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# Developing Awareness of Special Needs as Relating to Autism Spectrum Disorders in the All Nations Seventh-day Adventist Church and Creating a Strategy for Outreach to Affected Families

Shaun Brooks
*Andrews University*

# ABSTRACT

DEVELOPING AWARENESS OF SPECIAL NEEDS AS RELATING TO AUTISM SPECTRUM DISORDERS IN THE ALL NATIONS SEVENTH-DAY ADVENTIST CHURCH AND CREATING A STRATEGY FOR OUTREACH TO AFFECTED FAMILIES

by

Shaun A. Brooks

Adviser: Anita Pembleton

ABSTRACT OF GRADUATE STUDENT RESEARCH

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Title: DEVELOPING AWARENESS OF SPECIAL NEEDS AS RELATING TO AUTISM SPECTRUM DISORDERS IN THE ALL NATIONS SEVENTH-DAY ADVENTIST CHURCH AND CREATING A STRATEGY FOR OUTREACH TO AFFECTED FAMILIES

Name of researcher: Shaun Brooks

Name and degree of faculty adviser: Anita Pembleton, PhD

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## Problem

According to recent statistics, Autism Spectrum Disorder (ASD) affects about 1 in 59 children each year, and over the past decade, there has been a two-fold increase in ASD diagnoses in children. Another study points out that 80% of marriages that have a child with autism will end in divorce due to stress and other factors. If the local rate of ASD reflects that of the national rate, there is an opportunity for the Atlanta All Nations

Church to provide ministry to both church and community families affected. As it stood, there was not a significant awareness about Autism Spectrum Disorders in the leadership team and no clear strategy for creatively utilizing the present resources for in-reach and outreach ministry to these families.

## Method

This research investigated Autism Spectrum Disorder while employing current literature to understand its prevalence, causes, and strategies for treatment. The Bible, supporting material from Ellen White, and other literature were used to design a three-weekend seminar to increase awareness of ASD and provide tools to the membership in ministering to those with ASD. Participants of the seminar were asked to take part in pre and post surveys to gauge the effectiveness of the program.

## Results

The project reveals the potential for church families to be positively impacted by a seminar dealing with ASD. It may also indicate that information that sensitizes them to ASD can influence the attitude of the membership. During the seminar, seven precious souls were baptized with one having a special need and later in the year two persons both having special needs joined the church family. Due to the project, a special needs ministry team was eventually organized and provided a budget and are now working steadily at improving this ministry.

## Conclusions

The church must be intentional about ministering to those with ASD to gain invaluable results. A ministry model based on the intervention of Christ to a special needs

planet can provide a model for working with church families in showing hospitality and love to those affected by ASD. When the church awakens to its responsibility to those with ASD and other special needs, then a resurgence of godly love and compassion will follow.

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A Professional Dissertation

Presented in Partial Fulfillment

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APPROVAL BY THE COMMITTEE:

| | |
|---|---|
| _____ | _____ |
| Adviser,<br>Anita Pembleton | Director, DMin Program<br>Kleber D. Gonçalves |
| _____ | _____ |
| Pamela Consuegra | Dean, Seventh-day Adventist Theological Seminary<br>Jiří Moskala |
| _____ | 03/26/19 |
| Richard Sylvester | Date completed |

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| ABA | Applied Behavior Analysis |
| ASD | Autism Spectrum Disorder |
| PDD | Pervasive Developmental Disorders |
| DSM-5 | *The Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. |

## ACKNOWLEDGMENTS

Special thanks to the countless families who have shown their resilience and love in the face of ASD. Their words of encouragement and often silent determination has buoyed my spirit when I felt like giving up.

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# CHAPTER 1

# INTRODUCTION

My introduction to Autism Spectrum Disorder came about when my own family was touched by this disorder. As my wife and I grappled with this disorder and the ramifications that it may have to our child we realized that it was also difficult for our then church family to relate as they lacked the tools to handle her disorder. Instead of becoming bitter I was motivated to find a way to bring awareness to any church family that I pastored and spread the message that Jesus cares for those with ASD. In June 2016 I was assigned to pastor the Atlanta All Nations Seventh-day Adventist Church. Upon assuming the role as the senior pastor, I began to scan the congregation to see the strengths and weaknesses of our ministry to those with ASD and other special needs. In viewing some of the shortcomings, I realized there was a great opportunity to strengthen the ministry of the church by implementing this project at the church.

This chapter will seek to provide an overview and timeline of the project, its theological underpinnings, recent literature, and intervention and summary. A definition list is presented to offer aid with some of the technical terms used throughout the paper.

## Description of the Ministry Context

The Atlanta All Nations Seventh-day Adventist Church is presently located in Lilburn, Georgia. The church was started in 2006 and presently has a membership of 175, with a weekly attendance of 130 individuals.

The All Nations Church, which is predominantly Caribbean, has an average age of 35-40 with a 1:1 ratio of female to male. It currently has an ethnic makeup comprised of White, Hispanic, African-American and Caribbean. The Church has at least three to four special needs children attending weekly. Prior to my arrival, there was no training program developed to sensitize the church about the needs of special needs children/adults, neither were there opportunities present to minister to these families.

## Statement of the Problem

According to the Center for Disease Control, over the past decade there has been a two-fold increase in Autism Spectrum Disorder (ASD) diagnoses in children. Another study points out that 80% of marriages that have a child with autism will end in divorce due to stress and other factors (Bolman, 2006). If the local rate of ASD reflects that of the national rate, there is an opportunity for the Atlanta All Nations Church to provide ministry to both church and community families affected. As it stood, there was not a significant awareness about Autism Spectrum Disorders in the leadership team and no clear strategy for creatively utilizing the present resources for in-reach and outreach ministry to these families.

## Statement of the Task

The task of this project is to develop and implement a strategy for the Atlanta All Nations Seventh-day Adventist Church that builds awareness of Autism Spectrum Disorders and ministers to affected families. The project will be evaluated to determine (a) the level of awareness created in the local church, (b) volunteer participation in in-reach and outreach ministries to affected families and persons with ASD, and (c) the level of resources allocated to ministering to persons with Autism Spectrum Disorders.

## Delimitations

There are two delimitations to this project. First of all, the project was focused on the attending members and visitors in the Atlanta All Nations Seventh-day Adventist Church. The project seeks to draw principles from Scripture, the writings of Ellen White, and current literature that will aid in the context of the local congregation.

Second, the survey that I used was not tested for its validity and reliability and was designed by the researcher to get an overview of the areas of strengths and weaknesses in the congregation's awareness of ASD. Because of the weakness in the design of the survey, I would recommend that a reliable instrument is used in the future that could provide a more accurate measurement.

## Description of the Project Process

Theological reflection will focus on four biblical concepts. First, the role of the church in providing nurture and protection to children will be examined as emphasized in Christ's teachings in Matthew 18 and Luke 18. Second, the importance of empathy and compassion will be reviewed according to biblical narratives that serve as a model for outreach ministry to the disadvantaged in society. Third, the importance of contextualized worship to facilitate the engagement of families affected by ASD will be explored. Last and fourth, Ellen G. White's writings and that of the pioneers will be examined to determine their perspectives and teachings on mental health and special needs in the 19th century.

Chapter 3 contains a review of current and relevant literature on the nature and prevalence of ASD, and the principles and strategies that research indicates are effective in ministry to families affected by ASD.

Chapter 4 seeks to highlight the prevalence of ASD in the ministry context of All Nations and shows the steps of intervention that will be implemented. The intervention was comprised of two surveys and three-weekend seminars and sermons.

Chapter 5 seeks to among other things, highlight the timeline of events detailing the intervention, the survey format used to assess the level of awareness and growth, and the training seminar used to work with individuals participating in the project.

Chapter 6 summarizes the study, findings, and conclusions drawn from the project. In this chapter, the project was evaluated as to its effectiveness in creating awareness of Autism Spectrum Disorders in the All Nations Seventh-day Adventist Church and creating a strategy for outreach to affected families. The lessons learned will be highlighted, and conclusions drawn from this project will serve as a guide for future research and reflection.

## Definition of Terms

The following definitions are provided for clarity of this study:

*Applied Behavior Analysis (ABA)*:

> A type of therapy that focuses on improving specific behaviors, such as social skills, communication, reading, and academics as well as adaptive learning skills, such as fine motor dexterity, hygiene, grooming, domestic capabilities, punctuality, and job competence. (Applied Behavior Analysis, n.d.)

*Asperger syndrome*:

> A pervasive developmental disorder that is characterized by an inability to understand how to interact socially. Typical features of the syndrome also may include clumsy and uncoordinated motor movements, social impairment with extreme egocentricity, limited interests and unusual preoccupations, repetitive routines or rituals, speech and language peculiarities, and non-verbal communication problems. (MedicineNet, n.d.)

*Autism Spectrum Disorders* (ASD):

> A group of life-long developmental disabilities caused by an abnormality of the brain. ASDs are characterized by problems with social interaction and communication skills and by repetitive behaviors. People with ASD are not identified by physical features, and the range of impairment can be very mild to very severe. (Centers for Disease Control, 2010a)

*Centers for Disease Control and Prevention (CDC)*: A federal agency in the Department of Health. The CDC works to protect public health through partnerships with state health departments and focuses national attention on developing and applying disease prevention and control (Centers for Disease Control, 2010b).

*The Diagnostic and Statistical Manual of Mental Disorders (DSM-5):* The fifth edition used by clinicians and researchers to diagnose and classify mental disorders. It is published by the American Psychiatric Association and is the most widely used system within the United States and much of the world (American Psychiatric Association, n.d.).

*Fragile X Syndrome*: One of the most common inherited causes of intellectual disability, which means this condition limits a person's ability to learn at an expected level, and function in daily life. Fragile X syndrome is caused by a change in the genetic material that mostly affects brain cells. This change makes it hard for cells to produce a protein that is needed for normal brain function. Currently, there is no cure for fragile X syndrome (Centers for Disease Control, 2010c).

*High Functioning Autism*:

> The term used for children who meet autistic disorder criteria but have relatively normal thinking and learning skills and language skills (they can speak close to the level expected for their age). At least a quarter to a third of children diagnosed with autistic disorder falls within this special subgroup that we call 'high-functioning autism'. (Ozonoff, Geraldine, & McPartland, 2002, p. 29)

*The Individuals with Disabilities Education Act (IDEA):* A "federal special education law that ensures public schools serve the educational needs of students with disabilities. IDEA requires that schools provide special education services to eligible students as outlined in a student's Individualized Education Program (IEP)" (National Center for Learning Disability, NCLD, 2018).

*Pervasive Developmental Disorders (PDD)*: A group of disorders characterized by delays in the development of socialization and communication skills. Pervasive Developmental Disorders include Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified (National Institute of Neurological Disorders and Stroke [NINDS], n.d.).

*Positive Psychology (PP)*: The scientific study of what makes life most worth living. It is a call for psychological science and practice to be as concerned with strength as with weakness; as interested in building the best things in life as in repairing the worst; and as concerned with making the lives of normal people fulfilling as with healing pathology (Peterson, 2008).

*Spectrum:* Refers to the wide range of symptoms, skills, and levels of disability in functioning that can occur in people with ASD. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, 2013) includes, "Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorders not otherwise specified (PDD-NOS) as part of ASD rather than as separate disorders" (National Institute of Health, 2017).

CHAPTER 2

# A THEOLOGICAL REFLECTION ON MINISTERING TO THOSE WITH AUTISM SPECTRUM DISORDER AND OTHER SPECIAL NEEDS

## Introduction

In the pursuit of ministering to those with special needs, specifically ASD, it is important to look at the theological foundation of such outreach and its implication for our activities as a church today. This chapter will be divided into five sections; section one will seek to explore the manner in which Jesus ministered to children in a time and context when children were disadvantaged and often voiceless. Section two will look at the attribute of compassion as displayed by God to fallen humanity. Section three will explore the theme of planet earth being the Universe's special needs planet as well as the incarnational ministry of Christ. A brief overview into the world of Ellen White and the pioneers will be highlighted in section four to show the context in which they lived and ministered. In the final section of this chapter, the sanctuary of the Old Testament will be examined as a model for teaching various learning styles to worshippers with its application to those with special needs.

## Suffer the Little Children

Matthew 18:1-11 and Luke 18:15-17 both highlight the compassionate and benevolent stance that Jesus took towards children. For the multitude that Christ addressed, a child represented someone truly humble and completely dependent upon

others. Though for some this was seen as negative, Jesus revered and cherished this idea "by emphasizing the positive attributes of children and what they teach believers about faith" (Barry, Heiser, Custis, Mangum, & Whitehead, 2012). In calling a little child in the midst of grown adults in response to their question as to who is the greatest in the kingdom of heaven, Jesus provides an insightful and paradoxical response by telling them that they must turn away from their preoccupation with status and humble themselves like children. This humility, according to Blomberg (1992), "cannot be a subjective attitude (children rarely *act* humbly) but an objective state as children do depend almost entirely on the adult world for their protection and provision" (p. 273).

This state of dependency was to Christ of great value as it helped demonstrate the lesson to his disciples that they too must be dependent wholly upon God. In the midst of taking note of the attitude and demeanor of children Jesus was also here providing status to those who had none, and a voice to the voiceless. The disciple's question leaned upon who had the greatest status but Jesus keenly observed and pointed them to the humility of children. Children who seemingly had no voice or status in society were the very objects of affection by Christ as "paradoxically humility leads to greatness" (Barry et al., 2012).

Jesus continues his paradigm-shifting lesson in Matthew 19:13-15 and Luke 18:15-17 by highlighting the natural tendency of the disciples to imitate the prevailing culture in their treatment of children. This opportunity came about when the mothers brought their children to have Jesus lay His hands on them and pray for them. The disciples at the sight of the children began to rebuke them but Jesus, in turn, rebuked the disciples instead. The disciples may have thought that the children were the least regarding importance in Christ's agenda, but they were sorely mistaken. Not only were

they mistaken about the children's importance but they were corrected in regards to their behavior and treatment by their Master. The greater implication of this can be seen that "the kingdom of heaven is not limited to adults who might be considered to be worth more than children but rather to anyone who comes to God in faith" (Barbieri, 1985, p. 64).

In reference to this story, White (1898) commented that Christ "waited to see how the disciples would treat them" (p. 512). It can be assumed that God continues to watch the manner in which we treat these frail vessels of the kingdom. Do we treat them with respect and status or do we dishonor and mute their voices? Ellen White (1898) continues in this vein by observing that Christ message was meant for all officers, helpers and Christians throughout the ages (p. 517). This is a message that cannot be taken lightly by the Church today.

So important was Christ's stance on the treatment of children that in Matthew 18:6-9 (NKJV) he pronounced woes upon offenders.

> But whoever causes one of these little ones who believe in Me to sin, it would be better for him if a millstone were hung around his neck, and he were drowned in the depth of the sea… And if your eye causes you to sin, pluck it out and cast it from you. It is better for you to enter into life with one eye, rather than having two eyes, to be cast into hell fire.

Jesus minced no words in showing that the offense for leading one of his children astray was severe in its repercussions. Using the imagery of drowning and self-mutilation, Jesus seeks to draw attention to the severer penalty which was hellfire. If Jesus was trying to make a point he truly got the attention of the multitude. According to Keener (1997), "the cruelest legal punishment in Jesus' day was crucifixion, but this image of drowning represents a Roman punishment more horrifying to Jewish hearers than crucifixion and one only rarely tolerated among them."

It would do well for leaders in every age to reflect upon the weight of Christ's words about children. For irrespective of the cultural landscape that one may be in, the words and manners of Christ, supercedes that of the prevailing culture. In Christ's treatment of the little ones brought to him, he was in fact, teaching a profound lesson as to their importance to heaven. If a person ignored or continued to abuse or violate children, the words of Christ gives commentary as to the punishment that would likely be meted out to them.

## God of Compassion

The God of the Old and New Testament has often been described as possessing the attributes of compassion and mercy therefore setting the stage for what is recorded of His treatment to those who were in need. According to the *Baker Encyclopedia*, compassion can be viewed as "the quality of showing kindness or favor, of being gracious, or of having pity or mercy" (Elwell & Beitzel, 1988). This definition aptly describes what scripture reveals of God's actions and revelations about Himself. Passages such as Psalms 103:13 which states, "as a father pities his children, so the Lord pities those who fear Him" serves to magnify that perspective. The knowledge of God's merciful interactions with his people was well known to David who in his latter reign informed the prophet that he would rather fall into the hand of the Lord, for His mercies are great than in the hands of men (2 Sam 24:14).

As mercy and compassion can be somewhat used interchangeable, we find that mercy used 359 times in the NKJV is also a term used to describe God's dealings with his people. The Old Testament highlights many instances where God's people see this as a quality revealed in "historical acts of redemption" to such an extent that "unlike human

mercy, God's was inexhaustible (Towner, 2000, p. 660). Jeremiah declares "through the Lord's mercies we are not consumed, because His compassions fail not (Lam 3:22). David also writes, "My God of mercy shall come to meet me" (Ps 59:10).

Jesus in representing the Father to us revealed a very gentle and emotive display of his compassion towards his creation. On some occasions, Jesus was visibly moved with compassion as he saw the needs of the multitude. Matthew 9:36 states that "when he saw the multitudes he was moved with compassion for them, because they were weary and scattered, like sheep without a shepherd." On another occasion, as He came to the city of Jerusalem, he began to cry out and weep over the city (Luke 19:41). According to Elwell and Beitzel (1988), "in scriptural usage compassion is always both a feeling and the appropriate action based on that feeling.

From this statement, compassion may originate from an emotional source, but as demonstrated in the life of Christ, it also leads to action in alleviating the problem. We can see this theory put into practice in Matthew 15:32 where Jesus stated to his disciples, "I have compassion on the multitude, because they have continued with me three days and have nothing to eat. And I do not want to send them away hungry, lest they faint on the way." For the disciples, their compassion towards the multitude went as far as the emotive especially when action seemed improbable. Their question to Christ was "where could we get enough bread in the wilderness to fill such a great multitude?" Here Jesus nudged them even further from their comfort zone with another question, "How many loaves do you have?" Christ's response demonstrates a willingness to go to great lengths to satisfy the needs that draw our compassion, for not until the need was met, did Christ dismiss the multitude.

This feature of going to great lengths to meet the needs of His people can also be seen as far back as Genesis 3 where we can glimpse God's compassion at work in the Garden of Eden. There, shamed by guilt and the farce of sin, Adam and Eve fled from the presence of God yet we find that God sought them out and initiated the difficult conversation. It would have been understandable for God to be aloof to the suffering of humanity, but compassion as already seen in Christ, called for action, and this He did.

This pattern of God entering the sphere of human existence to communicate and alleviate human suffering appears to be a part of the whole plan of salvation. It finds its culmination in the incarnational ministry of Jesus Christ. According to Case (2011) "Jesus came to this earth incarnate, not just in flesh but in the human experience of His own local culture" (p. 156). We find that not only did he empathize with the cause of humanity but he took action alongside that of the Father who sent him (John 3:16). Jesus came and dwelt among us and bore in himself the punishment that was due to humanity.

The incarnational ministry of Christ also sets the precedence for the mission of the church as well. As Jesus prayed to the Father, he declared, "As you sent me into the world, so I have sent them into the world" (John 17:8). We find that this word "sent" is *apostello*, the Greek verb related to the noun "apostle." Case (2011) concludes, "the church community is the apostle of Jesus, dispatched into the world as His corporate ambassador- just as our heavenly Father had sent Christ as His representative" (p. 156).

Fulfilling the 'sent' commission of Christ has profound implications for how the church corporately and individually adapts their ministry. The church's outreach must adopt the scriptural usage of compassion by mixing the emotive with the appropriate action. As God demonstrated his love for fallen humanity, so the Church must pursue true

compassion by seeking to relieve pain and suffering when brought to her attention. The Church must be willing to represent Christ and His mission in like manner.

Already some churches have responded to this call and have employed social and civic outreach activities to help bring transformation to whole communities. It is then seen that for the church to carry through the mandate of Christ, it has to employ faith mixed with action, compassion mingled with outreach, and concern conjoined with effort. Jesus Himself stated, “By this everyone will know that you are my disciples, if you love one another” (John 13:35). If God’s love for mankind is always followed by some visible expression of that attribute, it will follow then, that His people do likewise. White (1886) shares this same sentiment when she writes,

> if the Majesty of heaven could do so much to evidence his love for man, what ought not men to be willing to do for each other, to help one another up out of the pit of darkness and suffering?... The love and interest of Christ's followers must be as broad as the world; and those who live merely for "me and mine" will fail of heaven. (para. 3)

Lloyd-Jones (1961) states, “The Christian is meant … to live as the Lord Jesus Christ lived, to follow that pattern and to imitate that example. Not only will he be unlike others. He is meant to be like Christ” (p. 176).

## The Special Needs Planet

Exploring God’s love for a fallen world helps to set the stage for how and why ministry to those with special needs must take center stage. Though getting a definition of special need is a challenge we find that it is often used to describe individuals who may require assistance due to physical, developmental, behavioral, and emotional conditions (McPherson et al., 1998). It is heartening to know that presently the world is in the midst of adopting higher standards to meet the needs of those who may fall in this category yet

in keeping with this definition, is it possible to compare the situation of planet earth in light of the rest of the universe, as the special needs planet? Can it be said or implied that we (humans) are impaired medically, mentally and psychologically?

There are several key passages in scripture that highlights the preposterous position that we have fallen in to. Two of those that demonstrate the height of this fall are Genesis 1:31 and Psalms 8:5. The passages pronounce the creation of man to be very good in which we are made a little lower than the angels, being crowned with glory and honor. It is not improbable to conclude that the fall of man places us in a position of acknowledging that we are not physically, mentally, or spiritually normal. Isaiah describes Israel's condition by lamenting that an "ox knoweth his owner, and the ass his master's crib, but Israel doth not know, my people doth not consider" (Isa 1:3). At the height of praise, humankind is compared to being close to an angel while at their lowest is found through sin to be less mindful and dutiful than an ox.

In Isaiah 53:6 it records that "all we like sheep have gone astray." The use of the simile adds a disturbing element to that of humanity's supremacy in the grand scheme of things. If "all our righteousness is as filthy rags" and we are called upon to acknowledge our condition and to seek help from God, then it is not farfetched to see that humanity's condition and the effect of our sin upon this earth places us in a special needs condition.

Contrary to what some philosophers and natural scientists have been touting, humanity according to scripture is far below the standard (Mark) that God has set and created us to be. A peripheral reading of Scripture will find that Adam lived to be 935 years old while the oldest man on average according to the World Health Organization (2016) stands at 71 years. Regarding physical prowess, White (1998) hints that "Adam's

height was much greater than that of men who now inhabit the earth" (p. 23). In regard to mental astuteness she hints:

> the antediluvians were without books, they had no written records; but with their great physical and mental vigor, they had strong memories, able to grasp and to retain that which was communicated to them, and in turn to transmit it *unimpaired* to their posterity. (White, 1890, p. 83)

Here we see that those who walked and traversed the earth close to the time of God's creation were to some extent superior in form to what we are now. Whether the degenerative factor was based on genetic or environmental causes is beside the point, the effects are the same. Mankind is not what mankind was meant to be. The fallen position of our nature stands in direct contrast to the rest of the unfallen universe.

White (1952) mentioned on several occasions the unfallen worlds that "thrilled with sorrow at the spectacle of human woe and rang with songs of gladness at the tidings of a ransomed soul" (p. 548). It can be assumed her usage of the word unfallen means those created beings that remained true to God and His law and have preserved their noble position and knowledge of the divine. From the quotation above it also appears that these worlds have keenly observed humanity's condition with great intensity and with the hope that some resolution and help would arise for humanity. This resolution was met in the incarnational and sacrificial attainment of Christ.

With the clear demarcation of our fallen human nature in light of the rest of the universe including God's angels, it is quite easy to determine that we are the special needs planet of the universe. Our ability to live normal has been compromised, and our effective communication with the rest of the universe has faced a deficit. The gap created by the rift of sin requires a supernatural effort to restore, and this is where the incarnational ministry of Christ becomes all the more essential.

In ministering to those with special needs, it is important to understand the world in which they live and how they view things. Whether we are dealing with those who suffer from physical disabilities or psychological deficits, due diligence and time will be required to minister effectively to their needs and to create real breakthroughs.

In Christ's incarnation to a special needs planet, Jesus not only sympathized with the plight of humanity, but he also empathized and came in the "likeness of sinful flesh" (Rom 8:3) In doing this, he learned as we learned, suffered as we suffered, and saw firsthand the emotional turmoil that we experience. Having done this, he not only can provide the best diagnostic evaluation of our situation, but he also provides the best treatment.

Probably no passage in scripture best describes the extent of Christ's incarnational ministry as does Philippians 2:1-11, where we find that Jesus made himself of no reputation. The importance of this passage cannot be overstated as it presents the ministry of Christ to a fallen world as an example for ministry by his followers.

In the great plan of salvation, it was considered best, that Jesus divest himself of the power he had in heaven and empty himself. According to O'Brien (1991), "The emphatic position of ἑαυτόν (himself) and the form of the verb (an aorist active) strongly suggest that this act of 'emptying' was voluntary on the part of the preexistent Christ" (p. 217). To volunteer means that there is no coercion to do one's part, and if this is to be assumed of Christ, it would mean that something greater than fame or power spurred him. If passages such as 1 John 4:8, John 3:16, and 1 Corinthians 13 are tied in we can assume that love was the great motivator for this voluntary act of Christ.

Likewise, for the church to reach those with special needs, it will take volunteers who will sacrificially give of their time and energy to better the lives of others. If love was the chief motivation that led Christ to leave heaven and come down to earth, then love must be the encompassing motivator for active ministry.

To sit and minister beside someone with low or high functioning Autism Spectrum Disorder (ASD) requires great patience and humility and with it the awareness that long-term ministry to this person or group of individuals often requires sacrifice of position, future or present, and a way of life that one is familiar with. To be ridiculed, mocked, and berated for defending and standing up for those with special needs requires the heart of Christ, the heart of a servant. Fittingly, White (1925) makes mention:

> I saw that it is in the providence of God that widows and orphans, the blind, the deaf, the lame, and persons afflicted in a variety of ways, have been placed in close Christian relationship to His church; it is to prove His people and develop their true character. Angels of God are watching to see how we treat these persons who need our sympathy, love, and disinterested benevolence. This is God's test of our character. (p. 191)

If this is truly a test of character for God's people it is important that we meet the needs of this group of individuals and do so in a spirit of Christ-like humility. A common refrain is to minister with servant-leadership, and any discussion of such leadership takes us back to the ministry of Christ.

## The Suffering Servant

According to O'Brien (1991), "*Doulous*" is the word in Greek for a servant in the passage of Philippians 2:1-11 and here there is an echo to the passages in Isaiah 52:3-53:12 of the servant Messiah or Suffering Servant of the Lord (p. 221). Looming large in this passage is the selfless nature of Christ and His willingness to serve others. It is interesting to note that God calls Christ His Servant in Isaiah while in the N.T. Christ

came as a servant to humanity. It seems that Christ is playing a dual role throughout Scripture as He is both serving the Father and humanity. It may be possible to deduce from this a connection that by serving others one is also serving God. This is further hinted at by Jesus, when he states, "inasmuch as you did it to one of the least of these My brethren, you did it to Me" (Matt 25:40). If this is the estimate that God places upon service rendered to others, it follows that His church must also model the servant-leadership model portrayed by Christ.

For God's Church, 1 John 4:20 becomes applicable, where it mentions, "If someone says, 'I love God,' and hates his brother, he is a liar; for he who does not love his brother whom he has seen, how can he love God whom he has not seen?" If Christ humbled himself to minister to humanity, then what about His church? Can Christ's disciples craft an excuse for not caring for the needs of those less fortunate, for those whose physical and psychological deficits make it difficult to worship with them? As Lightner (1985) points out, "perhaps no better example of humiliation and a selfless attitude for believers to follow could possibly be given than that of Christ" (p. 654).

When a church refuses or ignores the plight of the special needs among them because it is disturbing to their worship hour, or requires too much time and effort, it would be wise to consider the inexhaustible effort that heaven has expended on humanity. Maybe this is why scripture declares in James 1:27 that "religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world" (NIV). Whatever our concept of worship may be, it must not exclude the instructions of scripture to display compassion to

those less fortunate. To worship God void of sacrifice and compassion may render the offering unpalatable.

## God's Impartiality

When looking at the topic of ministering to those with special needs and those with ASD it is not uncommon to come across stories of individuals or families who have been slighted and overlooked because of the issues relating to their deficits. It brings into focus the subject of impartiality, as some may not be aware of the attitude conveyed when they ignore or disregard the needs of those they consider unwelcome.

According to Manser (2009), "Impartiality, is the ability to be unbiased towards any race, class, or person. This attitude is demonstrated by God and is to be emulated by the human race." The book of James 2:3, 4 goes on to illustrate this by highlighting the preference that some would show to a right and well-favored man as compared to a poor and disheveled individual coming in to dine. Often the rich man would be placed at the chief table while the poor man placed on the floor. In this area of conduct, James informs his readers that they have been partial with others and have neglected their spiritual duties.

Though the practice may have been a common one in society, the practice was now rebuked and discouraged by the apostles and leaders in the early Church. The message conveyed was that "partiality within the church against the poor must be combated with equal vehemence…so that the redemptive message may gain credence before the watching world" (Richardson, 1997, p. 113). Apparently, James was concerned about the message this would send about Christianity and the behavior of Christ's followers to the world.

In a similar manner Jesus also stated in Luke 14:12 that, "When you give a luncheon or dinner, do not invite your friends, your brothers or sisters, your relatives, or your rich neighbors, if you do, they may invite you back and so you will be repaid" (NIV). It is to be noted that Jesus was not here saying you must never invite relatives or friends as this would be impractical but according to Stein (1992) "His words are better understood as reflecting the Semitic idiom 'not so much (friends … neighbors) as rather (needy).'" The present tense of the verb is perhaps better translated, "Stop continually inviting."

Butler (2000) writes that Christ in fact was encouraging the host to try an entirely different approach.

> Forget those who are able to pay you back party for party, honor for honor. Invite those who cannot help themselves, much less do something to honor you. Find the names of the poor, the injured, the crippled, and the blind. No one ever honors them with a dinner. They cannot even enter the temple to worship (Lev. 21:17-23; 2 Sam. 5:8). You should reverse the world's way and invite the needy to your banquet. (p. 237)

It is noteworthy to underscore that Jesus states in verse 14 that not only will we be blessed, but we will be repaid at the resurrection. Here no immediate reward is bestowed upon the impartial, but a promise of blessing is intended. Jesus is undoubtedly making it clear that Heaven is observing the deeds of his people on behalf of those less fortunate and whoever heeds His will shall be rewarded.

In applying the counsel given by both James and Jesus to ministering to those with special needs, the church does not have the luxury of being partial to those who fit their perception of a good member but must offer hospitality to everyone. The Church must be considerate to those who are unable to provide some tangible benefit to the coffer or the organization and must see the significance of them being a child of God.

The rewards of this behavior may not be seen in the here and now, but as faith is the evidence not seen, so the church must act out of principle and not reciprocity.

In another instance where Jesus highlighted the disparity of perceptions, He pointed out a poor widow who gave two mites as an offering in the temple. From all worldly vantage, the point of rejoicing would have been to see the rich giving their wealth to establish the temple, but from Christ's perspective, there was one who was greater. These words of commendation were addressed to one, who in all manners and customs would not have been showered with accolades and gifts based on her lowly status, rank, and file yet Christ commended her gift and echoed it throughout eternity as a hallmark for true giving. She was giving all with no care about rewards. While He commends that action, His omission of the wealthy is a rebuke to all who would show favoritism to one and not the other. In this narrative, all pretense before God is laid aside and we get a peek at the impartial judgment of God upon all that we cherish or hold up as a high standard. That she gave without thought of reward is a model for true service before God. That she exited the sanctuary without acknowledgment is all the more reason why she was recognized. The acknowledgment of her deeds was given by Christ, and likewise, the unnoticed deeds done on behalf of those with special needs will be acknowledged before Him.

## Adventist Pioneers

One would wonder what it was like being mentally ill in the time of the Adventist Pioneers in the 19th century. A brief overview of the 18th and 19th centuries reveals that up to the late 18th century, most mental hospitals in America were in need of great reform and improvement and this was helped by the efforts of Philippe Pinel (1745-1826) who

practiced a more humane way of treating patients (Butcher, Mineka, & Hooley, 2007, pp. 37, 38). In 1792, while in charge of the La Bicetre in Paris, Pinel conducted an experiment where he removed the chains from the patients and moved them to sunny rooms while showing them kindness. The effect was immediate as the patients took well to this treatment. Alongside Pinel, the English Quaker, William Tuke (1732-1822) also practiced a more humane way of treating people with a mental health condition and employed nurses in their treatments (Butcher et al., 2007, p. 38).

"The success of Pinel's and Tuke's humanitarian method towards people with a mental health condition was adopted by Benjamin Rush (1745-1813), the founder of American psychiatry, and one of the signers of the Declaration of Independence and Dorothea Dix (1802-1887), a famed champion of the poor and "forgotten" people in mental institutions" (Butcher et al., 2007, p. 39). The actions of these and others may have influenced the practice of Kellogg and a host of other doctors to practice more humane procedures on their patients with mental deficits.

It is possible that some of the treatments by Pinel and others may have been utilized in the counsels given by Ellen White to physicians in her book *Ministry of Healing*. As she sensed the need for adequate sunlight, ventilation, and genuine care she encouraged a holistic approach for each patient (White, 2005, p. 220).

This brings us to the language of the 18th and 19th centuries used to describe the mentally ill. According to Safford (2012), the language used to describe those who were mentally ill were "idiot" which was a person whose intellectual development was severely delayed. A "simpleton" or simple-minded person was considered someone whose intellectual development was only slightly delayed. A person who was deaf and

dumb, though the disability was only physical, was generally considered to be developmentally delayed, because he or she could not speak. A “lunatic” was a person whose behavioral disorder was so severe and pervasive that internment was necessary. Another term widely used then especially for children was feebleminded.

Though the language has evolved in our time to be more humane, it is important to remember that this was the language that our pioneers had to describe those who had mental and sometimes physical illnesses. One letter by E. J. Waggoner provides an insight into the use of the term as well as possibly the attitude that the community had toward them:

> Society has to drag a terrible load in its laborious march to the millennium," says the Daily Chronicle, and some portion of that load was weighed in a paper read at the Poor Law Conference, March 11th. The lunacy commissioners have under their control 110,000 cases, --90,000 lunatics, and 20,000 idiots. Besides those, there are at least 100,000 "border-line cases," that is, the feeble-minded, whose condition would hardly justify compulsory detention, though in some cases this would be an advantage. It is this "vast army of the feeble-minded" that presents the most difficult problem, and that is the greatest menace to the future well-being of the community, since there is nothing to prevent their weakness of intellect from being handed down to posterity. In the face of this appalling evidence of the degeneracy and weakness of the human race, he must be an optimist indeed who can think that the race is developing and ascending, and that a millennium of peace and prosperity is about to dawn upon the earth. The fact is, that at the present rate of degeneracy, -which would, however, be accelerated with each generation, -a few more generations would close the history of the human race. Even the earth itself, under the transgression which is heavy upon it (see Isa. xxiv), quakes with age and staggers to and fro like a drunken man. The only hope of humanity is the coming of Christ, which all the signs mentioned in the Scriptures show to be near at hand. (Waggoner, 1903, p. 26)

E. J. Waggoner’s letter though revealing of the public’s burden with those who struggled with mental illnesses shared that the solution for this would come only at Jesus second coming. His prognosis of succeeding generations being affected may have proven insightful, but his morose depiction of the human race coming to an end because of the present rate of degeneracy is presently farfetched. As this is only one vantage of

Waggoner's perspective, conclusions cannot be drawn about his dispositions towards those with mental illnesses, but it is revealing of the mindset that may have prevailed in society.

A contemporary of Waggoner, Dr. John Harvey Kellogg, also weighed in on the topic and shared a common view where he commented:

> the throngs of deaf, blind, crippled, idiotic unfortunates who were 'born so,' together with a still larger class of dwarfed, diseased, and constitutionally weak individuals, are the lamentable results of the violation of some sexual law on the part of their progenitors" and following the degeneracy theory of his day, Kellogg asserted that children "begotten in lust" were destined for abnormality. (as cited in Lombardo, 2008, p. 10)

It must be remembered that these were the common sentiments of the day in Kellogg's time as this was the time that the Eugenics movement was gaining ground and would eventually be taken up by the Supreme Court.

In one revealing letter by White (1991) as it pertains to those with mental illness, she states, "He proclaims His law so distinctly and makes it so prominent that it is like a city set on a hill. All accountable beings can understand it if they will. Idiots will not be responsible" (p. 214). By the phrase "idiots will not be held responsible," it may be assumed that she meant those whose mental capacity was limited by physiological problems would not be judged in like manner as those whose mental capacity is considered normal. A few questions will naturally arise from such a statement as to what will happen to those who are not held responsible, and, if they are not held responsible, is there a duty for the church to minister to them?

Though an exhaustive scan of her writings would be impractical for this chapter there seems to be a theme of compassion strung out throughout her writings conveying the need to help those who are less fortunate. In one such letter she writes:

> Think it not lowering to your dignity to minister to suffering humanity. Look not with indifference and contempt upon those who have laid the temple of the soul in ruins. These are objects of divine compassion. He who created all cares for all. Even those who have fallen the lowest are not beyond the reach of His love and pity. If we are truly His disciples, we shall manifest the same spirit. The love that is inspired by our love for Jesus will see in every soul, rich or poor, a value that cannot be measured by human estimate. Let your life reveal a love that is higher than you can possibly express in words. (White, 1902, para. 3)

It can be seen in this quotation that compassion and love must be shown to all of humanity and by implication those who for whatever reason may be listed as special needs. As it relates to mental illness, this was a new frontier for America and the rest of the world and the tools needed to help them were severely limited even within the Adventist Church. Though the picture remained dismal for those struggling with mental illness, Ellen White's writings continued to show the need for love and outreach to this class.

As there was not much treatment available for people with a mental health condition in the 19th century it is refreshing to see that Ellen White attempted to minister to individuals who were struggling with different issues surrounding this topic by writing the book *Ministry of Healing* and entitling one of the chapters "Mind Cure." According to Burt (n.d.), "Ellen White faced mental-health challenges within her family. Her second son, James Edson, evidenced some of the characteristics of attention deficit/hyperactivity disorder. Her niece, Louisa Walling, became so mentally unstable that she was admitted to a mental facility" (para. 12). He even goes on to highlight the struggles that she faced with her husband, James White who suffered a series of strokes that altered his mental state. Yet despite the many challenges that Ellen White faced with the difficulties surrounding mental illness, she demonstrated wisdom ahead of her time in advocating a

compassionate and holistic ministry towards them. Whether the issues surrounded her family or friends, she continually advocated for a Christ-like love and disposition.

## Ministry in the Sanctuary

The Old Testament provides a fascinating context in the manner of ministry to those with different learning styles as well as limitations. A study of this model may prove invaluable in capturing a model for ministering to those with ASD and other special needs. In His desire to reach all of humanity with his glory, God instructed Moses in Exodus 25:8 to make Him a sanctuary that He may dwell among His people. This was particularly instructive as this design was meant to convey deep meanings about God and the plan of salvation that is still widely studied in many circles today.

Instead of relying on one method of instruction God sought to impart His message through the oral, visual, and hands-on methods that were featured in the construction and design of the sanctuary. Christ also utilized the use of object lessons as he creatively found ways to instruct his hearers about the invisible by means of the visible. Ellen White comments on this by stating that “the unknown was illustrated by the known; divine truths by earthly things with which the people were most familiar” (White, 1900, p. 17).

Many believers would attest that God is the greatest communicator and teacher known to man, for despite man’s limitations in grasping eternal mysteries, God desires to reach us where we are to carry us higher. For God to communicate with beings that are bound by time and geography, space and dimensions, and a host of other obstacles, provides a rich template for all who would seek to teach others. He unfolded to humanity the lesson that true simplicity will open the world of complexity much more effectively than an array of intricate teaching styles.

Today, with our advancement in education much pedagogical research has focused on the concept of "learning styles." According to Duncan et al. (2009) the four primary ways that people learn are usually listed as follows: The Tactile/Kinesthetic - learns by doing/touching. The Visual - learns by seeing words and pictures. The Auditory - learns by hearing and the Fleming's VARK approach which encapsulates Reading/Writing. It must be highlighted however that there are many other types of learning theories that have been proposed, however, for this paper I will utilize Fleming's approach.

It has been noted that by the sixth grade, children have usually developed a "learning style" that will generally remain constant for the rest of their lives. According to Marlene LeFever (as cited in Duncan et al., 2009), "for every ten students in an average sixth-grade class, one will find: two auditory learners, four visual learners, four tactile/kinesthetic learners." She goes on to state, "ninety percent of all teaching in our churches is auditory. That means eight out of ten people are not being taught in the way they best learn" (p. 301). If this is the case, then it means that our present way of conducting worship may be flawed and will need to be revamped in order to reach various learning types effectively.

To avoid a diminutive return in the reception of his hearers, God used the sanctuary as a means to reach these four basic learning groups. For the tactile/kinesthetic learners, God allowed that the people would handle objects during the worship phases in the sanctuary. Sometimes the people would handle a sacrificial animal such as a dove, lamb or bull. The handling of these animals left an indelible impression upon the worshippers who came to see the high cost of sin and the value of redemption.

For the visual learner, many scenes would attract their gaze both in the wilderness sanctuary and the one built by Solomon. There were colors such as purple, blue and scarlet each conveying some spiritual meaning while bedazzling jewels aroused the curiosity and imagination of the viewers. The curtains which separated the compartments must have drawn inquiry as to its purpose and the smoke rising from the altar would have alerted the worshippers that they were near the temple.

For the auditory listeners, God displayed his lessons through the loud blasts of the trumpeters such as in the Feast of the Trumpets and the calls to worship by the priests and choristers. The processions of musicians and singers would have alerted weary travelers to the time of worship as well as enjoining others to join in. The impression made by the noisy animals as they were led to the sacrifice may have also drawn strong emotions knowing that they should have been the one owning up to their sins. So impressive were these displays that Christ as a young boy was captivated by the rituals. White (1898) remarks about this that,

> At the age of 12, for the first time the child Jesus looked upon the temple. He saw the white-robed priests performing their solemn ministry. He beheld the bleeding victim upon the altar of sacrifice. With the worshipers He bowed in prayer, while the cloud of incense ascended before God. Day by day He saw their meaning more clearly. Every act seemed to be bound up with His own life. New impulses were awakening within Him. Silent and absorbed, He seemed to be studying out a great problem. The mystery of His mission was opening to the Saviour. (p. 78)

Though we may never fully understand the nature of how much Christ knew before this scene, it can be understood from Ellen's statements that Christ learned and grasped much the same as we do and the sanctuary provided a perfect guide in helping him understand his mission. We observe that Christ looked (visual), bowed (tactile), and noticed the incense in the sanctuary and it all played a role in him learning the meaning

of its ritual. It is possible that this can be a model for effectively teaching biblical principles to children and adults.

For those who learn best by reading and writing, God allowed for the Law to be written down and shared with His people. So central was this law to the well-being of Israel that the Decalogue was placed in the Ark of the Covenant while the rest of the books of Moses were read to the people on a consistent basis. The names of the Twelve tribes of Israel were engraved on 12 precious stones (Exod 28: 15-21) for all to see and on the crown that the high priest wore, the words were inscribed "Holiness to the Lord" (Exod 39: 30, 31). These and other messages would have constantly drawn the reading and writing learning types to a greater understanding of God and His laws.

It is plausible that in seeking to minister to all learning types, God may have made special arrangements for those with special needs and cognitive deficits as well. For some with ASD their ability to think and deduct mathematical connections are extremely high in comparison to the rest of society, and when one encounters the exactness of the intricacies of the earthly sanctuary alongside its prophetic outline leading up to the ministry of Christ, it provides a rich interplay for the avid thinker.

For those with the inclination for social activities where learning in groups or with other people is satisfactory, the feasts and festivals that were appointed provided opportunities for God's people to come together. The Passover was one of the primary feasts that provided a learning environment for the socially inclined. For those who preferred the solitary, or for those who were not able to make it to the sanctuary one was still able to partake of the Passover, and to celebrate the Hebrew feast days. Individuals such as Daniel and the three Hebrews who were unable to worship physically in Judah

were able to face the temple and direct their prayers to God (Dan 6:10). God desired to minister to every worshipper, whatever their learning styles; whatever their condition and their location and He made provisions for them.

If God purposely chose different models of teaching his people deep and spiritual truths throughout history, it is imperative that His church does likewise? The church may be missing a wonderful opportunity to minister to greater numbers because of its narrow focus on one particular learning style. To follow a ministry of teaching similar to that of God may add a richness and depth to the service that would be appreciated by those in the ASD and Special Needs category as well as the general church family.

## Summary

It is apparent in Scripture that God cares deeply and compassionately about the situation of those affected with special needs. From His intervention in the Garden of Eden to the incarnational ministry of Christ, we can see that God is not only filled with compassion for fallen humanity but will go to great lengths to bring relief. The manner of God's intervention towards humanity sets the stage and backdrop for intervention for those with special needs today.

The ministry of Christ towards children in a time and place when they were marginalized provides confirmation that children are very important in the sight of God. It also provides an opportunity for the Church to minister to little ones in a Christ-like manner irrespective of their needs. As difficult a task as it may be to cater for those with special needs during church services the words of James and Jesus prompts us to show impartiality to these worshippers. Though the focus may not be on class and nationality,

if there is a segment of society that we are not adequately ministering to, a level of intentionality must be displayed.

The Sanctuary model of worship highlights the fact that God employed various styles of teaching to convey spiritual truths. There is still room for further study in this field as future testing may reveal how God's method of conveying truth compares to our traditional approach.

The pioneers of the Seventh-day Adventist Church were at a disadvantage as it pertains to knowledge of how to handle mental health issues as demonstrated in some of the excerpts from their writings. Ellen White nonetheless advocated for a caring and holistic approach towards those with mental health issues. Further research can demonstrate whether Ellen White was consistent in her views on mental health problems or gradually perfected them. Further research can also reveal what the pioneers did with those who developed developmental disabilities within the church in light of the resources available in the 18th and 19th centuries.

# CHAPTER 3

# LITERATURE RELATED TO AUTISM SPECTRUM DISORDER

## Introduction

The purpose of this chapter is to review the literature related to issues concerning Autism Spectrum Disorders (ASD) in the community and faith-based congregations. The most notable issues addressed in this paper are the rise, prevalence, and treatment of ASD, alongside ministry opportunities for faith-based congregations.

Literature relating to Autism Spectrum Disorder (ASD), its history, prevalence, treatment, and relation to church life is diverse. A full literature review of each would be unproductive. Although the following literature review will include works in each area, its emphasis will be on literature that directly addresses ASD, its treatment, and approach by church congregations. The works reviewed are divided into the following categories: Scholarly works on the history of ASD and secondly, the prevalence, diagnosis, and treatments that are available. The third category will highlight tools for faith-based ministries to care for and attend to children and adults with ASD.

## Autism

Autism was first written about in 1943 by Dr. Leo Kanner with his paper entitled, Autistic Disturbances of Affective Contact. This paper became the basis for all study on

what came to be known as autism (Sorenson, 2009). It is quite interesting that around the same time two very similar descriptions of children displaying severe social deficits and unusual behaviors were published, one in English, one in German, both using the term "autistic." Leo Kanner in Baltimore, USA, described 11 children with "early infantile autism" in his seminal paper while in the same year, Hans Asperger, in Vienna, Austria, submitted his thesis on *Autistic Psychopathy in Childhood*, which was published in 1944, describing four children with "autistic psychopathy" (Viktoria & Fitzgerald, 2007).

The difference seen in the patients of both these men have continued to provide a guideline in diagnosis today. Symptoms described by Asperger included the DSM-IV's three diagnostic criteria for autism. Asperger described young boys of normal intelligence and language development but exhibited autistic-like behaviors and differences in social and communication skills. Asperger also observed that his patients spoke "like little adults." Kanner, on the other hand, reported that three of his 11 patients did not speak at all, and the remainder rarely used language (Pearce, 2005).

As Kanner's observations were soon acknowledged by many influential clinicians, other researchers soon observed similar findings. By the end of the 1970s autism was included in the two principal diagnostic systems used to classify illness and disorders in the USA and Europe (American Psychiatric Association, 1980); World Health Organization: International Classification of Diseases and Related Health Problems, or ICD-9 (WHO, 1992). Kanner's diagnosis for autism still falls within the realms of deficit being: abnormal communication, abnormal social development and ritualistic and stereotyped behavior and resistance to change (Howlin, 1998, p. 2).

In 1981, Asperger syndrome was brought out of obscurity and reevaluated after Lorna Wing published a detailed account of 34 cases. In the 1990s the condition was included in DSM or ICD classifications (Howlin, 1998, p. 17). Asperger's disorder is listed as belonging to Pervasive developmental disorders (PDDs) which is a group of severely disabling conditions. Some of the deficits of Asperger syndrome is impairment in social interaction that involves stereotypic (repetitive) behavior and inflexible adherence to routines (Butcher et al., 2007, p. 575).

Differences observed between Kanner's and Asperger's patients can be categorized according to Howlin in three groups. First, Kanner's patients showed clear evidence of intellectual disability while Asperger's cases were generally said to be of normal or even superior intelligence. Second, whereas many of Kanner's cases had little or no speech, Asperger's patients tended to have well-developed vocabularies though they had difficulties in understanding abstract concepts. Third, although many of Kanner's children tended to avoid social contact, Asperger's cases were often quite disinhibited, lacking "completely any respect for the other person." Finally, the outcome in the two groups in regards to their social independence and social functioning was different. Only 11% of Kanner's children were able to go on and grow to become independent while Asperger cites examples of many individuals who had done remarkably well in later life as professors and high-ranking civil servants (Howlin, 1998, p. 18).

## Diagnosing ASD

Difficulties can arise in differentiating between Autism and Asperger Syndrome as each may share different DSM-IV characteristics. One of the main areas of difficulty

comes in the diagnosis of high-functioning autism and that of Asperger's. High Functioning Autism is the term used for children who meet autistic disorder criteria but have relatively normal thinking and learning skills and language skills (they can speak close to the level expected for their age). At least a quarter to a third of children diagnosed with autistic disorder falls within this special subgroup that we call "high-functioning autism" (Ozonoff et al., 2002, p. 29).

Often it would appear diagnoses of ASD and Asperger's is a matter of how strictly or loosely the professional uses the DSM criteria (Ozonoff et al., 2002, p. 36). Sometimes because of the help that may come to patients through information and insurance, some professionals will favor one diagnosis over another. "Maybe in an effort to alleviate this situation the writers of the DSM-V manual decided to merge into one umbrella the diagnosis of ASD all autism disorders. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome" (Autism Speaks, n.d.a).

What is clear is that "the diagnosis of Autism is based on behavior…and since autism is a rare disorder, there are relatively few experts who have the experience of a large number of cases" (Frith, 1989, p. 13). With research suggesting that ASD diagnosis is on the rise (Butcher et al., 2007, p. 575) it still stands for Frith that experience is helpful in diagnosing. As Autism is a disorder of development "certain features will not become apparent until later; others disappear with time" (Frith, 1989, p. 1).

## Prevalence of ASD

In one study reported by the CDC in 2012 the figures revealed that ASD was steadily increasing every four years. "The new figures mean that autism is nearly twice as common as estimated only five years ago. If these estimates for ASD (1 in 88 children) are valid and not an artifact of confounding or systematic bias due to better screening and ascertainment, then ASD affects more than one million children and adolescents in the United States" (Neggers, 2014). As recently as 2010 the figure showed the prevalence statistics at (1 in 68 children) or 14.7 per 1,000 children aged 8 years (Baio, 2014). Presently, the most recent figure shown in 2014 has it at (1 in 59 children) or 16.8 per 1,000 in children aged 8 years (Baio, 2018).

There also appears to be a greater significance of boys with autistic condition than girls which was observed by both Kanner and Asperger (Frith, 1989, p. 52). In a study conducted by Lord, Schopler, and Revicki (as cited in Frith, 1989, p. 52), between 1975 and 1980, "the ratio of boys to girls was 5:1 at the higher end of the ability range and only 3:1 at the lower end." As of 2010 the CDC has it listed as "approximately one in 42 boys and one in 189 girls living in the ADDM Network communities were identified as having ASD" (Baio, 2014).

In terms of demographics it is shown that "non-Hispanic white children were approximately 30% more likely to be identified with ASD than non-Hispanic black children and were almost 50% more likely to be identified with ASD than Hispanic children" (Baio, 2014).

## Causes of ASD

According to the CDC there are likely many causes for multiple types of ASD. There may be many different factors that make a child more likely to have an ASD, including environmental, biologic and genetic factors. Some of the risk factors as mentioned are (a) Children who have a sibling with ASD. (b) Those with certain genetic or chromosomal conditions such as Fragile X syndrome or tuberous sclerosis. (c) Taking the prescription drugs valproic acid and thalidomide have been linked to a higher risk of ASD. (d) Evidence suggests a critical period for developing ASD occurs before, during, and immediately after birth. (e) Children born to older parents are at greater risk for having ASD (Centers for Disease Control, 2010).

According to Muhle, twin studies indicate a 60 % concordance rate for monozygotic (identical) twins; that is, if one twin is diagnosed with autism, there is a 60 % chance that the identical twin will also receive the diagnosis. For dizygotic twins having 50 % of their genes in common, the concordance rate is zero.

As it pertains to the neuro part of the brain, some studies suggest that the back part of the brain (cerebellum and brain stem) is significantly smaller in size among persons with autism (Chorchesne, Saitoh, Yeung-Chorchesne, 1994) while Bailey's research indicates overall brain enlargement (Bailey, Luthert, & Bolton, 1993). There is also interest in "anomalous dominance," in which the right rather than left hemisphere of the brain is ascendant among groups of autistic individuals together with a reduced size of the corpus callosum (the fibers that connect the right and left-brain hemispheres) (Moncrieff, 2010).

According to Ozonoff et al., some other factors that may cause this are that of an inherited immune system deficiency as speculated upon by the late Dr. Reed Warren (1998), an internationally renowned immunologist from Utah. He believes that because of this deficiency the children become more susceptible to viral or bacterial infections which might trigger an autoimmune response in which the body turns upon itself (Ozonoff et al., 2002, p. 69).

Another theory that has been explored but up to date has been debunked is the theory that there was a linkage between vaccinations and ASD. Wakefield et al. (1998) proposed this theory, and it caused a media sensation, but after years of study, this theory proved false (Ozonoff et al., 2002, p. 70). Thimerosal, a vaccine ingredient has been since studied aggressively to see if there has been a correlation between ASD and it but again there was not enough evidence to prove this. In 2001, however, thimerosal was removed or reduced to trace amounts in all childhood vaccines except for one type of influenza vaccine, and thimerosal-free alternatives are available for influenza vaccine (Center for Disease Control, 2010e).

Because ASD affects the brain, studies have been conducted to see how the brain structure is changed. “Some studies have found that the ventricles are larger than normal in some people with autism, which may mean that brain tissue around the ventricles, has been lost (Ozonoff et al., 2002, p. 59). In studies of the frontal lobes, Antonio Damasio and Ralph Maurer (1978), published a paper that pointed out behavioral similarities between people with autism and patients with damage to their frontal lobes. It is known in the scientific community that if the frontal lobe is not working efficiently, tasks such as planning, flexibility, and reasoning can be difficult (Ozonoff et al., 2002).

## Available Treatments

As can be noted by the various spectrums of autism, each child is unique and different requiring sometimes similar but various treatment options. According to the CDC there are no medications that can cure ASD or treat its core symptoms (Center for Disease Control, 2010f). However, there are some medications that can help patients with ASD function better. A bit of research has been supporting the theory that early behavioral intervention can help children with ASD adapt at a higher rate. It has been shown that early intervention services help children from birth to three years old (36 months) learn important skills (Center for Disease Control, 2010f).

The different types of treatments available are broken down into the following categories: behavior and communication approaches, dietary approaches, medication, and complementary and alternative medicine. One of the foremost behavioral treatments is applied behavior analysis (ABA) used in treating young children. This was developed by Ival Lovaas in the 1960s (Ozonoff et al., 2002, p. 77). According to the Center for Disease Control, ABA encourages positive behaviors and discourages negative behaviors in order to improve a variety of skills. The child's progress is tracked and measured and this treatment has become widely accepted among healthcare professionals, schools and clinics (Center for Disease Control, 2010f). Parental participation is considered essential to achieve generalization and maintenance. Early intensive behavioral intervention (IBI) is effective when it is both intensive (i.e., approximately 40 hrs. per week) and extensive –minimally two years (Didden, Korzilius, Sturmey, & Scheffer, 2011, p. 136).

Other treatments are: Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH), Denver and Greenspan models,

Social skills groups, Educational Support, Language-communication therapy, Functional behavior analysis, medication, sensory integration therapy and individual psychotherapy (Ozonoff et al., 2002, pp. 77-79).

A more recent approach emerging in psychological practice is called Positive Psychology (PP). Dr. Martin Seligman is considered the "father" of positive psychology because he was the first to find research evidence that we can prevent depression by promoting happiness (Grindstaff, 2012). According to Schueller (as citied in Dorsey, 2013, p. 8), a primary goal of PP is to teach the individual that he or she can achieve emotional satisfaction, develop "positive social interactions, and positive functioning" and demonstrate "an ability to function and adapt to the environment" through the production of resilience and well-being (Schueller, 2009).

The effectiveness of combining PP and ABA treatment was seen in two case studies where in case study 1, ABA produced a 20% decrease in non-compliant behaviors; ABA plus PP produced a 100% decrease; 100% compliance remained at follow-up. In case 2, ABA produced a 22% decrease in non-compliant behaviors over baseline; ABA plus PP produced a 53% decrease; but in a two-week post-treatment follow-up, there was 0% compliance. Nevertheless, four weeks after the research concluded, the parent in case 2 reported the child was exhibiting "zero non-compliant behaviors." These tests reveal that there is room for more research regarding the use of combining these two behavioral treatments for ASD (Dorsey, 2013, p. 3).

Though breakthroughs are coming in treatments for ASD, the prognosis for autistic children, particularly for children showing symptoms before the age of two, is poor. In cases where the child is high functioning, there is a better chance of helping them

to make modest adjustments in life, but the outcome in more severe cases is usually not as positive (Butcher et al., 2007, p. 578).

With the growing demand for serving the needs of those with ASD it is noted that "services have not kept up with demand." According to Holmes, "currently, children with autism (individuals under the age of twenty-one) are entitled to free and appropriate educational services, and related services such as speech and occupational therapy, under IDEA, the Individuals with Disabilities Education Act." However, services for adults are limited (Holmes, 1998, p. 26).

To meet this demand, the "Eden Model" founded by David L. Holmes seeks to promote the development and growth of autistic people over their lifespan. With the understanding that different people have different needs at different times in their lives, David and his team decided to make resources available for the changing needs for individuals with ASD instead of focusing all their resource on the early years (Butcher et al., 2007, p. 579).

This will continue to be a weighted discussion for years to come as according to Linda Davies, "the bill for the tide of autistic children entering adulthood over the next 15 years, an estimated $27 billion annually in current, non-inflation-adjusted dollars by the end of that period. The number of autistic children expected to need extensive adult services by 2023—more than 380,000 people—is roughly equal to the population of Minneapolis" (Davies, 2009, para. 2).

"As a result of improving services, adults with autism appear to have normal lifespans" (Holmes, 1998, p. 218). It would appear however that during adolescence the likelihood of developing epilepsy is at 20-40 %, but after adolescence, "having autism

does not seem to predispose people to any disorders that do not affect mainstream adult society (Olsson, Steffengurg & Gillberg, 1988).

Because the needs of adults and children with ASD differ it is important that the adults be taught skills to help in coping with the challenges that life brings. Holmes (1998) highlights the need to be taught how to control or take care of their diet, menstruation and a host of other activities pertinent to their livelihood. He shares that "the most important functional needs adults with autism have, however, focus on residential services in the community and support in finding and carrying out employment" (Holmes, 1998, p. 222).

## Faith Based Communities and ASD

Does the faith community play a role in ministering to the needs of those with ASD? The answer according to a 2009 research study done by White entitled "The Influence of Religiosity on Well-Being and Acceptance in Parents of Children with Autism Disorder," would lean to a yes. Apparently, research studies have shown that faith and participation were able to ease stress and provide some form of peace of mind. In the study it was demonstrated that "parents who more strongly endorsed having religious beliefs and who were more involved in religious organizations had greater well-being and were more accepting of their child's disorder." On the other hand those with little or no religious belief and "little or no involvement in religious organizations had a negative impact on well-being" (White, 2009, p. 111).

It may then be that developing or maintaining relationships in a faith-based community is a rewarding decision for families with ASD. According to Albrecht and Adelman as cited in (Swinton, 2000, p. 92) "Developing close relationships with others is

a central activity from birth to death. Whether transient or enduring, support from friends is profoundly linked to our sense of belonging and social integration, our ability to cope with the major life crises and transitions, and our overall sense of self-worth."

This sense of social support perceived or otherwise seems to be important in helping families deal with stress. According to Krishnasamy (1996), "social support acts to protect (buffer) people from the stresses of life by increasing access to resources in the community or by having a prevailing effect upon mood state, emotional distress, self-esteem and self-acceptance because of regular interaction." However, for many parents of children with autism, the act of finding synergy can be difficult. Albers and Meller (2012) write, "Parents of children with autism want their child to participate in the life cycle of the congregation—birth, childhood, adolescence, young adult, and adult—and the rites that come with it—Baptism, first communion, confirmation or bar/bat mitzvah, weddings, and funerals" (pp. 168-169). Though it would appear the expectations may be difficult to meet as a faith-based community they go on to say that "When people with autism or intellectual disabilities take part in a life-cycle rite of the faith community, it may challenge persons' theological understanding of the rite, but it may also be an opportunity for the faith community to learn more about the rite and witness God's acceptance of all people" (Albers & Meller, 2012, pp. 168-169).

In creating an environment of openness for parents of children with ASD as well as adults who struggle with ASD, it is possible that the benefits experienced by Anderson and Foley as they witnessed to women in the refugee camps set up for Rwandans in Tanzania, could prove a model. Within the camp, the women were having difficulty sleeping until a psychologist was able to set up a canopy on the edge of camp and invite

them to come and share their stories. After weeks of listening, the reports confirmed that the women in the camp were now sleeping (Anderson & Foley, 1998, pp. 114-115). It may be that providing an environment where members of the faith based community are taught to listen to the parents of children with ASD as well as those affected by ASD, may create a place of healing and therapy that can help in the process of reducing stress in affected families.

Because of the belief that "people with autism have done more to improve the quality of teaching for all children and adults than any form of non-human research" Holmes (1998) has adopted a philosophy that calls each person they serve a "participant" instead of a client. For him the term "client" gives the impression of passiveness in the treatment process while "participant" implies a more active and participative role in the effort.

The lack of ministry to families and children with ASD can be seen in one study done by Orsmond, Krauss, and Seltzer (2004) where they surveyed over two hundred parents or children with autism about their participation in religious-sponsored events. More than two-thirds of the participants claimed that their children did not participate in any weekly spiritual events and only slightly over 10% of children participated more than once or twice a month. Similarly, Hayden, Lakin, Hill, Bruininks, and Copher (1992) found that students living in a group home environment displayed similar behavior patterns. Of the participants surveyed, 1/4 claimed they attended church "sometimes," while 1/3 asserted they attended church "practically never."

As for schools, the United States Department of Education as cited in (Edgar-Smith, Gill, & Palmer, 2013) reports that as of 2012 there were more than 6.4 million identified children and youth with special needs in the United States.

With barriers erected for reaching and ministering children with ASD whether voluntarily or involuntarily, it seems that speaking or directly relating to these barriers is important. Jim Pierson and Robert Korth speak of "recognizing the fears" in their book *Reaching out to Special People*. One fear is that the disability is catching. The second fear is that of the unknown. The third fear is that of the "fight or flight" response triggered in us. The fourth fear is "one many disabled people have. It comes out of the three mentioned above—the fear of rejection." Though they spend time dealing with the attitudinal barriers in the fear mentioned above they also highlight the architectural and communication barriers that often stand in the way (Pierson & Korth, pp. 142-147).

Is it possible to create a warm environment for children and adults with ASD in the worship service? Diana Garland believes so and that it can be done without targeting groups. She states, "the way to be inclusive…is not to add another mini-sermon, this one aimed at those with developmental disabilities. Instead, preachers can speak to everyone, including the children, in the 'real' sermon." She specifically identifies that the pastor can preach from a child's perspective as this will not only help the children but will allow the adults to understand the deeper principles contained within the stories (Garland, 2012, p. 454).

Barbara J. Newman, one of the leading writers on helping churches to minister to children with autism, highlights that one needs to take into consideration language, timing, social skills and sensory responses to name a few when developing a program to

minister to those with ASD (Newman, 2011, pp. 25-27). For example, as it pertains to language, "a woman was unable to take communion because she thought the juice was literally the blood of Jesus." For this woman, Barbara had to interpret faith language for her that she could grasp the deeper realm of the Christian faith.

Another challenge for faith communities described by Steven D. Thurber is that "people may feel that only professionals who are trained in autism are able to care for and engage with the child with autism. Because the child may be a bit odd and not engage in the correct social interactions, people may think they have nothing to offer the child" (Albers, Meller, & Thurber, 2012, p. 170).

## Strategies for Faith-Based Communities

Barbara Newman lists ten strategies for faith-based communities ministering to individuals with ASD. They are as follows:

1. Gathering information about the person with ASD
2. Sharing information with others who need to know
3. Monitoring sensory input in your church environment
4. Thinking Alongside the person with ASD
5. Making Routines comfortable
6. Using advance warning systems
7. Closing the Communication gap
8. Using visuals to reinforce what we say
9. Writing stories to help people with ASD anticipate new situations
10. Teaching instead of reacting (Newman, 2011, pp. 29, 30).

Strategies 1 and 2 seem to play a key role in allowing the faith-based community to be more sensitive to the needs of those with ASD as well as providing an intentional and ongoing support team for them. Newman (2011) recommends that a registration card be issued "for anyone who sends a child in grade 12 and below to your church programs" (p. 31). This provides an opportunity for parents to inform the church if their child has allergies, ADD/ADHD, ASD or any other challenges that could help to safeguard and protect the child. In the second strategy, she shares that "sharing information about children and adults with ASD is critical" and the three groups that need that information are leaders, peers, and children and adults with ASD.

Albers, Meller and Thurber (2012) stress the need to focus on the person, not the label and see one's ministry as that to a child of God (p. 170). In other words, the faith-based communities should ask questions such as what are her likes and dislikes and favorite activities to know the child as an individual. They share that "when faith communities learn to accept one child with autism they become more accessible to all people."

Swinton describes the attitude faith-based communities should have as to "become a place where the weak are revealed as strong, the powerless are revealed as powerful and mental health is found to be something strangely at odds with contemporary understandings." His definition of mental health as "the strength to be human and to remain human irrespective of one's circumstances" boldly sets the premise for each person regardless of their infirmities to be treated as children of God (Swinton, 2000, p. 155).

To further propel such an attitude and ministry, Newman (2011, p. 87) wisely points out, "this is not a one-time effort: rather, it is an ongoing ministry." She goes on to lists several steps to building such a ministry but for the purposes of this paper, I will highlight two of these. First, she shares the importance of recruiting a coordinator who seeks to include children and adults with disabilities, including those with ASD. Second, she emphasizes the need to build a Special Needs ministry team as accomplishing this will "help to ensure that this ministry is focused and accountable."

In addressing the leaders of such specialized programming Edgar-Smith, Gill, and Palmer states, "these leaders are the critical, first order personnel facing the job of implementing specialized programming." It is emphasized in their writing that small churches with one or a few members on their pastoral staff will need the help of volunteers to ensure the program is robust and maintained properly. Such teamwork allows for a distribution of responsibilities and promotes enthusiasm and support for the program (Edgar-Smith et al., 2013, p. 59).

## Summary

If ASD affects more than one million children and adolescents in the United States (Neggers, 2014) it is imperative that churches and communities continue to seek ways and means of ministering to the families affected. With the advance in medicine and early intervention services to help children from birth to three years old (Center for Disease Control, 2010a), better tools are available to equip families in dealing with ASD. Newman (2011) rightly observes, "no one strategy…will work with every individual or in every situation" (p. 13) yet she stresses the need to make the church a place where everyone is welcome. Since ASD has various spectrums and manifests itself in different

ways, “one of the most important characteristics of congregations is that they are communities in a social world…that embraces the family as a whole” (Garland, 2012, p. 449).

# CHAPTER 4

# DESCRIPTION OF THE MAKING ROOM FOR THOSE WITH AUTISM SPECTRUM DISORDER SEMINAR

## Introduction

Mary Jane Owens is quoted as saying,

> *if bars are more accessible than altars, if theaters are more welcoming than churches, if the producers of PBS are more sophisticated about communication access than our liturgists, if the managers of department stores know better how to appeal to those with disabilities than our church leadership, if publishers of popular magazines are more knowledgeable about alternative formats than those who produce religious materials; then we have failed to meet Christ's challenge to us all.* (as cited in Barnum, 2002, p. 1).

This quote stands as a challenge for churches and other institutions to meet the task of helping those with special needs. Though there are many categories of disabilities, this project seeks to address how churches, in particular, the Atlanta All Nations Church family can help the situation of Autism Spectrum Disorders (ASD) affecting families both within and outside the Church.

This chapter highlights the prevalence of ASD in the ministry context of All Nations and shows the steps of the intervention that was implemented. The intervention was comprised of two surveys and three weekend seminars. The details of which are explored throughout this chapter.

## Ministry Context

The Atlanta All Nations Church was started in September 15, 2001 when members from the Lakeview and 1st Romanian Seventh-day Adventist Church consulted together to plant a church in downtown Atlanta. Their intent was to have a multi-ethnic church that would focus on inner-city ministries. Their primary strategy was reaching out to the homeless whom they considered the most destitute in society. As their ministry grew, they rented different facilities until they were able to purchase a property in Lilburn GA, where they began construction on April 28, 2009. First under the leadership of Pastor Eddie Constantinescu, then Pastor Rusty Williams, the church was able to build a sanctuary that held up to 150 members. Alongside this growth was the introduction of families with special needs. Presently the membership of the church is at 180 and growing, and at least four families regularly attend with someone who has ASD or another special need.

The membership is primarily located in Gwinnett County with some members traveling as much as 40 miles or across two counties to come and worship. The zip code in which the church is located has a population of nearly 63,000. The Latino population of 10,875 in which the church is surrounded is second behind Whites at 29,368 and Blacks at 9,589. The Asian population is fourth at 8,404 (City Data, n.d.). This is important to note as the church is primarily African American and Caribbean with fewer percentages being White, Hispanic, and Asian. However, the Church has not made effective inroads in reaching the residents of the community.

The church has a 1:3 ratio of males to females and a blended concentration of age groups. On any given Sabbath, we have approximately 140-180 worshippers with about

10-15 visitors. Like many churches, the greeters share the guest's book registry to gather information about our guests with the hope that the leaders of the church will make contact with them throughout the week. This has been a positive experience, but our greeters had not been trained in relating to families with ASD or other special needs, nor had the deacons and deaconesses been instructed in what to do if circumstances required their intervention.

Like many small churches today, there are not many rooms available for alone time for individuals with ASD to debrief of calm down nor specialized ministries to cater to the families affected by ASD. The Church still maintains an active interest in the Downtown Ministry to feed the homeless and has begun a new initiative to help students of refugees who need lunch for school. These and other ministry activities indicate that the church has a willingness to go outside the call of duty to serve others. Will this compassion to the less fortunate be evidenced in compassion for those with ASD? Are the members willing to go outside of their comfort zone to produce a safe place for worshippers? These are some of the questions that were pursued during the intervention.

## Overview of Intervention

The intervention for All Nations Church began with developing awareness of ASD. One of the first questions that I addressed was "Do the members of my church have sufficient information about those with Autism Spectrum Disorders to engage and understand them?" To assess the member's knowledge of this topic, a 12-question survey was designed to gauge how versed they were of ASD as well their comfort level in relating to individuals with ASD in the faith-based community.

I decided to use a survey-based approach to identify any measurable differences in awareness of ASD both before the intervention and afterwards. This provided feedback as to whether the seminar time, length, or substance was effective in producing significant differences in perception.

To accomplish this intervention I used the All Nations membership as a base of operation and informed them of the voluntary nature of the training. It was addressed to the participants that there would be no penalty or loss of benefits for those who refused to participate. The survey was also shared with members who are 18 and above. For three consecutive Sabbaths, I used the midday sermons to point to the theological premise for ministering to those with special needs. This was helpful in creating and building awareness for the entire church. The afternoon training sessions were held from 3-6 pm during which those who participated were provided more detail about ASD, such as its history and prevalence. The first seminar highlighted these topics while the second and third seminars looked at the 10 strategies developed in part by Barbara Newman to prepare churches in integrating those with ASD.

During the seminars I acted as the presenter and acquired the help of experts in the field of ASD to field general questions. Groups specifically targeted in these sessions were pastors, elders, deacons, deaconesses, greeters, ushers, men and women leaders and other small group ministries in the church. I provided notices a month in advance to these individuals through the bulletin and phone conversations. The vulnerable groups (prisoners, hospital patients, mentally impaired, pregnant women etc.) and those under 18 (unless by parental consent) were excluded from participating. It was the intent that after

the seminar, ministry leaders would seek to build a Special Needs Committee that would look at ways of providing continuing ministry to the local church.

I recruited the volunteers' via-email, general announcements, and personal invitations. This was done on a voluntary basis with a consent form being given. All tests and questionnaires were explained in depth so that there was no concealment of its intended purposes.

Data collected by the facilitator such as the survey was anonymous and confidential. No one was able to make a connection between the data and the subject. All data collected was safeguarded in a secure computer file to which only the facilitator had access.

## Survey Content

Survey questions included six choices ranging from Strongly Disagree to Strongly Agree. The questions were designed to find out the level of awareness of ASD in the congregation as well as their knowledge of resources available to them. The survey also highlighted their comfort level in bringing a family member to the Church. The initial survey results were compared with a final survey containing several of the same questions that were given at the end of the seminar with the assumption that this would provide valuable feedback to the effectiveness of the intervention.

The content of the survey questions was as listed: (a) I am aware of Autism Spectrum Disorder (ASD). (b) If a child was crying inconsolably with the parent apparently flustered would you know just what to do? (c) All Nations is a safe place where parents of children with special needs feel welcomed. (d) I have heard sermons and seminars within the past two years about ASD. (e)There is special recognition of

families affected with ASD in my Church. (f) I personally know of families affected with ASD. (g) I understand that the Bible has timely principles that can help in ministering to families with ASD. (h) I am aware of a Special Needs Ministry in the North American Division. (i) I desire to learn more about ASD and how to minister more effectively to such families. (j) I am aware of resources outside of my church available for ASD members? (k) I feel that All Nations is making great strides in ministering to families with ASD. (l) I would feel comfortable bringing a special needs family member to church?

## Content of Intervention

The content of the seminars was broken into three parts. The first seminar focused on creating awareness of ASD by highlighting what it is: its diagnosis, causes, and what people with Autism are like? The second seminar looked at barriers to ministering to individuals with ASD; the spiritual reasons for intervention, and an introduction to the 10 step strategies for integrating families with ASD. The third seminar concluded the lessons on strategies and closed off by forming a Special Needs Team that would continue to work for the benefit of affected families in the church. The content of the seminar is listed below and due to the constraints of this paper, a brief summary of each section is provided.

### What is Autism Spectrum Disorder?

ASD is a developmental disability that cause significant social, communication and behavioral challenges (Centers for Disease Control, 2010a). ASD includes a wide range or spectrum of symptoms, skills, and levels of disability (National Institute of Mental Health, 2009). Autism's most obvious signs tend to appear between two and three

years of age. In some cases it can be diagnosed as early as 18 months. Some developmental delays associated with autism can be identified and addressed even earlier (Autism Speaks, n.d.b.).

## Diagnosis

Diagnosing ASD can prove challenging as currently there are no medical tests, such as a blood test, to diagnose the disorder. “Doctors look at the child’s behavior and development to make a diagnosis” (CDC, 2010d). It is noted that “an accurate diagnosis must be based on observation of the individuals’ communication, behavior, and developmental levels” (Barnum, 2002, p. 5).

As there are other conditions that have similar symptoms to Autism, professionals have to be vigilant in determining the diagnosis and its treatment (Colton, 2008). “Difficulties in the proper recognition and acknowledgment of the disorder, can often lead to lack of services to meet the complex needs of individuals with autism” (Barnum, pp. 5). Since it is evident that a brief observation in a single setting “cannot present a true picture of someone’s abilities and behavior” it is important to include the input of parents, care givers, teachers, to get a fair and accurate diagnosis (Colton, 2008).

Presently there are two determinations used in diagnosing a child, first, a medical diagnosis, followed by a comprehensive evaluation. According to Colton (2008),

> a medical diagnosis is made by a physician based on an assessment of symptoms and diagnostic tests. A medical diagnosis of ASD is most frequently made by a physician according to the DSM manual (DSM-5, released 2013) of the American Physical Association. (p. 73)

The second step of diagnosis is a comprehensive evaluation. “This thorough review may include looking at the child’s behavior and development and interviewing the

parents. It may also include a hearing and vision screening, genetic testing, neurological testing, and other medical testing" (Center for Disease Control, 2010a).

In some cases, according to the CDC, "the primary care doctor might choose to refer the child and family to a specialist for further assessment and diagnosis. Specialists who can do this type of evaluation include: Developmental Pediatricians (doctors who have special training in child development and children with special needs), Child Neurologists (doctors who work on the brain, spine, and nerves), and Child Psychologists or Psychiatrists (doctors who know about the human mind)" (Center for Disease Control, 2010a).

ASD can sometimes be detected at 18 months and younger and it is expedient that if care givers see telltale signs that they seek an experienced professional. If a child is diagnosed before the age of two the effects of treatment and intervention can greatly help the child's development.

## What Causes Autism?

As Autism and its various spectrums gets more public attention because of its pervasiveness, research is pointing to the idea that ASD is caused by abnormalities in brain structure and function. Brain scans are revealing that there are differences in the shape and structure of the brain in children with autism and those who do not. Some studies suggest that the back part of the brain (cerebellum and brain stem) is significantly smaller in size among persons with autism (Chorchesne et al., 1994, as cited in Albers et al., 2012, p. 8).

According to the CDC "children born to older parents are at greater risk for having ASD and that a critical period for developing ASD occurs before, during, and

immediately after child birth (CDC, 2010a). One of the popular theories that have gained prominence even among many members in the church is the vaccination theory heralded by Dr. Andrew Wakefield, which claims there is a linkage between vaccinations and ASD. After years of study, this theory has proved false (Ozonoff et al., 2002, p. 70).

In genetic vulnerability we find that "Autism tends to occur more frequently than expected among individuals who have certain medical conditions, including fragile X syndrome, tuberous sclerosis, congenital rubella syndrome and untreated phenylketonuria (PKU). Some harmful substances ingested during pregnancy also have been associated with an increased risk of autism" (Autism Society, n.d.a.).

## What are People With Autism Like?

ASD like many disabilities may vary in severity from person to person but according to Newman (2011, p. 27),

> children with ASD have differences in six categories. These are: 1. Social interaction and social understanding 2. Language skills, including spoken words and the unspoken ways we communicate 3. Repetitive behaviors or themes 4. Sensory understanding 5. Desire for routine and 6. Perspective taking ability.

*Social Interaction & Social Understanding*: A person with ASD may not be able to enter a church and know quickly the cues of being interactive with others and may have a difficult time grasping how to socialize and blend in with group settings. Though the desire to interact may be there the lack of social tools may be overwhelming to the person with ASD.

*Language Skills*: Depending on the severity some children may not speak at all and if they do may not understand figures of speech or words with multiple meanings. The tendency however in some church settings is to assume that cliché words spoken throughout the services are readily understood by all.

*Repetitive Behaviors:* It is not uncommon to see a tendency to engage in repetitive behaviors by individuals with ASD. These common repetitive behaviors may include, "hand flapping, rocking, jumping and twirling, arranging and rearranging sounds, words, or phrases" (Autism Speaks, n.d.b.). Other times it may be lining up toy vehicles or talking about the same subjects over and over again (Newman, 2011, p. 27). Sometimes older children and adults with Autism may develop a great deal of interest in numbers, symbols, dates or science topics (Autism Speaks, n.d.b).

*Sensory Understanding:* Individuals with ASD may have sensitivities in the areas of "sight, hearing, touch, smell, and taste a greater or lesser degree" (Barnum, 6). This may play out in the church setting whereby a child may cover their ears if the music is perceived to be too loud. If they are undersensitive they may speak in a loud voice oblivious to the distraction it causes.

*Desire for Routine*: In the area of routine a person with ASD may view this "as a source of enjoyment and as a way of coping with everyday life" (Autism.org.uk). A child may appreciate a schedule that does not change to help with difficulty that changes can often present.

*Perspective Taking Ability*: In this area, Newman (2011, p. 27) highlights the challenge that empathy plays into the thinking and feeling of those with ASD. "It may be difficult for a child to understand and read body language or accurately understand whether another person is happy, excited, or sad." She further highlights that in the church setting it is important for leaders to use pictures and other visual aids in the church environment.

It is evident that understanding how and why a person behaves goes a long way into helping the church minister to them. The Atlanta All Nations Church has the opportunity and the privilege to witness to those with special needs including ASD and the motives for doing so are grounded in theology. Understanding the barriers towards ministering to those with ASD and disabilities may prove advantageous in preparing and equipping the membership.

## Barriers to Ministering to Those With ASD

Families with children with ASD may often feel burdened or guilty in dealing with the individual. “Care for ASD means care for the whole family.” According to one study, one-third of mothers of children with ASD suffer depression, particularly if the child does not return the mother’s affection (Colton, 2008, p. 73). It is also evident that couples who have at least one child with ASD may have an 80% chance of having a divorce, and so it likely that families who come to church knowing that one of their loved ones have ASD are sensitive and highly stressed (Bolman, 2006).

The church setting if either too structured or formal, may provide little space for distractions in the worship, which gives little room for tolerance for those with disabilities. Understanding the spiritual needs that the church provides these families may go a long way into providing a sense of wellbeing to these parents. Research studies have shown that faith and participation was able to ease stress and provide some form of peace of mind. In the study they demonstrated that “parents who more strongly endorsed having religious beliefs and who were more involved in religious organizations had greater well-being and were more accepting of their child’s disorder,” while on the other hand those

with little or no religious belief and "little or no involvement in religious organization had a negative impact on well-being" (Albers et al., 1987, p. 12).

Jesus understood clearly the misconceptions and attitudes that his disciples would have towards children, and he pointed out that they were to suffer the little children to come to him. Jesus also highlighted that the disciples were to also humble themselves as little children and his humility according to Bloomberg (1992) "cannot be a subjective attitude (children rarely act humbly) but an objective state as children do depend almost entirely on the adult world for their protection and provision" (p. 273).

In caring for those with ASD it can be seen that intense care is needed for those especially who would be vulnerable in society as their social and physical deficits may impede their very survival. Instead of turning these children and individuals away we must understand that Jesus was providing status to the voiceless and hope to the seemingly hopeless.

In reference to the story of the disciples and the children found in Matthew 19:14, White (1898) commented that Christ "waited to see how the disciples would treat them" (p. 512). We can garner from this that God is interested in how All Nations Church will treat the most vulnerable who come to our doors and ask for help.

## Illustration of a Special Needs Planet

If compassion is the catalyst that opens the door of the church to minister to those with ASD, then a proper theological perspective may provide fuel to propel an ongoing ministry to this group. The framework of God reaching out to a special needs planet provides a definitive "Why" as to why we do what we do. If members can learn to appreciate the fact that Jesus came to a special needs planet to save individuals who

suffered from a wide array of deficits, (mentally, physically, and spiritually) then perhaps greater patience would be demonstrated for those with disabilities.

In Christ's incarnation to a special needs planet, Jesus not only sympathized with the plight of humanity, he also empathized and came in the "likeness of sinful flesh." (Rom 8:3) In doing this, he learned as we learned, suffered as we suffered, and saw firsthand the emotional turmoil that we experience. Having done this, he not only can provide the best diagnostic evaluation of our situation, but he also provides the best treatment.

For the church to truly help those with special needs, it will take volunteers who will sacrificially give of their time and energy to better the lives of others. This sacrifice born out of compassion, Christ-like love, will go a long way in showing concern to these family members and the outside community looking on.

## Ten Strategies for Including Individuals With ASD

In building the intervention for the All Nations Church Family, I used the ten strategies for including Individuals with ASD designed by Barbara Newman as the teaching backdrop for the workshops during the second and third weekends of the seminar. The strategies were designed to lead the members in a proper understanding of ASD as well as to teach the members how to integrate the affected groups into the church family effectively.

### Strategy 1: Gathering Information About the Person With ASD

After informing the seminar participants about ASD it was important to train them on how to gather relevant information from individuals with special needs. If for instance

a family attended the church with a child with ASD, a registration card or survey would prove helpful in gaining the information instead of assuming that this was what the child has. Alongside including contact information the card can ask specifics such as, "Does your child have any special circumstances we should be aware of? This information will be shared only at your request, but it will allow us to better meet your child's individual needs" (Newman, 2011, p. 31).

There is relevance provided here in Scripture where Jesus often asked individuals "What do you want me to do for you?" (Luke 18:41). Jesus in this passage did not assume what the person needed but made inquiry, and likewise, members must never assume they know more than the individual or the guardians.

When sensitive information is gathered from an individual, it is important for them to receive follow up contact as the means of establishing trust is communicated. An atmosphere of healing, trust, and comfort to hearts that would otherwise be in distress can be created when this first strategy is implemented well.

### Strategy 2: Sharing Information With Others Who Need to Know

In this strategy, the task was to share critical information to individuals in the church who were directly involved in shaping the worship experience of those affected by ASD. The primary groups were leaders such as pastors, elders, deacons, deaconesses, Sabbath school teachers, and children ministries coordinators. It was crucial for information to pass to these individuals as they were instrumental in setting the tone of worship. If a child or adult had a sensory issue to lights or sounds, then the leaders could choose to dim the lights or lower the volume of the music in the sanctuary. It was evident that without open communication the strategies or intervention would become obsolete.

Helping peers of the child or adult with ASD understand their condition could prove instrumental in forming stronger bonds. Research demonstrated that children who were taught about their peer's disabilities were more willing to play with them than those who they knew nothing about (Newman, 2012, pp. 12-13). Providing proper and guided information may help to positively influence communication and create a calmer environment.

### Strategy 3: Monitoring Sensory Input in Your Church Environment

This strategy challenged the team to look at ways in helping anticipate sensory responses in children with ASD. Teaching team members about touch, eye contact, and sensory rooms could create an atmosphere that catered to the various needs of those present. Something as simple as adding a rocking chair to a room could help an individual better focus on the message and release stress.

### Strategy 4: Thinking Alongside the Person With ASD

In this strategy, it was recommended that empathy was needed to understand what persons with ASD were trying to communicate in various scenarios. This investigative analysis was crucial in coming to right conclusions and techniques in helping individuals with ASD. Often a person with ASD may not be able to verbally communicate while others who may have good speech may be unable to answer questions such as, “What’s bothering you?” or “What’s wrong?” This was where empathy was found to be quite useful.

Empathy has been a tool employed in the ministry of Christ as he took it upon himself to become a man and to endure what we went through so that he could truly

minister to us. As a church family, the All Nations Church has the opportunity of ministering in a similar manner by displaying empathy and compassion to those with ASD.

**Strategy 5: Making Routines Comfortable**

The object of this strategy was to help the members understand the need for consistent routine by many individuals with ASD. Instead of identifying this behavior as strange, helping the members to understand their world could affect how the church prints the bulletin, uses PowerPoints and engages the person(s) from week to week. Newman identifies the need for transition techniques for churches to develop by having the same person greet a child or adult with ASD each time they come (Newman, 2011, p. 55).

**Strategy 6: Using Advance Warning Signs**

This strategy employed early detection techniques for the ministry team to use in order to prepare individuals with ASD for change. This helped to provide structure and a healthy setting for both the ministry team and families with ASD. Elements such as using a timer, or verbal countdown were some of the tools used in this strategy to provide a warning to those sensitive to change.

**Strategy 7: Closing the Communication Gap**

In this strategy, the ministry team was encouraged to ensure that the message is conveyed in as clear a way as possible to those with ASD. It looked into providing translations for many ministry clichés as well as using communication devices. In applying the theological foundation of the sanctuary model in this strategy, I sought to

establish that God closed the communication gap by employing tactile, visual, and kinesthetic and aesthetic lessons in divulging truth to the Israelites. Likewise, the leaders of the church needs to actively find ways to communicate in simple and creative ways to those who come to worship and those who may be struggling with learning and social deficits.

### Strategy 8: Using Visuals to Reinforce What We Say

The idea of using a paper and pencil and aiding persons with ASD to describe and write what they were feeling are powerful tools in helping to bridge the gap of communication. A picture can convey many words and pictures or visual cues are great ways to communicate to those with ASD. Examining the visuals we communicate during our worship services could help All Nations identify whether as a church we are sending accurate or inaccurate messages to this group. If, as a communicator from the pulpit, I refuse to use PowerPoints, it would be highly unlikely that my message would be readily understood by those with ASD; unless afterwards, I communicated effectively on a one to one basis with them. Planning and including visuals would alleviate the task of extensive follow-up after the service.

### Strategy 9: Writing Stories to Help People With ASD Anticipate new Situations

In this strategy, the encouragement was for churches to share advanced information in a small booklet that explains what is to be expected during the service. This was seen as not only a powerful tool for the person(s) with ASD but for any visitor who attended the church. By highlighting the length of services, resources, major services such as Christmas and communion the leaders could go a long way in preparing the

minds of the worshippers and giving the family members of those with ASD ample time to prepare the person. Asking the person with ASD to share his or her experience at worship was a great way for the members to discover the church's strengths and weaknesses from a unique perspective.

### Strategy 10: Teaching Instead of Reacting

As the title suggests, this model taught the group members to be less critical and to give help in behavior management by assisting the person with ASD access new ways of interacting with another person. An example given by Newman is an illustration of a young girl named Mary who happens to be repetitive in her conversations. Instead of ignoring her, a group member could have notes that list topics of conversation for her to choose and by so doing both individuals are enhanced, and greater trust and communication are realized.

At the conclusion of this final seminar I asked the members who participated if they were interested in forming a Special Needs Committee that would meet to help implement some of what was discussed as well as work in an ongoing manner in meeting the needs of those with ASD and other disorders. Based on the response from the volunteers, future dates were set to build and form the mission and vision of the committee.

## Summary

It was the intent of this intervention to create awareness in the All Nations Church family in regard to Autism Spectrum Disorder. If a greater level of sensitivity could be shown to those entering the church doors, then a more successful integration of families with ASD would likely be achieved. Following the call of Christ to supply the needs of

those around, the church must bridge the divide that ASD creates and draw each worshipper to Christ.

At the conclusion of the seminar, it is the hope that a great percentage of the participants would have increased their awareness of ASD and gained an interest in ministering to those with the disorder. Providing tools and techniques for the leadership of the church may create an ongoing culture of sensitivity and care in the church community that may have far-reaching positive results.

Due to the limits of this project, I was not able to look exhaustively at the history, prevalence, and statistics of ASD but I provided enough information to create a general awareness. Though the 10 strategies for helping church families integrate those with ASD provided guidelines that were instructive for the group, they were not exhaustive in nature and were not intended for a certification in this field. The intent was to provide the leaders with basic plans and ideas as well as available resources for further exploration.

Further research on the effects of the intervention one year after its implementation would be beneficial to ascertain the long term effects of the program. Questions that could be explored are, how many of the leaders remained committed to forming a Special Needs Committee? How much was spent during the year on Special Needs Ministries? How many families joined the church on account of targeted outreach to families with someone with ASD and how much has the church gained in spirituality since its embrace of those with ASD or other Special Needs?

# CHAPTER 5

# IMPLEMENTATION OF THE MAKING ROOM FOR AUTISM SPECTRUM DISORDER SEMINAR

## Introduction

In this section, I discuss how the Making Room seminar was implemented at the Atlanta All Nations Seventh-day Adventist Church. This chapter seeks to among other things, highlight the timeline of events detailing the intervention, the survey format used to assess the level of awareness and growth, and the training seminar used to work with individuals excited about the program.

### Timeline

In June and July of 2017, I had early conversations with the church board on the plan to implement a seminar intending to bring awareness to the church about Autism Spectrum Disorder (ASD). In these discussions, I shared that the process would take about three to four weekends and would involve each board member as well as the full membership being a part of it. There was a general appreciation conveyed by the members of the board about the usefulness that such a project would offer to the church and a moderate level of anticipation. In July, it was decided that the project would begin in September to allow those who were on vacation with their children to return and get

back to their normal routine. September has normally been the month of family revivals during my ministry planning and I shared that by doing this survey there would be the added benefit that it can minister to various families in an evangelistic way.

During the month of August, letters of consent were given to the church family revealing the topic of discussion and the level of involvement and commitment asked of by the members and volunteers. Announcements were also placed in the church bulletin, Facebook, and the Church's website which ran for five consecutive Sabbaths, reminding the church family of the seminar. The title of the seminar was "Making Room for those with Autism Spectrum Disorder and other Special Needs." The title was chosen with a twofold purpose of awakening interest to those with special needs and ASD and also to prepare the members for the necessity of active involvement in creating changes necessary to minister to those with special needs.

I received excellent feedback from my personal Facebook page which saw individuals replying that they would love to be there and would love to see this occur at their church as well. Some even pledged to show up and support the seminar times. This was an encouraging sign that helped me to see that members of other churches were interested in not only attending but in wanting their churches to host a program of that nature as well.

## Assessment

A survey questionnaire was designed by the researcher to test the knowledge of the membership in regard to ASD and how they would minister to those affected. The survey would intend to gauge the pre and post assessment of the information shared during the weekend seminars and to measure any increase of understanding or empathy.

The informed consent form shared the purpose, expectations, risks, and benefits to those who would participate in the seminar. In avoiding the vulnerable population of the membership, those 18 and above were asked to participate. Though the survey was intended for church leaders and members attending the Atlanta All Nations the invitation was also extended to visitors who may want to participate and join in.

On the Sabbath prior to the seminar as the membership made their way to the church, ushers were assigned to give out the surveys at the entrance. One hundred and fifty surveys were printed and of that 80 were distributed. On the following Sabbath the surveys were also handed out with the intent of reaching the membership that was absent earlier. Of the 150 pre-tests given out only 46 were returned.

## Sermon Series

The first of the three-part seminar was launched on September 2. The seminar comprised of a sermon during the 11:00 am Divine Service and an afternoon seminar that would go from 3:00 - 5:00 pm. The afternoon sessions were designed to go into greater detail about ASD as well as to train individuals on how to facilitate families with the disorder. Average attendance during the morning services was 130-150 members and 25-30 members in the afternoon sessions except for the first session which saw an attendance of 45. On average about 60 adults, excluding those under 18, attended the morning service each week.

### First Sermon

The sermons preached during each of the Sabbath mornings were geared towards establishing a theological and spiritual foundation for ministering to those with Special Needs inclusive of those with ASD. The first message of the series was entitled “The

Special Needs Planet," and it provided a brief description of ASD with a few statistics on its pervasiveness. The primary focus of the message was to help the congregation experience what life may be like for someone struggling with ASD or other special needs. The message began with the members imagining what life would be like on a distant planet where everything that one was familiar with, was either done in reverse or in an unfamiliar manner. Some of the content of the slide shows elicited laughter as they imagined asking for food but being given a chair instead. This introduction helped me to connect with the congregation and introduce the topic of special needs in a disarming manner as well as reducing any apprehension over the subject matter.

As the sermon continued, themes surrounding empathy and compassion were stressed, with an exhortation to show a more caring and Christ-like approach to those with special needs. I felt it necessary to take a Christocentric approach throughout the sermon as no figure is more prominently featured and revered in Scripture than Christ. His words and acts of service continues to provide the greatest model and impetus for His followers.

I asked the church to imagine what it would be like if we were alone and afraid on that distant planet without the help of anyone around. I then asked them to imagine how relieved they would feel if someone came and offered them help and begun the process of ministering to their needs. From there I shared how Jesus did just such a thing for mankind and how we through an incarnational approach to ministry can do the same for those with ASD. I later asked the question, "How does God treat those with special needs? To which I shared that he sends his Son to die, he appoints His Spirit to minister, he commands his angels to serve us, and he moves the headquarters of heaven to planet

earth in Revelation 21. If that is how God relates to His special needs planet then how must we treat those with special needs among us?" An appeal was later made for us to be more compassionate and considerate towards those with special needs and I was joined by several individuals who responded and came forward for prayer.

After the message, I was approached by some in the congregation who shared that they had never seen that connection before and were deeply appreciative of a message that was timely to the point and relevant. It struck me that as a pastor in the church for over 18 years and a member for much longer I had never heard a sermon preached on this topic myself. It further helped to cement the idea of the necessity of such a ministry.

An invitation was given to the church family to return at 3:00 pm for the seminar. Lunch was provided so as to mitigate the need to go home allowing the membership access to be on time. During the afternoon service, we had about a quarter of the membership returning. This first seminar had the largest attendance of the three sessions and it came about in large part because the Pathfinders were asked to sit in and participate by their Director. I did not follow through with the Director to repeat the call to the Pathfinders to come in the afternoon sessions and it appears it played a role in attendance.

## First Seminar

The first afternoon session was entitled "What is Autism?" which focused attention on the disorder and the prevailing attitudes surrounding it. In this PowerPoint presentation, the history of classical autism and Asperger as discovered by Leo Kanner and Hans Asperger was explored. The time frame of these discoveries allowed some talking points as to how individuals with ASD may have been treated. It also allowed me the opportunity to share how those with mental needs were treated by some of the

Seventh-day Adventist Church pioneers. I found that as the discussion continued an appreciation for modern science and psychology was shared by all with a general thankfulness for the times in which we live. The presentation then identified at least 14 characteristics of individuals living with Autism which prompted discussion.

Some individuals began sharing how the attributes matched individuals they knew but talking about it and viewing it on screen turned on a light in them. Facts about the prevalence and statistics of ASD was shared which I noticed allowed the congregation to better grasp the depth of the problem as I did not rush through the material. Within the center of the presentation I shared a video about Carly Fleischmann's experience. Carly at the time was a 14 year old teenager with Autism who made great progress in her development when through the help of her caregivers was able to communicate via technology with family and friends. This breakthrough allowed her to reveal pain and inner struggle and allowed others to understand a little bit more of the life of someone with ASD.

After the video presentation, there were many individuals who wiped their eyes as the breakthrough in Carly's life was viewed. Another discussion ensued, and this time it was felt by those sharing, that we need to avoid writing off people because of their appearances and our assumptions.

The presentation also explored what autism is not. This entailed that it is not a result of child-rearing, stress in the home, or evil spirits. Nor was it God's punishment upon the children or the parents. I found that this point elicited a chorus of "amen" as there was relative agreement held. Some related how quick members were to label and judge individuals with special needs as demon-possessed alongside the pain that it

triggered in them. It was again related that knowledge and education were important tools in the fight to combat ignorance in how those with ASD and other special needs are treated.

One mother in the congregation related how she might have taken for granted signs that she had noticed all through her child's life but neglected to act upon for fear of shame and embarrassment. As she spoke, she was assured by members in the congregation that there was no blame to be passed on to her and she had a church family that cared and supported her. This mother then shared that she would immediately seek help for her child during the weeks to come and that she would ensure that he is heard and listened to.

After this, another lady spoke up and shared about her social deficits and the challenges she faced when growing up being unable to relate to others easily. She shared how she complained to her mother to no avail and how refreshing it was to now be able to come to an environment that loves her and is willing to accept her deficits in the area of ASD. She too was given affirmation and support during the discussion, and was later baptized that month. Her testimony being that she finally found a church that accepted her.

In continuing the seminar I looked at the causes of ASD which included topics such as fragile X syndrome, valproic acid and thalidomide. Some asked about the controversy surrounding autism and vaccinations and we looked at what the latest research showed. Without providing quick answers the discussions allowed everyone to research and explore the topic as passionately as they desired with the hope that even further awareness would be provided.

The seminar concluded by looking at the treatments available presently to those with ASD such as Applied Behavioral Analysis, Positive Psychology, Speech-language therapy, physical/operational therapy, and music therapy. We slightly touched what the church can do, but the invitation was to come next week as we would explore the Church's role in relation to those with ASD. Further questions were welcomed after which we closed for the afternoon.

During the week, our website manager uploaded the sermon for the Sabbath on the church's Facebook account with the intent of piquing interest for the second weekend. Up to the point of writing this chapter, there were 321 views on Facebook in regards to the first sermon which is far more than the membership of the church. This may very well indicate the power of using social media to further awareness in a wider setting.

## Second Sermon

The second week's sermon was entitled "Making Room in God's Church." The title was used to hopefully demonstrate the significant effort that would be needed on the part of God's people in creating a safe place for those with ASD. The statistics surrounding ASD was once more presented but with greater detail as I highlighted the symptoms of ASD via PowerPoint. This was adapted from the first seminar to fit in the context of the sermon. I later learned after the message that various individuals comprising the youth of the church thought that seeing the symptoms on PowerPoint allowed them to understand the disorder better than if I had just verbally referred to it. This demonstrated to me the power of visual presentations and revealed that simply listing symptoms could provoke curiosity in the minds of the listeners.

In this sermon I looked at the attitude our church family conveys to those we minister to and how we can maximize our potentials in reaching others. In highlighting our attitude I made use of the story of the disciples turning the little children away and having Jesus excoriate and remind them of the need to suffer those little ones. For Jesus, the disciple's attitude was out of place and not in keeping with his style of service. I emphasized that our attitude can be of a five-star level of service or a one-star, depicting apathy. Comparisons were made in what to expect were we to go to a five-star hotel compared to a one star, and almost everyone agreed that a five star would be better. Likewise, I shared that it is up to us whether those who come with special needs will feel loved and respected or disrespected and offended.

Alongside this line, I shared an illustration presented by Newman, (2011, p. 42) of a pastor's reaction when an individual with special need began making noise in the church. Without hesitating the pastor shared that this was her friend Marie and with permission from her parents Marie has ASD and that the tags in her clothes or a sound she hears sometimes bothers her but that he appreciates that Marie is his cheering section today. With that everyone focused on the message.

I shared that the tone I set was felt by the church and likewise All Nations can lift the bar higher to becoming a five-star church as well. To this illustration the church said Amen and several clapped their hands profusely. Several persons approached me weeks later and shared that this was the moment that crystallized in their minds the need to be more sensitive to those who are like that child in the congregation. They also sensed that All Nations Church was becoming more comfortable in dealing with minor distractions in the worship service because they were more understanding of the parents.

The second theme of maximizing our capacity took into consideration the gifts and talents that our church family possessed. By looking at scriptural examples I briefly examined the life of Moses, Christ feeding the multitude, and God ministering to the entire Israelites in the wilderness, to show that God can use the simplest of things to do the most profound and unthinkable. In calling his disciples to feed the multitude, he wanted them first to possess the attitude of service and then to study their capacity. They only possessed a meager five loves and two fishes, but this was enough for Christ to demonstrate his power. I shared with the church family that our church building was not very large in comparison to others but that many churches in our denomination had similar limitations, yet, in assessing what we did have there was enough evidence in scripture to show that God knows how to maximize it.

Without the convenience of Microsoft Office and PowerPoint God was able to transform the hearts of the Israelites with simple yet effective methods of teaching. God simply used the tools and instruments that were in the possession of the people to construct and build his sanctuary. Though it was simple in construction, it was profound in its application. To further illustrate how God maximized His resources I showed how he was able to minister to each learning type as listed: the auditory (hearing), spatial (sight), kinesthetic (touch), solitary (intrapersonal), social (interpersonal), logical (mathematical) and verbal (linguistic). Throughout the message, I described the sights and scenes of the sanctuary and how everything from the colors that accentuated the priest and tabernacle to the smell of burning incense was used to teach and convey spiritual messages.

I utilized Marlene LeFever's research to show that for every ten students in an average sixth-grade class, we will find: two auditory learners, four visual learners, four tactile/kinesthetic learners. She goes on to state that "ninety percent of all teaching in our churches is auditory. That means eight out of ten people are not being taught in the way they best learn" (LeFever, as cited in Duncan et al., 2009, p. 301). God was able to breach that gap with the Israelites by ministering to all the known learning types from the objects around them, and here I stressed that pastor's, elders, teachers, and parents need to ensure that we are finding more creative ways in conveying spiritual lessons.

After the message, an appeal was made for those who would like to commit to giving the very best and allowing God to maximize their potentials. I find that it is important to follow each message with an appeal to action in order to transition the message from simply being cerebral in nature to emotive in response. From the discussions that ensued at lunchtime it was exciting to hear the Sabbath School Teachers and Children Ministries Leaders sharing how they would like to explore more creative ways to teach the messages to their classes.

## Second Seminar

The second seminar started at 3:00 p.m. with about the same attendance as the week before. I realized that there was some competition with various church activities and we delayed an extra 15 minutes to allow for them to join in. I explained to the participants that we would explore 10 strategies for including individuals with ASD and that the primary source would come from Barbara J. Newman's book, *Autism and Your Church*. It was my hope to see all the board members attending the afternoon sessions but I realized that there may have been conflicts with the time chosen. I was however

pleasantly surprised to see others joining in who had embraced the subject because they either had a special need or knew someone in their family who had such a need.

### Strategy 1: Gathering Information About the Person With ASD

The first strategy looked at the challenge of gathering relevant information about a person's special need and the sensitivity in which that information must be kept and shared. The discussion during this strategy revolved around why the information about ASD was needed any at all and who from the church could be the point person to approach these individuals. I shared with the church that the Georgia-Cumberland Conference presently has a Disabilities Coordinator however our church was in need of organizing such a team together. It was agreed that this would be looked at in the nominating committee for the officers for 2018-2019. As of writing this chapter a team of six individuals was selected by the Nominating Committee to work in the Special Needs Ministry.

### Strategy 2: Sharing Information With Others Who Need to Know

To transition to the second strategy on sharing information with others who need to know, I asked the question "why is it important for the leadership of the church to know about a child or adult with ASD?" After a few minutes of interaction I shared an illustration of an evangelist praying over someone who may be sensitive to touch and having that person lay a hand on the member's shoulder or head and speaking loudly. To the evangelist, it may appear that he/she is doing an effective work but for the poor soul enduring the torrent of shouts and loud prayers it may prove unbearable. By speaking about what could have been done differently in such a scenario, the members

participating in the discussion concluded that even in our approach to prayer, awareness can avoid embarrassing scenarios.

### Strategy 3: Monitoring Sensory Input in Your Church Environment

The third strategy of monitoring sensory input in the church environment reflected on practical ways in which the members could make the surroundings more attractive or conducive for worship with those with ASD. In spite of the limitations due to the physical size of the church, we identified that the prayer room or Sabbath school room could be utilized for a break time if a child or adult felt overwhelmed. Items such as a headphone or small teddy bear that could provide mental stimulation without breaking the churches budget were also identified.

In monitoring the sensory input, we also looked at the communion and showed that offering gluten-free bread if needed provided an opportunity of ensuring effectual participation in the church worship. I stressed that in becoming an ASD sensitive church the willingness to modify structure and attitudes would become a necessity.

### Strategy 4: Thinking Alongside the Person With ASD

The fourth strategy shared the need for observation as some individuals with ASD may not be able to communicate to transmit their needs and desires verbally. The video of Carly Fleischmann's journey to communicating with others was referenced to demonstrate that just because a person may fail to communicate their experiences does not diminish the reality of their concerns but should further drive us to do all in our power to better bridge the divide. As the conversations continued it became clear that there was great energy and a wellspring of resources available right within this

congregation to minister and meet the needs of those with special needs, but they simply needed a forum and a platform to unite their voices.

**Strategy 5: Making Routines Comfortable**

The fifth strategy looked at ways to ensure that the service is easy to follow. For the attendees to understand the context and plight of those with special needs I asked them to imagine going to a mosque or a Catholic church without a single clue as to when to stand or sit, sing or pray, save the cue from what the person beside you was doing. I shared with them that this could be annoying and frustrating and I said this is how visitors who come to our church feel when they are unable to follow the program and anticipate what is to follow. To the point of those with special needs, I shared that their frustration may be greatly heightened unless effort is made to ensure that the worship experience is pleasant to them.

As was shared by Newman, it is good to have a printed order of worship as this would help those with ASD to focus and know what is next. This was an area that All Nations already applied and did well in but had room for further growth. Having picture schedules was another area of interest as those with ASD sometimes may find it convenient to see an image on the screen that would provide the cue for transition.

Sometimes having a team member who could sit beside an individual with ASD and help him/her to adjust easier in the service was also listed. Obviously this would require greater interaction from preferably an individual who could be accepted as a trusted friend, regularly assisting during the services. On the next item point which was service as part of the routine, I found that I struggled here and I shared my thoughts with the attendees. For one, I enjoy worship that is spontaneous, and I am constantly looking

and thinking of ways to change the service. In fact, a change was recently done in tweaking the service that was incorporated rather suddenly which unnerved some individuals. In hindsight, I should have worked with more individuals in that change and anticipated that there were individuals who are unable to process change rapidly. Routine is very important to those on the autism spectrum and it is important to prepare them for a change or improve what is already there as a routine for them.

Alongside the routine services of the church, it was recommended to allow participation as much as is possible for those with ASD by allowing them to do something that they enjoy. In this approach it matters not how simple the task may be, for the ability to be involved and play an integral role in the life of the church can add depth and meaning to their worship experience.

### Third Sermon

During the final week of the series, I preached on the sermon title, "Making Room for Those who ask why?" This message sought to deepen the level of empathy towards those who are dealing with ASD whether as a caregiver or having the disability themselves. It explored how God deals with those who ask difficult questions of Him and how His people can do likewise. Because ASD can be a very sensitive issue, the message sought to convey that the greatest of tact was needed in creating a safe place. Equipping the sermon title with the word "why" underscored the point that there are strong and sometimes disturbing questions that those with ASD may come with to the place of worship that requires empathy and care. Navigating that dual role of encouraging yet listening may not always be easy for a church family, but with effort, All Nations could become such a safe place.

As the sermon progressed, I used the opportunity to speak about Job and the pain he experienced as his children, health, and livestock was removed from him. I intimated that the greater pain came when his friends began the unceremonious task of judging him. The questions and insinuations that were hurled at Job revealed that his friends were not knowledgeable of the situation and that they lacked the basic empathy needed to bring true comfort to his heart. I pointed out that the same applies to individuals who may come with ASD or their family members. The urge may be within us to ask why and insinuate theories in our minds, yet the acquisition of that knowledge would do nothing to comfort the parent or the individual who simply wants to be heard.

I referenced the story of Jordan as found in (Newman, 2015, p. 48) who was born with Osteogenesis Imperfecta (Brittle Bone Disease). As his siblings saw the succession of broken bones in Jordan and therefore broken promises from their Mom who was constantly at the doctor's office, their questions of frustration became very real. I emphasized that a quick word of comfort would not solve their pain nor ease the discomforts of the disorder and its origins, but this family needed a place where they could lament. A place where they could unburden themselves. A place where they could experience a caring community.

During the message, I spoke of the refugee camp that was set up in Tanzania for those who fled Rwanda during the genocide against the Tutsi. As many of the ladies were unable to sleep because of their horrendous experience, counselors set up a tent where the ladies were able to come and share their stories and be heard. Eventually, as they shared, the counselors noticed that the women were able to sleep again. A great power was available simply because there was an avenue for them to share. There were some in the

congregation who later related how they had faced similar circumstances and knew the power and healing that came about from sharing their stories in a trusting environment.

As I closed the message, I related that in heaven there will come a time known as the millennium whereby according to 1 Corinthians 6:2-3, the saints will judge angels. I related that this was a time where our deep questions will garner an answer. A time when those with special needs will see the bigger picture of their existence as well as the loftiness of God's purposes for them. As God is strong enough to deal with our questions and is patient enough to answer all in the fullness of time, I exhorted the congregation to exercise just such patience with those with special needs. After the message we had surveys handed out with the instructions to fill them out and return at the exit. An appeal was made for the surveys during the course of the next two weeks.

## Final Seminar

During the final session we had 20 individuals who stayed behind and participated in the program. Those who continued were already committed from session one and were not willing to miss any of the three sessions. This indicates that if a similar intervention is undertaken in the future it will be important to place greater emphasis upon the seminar than upon the sermon as well as to utilize a time more convenient for greater participation. For this final session we continued the discussion of the final five strategies.

### Strategy 6: Using Advance Warning Systems

Strategy number six was to use advance warning systems. This strategy highlighted that it is important to provide notices of change as well as using concrete language to communicate. Reference was made to stores at the mall such as JC Penny

and Macy's who when the time for store closure is approaching will share with the shoppers that a few minutes was left for them to wrap up their shopping experience. This warning system though simple was also very effective in reducing tension in shoppers and appropriately preparing them to conclude their business. Likewise a warning signal to those with ASD can prepare them for a transition to come.

In a talkback session that ensued we shared how this model worked effectively with children as it was best to share with them that the television would be turned off in 10 minutes rather than shouting at them or turning off the television abruptly. It was likewise agreed that no one likes to be surprised and that common courtesy needed to be extended to those coming to worship with us. This intentionality would directly affect our announcements as well as our worship and regular programming during the day. In our announcements we wanted to stay clear of ambiguous statements that could easily be misinterpreted by those with ASD, and use more concrete language. One example provided was the phrase "see you later" which could mean later today or next week Sabbath. It would be far better if the person speaking would specify the exact time as those with ASD other special needs may be prone to misinterpret the message.

**Strategy 7: Closing the Communication Gap**

Strategy number seven integrated lessons from strategy six but encouraged the need to plan ahead in case the material being shared needed translation. Ensuring that the version of Scripture used during the service was clear and straight forwarded was highlighted for consideration. We also examined the need to study the church's brochures and newsletters to see if the communication was helpful in reaching others with special needs. Another area of discussion revolved around the use of sign language as this was a

potent mean to close the communication gap for those who were deaf or had learning disorders. All Nations Church thankfully had a few individuals who already knew how to sign, and plans were laid in the future to revive that program.

### Strategy 8: Using Visuals to Reinforce What we say

In strategy eight I explored the use of visuals to reinforce our message. Carol Gray's words, "If I didn't see it, you didn't say it!" (as cited in Newman, 2011, p. 67) made perfect sense when working with individuals with ASD. As our messages have often focused on reaching the audible learners, it was incumbent upon worship leaders to utilize power points, videos, real objects and other instruments to communicate more effectively. On a one to one, drawing and making notes may also provide a moment of connection as the individual may be able to agree or disagree based on the drawing. Utilizing the sermon from the previous Sabbath, I reminded the listeners of the way God used the simple objects in life to teach eternal truths.

### Strategy 9: Writing Stories to Help People With ASD Anticipate New Situations

Strategy nine included writing stories to help people with ASD anticipate new situations. I explained that the idea behind this was to try and lower the anxiety level of those coming to our church for the first time. The ability to have a write-up of our worship experience explaining start times, locations of services and classes, lunch room, vision and mission etc…can help to mitigate interaction anxieties long before they set foot in the church. Sharing with families of special needs and explaining to them the manner of dress, music and seating arrangements just to name a few, can educate them as to how to best prepare to worship. If the music is loud they can decide whether it is best

to choose another church to attend or to come and utilize the headphones that we would provide.

### Strategy 10: Teaching Instead of Reacting

Strategy ten looked at teaching instead of reacting. The overall scope of this strategy was to help the congregation understand the behavior and reasoning of a person with ASD rather than judging him or her. I explained to the church that this strategy is what helps us to prepare for difficult behaviors that may come as well as anticipating ways in which we can interact with the person at those moments. Knowing when to ignore or redirect an individual when challenging behaviors are exhibited requires an attitude that incorporates the other previous strategies alongside a willingness to be patient and to be consistent with that person. There may be others whom the church will not be able to facilitate on the church's premise, but that does not end the church's influence. It may be that we will have to take the church to their home and continue engaging the individual in worship services.

## Summary

During the afternoon sessions, we had the same consistency in attendance excluding that of the first week as we were unable to duplicate that number. The core participants consisted primarily of parents, caregivers, and those in the health and behavioral fields. This was a point of consideration for me as after the seminar I asked the question, how can we get a better response from the church family? The suggestion that came out prominently was that the seminar needs to be incorporated in the midday worship format and I need to address different groups such as Pathfinders and Master Guides in a separate workshop so that it would be a part of their training.

During this final afternoon session a group of individuals shared their interest in working with those with special needs and their willingness if their names were called upon by the upcoming nominating committee to be a part of a Special Needs Team. This was followed up during the nominating committee process in which for the first time the church organized such a team.

The post-assessment survey was handed out for the next two Sabbaths with only 36 responses. I was a little disappointed at the tepid response from the congregation, but I believe that a shorter period of testing with a limited sampling group would have been more beneficial and accurate to establishing the benefits if any of the project.

# CHAPTER 6

# EVALUATION, SUMMARY, AND CONCLUSIONS

In this chapter, the project is evaluated as to its effectiveness in creating awareness of Autism Spectrum Disorders in the All Nations Seventh-day Adventist Church and creating a strategy for outreach to affected families. The pre and post assessments reveal to what extent, if any, the project had in creating measurable variables. The lessons learned are highlighted and conclusions drawn from this project serve as a guide for future research and reflection.

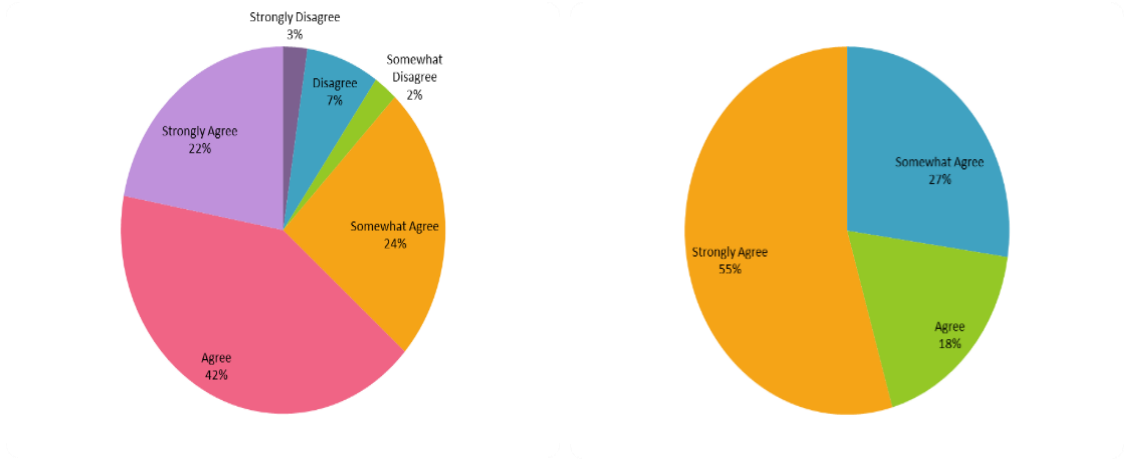
## Outcomes

Of the 150 surveys given out 46 were returned in the pre-survey. For the post-survey, there were 36 respondents. In the pre-survey, there were 43 respondents with 27 who were members and 13 who were not and 2 unsure. In the post-survey, 33 responded, with 29 being members and 4 non-members. Though these figures were low compared to the actual membership of the church, they provided a glimpse that the church as located in the Atlanta Metro area had a transient membership with some visiting other places of worship. It also may indicate that the adult population was evenly distributed among the youth and children.

In the pre-survey, 26 % of the respondents were ministry leaders or board members. In preparing the post-survey, this question was unintentionally omitted so I did not have the results to compare. The omission was an oversight on my part which if

garnered would have helped in gauging the perception of the leadership towards the seminar and their overall support.

The pre-survey revealed that 64 % of those who participated in the survey were members of the church while 31 % indicated that they were non-members. The post-survey revealed that 88 % of those who participated were members. It is possible that visitors or newcomers to the church were apprehensive in participating in the final survey because they were not aware of what they missed or the impact of the seminar itself. The scope of the survey did not allow me to pursue the extent to which each person participated in the three-week seminar and so there is no measurable way to tell if having a one day or three-weekend seminar would make a significant difference in the results.

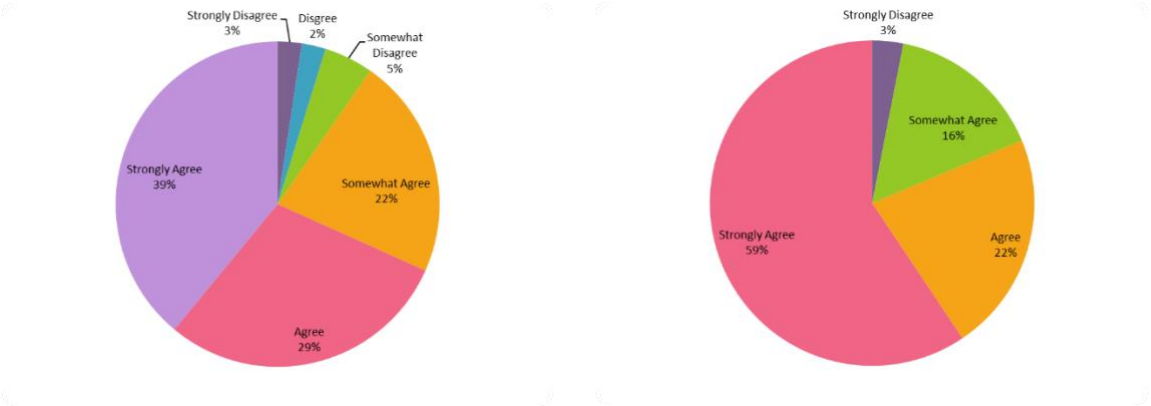



| | Pre-Test | | | Post-Test | | | |
|---|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
| Pre-Test (100%) | 1 (3%) | 3 (7%) | 1 (2%) | 10 (24%) | 17 (42%) | 9 (22%) | 41 |
| Post-Test (100%) | | | | 9 (27%) | 6 (18%) | 18 (55%) | 33 |

*Figure* 1: I am aware of Autism Spectrum Disorder (ASD) and have some knowledge of its prevalence.

The 12 statements in the survey were designed by the researcher to test the level of awareness of the topic. The survey was not designed to present a detailed quantitative analysis, but the results can indicate whether there was a movement of learning and whether a detailed analysis in the future could prove beneficial.

On the statement of "I am aware of ASD and have some knowledge of its prevalence" 66 % both strongly agreed and agreed to the statement. This indicated that a majority of the participants had some knowledge of ASD while 10 % indicated that they either disagreed or strongly disagreed. The post-survey saw that 73 % either Strongly Agreed or Agreed with the category of Strongly Agreeing increasing to 55 %. This may indicate that more of the membership felt that they had more knowledge of the topic and it could indicate greater awareness. No one who contributed to the post-survey indicated that they disagreed with the statement which gives hope to the benefits of the intervention.

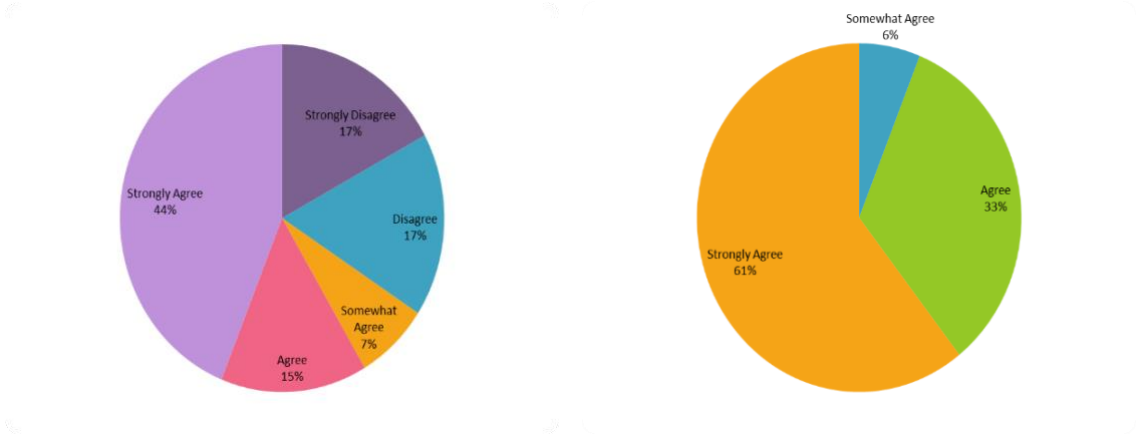



Pre-Test Post-Test

| | Strongly disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 1 (3%) | 1 (2%) | 2 (5%) | 9 (22%) | 12 (29%) | 16 (39%) | 41 (100%) |
| Post-Test | | | 1 (3%) | 5 (16%) | 7 (22%) | 19 (59%) | 32 (100%) |

*Figure* 2: I am willing to go to great lengths to accommodate those with Autism Spectrum Disorder at All Nations.

In implementing an intervention for the church, I found it important to gauge the attitude of the membership regarding their desire to help and assist those with ASD in feeling comfortable at All Nations. In regards to this statement of whether or not they were willing to go to great lengths Table 2 indicates that in the pre-survey 68 % of the church both strongly agreed and agreed with the statement. It showed that the majority of the participants were in favor of accommodating and making room for those with ASD. After the intervention, those in the strongly agree category rose to 59 % with 22 % agreeing. With only one person strongly disagreeing, the intervention potentially demonstrates that even with a church family that is already open to helping others, their capacity and willingness increases with further knowledge.

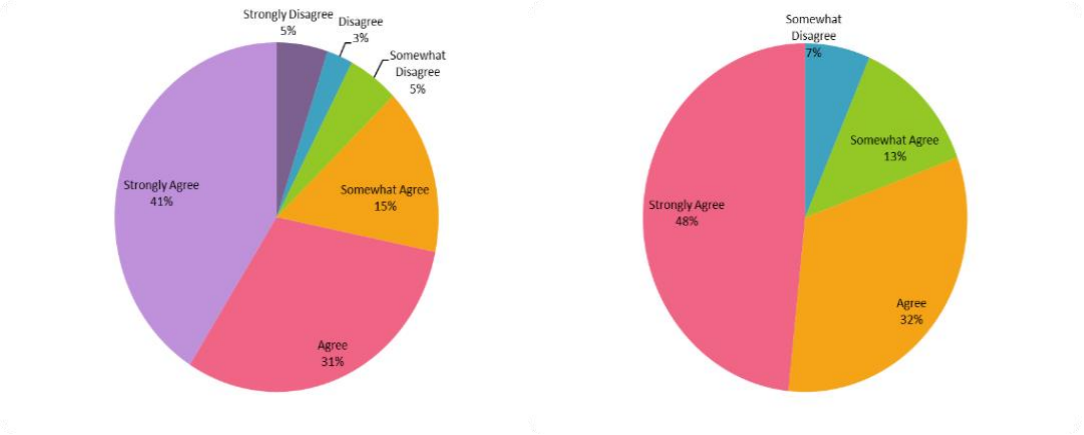



Pre-Test Post-Test

| | Strongly disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 7 (17%) | 7 (17%) | | 3 (7%) | 6 (15%) | 18 (41%) | 41 (100%) |
| Post-Test | | | | 2 (6.1%) | 11 (33.3%) | 20 (60.6%) | 32 (100%) |

*Figure* 3: I personally know of families affected with ASD.

Figure 3 provides a snapshot of the knowledge base of those affected by ASD right in the church. Within the church, there were at least three individuals to my knowledge with ASD, and I desired to gauge the perception of the congregation to this knowledge, as well as if they knew of families outside of the church. In the pre-survey 44 % of the respondents strongly agreed with 15 % agreeing. To my surprise, 17 % strongly disagreed and disagreed respectively. In the post-survey, a different trend appeared as 61% strongly agreed alongside 33 % agreeing. In the category of disagreeing there were none. This leads me to formulate that exploring the characteristics of ASD may have allowed the participants to recognize the symptoms that were not clearly perceived prior to the intervention. During the intervention when I went into the characteristics of ASD




Pre-Test Post-Test

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 2 (5.1%) | 1 (2.6%) | 2 (5.1%) | 6 (15.4%) | 12 (30.8%) | 16 (41%) | 39 (100%) |
| Post-Test | | | 2 (6.5%) | 4 (12.9%) | 10 (32.3%) | 15 (48.4%) | 31 (100%) |

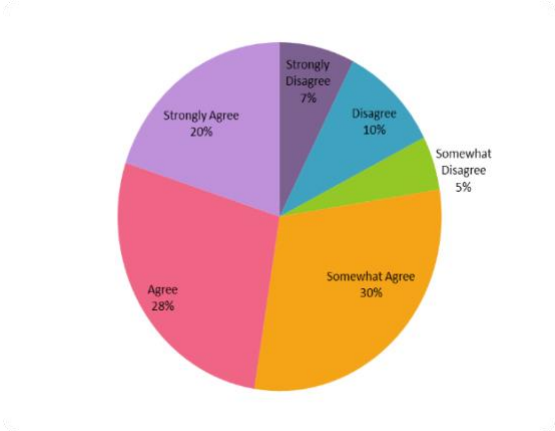
*Figure* 4: All Nations is a safe place where parents of children with special needs feel welcomed.

on PowerPoints, there was a great deal of feedback, and it was then that persons began to relate how they knew of individuals who have similar traits or habits. The seminar may

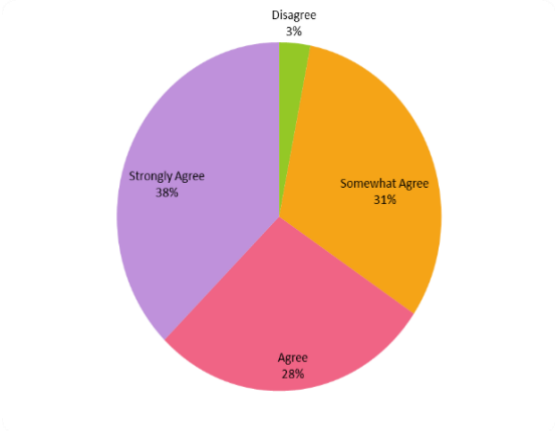
have brought it home to the participants of the prevalence of ASD and allowed for greater empathy towards the topic.

To the statement is "All Nations a safe place where parents of children with special needs feel welcomed" most of the church felt that their church was welcoming as 72 % strongly agreed or agreed respectively. Thirteen percent of the respondents either strongly disagreed or somewhat disagreed, and it would have been interesting to find out why they did. In a future study, I believe this question if answered would prove relevant to further intervention.

After the intervention, 80 % both strongly agreed and agreed, with 7 % somewhat disagreeing. Though no one strongly disagreed I would have loved to see the numbers rise from the somewhat agree category. I believe that the seminars in the afternoon spoke to this statement, but the majority of the church family was not there during the three




Pre-Test



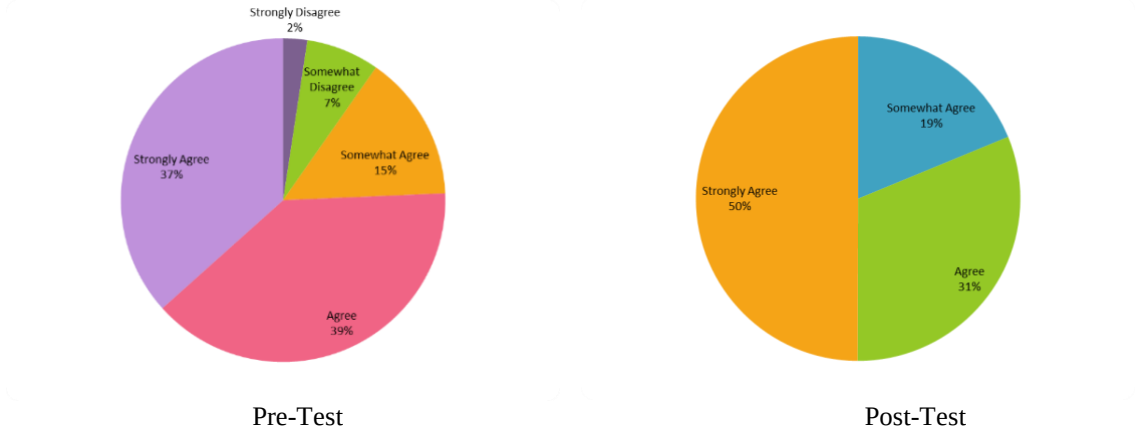

Post-Test

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 3 (7.5%) | 4 (10%) | 2 (5%) | 12 (30%) | 11 (27.5%) | 8 (20%) | 40 (100%) |
| Post-Test | | 1 (3.1%) | | 10 (31.3%) | 9 (28.1%) | 12 (37.5%) | 32 (100%) |

*Figure* 5: If a child were crying inconsolably with the parents feeling flustered, I would know what to do.

Sabbath afternoons. For further reflection, it would have been best to have a seminar spread throughout the Sabbath School, Divine Service and afternoon without a demarcation of sermon and seminar.

In gauging the practical knowledge of the individuals participating in the survey Figure 5 highlighted if they would know what to do if a child was crying inconsolably with the parents feeling flustered. Those in the strongly agree and agree category comprised of 48 %, but there seems to have been a mixture of ambiguity as 30 % shared somewhat agree, and a further 22 % ranging from strongly disagree to somewhat disagree. Though several in the church felt they knew what to do, many had a reserve. The post-survey saw 64 % of those who either strongly agree or agree with the statement. Though the percentage for those who somewhat agree remained similar at 31 % only 3 % disagreed. During the third week's sermon, a few illustrations were made in regards to this topic, and it is possible that this may have moved individuals further into the category of strongly agree, but this topic was dealt with in depth during the afternoon seminar sessions but lacked the crowd as was seen during the main worship service. For further research, I believe that if a drama presentation was presented on this topic, it would concretize the observations into the memory of the membership more than a presentation. The results of the survey indicate that the church may have grown in their emotional intelligence and capacity to help parents with flustered children. It also indicates that there is still room for more instructions in this area preferably in the midday worship service.

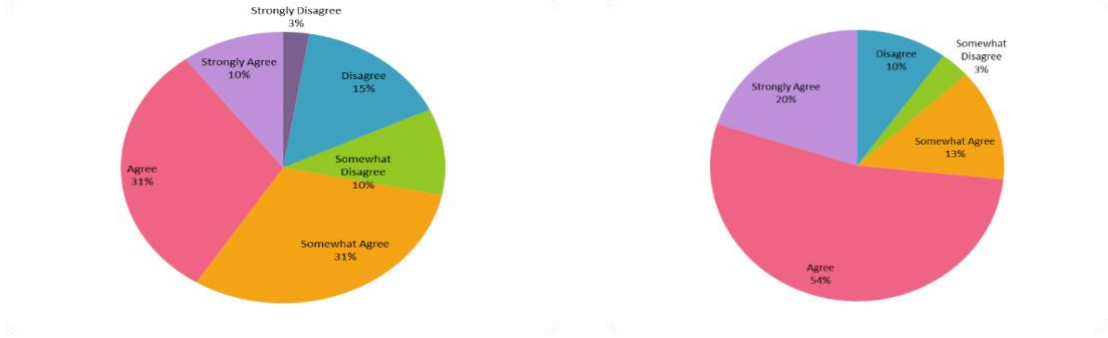



Pre-Test Post-Test

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 1 (2.4%) | | 3 (7.3%) | 6 (14.6%) | 16 (39%) | 15 (36.6%) | 39 (100%) |
| Post-Test | | | | 6 (18.8%) | 10 (31.3%) | 16 (50%) | 31 (100%) |

*Figure* 6*:* I understand that the bible has timely principles that can help in ministering to families with ASD.

In implementing the theological components of this survey, the Sabbath Sermons were given with the hope of lifting the church's understanding of God's attitude towards those with ASD and other special needs. Figure 6 illustrates that during the pre-survey a




Pre-Test Post-Test

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 1 (2.6%) | 6 (15.4%) | 4 (10.3%) | 12 (30.8%) | 12 (30.8%) | 4 (10.3%) | 39 (100%) |
| Post-Test | | 3 (10%) | 1 (3.3%) | 4 (13.3%) | 16 (53.3%) | 6 (20%) | 32 (100%) |

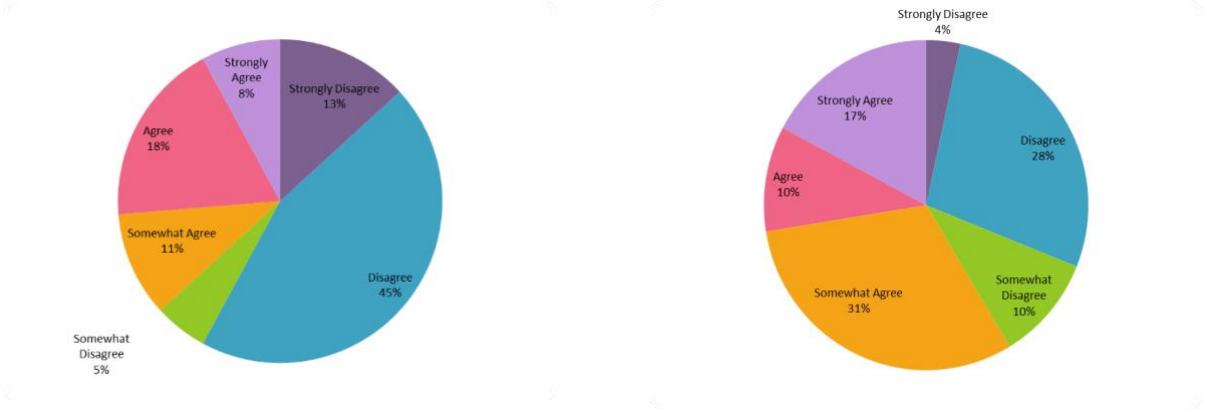
*Figure* 7*:* There is special recognition of families affected by ASD in my church.

majority of the participants felt there were scriptural applications relevant to ministering to families with ASD. Thirty-seven percent strongly agreed with an additional 39 % agreeing as well. The results of the post-survey helped to increase those who strongly agree to 50 % and 31 % for those who agree. What was of interest to me was that no one in the post-survey disagreed. Here again, it may indicate that simply sharing biblical principles has the capacity to increase the congregation's awareness and to clear up misunderstandings that were previously held.

Question 7 was designed to see if families affected with ASD were recognized in the church. This statement needed to be expanded for greater clarity, but the results revealed that 41 % of the participants either strongly agree or agree which surprised me as prior to the intervention I did not implement such a recognition, and I could not see where a special recognition was given in the past. This made me think that the manner of the statement could have allowed for misinterpretation. Nearly 28 % of the respondents disagreed in various ways to the statement.

The post-survey revealed an increase of 20 % of those who strongly agree and 54% of those who agreed. Though there was an increase because of the prominence showed to the topic, I realize that there was 13 % of individuals who still disagreed or somewhat disagreed. I intended to hand gifts to the family members who came out with those with special needs, but I picked up in a nonverbal way an apprehension of being singled out in this way by some of the family members, so I decided against it. Even though individual families were not called out for recognition, the mere fact that we were talking about an issue that was relevant to them allowed the church family the

opportunity to empathize in ways that were not called for before. This may have achieved the desired results even though in the future a public recognition would be recommended.



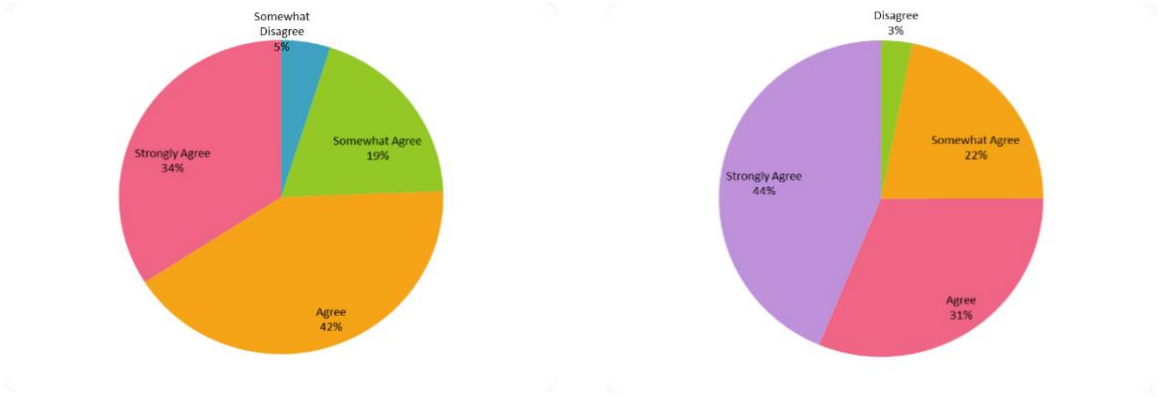

Pre-Test Post-Test

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 5 (13.2%) | 17 (44.7%) | 2 (5.3%) | 4 (10.5%) | 7 (18.4%) | 3 (7.9%) | 38 (100%) |
| Post-Test | 1 (3.4%) | 8 (27.6%) | 3 (10.3%) | 9 (31%) | 3 (10.3%) | 5 (17.2%) | 29 (100%) |

*Figure* 8: I am aware of a special needs ministry in the North American Division.

The statement in Figure 8 seeks to gauge the awareness of a special needs ministry in the North American Division. I did not expect the church to be fully knowledgeable in this area as I did not approach it before. More than half the church, 58 %, either strongly disagreed or disagreed with the statement while 26 % either strongly agree or agreed. The post-survey revealed that those who agreed or strongly agree was 27 % while 41 % remained ambivalent in the category of somewhat agree and somewhat disagree. Another 32 % still either strongly disagreed or disagree. As I reflected on this statement, I realize I did not spend any time during the morning services speaking to the ministries of the North American Division and only did a passing glimpse during the evening seminars. There seems to be an interest in this area, and for further study, I

would recommend highlighting this ministry in future interventions. All Nations Church has recently appointed a special needs coordinator during the nominating process with the hope of relaying information from the conference and division level to the local church.



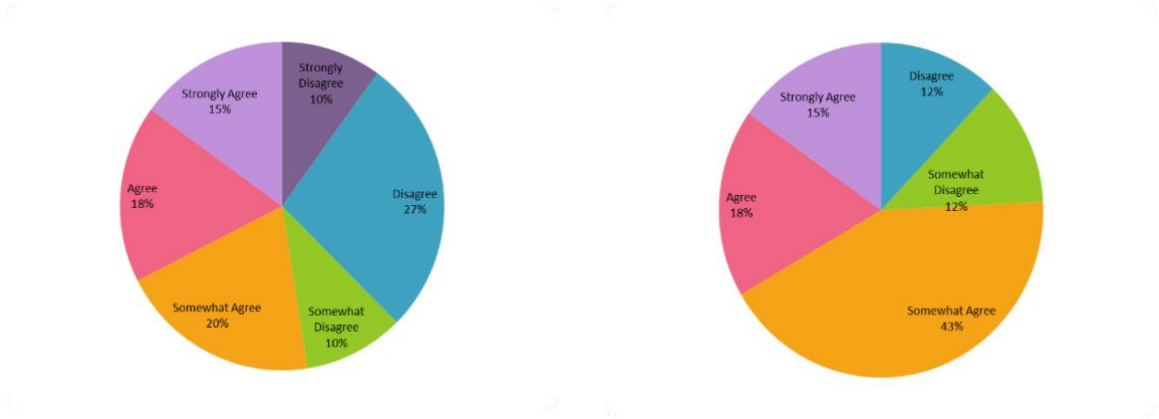

Pre-Test Post-Test

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | | | 2 (4.9%) | 8 (19.5%) | 17 (41.5%) | 14 (34.1%) | 41 (100%) |
| Post-Test | | 1 (31.1%) | | 7 (21.9%) | 10 (31.3%) | 14 (43.8%) | 32 (100%) |

*Figure* 9: I desire to learn more about ASD and how to minister more effectively to such families.

Figure 9 presents the findings from the statement, "I desire to learn more about ASD and how to minister more effectively to such families." Despite the numerical differences in the number of respondents in the pre and post survey, the results remained very similar. In the pre-survey 34 % strongly agreed with that assertion with 42 % agreeing and 19 % somewhat agreeing. The post-survey revealed a slight increase to 44 % who strongly agree but a decrease to 31 % to those who agree and 22 % to those who somewhat agree. All in all, the surveys reveal that at least 95 % of the church family is in favor of learning more about ASD. It should be noted that some of those who disagreed with the statement commented that they already knew enough about the topic. This may

establish that interest on the topic of ASD is high and the All Nations church family welcomes the opportunity to learn more about it. It would be interesting to see if this is a general view shared across a wider cross-section of the Adventist Church and how many churches would be willing to capitalize on that knowledge.



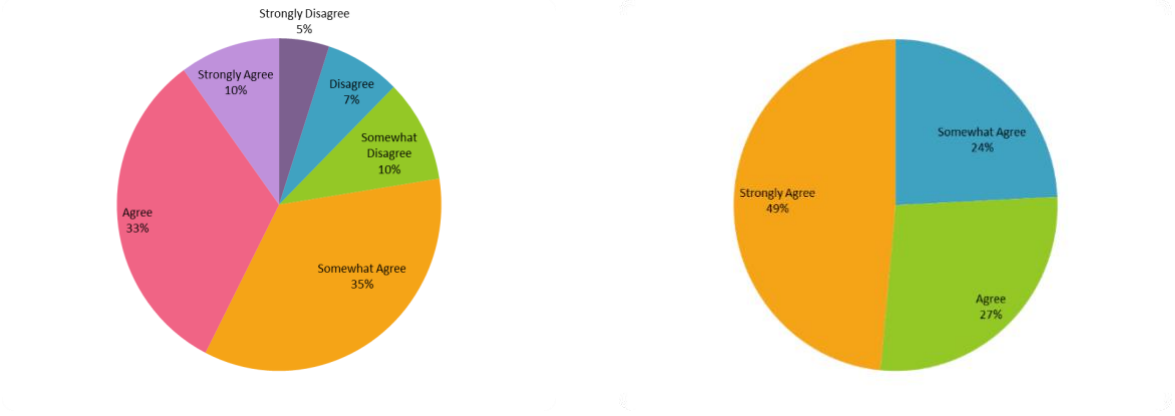

| | Pre-Test | | | Post-Test | | | |
|---|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
| Pre-Test | 4 (10%) | 11 (10%) | 4 (10%) | 8 (20%) | 7 (17.5%) | 6 (15%) | 40 (100%) |
| Post-Test | 1 (3.4%) | 8 (27.6%) | 3 (10.3%) | 9 (31%) | 3 (10.3%) | 5 (17.2%) | 33 (100%) |

*Figure* 10: I am aware of resources available for ASD members outside of my church.

Figure 10 tested the knowledge of respondents in regard to resources they could point members to about ASD outside of their church. The statement could have elaborated outside of the denomination to be more specific. The results indicated a mixed spread with those strongly agreeing to somewhat agree at 53 % while 47 % ranging from strongly disagree to somewhat disagreeing on the point. This was important to understand for it indicated that apart from meeting the spiritual needs of those with ASD the church family also needed to know the available resources available in the community.

The post-survey revealed that 76 % strongly agreed to somewhat agree on the knowledge of resources available while 39 % strongly disagreed to somewhat disagree.

The results in the second survey revealed that while the knowledge of outside resources increased, a high portion of the membership still felt they did not know what to say to families affected. This again could stem from the smaller number of individuals who came back for the afternoon sessions and the fact that a good portion of the morning messages looked primarily at the spiritual application. My recommendation for future implementations or research will be to have a booth established for display of resources available in the community as well as to specifically list them in the morning messages.



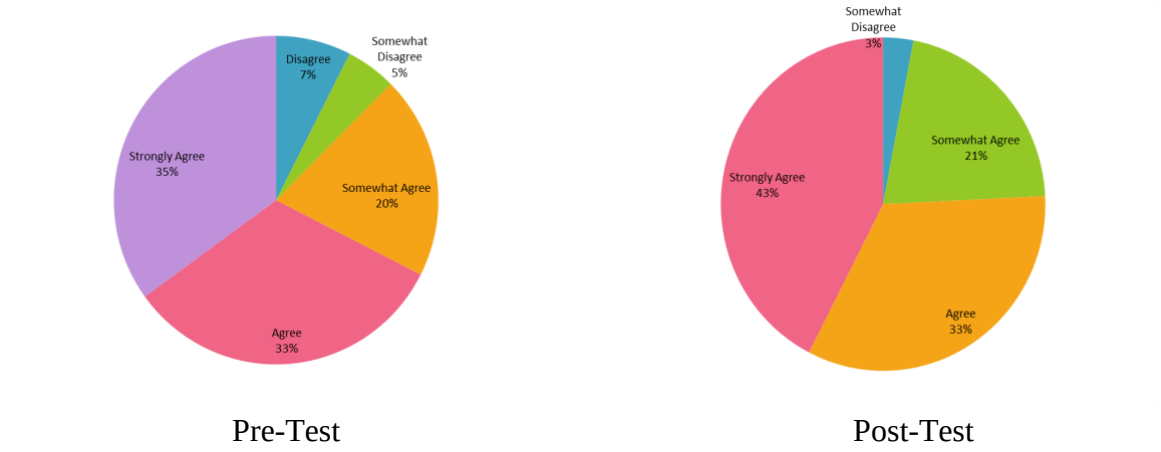

| | Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|---|
| Pre-Test | 2 (5%) | 3 (7.5%) | 4 (10%) | 14 (35%) | 13 (32.5%) | 4 (10%) | 40 (100%) |
| Post-Test | | | | 8 (24.2%) | 9 (27.3%) | 16 (48.5%) | 33 (100%) |

*Figure* 11: I feel that All Nations is making great strides in ministering to families.

Figure 11 sought to garner if the respondents felt that All Nations was making great strides in ministering to families with ASD. In the pre-survey, only 10 % strongly agreed with the statement followed by 33 % agreeing. Another 22 % of the respondents ranged from strongly disagree to somewhat disagree. I am uncertain if promoting the

seminar weeks in advance might have skewed the pre-survey results as it would entail that we are making an effort in this area. For future research, I would recommend that a survey is given before any large-scale promotion of a seminar.

The post-survey revealed that 49 % now strongly agreed that All Nations was making great strides with 27 % agreeing and 24 % somewhat agreeing. No one disagreed with the statement, and that proved encouraging. A few months after the intervention I still engaged individuals who were glad that we had such a seminar for it showed that we truly desired to get to know and care for individuals who were hurting. This can be a great incentive for churches in the future to have a seminar on ASD for it will be a talking point in the church and possibly the community for months to come.




Pre-Test Post-Test

| Strongly Disagree | Disagree | Somewhat Disagree | Somewhat Agree | Agree | Strongly Agree | Totals |
|---|---|---|---|---|---|---|
| Pre-Test | 3 (7.5%) | 2 (5%) | 8 (20%) | 13 (32.5%) | 14 (35%) | 40 (100%) |
| Post-Test | | 1 (3%) | 7 (21.2%) | 11 (33.3%) | 14 (42.4%) | 33 (100%) |

*Figure* 12: I would feel comfortable bringing a special needs family member to church.

The last statement seen in Figure 12 sought to identify the comfort at which the respondents felt in bringing a special needs family member to Church. In the pre-survey

68 %, both strongly agreed and agreed with the statement. Only 12 % said they either disagreed or somewhat disagreed with the statement. This highlights that the majority of the participants would feel comfortable bringing their special needs family member or friend to church. One person who has a child with special needs also shared with me privately how she felt welcomed by the members when she came to the church a few years ago. This indicates that the church members had a very positive attitude as it relates to newcomers and those with special needs. The post-survey saw 76 % both strongly agreeing and agreeing to the statement with 21 % somewhat agreeing. With only one person showing that they somewhat disagreed, making up 3 % on the table, it may indicate that a church that is already friendly to those with ASD can become even friendlier after the intervention.

## Project Conclusions

The project reveals the potential for church families to be positively impacted by a seminar dealing with ASD. It may also indicate that the attitude of a membership can be influenced by information on ASD which may, in turn, produce a more positive interaction towards those struggling with it.

I found that there was some slight resistance to the topic as some at first could not see why it should have such a prominent place in and during the divine hour space. In observing the effects of the project, I saw however that the attitude quickly changed when they realized the scriptural evidence to support an inclusive ministry towards those with special needs.

Pastors and elders who occupy the pulpit primarily can do a great deal in crafting messages on this topic that will help to lift the emotional intelligence of the entire

membership. The morning sermons impacted the church at large more than the afternoon seminar sessions. This indicates the significance of the pulpit for leadership and congregational development in the church.

There is a great opportunity for evangelism in highlighting ASD and special needs in our outreach. During the seminar, we were able to baptize seven precious souls with one of them having a special need. Later on, during the following year, we also did a profession of faith for another individual with autism. I also noticed that two families became attached to the church when I spoke with the parents and allayed their fears about the behavior of their children with special needs. They felt relaxed and at peace that the church was willing to accept them and their children.

Due to the project, some volunteers wanted to become a part of the Disabilities Ministries Team of the church. A small budget has been allocated for the ministry, and the Finance Team has assured the members of the ministry that in the future if more funds are needed the church will readily help to supply them. This may be encouraging to pastors who lead churches who may be resistant to providing any budgetary allocation towards such a ministry. The perception towards this ministry may significantly change once the church develops an awareness of the topic.

What is not lost on me is that this project has increased my capacity to love just about anyone and to show greater grace and patience not only to those with special needs but a host of other issues. When a church embarks upon creating awareness for ASD, there will be many benefits, but I believe the greatest of these will be the capacity to love as Christ has taught us.

## Recommendations

The Making Room for those with ASD seminar was designed to be utilized by other places of worship. I found that the engagement with the membership was rich and provided a great deal of valuable lessons. The recommendations listed below may prove helpful for another researcher.

I would recommend a qualitative approach in further research on this topic as I realize that the while the numbers are good, the conversations that demonstrate how a project like this can change one's behavior is of great intrinsic value to the local congregation.

A smaller sample size primarily of the board would have helped in measuring the benefits towards the leadership of the church.

Condensing the program to two weekends would have been more manageable for the participants as I have found that going three weekends allowed for disruptions in the frequency of the attendants.

A more thorough assessment of the participants in the survey was needed on the researcher's part with consistency in measurement.

It is helpful to introduce technical details of ASD during the first sermon presentation service as I found that there was significant interest when I introduced this in the second week. I also realized that balancing the message with facts and stats will help to draw more attention and empathy towards the topic.

It is important to follow up immediately after the seminar with the focus group who is willing to be a part of a committee that helps to serve and minister to those with ASD. Though we were able to use the nominating committee to create a team a few

months later, it would have been more helpful to get this team started immediately so as not to lose momentum.

I recommend that more information be provided in regards to what the General Conference, the governing organization of the Seventh-day Adventist Church, is doing in regards to ASD and other special needs. It may prove helpful to introduce the church family to the local coordinators within the conference and at various levels in the organizations to heighten appreciation and awareness of the efforts of the world-wide church.

An evangelistic sermon series can be designed that will help to include those with special needs not only in the fabric of the sermons but also in creating a participatory role in the worship service.

A more thorough investigation into the Adventist pioneers and how they dealt with special needs should be further explored as this was outside the scope of this project. The knowledge of this can greatly help the church to see how we have progressed in our understanding of special needs as well as encourage the membership of the need for further growth in this area.

I would like to extend my recommendations to our seminaries. It would be helpful if a curriculum on how to minister to those with ASD and other special needs can be incorporated. Pastors ultimately set the bar as to how their churches will treat those with special needs, and it may prove helpful for them to leave our tertiary institutions with greater awareness on the subject.

I would encourage conference building committees to provide recommendations in ensuring that future building plans incorporate structures that can accommodate those

with ASD and other special needs. As All Nations Church looks to expand in the future, this is already a part of the dreaming phase towards our project. This needs to be part of the planning phase for any church construction going forward.

# APPENDIX A

## PRE ASSESSMENT

## Appendix A

### General Information Questionnaire

This survey is intended for church leaders and members attending the Atlanta All Nations Seventh-day Adventist Church. For the purposes of this survey, "church leaders" include Pastor's, Elders, Deacons/nesses, small group leaders or Church Board Members.

Are you a member of All Nations SDA Church?

a. Yes

b. No

c. Not sure

Do you serve as a church leader?

a. Yes
b. No

Questionnaire

1. I am aware of Autism Spectrum Disorder (ASD) have some knowledge of its prevalence.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

2. I am willing to go to great lengths to accommodate those with Autism Spectrum Disorder at All Nations.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

3. I personally know of families affected by ASD.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

4. All Nations is a safe place where parents of children with special needs feel welcomed.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

5. If a child were crying inconsolably with the parents feeling flustered, I would know what to do.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

6. I understand that the Bible has timely principles that can help in ministering to families with ASD.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

7. There is special recognition of families affected by ASD in my Church.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

8. I am aware of a Special Needs ministry in the North American Division.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

9. I desire to learn more about ASD and how to minister more effectively to such families.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

10. I am aware of resources available for ASD members outside of my church.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

11. I feel that All Nations is making great strides in ministering to families with ASD
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

12. I would feel comfortable bringing a special needs family member to Church.
    1. Strongly Disagree
    2. Disagree
    3. Somewhat Disagree
    4. Somewhat Agree
    5. Agree
    6. Strongly Agree

# APPENDIX B

# POST-ASSESSMENT

Appendix B

POST-ASSESSMENT

If you were present for the sermons or seminars presented in the Making Room seminar, your participation in this final survey would be greatly be appreciated.

Are you a member of All Nations SDA Church?

a. Yes

b. No

c. Not sure

Questionnaire

1. I am aware of Autism Spectrum Disorder (ASD) have some knowledge of its prevalence.
   a. Strongly Disagree
   b. Disagree
   c. Somewhat Disagree
   d. Somewhat Agree
   e. Agree
   f. Strongly Agree

2. I am willing to go to great lengths to accommodate those with Autism Spectrum Disorder at All Nations.
   a. Strongly Disagree
   b. Disagree
   c. Somewhat Disagree
   d. Somewhat Agree
   e. Agree
   f. Strongly Agree

3. I personally know of families affected by ASD.
a. Strongly Disagree
b. Disagree
c. Somewhat Disagree
d. Somewhat Agree
e. Agree
f. Strongly Agree

4. All Nations is a safe place where parents of children with special needs feel welcomed.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

5. If a child were crying inconsolably with the parents feeling flustered, I would know what to do.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

6. I understand that the Bible has timely principles that can help in ministering to families with ASD.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

7. There is special recognition of families affected by ASD in my Church.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

8. I am aware of a Special Needs ministry in the North American Division.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

9. I desire to learn more about ASD and how to minister more effectively to such families.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

10. I am aware of resources available for ASD members outside of my church.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

11. I feel that All Nations is making great strides in ministering to families with ASD
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

12. I would feel comfortable bringing a special needs family member to Church.
    a. Strongly Disagree
    b. Disagree
    c. Somewhat Disagree
    d. Somewhat Agree
    e. Agree
    f. Strongly Agree

# APPENDIX C

Atlanta All Nations
Seventh-Day Adventist Church

Pastor Shaun Brooks (404) 987-2975

April 16, 2017

Institutional Review Board
Andrews University
4150 Administrative Drive, Room 322
Berrien Springs, MI 49104-0355

To whom it may concern:

I have examined and read Shaun Brooks' IRB research protocol titled, "Ministering to families affected by Autism Spectrum Disorders in the All Nations Seventh-day Adventist Church." I understand what he is asking of the individuals and grant him permission to conduct his study here at the All Nations Seventh-Day Adventist Church.

I understand that Shaun can be reached at (404) 987-2975 or via email at sbrooks@gccsda.com. I also understand that if I have any questions regarding this IRB approval or the rights of research participants I can contact the Institutional Review Board at Andrews University at (269) 471-6361 or irb@andrews.edu.

Sincerely,

[redacted]

1st Elder, Atlanta All Nations SDA Church
4352 Burns Rd NW
Lilburn, GA 30047
Phone#:

Invitation Letter to Members:

Dear Member,

As you may already know, I am in the process of completing my doctoral work at Andrews University Theological Seminary. The final area of my program requires that I complete a doctoral project that is specifically designed to meet the needs of our church family.

My project is designed to develop and implement a strategy for the All Nations Seventh-day Adventist Church that builds awareness of Autism Spectrum Disorders (ASD) and ministers to affected families.

If you decide to participate, you will be asked to complete a brief survey about your awareness of Autism Spectrum Disorders (ASD). You may also be asked to participate in a 3-weekend training seminar that will last for two hours each Saturday. The survey will be anonymous meaning that no one, not even the researcher will know who submitted it.

During our training session, each participant will be free to share in discussions with the expectation that the privacy of everyone in the group is respected. Taking part in the project is your decision. You do not have to be in this project if you do not want to and you reserve the right to withdraw your participation at any time. You may also decide not to answer any question you are not comfortable answering.

Thank you for your consideration. I will get in touch with you within the next 2 weeks to see whether you are willing to participate. Thank you once more for your continued support and our prayer is that this will be a tremendous benefit to the church family.

Your fellow servant in Christ,

Shaun A. Brooks

Pastor

(404)-987-2975

Andrews University

INFORMED CONSENT FORM

I am conducting a research study as part of my ministry project, in partial fulfillment for my Doctor of Ministry degree at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

Research Title: Ministering to families affected by Autism Spectrum Disorders in the All Nations Seventh-day Adventist Church.

Purpose of Study: The purpose of this project is to develop and implement a strategy that builds awareness of Autism Spectrum Disorders and increase volunteer participation in in-reach and outreach ministries to affected families.

Duration of participation in study: I understand that I will be required to complete a survey which will take approximately 10-12 minutes of my time. I also understand that I can choose to participate in a three weekend seminar that will last two hours each Saturday.

Benefits: I understand that I may not receive any direct benefits from participating in this study. I understand that the results may help church leaders better understand how to develop and implement a strategy to help those with Autism Spectrum Disorders.

Risks: I have been informed that there are no known or documented risks for those who will participate in this program.

Voluntary Participation: I have been informed that my participation in this study is completely voluntary. I am aware that there will be no penalty or loss of benefits I'm entitled to if I decide to cancel my participation in this study. And that there will be no cost to me for participating in this study.

Confidentiality: I understand that my identity in this study will not be disclosed in any published document and that the records will be kept in a secured office with a password protected computer.

Contact: I am aware that I can contact Shaun Brooks (404) 987-2975 or Dr. Anita Pembleton (850) 774-8644 for answers to questions related to this study. I can also contact the Institutional Review Board at Andrews University at (269) 471-6361 or irb@andrews.edu.

I have read the contents of this consent form and received verbal explanations to question I had. My questions concerning this study have been answered satisfactorily. I hereby give my voluntary consent to participate in this study. I am fully aware that if I have any additional questions I can contact Shaun Brooks or Dr. Anita Pembleton.

| | | |
|---|---|---|
| _____ | | _____ |
| Signature (Subject) | | Date |
| _____ | _____ | _____ |
| Researcher Signature | Phone | Date |

## IRB Protocol

### Title & Purpose of the Study

The Title of this project is "Ministering to Families affected by Autism Spectrum Disorders in the Atlanta All Nations Seventh-day Adventist Church." The purpose of the project is to increase the level of awareness of Autism Spectrum Disorder in the local church as well as to increase volunteer participation in in-reach and outreach ministries to affected families.

### Subjects

The persons involved in this study will be leaders including pastors, elders, the deacon's board, and small group ministries within the Church. If there are members age 18 and above who freely volunteer to be a part of the study, they too will be included. No one from any vulnerable group (prisoners, hospital patients, mentally impaired, pregnant women, etc.) will be targeted to participate.

### Recruiting

I will seek to recruit the volunteers' via-email, general announcements, and personal invitations. This will be done on a voluntary basis with a consent form being given. Any tests or questionnaire will be explained in depth so that there is no concealment of its intended purposes.

### Consent

All subjects must give informed consent to participate in the project.

### Voluntary Participation

Participation will be voluntary, and subjects will be free to join or leave at will without any penalty or loss of benefits, if any.

**Procedures**

A 12 question survey will be given before and after the seminar to measure the participant's understanding of ASD. This questionnaire will ask basic questions to gauge the awareness of ASD and its prevalence and measure the subject's interest in this topic. The survey will be scored in the range of 1 to 6 with 6 being the highest answer value and 1 being the lowest.

After the questionnaire is taken a three weekend seminar will be conducted that will provide basic information about ASD, including its history, prevalence, and impact. A 10 step strategic action plan by Barbara J. Newman in her book *Autism and your Church,* will serve as a manual for the seminars.

In the second and third week of the seminar, ministry tools will be provided for volunteers who would like to minister to families affected by ASD. At the conclusion of the seminar data will be collected by conducting the same 12 question survey of the volunteers to see if their training increased their overall knowledge of ASD as well as their commitment to minister to affected families.

In collaboration with the Family Ministries Department the formation of a Special Needs Ministry Team will be formed to create a sustainable presence in meeting the needs of those affected with ASD. The overall results will be seen in years to come but the immediate results will be seen in creating an environment that is friendly, inclusive, and need oriented.

**Risk**

The risks involved in this study will be minimal and no greater than the normal risks to life.

**Data Collecting**

The facilitator will design and use a 12 question survey to gauge the participant's awareness of ASD. The data will be collected by the facilitator before the three weekend seminar and also at the conclusion of it. The information gained by the survey will be used to identify the benefits of the seminar if any.

**Securing of Data-**

Data collected by the facilitator will be anonymous and therefore confidential. No one will be able to make a connection between the data and the subject. All data collected will be safeguarded in a secure computer file as well as a locked cabinet that only the facilitator has access to.

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# VITA

**Name:** Shaun A. Brooks

**Background:** I was born on September 18, 1977 in Montego Bay, Jamaica. I have two siblings and was raised by my parents in a caring Adventist home. I was baptized into the Seventh-day Adventist church when I was 8 and have been an active member since then.

**Family:** I am happily married to my best friend, Stacy-Ann Forrester, and we have four wonderful children together, Annabelle (Born in 2006), Leilani (2008), Caleb (2010), and Isaac (2017).

**Education:**

2006-2008 MDiv from Andrews Theological Seminary.

1996-2000 Northern Caribbean University
BA in Religion (Minor in Home Economics)

1991-1995 High school diploma from Hackensack High School (Hackensack, NJ)

**Ordained:**

2005- Ordained by the East Jamaica Conference of Seventh-day Adventists and currently hold ministerial credentials from Georgia-Cumberland Conference of Seventh-day Adventists.

**Experience:**

2016- Senior Pastor of the All Nations Seventh-day Adventist Church (Atlanta, GA)

2012-2016 Senior Pastor of the Grandview and Sweetwater Seventh-day Adventist Churches (Atlanta, GA)

2009-2012 Associate Pastor of the Belvedere Seventh-day Adventist Church (Atlanta, GA)

2006-2009 Student Worker and Vice-President for Seminary Student Forum (Berrien Springs, MI)

2001-2005 Senior Pastor of Woodbourne District of Churches (St. Thomas, JA)