

- Good morning, good morning Virgin Islands and welcome to Ability Radio, You and Your Health. This program is funded by the VI Lottery, broadcasting from the Vibe Radio Station 107.9. My name is Amelia Headley LaMont and I am joined this morning as always, thankfully by my co-host Iris Bermudez. Good morning, Iris.

- Good morning, Amelia. Good morning Virgin Islands.

- How are you?

- Oh, we're fine. Thank you.

- And we are accompanied. This is a family show this morning. We are accompanied by Iris grandsons. So, they are watching and will be, I'm sure giving us a good critique when the show is over. First of all, let me tell you what the rules of engagement are for the show. We request that they're be no use of names, no personal text, no unfounded allegations, product pitches, no profanity and as always we do not give medical advice. So we would not be able to respond to questions of that sort. The opinions expressed here are those of our guest and not those of disability rights organization and certainly not those of the Vibe Radio Station. Ability Radio is a live calling show and if you are so inclined, we encourage you to call. You can call at 779-1079 or 713-1079. I'd like to, Iris, you introduce today's guest.

- Well, that's, thank you, Amelia. I would really, really love to because as we've broadcasted in the past, we talked about what some spectrum and we gave you professional information from the professionals who deal with this topic. But today we have a wonderful and very informed parent who has had the experience of dealing with Autism and he really agreed to come to the show to give us from the parents perspective how he and his family dealt with the situation and possibly give us even pointers to the listening audience to help you understand this medical condition. And to give you some hints about what you can do and how to advocate on behalf of your children, who may have, or who are, have autism. His name is Vincent Francis. He works for the summer with our agency and he's here on vacation, but he's working. Isn't that something? Here on vacation but working. He has so much experience and we wanna start off by asking him to give us his professional background and then, we can go into how his family dealt with this medical condition.

- And for those of you who may know him because he is a native son, his name is Vincent Francis. So, Vincent, good morning.

- Good morning. It's nice to be back home. I was raised on Saint Thomas. I went to Charlotte Amalie High School class of 1972. And after graduation, I left, and I went to college. And then I decided to spend 20 years in the military, and been all over the US, been all over Europe. And once I retired, I decided to come home. In the meantime, I had a family. I had a son that has, that has autism and he was attending high school. And prior to returning, we always had a very good service from the school and the community. When we returned to Saint Thomas, service was not as, it was not what we wanted to be and I am not really gonna say a whole lot of negative things about the service. What I really wanna key in on is my experience. Fortunately, I went to school to be a school counselor, so I guess professionally and I guess at home my job was to work for the needs of other people. And so, I was not just, you know, I guess the counseling portion helped me a lot because I was able to figure out the best way to deal with my son, deal with the, all the different organizations I've, I had to deal with. And I guess, that helped, my son is 35 years old, so I've been in the business for a long time and I've been a counselor for 20 years.

- Wow. Vincent, that's a long time to be in the business of autism especially when it's your son. He was the first son, I'm guessing.

- Right. He's the first son and my only son. I also have a daughter. She's a little older and she, but she had some of the same problems, so.

- Okay. Okay. So, what were some of the observations you encountered that alerted you that something wasn't right? Something was going on that you didn't understand?

- Well, up until he was two years old, he did most things correct, correctly. All his milestones were met. When it was time to get him potty trained is when we start seeing some problems. And then, it just seems like you talk to him sometimes and he just never seem like he understood what you was saying. Luckily, he was in a daycare center and they did a screening of all the students. And then, we are, I guess, most of the kids who had everything was okay, they just told the parent "Well, he was screened, your child was screened and everything, seemed to be okay." With us, they set up an appointment...

- Uh-hmm.

- ...and they told us some of the things that they observed and then we had seen some of those. And so, when we went back to the pediatrician, we had a long talk and he said, some of the things might be developmental. In other words, maybe he's a little slow that will, he will develop those skills later on but they just didn't seem like they were developing and all the other kids his age was just moving, seem to be moving by leaps and bounds. And in some cases, he just seemed to be going backwards. So, when he was three years old, we, he was enrolled in a preschool and he started receiving services. And he received services all the way up to high school. We kept him in high school for an additional two or three years and he hasn't stopped growing like I guess, most people when I say intellectually, you will think that when he was 18 or 19, that, you know, whatever intelligence he had or whatever skills he had, well, he probably stayed. But you could see, he still developing. He talks a little bit more. He's able to explain himself a little bit more. He asked more questions. He seemed to be a little bit more, a little bit more inquisitive. But again, is at a slow, very slow pace.

- Did he have problems verbally communicating or what?

- Right. He had problems like he didn't seem like he would receive the message and he had lots of problems, he couldn't express himself and I think that was part of, part of the problem or big part of the problem. He, when you ask him questions, he just gives you maybe one or one, one or two word answer. And if you gave him too many steps, it just seemed like he just stop. If you gave him small steps, and he was able to do it. But when you gave him like three or four steps at a time, it was very confusing for him.

- How did that make you feel as a parent?

- Well, it made me feel confused or concerned, anxious at times but after a while you learn to deal with what his needs were not focus a whole lot on my needs because I want, I wanted him to be, an all American, I wanted him to, you know, go to school and be a good student, be a good athlete, be a good person to the community unfortunately. He wasn't doing all of those things, and that's what I wanted, but I had to focus on what his needs were at the particular time. So, when he was five and six years old, I focused on getting him in the best elementary school, the best day care, would send him to summer camp, would get afterschool care, we got those type, sort of things. When he was 12 years old, we focused on, I guess looking what his needs were then. And then, you know, as he became an adult, then we look at what his needs were at that time. We didn't try to focus too far here though. We didn't try to dwell too much on what our needs were, my best, my wife and I. We focused on his needs.

- So what kind of support did you get from the family and even the community?

- Well, we get, we get lots of support from the family. We have some family members that would provide a daycare center. And he was not, he does not have a lot of behavioral problems. He's very compliant. We tell him to sit, he'll sit.

- Okay. Well, what we're gonna do is continue on this thing. This has been very informative. We'll take this brief break and we'll be right back. We're back. You're listening to Ability Radio. You and Your Health. A health literacy program funded by VI Lottery. The making a difference program. Our special guest today is Vincent Francis. He is a parent, a school counselor, a military veteran. And we were talking a little bit

about his experience of being a parent of a son with autism. And Iris, you had some more questions for him.

- Yes. Francis, we were talking about when you found out that he wasn't doing as well as he should have been doing at the milestones. You mentioned that your priority was meeting his needs and putting aside your anxiety, your concerns, and your confusion. So when did you, or what prompted you to begin that evaluation process? You did mention the screening and then you mentioned going to the doctor. So what happened after that?

- Well, when he started school, they had to get a good, I guess a good evaluation of where his needs were and what his skills were. So we did a battery of tests and we also did a whole lot of medical tests because most pediatricians or most doctors do not like to label. They wanna wait as long as possible and not label children. So it took a while. He was special ed and he was evaluated to be in the special ed program, but it probably wasn't until about two or three years ago that we did a full, it took, like, a whole week and we went to a hospital and ran a battery of test, a lot of medical stuff, and they determined that he was autistic. And some, every once in a while, you look to his school records and they have him listed as mentally retarded.

- Oh, wow.

- But the clinical diagnosis for him was autistic and it took, I think he was about seven or eight years old before that was finally accomplished. And so with that diagnosis, I guess they're able to look at his needs and figure out what they needed to do.

- And for our listening audience, the term mentally retarded is regarded as a very damaging...

- Label.

- ...word to use against any human being. The term of our, now is persons with either developmental disabilities or an intellectual disability. So suffice to say that the, that word is even equated with the N word.

- Yeah.

- Very hurtful. So I can imagine what that is like to have your child stigmatized in that way.

- Exactly. Especially when they're that young and they still have maybe some room for development. I mean, I'm not a specialist in that area but one would think that you would have some kind of room to allow the child to develop into, you know, something other than mentally retarded because mentally retarded kind of sticks with you for the rest of your life, doesn't it? I mean, that's what I've been told. Francis, any comments on that?

- I don't, I don't deal much with the term. A lot of times in the counseling profession, they deal with the term developmental disability.

- Okay.

- And that's the, just, and that's the term for a long list of things that are developmental in nature.

- What would you say to the parents out there who are going through this process right now? What advice would you give them in order for them to get through it just like you did?

- Well, first thing, they have to start out by being an advocate for the child and that means they need to look and see what the needs of the child is and then they need to sort of line up the service and be, and support the child. The school system is a good place to start because they have education and most students with the problem, they could be involved in some form of schooling from the time they're three years old. So they sort of, I guess have a head start. From there, you need to look for organizations and support group that can support you. It is, it can be a very lonely place that we will always part of either autism support group or sometimes other support groups that deal with children that have many multiple disabilities. In North Carolina it's called the Arc. And the Arc has a, I'm not sure what the Arc stands for now but it just covers a whole lot of children with disabilities. And one of the things that we were told early on and this was by a doctor, he happened to be our chapter president for the support organization. And he had a child with a disability. And he always told us, "When you go to IEP meetings or any place where your child's information or your child's needs are gonna be a concern, always take somebody else with you."

- Uh-huh.

- Because a lot of the times, you get very emotional.

- Uh-hmm.

- And you have a lot of anger so you always want somebody else who could jump in and who doesn't have a lot of the emotional issues that you may have, and they could speak professionally and calmly about what the problem is. And that's one thing. And you need, you need to be familiar with agencies like the Disability Rights Center, who could, who have professional people to advocate for your needs. You have the school people at, the school, who have a whole list of people, you have teachers, you have teachers' aides, you have bus drivers, you have physical therapists, all of those people. Social workers, counselors, all of those people, needs to be brought into the picture to help, to help your child. It's called collaboration.

- Uh-hmm.

- And they should all be working together in addition, in addition to the medical people. My children really did, does not have a lot of medical issues. They don't have any hearing problems, they don't have any visual problems, they don't have any mobility problems. The only problem they have is the intellectual problem about learning, that they just learn at a different pace or a different way than most students, but you need to have, you need to be able to bring all of those people together to support your child. It's called a Continuum of Care.

- Uh-hmm.

- It really doesn't help, you could have the best school system, but in the, in the evening or on the weekends, or during the holiday, if you don't have good child care services, it really doesn't help you, because most of the time, my wife and I worked so we needed a good afterschool care or child care when the, when the children get off from school or during the summertime. So, that needs to be a part of the equation. And from time to time, if you wanna go away for the weekend, you need some form of respite care. And so, somebody who could come in, know exactly what the, what our children or child needs, and that they are consistent, so that you, also you need some consistency. If you have an IEP and the child...

- And what's an IEP?

- IEP means an Individual Education Plan. And that's what the school uses to help the child learn. Well, if you have an Individual Education Plan in school, it's, it should be some of the same things you use at home. So that their care provider or the after-school care people need to have that information. And the, when they go, if they go to summer camp or they in a summer program during the summer, that group needs to have the same information, so that you're dealing with the child in a consistent manner, and everybody is moving in the same direction.

- You made a very important point.

- Very.

- You know, you associate, usually, the Individual Education Program with just the classroom.

- The classroom, yup.

- And I think you've made a very significant point is that that same document should be shared with a home caregiver?

- Yes.

- Summer camp?

- Yes.

- Whoever is...

- Grandparent, the grandparents...

- The grandparents, right? Family members. Everybody.

- [inaudible]

- That's a very significant point.

- Yeah, very significant because I even wrote it down. How closely did you follow the IEP when the children were at home, which is what you just said, it's excellent.

- We followed it, because most of the time, we were part, we help, created the IEP.

- That's right.

- And as a school counselor, I normally sit on IEP meetings with students. And what we always, my wife kept a copy of the IEP in a nice folder. So when we switched schools for instance, when we came down here, we, the first day we came, we went to register the students and we gave the school a copy of the IEP. Now, a lot of school systems, they will, they wanna get the official IEP from the school because some parents might change some things on it or some people wanna make sure it's correct. But at least they have something, because there was a time when I registered my son and about two weeks later, they still hadn't called him to start the classes. So, I call them, I say, "Well," they say, "We don't have his records." And I look, I said, "Hey, I gave you a copy." And I went back to the agency, and there was a copy, so we got a copy and sure enough, he started school the next day. So, and as a counselor, that's one of my jobs, when students arrive to school, I normally have to send. But sometimes, it takes up to a week or two. So it depends on what your child needs are. He might be sitting at home or he's sitting in the classroom and they does, they don't have an official IEP. Well, you need to make a copy and give it to him. At least they could...

- Right.

- ...they could look at it and work on something.

- And that's great responsibility on the parent, but in the long run, it helps a child because it helps the child, it helps the teacher, it helps the resource teachers, it helps everybody that part, that's a part of the team accomplish all those items that are on the IEP.

- Right. And there's normally an annual meeting...

- Right.

- ...with the IEP, but as a parent, I don't wanna wait 12 months to find out if the IEP is working. I wanna, I wanna look and see from time to time, "Hey, is it working?" And if I need, if it needs to be tweaked or if it needs to be adjusted. So, I think that's...

- And as a parent, you do have that right. You don't have to wait that year. That's correct.

- That's right.

- Wait. In your experience with the IEPs, then even with the diagnostic testing that went on, Francis, do you ever recall being not agreeing with some of the things that were being told to you from a parents' perspective, and what did you do about it?

- I think, yeah. I think probably half the time I didn't agree. But you have to work, you work together. And I guess most of my experience with this is when I was a, worked as an advocate. I would have, like I said, my son did not have a whole lot of, other services other than their education, so most of the time, I always agreed with his, but I have clients who had visual impairment, who had other learning problems, who needed wheelchairs or physical therapy, or occupational therapy. And that's where I would disagree. The physical therapy would say, "Well, we gonna see him every two weeks." Well, the child's doctor would say, "Well, he needs to be seen three times a week." So, I would go and I would advocate for three times a week, and they will say, "No, we gonna see him maybe twice a month." And so, sometimes, I didn't get three times a week, but maybe I got one time a week. But I had to raise the concern, "No, once or twice or a month was not enough." Now, I may not get a hundred percent but fifty percent, or sometimes forty percent is better than zero percent. And once I get that, then the next year for the IEP, we'll look and see is 40%, no, and I would say, "No, it's not working, man. Maybe we need to get it up to 60%. And maybe after five or six years, I could get it up to a hundred percent."

- Right.

- But it didn't, it was not worth it sometimes to get into a big fight, and didn't get anything because then once you've, once you are fighting that means...

- Shuts them down, huh?

- Exactly. And that's another part of the equation that you have to as parents, you've got to be calm. You've got to be respectful, and you've got to treat teachers and everybody in the process as partners. If you are going in there, and you're seeing them as advocates, I mean, as a, as a...

- Bureaucrat.

- ...your enemy or opponents, you have lost the battle.

- Wow.

- Because, for instance, like the bus drivers. My wife always, we always made it a point. The first day of school, we go out and we will make sure we know the bus driver. Most of the time, it was the same bus driver.

- Uh-huh.

- But like on Christmas and sometimes on Valentines and Easter, my wife would always give him a little card, and tell him thank you. A little gift, and say thank you, and at the end of the school year, sometimes within the last couple of weeks, we'll make sure we go out there and just say, "Hey, thank you." Because when we are not around, those are the ones that are taking care of our children. And if we have a nasty or a antagonistic attitude with those support people, we are not helping our...

- Children.

- ...our student.

- And there you go again. It always goes backs to the needs of the child.

- Child, yes.

- You raised two really good points, and that was you must raise your concerns so that they can handle it, but like you said, don't argue with them. Don't fight with them. Just raise your concerns.

- And I'm gonna say this, most parent are not in a position to up, to go up against teachers, professionals. So, that's where at, you find somebody else to fight your battle.

- Okay.

- And, or you find some, you find one or two other people to help you. It doesn't mean because you are not gonna be angry with, it doesn't mean you don't have concerns.

- Right.

- But you have to find somebody. If you cannot fight them, when I say fight, if you cannot, I mean, peacefully fight...

- Engage.

- Engage.

- ...engage them to make, to make the change...

- Right.

- ...you find a support...

- That you need.

- ...that would get that.

- Uh-hmm.

- And at most times, when you go to an IEP meeting, you have a parent. And a lot of times, the parent just, probably just finished high school.

- Uh-hmm.

- Or maybe they go to college, but they're in there with three or four teachers that have got, they, when they would, you have to have a principal or assistant principal. You have a psychologist. You have this, you have social. You are in a group. You, are sometimes overwhelmed, sometimes they have specialists.

- Yeah.

- And so, if you, most parent are not equipped to, so that's where you have to get professional advocates or you need to get support. A lot of times, it helps. If you are a elementary school, if you are a parent with an elementary school student, find a parent who has been through the process, a high school parent, or a parent whose child has already finished the process.

- Right.

- Get them to assist you because they have been, and so you don't have to be reinventing things.

- Right. Right.

- And get as much support as you can.

- And the other good point you raised was like with Medicare and the Affordable Care Act, it's all patient-centered.

- Yes.

- Well, an IEP is similar to that because it's child-centered. And all the people around the table have to make sure and to ensure that that child's needs are met, and you parent, you hold the key because that's your child, and you know what your child is capable of doing or not capable of doing. And that's when you engage when you bring in someone else who may have a little more expertise than you. And I love your example about getting someone who's been through...

- Yes.

- ...to the process to go with you.

- In the, I guess in most communities, it's called collective intelligence.

- Oh, there you go.

- You, I don't care how smart that person is.

- Yes.

- You get four or five more other people to add to his intelligence, and you get a better product. That's the way computer works. You don't have, computers use five or six different systems together, and people need to understand that I have a friend and he comes up with these ideas, and I say, "Well, why don't you get this part?" And he said, "No, no, no, I could do it." And I keep, and he, "I could do it myself." And I'm, he's, he hasn't understand that concept that I might be, I might be great by myself. But if I have a lawyer with me, and if I have a doctor, and if I have a teacher, and if I have a parent, who's been through the process at that group, and if they're collaborating, that's a more powerful group than one person. And you get people to see it from various perspective. And you get all of the experience together. I don't know, that, that's to me, that's the way the system should work. Not one parent, who has a five-year-old child and she's sitting in the meeting against all of these teachers who have got, who's got twenty years experience, thirty years experience, all the, she's, because they, a lot of times, they are there, they have a budget, and if they could get a, if their budget say that the physical therapist can only work with that child, maybe once a month, that's what the person going to be saying. Then, and what they are not telling you,

there might be other areas that they could pull money, or there might be if the physical therapy can only do, somebody else might be able to come in there and do this and add to it.

- Uh-hmm.

- But you have to be able to get all of that and figure it out.

- Right. And when we would be, well, what alternatives do we have here, so that my child can get his needs met?

- Well, I guess, you, from what I've seen or what I did, I had been here probably about two months before I realized that I was up, who I was up against.

- Uh-hmm.

- And I start, I looked around and I asked around, and I ran into the Disability Rights, and I've been with them, it was, that was 19 years ago.

- That long? Oh, my God.

- Yes. Yeah. They, they what happened, so I asked them to, I, well, I wrote a letter about my son, who was not getting bus service or appropriate bus service. I was, I was having to drive him about a mile from the house, and we were doing that to, as a temporary. But once they start doing it for about two weeks, they would tell me, "No, we're not going to change it. You're gonna have to," I said, hold on, no, and I, and I wrote a letter, and I info'd the Disability Rights Section, I info'd a whole lot of people. And we did, we did get to change it. Then start picking him up from the house, but it took a couple of meetings with the education commissioner or, and a whole lot of people. Okay. Once I did that, the Disability Rights were having, they were having hearings, so they asked me to come, and, you know, talk or give my experience, and I did that. I think I did that maybe once or twice. And then about half the, I was, and I was a school counselor, and about half the school year, they advertised a part-time position, and I applied for it, and when I applied, they offered me a full-time job. So, I took it, and I thought it was real good experience because I was going through all of this stuff. A lot of it is administrative. That's, I was a air force officer, that's what I did for 20 years, and I, most of my specialty was dealing with regulations.

- Uh-huh.

- And so, I was able to quickly read all the different regulations about Special Ed, and about education and I knew how to, well, I didn't, I don't know anything about law, but I knew how to read and I know how when somebody, when you see something and say, reference this, I know how to go to that reference in, and that's pretty much what I did. And by that time, my son was 15 or 16, and I had, I had 15 or 16 years experience, so I was able to put a whole lot of that personal stuff together. I was able to put my 20-year military experience because I, all we did was work within systems and collaborate, and then I was able to put my counseling training together, and that's how I became, well, I became an advocate, professionally, and also became a better advocate for my son.

- And that's great. That's great. One of the corners we hear a lot about is when parents start to age, and what's gonna happen to my child. Have you thought about that or are you making plans for that?

- Yeah. We made plans for that a long time ago. We had to sit down and do a will.

- Oh?

- And we had, we had family members that, and then we continuously upgraded because the concern was if I was 45 and something happened, well, we have friends that was that age so they were, they were on it. Now, that we're way past 40...

- Well, you're so old.

- I'm way past 45. So now, I have nieces and nephews that are, like, in their 20s and hopefully, they are gonna outlive myself and so we are, we are, they're on the list and we have slowly, sort of, bring them into the picture.

- Okay.

- You know, that's part of the, you have to keep cultivating all that stuff. And we brought them into the picture and so they, I think they understand that if my, when we pass away and we have all of the stuff in the will, when we pass away, it doesn't mean they're gonna have to take care of them but they are probably gonna be placed in a institution or with someone else and all they need to do is just time to time check and make sure their concerns are being met there, just advocate for them, make sure that they're staying somewhere that, you know, they go and check to make sure everything is okay and, you know, they're not being taken care of and their money is being spent correctly so...

- Right. Right.

- All right. I'm gonna put my legal head on but I think we need to a short break and we'll be right back.

- I must...

- We're back. You're listening to Ability Radio, You and Your Health. We are joined by Vincent Francis, a parent of a, children with autism. And one of the things that we talked about during the break was the word "institutions" and that's something that the Disability Rights Movement has a real aversion to. There was a lead case, the case of Olmstead. I think it's the Olmstead versus LC. I may have that description incorrectly mentioned but it is the Olmstead case which held by the US Supreme Court that persons with disabilities must be included in the community to the greatest extent possible. So institutions have been shut down in a variety of jurisdictions throughout the country. In fact, one of the reasons why the Protection and Advocacy System came into being was because of a report from then reporter Geraldo Rivera who visited the Willowbrook institution that housed thousands of individuals with intellectual and developmental disabilities and that, at that point, it was such a hue and cry in the Congress of the United States that the Protection and Advocacy System was born because it was felt that we need to have a system in place so that we have the ability to advocate for persons who at that time were not in the position to advocate for themselves. So I know, Vincent, you mentioned during the break that there are less onerous options for an individual who may not be able to take care of some of the day-to-day things. So let's talk a little bit about that. What are some of the things your son can do and when you're no longer around, what would be a viable lifestyle choice for him?

- Well, my son could take care of himself. He feeds himself. If he's hungry, he could make a sandwich and, you know, get drinks and all that other stuff. He, you know, take care of his bathroom needs, he might needs, he might need a bit of a help taking a shower and some of the other stuff but most of it he could pretty much do himself. And when he's, when he's, if he, when it's time to go to bed, you tell him to go to bed, he puts on his night clothes and he could brush his teeth and all that stuff. So, you just, you just sort of, have to monitor. He could, he's been at home. We envisioned he, we're probably gonna be, probably stay at home. During the daytime, he goes to program and then after about 3:00 or 4:00 in the afternoon, he has a worker that comes and works with him a lot of times. She takes him out in the community. A lot of times he does things like he buys his, you know, personal stuff. If he has, he goes to the gym, if there are things happening in the community, he goes. And then he's, they bring him home about 6:00 or 7:00, depends on what's going on or sometimes they could keep him longer. Once or twice or, I should say, once a week, he spends an overnight with the family of the worker. And I guess we try to make him as independent as possible. And it gives us time to go and do other things. Some, you know, some days, you know, they bring him home early, and then some days, if we have something to do, we'd say, "Well, keep him on an extra hour, extra two hours." Or some Saturdays if we have something to do, he'd go and spend most of the time with them. And it goes, you know, back and forth. But we envisioned that he could stay in a group home, not the institution that I mentioned. That was a mistake on my part.

Most of the time now, they have group homes that they normally have probably three or four individuals to stay in the home. Each of them have their own rooms, they help with the chores, they try to be, you try to make them as independent as possible. If they could, a lot of times, they have to help prepare the meals. They help with the cleaning, they help with, do maintain the home cleanliness, they clean the bathrooms, they sweep, they take out the trash. And you try to get them to function as independent and as normal as possible. And so they're not sitting around just vegetating, but they're busy. During the daytime, they have things to do pretty much what my son does. And then on the weekends, you don't just have them sit around in bed or watching TV, you take them out, take them to a park, take them, they go to the movies, they, if there's an activity in the community, you take them to the activity. And you keep them.

- Does he like to play games? What kind of games does he like to play? Like, if you're in, if he's in the park, what does he do?

- Well, he just, I guess they still like to go on the swing and things like that. They go to a gym and they walk around. He gets in the water when they go to a pool but he's not much of a...

- Swimmer.

- He's not much of a swimmer but he goes and participate. He could throw a ball around or something like that. But he does try to do whatever other people are doing. So for instance like a lot of times, we, we'll have a backyard barbecue or something, and he was there, and he's trying to interact with the, with the people was much as possible. He could participate. He could, you know, he could sit, he could sometimes get up, walk around, do whatever. I too, when I'm out there in the garden or whatever, I try to get him to help me like, when we are bagging leaves or something like that, he hold the bag and we, and, you know, once they're, he could tie them up and put them in. When we go to dump them, he'd go and, he could do all that. Well, I try to get him involved and that sort of stuff. We have him doing chores like he helps us take out the trash, he helps clean, he helps when we go to the grocery store, he helps bringing the groceries, he helps put them up. We try to get him to be as independent and you get him involved, you know, as much as you can. So that he, you know, his intellect and his, I guess his facilities are not just sitting there, not being used. You try to get him to use as all of his hands, and feet, and his mind, and everything else that he can.

- What, as a parent of a child with autism, what other cope and skills can you share with our listening audience out there, especially parents of children with autism? Because, you know, listening to you talk, I hear the passion in your voice about keeping him busy, making sure he learned how to do certain things even if he'd do it over and over, repetitively, but I think they need to understand or hear more from you about what cope and skills that you employ because you seem to have many.

- Well, I've always been an all-around person so I still in addition to taking care of him, I still have a life of my own.

- There you go.

- Well, I go to work every day. I normally do, participate in some kind of exercise like I do, I either, I used to run when I was much younger. I don't, I don't do much, but I do a lot of walking. I have lots of other activities. I'm a member of a fraternity so we do a whole lot of things in the community. I participate in a lot of mentorship program, so I'm always doing that. I'm on the board. I normally sits on a whole lot of boards. I sits, sit on the Martin Luther King Jr. Board and normally, I'm in, I'm the one that orchestrate or help orchestrate the parade. We have a parade in by the city in [inaudible] and I'm the one that normally get all the stuff and I'm the one that have the troops lined up and, you know, set them down the road, get all the, get all the bands and the participants. We have a work with the March of Dimes and other organizations in the, in the city, and do other things. And, you know, I have lots of friends, so we talk and, you know, I'm a counselor, so from time to time, even counselors have to go talk to people.

- Yes. [laughs]

- So I have friends, I have lots of counsel friends, and sometimes we have to go and just sitting, talk, and take care of that because one of, that's one of the things you have to do. You have to realize that you have, that you're not Superman, and you have these too so sometimes you have to go.

-On that note, we're gonna take a little break and let Superman get a little rest here. We'll be right back. We're back. We're back. You're listening to, good morning, good morning, Virgin Islands. This is Ability Radio, You and Your Health. We had a fantastic show this morning from a parent of a child with autism by the name of Vincent Francis. And how would you sum up what we've heard this morning? What would you say? What would be a good summary?

- A good summary would be if you have a child with a disability, would be to reach out to other individuals, family members, support groups, the school system, so all the other people in the community and try to make sure that the child's needs are being met.

- Yeah.

- That's...

- And that they understand what everybody understands, what the child's needs are so that they can be met, given, especially in the Virgin Islands, the restrictions that education has, we know about those, some of those restrictions or limitations, not restrictions, limitations. But get other parents involved, supporting each other, people, I work with Special Education and some of the people there are very proactive too. They will try to help and accommodate the child's needs. But like Vincent said, and I like what he said at the beginning, you focus on the child's needs, forget about your needs for a little while because their needs come first. And then like he said towards the end of the show, then, you know, you can be out there doing your own thing too, but the child's needs come first.

- And I think by hearing the kind of intervention that you had done on behalf of your son, Vincent, he is able to do basic things, dress himself, make a sandwich.

- Yeah.

- You know, interact with people and has improved in his communication skills. So everything that you and your wife have done have been to his better, you know, ability to take care of himself and become, you know, independent. And I'm also encouraged by you saying that he's still learning.

- Yes.

- Yes.

- That it's not a static thing. That, you know, it, that he's growing and when it comes a time when, you know, you and your wife are no longer able to care for him, he may be had a whole other level of care, of independence.

- Yes.

- So that's a very encouraging story. Never give up, keep the education process going.

- Yeah. And raise the concerns. I love that.

- And, yeah, absolutely. For those of you who may have missed any aspect of this program, please know that this program will be again rebroadcast on Sunday, tomorrow at noon on 107.9 Da Vybe. We also have this program and other programs are posted on our website at drcvi.org. We again, would like to let you know that this program is sponsored by VI Lottery, Making A Difference Program. And Vincent, I'd like to thank you so much for joining us this morning.

- Yes. Thank you. Thank you.

- Thank you.

- Really.

- I enjoyed being here.

- Sharing your personal story. That, that's not an easy feat. [laughs] So I appreciate that. Iris, it's always a pleasure.

- Thank you. Thank you. It's always a pleasure with you too.

- And do we know who's on for next week?

- Yes. Next week will be representatives from the Department of Health who will be talking about HIV out of Saint Thomas.

- All right. Thank you so much. All the best. Enjoy your Saturday or Sunday. [laughs] Bye.