

A Fresh Approach to Parenting Hypersensitive Children

The LAFAYA Way



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Chapter 1

How I Got Started

“Progress consists largely of learning to apply laws and truths that have always existed.”

-John Allan May

Over 20 years ago while still in college, I worked for an in-home care service for developmentally disabled adult violent males and/or sex offenders. I learned early on that I had a knack for persuading those residents who seemed to be a bit more resistant to do anything requested of them.

During those humble beginnings, I learned the benefit of having a non-judgmental and calm internal presence, which assisted me in my ability to de-escalate residents quickly while eliciting compliance and engagement faster than my fellow residential counselors.

I have always had a strong desire to be as helpful as possible when counseling others. Making a positive difference in the lives of those I work with is the #1 reason I do what I do.

I moved on to work with Severely Emotionally Disturbed (SED) children in the foster care system. These particular children were labeled behaviorally unfit to stay in traditional foster homes and were placed in residential treatment centers.

According to the staff, I obtained exemplary behavior and compliance from children who were the most difficult-to-manage.

My success was largely due to my calm internal presence in this environment.

Early on, I learned that these previously abused or neglected children, often labeled as hypervigilant (what I call hypersensitive to how others are responding), required a calm presence. If the professional feared a meltdown, then one was almost sure to occur fairly quickly from the child. I have witnessed the breakdown of order each time an anxious or agitated staff member would attempt to deal with these hypersensitive children.

Please understand, this is not a slap in the face to the individuals who work with challenging children. I have acquired the necessary wisdom to producing better results when working with your not-so-typical behaviorally challenged child or adult.

My Work with ASD and Other Difficult-to-Manage Disorders

Thirteen years ago, I began intensive outpatient level work with children who were either recently released from hospitalization or had failed traditional therapy for many years and were assessed with the need for a higher level of care than traditional therapy can provide.

The Intensive Outpatient (IOP) level of treatment requires a commitment of a minimum of 3 days per week, 3 hours per day of therapy. When I was introduced to this treatment program, I primarily worked with children diagnosed on the Autism Spectrum. At that time, I knew very little about the Autism Spectrum Disorder (ASD) diagnosis. Therefore, I needed to learn as much as I could about ASD. Immediately, I learned there wasn't much information and/or tangible techniques for working with ASD children.

In addition, after some time working with children on the Spectrum, I discovered that some of the information available describing the experiences of children diagnosed with Autism was erroneous. If I was going to be effective in my work with children on the Spectrum, I needed to figure it out independently.

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