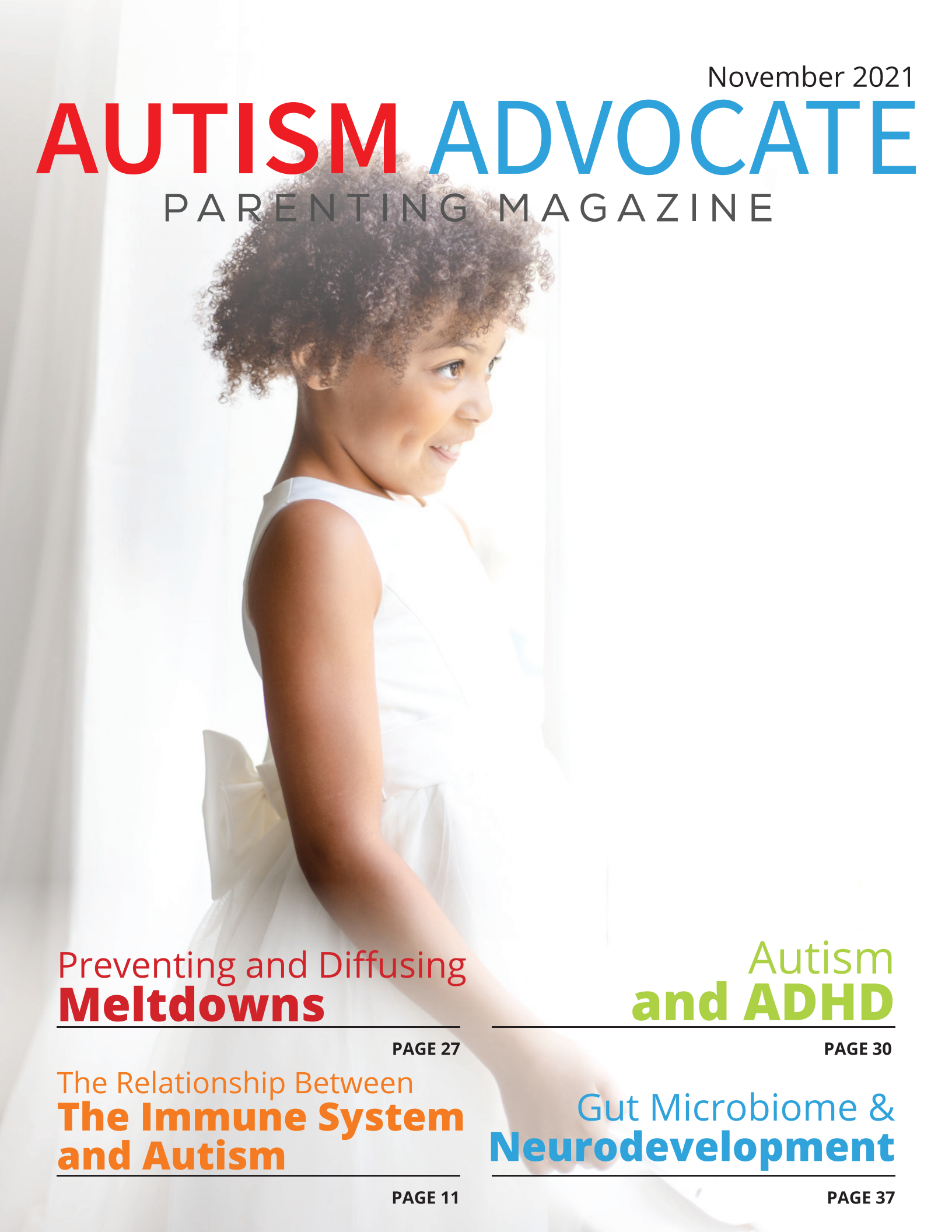
November 2021

AUTISM ADVOCATE

PARENTING MAGAZINE



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AUTISM ADVOCATE
PARENTING MAGAZINE

AAPM strives to foster a broad perspective on all topics regarding autism. To this end, we attempt to be as inclusive as possible with the views we present. These views may or may not reflect our own, but we include them in order to add to the reader's diverse knowledge and education on autism.

Dear Parent Advocate or Reader:

We are excited to share Autism Advocate Parenting Magazine with you! As caring parents, we love our children and want the very best for them. We want to go to bed every night knowing that we have given them the best support and resources possible. Sometimes it can be difficult to know where to start, what therapies are best for our children and what the latest autism research has uncovered. This is where we can help.

Autism Advocate Parenting Magazine's primary purpose is to **empower** parents. We work closely with doctors, therapists, specialists and experts in the field of autism. Their expertise and experiences will give you the ability to **ask** questions, to **advocate** for your child and to **search out** information that can benefit you on your journey.

In our magazine we focus on four key areas that will empower YOU while raising a child on the spectrum:

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We present the latest research in the field of autism. We share current research in a way that is clear and easy to understand.

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Autism experts from around the world share their knowledge and expertise. They will keep you informed about the latest therapies, treatments, diagnostic tools, nutritional plans and more.

Resources

In every issue we provide FREE printable resources, guides and tools that will help you support your child.

Parent Advocating

Our children are extraordinary and have unlimited potential. We want to join you on your autism journey and share stories of hope, advocacy and inspiration.

EMPOWERING *Parent* ADVOCATES

We are autism parents sharing this journey with you. We know all about the frustrating days, the exciting moments and the long nights. We also know that time and energy are limited, and that seeking out information on autism is challenging and time consuming. We are here to help. If you would like us to find an expert or investigate a topic that can benefit your child, please reach out to us by email: admin@autismadvocateparentingmagazine.com. We want to make your life easier, because we know how hard it can be.

Please note: The articles we provide do not represent the views of Autism Advocate Parenting Magazine. However, we feel it is our obligation to provide you with relevant information so you are informed and can make the best decisions for your child and your family.

Dr. Tom O'Bryan, an autism expert, said it best: "Take one hour a week to learn more about autism and before you know it, you will be an expert in many areas of autism."

We value, embrace and advocate for neurodiversity. We admire each of you — whether you are a seasoned parent advocate or just starting on your autism journey. We love hearing about your success stories, as well as your hopes and dreams. We are honored to be a part of your family's journey, and grateful to have you be a part of ours.

Parent Advocates

Autism Advocate Parenting Magazine

> ***"Take one hour a week to learn more about autism and before you know it, you will be an expert in many areas of autism."***
>
> **- Dr. Tom O'Bryan**

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AUTISM ADVOCATE
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November 2021









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Be Present in Your Child's Life

Miriam Gimal



There is a movie that I play in my head. It's filled with fear and questions about the future. Will my daughter ever speak? Will she ever get married? Will she ever be independent? What will happen when I'm gone? My movie also replays the past. What if I had eaten healthier during my pregnancy? What if I had seen a different doctor? What if I had started my daughter in therapy earlier? This movie causes me a lot of anxiety.

In those moments when our minds question the past or wander towards the future with negative thoughts, we fill our **present** with fear. It is worth remembering, however, that the future does not yet exist, and we can't change the past. What are you missing in the present by constantly playing a frightening film in your head?

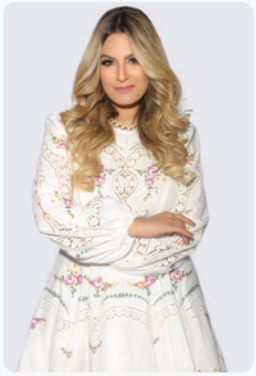
At the beginning of my child's diagnosis of autism, I would often hide in the bathroom. I would climb into the empty bathtub, put my head down and cry. This was when I played my "movie" in my head, contemplating the past and worrying about the future. Day after day, I would find myself in the bathtub crying once the children were in bed. I did this for long enough that my husband got sick of it. Thankfully, he came into the bathroom one day while I was crying and confronted me. My first thought was that he was going to leave me. But when he looked at me and saw how I was suffering, he climbed in the tub with me. I shared with him my sadness, my guilt and my fears. After listening, he grabbed my hand and spoke words I will never forget:

"Suelta al universo lo que no puedes controlar porque esa angustia no te pertenece." Release to the universe what you cannot control, because that anguish does not belong to you.

The anguish did not belong to me! Release what I can't control! The words were both logical and helpful at the same time. When he looked in my eyes, held my hands and said those words, I felt like I had suddenly been freed from my chains. It was as if a burden had been lifted from my shoulders. I felt like I could breathe again. In that moment, I let go of what was holding me back. I made up my mind to stop playing my movie — the story I was telling myself — and to spend more time in the present, managing and controlling the things that were right in front of me. I made a commitment to spend more time with my daughter instead of sitting upstairs in my bathtub, crying.

The present is where we should live! When you are in the present, you can enjoy what is right in front of you and manage any challenges that come your way. We can all find ourselves wondering about the future, preparing for the future, and thinking about the possibilities. If the thoughts are negative and cause pain, however, you need to leave your movie behind.

What is your child doing right now? Is he/she playing in the yard, reading a book or enjoying a game? My advice is to turn off your movie and go spend time with your child. Live in the moment and be present.



Miriam Gimal is the co-founder of the Brain Treatment Center with locations in Panama City, Panama and Miami, Florida. She is also the co-founder of *Una Luna A La Vez*, a program designed to strengthen and support families who are going through a difficult or unexpected diagnosis. She was inspired to become an autism life coach after her own daughter was diagnosed with autism. She dedicates her life to helping and supporting parents who are also on this journey.

Miriam Gimal: @miriam_gimal
Una Luna A La Vez: @unalunaalavez

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The Silver Lining

Making the Most of Time at Home by Teaching Life Skills to Teens

Amie Duncan, PhD
Melissa Liddle, PsyD, CCLS, CTRS

Prior to COVID-19, parents of teens spent countless hours commuting to and from work, as well as shuttling their children to and from school, and from one extracurricular activity to another. They did all this while doing everything possible to keep the household running smoothly by managing grocery shopping, cleaning, doing laundry, cooking and paying bills. When the COVID-19 pandemic struck in March 2020, the lives of parents may have slowed down in some ways. At the same time, parents took on additional responsibilities, including the daunting task of overseeing their child's virtual education. For many parents, the extra time spent at home highlighted the fact that their teen was doing little to help around the house. Instead, teens relied on their parents to shoulder these burdens even though they were fully capable of helping out. For example, many teens were not cleaning up after themselves, doing their own load of laundry, making their own breakfast, mowing the grass, walking the dog, or taking the garbage out to the curb. While many parents recalled doing more around the house when they were teens or even children, they were not requiring their own teens to help in the same way.

The Importance of Building Life Skills

Over the last several years, our team has worked with teens with autism to help build the life skills that are critical to achieving success in college and employment, and in living independently. Although our focus has been on teens with autism, our work is relevant to parents of all children and teens. Julie Lythcott-Haims, a former dean of incoming freshman at Stanford University and author of *How to Raise an Adult*, recently emphasized how life skills are one area that is critical to helping today's teens survive and thrive in the real world. Some people think of life skills as "chores," but life skills encompass much more than that. Life skills include cooking, cleaning and laundry, but also personal hygiene, shopping, money management, employment skills and getting around in the community. Ultimately, life skills are the knowledge, abilities, and skills necessary to properly care for ourselves and become independent adults. These are underdeveloped in many children and teens today. While developing life skills feels like a chore, young adults often take pride when "adulting" and completing these tasks.

Think back for a moment to when you were growing up. You helped your parents inside and outside the house with "chores." Children may have been responsible for taking care of the pets, mowing the grass, cleaning, fixing simple things, and/or purchasing items from the store for our parents. We spent time with our parents in the kitchen learning how to cook and then cooking on our own. Initially, we learned how to mix, then to measure, and then to use the oven. In working with families, we have noticed that one silver lining of spending more time at home due to COVID-19 has been the opportunity to teach core life skills to teens. This not only increases the likelihood of teens making a successful transition to the adult world, but also takes some of the physical and mental load off the parents. As our lives return to "normal," it is important that we continue to make the time necessary to teach these critical skills.

Cost vs. Benefit

In working with parents of teens with autism, Dr. Duncan has noted that parents often mention that all of their children could benefit from learning life skills. Parents describe how these life skills seem to have taken a back seat to other priorities and activities. While there are numerous challenges to tackling life skills, the benefits are well worth the investment of time, effort, and energy on the part of the parent. For many parents, the biggest challenge is giving teens the opportunity to learn, practice and master new skills. It can be easier and faster for parents to clean the bathroom, make dinner or put the groceries away rather than to try to get the teen to act. However, this takes away the opportunity for the teen to practice building these skills with support from an adult.



In addition, parents often emphasize academic activities to support their child's success beyond high school and into adulthood. These good intentions lead parents to encourage their children to enroll in honors or advanced courses and numerous extracurricular activities. However, in an endless pursuit of academic achievement, parents de-emphasize an essential part of success in adulthood: the *mastery of life skills*. While going to a prestigious university provides teens with a top-notch education, they will struggle if they cannot make a simple meal, manage their money, or do their laundry independently. Unfortunately, time spent mastering these missing skills means less time spent on coursework.

Teaching these skills can require an initial investment of time and energy, but parents feel a sense of relief and accomplishment as their teen masters each skill, and responsibility shifts away from the parents.

Teaching Life Skills to Teens

The following five steps can help you learn how to teach these life skills and contribute to your teen's success.



Identify and Prioritize Which Life Skills to Target

Parents should first consider which life skills are achievable based on their teenager's age, current abilities, and expectations, and then set priorities. For example, which skill will have the greatest impact for both the teen and the parents? What will save time for the parent? What skills need to be learned before the teen goes off to college? What will give the teen more independence and freedom? Consider which life skills are intrinsically or naturally motivating for the teen to complete. Perhaps your teen enjoys cooking and wants to learn to use the stovetop more. Determine which life skills are important to your teen. He or she may be interested in money management in order to save up for a new laptop.



Develop a Plan

Once a life skill is identified, it is important to determine the best strategies to teach that skill while also building independence. For many teens, this might involve using a checklist to get ready in the morning, setting alarms or reminders on a smart device to wake up or finish laundry, or watching a video of a recipe before attempting it independently. One successful and simple strategy for teaching complex life skills is to break them into essential parts. You can include as many steps as necessary so that your teen can complete a life skill independently. You should also make sure that your teen knows how to do each of these steps. This will depend on the teen's skill level and familiarity with the life skills. It can be helpful for parents to observe their teen's abilities prior to developing a plan with strategies. Some teens may just need reminders or assistance with certain steps, such as setting an alarm in the morning or a checklist of what hygiene activities they need to do before school. Other teens may benefit from watching you demonstrate the life skill and then tackling one of the steps. Once teens master the steps of a task, parents can add additional steps and expectations until their teen has mastered all the steps in the task.

It may take time to develop a plan that works, and parents and teens will often need to figure out what strategies are best for them. Since teens now rely more on technology; for example, using a shareable calendar or the notes app on a phone may be more effective than a written checklist for reminders.



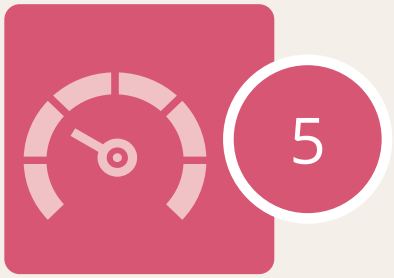
Reward Your Teen

Many parents tell us that their teens know how to do these life skills, but that they resist doing them when asked. When teens push back or argue, parents feel as though they are "picking a fight" or "waging a full-on battle." As these new life activities require effort on the teen's part, they are more likely to be mastered and become a "habit" if some form of reinforcement or reward is provided. Parents and teens should identify a range of rewards so that the chosen reward can match the difficulty of the life skill and the amount of time and effort required to complete the task. Rewards should be *specific*, such as purchasing donuts on Friday morning if the morning routine is completed five out of five weekdays. Rewards should also be *doable*. The parent should be able to deliver the reward when the teen earns it so that the teen continues to complete the life skill. Since it can take up to three months — or even longer if opportunities to practice are limited — to turn a new activity into a habit, providing rewards for the first several weeks is essential. As weeks go by, it is natural to reduce the rewards being earned for this skill and encourage the teen to develop additional skills in other areas that are then rewarded. In working with hundreds of teens, we have found that rewards, rather than consequences or punishment, increase their motivation and eagerness to learn. Rewards also encourage more rapid skill acquisition.



Reach an Agreement

An agreement or contract is a useful tool to ensure accountability in building life skills. This is a more sophisticated version of a "chore chart" that many parents may have used with younger children. The agreement should be discussed and modified each week as needed, and can be posted in the house as a reminder of the teen's goals. Specifically, the agreement describes *exactly what life skills the teen will accomplish and by when*, such as by the end of each day or at the end of the week. It also identifies *how independent the teen should be* and whether he/she can ask questions, get reminders, or ask for reassurance as needed. Finally, the agreement also identifies *what rewards the teen earns for completing the life skill*. A sample contract may have such goals as the following: (1) Complete seven out of eight steps of my morning hygiene routine on four out of five weekdays; (2) Complete two loads of my own laundry by Wednesday evening with one reminder; (3) Cook homemade pizza for the family on Thursday evening. An agreement also allows the parent and teen to track successes and engage in problem-solving when the teen isn't successful.



Slowly Build New Skills

Over time, parents should continue to emphasize the development of additional, age-appropriate life skills by systematically building on previous life skills already learned. The agreement can continue to be used to define the specific life skill goals and determine the reward that can be earned. Success should be recognized and praised so that teens continue to build their confidence and are willing and motivated to learn and master new life skills.



Through this five-step process, teens will come to recognize the value of life skills. Completing various tasks becomes a habit that will lead to success in adulthood. Some teens even end up finding life skills naturally motivating to complete. For example, baking brownies provides the teens and family members with a delicious dessert. Teens may receive compliments on their appearance when they complete personal hygiene activities. Mastering life skills creates confidence and increases the teen's level of independence and autonomy. While it does take some time and energy to build these life skills, the payoff for parents and teens is well worth the initial investment. Parents benefit from less conflict, more free time and less stress about managing the home, while teens gain desired rewards, increased responsibility and a foundation of skills for adulthood. Parents can feel confident that their teens will be successful when they leave home, and that they will *thrive* in the real world.

For more information about developing life skills, please contact the authors at amie.duncan@cchmc.org and melissa.liddle@cchmc.org.



Amie Duncan, Ph.D is a Clinical Psychologist at the Kelly O'Leary Center for Autism Spectrum Disorders, Division of Behavioral Medicine and Clinical Psychology and an Associate Professor at the University of Cincinnati Department of Pediatrics. Dr. Duncan specializes in helping adolescents with autism spectrum disorder (ASD) develop the necessary skills to make a successful transition to the adult world in the areas of employment, independent living and community participation. She has been working with children with ASD for nearly 20 years. In addition to helping patients, Dr. Duncan does research that focuses on developing and evaluating interventions that target daily living skills. These include doing laundry, managing money, cooking and personal hygiene. Her research goes beyond skill-building in adolescents with ASD, to working with their parents and teachers. Dr. Duncan and her colleagues seek to provide both parents and teachers with the necessary coaching and support to increase success and quality of life for their children or students. When not helping patients, she enjoys spending time with her husband, their three kids and their dog. Her favorite things to do on the weekend are gardening and sitting on the porch reading or hanging out with family and friends.



Melissa Liddle, PsyD, CCLS, CTRS, is a Psychology Fellow at the Division of Behavioral Medicine and Clinical Psychology at Cincinnati Children's Hospital. Dr. Liddle specializes in the psychological care of children, adolescents, and young adults with developmental disabilities and chronic healthcare conditions, and emphasizes clinical approaches that draw upon the strengths of both children and their caregivers. Her education and experiences over the last 14 years as a child life specialist and recreation therapist have lent themselves well to her work now as a clinical psychologist. In her research, she is interested in improving the lives of children with developmental disabilities and/or chronic illnesses through interventions occurring both in medical centers and at home. In her free time, she enjoys spending time immersed in nature, traveling to new places, walking her dogs, and playing tennis.

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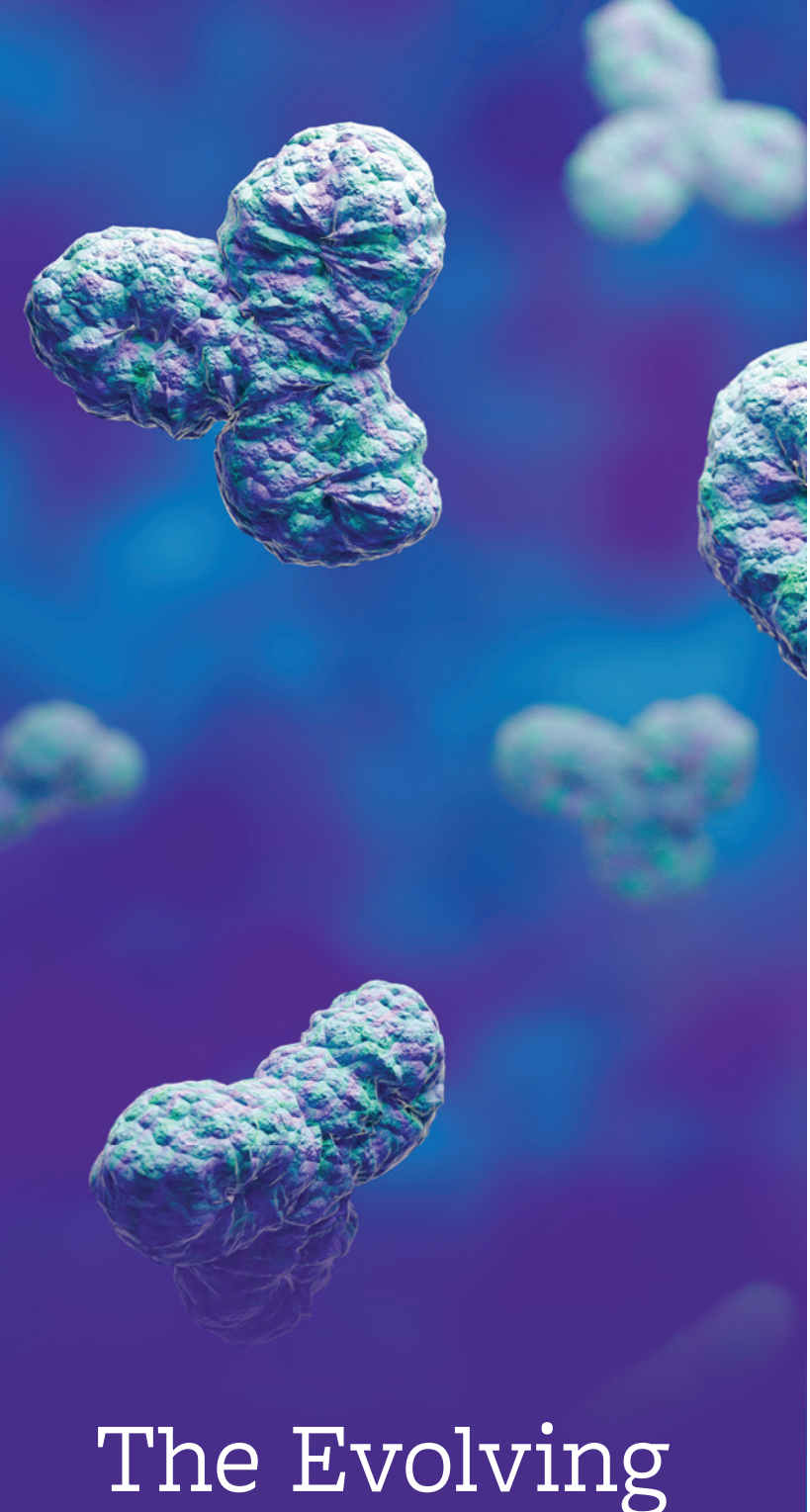

The Evolving Relationship Between the **Immune System** and **Autism**

Dr. David Traver, MD, FAAP

The human immune system is intricate and complex. It recognizes foreign organisms, such as bacteria and viruses. An optimally functioning immune system will efficiently and rapidly eliminate the foreign organisms. The body's immune system is also designed to create specific antibodies to ward off invaders and to effectively "remember" past foreign microorganisms to prevent future illnesses. Occasionally, there may be immune deficiencies and dysfunctions in the system. These could include a defective or ineffective response to an invader, an overreaction to foreign materials causing allergies, or inflammation caused by an overactive attack causing damage to normal tissues.

While immune dysfunction is seen in the general population, it has been reported that these dysfunctions occur at a higher rate in individuals with autism spectrum disorders (ASD).[1] Research shows that many children with ASD have reduced immune system regulation, including higher levels of inflammatory cytokines such as IL-5, IL-15 and IL-17, lower levels of TGFβ1 (a protein that is responsible for regulating an individual's immune response)[1], ongoing inflammation in the brain, elevated pro-inflammatory cytokine profiles and altered immune cell function.[2]

One reason why inflammation and immune dysfunction are so important to the autism population is because increased inflammation is often associated with severe and challenging behaviors.[3]

Neuroimmune Abnormalities

Individuals who have abnormal or out-of-range immune markers are considered to have Neuroimmune Abnormalities (NIA). These immune markers are involved with different arms of the immune system, and indicate that something in the body's immune system is not functioning optimally. This could include the innate immune system, such as white blood cells responding to a cut; the adaptive immune system, which includes developing specific antibodies to fight a virus; or other parts of the immune system. Neuroimmune disorders refer to a group of illnesses that are the result of acquired dysregulation of both the immune system and the nervous system, which may result in chronic illness and disability.

Cause of Neuroimmune Abnormalities

There are many published studies that add to the growing body of literature on neuroimmune abnormalities. Taken together, the studies indicate that there does not appear to be one major cause of any immune abnormality. However, we know that environmental exposures, genetic heritability, timing and even epigenetics may contribute to neuroimmune abnormalities. Indeed, any combination of the above may promote changes, alterations, derangement and dysfunction in the immune system.

Neuroimmune Abnormalities and Autism

The relationship between neuroimmune abnormalities and autism is not fully understood. Due to the expansive definition of NIA, the number of undiagnosed cases and the vast array of literature, it is sufficient to say that neuroimmune abnormalities appear to be commonly observed in studies of autism and other psychiatric conditions, such as schizophrenia and depression.[4] It is worth noting that research is now pointing to the idea that pre-conception[5], conception[6], pre-natal[7], labor and delivery[8], and postnatal[9] factors all play an integral role in an individual's overall immune function.



Symptoms

Unfortunately, there is not one symptom or absolute sign that would indicate to parents that their child has an immune alteration, dysfunction or abnormality. Many different kinds of symptoms can reflect immune dysfunction. To some extent, this is because the immune system derives, in part, from the mitochondria.[10] Symptoms could include extreme fatigue, allergies, vertigo, blurred vision, chronic pain in joints and muscles, difficulty concentrating, shortness of breath, mood swings, irritability and aggression, anxiety, sensory amplification, digestive issues, and many others.[11]

Testing

If you suspect your child has some type of neuroimmune dysfunction, an array of tests is available. Testing will vary depending on the individual, the symptoms or clinical picture, timing and the issues on which the clinician is choosing to focus. Following a thorough medical history, including past illnesses and infections, and a comprehensive physical exam, the tests could potentially include the following: complete blood count and differential, throat and rectal cultures, and stool testing. Tests reflecting inflammation include: sedimentation rate, c-reactive protein and ferritin. In addition, tests specifically for autoreactive antibodies directed against neural antigens include the Cunningham Panel and the Folate Receptor Antibody Test (FRAT). Additional blood tests to identify infectious agents, such as mycoplasma, candida and lyme, and viruses, will depend on the clinician's discretion. It is important to note that, in general, there is no single diagnostic blood marker or physical sign that would lead a clinician to a definitive diagnosis. A qualified and experienced clinician will review the history, and examine and analyze the data in an effort to decipher possible triggers.

It is important to note that some of the challenges of testing for neural immune dysfunction include availability, translatability and actionability.

Availability – The average clinician or doctor may not have access to the level of tests needed to diagnose an immune abnormality. Research on the topic of autism and immune abnormalities is commonly conducted in laboratories and academic settings. While the literature regarding testing is available to these doctors, the actual testing may not be, given the disconnect between research and clinical medicine. A clinician familiar with the field of neuroimmune dysfunction in autism may be able to provide the most up-to-date testing.

Translatability – The available tests typically measure inflammatory markers in the blood. How translatable is this information to determining what is going on in the brain? The brain tissue, the vascular blood supply to the brain, the cerebral spinal fluid, and the peripheral systemic blood supply are all interconnected but different systems. An issue in one of these does not necessarily lead to an inflammatory marker in another. Most medical tests are examined through blood. This may not capture aberrant values in other areas or compartments. To further complicate matters, many of these markers change in different disease states. This is why no single blood marker can indicate a diagnosis and why it is imperative to use an experienced clinician.

Actionability - How actionable are the results? Since each child is unique, the triggers, symptoms, test results, and response to treatments are also unique. Although suspicions and ideas can be postulated based on the results, many treatments may or may not work. Just as the effect of an intervention is different for every person, your child's response to treatment will be unique to him or her. After considering the information and recommendations provided by the clinician, the parents decide what treatment options, if any, they wish to pursue.

Treatments

Based on the history, physical examination and test results, possible courses of treatment may be recommended, including natural or herbal remedies, antibiotics, anti-inflammatory medications, or more invasive immunomodulatory procedures, such as immune globulin intravenous (IVIG). It is essential to have a qualified and experienced professional design an individualized treatment plan based on the comprehensive history, clinical picture and test results.

HOPE – I love the following quote from the animated film Prince of Egypt (1998): "Hope is fragile, but it's hard to kill." There is always hope for gain, improvement and betterment. The tests may be daunting, the results may be vague and the treatment to choose may be unclear, but you need to hold to the hope that your child can respond.

BE PROACTIVE - Parents must be proactive. At the end of the day, this is **your** child, and his/her future is in your hands. Search for professionals who are experienced in neuroimmune abnormalities and who will not dismiss your concerns.

STAY HUNGRY AND HUMBLE - Be hungry for answers and education, but also humble enough to keep searching for answers. Unfortunately, some parents may have been dismissed by professionals in the past. Identifying an immune abnormality and its impact on the child's system takes persistence from parents and professionals alike. Stay hungry and search for a professional who will take the time to listen to your concerns, and remain humble enough to listen to the professionals you find.

PREVENTION IS KEY – Research is now showing that neuroimmune abnormalities can develop in the womb, long before parents bring their child to the doctor with symptoms.[12] It is becoming apparent that the maternal environment plays a critical role in any number of situations. As is the case in many other medical and health-related conditions, the mother's lifestyle and her exposure to factors both supportive and detrimental affect the risk of having an autistic child. Although parents are now positioned to actively seek support for their child's improvement, it is also extremely important to educate future generations on the early contributions and stages of some neurodevelopmental disorders.

Conclusion

In recent years, there has been a rising tide of acute, subacute, and chronic conditions involving the immune system that patients have presented to health care providers. These issues can be overlooked and unintentionally dismissed if the provider is unaware of their possible presence in disorders labeled primarily as being related to "mental" health. The insistence that these issues conform to diagnoses, which tend to be rigid, can restrict our understanding of the underlying pathophysiology. It is clear that providers should be less concerned about labels since the human body may be profoundly affected by metabolic and immune processes. For many of these conditions, the etiology and the effective treatments may be somewhat elusive, and improvement may require persistent and undaunted determination. Rethinking how we approach these conditions is fundamental to being able to offer help to those who need it the most.

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David P. Traver, M.D., FAAP is a board-certified pediatrician and a Fellow of the American Academy of Pediatrics. After graduating from Boston University's School of Medicine, he completed his residency in general pediatrics at Boston City Hospital. He later completed a year of additional postgraduate clinical training at UCLA Medical Center. Following this, he worked in the field of international medicine where he served as a pediatrician for a nonprofit organization, which provided benevolence to various developing countries.

Motivated by the children of some personal friends, he subsequently became interested in the field of Autistic Spectrum Disorders. Dr. Traver worked for a year as a pediatrician in the Pervasive Developmental Disorder/Neuropsychiatry Clinic in Stanford Medical Center's Division of Child and Adolescent Psychiatry. He also spent an additional year becoming familiar with the medical management of patients with Attention Deficit Hyperactivity Disorder. It was during this time that Dr. Traver became familiar with the biomedical approach to treating Autistic Spectrum Disorders. Over the past two decades, he has attended national conferences and training programs, and has spoken at seminars, hospitals, schools and parent support groups on the assessment and treatment of spectrum disorders. In addition to being trained in traditional and mainstream treatments for autism, his current practice embraces translational research, and includes both functional and biomedical approaches as first line treatment for these conditions. He is in private practice in Foster City, California.

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How DIR®/ Floortime™ Can Help a Child on the Spectrum

Esther Hess, PhD



DIR®/Floortime™ is a developmental and relational therapeutic approach for children, adolescents and young adults who have developmental delays, such as autism spectrum disorder (ASD). The purpose of DIR®/Floortime™ is to build a foundation that allows children to develop socially, emotionally and intellectually. Although children usually participate in DIR®/Floortime™ sessions with a qualified therapist, the ultimate goal is for it to become a lifestyle in which parents learn the techniques and practice them at home. The DIR®/Floortime™ approach encourages individual development through play. After assessing a child's strengths, needs, interests and relationships, the therapist will develop an individualized Floortime™ program for the child.

The developmental, individual-differences, relationship-based (DIR) model was developed by Dr. Stanley Greenspan and Dr. Serena Wieder in 1999. Now used around the world, it has gained popularity within the autism community for its powerful use of relationships to foster progress. Research has shown that children with autism have statistically significant improvements with the DIR®/Floortime™ approach. Specifically, children have shown improvements in functional development, parent-child interaction, social interaction skills, emotional regulation, increased attention, social initiation, and emotional connections with family members.[1-5] Research attributes these improvements, in part, to the fact that DIR®/Floortime™ is provided in the child's home environment and becomes part of the family's routine.[6]

The Meaning of 'DIR®'

D

Development of a Child

Therapists and caregivers often mistakenly approach children according to their chronological age rather than their developmental age. It is important to understand the development of children in order to appropriately connect with them on an emotional level. Assessing a child's communication skills, emotional and social engagement abilities, problem-solving skills and logic help in determining the overall developmental progress of a child. Awareness of these developmental milestones allows therapists and caregivers to identify areas to focus on during the Floortime™ and play therapy.

Individual Neurological Differences

Each child has individual ways to regulate and respond to sensory input. Some children are hypersensitive to touch and sound, while others may seek constant stimulus because they are under-reactive to these senses. Awareness of these differences is very important when evaluating a child and is key to determining the best way for a child to learn and progress. For example, a therapist should not speak to a child who is hyper-reactive to sound with a big, loud voice. The child will likely be overwhelmed and enter an anxious or unregulated state. However, a therapist who approaches a hyper-reactive child in a thoughtful and quiet manner can help the child remain calm and receptive to learning. The child can then make progress toward his or her full developmental capacity. Understanding the internal obstacles and individual neurological differences of each child means learning can be optimized.

Relationship-based

The relationship your child has with the world and that you have with your child will impact your child's progress. For me, the relationship is the most critical component in DIR®/Floortime™. I like to compare DIR/Floortime to going on a "great date." I always ask my students, "Who has gone on a great date, and what are the elements of a great date?" My students' answers might include good food and a beautiful setting, but they always mention that the other person was empathetic, listened to them and made them laugh. When you feel like you are in good company, you feel understood. This, in turn, fosters a feeling of safety. In the context of DIR®/Floortime™, building and focusing on your relationship with the child means the child is able to grow, learn and work hard because of the trust and safety felt with the parent, therapist or caregiver. Without this relationship and the feeling that someone understands, the child will not be able to progress.

The Meaning of 'Floortime™'

The DIR® portion of DIR®/Floortime™ provides the map or guide for each child's needs. It allows the therapist and the parents to understand the strengths and challenges of each child. Once this is established, the Floortime™ therapy — sometimes known as Play therapy — can be adapted to the needs of the child. It is called Floortime™ because it encourages caregivers to be on the floor as they play with their child.

Floortime™ was revolutionary when it was introduced because its first principle is to follow the lead of the child. It uses the child's interests to improve social, emotional and intellectual skills. What is your child's special interest? What is your child's favorite toy or activity? What makes your child happy? Once a relationship has been built, the use of specially designed play techniques that involve a child's favorite activities allows great strides to be made.



One of the games I like to play with my students who are working on the concept of collaboration and theory of mind involves a bucket of LEGO®. I sit on the ground with the child's parents and the child, and we form a circle. We pass the bucket of LEGO® around the circle, and we each take a few pieces at a time to make a small creation or building. One person will start the creation and then pass it to the next person, who will add a few pieces of LEGO® to the previous person's structure. When the creation gets back to the first person, he/she must tell a story about it. This simple game teaches the skills of sharing, collaboration, attention and others. Sometimes the child will have an idea of what he/she wants the structure to look like and will disregard any pieces previously put in place. This is an excellent opportunity to use the relationship-based aspect of DIR®/Floortime™. You can explain that you are sad that the child took apart your work, and suggest that he/she could have asked you before doing this. This highlights the importance of the relationship. The child is often apologetic and concerned, and comes to recognize the significance of validating someone else's feelings. In one simple game that is appropriate for the developmental age of the child, we have used his/her special interest, capitalized on the caregiver-child relationship, and conducted therapy in a play-based manner.

Floortime™ is also commonly used to improve self-regulation and increase attention. If the child wants to play with trains, I would play with him/her. This validates the child's special interest and gives a "great date" feeling. I let the child know that I really want to be a part of his/her special interest. A few minutes later, the child may get up and want to play with something else. Using my relationship, I let the child know that I was enjoying my time and would like to continue playing. At this point I would negotiate by offering a regulatory activity, such as bouncing on the trampoline for five minutes, but advise that afterwards we should return to playing trains together. This helps the child with regulation and empathetic awareness of others, while following the child's lead in a playful mode. It's fun and it's playing. I'm aware of the child's needs, and use my relationship to direct him/her to positive learning experiences.

DIR®/Floortime™ is particularly effective when also implemented in the home. In my practice, I spend a considerable amount of time instructing parents on how to apply DIR®/Floortime™ in their home. It amounts to a lifestyle change, and is most effective when the play is done in a specific manner throughout the day, after school, on weekends, and in the evenings when the family is together.

Key Principles of DIR®/Floortime™

The overarching principles of DIR®/Floortime™ are that therapy sessions, both clinic- and home-based, focus on the relationship between the caregiver and the child. The therapy uses play and communication, focuses on the child's initiatives, promotes mutual attention, and follows the child's lead. It creates meaningful and playful challenges that will teach new concepts to a child, and uses activities that will enhance sensory integration, as well as gross and fine motor skills. The therapy also extends relationships used in the therapeutic setting to siblings and peers, when appropriate.

Clinical Challenges that are Addressed using DIR®/Floortime™

DIR®/Floortime™ is a model of intervention that can be used with a variety of social and emotional challenges in children. It can help a child with developmental/regulatory issues work on social interaction, attention difficulties, sensory integration and the child-parent relationship. The following are some examples of the types of concerns that this model has helped address.

- Children who are about to prematurely lose a parent to a life-threatening illness have benefited from this therapy. Through play and our clinical relationship in the session, families learn how to express their feelings and talk about this difficult scenario.
- A young adult on the spectrum who has difficulty maintaining employment also has a co-morbid diagnosis of ADHD and finds it difficult to sustain her attention throughout an entire workday. It can be difficult for her to follow the discussions and directions of her boss. She's at risk of losing her job, and uses DIR®/Floortime™ to help her with her attention challenges and with the difficulties she is having navigating the social and emotional world of her workplace.
- A child is afraid of returning to school after having been quarantined for a year and having learned exclusively through Zoom. In his phobia, he equates going to school with getting sick and dying. He is very fearful and has created a reality based on a misunderstanding. He needs help re-integrating into the world. DIR®/Floortime™ is used to help him face his phobia and to provide the skills needed to return to school.



These are just three examples. In my practice, DIR®/Floortime™ has helped burn victims overcome trauma, chemotherapy patients deal with treatment, children overcome extreme social anxiety, and parents address difficulties in parenting. It has also helped children with developmental delays, siblings of autistic children, and entire families who need support and resources.

DIR®/Floortime™ is one approach that may benefit your child. Given its focus on the relationship that you have with your child, any developmental success you enjoy is an added bonus to the connection you build with your child. I love DIR®/Floortime™ because it emphasizes the critical role and importance of an emotional relationship between the parents and the child. Life is busy and challenging. I urge parents to take care of themselves so they can be the best parent and source of support for their child. We are raising a generation of amazing, determined and unique individuals, and I'm excited to see what the future holds.

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Esther B. Hess, Ph.D, is a developmental psychologist and executive director of the Center for the Developing Mind, a multidisciplinary treatment facility in West Los Angeles, CA. The Center specializes in the assessment, diagnosis and treatment of developmental and regulatory disorders, including autism spectrum disorder, ADHD, selective mutism, childhood depression and anxiety disorders. In addition, Dr. Hess is an author and a national and international speaker on DIR/Floor Time: A Developmental/Relational Treatment Approach of ASD and Sensory Processing Disorder in Children, Adolescents and Young Adults. Additionally, Dr. Hess has just published her first children's book, *Alfie: You and Me are Twins; The Working Life of a Therapy Dog* (Amazon Press, 2020). Dr. Hess can be reached through the Center's website: www.centerforthedevelopingmind.com.

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One with Nature

Ninka-Bernadette Mauritson

There are many challenges that come with a diagnosis of autism. Is your child a picky eater? Is your child aggressive or self-injurious? Does your child have medical issues, such as asthma or seizures? Does your child have difficulty sleeping? Raising a child on the spectrum can be overwhelming and exhausting. I have been in your shoes, but I have made it my life's mission to find the things that help my son. I have found ways to have joy in our journey, and to create the best life for our family. I want to share with you what I have learned.

My son was a happy baby. His development was on track, and he hit all of his milestones. After a life-threatening seizure at 18-months old, my son regressed. Some days he would just stare at the wall and rock back and forth, and other days he was violent and aggressive. Not only was my son's development declining, he was also physically unwell. He had severe asthma, food allergies, regular coughing fits and eczema. Some nights, I had to open his window and let him breathe outside so he could catch his breath. My world was collapsing. That time of my life was extremely difficult and depressing. It felt like every moment of my life was a constant emergency. However, every once in a while, he had these tiny moments when he was his old self. I often wondered if I could somehow extend these moments. He would laugh and connect with us. He made eye contact and interacted. This gave me hope, which would eventually help me find a healthier life for my family.

Change Your Mindset

Autism is a spectrum, and the behaviors and challenges that affected my son are not the same as those that affect others. I believe it is important for parents to change their mindset. Instead of settling into the path the professionals have set for you, find your own path. Do your own research. Educate yourself. What symptoms does your child have? What triggers these symptoms? Break free from the box of having others dictate what is best for your child. Dig deep into the details of your child's behavior, and implement strategies that resonate with your family and your values.

Parents need to recognize that they can only nurture their children to the level at which they care for themselves. In some ways, I feel like my son was sending me a message: to take care of myself and to be better. I suffered from depression, anxiety, constipation, acne and many other ailments. By addressing my own needs, I was able to be a better parent. Often, many of the symptoms your child is experiencing are related and can be treated with the same measures you use on yourself. Consider your nourishment, health, exercise, sleep and rest. Notice the connection between your lifestyle and your mental and physical health. Take care of yourself.

Nature Deficiency

Humans used to spend the majority of their day in nature. Farmers tended to the animals and crops, and children helped with chores and played outdoors. Is it possible that detachment from nature is partially to blame for the rise in health problems and conditions we are seeing in this generation?

Studies have shown that children who do not spend significant amounts of time in nature have diminished use of their senses, attention difficulties, increased rates of obesity and higher rates of emotional and physical illness.[1] These findings resonated with me. I knew that nature deficiency was at least part of the cause of many of our family's symptoms. In fact, we felt this need so deeply that we sold our city home and moved to the country where our children could run through fields, walk in a nearby forest and explore the seacoast.

While reconnecting with nature does not have to involve moving to the country, parents should be aware of the positive effects nature can have on their children. Make an effort to spend less time indoors and more time in nature.

Grounding

Grounding — also known as earthing — is closely related to the idea of nature deficiency. Grounding occurs when a person makes an electrical connection to the earth. Humans naturally carry a positive charge in their body, and this charge can build up over time. The earth has a negative charge. When a human and the earth connect, the excess energy is discharged, which produces favorable effects on the body at a cellular level.[2]

Research has shown that grounding can improve inflammation, chronic fatigue, cardiovascular disease, immune response, depression and anxiety, sleep disorders, and even chronic pain.[3,4,5,6] How many of these symptoms are commonly seen in children with autism? I know this knowledge was a game changer for my family, and it could also positively affect your family.

Although there are many types of grounding, the simplest way is to walk barefoot on the grass, soil or sand. You could also lie on the ground, wade in a clear lake, or even use grounding equipment such as mats, sheets or blankets and socks. The primary focus of grounding is to reconnect the body with the earth. It's amazing that such a simple concept can have so many health benefits. Take your children outside, remove their shoes, and see the amazing benefits. To learn more about grounding, you can download a free grounding guide at: https://barefootautismwarriors.com/grounding-guide-free-download/



The following five strategies can help you on your autism journey.

1 Autism Awakening Process

Autism is a self-improvement journey. Do not feel ashamed, and don't blame yourself for your child's diagnosis. Use this opportunity to make lifestyle changes that will help your family, such as focusing on self-care and finding things in your life that will bring you joy and peace. Wherever your journey takes you, from walking barefoot in nature, to removing processed and unhealthy foods from your diet, make changes that can take you and your child to a better place. Believe that change is possible. Autism is a consciousness-test, an awakening and a wakeup call.

2 Defy Nature Deficiency

Get outside. Start with a 10-minute walk. Enjoy the sunlight on your skin. Take your shoes off. Play in the mud. Reconnect with nature, and feel the immediate and long-term benefits.

3 Listen to Your Child's Behavior

Whenever your child is having a meltdown, acting out with aggression or engaging in self-injurious behavior, ask yourself what your child is expressing that you are suppressing. What is your child trying to tell you? Look for triggers of the behavior, such as food or environmental factors. Only when you seek out the underlying cause of behavior can changes be made.

4 Change Your Environment

Healing cannot take place in the same environment that created the illness. If your child suffers from asthma, try filtering your air. If your child has food allergies or sensitivities, eliminate those foods. If you have eczema, analyze the products that touch your skin, including any lotions, body washes or laundry detergent. Wherever you identify problems, change the environment. By eliminating as many toxins as possible from your life, you can find an environment where your body will not suffer from negative reactions. This is especially important for children with autism as research has shown that many of them have difficulties detoxifying and ridding their bodies of common toxins.[7]

5 Nutritional Bio-Individuality

There are no autism diets, supplements or protocols that are safe for every child or that will work well for all children. Most of them have the potential to make symptoms worse. Multivitamins, B vitamins, fortified foods, fermented foods, glutamates, fibers and exclusion diets are common triggers for tantrums. While this fact is not well known, it is trending in the autism community.

Every child's needs are different when it comes to nutrition. In order to understand your child's specific needs, become an investigator. How does your child react after having processed food or too much sugar? Respect the bio-individuality of each child. Remember that what worked for one child may or may not work for your child.

https://barefootautismwarriors.com/the-5-hidden-messages-behind-autism-symptoms/



As the parent of your child, you are strong. You and your child are on an emotional, nutritional, spiritual, biological, existential and philosophical quest together. Do not look at your child's symptoms as things that need to be fixed but as messengers. What is your child's body trying to tell you? You can turn your ship around. When I was making changes, I started from scratch. I moved to the country and eliminated all the toxins from our lives. It's about more than just food and toxins. We are designed to be in nature. We can be our best selves in nature. By making these changes in my life, my son is no longer violent or aggressive. His physical symptoms of asthma, coughing and eczema have been resolved. He has finished his exams, he has his driver's license, he learned a foreign language at the age of 16, he recently got his first job and has a girlfriend. He has independence. I share my story, not to provide coping strategies, but to give hope that real change is possible. Make a change today that positively affects the current and future health of your family.

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Ninka-Bernadette Mauritson (a Dane, living in the UK) is a bestselling writer, journalist, podcaster, speaker and expert autism mom coach. Her online community for autism moms: www.barefootautismwarriors.com has members from all over the world. She did the impossible. She turned a whole nation of busy moms on to health, presence and detox, as she made health and happiness rituals mainstream in Denmark. Her framework turned her own son around from autism, stimming, tantrums, sleepless nights, no eye contact or ability to learn to a life without these struggles in 2008.

Her books in Danish describing her system created a movement and a public demand for drug-free treatments and organic, gluten-, dairy- and sugar-free food in the supermarkets. Ninka has sold over 180,000 copies of her book, "*Kernesund familie – sådan*" which means, "Core Health for Families." Published in 2008, the book still holds the record as one of the bestselling non-fiction books ever published in Denmark. Previously, she was a TV journalist on national TV in Denmark and has been featured on every front cover of all the top magazines in Denmark, as well as being a guest on all of the top television shows in Scandinavia.

She has 13 years of experience in facilitating health, happiness and peaceful presence for mothers in nature.
Instagram: https://www.instagram.com/ninkabernadettemauritson/
Podcast: https://podcasts.apple.com/us/podcast/barefoot-autism-warriors/id1443311546
Website: www.barefootautismwarriors.com

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Demystifying Fitness for the Autism Population

Eric Chessen, M.S.

Exercise is not well understood in the world of autism. Research carried out over the past decade tells us two things: regular, vigorous physical activity is important for those with autism spectrum disorders (ASD); and levels of physical activity decline drastically as children with autism age into adolescence. The fact that little empirical data exists on comparing exercise interventions, however, means we are left with vague generalities on the best practices for fitness programming. Given the many challenges to fitness programs for this population, it is more productive to take an interdisciplinary approach.

Acknowledging the Common Deficits

Exercise selection is often overlooked in fitness programming for the ASD population. Pre-existing strength, stability, and motor planning deficits can inhibit healthy movement if care is not taken in teaching specific exercises. The key is to provide a regressed or supported variation of a movement, particularly in the area of strengthening exercises. The underlying physical deficits can lead to compensation and poor form. Even if individuals are motivated to participate, the exercise may not be appropriate for their current level of physical skill without additional support.

Adaptive, or motivational, functioning is a common obstacle to participation. Elevated anxiety levels and aversion to new tasks — particularly physical activity — can result in off-task or escape-maintained behavior. Parents often report that their children/teens with ASD express a strong dislike for exercise. This may be because of the way in which the unknown 'type' of exercise was implemented or introduced to each individual.

Individuals with autism may also have cognitive deficits that can cause complications in motor imitation, ability to follow verbal directions and proprioceptive awareness. The reason for doing an exercise can often be abstract for an individual who does not understand the criteria or expectations for successful performance.

Building an Individualized Plan

While successful exercise programs have small variations to meet individual needs, the general principles that guide such programs do not change. Whether working with a highly enthusiastic participant or one who indicates a strong aversion to exercise, we create a needs-based hierarchy.

We consider physical, adaptive and cognitive skills when assessing and developing a fitness program. For each exercise, determining the qualitative ability level lets us decide on the appropriate level of progression or regression with which to start. For example, most people I have worked with cannot initially perform a full bodyweight squat. As a result, a regression is required.

Regressions aim to ensure that:

- the exercises are performed safely and not to the short- or long-term physical detriment of the individual
- the individual derives the greatest possible physical benefit from the exercise
- the athlete develops both an understanding of optimal performance and motor planning needed to achieve it.

Regressing or supporting the exercise helps individuals develop a working knowledge of the exercise, an understanding of how to perform it, and the motivation to complete the exercise to current ability level.

BUILDING AN INDIVIDUALIZED PLAN

1. Introduce exercises with the appropriate level of progression or regression.
2. Provide positive behavior support.
3. Provide consistent contingencies, such as verbal direction or a visual schedule, to support activities and decrease anxiety.

Positive behavior support around exercise is vital. This involves an interaction between adaptive/motivational functioning and cognitive abilities. As the individual becomes familiar with the exercise and the contingencies around reinforcers, the level of participation and the length of time spent focused on the task are likely to increase.

For example, if Chris is likely to wander between sets of hurdle steps and cone touches, a contingency can support increasing the completion of both activities. Depending on Chris' needs, a verbal direction such as the following may be helpful: *"First do the hurdle steps and cone touches, then you can have a break."* A visual schedule can support athletes who require supplemental support or have difficulty with short-term retention of directions.

Using such contingencies consistently can decrease anxiety and increase the motivation to engage in the target exercise. When pairing of exercises is introduced, aversive exercises can, over time, take on reinforcing qualities. An increase in on-task performance gives a coach or instructor more time to teach the exercise, and results in more total sets and repetitions completed per session.



Appropriate Exercise Selection and Optimal Programming

It is worth noting that there is no "autism-specific" exercise. This means we do not need to enter new, uncharted territory in exercise science or biomechanics. Optimal programming involves understanding what exercises will have the greatest short- and long-term beneficial impact and taking necessary proactive and preventive measures.

Three general categories of exercise can be included in an optimal session. The following example includes warm-up, dynamic and strength exercises.

Warm-up/Mobility: These exercises aim to increase a healthy range of motion, provide a low-level motor planning challenge, and enhance locomotion and gait. Examples of warm-up exercises include: low hurdle steps, bear walk and crawl variations, cone touches, and overhead walks holding a resistance band.



Dynamic/Power: These exercises promote stability, power, and reaction abilities. They can be performed with a partner. Examples of dynamic exercises include: medicine ball push, overhead and scoop throws, rope swings, and sandbell slams.

Strength/Stability: These exercises are intended to promote general strength and stability with a specific focus on basic gross motor patterns, such as squat, push, pull and carry. They have the greatest potential for general application to activities of daily living (ADLs). Such exercises include: squats, overhead presses, band rows, band pull-downs, farmer's walks, and heavy carries with sandbags.

The Variety Trap

It is not always desirable to engage in a wide variety of exercises. It is better to develop independent mastery of an exercise rather than to seek inconsistent exposure to a range of exercises. Mastery allows athletes to develop sufficient and meaningful skills with a movement pattern. When there are too many variations of an exercise, it will likely inhibit generalization to new environments and situations.

Encouraging the successful completion of routines and promoting the reinforcing nature of exercise in the home, gym, classroom or therapeutic environment are both desirable. However, our ultimate goal is to ensure that "gym" skills transcend the training environment and benefit independence and quality of life. As noted, basic strength exercises can have a profound effect on a variety of daily living abilities. Certain baseline strength levels must be mastered before moving on to more complex variations of an exercise. For example, if an athlete cannot yet perform 10 bodyweight squats, it makes little sense to assign lunge steps, a more difficult hip flexion exercise.

Remember that exercise itself is a tool that must be introduced at the appropriate level of progression or regression. Below are a few exercises in each phase of a session with options for increasing or decreasing the level of challenge.

Warm-up/Mobility

Hurdle Steps

Regression 1	Regression 2	Baseline Mastery	Progression
Lower Steps	Cones next to steps for visual prompt	Step over 5 hurdles independently	Lateral steps

Cone Touches

Regression 1	Regression 2	Baseline Mastery	Progression
Taller Cones	Mirror prompt from coach/instructor	Touching 6 cones with alternating hands	Lower cones for more hip flexion

Dynamic/Power

Medicine Ball Push Throws

Regression 1	Regression 2	Baseline Mastery	Progression
Short distance or passing back and forth	5-8 steps apart	10 throws from 6-10 ft away	Use slightly heavier ball

Sandbell Slams

Regression 1	Regression 2	Baseline Mastery	Progression
Hand over hand prompt	Mirror Prompt	6 slams into circle marker target	Use heavier sandbell or multiple floor targets

Strength/Stability

Squats

Regression 1	Regression 2	Baseline Mastery	Progression
Squat to elevated platform	Lower platform for greater range of motion and control	10 squats with hips below parallel and feet flat on floor	Holding weight (sandbell or dumbbell) while squatting

Overhead Sandbell™ Presses

Regression 1	Regression 2	Baseline Mastery	Progression
Physical prompt from elbows	Mirror prompt	10 presses with controlled movement	Alternating or single arm presses

Sandbag Carries

Regression 1	Regression 2	Baseline Mastery	Progression
Mirror prompt to hold bag at chest level	Shorter distance carry	Carry heavy (20-50 lb) sandbag for 20 ft round trip	Increase weight and/or distance

To provide the highest quality fitness programming for the ASD — or any — population, we must eliminate the assumption that the exercise by itself will be beneficial without understanding safe, effective performance. It is important to understand appropriate progressions and regressions for each movement pattern, and to have the ability to determine what exercise to include or to exclude.

An individual's physical, adaptive and cognitive baseline skills must be considered in developing an exercise program. The vague notion of exercise being "good" for the ASD population is not helpful without a best practice guideline based on validated approaches across disciplines. As we would with any other academic or life skill, we must assess before we address.

Our standard must take into consideration the skill development most likely to improve current physical deficits as well as daily quality of life and independence. Improving strength, stability and motor planning will have the greatest positive effect. The goal in looking at the practicalities of fitness programming for the ASD population is to progress from awareness to action. Demystifying fitness and having it considered an essential life skill brings us closer to the reality of a healthier, more able population.



Eric Chessen, M.S., is the Founder of Autism Fitness. An exercise physiologist with an extensive background in ABA, Eric has spent nearly 20 years developing and coaching fitness and adapted PE programs for the autism and neurodiverse population. He is the creator of the PAC Profile™ Method and the Autism Fitness Certification™. Eric also serves as the Director of Neuroadaptive Programming for Inclusive Fitness. He resides in Charlotte, NC, and is available for one-on-one programming and consulting. More information can be found at AutismFitness.com

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Preventing and Defusing Meltdowns

Molly Johnson, M.Ed.

Parents often struggle with children who engage in challenging behavior. Many children with autism live in a world that might not make sense to them and isn't always set up for their needs. When parents and caregivers understand their children's needs and find supports that work best for those needs, they are able to create an environment that makes sense to the child. Making small changes to a child's environment will increase positive and appropriate behavior.

A behavior is more or less likely to occur again in the future depending on what is present or absent in the environment. Setting up the environment in a particular way is crucial for a child's behavior and skill development. When environmental supports are missing, negative behavior can be reinforced by something positive. In other words, a negative behavior is more likely to occur in the future if it is reinforced by something the child likes or wants. A lack of environmental supports could also mean a child has limited communication with no effective communication system, and an environment where a child's sensory needs are not being met. In addition, it could mean a child shows heightened anxiety and is easily overwhelmed, which can be difficult to manage.

Proactively Preventing Challenging Behaviors

Behaviors are shaped and maintained by one's environment. This is true for everyone's behavior, not just for children with autism. The following are proactive strategies that parents and caregivers can put into place to help prevent challenging behaviors in the future. The key with these strategies is to teach them and put them in place **before** the behavior occurs. It's always beneficial to be proactive instead of reactive.

ESTABLISH STRUCTURE AND ROUTINE

Most individuals with autism thrive on structure and routine. When I work with parents, this is where I start. Caregivers can easily provide structure and routine by creating and implementing a daily visual schedule.

CREATE A VISUAL-RICH ENVIRONMENT

Most children with autism favor visual processing. Use that strength by incorporating visual supports into your child's daily routine. For example, label commonly used items, create a visual schedule, create a reward system, implement a communication system, and/or use a task analysis. These visual supports will create a visual-rich environment to help your child thrive.

INCREASE POSITIVE REINFORCEMENT

It is natural to repeat a behavior when it is reinforced by something pleasurable. If the outcome is positive, it is more likely that the same behavior will occur again in the future. Make it worthwhile for your child to engage in positive behaviors. Reinforce any and all positive and appropriate behaviors with verbal and physical praise, like a high five or a hug. A token board is also a great resource to use for positive reinforcement.

PUT A COMMUNICATION SYSTEM IN PLACE

Children who are non-verbal and don't have a communication system in place most likely rely on negative behaviors to communicate their wants and needs. When caregivers implement an effective communication system, they usually see a decrease in challenging behaviors. Examples of different communication systems that can be used include the Picture Exchange Communication System (PECS), a communication board, an augmentative and alternative communication (AAC) device, and sign language.

ADDRESS SENSORY REGULATION

When children have a sensory system that is not regulated, they often don't feel or act their best. It is hard to give your best if you don't feel well. Building sensory movement breaks into children's daily schedule will help address their sensory differences and help them feel regulated. Parents likely know what activities their child needs to feel regulated. If not, they should seek help from a physical therapist and ask for activities they can do at home.

LET YOUR CHILD EXPERIENCE MORE SUCCESS

The best way to motivate children is to let them experience success and show them that they are doing a great job at something. Start by using positive reinforcement to point out those things they are already doing well. It is important for them to know that their hard work is noticed.

De-escalation Strategies

In an ideal world, caregivers would be exceptionally proactive and prevent every meltdown. The reality, however, is that no one can prevent every challenging behavior. There are a range of tools that can be used in the moment of a meltdown, but they must be introduced and practiced when the child is happy and calm. It's unlikely that a child will respond positively to something that is completely new in the moment of a meltdown. The following strategies should be somewhat familiar to a child when the parent needs to use them during a meltdown.

Choices

There is power in being able to choose. During a meltdown, children might feel like they are losing control of emotions, behaviors and what's going on around them. When children have a meltdown, give them back some control by offering two choices. Let them choose between two activities they can do to calm down. When children make a choice on their own, they are more likely to take ownership of that choice and follow through.

Token Board

A token board is an example of positive reinforcement. When children are having a meltdown, pull out their token board to remind them of what they are working towards. This is another opportunity for them to make a choice by choosing what they will be working for on their token board. Immediately reward your children with a token when they show positive and appropriate behavior. Be sure to verbally praise children so they know why they are being rewarded.

Change of Environment

Consider your child's sensory differences in the heat of a meltdown. Is the room overwhelming? Is it too loud or too bright? Are there too many people? Try changing your child's environment by moving from one room to another. This can help with the calming process. A fresh new environment can result in a fresh new feeling for your child. A "calm down" corner in your child's bedroom or a quiet area of your house can also be effective. You can redirect your child to this corner during a meltdown.

Request a Break

If children are overwhelmed by the demands around them, it is important for them to be able to communicate these feelings to a trusted person. Does your child have a way to ask for a break? It is important for your child to self-advocate when he/she is upset and needs some time to cool off. This could be done with the use of a visual aid that says, "I need a break," and by teaching your child to use this visual when upset. Remember, you have to teach this many times, before the meltdown, in order for your child to be able to use it when upset. Parents should also teach by modelling. Show your child exactly how to ask for a break.



Be Mindful of Your Reaction

The reactions of people around your child can either escalate or de-escalate a situation. While it can be hard in the moment, try to remain calm, keep an unreactive expression on your face and your voice level low, and maintain a neutral tone of voice. Your child can calm down on his/her own just by watching your reaction. Your child can sense and will mimic your energy and attitude.

Putting these proactive strategies in place on a daily basis will help parents and caregivers make the transition from a problem-focused approach to one that is solution-focused. Right now, you may feel that your child's negative behaviors are all-consuming and take over your entire day. They may seem hard to handle. When you become comfortable with these strategies, however, the hard things will eventually become easy. You will be able to better support your child's needs.



Molly Johnson, M.Ed., is an autism parent consultant and uses her education and experience as a former autism teacher to support parents from around the world. Through the Autism Parent Inner Circle, Molly helps families understand the reasons for their child's barriers. She is passionate about creating action plans to help children and families move forward. She belongs to a supportive community of autism parents and professionals. Throughout her career, Molly has worked with individuals with autism and their families in a variety of settings, including the public school system, a university program, a private autism program and privately with parents. Molly's journey as an autism parent consultant began during her last year as an autism classroom teacher. During that time she started the Autism Consultant podcast, where she addresses how to help children with autism move beyond challenging behaviors and learn new skills. Molly's goal is to provide support and guidance to parents as they help their children thrive at home.

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Autism and Attention Deficit Hyperactivity Disorder (ADHD)

Penny Williams

In evaluating my own parenting efforts, I am guided by a quote from American psychologist Ross W. Greene, Ph.D., "Behavior is communication." Whether the behavior stems from autism or ADHD, the key is to address the underlying cause of the behavior or challenge. It goes beyond simply addressing autism or ADHD. The goal is to focus on the root causes of each and every individual challenge.

Prevalence of the Co-Occurrence of Autism and ADHD

The diagnosis of autism and ADHD in the same child has become increasingly prevalent since the publication of the current *Diagnostic and Statistical Manual of Mental Disorders (DMS-V)* in 2013, which allowed this dual diagnosis. Today, an estimated 30 to 80 percent of kids with autism also meet the standard for an ADHD diagnosis. In addition, between 20 and 50 percent of kids with ADHD meet the diagnostic criteria for an autism spectrum diagnosis.[1] These statistics illustrate a significant overlap between autism and ADHD.

Disentangling Autism and ADHD

It can be difficult to disentangle autism and ADHD, especially when both occur in one individual. While some symptoms occur in both diagnoses, they can often be attributed to one condition or the other by considering the underlying reasons for that particular indicator. For example, social challenges are common with both autism and ADHD, but for different reasons. A child with autism may struggle with non-verbal communication, social reciprocity and narrow interests. On the other hand, a child with ADHD might struggle socially due to impulsivity, inattention, and even hyperactivity which can create social awkwardness with neurotypical peers.

Communication delays, repetitive behaviors, and overly rigid thinking are autistic traits that are not likely to be present at clinical levels in ADHD alone. Conversely, in children with autism, one wouldn't necessarily see clinical impulsivity and inattentiveness unless they also have ADHD. Some of these more exclusive factors can be used to help distinguish autism from ADHD.

Possible Characteristics of ADHD and ASD

ADHD	ASD
hyperactive*	repetitive behaviors and movements*
impulsive*	communication delays*
short attention span*	rigid thinking*
easily distracted	intense focus on single items
	difficulty understanding social cues
	stimming behavior
	avoiding eye contact

OVERLAPPING Characteristics and Challenges
intense sensory responses
difficulties with self-regulation
poor executive functioning skills
poor social skills
difficulties with emotional regulation
inflexibility
negative behaviors



* characteristics for a diagnosis, according to the DSM-V

Parenting a Child with Both Autism and ADHD

If your child has the dual diagnosis of autism and ADHD, it may not be important to know which condition is responsible for specific challenges that arise. What is crucial is to have a deep knowledge of your child and his/her neurodifferences, to address the root causes of the specific challenge, and to support your child in a way that honors his/her neurology and lived reality.

Let's return to the example of social challenges. If your child is struggling to make and keep friends, your first task is to figure out what is impeding successful social interactions. This goes back to knowing your child and his/her neurodifferences. Use a brain-based lens to consider what could be causing this challenge. Whether the cause is poor social reciprocity or non-verbal communication awareness, or inattention or impulsivity, you can work with your child to build and practice these skills.

If your child struggles to get classwork done at school, you must first investigate to determine what is making it a challenge. It could be sensory overwhelm, disinterest, boredom, anxiety, learning disabilities or a number of other factors. It is more important to address the core reason for the issue than it is to determine if it's due to autism or ADHD.

Knowing that your child has ADHD or autism, or both, helps you understand the way your child's brain functions and areas in which your child will struggle. The diagnosis alone, however, doesn't define the strategies needed to help your child. The specific individual challenges and their core causes are what define your parenting approach and strategies. Recognizing and working on these core causes will ultimately dictate your level of success.

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A parenting coach for neurodiverse families, Penny Williams is the author of four books on ADHD, including *Boy Without Instructions*, host of the Parenting ADHD Podcast, co-host of the Parenting Autism Summit, and co-founder of The Behavior Revolution, an initiative devoted to celebrating and supporting kids with ADHD or autism through neuroscience-backed insights, hard-won strategies, compassion, and guidance. Penny empowers parents to help their neuroatypical kids — and families — thrive.

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FINDING Joy ON YOUR JOURNEY

Julie Bockey

My story began long before I had my two beautiful boys. Shortly after high school, I enlisted in the Air Force as a military police officer. I loved my work. It pushed me to learn and discover new things. One such new discovery was running, which calmed me and felt therapeutic. I loved how running energized me and how I could push myself to make and reach my goals. This new passion eventually led me to complete two Ironman triathlons, and would shape my family, my personal connections and my hobbies. Over the years, I have learned that we all have our own challenges. I have type 1 diabetes and have never let that hold me back. It's how you handle your challenges that will ultimately define you.

After marriage, my husband, Shawn, and I welcomed a beautiful baby boy into our family. Two years later we welcomed a second boy. Both of my sons, Christian and Jake, have autism.

Christian

We call Christian our gentle giant. He's very easygoing. He is now 25 years old and has been non-verbal his whole life. I sometimes reflect on what it would be like to go through life without speaking any words, and on how challenging that must be for him. However, I don't dwell on these thoughts. Although I have empathy for him, I don't want to feel sorry for him. He has been able to accomplish so many amazing things in his life, despite his challenges. Christian loves music and playing in the sand. He loves to eat, and is always in the kitchen with me when we prepare food. About five years ago, we began searching for volunteer job opportunities for Christian. He now rolls silverware for a local restaurant. He truly is amazing. Despite his challenges, he is happy and kind. Recently, he has become my running buddy, and is training for his first marathon. I love spending this time with him and am very proud of his accomplishments.

Jake

My second born, Jake, is now 21 years old. It's amazing to me that both of my children have been diagnosed with autism, but their challenges are so different. Jake is nearly non-verbal. Since Jake was very little, he has always struggled with destructive behavior. He loves the sound of breaking glass, which can make it quite difficult to travel anywhere, such as a friend's house or a hotel. He loves to manipulate objects, pull them apart and figure out how things work. He also likes ripping papers. I wish I could spend one day in his brain to see how he views the world and understand his fascination with objects. Jake also has type 1 diabetes. This means we constantly monitor his blood sugars, administer many insulin injections every day and count the carbohydrates in everything he eats. I am amazed at each of my boys. They are both strong and resilient, and have taught me to be a better person.

The Lessons I've Learned

When I was younger, I never imagined this is how my life would be. I am honored to be the mother of my two amazing sons. My sons have taught me to be **patient** and to **never judge another person**. You never know what other people are going through. They have also taught me to **pivot**, when needed. Since I am very goal-oriented, I like to make lists and to check off accomplishments. I have learned that it is okay to take a break when we are not making the expected progress on certain skills. I will consider whether my child needs this skill right now and if we can revisit it later. My children have taught me to work hard and make goals, but to pivot, when needed.

I have learned that sometimes **less is more** and to **be grateful** for what we have. My children are happy and healthy. They have challenges, as we all do, but I also have so much to be thankful for. I appreciate the connection I have with my running buddy, Christian. I am grateful that even though Jacob is aggressive, he is not aggressive towards people. While it would be easy to list all of the challenges I face in my life, it's better to focus on the things that I am grateful for.



Advice From One Parent to Another

Forgive yourself when you fall short. Your child didn't come with an instruction manual. Your child is unique and different from any other child, with or without autism. We are all learning as we go. Forgive yourself when you take a wrong turn or need time to find the best solution.

Thank the people who genuinely help you. There will be many people on your journey who help you and your children. Not all of them will completely understand your challenges and difficulties, but they will be there. Express your gratitude to them along the way. Parents cannot do this alone and need a support group. Be grateful for the people who support you and encourage you.

Advocate with fierce kindness. You are your child's best advocate. Speak up for your child's rights because you are responsible for his/her future. There are many instances, especially in the school system, where I have had to advocate for my children. I have always made a point to be kind, and to realize that sometimes it's okay to disagree.

Stay active while your children are young. There are so many benefits to healthy habits and an active lifestyle. When Jake was young, he had all of this extra energy that we needed to channel. He would run anywhere and everywhere. Through trial and error, we found what worked for him. He now does triathlons guided by his dad. The activity that your family chooses does not have to be running. It could be swimming, hiking or walking. Find what works for your family and stay active.

I am a parent with two children on the spectrum. I have always pushed myself and my children to be our best selves. We all face challenges in life, but how we handle these challenges is what will really define us. Enjoy the journey, and treasure the precious gifts you have been given.



Julie Bockey is a Veteran, a registered nurse, a type 1 diabetic and a dedicated triathlon competitor for the past 10 years. A little over five years ago, she was joined in her triathlon endeavors by her husband, James (Shawn), who has now completed numerous distance races, including a half-Iron-man.
Julie is a huge advocate for autism awareness and is committed to creating inclusive experiences by connecting with autistic individuals and those who support them. She looks forward to continued development of her latest project, the Autism Activity Project, which provides collaboration and encouragement for autism families. See http://AutismActivityProject.com/

Follow Julie on Instagram:
@bockeylife
@autismactivityproject

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Your Child's Inherent Dignity

Tom Chiapelas

Each child is unique and possesses a distinct set of capabilities. As parents, our job is to nurture those capabilities and help our children fulfill their potential. Some children are swimmers, while others are good at math. Some have scoliosis, and others have type 1 diabetes. Some children have social challenges, while others have learning disabilities or sensory sensitivities. Perhaps like you, I have a child who has received an autism diagnosis. The most important thing to recognize is that each child has inherent and learned qualities that allow him or her to make real contributions.

My son Sam is an extrovert. He has a heightened sense of hearing that allows him to hear what many cannot. At times it may be difficult for my wife and I to plan surprise outings or trips because Sam can always seem to hear our whispered conversations. Sam is also amazing at puzzles and LEGO. His capacity for remembering things is highly developed and very advanced. He truly is remarkable and unique. What makes us smile most about Sam is his ability to advocate for justice and to stick up for other vulnerable individuals. One day, we were surprised to find out that Sam had 5,000 followers on social media. We learned that Sam had defended a developmentally challenged teenager who had been bullied by other teens. Sam posted a message that everyone should reach out to the individual who was being bullied and let him know that he was not alone. All of a sudden, Sam became known on social media. Sam is empathetic and kind. While he is not often affectionate, he will make an extraordinary gesture every once in a while and reveal his capacity for warmth.

When Sam was first diagnosed with autism, it took me some time to overcome the stigma I had attached to the word "autism." It took a while for me to understand the phrase "on the spectrum" and what these words meant for our family. I quickly learned that it wasn't just Sam who would have to learn new things. This would be a journey of perpetual learning for the whole family. When we first walked out of the doctor's office with Sam's new diagnosis, my wife turned to me and said something profound: "We are not going to neglect Pete." Pete is Sam's younger brother. In that simple phrase, my wife was saying that we would be a bulwark for Sam, but that the work would not come at the expense of the family or our relationships with one another. I always remember my wife's words, and we have lived by that dictum since our son's diagnosis.

In Jon Stallworthy's poem titled *The Almond Tree*, he says, "I was born from my son." This striking line reminds us that not all learning in the home is directed from parents to children. In fact, I have learned so much from our son. When we see our children successfully struggle with challenges and overcome adversity, we can learn as much as they do. Let your children know you are on their team, and allow them to become the individuals they were inherently meant to be.

Given the many complexities of the autism spectrum and related conditions, some advice can seem unhelpful or self-righteous. If your experience has been like ours in this regard, I would like to share a few things we have learned that may be helpful.

Get comfortable with the word "autism." Say it to yourself and to those around you. This is your reality. Once you are comfortable with the word, understand that autism is not a category. It is simply *one* part of your child. It means that your child has unique attributes that may require you to make adjustments that depart from what is considered normal. Remember that autism does not need to be your child's entire identity.

Help your child with challenges. This journey can be difficult, and your child will need different therapies and sources of help. These are not meant to change your child. Simply allow them to help your child improve in the areas that need help. Just as another child might need a tutor for math or a physiotherapist for a broken leg, your child might need a social skills class or time with a speech pathologist. Help your child in his or her areas of difficulty so that your child's unique qualities and strengths can shine through.

Make your best effort to understand your child's point of view. On one family outing, my wife said, "To us, it is an amusement park, but to Sam it might just be a loud place." Understand how your child sees the world. Let your child know that you have some capacity to see reality through his or her lens.

Find your community. As part of the autism community, you can connect with others and share relatable experiences. The community is larger than you think. I have learned that there are genuinely good people in our neighborhoods, schools and support groups. Some people will be able to directly help you with this autism mission, while others may offer support in other less tangible ways.

Sam has enlightened us about the unique set of attributes and qualities that are often found in children with autism. Raising autistic children may take a herculean effort, but we can cultivate their skills into something amazing and positive. Raising Sam has been the toughest blessing I have been given. I can see his inherent dignity shining through, however, and it's up to me to allow him to become the person he is meant to be.

"In Jon Stallworthy's poem titled The Almond Tree, he says, "I was born from my son." This striking line reminds us that not all learning in the home is directed from parents to children. In fact, I have learned so much from our son."



Tom Chiapelas lives with his family in St. Louis, Missouri, where he serves as Board Chair for Autism Speaks.

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Parent Advocate Advice



Diandra Taveras

I have a son named Julian. He was diagnosed with autism when he was just under two years old. It has been a challenge balancing the busy life that comes with an autistic child, but I have learned to be patient with him and with myself. Julian is pure joy. I am amazed by his ability to stop and enjoy the little things in life. He is a passionate little boy, and I love that about him.

From one mom to another, my best advice is to be patient. Slow down and relax. When you are calm and confident, you can be your best self for your child. In the beginning, you might be overwhelmed with the school policies, the therapies and the doctor's appointments. Find a routine and a pace that suit your family. Once you adjust to your new and different world, everything else will fall back into place. It's overwhelming at first, but it truly does get better. Read and study as much as you can about your child's challenges. The more you know, the more comfortable you will feel.

I have hope. I have seen the progress my son has made, as well as the progress that other children have made. Julian is determined and has shown me that hard work pays off. My son brings such joy to our world. What he has taught us is far greater than anything I could ever teach him.

Follow Diandra Taveras on Instagram: @theenlightenedbite or on Facebook: https://www.facebook.com/profile.php?id=100012684308075 or at http://www.thenlightenedbite.com/

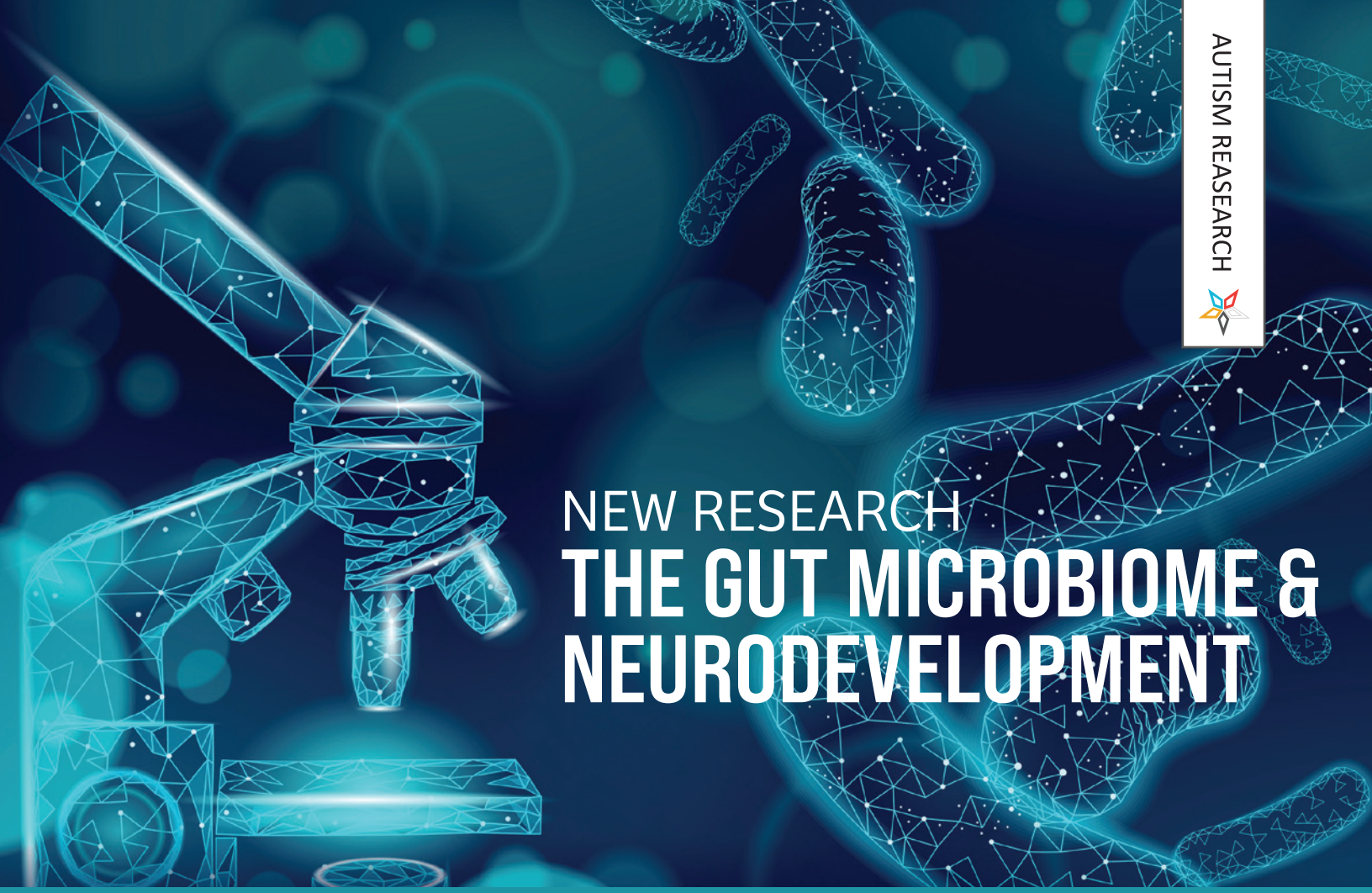


Manjit Kaur

I love talking about autism. It is an integral part of my life. We noticed something was different about our son from an early age. He would rock back and forth, stim a lot and didn't talk or babble. As he is non-verbal, there are times when it is very difficult for us to know what he wants or how he feels. Occasionally, he may gesture or pull me toward what he wants. If he is unsuccessful, he gets very anxious and frustrated, and has meltdowns. Despite his challenges, my son is amazing. He is very intelligent, observant, strong and flexible. Since he doesn't speak, he has learned to rely on his other senses.

Just like my son, your child has his/her own special gifts and purpose in life. There have been times when I think "why me?" or "why him?" and I fall into a pit of negativity. But I choose every day to be positive and to be patient. Look at your child's strengths and focus on what makes him/her happy. Self-care is also very important, so try to make time in your day to do what you love. Be patient because changes will not happen overnight. Take it one step at a time and learn as you go. Appreciate the things that your child appreciates. When my son is on the swing with the biggest smile on his face and then he gives me a hug, those are the moments that I live for. This life might be hard at times, but we choose to go through it with a smile and to make it amazing every day.

Follow Manjit Kaur on Instagram: https://www.instagram.com/manjs_world/
Listen to Manjit Kaur's Podcast: anchor.fm/minuteswithmanj.com



NEW RESEARCH
THE GUT MICROBIOME & NEURODEVELOPMENT

This article is a review of the following research: Tamana, S. K., Tun, H. M., Konya, T., Chari, R. S., Field, C. J., Guttman, D. S., Becker, A. B., Moraes, T. J., Turvey, S. E., Subbarao, P., Sears, M. R., Pei, J., Scott, J. A., Mandhane, P. J., & Kozyrskyj, A. L. (2021). Bacteroides-dominant gut microbiome of late infancy is associated with enhanced neurodevelopment. *Gut Microbes*, 13(1), 1–17.

Many children with autism have gastrointestinal issues (GI). These issues include constipation, diarrhea, bellyaches and many others discomforts. Such discomforts, in turn, can lead to aggression, irritability, poor sleep and self-injury, behaviors often seen in autistic children.[1]

GI issues often arise when there is an imbalance of good and bad bacteria in the gut, which is known as dysbiosis of the gut microbiota.[2] The negative microbes produce chemicals that can affect brain function and behavior. This is why many parents and caregivers of an autistic child seek medical intervention to alleviate these issues.

Neurodevelopment occurs at various stages of infancy and childhood. It is worth noting that the infant gut microbiome changes over time to coincide with critical periods in development.[3] For example, there is a peak abundance of lactic acid bacteria and bifidobacteria in the gut right after birth. These play a crucial role in a strong immune system, which is especially important now that the infant is outside of the mother's womb.[4]

Researchers from the University of Alberta, led by Dr. Anita Kozyrskyj, wondered if an unbalanced microbiome during critical periods of neurodevelopment could be affecting children who later go on to receive an autism diagnosis or other neurodevelopmental disorders. The aim of the study was to examine the gut microbiota at two critical periods of neurodevelopment: at one and two years of age.[5]

STUDY

In this study, the gut microbiota composition from fecal samples was analyzed in 405 children at one and two years of age. At the same time, cognitive, language and motor development (neurodevelopment) assessments of each child were conducted using the Bayley Scale of Infant Development (BSID-III).

RESULTS

When the researchers analyzed the microbiota composition of the study participants at age one, they were able to separate the children into three groups:

- children with a *Proteobacteria*-dominant microbiota
- children with a *Firmicutes*-dominant microbiota
- children with a *Bacteroidetes*-dominant microbiota

The children with a *Bacteroidetes*-dominant microbiota at age one showed higher scores for cognitive, language and motor development at age two. This was especially the case in males.

MEANING OF RESEARCH

This study adds to previous research which suggests that the composition of one's gut microbiota plays a key role in neurodevelopment. It also highlights the importance of the microbiota during key developmental periods. Specifically, Dr. Kozyrskyj and her team showed that infants and children with a *Bacteroidetes*-dominant microbiota exhibit enhanced neurodevelopment. *Bacteroidetes* are one of the few bacteria that produce sphingolipids, a biological substance that is crucial for the formation of neurons in the brain. In particular, glycosphingolipids promote strength, coordination, balance, motor and sensory function, special learning and memory.[6]

What is the link to autism? Do children who develop neurodevelopmental disorders have a depletion of *Bacteroidetes* bacteria? Some studies suggest that this is the case. A study from 2020 showed that many children with autism have a depletion of *Bacteroides*, as well as *Sutterella* and *Prevotella*, in their gut.[7]

The next step for research on this topic is to determine if the composition of a child's microbiota can predict if he or she will go on to develop a neurodevelopmental disorder, such as autism or ADHD. It will also be important to clearly identify factors that are causing a *Bacteroidetes* depletion and ways to improve *Bacteroidetes* colonies in infants.

In the meantime, parents of a child with autism who suffers from GI issues should speak with a health care professional about alleviating these problems. Taking such action could be vital to your child's neurodevelopment. In addition, a Gastrointestinal Microbial Assay Plus (GI-MAP™) test can determine the composition of your child's gut microbiome and could point to areas of concern. Research continues to show that gut health can make a significant difference in one's life. That is why families should make it a priority.

Written by Autism Advocate Parenting Magazine

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THE LATEST RESEARCH ON AUTISM AND SPECIAL INTERESTS

This article is a review of the following research: Nowell, K. P., Bernardin, C. J., Brown, C., & Kanne, S. (2021). Characterization of Special Interests in Autism Spectrum Disorder: A Brief Review and Pilot Study Using the Special Interests Survey. *Journal of Autism and Developmental Disorders*, 51(8), 2711–2724

Research shows that between 65 percent and 88 percent of children with autism have at least one special interest.[1,2] Special interests go beyond typical hobbies or interests. They are interests that are abnormal in intensity or focus, and are often considered an obsession.[3] Special interests can involve a collection, such as cars or trains, or an intense focus on a narrow topic, such as on penguins or the Titanic.

Special interests are listed under "restricted and repetitive behaviors" in the DSM-5 and are included as one of the diagnostic criteria for autism spectrum disorder (ASD). In general, special interests fall under one of three categories:

Circumscribed Interest — an intense and restricted interest in objects or topics that often results in functional impairment.

Unusual Preoccupation — an intense interest in an object or topic that is unexpected for the child's age or development.

Atypical Attachment — an intense attachment to specific or unusual objects.

While parents, caregivers and professionals have noted the positive and negative effects of special interests, research in this area is limited. Special interests have typically had a negative connotation as they are often inflexible and can be all-consuming. Recent studies, however, are now showing that the majority of autistic people feel empowered and calmed by their interest, not restricted. In fact, a 2017 study found that 62 percent of adults with autism said their interests had helped them succeed in life, and 86 percent reported that their employment or studies incorporate their special interest.[4]

A research team from the University of Missouri, led by Dr. Kerri P. Nowell, sought to learn more about special interests in the autism community. The team wanted to know what types of special interests are most common in children with autism, and what impact the special interests have on a child's functioning. The team also sought to determine if types of special interests differ by age, how long most special interests last, and if there are differences in intensity and interference across special interests.

62%

of adults with autism said their interests had helped them succeed in life, and **86%** reported that their employment or studies incorporate their special interest.[4]

Study

The researchers developed and distributed the *Special Interest Survey* (SIS) to parents of 1,992 children with autism between the ages of two and 17 years old. The survey measured the following: the number of current special interests; the types of special interests and how unusual or unique each special interest was; how much the special interest interfered with daily functioning; and how long the special interest lasted.

Results

Over **99.7%** of parents/caregivers reported that their child had at least one special interest.

On average, children had **9** current special interests, with television, objects and music being the most common interests (See Table 1).

The average age of onset of special interests was **5.24** years old, with most special interests lasting more than two years.

The special interests that interfered the most with daily functioning were schedules, objects and television.

Highly verbal males were the most likely to have special interests.

The number of current special interests seems to decline with age.

The researchers were not able to determine if certain types of special interests were more likely to last into adolescence.

Table 1. The Top 10 Special Interest Categories[5]

Category	Percentage of children with this SI	Examples
Television	81.1	Videos on YouTube; watches the same movie over and over
Objects	72.3	Attached to certain things, such as balls, flashlights, spoons
Music	67. 1	Plays music all the time; knows the words to almost every song
Toys	58.8	Cars, Star Wars toys, My Little Pony
Collections	53.1	Pokémon cards, trains, rocks
Animals	50.2	Sharks, making animal sounds, dolphins
Construction	46.0	Building with LEGO
Transportation	45.3	Learns everything about cars; collects firetrucks
Art	43.0	Loves to draw, or play with clay or sand
Machines	42.6	Takes apart toys and electronics to see how they work



Meaning of the Research

Given the high occurrence of special interests in children with autism, it is important for professionals in the field to have a better understanding of this phenomenon. There is no doubt that special interests can impede daily functioning and may be socially isolating.[1] However, there may also be certain advantages to having a special interest.[4] Special interests can offer opportunities for social interaction by providing a shared interest with others. It can also generate feelings of well-being and coping strategies during difficult or stressful times, and provide skills for later employment.

In one survey of adults with autism, 96.2 percent of the participants felt that special interests should be encouraged in children, and that their own special interests had provided positive outcomes in their lives.[4]

In the study being reviewed here, most parents did not consider their child's special interest to be an interference.

The researcher's recommend that parents, caregivers and support workers encourage each child's special interests, no matter how unusual they may seem. More research is required in order to gain a better understanding of special interests in the autism community. This knowledge can help professionals and parents determine how to foster and direct special interests so they do not interfere with daily living, and how to provide supporting interventions to ensure positive outcomes.

Written by Autism Advocate Parenting Magazine



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Autism Advocate
Printable Resources

"I Need A Break" Cards

Many children with a neurodevelopmental disability have difficulty with emotional regulation. They may easily become overwhelmed or frustrated in certain situations, such as when they try something new, take a test at school, or are overstimulated. "I Need a Break" Cards, or break cards, are a tool to help children pause during stressful or uncomfortable situations. They can help children recognize feelings of frustration, and signal the need to initiate calming techniques to avoid meltdowns and anxiety.

By using break cards, children can identify how they are feeling and then choose which calming activity they would like to engage in. Break cards can be placed around the house, and children can then point to them or bring them to a parent when they need a break. It is important to note that these cards do not allow a child to escape the stressful situation. They simply give the child an opportunity to step away, take a short break and then return to the original task. This can be especially helpful for children who are minimally verbal or nonverbal, have difficulty managing emotions, and are unable to independently use coping skills when they are upset.

Implementing Break Cards

1. Create break cards as a family. The cards can have words, icons or pictures to represent the concept of a break. Ask your child for suggestions on what to do for a break. Ensure that there is a variety of options to choose from. Allowing children to choose, as opposed to telling them what to do, will allow them to determine what works best for them.
2. If the break cards include objects such as fidget toys, glitter jars or books, consider creating a "break bin" that makes it easy to access these items.
3. Put the cards in different locations throughout the house. If brushing teeth is often a struggle, put one in the bathroom. If leaving the house is a challenge, put one by the front door.
4. Practice using the break cards as a family. You can discuss certain situations in which one might use a break card, and even act out common scenarios that can be overwhelming, such as family outings, homework or transitions. Parents and siblings can also use the break cards to reinforce how and when they can be used by the child in need.
5. Be sure that your child knows the cards are for taking a short break and are not a way of getting out of a difficult task. Rather, they are a way to choose an appropriate coping skill and regain the composure needed to return to the difficult task.
6. If you find your child overuses the break cards, limit the number of breaks that can be taken each day. This will help the child to prioritize the most overwhelming situations.
7. Breaks should be limited to one to five minutes. Parents can use a visual timer or count down how much time is left. When the break is over, ask if the child is ready to return to the task.

How to Use Break Cards

- Before beginning an activity, show your child the break card and place it where it can easily be accessed. Initially, your child may not recognize the need for a break. When you see your child getting upset or frustrated, you may need to provide a prompt about taking a break.
- Help your child recognize the physical signs of stress and discomfort. Point out if your child seems upset or starts pulling at his or her hair. Suggest the use of a break card to let you know of the need for a break.
- Always honor your child's request for a break. This reinforces communication skills, and respects the child's wishes and development of self-regulation.
- Always have your child follow through with the task that was initially given. If the task was to prepare a backpack for school, let your child take a break, if requested, and then return to the task until it has been completed. However, the child should not be able to take a break while a parent finishes packing the bag. This would allow your child to escape from tasks instead of learning coping skills.

Using break cards can help prevent stressful situations from escalating. They provide a physical means of communication when children cannot express themselves in a conventional way or feel too overwhelmed to do so. The ultimate goal of a break card is to have children improve their emotional regulation, recognize feelings of frustration, and independently seek coping skills. Once these skills have been learned at home, they can be carried over to the classroom or any other setting.

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I Need A Break

I would like:



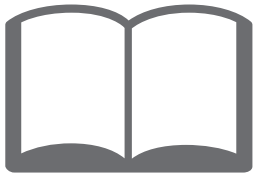
music



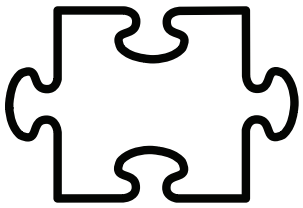
playdoh



comfy chair



book



puzzle



draw



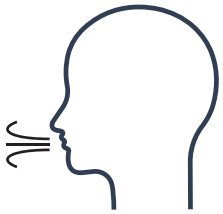
fidget toy



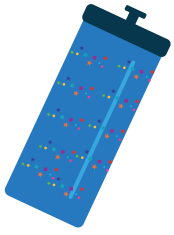
weighted blanket



noise-canceling headphones



deep breathing



sparkle bottle



stretching

1 2 3 4 5 6
7 8 9 10

count to 10



quiet corner



jumping jacks

I feel:

I Need A Break

I would like:


angry


frustrated

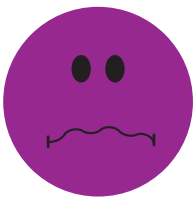

nervous

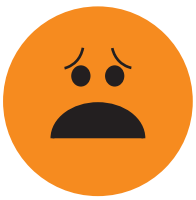

sad


overwhelmed

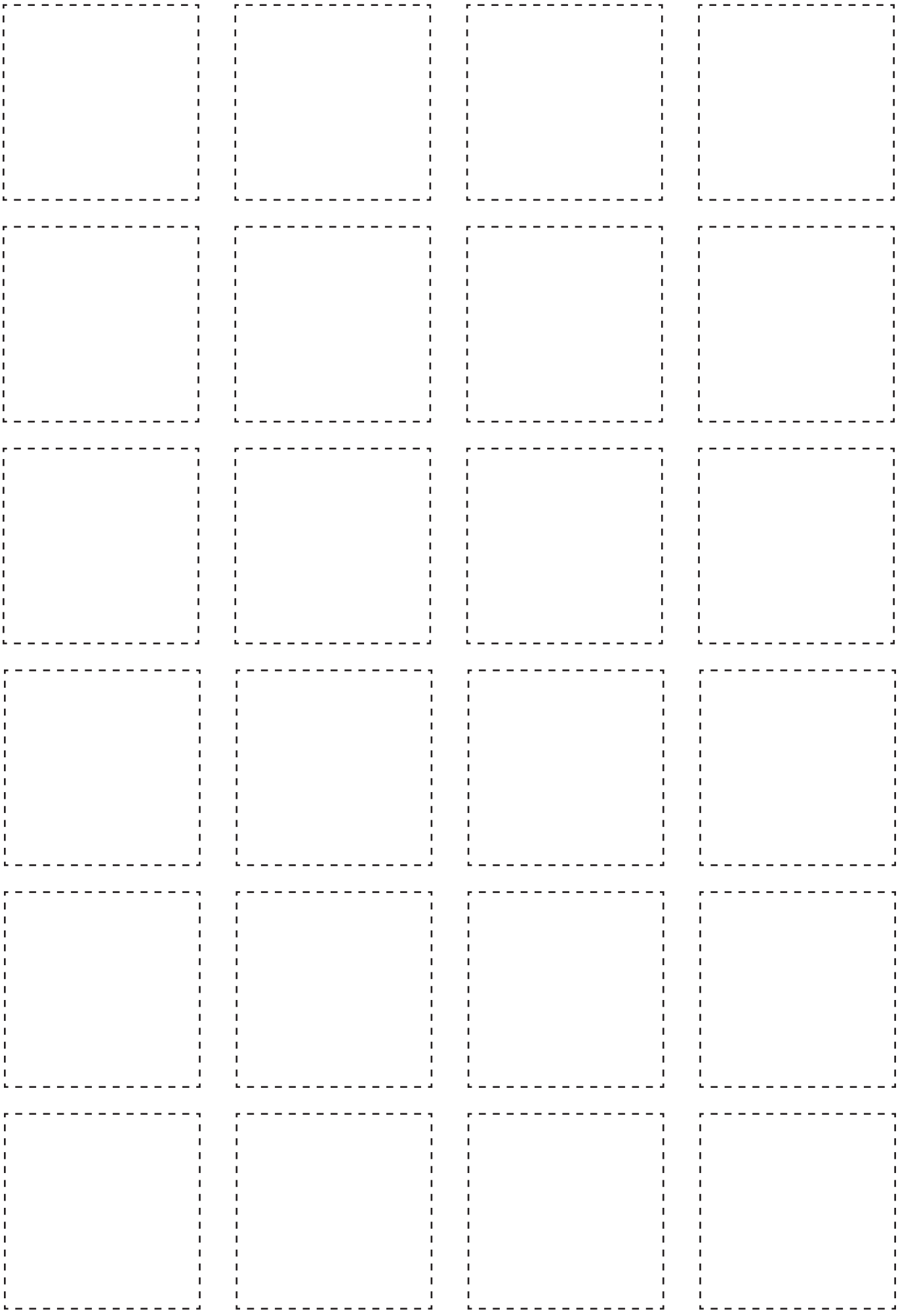

confused


uneasy


anxious


scared


tired





Creamy Cashew Cocoa

INGREDIENTS

soaked cashews ..... 2 cups
water ..... 6 cups
cocoa powder ..... 4 tbs
maple syrup ..... 4 tbs

INSTRUCTIONS

Add all ingredients to a blender and blend on high until smooth. Heat in a medium-sized pot over medium heat until desired temperature. Whisk while heating the cocoa.

Note: if you prefer a thinner hot chocolate, add more water one cup at a time and sweeten to taste.



I'm David Chapman and I am an artist, father of five kiddos, and the 'cook' at home. I prepare food that is healthy and tasty without gluten for my family and amigos. I like being in charge of the fridge and groceries, and I try to keep the best and freshest ingredients nearby for us and the kiddos.

The need to eat quickly turned cooking and baking into hobbies for me, and having family members with sensitivities to gluten while being picky eaters (some of them) challenged me to prepare food that is healthy for them while still being tasty.

Feeding a family three times a day can be daunting. For a while, I felt like a "stay-at-home-COOK!" But it doesn't need to feel that way. Cooking and baking without gluten or casein are really very simple. I like to share ideas and ways to prepare food that is healthy and, of course, tasty, without gluten. Follow me on instagram for more great recipes: @Tasty_without_gluten

Happy Cooking!

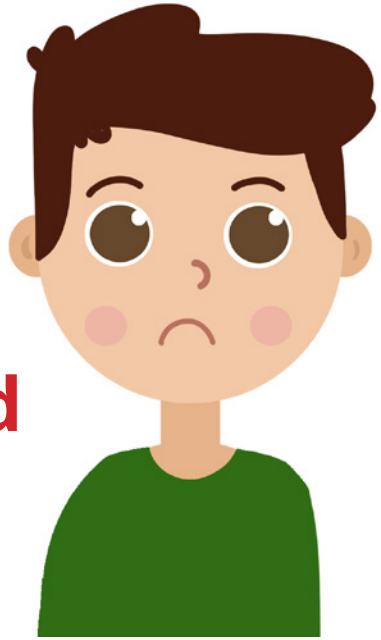
AUTISM ADVOCATE

PARENTING MAGAZINE

Social Story Printable

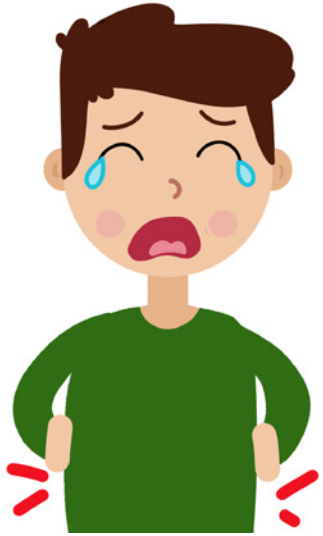
My Social Story:

Feeling Sad





Sometimes I feel sad.



Feeling sad is not fun. My tummy may hurt.
I may cry or scream.
I may not want to talk to anyone.



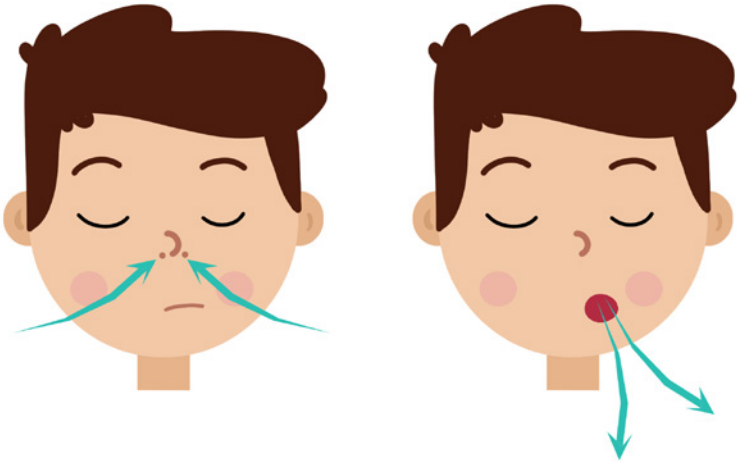
I might feel sad when I lose a game, when I have to say goodbye or when I scrape my knee.



When I feel sad, I will tell my parents, my teacher or an adult that I trust.



I will use words that let them know why I feel sad or why I'm crying.



There are some things that I can do to help me feel better when I'm sad.

I can take deep breaths.



I can listen to calm music.



I can read a book that I like.



I can play with my favorite toy.



Everyone feels sad sometimes. It is okay. I will feel better soon!

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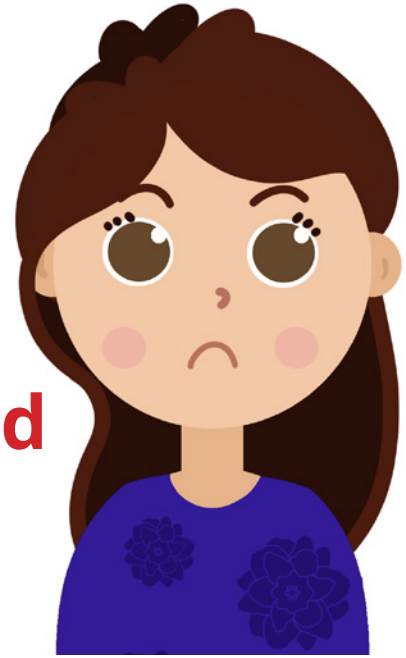

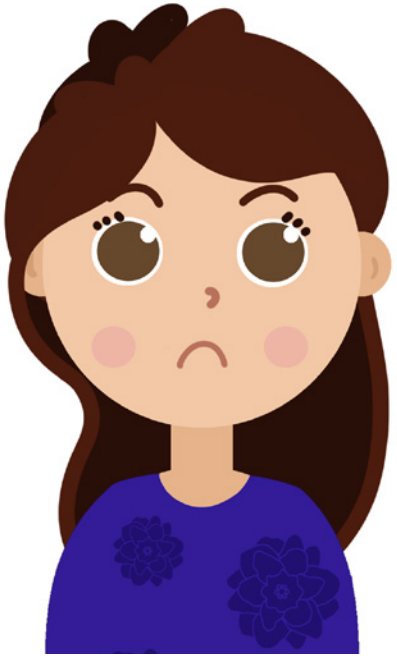

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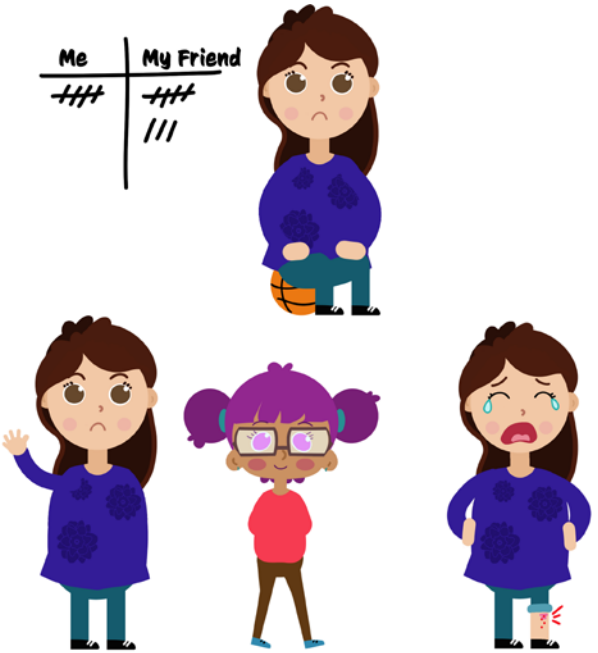

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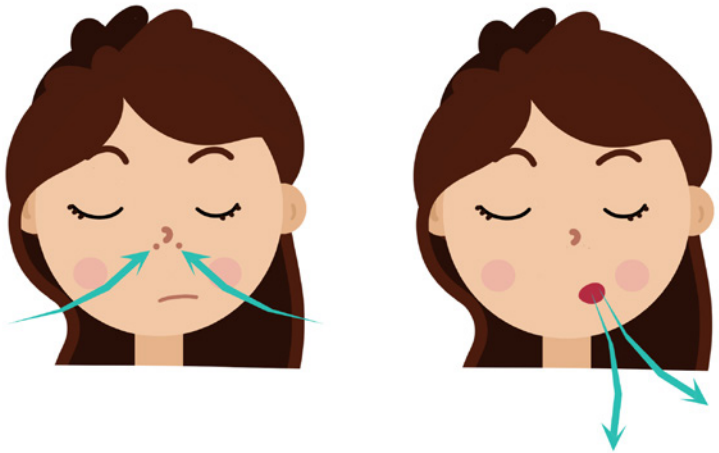

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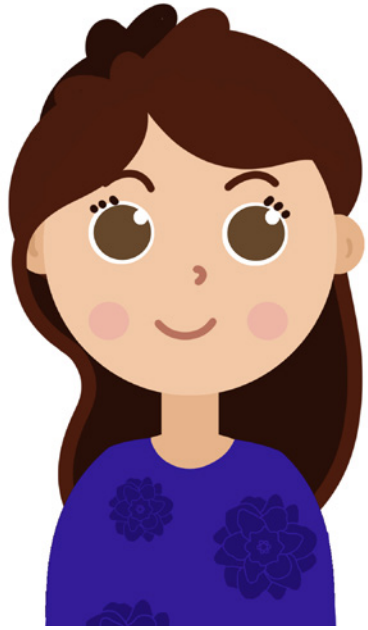

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My Next Steps

Knowledge Combined with Action is a Key for Success.

What inspired me?

What is something new I learned?

Items I want to research further:

Items I want to discuss with my Autism Support Team:

Doctors, Researchers or Professionals I would like to contact for more information:

www.autismadvocateparentingmagazine.com


Believe in yourself as a parent.
You are your child's best
therapist and advocate.
— Unknown


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