813318	Phase 1	Completed	—
Memantine	Non-competitive NMDAR antagonist	Core symptoms of autism	NCT00872898	Phase 2	Completed	—
Nuedexta	NMDA receptor antagonist	Irritability	NCT01630811	Phase 2	Completed	—
D-cycloserine	Partial agonist of NMDA glutamate receptor	Symptoms of autism	NCT00198120	Phase 3	Completed	648
Arbaclofen	Selective GABA-B agonist	Social withdrawal	NCT01288716	Phase 2	Completed	—
Bumetanide	Selective NKCC1 antagonist	ASD	NCT03156153	Phase 2	Completed	—
Donepezil	Cholinesterase inhibitor	Communication skills, social interaction	NCT01887132	Phase 2	Completed	—
Mecamylamine	Nicotinic acetylcholine receptor	Core symptoms of autism	NCT00773812	Phase 1	Completed	—
Olanzapine	5-HT ₂ , DA receptor antagonist	Disruptive behaviours	NCT00057408	Phase 2	Completed	—
Galantamine	Acetylcholinesterase inhibitor	ASD related	NCT00252603	Phase 3	Completed	—
N-Acetylcysteine	Glutamatergic modulator	Behavioural disturbance	NCT00627705	Phase 2	Completed	641
Pioglitazone	PPAR- γ agonist	Core symptoms of ASD	NCT01205282	Phase 2	Completed	545
Balovaptan	Vasopressin V1a receptor antagonist	Social behaviours	NCT01418963	Phase 1	Completed	649
		Socialisation and communication difficulties	NCT03504917	Phase 3	Completed	650
Amitriptyline	Inhibition of serotonin and norepinephrine reuptake	Repetitive Behaviours	NCT04725383	Phase 3	Not yet recruiting	—
Mirtazapine	5-HT ₂ and 5-HT ₃ receptors antagonist	Anxiety	NCT01302964	Phase 3	Completed	651
Tasimelteon	Melatonin receptor agonist	Sleep disturbances	NCT05361707	Phase 3	Recruiting	—
IGF-1	IGF-1R receptor agonist	Social withdrawal	NCT01970345	Phase 2	Recruiting	—
JNJ-42165279	Fatty acid amide hydrolase	Symptoms of autism	NCT03664232	Phase 2	Recruiting	—

Pharmacological therapies for the management of autism spectrum disorders





Non-evidence- based treatments / Poor Evidence – NOT Recommended

- Stem Cell Therapy
- Hyperbaric Oxygen Therapies
- Detoxicating Clay Baths
- Essential Oils, Snake Oils
- MeRT and Transcranial Magnetic Stimulation (TMS)
- Dietary Plans e.g. Gluten-Free Casein Free
- Lupron Therapy – Testosterone Therapy
- Chelating Therapies
- Secretin Injection
- Major Vitamin Supplements
- Marijuana Therapy
- Bleach Therapy
- Dolphin-Assisted Therapy
- Holding Therapy
- Prism Glasses

The Wilbarger Protocol (Brushing) for Sensory Integration

- The Wilbarger Protocol, also known as brushing therapy, is a sensory integration therapy technique that uses a surgical brush to apply deep pressure to the body. It can help people who are hypersensitive to touch, have difficulty transitioning between activities, or are lethargic.

Wilbarger Protocol

How it works

A soft, plastic brush is used to apply firm pressure to the body, starting at the arms and working down to the feet

Benefits

May improve attention span, coordination, and self-regulation

Who can use it

Can be used as early as 2 months of age and into adulthood

How to use it

Brush for 2-3 minutes once every 2 hours while the person is awake

What to avoid

Avoid brushing the face, chest, stomach, or directly on the spine

Empowering Parents of Children with Autism 1

- In my experience, parents of children with autism who accept their child's differences have a much easier time of it. This acceptance allows them to enjoy their child's uniqueness and share in the happiness that their child brings.
- Don't think that there's a different, better child 'hiding' behind the autism. This is your child. Love the child in front of you. Encourage his strengths, celebrate his quirks, and improve his weaknesses, as you would with any child.
- Everyone has a mountain to climb, and autism is not a mountain; it is an opportunity for victory.

Empowering Parents of Children with Autism 2

- The most interesting people you'll find are ones that don't fit into your average cardboard box. They'll make what they need; they'll make their own boxes.
- Autism is not a disability; it's a different ability.
- Autism can't define me. I define autism.
- Why fit in when you were born to stand out?
- I might hit developmental and societal milestones in a different order than my peers, but I am able to accomplish these small victories on my own time/
- If they can't learn the way we teach, we teach the way they learn.
- It takes a village to raise a child. It takes a child with autism to raise the consciousness of the village.

Empowering Parents of Children with Autism 3



CELEBRATE STRENGTHS

Focus on what your child excels at.



CREATE ROUTINES:

Predictability helps children with autism feel secure.



ENCOURAGE COMMUNICATION:

Use visual supports or other tools to help your child express themselves.



BE PATIENT:

Growth takes time, but progress happens with consistent effort.



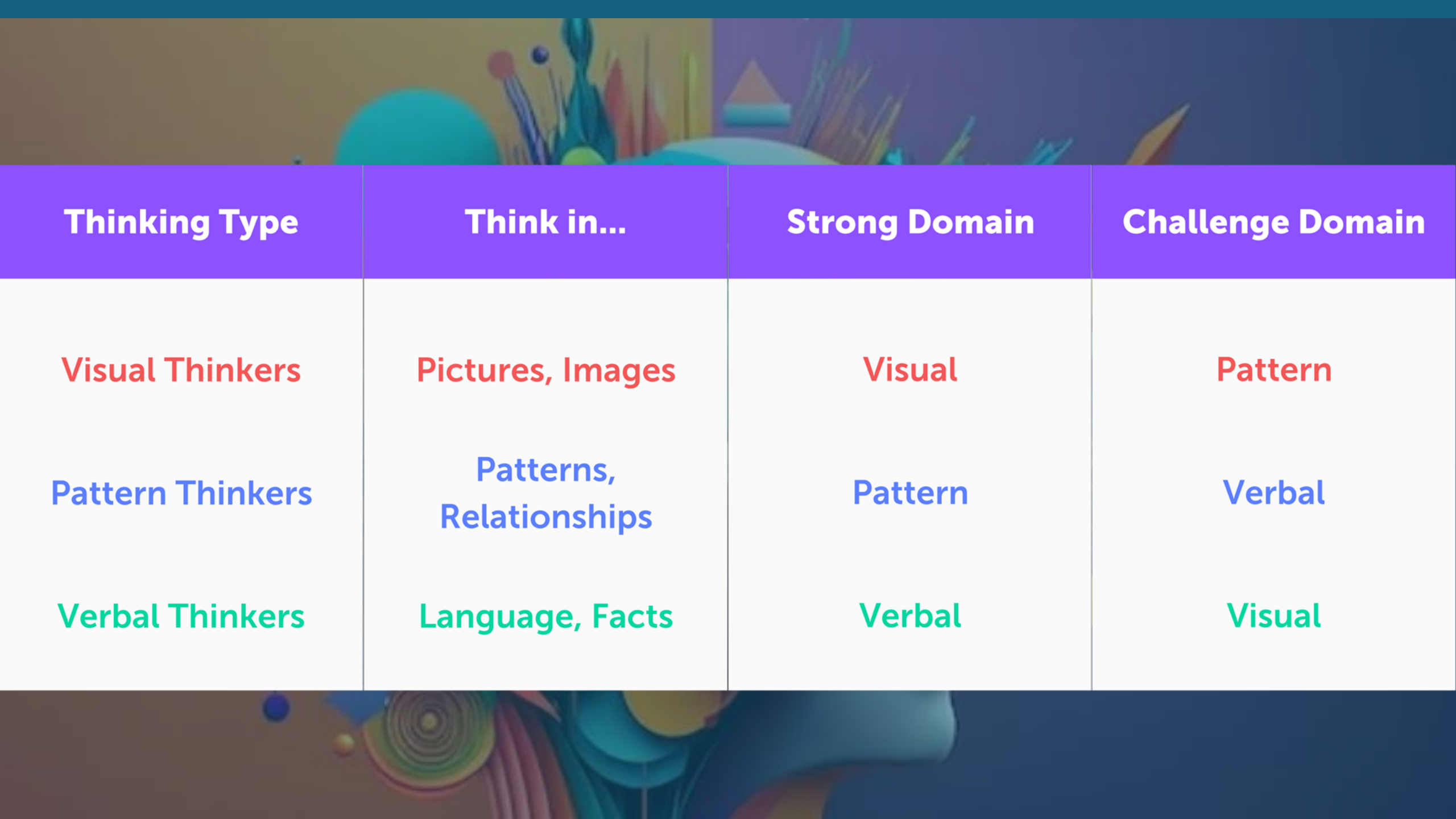
Autism is not a limitation; it's a different way of seeing the world.

Early intervention and parental involvement are transformative.

Empowering Parents of Children with Autism - 4 Feiler's book, Life Is in the Transitions

1. **Accept the Reality:** Acknowledge that a disruptive event has occurred and that it will require changes in your life.
2. **Take Stock of Resources:** Assess your emotional, financial, and social resources to help you face the challenges ahead.
3. **Recognize Your Narrative:** Understand how you currently frame your life story and how the lifequake might reshape it.
4. **Identify Your Values:** Clarify what truly matters to you, as this will guide your decisions and responses.
5. **Embrace Small Steps:** Break down the transition into manageable tasks and take incremental actions toward stability.
6. **Reimagine Your Life:** Use the disruption as a chance to rethink your goals, relationships, and priorities.
7. **Lean on Support Networks:** Connect with friends, family, or community groups that can offer emotional or practical help.
8. **Practice Self-Compassion:** Be kind to yourself during this time of change and allow yourself to grieve or process feelings.
9. **Rewrite Your Story:** Start to integrate the lifequake into your broader life narrative, focusing on resilience and growth.





Thinking Type	Think in...	Strong Domain	Challenge Domain
Visual Thinkers	Pictures, Images	Visual	Pattern
Pattern Thinkers	Patterns, Relationships	Pattern	Verbal
Verbal Thinkers	Language, Facts	Verbal	Visual

1. Our topic for today
is photosynthesis....Petros
What is photosynthesis?

2. photosynthesis is
our topic for today



Innovation in Autism

- Forbrain® is a revolutionary brain training device that empowers everyone to harness their voice to boost their brain.
- MeRT stands for Magnetic e-Resonance Therapy. MeRT therapy is a new treatment that combines technologies of repetitive transcranial magnetic stimulation (rTMS, an FDA cleared therapy), Quantitative Electroencephalogram (qEEG), and Electrocardiogram (ECG/EKG) to deliver treatments tailored for each individual's unique brain pattern.



Jude Kofie



Stephen Wiltshire

- A British artist with autism. He was flown around New York City in a helicopter, and then proceeded to draw the entire city, by memory, on an 19 ft long canvas.



Neurotribes: The Legacy of Autism and the Future of Neurodiversity, by Steve Silberman

Is this Autism? A Guide for Clinicians and Everyone Else, by Donna Henderson and Sarah Wayland with Jamell White

Beyond Behaviors: Using Brain Science and Compassion to Understand and Solve Children's Behavioral Challenges, by Mona Delahooke, PhD

Welcome to the Autistic Community, by Autistic Self Advocacy Network

Helpful Books