



Autism Solution

See RESULTS from day ONE

Autism Cure Series

Worksheet#18

Part A) : BEFORE watching the Video

1)Are you aware of the variations in the TONE of your Voice while speaking with your child and with others in your life? If yes, have you noticed any difference in the reactions/response from your child to changes in your Tone of Voice?

2)Have you noticed yourself taking deep sighs to breathe more easily through the day? Have you noticed yourself holding your breath during the day? If yes, WHY do you think you are needing to take deep sighs and/or hold your breath often? In no, do you feel your breathing is deep and relaxed or shallow and rapid in general?

3)Are you comfortable with Silence between sentences that you speak or others speak in a conversation or do you often feel a need to fill in the silences with comments or words? If yes, why? If no, why not?

Part B) : AFTER watching the Video

1)Do you think/feel you can heal yourself and your child by being more aware of your Tone of Voice, Breathing and Allowing for moments of Silence within and in conversations/interactions especially with your child?

2)Do you think/feel you can help your autistic child communicate with ease by the Power of YOUR Voice?
If yes, how, if no, why not?