



A WRINKLE IN THE FOLD

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Inclusion of people with autism spectrum disorders in faith communities

ABSTRACT

Participation in worship and faith communities has long been shown to benefit church members and lead to a higher quality of life. However, many families of children with autism spectrum disorder (ASD) do not feel supported by their local faith communities, and the nature of ASD contributes substantially to the lack of support. However, solutions to a more inclusive church and congregation for those with ASD are simple and attainable.

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Since the first case reports of autism were described in the 1940's, autism has changed from being a rare, severe, lifelong disability to a common developmental disorder with variable degrees of severity (Leidel, 2008). Once considered to be a rare condition, autism is now recognized as a collection of disorders, which are broadening in scope and increasing in incidence regardless of the way it is defined. Hence, the current vernacular "autism spectrum disorder" is used to encompass a broad and deep definition of a developmental disability of unknown cause.

Autism is the fastest growing disability in the United States, but now around the world as well. One study, sponsored by the CDC, by the Autism and Developmental Disabilities Monitoring Network (ADDM), found that approximately 1 in 110 children, including 1 in 70 boys, met the criteria for autism spectrum disorders (ASD) in 2006, which represents a 57% increase from identical data collected by the ADDM network in 2002. (*MMWR Surveillance Summary*, 2009). Therefore, it is estimated that 1.5 million Americans may be affected with autism. Government statistics suggest the rate of autism is rising 10-17 percent annually. Unfortunately, the numbers appear to be continuing their upward climb. In fact, autism is the most prevalent developmental disorder to date; according to the Centers for Disease Control, of the approximately 4 million babies born every year, 24,000 of them will eventually be identified as having autism (*MMWR Surveillance Summary*, 2009).

Autism is a subject about which there are more questions than answers. At present, researchers are studying genetic, environmental, neurobiological, immunological, and a host of other avenues of causation, with no clear cut etiological answers. Equally puzzling are the myriad of ways autism will manifest itself in the individual; hence, the birth of the term "autism spectrum disorder." Indeed, the DSM 5 of the American Psychiatric Association employs the

term “autism spectrum disorder” as the new nomenclature. According to the DSM 5, autism spectrum disorder is characterized by behavioral irregularities (spinning, rocking, self-stimulatory behavior, insistence on sameness) and social-communication irregularities (echolalia, not understanding gestures, language delay, syntax errors, lack of eye contact, social difficulties) (American Psychiatric Association, 2013). Included in the DSM 5 is a separate disorder, sensory integration disorder, characterized by hypo-arousal or hyper-arousal of sensory stimulation. Those with this condition do not perceive or make sense of sensory information (light, touch, sound, textures, smells etc.) in the same way neuro-typical people do.

Because of the separation of church and state in the United States, unlike governmental agencies, religious institutions are not legally bound by the civil rights legislation pertaining to persons with disabilities. The Rehabilitation Act of 1973, specifically section 504, made it illegal for institutions, businesses, and schools that receive federal funding to discriminate against persons with disabilities, thus allowing for academic accommodations for students in education (Rehabilitation Act of 1973, §794(a)). The Americans with Disabilities Act of 1990 was passed to further outline non-discrimination on the basis of disability in employment, communications, and transportation. The primary goal of the ADA was to extend the protection of Section 504 of the Rehabilitation Act to a much broader segment of society; to include all forms of disability, and to provide protection from discrimination for this group. It has applied to private employers, state and local government agencies, and private providers of public accommodations that receive federal funding (Americans with Disabilities Act of 1991, Rothstein, 2004). Religious communities have often lagged behind in their intent and ability to include people with disabilities (Landes, 2001). Because they do not receive federal funding, most faith communities are legally exempt from adherence to this legislation, but many, if not

most, have policies and programs for disabled individuals, and include them as a matter of practicality, if not faith.

Faith communities vary in their understanding of ASD and intellectual disabilities, and in their willingness to include such individuals who are increasingly representing a larger and larger segment of society. Accommodations which once meant widening doorways and providing handicapped accessible bathrooms, have become more complex if one considers the needs of people with ASD, and churches, like other institutions, are attempting to meet those needs. This paper will analyze three important questions. First, what are the benefits of inclusion for people with ASD for the individual, family, and congregation as a whole? Secondly, what are the most common barriers to inclusion in worship services and other church activities for those with ASD? Lastly, what are some inclusion strategies, model programs, and resources for churches looking to be more inclusive to the autism community? Taking into consideration the prevalence of autism, the pervasive nature of the condition, and the effects of such a disability on individuals and families, it is incumbent upon faith communities to not only reduce the barriers for participation in their churches, but to give opportunities for individuals with autism to contribute to ministry too.

Although this paper will primarily pertain to Judeo-Christian churches, program models from differing faith communities will be considered with some practical ideas. Additionally, this paper will examine autism spectrum disorders across the whole life span although most of the relevant literature pertained to children.

Benefits

Interestingly, not one study was found where the sample subjects were individuals with autism themselves. Rather, the parents and caregivers, or in one case, entire churches comprised

the sample. Whether this may be due to practical reasons (non-verbal or those with communication differences are significantly more difficult research participants) research design issues, or due to an inherent bias towards more abled individuals would be difficult to say. It is plausible that even researchers underestimate the ability of persons with ASD to meaningfully participate in research, and that funding for research inquiry into faith is less available. There is no research on the benefits of a faith community on people with autism themselves, although churches can provide an opportunity to experience valued social roles (usher, choir member, committee member) and reflects what Wolfensberg refers to as “social role valorization” (Wolfensberg, 1998). Nevertheless, future research should include members of the autism community in their studies.

As noted above, since there is no research on how participation in faith communities may benefit the individual with autism, the literature review had to be expanded to individuals with disabilities in general. There are some benefits worth noting for this population that one may surmise could generalize to a population of ASD. Hypothetically, self-concept can be increased for an individual with disabilities. In her work on women with disabilities, for example, Nosek (2001) found that negative messages came not only from medical professional, teachers, families and friends, but that many “found solace in prayer and involvement in religious activities” (p. 9). Spirituality and religion can provide a means for conceptualization of oneself beyond the traditional medical construct (e.g., a person with a disability) and according to a broader, holistic view (Vogel, Polloway & Smith, 2006). Autism itself is difficult to contain in a medical construct of disability, so a more holistic, positive self-concept is perhaps a more easily attainable benefit for those with ASD.

Perhaps the best possible benefit of church membership for people with autism comes from the friendship and a sense of belonging they might enjoy. Because social and communication deficits are part and parcel of autism, many suffer with isolation and loneliness. In the past, it was thought that those with ASD did not want friends. But this myth has been dispelled. Researchers have found that inclusion in worship services for adults with developmental disabilities allowed them a level of acceptance and friendship which had a positive impact on them (Gleeson, 2002). Another researcher postulated that friendships within the faith community can serve as a sanctuary and corrective environment away from the competitive aspects of society (Swinton, 2001). Thus, faith communities offer not only friendship, but even a way for social skills correction, a vital need for those who need more practice with social skills.

Religion is a significant facet of American culture, and can benefit families with special needs children or adults. Previous studies have found that religiosity can buffer effects of stressors on the well-being for family members and those with autism or other disabilities (Friedrich, Cohen & Wiltner, 1988). In a study focusing on resiliency in families with a child with autism, families with high levels of social support in the communities in which they lived alleviated the difficulties of having a chronic stressor, such as having an autistic child in the home, with more successful adaptation (Greef and van der Walt, 2010). Adaptation, resiliency, and lowering of stressors can be attained through the social support often found in faith communities.

In a qualitative study of parent perception of participation and supports for people with disabilities, parents reported their sons or daughters participated in regular activities with same age peers with or without support (72%), but of the 6.2% of individuals segregated into activities

designed for individuals with disabilities, most of them comprised people with ASD (43.8%) (Ault, Collins and Carter, 2013). Depending on how autism manifests itself in each individual, different levels of support may be needed. Like educational institutions, this study found that inclusion was more successful with younger children, but as they reached adolescence, including those teens with their peers in various community activities, was much harder. Most parents wanted their sons or daughters with developmental disabilities to participate and find acceptance within their faith communities with same age peers without disabilities (Ault et al., 2013). Unfortunately, of the parents surveyed about 1/5 (21%) of their sons and daughters were not participating in any activities in church (Ault et al., 2013).

Another qualitative inquiry of parents of children with disabilities identified three components that contributed positively to a quality of life for the family: having faith, prayer, and attributing meaning to disability (Poston and Turnbull, 2004). For some of these parents, having a child with a disability was viewed as a blessing particularly when their child was accepted into all facets of the religious community (Poston and Turnbull, 2004). Hope and strength gained from spirituality provided a resource that enabled some families to face the challenges they encounter in everyday life.

In other studies of churches as a source of support, the majority of parents with children with special needs did not feel supported by their faith communities (Speraw, 2006) and parents reported significantly more support from their own personal beliefs rather than organized religion, which was rarely seen as a resource (Coulthard and Fitzgerald, 1999). Not surprisingly, families of children with autism are far less likely to attend religious services than the families of children who either are typically developing or those with attention deficit hyperactivity disorder

(Lee, Harrington, Louie & Newschaffer, 2008). For some families, living with the day to day stressors leaves little room left over to try to manage their child in a worship setting.

In a study of religious coping for parents of children with autism, a regression analysis revealed that positive religious coping was associated with better religious outcome (e.g. changes in closeness with God/church or spiritual growth), while negative religious coping was associated with greater depressive affect and lower religious outcome (Tarkeshwar and Pargament, 2001). From these results, the researchers hypothesized that the significant depression and anxiety found in parents of children with autism “mobilized their positive religious coping methods” (p. 255) (Tarkeshwar and Pargament, 2001). One might wonder, however, about the families that were not inclined towards positive religious coping methods, who also have significant depression and anxiety. Perhaps some have negative religious coping and blame God for their child’s disability.

The qualitative results from this study suggested that the informal support garnered at church helps parents of children with autism as well as adults cope with the stressors of the disorder. Church rituals were reported to be a calming experience for their children with autism who tend to prefer repetitive auditory and visual stimulation (Tarkeshwar and Pargament, 2001). The authors speculated that parents who shared similar religious beliefs viewed religious support as a source in coping with the various demands of raising an autistic child, and their shared faith decreased marital distress (Tarkeshwar and Pargament, 2001). It is clear that churches can be a source of support and comfort for families, can help people make sense of autism through spiritual connectedness, and can provide the individual with autism with valued social roles, increased self -concept, practice in social skills, and important friendships and acceptance.

Ironically, it is the characteristics of autism spectrum disorders that make inclusion problematic. Recent neurological research into autism points to a functional under connectivity in the neural pathways of their brains, which means sensory information and cognitive functions are operating in isolation, rather than a more integrated way. This supports the related hypothesis that there is over activity in the synapse; the point where neurons meet. Functional Magnetic Resonance Imaging (fMRI) shows there is an imbalance of local versus long distance connections of the brain centers which are skewed in autism in favor of the local connections (Klin, Jones, Schultz, Volkmar & Cohen, 2002b). This theory of functional under connectivity is emerging as a viable neurological explanation of the behaviors, such as insistence on sameness, inflexibility, and perseverative behaviors often seen in people with autism. Frequently, odd behaviors, rocking, humming, being disruptive, shouting out at inappropriate times, or insisting on routines at church can be embarrassing for families. Loud music, incense, long sermons and crowded church pews make it challenging for the person with autism to participate in worship.

In the face of a hidden disability like autism, reactions of others in worship service, unkind comments, and embarrassment can make inclusion in services more difficult, yet all the more important. Other members may assume it is poor parenting causing the disruptive or odd behavior. In a study of 416 parents of children with disabilities, of which autism was one, a full third of the parents surveyed had changed their places of worship due to a lack of inclusive welcome, and 46% refrained from participating in an activity because their child was not included or welcomed (Ault, Collins, and Carter, 2013). This research further found that parents of children with intellectual disabilities were much more likely to say their place of worship was supportive than the parents of children who have autism (Ault, Collins and Carter, 2013). In the

face of misunderstanding about autism spectrum disorders, families can respond by withdrawing from previous social support and activities, but such isolation decreases their quality of life.

What does this mean for faith communities, specifically churches, mosques, synagogues? As noted above, the report card on faith communities is mixed. Very few studies have been done on what types of support churches provide for special needs families, but some indicate churches have a lack of awareness of the issues surrounding special needs families. No studies have been done on how ASD in particular challenges faith communities nor how churches can embrace and support these families (Webb, 2012, Griffin, et al., 2012).

Faith communities can also benefit from including those with autism. A diagnosis of autism brings certain strengths to bear as well. Many people with autism have an attention to detail that is not found in neuro-typical people that faith communities might capitalize upon. Children and adults with autism can make significant contributions to many ministries by volunteering their time, singing, playing in the band or orchestra, as well as more mundane contributions like collecting offerings, assisting with bulletins or office work. By the same token, including children and adults with autism opens an avenue for ministry for others in the church who might serve as mentors, personal aids, or hands-on helpers in Sunday school classes.

Many Judeo-Christian churches would argue that acceptance and inclusion are logical extensions of their teachings. From the New Testament, for example, Jesus sought out disabled individuals and ministered to them, often healing them as well. Some families “spoke about how they used their faith as a way to make some sense of having a child with a disability”, and some saw the disability as “a gift from God” (Poston & Turnbull, 2004).

However, a recent national survey by the Kessler Foundation and the National Organization on Disability (2010) found that 57% of typical Americans attend a church,

synagogue, or other place of worship, compared to 50% of individuals with disabilities. The participation gap was even wider for persons with more severe disabilities, even up to 14% (Griffin, Kane, Taylor, Francis, and Hodapp, 2012). In a prior survey conducted by the National Organization on Disability (2000), faith was considered important by 84% and 87% respectively for persons with and without disabilities, so the participation gap is not based on differences in perceived importance of religion. Thus, like typical people, those with autism do want to participate in their local churches.

Barriers

Now that a clearer picture of the benefits of inclusion have been highlighted, it is important to examine the barriers for children and adults with autism spectrum disorder to fully integrate into a faith community. This means not only participating in worship services, but becoming actively involved in a ministry (within the church) or a mission (outside the church) as well. Inclusion of people with disabilities is becoming “more widespread as society expectations for inclusion continue to rise” (McLeskey et al. 2012 as cited in Ault, Collins and Carter, 2013b). Researchers note, however, that when it comes to inclusion of persons with autism spectrum disorder, the burden is greater because “chronic support” is needed, rather than situational (Ault, Collins and Carter, 2013b).

As mentioned previously, it is the nature of autism spectrum disorders itself, including sensory issues and behavioral abnormalities that contribute to the problem. Researchers found, for example, that families of children with intellectual disabilities got more support at church than those with a child with autism (Ault et al., 2013b).

Among the barriers most frequently mentioned in the literature, a lack of a welcoming attitude is paramount. Explicit non-acceptance, inappropriate placements, curricular materials

that were not adapted, and the expectation that parents or siblings were to provide the support for the child all contribute to a negative attitude regarding inclusion (Ault et al., 2013b). Sadly, many parents reported they are just too fatigued to provide support for their son or daughter at church. In one parent survey, 91.5% of parents reported a welcoming attitude towards people with disabilities was the strongest factor of their participation in church, and 40.2% felt their church did support them (Tarakeshwar & Pargament, 2001).

Fear and resistance by church members for inclusion was evident throughout the research. At the extreme, St. Joseph's Catholic parish in Bertha, Minnesota obtained a restraining order against a family with a 13 year old autistic boy, to prevent them from attending mass in 2008. In his petition, Reverend Daniel Waltz wrote that the boy (who is over 6 feet tall and weighs 225 pounds) is "extremely disruptive and dangerous" (Buglione, 2009). In another instance, members of the Faith Temple Church of the Apostolic Faith in Milwaukee, Wisconsin, performed an exorcism on 8 year old Terrance Cottrell, Jr. who had autism which resulted in his death from asphyxiation (Buglione, 2009). While these are extreme examples, it is worth noting that **misperceptions and fear** at times can drive the behaviors of church communities.

Congregants are uncertain and fearful about including people with disabilities in their congregational life, believing that only people with formal training can form a relationship with a person with disabilities (Perkins, 2001/2002). In a comprehensive literature review on the participation of persons with disabilities in religious organizations, clergy either did not know of the existence of persons with disabilities in their congregations or they did not offer opportunities for families to be active participants in the faith community (Riordan and Vasa, 1991). It is not surprising that clergy are uncertain and fearful given that 73% of them reported little or no formal training on disability-related information during their education (Griffin et al., 2012).

In the same vein, many mainline denominations have position papers stating that all people should be welcomed, yet “individual congregations have been scandalously inhospitable to children with disabilities” (p. 5 Webb-Mitchell, 1993 as cited in Vogel, Polloway, & Smith, 2006). In its position paper, the American Association of Mental Retardation goes further, stating “spirituality, spiritual growth and religious expressions of spirituality are **rights** that should be honored (American Association of Mental Retardation, 2001/2002, p.1). It appears that de-facto segregation of children with disabilities is common, despite the position papers and intention of church leaders and organizations.

In a comprehensive literature review on the participation of persons with disabilities in religious organizations, clergy either did not know of the existence of persons with disabilities in their congregations or they did not offer opportunities for families to be active participants in the faith community (Riordan and Vasa, 1991). While some parents reported clergy and church leaders were very supportive, others reported ministers refused to visit a family because a teenager with ASD made him feel uncomfortable, and other leaders did not follow up with information requested by parents, or worse yet, ignored pleas by parents for assistance (Ault et al., 2013b). Sometimes a particular individual is responsible for maintaining programs for people with disabilities, and if they leave the church, often the support diminishes as well.

Families at times do not challenge non-inclusive attitudes in their own faith communities, and this allows seclusion and non-acceptance to rule. Parents need to advocate for their child for inclusion in the church. While about 40% of parents looked to the clergy and church members for support, 30% of those interviewed felt abandoned by their church or were dissatisfied with the clergy (Tarakeshwar & Pargament, 2001). Because parents may be scared or

embarrassed about what others would think of their child's behavior or appearance, some elect to attend services without their child, or decide to stop participating themselves (Vogel et al., 2006).

Liturgical barriers can also be a source of exclusion. Denominational guidelines concerning eligibility for certain religious rituals or observances, particularly in the Catholic faith where "use of reason" is required to participate in Holy Communion, can present a liturgical barrier (Martin, 2002). In one particular case, the "use of reason" was assessed through relatedness, and a child with autism lacked the skills for social interactions, so was assumed to lack adequate understanding of the meaning of communion (Vogel et al., 2006). While it is up to the individual clergy to make the determination regarding such suitability, the requirement may be incompatible with the very theological or faith premise of the particular community of faith (e.g., premise that suggest that God would not require it in such an instance) (Vogel et al., 2006).

Practical considerations, such as lack of transportation on Sundays and few paid human services workers on Sundays and holidays present another important barrier, particularly for adults with autism spectrum disorder.

Disability philosophy, or how churches view disability, comprise another significant barrier to inclusion. In studies on how people with disabilities are treated, *a disabling theology* continues to be upheld by some who "interpret Scripture and spin theologies that reinforce negative stereotypes, support social and environmental segregation, and mask the lived realities of people with disabilities" (Eisland, 2002, p. 2). Old Testament scripture, for example, links physical disability with impurity, and New Testament scripture at times links sin and disability, and proposes "virtuous suffering" in which temporary affliction must be endured to gain heavenly rewards" (Eisland, 2002, p.3). Thus, at times faith communities may take overprotect-

tive and paternalistic stances, either drawing attention to those with disabilities as symbols of inspiration, or alternatively, seeking faith healings for them.

Nowhere is this disabling theology more spotlighted than in a qualitative study of Catholic leaders in Portland, Oregon. Five thematic views regarding disability theology emerged from the study: close to God, conformity, unfortunate innocent children, deficient, and human diversity (Patka, 2014). Of these findings, only the participants within the human diversity theme had completely positive perception of people with disabilities, and espoused value in creating a person-environment fit (Patka, 2014). In keeping with this view, adherents saw the need for large scale accommodations, supported participation in both segregated and mainstreamed settings and viewed disability as a natural human difference, rather than a deficit (Patka, 2014).

The human diversity view of disability is perhaps the best fit for those with autism. As noted above, autism spectrum disorder current neurological findings, which point to neural under connectivity in those affected by autism, lends itself to this view of natural human differences. Most people in the autism community and many advocates **view ASD as a difference**; not a deficit. Rather than focusing on what a person with autism can't do, human diversity would capitalize on the strengths and differences present in a person with ASD. Certain individuals with savant characteristics, for instance, could be utilized by churches for their unique talents. Finally, building on strengths is inherently valued in the social work profession, and the human diversity view most closely aligns with that value.

Solutions

Keeping in mind of all the barriers, one might conclude it is impossible to be effectively inclusive for all people with disabilities, but especially those with autism. Yet, researchers have discovered quite the opposite. The strongest factor concerning inclusive outcomes at churches

(47% of the variance) related to welcoming activities, including helping them to become members, providing accommodations to fully include people with disabilities, supporting their families, and welcoming them (Griffin et al., 2012). Indeed, a welcoming attitude was noted to be the most important attribute (91.5%) of parents of children with disabilities in their congregational participation (Ault, Collins & Carver, 2013a). Allowing people with disabilities to take roles in the church and physical accessibility of various areas of the church were also cited as factors (Griffin et al., 2012).

These factors go hand in hand with predictors of inclusive outcomes, the most important of which was commitment of a community's leaders to include people with disabilities. Prior research on including people with disabilities in faith communities highlighted the need for faith leaders to receive disability-related training, which is woefully absent in most programs (Riordan and Vasa, 1991, Anderson, 2003).

Secondly, more inclusive faith communities used educational resources to address disability related issues, and thus had a close relationship with disability organizations (Griffin et al., 2012). Organizations such as Autism Speaks, Autism Research Institute, the National Autism Society and the local boards of developmental disabilities provide abundant resources and suggestions for church and lay leaders. For example, accessing modified curricular materials, positive behavioral support, and use of visual schedules and communication strategies could be provided for volunteers in church, but they have to seek out those resources. Special education teachers or aids could be utilized for their expertise in faith settings.

It is not surprising, given the analysis of disability theology that faith communities whose religious teachings were positive in the portrayal of people with disabilities were more inclusive (Griffin et al., 2012).

Few results from this study related to a faith community's demographic characteristics, size, location, or number of congregants with disabilities, which is good news for leaders. It is encouraging that the degree of inclusion had more to do with various disability-related characteristics than with the demographics of a particular church (Griffin et al., 2012). What this means, in essence, is that it is easier to incorporate inclusion strategies than one might expect.

Before moving onto some model programs and resources, it is important to note inclusion of people with autism (or other disabilities) is congruent with the social work value of social justice. Social justice, a founding principle of social work, seeks to promote rights to disenfranchised groups, and children and adults with autism have differential power, needs and abilities but cannot always express their wishes. More inclusive faith communities also showed a greater commitment to social justice (Griffin et al., 2012).

For the person with autism an alternative approach may be needed in teaching them about faith. In her work on faith formation, Susan Swanson proposes an experiential process where children with autism experience God rather than knowing about God (Swanson, 2010). Knowing about God implies use of cognitive and metalinguistic processing, a learning process "that is difficult for children with autism, and instead offers knowing the fullness of oneself to know the Divine that resides within us" (Swanson, 2010 p. 253). In other words, for the child with autism, faith can be learned easier by experience, and individualized learning and interpersonal supports are needed to help the child attend to the experience at hand (Swanson, 2010).

From a macro perspective faith communities can overcome the barriers to inclusion through several model programs. For instance, the Mennonite Church uses individual congregants to create a circle of support for individuals with disabilities, each with a different

role. Some may serve as friends, monitor the work of the supportive care network, advocate for community programs, help with money management or be spiritual mentors and in this way individual congregations can extend its work into numerous aspects of a quality of life for those individuals (Vogel et al., 2006).

Another example stems from the Council for Jews with Special Needs, which could be adapted to other faiths. Children with developmental disabilities were seldom included in Bar or Bat Mitzvahs (Hornstein, 2001/2002, p. 1) which requires a wide range of study, prayers, and recitations. She offers creative responses including writing the Hebrew script in phonetic English, use of sign language or augmentative communication device, use of parents supports during prayers, and being allowed to move around during the service which meets the needs of the individual child while still adhering to the ritual (Hornstein, 2001/2002).

As discussed previously, utilizing the expertise of human service professionals, disability organizations, or special education teachers can promote inclusion in faith communities as well. The Inner Health Ministries is another model of integrating faith and treatment for children with autism spectrum disorder. In this model, designed to increase capacity in social skills, communication, self-help and self-control, children are given behavioral treatment depending on their particular needs (Marker, Weeks and Kraegel, 2007). For the most severe behavioral problems (such as aggression, incontinence) a functional analysis is undertaken to understand the antecedents, function and consequences of behavior, while less severe behaviors can be taught using cognitive-behavioral techniques (Marker, Weeks and Kraegel, 2007). Easy adaptations to the standard curriculum, in which religious tenets are presented in a straightforward, concrete factual manner facilitates spiritual health, prayer, and knowledge.

A program called “Pew Partners” in which an individual with a disability is paired with a person without a disability to provide support can be a vital support for parents of children with autism (Ault et al., 2013b). Many parents are expected to provide care during corporate worship, and their attention has to be spent on caring for their child with autism rather than embracing worship. In a similar way, Matthew’s Ministry (United Methodist Church) was designed to provide support and empowerment to people with disabilities and their families to contribute their gifts and talents to the Christian community, and this ministry provides care so that parents can enjoy a night out or with their other children (Poston & Turnbull, 2004).

An important resource available for churches trying to be more inclusive to children with autism is Newman’s Autism and your Church, in which she outlines ten strategies: gathering information, sharing information, monitoring sensory input, thinking alongside the person with autism, making routines comfortable, using advance warning systems, closing the communication gap, using visuals to reinforce what we say, writing stories to help people with autism, and teaching instead of reacting (Newman, 2011). Each of these things are elaborated upon, and have reproducible resources too.

Targeted more to children’s ministries, Helping kids include kids with Disabilities, describes how churches can use peers to help children with a variety of disabilities (Newman, 2011). This helpful resources includes lesson plans for middle and high school students.

As noted throughout this paper, spirituality and religion play important roles in the lives of families of children and adults with disabilities. Religious practices often brings meaning, solace, and strength during difficult times, and can bring friendship, emotional and practical support at all times. Particularly in America where there is freedom of religion, churches and lay leaders should fill the need for these supports so that meaningful participation is available for all

people, regardless of their abilities. Religious institutions have the potential to bring the greatest joy or the most hurtful experiences to families struggling to care for their loved one with autism. In most cases, strategies for inclusion are easily attainable for congregations in that a welcoming attitude goes a long way. Even when particular resources are utilized, most disability organizations are happy to provide information, resources, and tools free of charge, or at a minimal charge. Therefore, it is very important for churches to adopt a policy of inclusion, and to full embrace individuals with autism spectrum disorders or other disabilities. To do less is shortchanging themselves of the inherent strengths of these individuals.

Sources

- Anderson, C. (2003). Infusing the graduate theological curriculum with education about disability: addressing the human experience of disability in the theological context. *Theological Education*, 93, 1-24.
- American Association on Mental Retardation (AAMR). (2001). *AAMR statement on spirituality and religious freedom*. Retrieved June, 2014, from <http://ici.umn.edu/products/impact/143/prof11side.html>
- Americans with Disabilities Act of 1990, P.L. 101-336, 42 U.S.C.
- Ault, M., Collins, B. & Carter, E. (2013a). Congregational Participation and Supports for Children and adults with Disabilities: Parent Perception. *Intellectual and Developmental Disabilities*, Volume 53, No. 1, 48-61.
- Ault, M., Collins, B. & Carter, E. (2013b). Factors Associated with Participation in faith communities for individuals with developmental disabilities and their Families. *Journal of Religion, Disability and Health*, 17, 184-211.
- Buglione, N. (2009). The God Factor. *Spectrum Magazine*, (Oct-Nov. 09), 40-41.
- Coulthard, P. and Fitzgerald, M. (1999). In God we trust? Organized religion and personal beliefs as resources and coping strategies, and their implications for health in parents with a child on the autistic spectrum. *Mental Health, Religion and Culture* 2 (1) 19-31.
- Diagnostic and statistical manual of mental disorder DSM-5*. (5th ed.). (2013). Washington, D.C.: American Psychiatric Association.
- Eisland, N. (2002). Encountering the disabled God. [Electronic version]. *The Other Side*, 38 (2-5).
- Friedrich, W.N., Cohen, D.S. & Wilturner, L.T. (1988). Specific Beliefs as Moderator Variables in Maternal Coping with Mental Retardation. *Children's Health Care*, 17 (1) L 40-44.
- Gleeson, T. (2001/2001). Incorporating spiritual supports into residential services: The PSCH Model. [Electronic version]. *Impact: Feature Issue on Faith Communities and Persons with Developmental Disabilities*, 14 (3). Retrieved August 21, 2013 from <http://ici.umn.edu/products/impact/143/over04.html>.
- Greef, A.P. and van der Walt, K. (2010). Resilience in families with an Autistic Child. *Education and training in Autism and Developmental Disabilities*, 45 (3), 347-355.
- Griffin, M., Kane, L., Taylor, C, Francis, S., and Hodapp, R. (2012). Characteristics of Inclusive

- Faith Communities: A Preliminary Survey of Inclusive Practices in the United States. *Journal of Disability, Religion, and Health*, 25, 383-391.
- Hornstein, B. (2001/2002). Jewish life cycle events: Including children with developmental disabilities. *Impact: Feature Issues on Faith Communities with Persons with Developmental Disabilities*, 14 (3).
- Kessler Foundation and National Organization on Disability. (2010). *2010 Survey of Americans with disabilities*. Washington, D.C: Author.
- Klin, A., Jones, W., Schultz, R., & Volkmar, F. & Cohen, D. (2002). Visualization patterns of naturalistic social situations as predictors of social competence in individuals with autism. *Archives of General Psychiatry*, 59, 809-816.
- Landes, S.D. (2001/2002). Atlanta's interfaith disabilities network. [Electronic version]. *Impact: Feature Issue on Faith Communities and Persons with Developmental Disabilities*, 14 (3). Retrieved August 21, 2013 from <http://ici.umn.edu/products/impact/143/prof09.html>.
- Lee, L.C., Harrington, R.A., Louis, B.B. & Newschaffer, C.J. (2008). Children with Autism: Quality of life and Parental Concern. *Autism and Developmental Disorders*, 38 (6) 1147-1160.
- Liedel, John. (2008). Autism: Definition, History, and Diagnosis. In Buckendorf, Robert G. (Ed.) *Autism A Guide for Educators, Clinicians and Parents*, pp. 4-5, Greenville, South Carolina, Thinking Publications.
- Marker, C., Weeks, M. & Kraegel, I. (2007). Integrating Faith and Treatment for Children with High Functioning Autism Spectrum Disorders, *Journal of Psychology and Christianity*, 26:2, 112-121.
- Martin, D.M. (2002). How long before Alex is ready? Confusing guidelines still exclude those with disabilities from the Eucharist. *National Catholic Reporter*, 38 (33).
- McLesky J., Landers, Fl, Williamson, P., & Hoppey, D. (2012). Are we moving towards educating students with disabilities in less restrictive settings? *Special Education*, 46, 131-140.
- National Organization on Disability. (2000). *2000 Survey of Americans with Disabilities*. National Organization on Disability, Washington, D.C.
- Newman, B. (2011). *Autism and your church*. Grand Rapids, Michigan: Friendship Ministries. (2012).
- Newman, B. (2011). *Helping kids include kids with disabilities*. Grand Rapids, Michigan: Faith

Alive Christian Resources.

- Nosek, M.A. (2001). Psychospiritual aspects of sense of self in women with physical disabilities. *Journal of Rehabilitation*, 67, 1-13. Retrieved September 12, 2013, from <http://www.findarticles.com>.
- Patka, M. (2014). Individuals with Intellectual Disabilities in faith Communities, (Doctoral Dissertation) ProQuest Dissertations and Thesis database, 1632.
- Perkins, C. (2001/2002). Bridges to faith: Collaborating to connect individuals and congregations [Electronic version]. *Impact: Feature Issue on Faith Communities and Persons with Developmental Disabilities*, 14 (3). Retrieved March 24, 2003, from <http://ici.umm.edu/products/impact/143/prof09/html>.
- Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, United States, 2006. *MMWR Surveillance Summary*. 2009 Dec 18; 58(10):1-20. retrieved from Autism Speaks website, November, 2010.
- Poston, D.J. & Turnbull, A.P (2004). Role of Spirituality and Religion in Family Quality of Life for families of children with Disabilities. *Education and Training in Developmental disabilities*, 39 (2), 95-108.
- Riordan, J. & Vasa, S.F. (1991). Accommodations for and participation of persons with disabilities in religious practice. *Education and Training in Mental Retardation*, 26, 151-155.
- Rothstein, Laura. (2004). Disability law and higher education. *Heinonline63 MD. L. Rev.124*.
- Swanson, S. (2010). Experiential Religion: A Faith Formation Process for Children with Autism. *Journal of Religion, Disability, and Health*, 14:3, 238-255.
- Section 504 of the Rehabilitation Act of 1973, 34 C.F.R. Part 104, Subpart E – Postsecondary Education. Retrieved April 12, 2012 from <http://www.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html#E>.
- Speraw, S. (2006). Spiritual Experiences of Parents or Caregivers who have Children with Special Needs. *Issues in Mental Health Nursing*, 27, (2), 213-230
doi:10.1080/01612840500436974)
- Swinton, J. (2001). Building a church for strangers. *Journal of Religion, Disability, and Health*, 4 (4), 25-63.
- Tarakshwar, N. and Pargament, K. (2001). Religious coping in families of children with autism. *Focus on Autism and other Developmental Disabilities*, 16 (4), 247-260.
- Vogel, J., Polloway, E. & Smith, J.D. (2006). Inclusion of people with mental retardation and other developmental disabilities in communities of faith. *Mental Retardation*, 44, (2).

Webb, M.S. (2012). *A study of churches as a source of support for families with children on the autism spectrum*. (Doctoral Dissertation). Retrieved from <http://scholar.utc.edu/cgi/viewcontent.cgi?article=1087&context=theses>

Weerstra, C. (2011), *Special Catechism for Special kids*. Schenectady, NY: Catechism for Kids.

Wolfensberger, W. (1988). *A brief introduction to social role valorization: A high-order concept for addressing the plight of societally devolved people and for structuring human services*. Syracuse: Syracuse University, Training Institute for Human Service Planning, Leadership, and Change Agent.