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AUTISM ADVOCATE

PARENTING MAGAZINE



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And so much more!

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:

Current Research



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

Expert Advice



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.



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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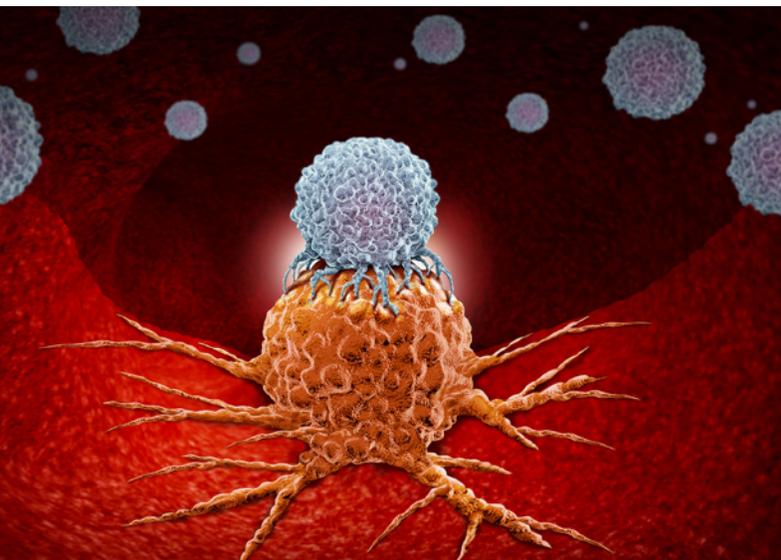
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Social COMMUNICATION

Kyle Frost, M.A

Social communication is a general term for a range of skills that are part of social interactions and relationships. Such back-and-forth interactions include sharing interests and feelings, and communicating ideas. These skills begin developing in infancy and continue throughout childhood and adolescence. Social communication includes such diverse skills as:

- joint attention, or sharing attention, with other people and objects
- nonverbal communication, such as looking, gesturing, or pointing
- speaking in sounds, single words or sentences
- speaking with a speech-generating device or other augmentative and alternative communication (AAC) device
- imitating or mimicking the play, actions, gestures or speech of others
- sharing and engaging in activities with others.

Social communication skills form the building blocks for children to learn, share their interests with others, build relationships with family members and friends, and participate in group activities. Many autistic toddlers have delayed or non-typical development of social communication skills when compared to their non-autistic peers. Parents often seek out a developmental evaluation when they notice these developmental delays.¹

Supporting Social Communication

There are many ways in which parents can support their children's social communication development during daily routines and play interactions at home and in the community. Naturalistic developmental behavioral intervention approaches are increasingly being studied in research.² Several studies have shown that parents can learn to use these techniques to support their autistic children's social communication development.³ This approach may also have long-term benefits for children's development.⁴

Parents can use the following simple strategies to support the development of social communication skills.



Get Engaged and Have Fun

All children learn best when they are having fun. Try to follow your children's lead in an activity at home that they enjoy, like playing with toys, pouring water in the bath, playing chase, or looking at a favorite book. Instead of asking questions or giving instructions, wait to see what they do and then join in, assuming the activity is safe. You can join them by doing the same thing, helping them with the activity, handing them pieces, or playing a different role in the activity. It's okay if children don't want to play in one way for very long, or if they play with a toy in a way that is unexpected. There is no right way to play!

Be Chatty

Talking to children using rich, descriptive language can help them learn new words. Even though children might not communicate with words, they are still learning to understand the words they hear. While interacting with children, talk about what they are seeing, hearing, and doing. Imagine you are a sports commentator and give a "play-by-play" commentary of key events. For example, at the grocery store, you can name the items as you place them in the cart. As you help your child dress, you can describe each item of clothing.

Respond to Your Child's Communication

Using actions to show children that their communication is meaningful is a powerful way to support communication growth. Children communicate in many ways, some of which can be very subtle. Children might look toward an item they want, turn their body away from you to communicate "stop" or "no," or move closer to you to show they are having fun and want to continue playing with you. When children see that their communication is effective, it can empower them to keep communicating. The table below outlines some examples.

Routine	Child's communication	Adult's response
Bath time	Child reaches for the faucet and says, "ah!"	Adult opens the tap and says, "We need more water"
Playing with trains	Child turns away when the adult hands her a track	Adult says, "No more train tracks," and sets them aside
Blowing bubbles	Child jumps and smiles when the adult opens the bubble jar	Adult says, "Let's blow bubbles!" and blows the bubbles
Picking out snack	Child turns away from the pantry and takes a step toward the refrigerator.	Adult says, "Let's look in the fridge," and accompanies the child to find a snack.

Build in Natural Opportunities to Communicate

Caregivers know their children so well that they can often preempt or predict their children's wants and needs. Giving children choices can help provide autonomy while building communication skills. Similarly, letting children try things independently helps them explore activities and try new things at their own pace. In fact, they might surprise you with what they can do. As soon as children ask for help or indicate a preference, respond to their communication. It is like providing a natural reward.

Give Choices

- Hold up two different snack options, or walk over to the pantry with the child to pick out a snack.
- Help your child pick out their own outfit to wear.
- Ask your child which color cup to use for a drink of juice, or where they would like to sit for a meal.

Let the Child Try First

- Hand the child a cheese stick with the wrapper on.
- Let the child explore toys before helping with toys like wind-ups, bubbles, or puppets.
- Hand the child the remote control when they ask to watch a movie.

Caregivers naturally provide children with many opportunities to learn social communication skills at home and in the community. Participating in parent training can help caregivers learn and practice skills for supporting the development of children on the autism spectrum. If you are interested in learning more about teaching your child social communication, ask the members of your child's treatment team if they are experienced in parent training or parent-mediated intervention. If they are, they can help coach you on specific strategies you can use in your daily interactions with your child. If they are not familiar with these approaches, they can refer you to a provider who is. Take every opportunity to help your child learn the social communication skills that will serve them well now and in the future.



Additional Resources

Recorded Lecture - Seattle Children's Autism 204 (2020): Naturalistic Developmental Behavioral Interventions for Autism Spectrum Disorder (<https://www.youtube.com/watch?v=iPTUsaRZpII>)

Book - *An Early Start for Your Child with Autism: Using Everyday Activities to Help Kids Connect, Communicate, and Learn*, by Sally J. Rogers, Geraldine Dawson, and Laurie A. Vismara (<https://www.esdm.co/publications>)

Online Early Start Denver Model caregiver - Coaching modules from the Duke Center for Autism and Brain Development and the UC Davis MIND Institute (<https://helpisinyourhands.org>)

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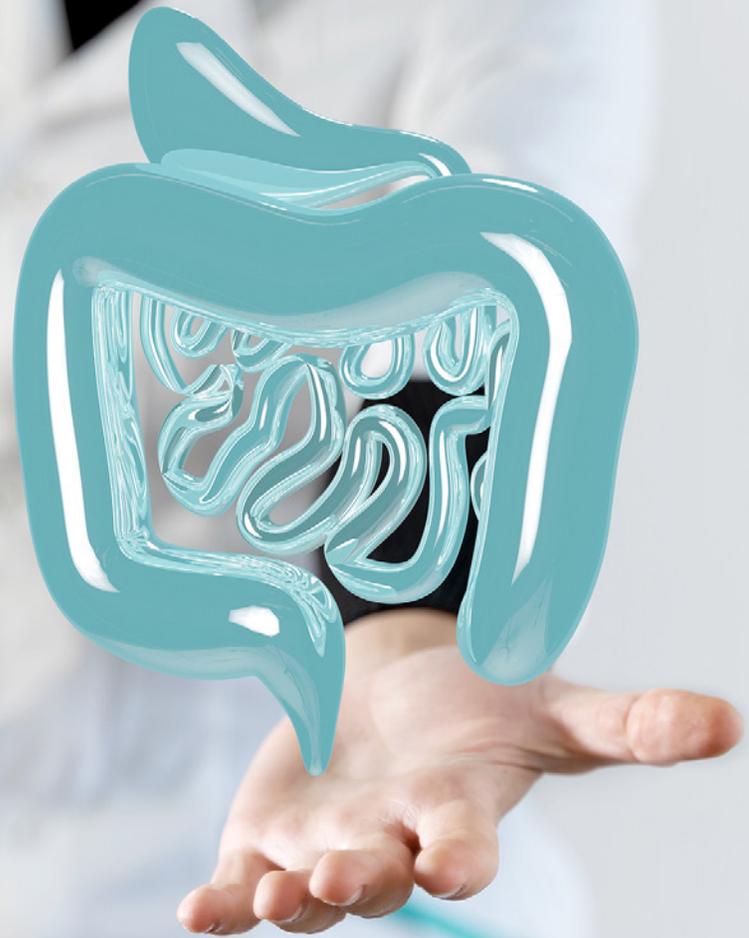


Kyle Frost, M.A., is a doctoral candidate in Clinical Psychology at Michigan State University where she is a member of the MSU Autism Lab. She received her B.A. from Northwestern University. Her clinical and research interests include better understanding how early interventions for supporting social communication work, and she is especially interested in naturalistic approaches that include caregivers and families. She recently received a federal training grant to support her research from the Eunice Kennedy Shriver National Institute of Child Health and Human Development. She is a master trainer in Project ImPACT (www.project-impact.org), an evidence-based naturalistic developmental behavioral intervention, and has experience training providers as well as working with families using this program.

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Gastrointestinal ISSUES

Dr. Julie Logan, D.C.



The vast majority of children who are diagnosed with autism spectrum disorder (ASD) have a variety of comorbid medical conditions. One of the most common ailments is gastrointestinal (GI) dysfunction, with an estimated 80 percent of children with ASD also having at least one GI problem. While the most common complaints are bowel movement abnormalities, such as constipation and diarrhea, they may include abdominal distension, growth retardation, visible refluxing and food refusal. Many of these children also present with symptoms similar to those of Irritable Bowel Syndrome, such as abdominal pain and abnormal stooling patterns.¹

GI problems are of particular concern to parents, caregivers and medical professionals because they often lead to other challenges. Constipation and bowel spasms cause physical discomfort, which often leads to an increase in behaviors such as agitation, irritability, poor sleep and even self-injury. Constipation can also lead to stasis, or bowel slowing, which can foster even more growth of abnormal organisms in the intestinal tract. Diarrhea can lead to malnutrition, malabsorption, abdominal pain and difficulty potty training.

Research has shown that the most common source of pain in children with autism is the GI tract, and that many of the troubling behaviors of non-verbal or minimally verbal children stem from pain.¹ Head banging, biting, aggressive outbursts, poor sleep, irritability, lack of focus and crying episodes can all be related to physical pain and GI discomfort.

The Gut-Brain Link

Autism is characterized by neuroinflammation primarily of the central nervous system, but also of the GI tract.² This is what causes the cognitive and developmental deficits that give the condition its name. The microbiome of the gut secretes neuroactive molecules that affect brain chemistry and function. As a result, the immune system dysregulation links the gut, the brain and behavior. Inflammation can be triggered by many things, including toxic metals and chemicals, medications, infections and mold exposure. Once inflammatory processes have begun in the body, they will grow to affect multiple systems, including, of course, the GI tract. This is true in both adults and children. This is why creating a healthy gut microbiome is so important for the optimal function of the brain.

Common Causes of GI Dysfunction

When children with GI problems undergo testing and examination, the results most often reveal fungal and bacterial dysbiosis. Dysbiosis is a general term that describes an overgrowth of pathogenic organisms in the gut microbiome. By way of analogy, it is similar to having weeds overtake what used to be a healthy lawn.

There are several factors that may contribute to the high occurrence of dysbiosis in children with autism.

Exposure to Toxins

Toxic exposure can contribute to a damaged or dysbiotic microbiome and cause direct injury to the GI tract itself. Common exposures include: toxic metals such as lead, mercury and aluminum; toxic chemicals such as glyphosate in pesticides and herbicides; pollutants in water, air and soil; exposure to cigarette smoke; and molds and mycotoxins from household and food sources.

Food Allergies

Food allergies and intolerances are a sign of an immune imbalance. Toxic exposures can directly injure GI tissue, leading to food reactions and malabsorption. Additionally, pathogenic organisms in the gut microbiome are closely linked with the development of intestinal permeability, also known as “leaky gut.” This, in turn, is linked to the development of more food allergies and intolerances. Allergenic exposures to genetically modified foods will also trigger the immune system to react with tissue injury and systemic inflammatory responses.

Antibiotic Use

One of the most common causes of GI problems in children with autism is repeated use of antibiotics in infancy and early childhood to address such issues as recurrent ear infections. This use can lead to a failure to develop a healthy protective microbiome. Antibiotics harm many of the beneficial microorganisms in the gut, and foster an ideal environment for pathogenic microorganisms. With repeated rounds of antibiotics, the beneficial microorganisms have little chance to thrive. Unfortunately, once the pathogens and opportunists have populated the intestinal environment, it is very difficult to eliminate them.³

C-section Delivery

In vaginal deliveries, the infant is seeded with the mother’s microbes, which then become the basis of its own. This is healthy and protective. Bypassing the vaginal canal because of a C-section delivery prevents the inoculation of the baby with the mother’s healthy flora. This further allows for colonization with less-than-optimal microbes.

Other Factors

There are a range of other factors that can also contribute to microbiota dysbiosis. These include stress, endoscopic procedures, traumatic brain injury, excessive sugar, a low-fiber diet, GMO foods, processed foods, chlorinated water, fried and fast foods, as well as bottle feeding with formula.

Testing for GI Problems

Before any treatment or intervention for GI problems takes place, your doctor should take a thorough medical history of your child. In my experience, the root cause of GI issues in children with autism is usually related to the original immunological insult that caused the child to regress in the first place. When children are being evaluated for GI issues, medical history and timeline of regression are very important. The Medical Academy of Pediatric Special Needs (MAPS) specifically trains doctors in autism spectrum disorders and other related chronic complex conditions. Ideally, your child should see a MAPS-trained doctor who is experienced and specializes in determining the root causes of your child’s unique symptoms.

In many children, there tends to be a downward spiral that involves more and more systems of the body over time. For example, exposure to mold — one toxin that can cause many autistic symptoms — is directly injurious both to the brain and to the GI tract. Left untreated, the endocrine system and the body’s detoxification systems will deteriorate. Other parts of the immune system will become involved, leading to the development of allergies and mast cell activation. This further affects the beleaguered GI tract, and a downward spiral continues until help is found.

When testing a child for GI abnormalities, biomedical doctors will usually look for signs of dysbiosis, food reactions, allergies, infections, and bowel function abnormalities. Common lab tests include the Urine Organic Acid Test, stool cultures, stool DNA mapping to find microbes and parasites, food sensitivity testing, allergy testing, mycotoxin tests, and testing for various infections.

Interventions for GI Issues

The interventions to treat GI problems will depend on the specific problem. You should always consult with a doctor who understands what you are dealing with rather than giving your child various substances that you may have heard about on social media. Since there are many possible causes for all types of GI problems, a medical professional is needed to help determine the root causes and underlying conditions.

The following are some of the many common treatments that can be initiated at home.

Elimination of Certain Foods

One common intervention for GI problems is the elimination of gluten, dairy, and other problematic pro-inflammatory foods, such as food with histamines, salicylates, and oxalates. Gluten and dairy, in particular, have proteins that are widely known to worsen autoimmune and inflammatory responses in the body. Once a person has any type of immune confusion, these foods will make it worse and prevent healing. Any food that makes a child react should be avoided. This may include foods that contain phenols, such as cocoa, and that contain salicylates, such as apples. Foods with oxalates, such as cranberries and almonds, and histamines, such as citrus and tomatoes, should also be avoided.

	Food examples	Possible Reaction
Gluten	Wheat, rye, barley	Constipation/diarrhea, hyperactivity, autoimmunity, permeability, destruction of intestinal tissue, pain behavior, failure to thrive
Dairy	Milk, cheese, yogurt	Constipation/diarrhea, increased mucous and congestion, ear infections, eczema, allergy symptoms, respiratory illness, sinus infections
Pro-inflammatory foods	Red meat, white bread, white rice, pop	Cognitive symptoms, hyperactivity, symptoms in every system possible
Phenols	Tomatoes, apples, peanuts, bananas, oranges, cocoa	Hyperactivity, poor focus, flushing
Salicylates	Broccoli, cauliflower, cucumbers, spinach, apples	Hyperactivity, poor focus
Oxalates	Beans, beets, berries, spinach	Burning sensations in extremities, kidney stones, eye pain, urethral pain and itching, general worsening of ASD symptoms
Histamines	Avocados, dried fruits, shellfish, citrus, bone broth	Hives, itchy and flushed skin, rashes, congestion, headaches, sudden GI pain, esophagitis

Reduce Sugar

Another common intervention includes the reduction of sugar and restricting carbohydrate sources. This can be a way to starve out populations of opportunistic organisms. Sugar is both immunosuppressive and pro-inflammatory. Since it is highly addictive, most children crave it and seek it out in juices, fruit squeezes, candy and other foods.

Suppress Unwanted Organisms

Treatments for the microbiome are available that will kill or suppress unwanted organisms. While these can be prescription agents, they are often botanicals, such as berberine, oregano, pau d'arco, thyme oil, and neem leaf.

Strengthen the Microbiome

When improving your child's gastrointestinal health, it is of critical importance to add substances that will strengthen the microbiome, such as probiotics, prebiotic fibers and fermented foods.⁴ These include such items as fermented vegetables and their juice, coconut kefir, whole fruits and vegetables, and, for some children, inulin and prebiotic supplements.

Address Constipation and Diarrhea

Constipation can seriously affect mood and behavior, and must be addressed. Sometimes, magnesium citrate or vitamin C can be very helpful in softening stool. Other times, a doctor may recommend stronger agents to help with bowel motility. Always follow the advice of a health care professional when using medication to alleviate constipation. Measures to address diarrhea can include treating infections, using certain probiotic strains known to be effective, changing the diet, and using anti-inflammatory compounds to soothe the gut lining.

Benefits of Improving GI Issues

When GI Issues are lessened or resolved, the child's overall well-being will improve. Once a treatment plan is started, the area of improvement for each child will vary depending on the underlying cause of the GI problem.

Some common gains and improvements seen by addressing GI issues include the following:

SOME COMMON GAINS AND IMPROVEMENTS SEEN BY ADDRESSING GI ISSUES

Self-injurious behavior often lessens. Since the GI tract is the most common source of pain in a child with autism, reducing or eliminating that pain helps to mitigate self-injury and aggressiveness.

Sleep patterns often improve. Sleep is commonly affected by gas pain and by microbial activity. Such activity tends to spike at night and disturb sleep.

Disruptive behavior frequently diminishes. Fungal dysbiosis usually results in silly behavior, laughing for no reason, sleep disturbances, poor focus, irritability and sugar cravings. When fungal dysbiosis is treated, this behavior resolves significantly.

Mood often improves. The Clostridia species of bacteria can be overgrown in children with autism. This can cause moodiness, aggressiveness, diarrhea, nausea and other symptoms. When treated, these symptoms improve.

Bowel discomfort improves. Constipation and diarrhea are most commonly caused by a dysbiotic microbiome and/or food reactions. Normalizing bowel function through dietary changes and appropriate treatments provides relief from profound discomfort.

Conclusion

GI Issues are all too common in children with autism. Although the symptoms, root causes and treatments will vary from child to child, significant therapeutic improvements can be made with the help of a biomedical professional. When your child is feeling better, you will see improvements in all areas, including communication, cognitive function, mood, socialization, and learning capacity. When parents focus on getting to the root of their child's GI problems, they can help make profound changes for the better.

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Julie Logan, D.C., specializes in helping children with the symptoms of autism, ADD/HD, PANDAS/PANS, food sensitivities, methylation defects, gastrointestinal issues, and environmental illnesses. She is fully certified by the Medical Academy of Pediatrics Special Needs (MAPS).

Before earning her medical degree, Dr. Julie Logan was introduced to the world of medicine as a patient. After being diagnosed with Hashimoto's autoimmune thyroiditis, she began treatment with a chiropractic physician and soon recovered from the disorder. As a concerned mother, Dr. Logan was pushed further into the medical world. Educators began telling her that her older son showed signs of ADHD and her younger son developed autism. Like so many other parents, Dr. Logan was plunged into the struggle to rescue her sons. She watched their amazing paths of recovery through chiropractic care and nutritional therapies, and soon she discovered an incredible truth: the human body has the power to heal itself when given the right care.

Dr. Logan has worked in the field of environmental medicine, addressing biotoxin-mediated illnesses, such as mold exposure and sick building syndrome. Her chiropractic background gives her insight into correcting the dysregulation of the central nervous system, known as dysautonomia.

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Emotion Regulation

Jeffrey Kranzler, Ph.D., LCSW-C



Emotion regulation is the ability to manage responses to intense emotions, and to maintain control over our internal and external states. It entails regulating impulses that are caused by emotions, such as the desire to yell or act out. Although these urges may mitigate the intensity of the emotion, they can be extremely disruptive. Emotion regulation consists of finding positive ways to maintain an emotional equilibrium and a sense of well-being.

Those who have difficulty managing emotions suffer from what is known as emotional dysregulation, and may engage in a variety of behaviors. In early childhood, such behaviors could include being physical towards another person, such as punching or kicking, being disruptive in class, screaming, throwing things, refusing to speak, running, crying, or being extremely rigid. As a child becomes a pre-teen/teen, emotional dysregulation may be manifested as depression, anxiety, high levels of shame and anger, self-harm, substance use, high-risk sexual behaviors, perfectionism, eating disorders and even suicidal thoughts.

It is common for Autistic children to have difficulty with emotion regulation. In such cases, the most frequent reactions are to act out and display explosive behavior, or to completely shut down. While these reactions appear to be opposites, they are responses to the same inability to manage intense emotions.

Disruptive behavior, however, can indicate a variety of challenges that include, but are not limited to, rigidity, sensory overload, anxiety, experiencing bullying, having a learning disability, or having emotional struggles. An evaluation from a qualified and experienced neuropsychologist is key in identifying the underlying challenges.

Autism and Emotion Regulation

Difficulty with social skills is not the only challenge facing Autistic children. While Autism has many associated strengths and abilities, it also has many challenges that have been compounded in the 21st century. Emotional dysregulation can be one of these challenges for a number of different reasons.

Constant Sensory Stimuli

Living with Autism in the 21st century is a sure recipe for emotional dysregulation, especially when compared with life in the 1800s. Two hundred years ago, children would typically have the same routine day in and day out. It may have involved working with a

parent to complete household chores, or helping out in the fields. The family would come together at dinner and eat the same or very similar food each day. In contrast, today's world is one of never-ending sensory overload, with constant auditory, visual and even gustatory stimuli. Such stimuli include flashing lights, the presence of screens everywhere, and a multitude of foods and tastes we want our children to try. Autistic children may find this constant stimulus feels comparable to fingernails being dragged across a chalkboard. Their bodies may be on high alert all the time and unable to manage intense emotions. In addition, the highly varied schedules and requirements to succeed at a variety of tasks do not always play to an Autistic child's strengths.

A Struggle for Self-Advocacy

It has been my experience that children on the spectrum tend not to ask for help as often as their peers. Although this can foster independence and unique problem-solving skills, it may work against those struggling to manage their emotions. Finding positive ways to maintain an emotional balance often requires assistance from others, and can be difficult if your child does not ask for help. For this reason, it is vital for parents to recognize emotional dysregulation and seek a proper evaluation as soon as possible.

Rigidity

Rigidity is one of the core challenges that autistic individuals face. In many circumstances, rigidity can be a positive quality as such children are often honorable, honest and loyal. When it comes to emotion regulation, however, rigidity works against them. It will prevent problem-solving and flexibility in trying new solutions. It can also lead to major reactions to minor difficulties since even small departures from what is expected can cause significant discomfort in individuals who are rigid.

Processing Speed

Autistic children often have a processing speed that is slower than their Neurotypical peers. When Autistic children are bombarded with information, stimuli, and background noise, they may not be able to manage their emotions and might act out or shut down. This can be a particular challenge for such individuals since modern society moves at a speed that is unparalleled in any other time in human history.

Interoceptive Ability

The interoceptive sense is the capacity to understand what is going on inside of us. It helps us know, for example, when we are hungry or hot, and when we need to go to the bathroom. It also includes being able to identify our emotions. Research has shown that many Autistic children have Alexithymia, a condition in which they do not know what emotions they are feeling. It can be extremely difficult for individuals who do not know what they are feeling to manage their emotions.

The Neuroscience of Emotion Regulation

Our bodies and brains are designed to protect us from danger. In early human history, the greatest danger to humans was being attacked by wild animals. Our bodies developed an immediate response that is now referred to as the "fight-or-flight" response. When approached by a wild animal, humans could fight or run to protect themselves. Even though this evolutionary response is not always relevant in modern situations, our brains are still programmed to react in this way. When presented with a stimulus that is potentially dangerous, the thalamus sends two signals to the brain: one to the amygdala, and the other to the pre-frontal cortex.

The *amygdala* receives the quickest signal from the thalamus. If danger is present, such as when a wild animal attacks, our amygdala initiates a fight-or-flight response. It is like a siren that goes off that generates an immediate reaction intended to save our life. This response is not helpful, however, when faced with a school test or the challenge of starting a new job. Fighting or fleeing is not helpful in these situations, even though our bodies and brains are configured in this way.

When presented with a stimulus that is potentially dangerous, the thalamus sends two signals to the brain: one to the **amygdala**, and the other to the **pre-frontal cortex**.



The *pre-frontal cortex* also receives a signal from the thalamus when danger is detected. This is a slower signal that arrives in the cortex, the part of the brain that conducts an analysis. It reviews the message from the amygdala, seeks to determine if the threat is real, if it poses a danger to life, and if running or fighting is necessary.

If the pre-frontal cortex is not analyzing situations accurately, as is the case for many Autistic children, the amygdala remains on high alert even for non-life-threatening situations. When the body is on constant high alert, the slightest stimulus change or emotion can lead to a strong reaction.

Another possible cause of challenges related to emotion regulation is asynchronous neural oscillation. Neural oscillations are wave patterns delivered by the nervous system. Research has shown that Autistic children often have asynchronous wave patterns. This can lead to motor struggles, executive function challenges, cognitive issues, poor arousal and attention, and emotional dysregulation.¹ This is yet another reason why children with neurological differences may have difficulty managing emotions.

MANAGING EMOTIONAL DYSREGULATION

The following strategies can be useful in helping your child deal with emotional dysregulation.

Seek an evaluation as soon as you suspect emotional challenges. When a child struggles with emotion regulation, it is a common parental instinct to do everything possible before getting professional assistance. I encourage parents to not follow this instinct. A neuropsychological or psychoeducational test conducted by a licensed psychologist will pinpoint exactly what is going on and suggest the most effective interventions to accomplish the identified goals. Such specialists can determine your child's processing speed, the learning differences that are in play, and the sensory challenges that are involved. Rather than experimenting with a wide range of interventions to see what works, they can find productive solutions from the beginning by conducting a proper evaluation.

Maintain your own calm and well-being. This is an important way to help your child manage his or her emotions. As a parent, you give so much to your child. Remember that your overall well-being impacts your day-to-day interactions with your child. If you are in a good place, it is more likely that your child will be in a good place as well. If you find yourself struggling, do not hesitate to get help for yourself.

Find ways for your child to express and amplify strengths. Do not get caught up with all of the struggles your child faces. If your child enjoys time with pets, see if you can find neighbors who need dog-walking services, or a local veterinary clinic that accepts volunteers. When your child is consistently building on strengths, your child's struggles will decline in importance. For example, if Michael Jordan had executive function challenges and spent day after day working on improving his impulse control and task initiation, he would not have focused on building his basketball skills. When you provide opportunities for your children to grow their talents in their areas of strength and interest, the unpleasant tasks of overcoming challenges in their areas of weakness won't be as much of a perceived threat to their self-worth.

Help your child build an emotional vocabulary. When you are watching a television show, pause the show every once in a while and ask your child for an assessment of what the main character is feeling. Occasionally check in with your child to see how they are feeling. If your child struggles to identify feelings, that could be a sign that he or she struggles with the interoceptive sense and currently cannot recognize different emotions. It can be very difficult to implement coping techniques for children who don't recognize emotions as they are being experienced so reaching out for professional help in this regard would be warranted.

Make time for downtime. Children who are neurodiverse need such downtime to escape the constant flow of stimuli and to fully decompress. They need time away from the nails on the chalkboard. Ideally, try to provide downtime to children on a daily basis. It can also be helpful to take a vacation, in which you have familiar foods but no access to electronic devices. Provide times for your child to relax and give the fight-or-flight response a rest.

Your child is part of a unique and important group of people. While Autism brings its own struggles, it also offers important advantages. Such advantages can include creativity, honesty, deep empathy and the ability to work and focus in a unique area of expertise. Your child is among the group of people that the world needs in order to keep moving forward. This group includes such people as Albert Einstein, Elon Musk, Bill Gates and Steve Jobs, among others. As a parent of an Autistic child, you are presented with both the challenge and the opportunity of raising an incredible human being who will be the best at whatever they choose to pursue and who may just change the world as we know it.

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The *Crimson Protector* is a superhero adventure novel that teaches tweens and teens how to build confidence, overcome social anxiety and handle bullying. You can purchase the book on Amazon and learn more at TheCrimsonProtector.com.



James Gazt is tired. He's tired of seeing kids being bullied at school and not being able to do anything about it. He's tired of not having enough confidence to talk to his crush. But what can he do? Well, why not try to be a superhero? It seems to work in comic books. With the help of his best friend, Gizmo Jones, he becomes *The Crimson Protector*! But will being a superhero be a dream come true... or a total nightmare?

"No matter where I went, I couldn't put the book down. I couldn't stop reading until the end of the book."

-Ozzie H., middle school reader

"This is a terrific resource for middle schoolers! Dr. Kranzler provides readers with fantastic tools to overcome social anxiety, handle bullying, and manage challenges in their lives."

-Jon Sperry, Ph.D.,
Co-Editor, *Journal of Individual Psychology*;
Associate Professor, Clinical Mental Health Counseling,
Lynn University

"*The Crimson Protector* has everything good YA fiction should have: fully fleshed out, realistic characters; cool action set pieces; multiple interwoven conflicts; some solid moral lessons; and, for keen-eyed readers, allusions to at least one major scholarly work of literature. Fans of comic book/movie superheroes will love this novel and so will everyone else!"

-Scott Honig, Ed.D.

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LOW DOSE IMMUNOTHERAPY

for Autism Spectrum Disorders

Ty Vincent, M.D.

Parents of children on the autism spectrum can go through dozens of different therapies in an attempt to improve their children's symptoms. The more treatments tried by parents that fail to yield significant improvements, the more likely it is that the child has an immune-based mechanism underlying the condition. When that is the case, successfully stopping those immune reactions can lead to dramatic improvements.

It is commonly suggested that autism and related conditions involve some sort of brain inflammation, and that is certainly true for at least a significant subset of cases.¹ This inflammation is often driven directly by the immune system and its attempt to attack some microorganism that lives within the body naturally. Since these "antigens" — or targets of immune attack — live within the body, the inflammation is fairly constant.

In general, the real problem is a dysfunctional immune system caused by generations of mounting toxic exposures and the consumption of poor quality food that has been stripped of nutrients, known as devitalized foods.² This has led to an escalating incidence rate of immune sensitivity problems that range from environmental and food allergies to chemical sensitivities, named autoimmune diseases and other chronic inflammatory disorders. These conditions have all risen dramatically in the human population over the past thirty years or so.

Some clues that an individual may have immune-based symptoms include the following:

- the onset of symptoms following some sort of immune-agitating event, such as an infection, vaccination, physical trauma, or excessive use of antibiotics
- a notable alteration of symptoms following similar immune-activating events
- a dramatic improvement in ASD symptoms when the child has a fever related to viral illness, strep throat, or other acute infections triggering a strong immune response

- symptoms change significantly when taking immune-altering medications or certain antimicrobial substances, such as antifungals, antibiotics and antiparasitic agents
- symptoms fluctuate significantly
- a concurrent development of other immune/allergic issues, such as eczema, food allergy, asthma, allergic rhinitis, chronic constipation or diarrhea, and eosinophilic esophagitis.

While the presence of these factors does not guarantee that the individual has purely immune-related ASD, it does make it more likely that immune mechanisms are at least part of the problem. It also increases the odds that immunotherapy could yield significant improvement.

Medical professionals and parents cannot fix most immune problems by cleaning up the diet and environment of a given individual, except in very rare instances. While this fact is frustrating and disheartening, such efforts are worthwhile in addressing the health of future generations. In order to achieve results for individuals who currently suffer immune problems, the way forward involves reprogramming the immune reactions that cause their symptoms and restoring immune tolerance for the appropriate antigens involved in each person's case. The possible antigens are manifold, and there are a number of immune therapies that could achieve this goal.

Low Dose Immunotherapy (LDI)

Low Dose Immunotherapy (LDI) is one method for restoring immune tolerance to specific antigens. It is theorized that regulatory T lymphocytes are attuned to restore proper tolerance for whatever antigens are being used. The exact mechanisms underlying this effect are not fully understood.

When it is clear which antigens are involved, such as in the case of specific allergies or chemical sensitivities, LDI is at least 90 percent effective. When dealing with ASD, however, the possible causes are numerous, and those individuals with underlying immune reactions don't look appreciably different from those whose symptoms are due to completely different causes. When individuals do have an immune-driven condition, I have found that there are many possible antigens to consider, including some that I may not have identified yet and are not currently in my collection. As a result, my own personal experience has shown an overall success rate in treating ASD with LDI of about 40 percent at this point in time.

Beginning LDI Therapy

Before LDI therapy can begin, an initial consultation takes place to get the relevant information that will help us determine where to start for that person. This information is almost entirely based on a thorough history of the individual's symptoms and order of events, responses to any particular therapies in the past, and a clear understanding of the individual's current baseline indicators. Laboratory testing is usually not helpful for any sort of chronic inflammatory condition, allergy or autoimmune disorder. This is particularly the case when it comes to autism and related conditions. No lab tests will help point to that individual's likely antigens. Muscle testing, antigen rapid tests, and bio-energetic analysis devices do not work in this regard either. It all comes down to the individual's story.

After choosing initial antigens and a starting dilution, the individual takes the first dose and then observes for any significant changes in symptoms over the following week. If nothing seems to change dramatically, the next-stronger dilution can then be taken. This process, known as dose titration, continues until hopefully one of the doses causes a profound improvement in symptoms that lasts at least two weeks or longer. Finer adjustments are then made to build on that response.

When LDI therapy works, the effects can seem miraculous and are usually easy to maintain. That is why the therapy is definitely worth trying with just about any individual. My general approach with ASD cases currently is to go through a more conservative series of dilutions with any antigens that seem likely to be a match with a given individual. If those don't succeed, we usually try the remaining less-likely antigens at much stronger dilutions to see if they have any effect. This allows us to find out fairly quickly and cheaply whether the therapy is going to work or not.



“My own personal experience has shown an overall success rate in treating ASD with LDI of about 40 percent at this point in time.”

In my experience, the most commonly effective antigens have been in our Lyme, Yeast, Parasite, Strep, and Food mixtures. Of course, we have many other mixtures we try if none of the common ones work. The concept behind LDI is similar to homeopathy, but the technique is based on immune reactions to particular substances rather than symptom patterns. If we can find the correct dilution of the correct antigen, the associated symptoms will stop completely. We can then maintain a symptom-free state by repeating the effective dose every seven weeks. Over time, the benefits tend to last longer and longer after each dose.

LDI is a stand-alone therapy and, with rare exceptions, does not interact with other interventions. When it works for individuals, they typically need no other treatment for the same issues. I would suggest that parents consider it at some point in their journey to help their children.

Please note that LDI is more complicated in practice than described in this article. We have created many informational videos on YouTube that can be found by searching "Ty Vincent LDI." We also have a patient information handout and complete antigen lists on our website at www.globalimmunotherapy.com.

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Dr. Vincent has gained additional training in acupuncture, Chinese medicine, environmental medicine, allergy and immunology, bio-identical hormone therapy, chelation therapy, hyperbaric medicine, integrative cancer therapy, Reiki, and nutritional medicine.

Dr. Vincent has lectured nationally many times on the subjects of bio-identical hormone therapies, vitamin D, and Low Dose Immunotherapy (LDI). In 2014, Dr. Vincent developed immune therapy techniques for treating a large number of autoimmune diseases with a high degree of success and safety using LDI Internal Microbes. In September of 2018, Dr. Vincent developed LDI Allergens. LDI Allergen treats all Food, Environmental, and/or Chemical sensitivities and/or allergies.

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Enough About The Apple

Let's Talk About The Tree!

Donna Henderson, Psy.D.

When I diagnose autism in a child, teenager or young adult, one of the parents often has an “aha” moment. As the parent learns about the different ways that autism can present, it resonates with him or her. I frequently hear a parent say, “You’ve just explained my whole life!” Other times, one spouse feels that autism leads to a better understanding of his or her partner.

This makes perfect sense. We all learn a lot about ourselves as we parent our children. Our children are both like us and different from us in many ways. The similarities and differences can help us gain insight into ourselves. This experience is not limited to autism. We may see ourselves in our children's ADHD, dyslexia or giftedness, or in their musical, artistic, culinary or athletic talents, to name a few. It is a very common experience to gain a better understanding of ourselves through our children, and this often occurs when our child is diagnosed with autism.

The following are some common questions that parents ask about this topic.

If my child receives an autism diagnosis, is there a chance that it runs in our family?

Yes, there is a high probability. We know that autism is genetically driven to a considerable extent. For example, monozygotic twins have a 60 to 96 percent concordance rate for autism, compared with only a 0 to 23 percent rate in dizygotic twins. While there are likely other factors at play, such as parental age at time of birth, we do know that there is a highly significant genetic component.

If I'm autistic, wouldn't I know by now?

It is possible that you would not know. Simon Baron-Cohen and Meng-Chuan Lai, two highly respected autism researchers, wrote an article about "the lost generation" of autistic adults, particularly those who have average to above-average intellectual functioning. These adults came of age at a time when our understanding of autism was quite limited. As a result, many of them, if not most, have been misdiagnosed and/or misunderstood throughout their lives.

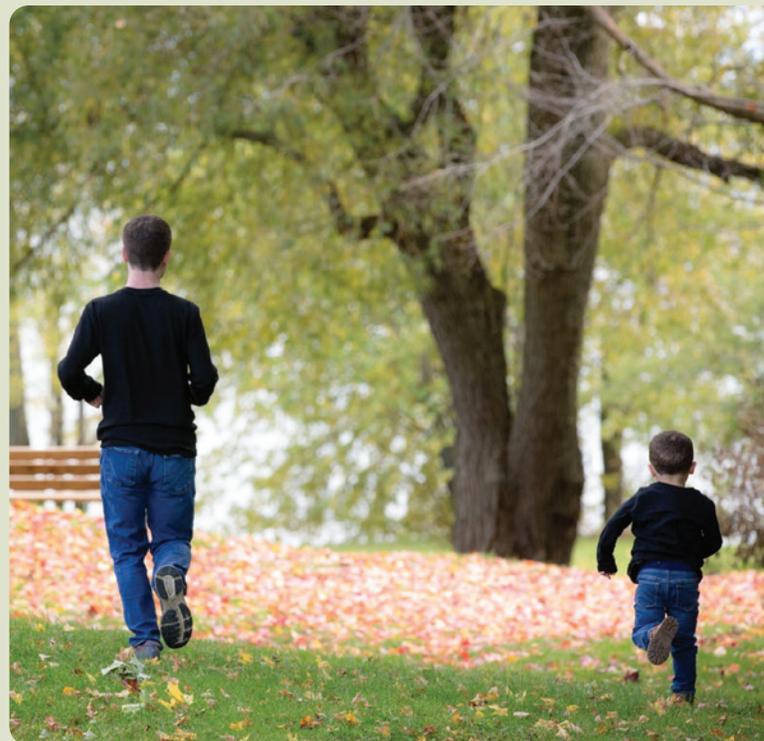
We now know that autistic individuals have an endless range of presentations and experiences. Some parents never thought of themselves as being "differently wired" until their child was diagnosed. They then gained a different frame of reference for what is "typical." Other parents have had a vague sense over the years that they were somehow different but could never put their finger on it. Still others have wondered explicitly if they are autistic. Some have struggled with related difficulties, like anxiety or depression, and have never known what might underlie these issues. What we do know is that there are countless autistic adults who do not know that they are autistic.

Could I be autistic if I've been successful in one or more areas of my life?

Yes, you could. Many autistic adults are highly successful in one or more areas of their lives. I know personally, or know of, autistic adults who are at the top of their fields in countless careers, including academia, information technology, filmmaking, politics, music, comedy, journalism, medicine, law, and more. I have also known many autistic adults who are wonderful spouses, partners, parents, and friends.

If I'm autistic, does that mean my other diagnoses, such as ADHD, anxiety, depression or bipolar disorder, are wrong?

This may or may not be the case. Any of these conditions can coexist with autism. It is possible for someone to be autistic and anxious, for instance. However, there are many undiagnosed autistics who have been misdiagnosed with various disorders over the years. For instance, autistic burnout can mimic depression, and some people have been diagnosed with depression when they are actually experiencing burnout. As another example, some autistics get hyperfocused and very excited about certain topics or projects. In some cases, they forgo sleeping and eating in order to focus on their topic of interest, and talk about it a great deal. This leads some healthcare professionals to misdiagnose them as bipolar. A thorough evaluation by a qualified healthcare professional can help sort out any confusion.



What is the typical reaction of an adult who realizes that he or she might be autistic?

This varies widely. Some people experience instant recognition, and it immediately resonates on a deep level. Other people come to a gradual realization over time, rather than arriving at one clear moment of awareness.

In my clinical experience, most of the adults who come to this realization eventually feel a profound sense of relief and validation. For some, it can even be exhilarating. Still, seeing yourself as autistic for the first time can also be a source of anxiety. It can bring up a wide range of feelings. On the one hand, you may feel anger toward your own parents for not recognizing the autism. On the other hand, you may feel forgiveness toward your parents, as they had no way of knowing about autism given the narrow understanding of the topic in the past. Some individuals also feel frustration at prior healthcare professionals for missing the autism. There is no “typical” or “right” way to feel. Ideally, you give yourself time and space to move through this emotional experience.

What if I think my spouse or partner might be autistic?

This is a frequent occurrence. The partner either may be open to a conversation on this possibility or may not be. I recommend that you wait for an appropriate moment for the topic to come up when you both feel relaxed. Do not bring this up in the “heat of battle.” Accept that this will likely take the form of multiple small conversations that result in tiny insights on both sides, rather than one big conversation that leads to a profound insight on the part of your partner. It is important to approach this conversation in a spirit of nonjudgmental curiosity and support.

Does it matter that I might be an autistic person raising an autistic child?

Deeply empathizing with your child can be a double-edged sword. On the one hand, it can be overwhelming for your own emotional experience and could bring up bad or even traumatic memories. On the other hand, there are potential advantages. It can be helpful in terms of understanding and supporting your child. You may have the ability to understand your child’s experience at a very deep and personal level, normalize it for the child, and have an intuitive sense of what your child needs. Additionally, this gives you and your child a long-term perspective on how well autistic people can do in adulthood, which can be reassuring when your child is struggling.

Gaining this insight can also be helpful for a marriage by providing a route for more compassion and less blame toward oneself and one’s partner. For instance, understanding that someone may have a blunt communication style is better than perceiving a lack of empathy on the part of that person.

If you are an autistic parent, recognize that you are in a unique position to translate your child’s experience to the non-autistic adults in your child’s life. This allows you to be your child’s most effective advocate.

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Advice for Adults who Suspect They are Autistic

Rest assured that you are not alone. I recently did a small survey of parents after diagnosing their children with autism. About one third of the respondents have wondered if they are autistic themselves or felt sure that they were. About half have wondered about autism in their child’s other parent.

Trust your instincts. If a voice in your head is suggesting that this is the case, it may be right. For many reasons, an autism diagnosis continues to be missed particularly for women, highly intelligent individuals and people of color. If what you are learning about autism resonates with you, pay attention.

Helping Children with Autism Understand Grief and Loss

Sarah Helton, MEd



While many people associate the word “grief” with bereavement, it relates to more than just death. We can also grieve the loss of a possession, situation, opportunity or routine. Grief affects all of us. Sadly, the grief of children with autism can often be overlooked or ignored. In this article, I will highlight how grief and loss can affect autistic children, and how we can support them.

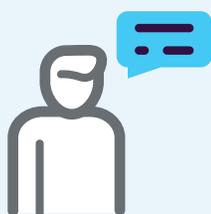
The Cause of Grief

Children can grieve for any number of reasons. They could experience the death of a family member, friend or pet, the separation or divorce of their parents, or the loss of something that is significant to them, such as a resource, toy or belonging. They may grieve having to move house, when important people like teachers move away, or if their mother has a miscarriage or stillbirth. If a family member becomes seriously ill, or a parent is away for long periods of time due to work, military service or other reasons, children may grieve for the relationship that they used to have. They may experience grief following the death of a favorite television character or the breakup of a music group. For some children, changes in routines and significant transitions can result in grief. They want things to go back to the way they were.

Communicating Grief

Grief can be communicated in a wide range of ways. In general, we can divide such communication into four broad categories: verbal; nonverbal; augmentative and alternative; and creative.

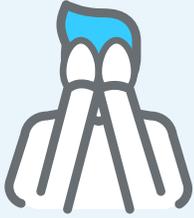
VERBAL



If children have the verbal language skills to do so, they may express their thoughts and concerns through spoken words. They may ask questions about what has happened. However, you should be prepared for the fact that they may not express their emotions in the way you expect. Rather than saying how sad they are that cousin Charlie has died, they may instead say that they are going to miss going swimming on Thursdays as this is something they did with Charlie. They may ask questions about how and why Charlie died. Such comments and questions all show that they have thought about how Charlie's death will affect them. They need answers to these questions in order to reassure them.

Reassurance is key to supporting bereaved children. Grieving children need reassurance that the death was not their fault, and that not everyone they love is going to suddenly die.

NONVERBAL



Children with limited verbal communication skills will show their grief through nonverbal means. It is worth noting that even a child with verbal language may also communicate grief nonverbally. Grief may be expressed through changes in eating, drinking and sleeping patterns, as well as behaviors, body language, facial expressions and vocalizations.

We know our children well, and any deviation from their usual behavior could be the result of a change in their emotional state. We must not dismiss these differences or attribute them to a child's autism diagnosis. Instead, we need to notice and investigate the different behaviors that children are displaying. Are they a sign that children are struggling with the changes that have occurred in their life as a result of a bereavement or other loss? Is their internal grief being shown through these nonverbal expressions?

Think back to a loss you have experienced. How did your behavior and nonverbal communication change? Did you find yourself losing sleep, not wanting to eat or slamming doors? Why would it be any different for children with autism?

AUGMENTATIVE AND ALTERNATIVE



Some children may ask questions and communicate their grief through Augmentative and Alternative Communication (AAC). AAC covers communication that supplements or replaces speech or writing. This form of communication can only happen, however, if the vocabulary related to emotions, life, death and grief has been taught to them and included in their AAC. This vocabulary needs to be developed over time so that it is ready for them to use when they do experience grief. While these words can be added and taught to children at the time of need, it is better for them to learn these words and concepts before they are needed. For example, they can learn the words, symbols or signs for alive and dead during a science lesson about plants or when reading a story about the death of a person's pet dog.

CREATIVE



Some children communicate their grief through creative outlets. They express how they are feeling through art, music, drama and play. These are all excellent means for them to explore what has happened to them, how things have changed and how this makes them feel. Providing a grieving child with art resources and play items to express their grief can help them ask questions and share how they are feeling in a less direct and more informal manner.

How to Support Grieving Children With Autism

There are many ways that we can support children who are grieving. We can be honest with them and speak to them at their level of understanding. Try to answer their questions, however strange they may appear to you. Recognize that they are experiencing a genuine concern that needs to be addressed. Be sure to use the words dying, death and dead, rather than euphemisms, such as passed away, since the latter can confuse children. Acknowledge and validate the child's feelings, and don't try to minimize those feelings.

You can also share your own experiences of grief to help children understand what they are feeling. This allows you to be a good grief role model. In addition, recognize that children can experience grief for a wide variety of reasons. It doesn't matter what causes the grief; we need to support it in the same manner.

Think about grief as a transition. Just as we support children with autism in day-to-day transitions, such as moving from playing to getting ready for bed, the changes that occur as a result of a grief experience need to be managed in a similar way. If you know that such an event is going to happen, prepare in advance and make a plan. If it is an unexpected loss, respond to the changes as quickly as possible and keep things the same as much as you can.

For example if the grandparents are moving away, consider all of the impacts that this will have on your children's life. If grandma always took them to school, let them know that you will now be taking them. If they worry that they'll never see grandma and granddad again, explain that they aren't leaving completely. They will still see them once a week on FaceTime, the family will visit them in their new house every summer, and their grandparents will come and stay each Christmas.

You could also support these changes by preparing a visual plan or social story for your children.

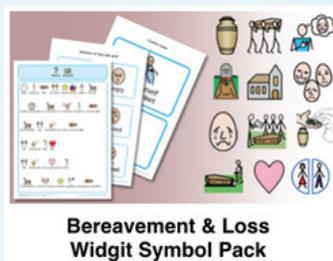
In the end, it is worth remembering that loss, bereavement and grief are a part of all of our lives. It is vital that we teach our children about these concepts as we help them develop essential life skills that they need for independent living.

Resources

Good Grief Toys® are a set of 45 individually crafted, multifunctional pieces allowing children to explore all forms of grief (death, divorce, illness, moving house, moving school, etc.). <https://backpocketteacher.co.uk/books-%26-resources>



Widgit Bereavement & Loss Symbol Resources are available at [Widgit Symbol Resources | Bereavement and Loss](#). This resource provides simple explanations supported by visual symbols - pictorial representations to aid understanding of death, bereavement and grief.



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She now works as BackPocketTeacher - an author, trainer and consultant in the field of child bereavement, specializing in the (sadly often overlooked) needs of bereaved children with SEND. Autumn 2020 Sarah began studying for a PhD alongside her work as BackPocketTeacher. She will be researching bereavement and SEND. Follow her studies via this website, the [BackPocketTeacher Blog](#), on Twitter [@backpocketteach](#) and Facebook [@BackPocketTeacher](#).

Sarah also works as a training facilitator for the national child bereavement charities [Winston's Wish](#) and [Child Bereavement UK](#).

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Feeding Concerns in Children with Autism

William Sharp, Ph.D

It is common for children to go through a “picky eating” phase. However, for children with autism, picky eating and other feeding concerns can be a more serious issue. Chronic feeding concerns can involve extreme food selectivity, rigidity in how food is presented, and requests for specific containers for food as well as particular seating during meals. Food selectivity is one of the biggest feeding concerns for parents who have an autistic child, and occurs when their child or teen only eats a small variety of foods. While moderate food selectivity involves eating only a few items from each food group, severe food selectivity sees entire food groups omitted from the diet. The foods most commonly omitted are fruits and vegetables. To add to a caregiver’s stress, food selectivity is often maintained by disruptive behavior, such as refusing to sit at the table, throwing utensils and being disruptive during meals.

There is no clear answer to the question of why children with autism experience increased rates of feeding concerns compared to the rest of the population. Some researchers speculate that gastrointestinal issues may play a part. Others suggest that sensitivities to the internal stimulations and sensations associated with eating contribute to the patterns and prevalence of feeding concerns in autism. One of the leading theories suggests that the behavioral rigidity associated with autism, combined with sensory sensitivities, create the pattern of food selectivity that we see among children with autism. Children with autism typically gravitate towards processed foods that consistently look and feel the same every time. They might avoid foods, such as fruits and vegetables, because the same food item can vary in color, size and taste.

When children omit one or more food groups, they are at increased risk of missing out on key micronutrients that support long-term health and development. It is not uncommon for professionals who manage severe feeding concerns to see children with preventable diet-related diseases, such as scurvy, rickets and osteoporosis. Given the potentially serious effects of feeding issues, it is worth the time and effort to get children the help they need to expand their diet.



Strategies to Improve Feeding Problems

Before beginning any type of feeding intervention, put yourself in the mindset of the child with food selectivity. Think about a food that you really dislike, such as, for example, onions, Brussels sprouts or anchovies. If you were served a big bowl of a food you dislike and told you could not leave the table until it was eaten, your reaction would likely be one of disgust, anger, frustration and, eventually, refusal. If this bowl of food were presented every time you sat down at the dinner table, you might soon rebel and avoid coming to the table at all. It's important to realize that each time you present a non-preferred food item to your child, it's as if you are presenting a food that is disgusting. It goes beyond just picky eating. Food selectivity involves strong emotional responses to the sight, smell and taste of non-preferred food items. In this article, I outline some strategies that can help your child move away from being extremely selective.

I encourage parents to take the following three steps before they even start introducing new foods to their child.

- **Make a schedule for meals and snacks.** Having three meals and two snacks per day, at regular times and with intervals between them, can help ensure your child will be hungry at each feeding time. Reduce grazing in between meals and snacks. Caregivers often underestimate how much children are eating because they are constantly grazing and snacking. They may also discount the intake of snacks because of the focus on refusal during meals. Eliminating grazing and excessive snacking is the first step in improving diet.
- **Meals should take place at a table with age-appropriate seating.** Many children with autism refuse to come to the table because that is where the caregiver frequently presents non-preferred foods. The table should be a safe place where your child can enjoy the company of family without continually being prompted or coached to try new foods. Offer preferred foods so that mealtime is enjoyable, and establish that the table is a place where eating occurs. This foundation provides opportunities to introduce new foods in the future.
- **Enrich the meal environment.** Spend more time praising and recognizing what the child is doing well. Commend your child on sitting well and doing a good job using the utensils. Limit the coaxing and prompting to try non-preferred foods.

Seeking Help

Optimal care for children with chronic feeding problems involves a multi-disciplinary approach, including a medical assessment to rule out any medical issues. In addition, a nutritionist or dietician can ensure proper consumption of both micronutrients and macronutrients; behavior and psychology intervention can focus on avoidant behavior; and an occupational therapist or speech language pathologist can help build skills around feeding. Unfortunately, a lack of specialized professionals means available therapies for selective eaters are often reduced to skill-building or food play. It is important that parents advocate for a multi-disciplinary approach to increase the probability of success.

Multidisciplinary Approach for Feeding Difficulties



Pediatrician



Medical assessment



Nutritionist



Ensure proper nutrition



Behavior Intervention



Address avoidant behavior



OT/SLP



Build skills around feeding

Tips for Food Exposure

Parents can work to expand the child's diet once grazing has been minimized and the child is on a schedule, comes to the table willingly and enjoys mealtime. Parents can slowly begin exposing the child to small, manageable foods, with achievable goals. Build on success and focus on the things that are going well.



Start by exposing your child to foods that your child used to eat in the past, beginning with the items most recently dropped.



Introduce foods that are similar to the foods the child already eats. If spaghetti noodles are palatable, try offering a spiral noodle. If strawberry yogurt is a success, try offering vanilla yogurt.



Offer very small amounts of food. Instead of giving the child a bowl of yogurt, present a small drop on a spoon. Make the portion so small that the child can easily consume it. Gradually increase the portion, praising for success each time.



Focus on a small group of foods as you slowly build toward target portion sizes prior to working on additional foods.



If your child shows interest in trying a new food item outside of target foods, provide access to this item without additional pressure to eat it. Be sure to praise all exploration.

Feeding concerns are common for children with autism. Recognize that you are not alone in this journey. There are qualified professionals who can help your child successfully manage food selectivity. Start your search now for a multi-disciplinary team that can help your child thrive.

Resources

Broccoli Boot Camp

Basic Training for Parents of Selective Eaters by Keith E. Williams and Laura Seiverling

A Guide to Exploring Feeding Behavior in Autism (Autism Speaks)

<https://www.autismspeaks.org/tool-kit/atnair-p-guide-exploring-feeding-behavior-autism>

Feeding Matters

National/International organization for feeding difficulties in the pediatric population

<https://www.feedingmatters.org/>



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Life Is Precious

Lori Aach

Once upon a time, a young couple started a family and eagerly awaited a wonderful journey together. Life abruptly took a hard right turn and led them down a different path, one that was more challenging than they could have imagined. It was a path, however, that taught them powerful lessons about the preciousness of life.

Our oldest son, Eric, was diagnosed with seizures before his third birthday and right before the birth of our son Brian. By age four, Eric was having over 300 seizures a day and received a diagnosis of autism. That was a lot for some new parents to take in.

Early on, autism took a backseat to his medical conditions as we fought to save his life. Eric experienced sensory problems, inflexibility with change, difficulty with social peer interaction, limited communication and behavioral issues, all while battling a form of epilepsy known as Lennox-Gastaut Syndrome.

Over the years, no medicines, diets or surgeries could control his seizures. Challenging behaviors were constant, but became more aggressive during the latter teen to early adult years. Complex brain surgery in 2016 saved his life and greatly improved his behavior, but failed to stop the seizures causing neurological regressions.

Life was tough. But, over time, my husband and I noticed a theme that consistently brightened Eric's world. He was obsessed with anything to do with firefighting. We called him "the Fireboy" as he dressed like a firefighter every day. It was his *raison d'être*. We were happy to help our medical-miracle child enjoy his passion.

While I faced many challenges during this time, the two biggest ones were keeping everyone happy and taking Eric out in the community. It was hard to keep the family unit happy and healthy while giving Brian the necessary attention he deserved and needed. This task was complicated by Eric's autism and medical fragility, and my husband's frequent travel for work. Taking the occasional break from my responsibilities as a caregiver helped me immensely.

The other big challenge was with Eric's behavior and complex medical issues. I learned however, that if it had anything to do with firefighting, then we would be fine. I once brought my "fire marshal" with me to Macy's on a Sunday afternoon. He expertly located most of the fire extinguishers. After having a nice conversation with the "swimsuit" fire extinguisher, Eric wandered over to the lingerie department and returned with something big and blue. "Here, mom," he said with a genuine smile, "I got you a 9-1-1 bra."

There is never a dull moment. In case you were wondering, the bra didn't come with any flashing lights.

Along the way, I picked up some life lessons of my own to help me stay healthy and be the best parent for our boys. I'd like to share them with you.

Life Lessons Eric Taught Me

- I learned not to care about the material things in life, but to focus on the important things, like kindness, real friendships, and love. One day Eric told me, "Mommy, you have big arms, and I have a fire truck." Oh dear! What happened to "Mommy, you have pretty hair," from last week?
- I'm stronger than I thought! It always felt natural to be an **advocate** for my fireboy.
- Life is not always fair. It's what you make out of it that matters. When Eric was first diagnosed, I was stuck in denial. With support, I was able to get out of that rut. I noticed Eric's obsession with fire trucks and used that theme to help him proudly wear his rehabilitative equipment, including a seizure helmet, foot orthotics "fire boots," and a fire shirt. He ultimately became an Honorary Fireman with the Orlando Firefighters, making him part of their brotherhood.
- Life is precious, so go out and **live it!** It only took me eighteen years to learn this! As a middle-aged mother with vertigo, I bought a Groupon for aerial arts and learned to fly.
- Be fully present. Our kids are full of surprises and can often do more than we expect. One day, while I was cleaning the house, Eric was playing in his room, or at least I thought he was. Little did I know that he had actually put a whole load of laundry into the washing machine. White shirts and shorts, a red shirt, and some dry-clean clothes were all spinning inside the washing machine. Eric is a visual learner, and often takes in much more of the world than I realize. He has watched me do the laundry many times. I just never realized he could do it by himself. I suppose it felt natural for him to finish what I had left unwashed in the basket. I know that the way he learns is different from the way neurotypical children learn, but he certainly surprised me with the wash that day. Eric can do a lot more than I think, so it's important for me to provide him with opportunities to learn. By the way, if you see a woman walking around the grocery store in light pink shorts and a pink t-shirt, it could be me.

Some Helpful Advice For Parents

Keep your sense of humor. I once went to the cinema with Eric to watch the movie Rapunzel. In the movie, Rapunzel is told to let down her hair. Rapunzel replies, "Is it you, the Prince?" That's when things got a bit more interesting. With perfect timing, my not-so-shy son bellowed across the theater, "Uh...no, it's me...ERIC!"

Stay positive. You have a choice. Search for sunnier days ahead instead of dreading the stormy ones. I didn't always do it in the past, but doing it now has changed my outlook on life!

Don't forget to take care of yourself. Tend to your own garden. Find your support and "cheerleaders" to help you and your family along the journey. Also, find an outlet that recharges your batteries in order to see life more clearly. Try learning something new, relaxing, exercise, lunch with a friend, or even a long nap! No hiding is allowed!

Decide how you will react if your child's room looks like a tornado came through it. You could faint, but make sure family members have smelling salts on hand to revive you. You might ask Dr. Seuss if you can rent the Cat in the Hat's four-handed cleaner-upper machine to tidy up the mess. My personal favorite is to close his door, take a glass of wine, put some music on, light a candle, step into a warm bath and relax. Voilà! What messy room?



Lori Aach, an aspiring children's book author and mother to 27-year old Eric and 24-year old Brian, started her career as a speech-language pathologist. She became a full-time mom when Eric became chronically ill with seizures and autism. She has fundraised for autism for many years.

Her poem, "LUNA by Ana Cuellar" and music lyrics from "HOMBRE by Ana Cuellar" were performed live at the Orlando International Fringe Festival in 2018-19. Lori recently had an article published in a global autism parenting magazine. She's anticipating the publication of her memoir titled, "The Fireboy: With a Side of Autism."

Lori has a love for aerial silk and the flying trapeze. Nowadays, however, she stays closer to the ground by taking Pilates and baking goodies for family and friends.

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Self Advocate Advice

Fear is Temporary, but Courage is Forever

Tyler McNamer

I recently wrote a book titled, *Becoming One: Autism, Adolescence, and the Transition to Adulthood*. It tells my autism story, and I work hard to share it with as many people as I can so it can inspire, motivate and uplift everyone who reads it.

One of the things that I write about in my book is the concept that fear is temporary, but that courage is forever.

I know that parenting can be difficult and scary at times. There are so many unknowns, especially when raising a child with autism. However, there are also many opportunities for parents to show courage. It takes courage to try a new therapy, to tell friends about a child's challenges, or to speak up at a school meeting. Do you miss out on opportunities to show courage because you are afraid? It's a natural feeling, particularly since having a child with autism is often misunderstood. Recognize that your confidence is under attack and the fear is real, but that it's vitally important to protect your confidence at all costs. Doing so takes real courage.

Fear is temporary, but courage is forever.

Fear is a valid feeling. It's okay to feel this way. I was afraid to fail for a long time, and I allowed it to keep me from trying new things. I failed many, many times. After countless failures, especially in school, there came a time when I just couldn't stop trying. I desperately wanted to succeed! I needed that feeling of accomplishment. I knew that even though I was afraid of failing, I needed to keep going until I was able to succeed. The feelings of failure, embarrassment or defeat are temporary and may last just a short period of time. Courage, on the other hand, can be longlasting. In fact, it can last forever. You can't stop that feeling. One of my biggest successes was when I said my first full sentence at the age of 12. What if I had given up trying at the age of three, four or five? I certainly wouldn't have become the successful motivational speaker that I am today. That feeling of success will stay with me forever.

Everyone fails, so don't be surprised by it. It's also important to know, however, that success is also bound to happen. Archery is one of my favorite activities. You are given an unlimited number of arrows, and you just keep shooting with your bow until you hit the center of the target. I always knew that this activity was incredibly challenging, but that it was not impossible. I think of life in the same way. We need to just keep shooting arrows until we hit success. We will fail, and that's okay. We will get close to our target, and that's good, too. One day, you will hit your target and you will never forget that feeling. You will shoot your arrow and it will hit the center of your target.

Always treasure and celebrate your feelings of success, no matter what the accomplishment. The celebration may be a small fist pump in the air or something bigger like a parade. There are no big or small successes. All accomplishments matter equally in their own way. Now go find what will define your success, and take as many arrows as you need until you hit the center!

Tyler McNamer is an author and motivational speaker. Although he was diagnosed with autism at the age of three, he learned to overcome his challenges and embrace the unique perspective he could offer the world. It is this attitude that makes him a role model, particularly for those with autism or who may be perceived as being different. As Tyler puts it, "I have been blessed with autism my entire life. I have chosen to accept my label of autism not as a disability, but as an extraordinary ability." Knowing that this viewpoint could help those who struggle with being different, Tyler decided to write a book to inspire others. At the age of 17, he published *Population One: Autism, Adversity, and the Will to Succeed*. This remarkable book details Tyler's life with autism while encouraging others to overcome their own challenges and accomplish their dreams. At the age of 26, he released his second book, *Becoming One: Autism, Adolescence, and the Transition to Adulthood*. This ground-breaking book explores coming of age with autism, being different, and using those differences to create a life you love.

Having emerged as an up-and-coming voice in the autism community, he inspires thousands of people at schools, corporations, and organizations all over the country as a motivational speaker. He owns Autismworks, a company dedicated to making autism more workable for the people affected by it. <https://www.autismworks.com/>



HOW PUPPETS CAN BE USED IN AUTISM THERAPEUTICS

This article is a review of the following research: Macari, S., Chen, X., Brunissen, L., Yhang, E., Brennan-Wydra, E., Verneti, A., Volkmar, F., Chang, J., & Chawarska, K. (2021). Puppets facilitate attention to social cues in children with ASD. *Autism Research: Official Journal of the International Society for Autism Research*, 14(9), 1975–1985.

It is important for infants in the first year of life to focus and pay attention to faces. A parent's face is often the first thing a newborn is able to focus on. Infants learn from faces and facial expressions, and take in a tremendous amount of information. They learn to follow gaze cues by looking where the caregiver is looking. They identify emotions and learn language. These early communicative skills are important for social success as children grow.^{1,2,3}



A decrease in visual attention to faces is known to be an early characteristic of autism spectrum disorder (ASD), and leads to deficits in social communication. Research shows that early interventions can greatly improve these skills. Puppets have often been used in such efforts because they are known to hold the attention of both autistic and neurotypical children. Puppets appear in Sesame Street and The Muppet Show, and are found in many other educational and therapeutic settings. One study showed that when puppets are used in therapy, autistic children have an increase in empathetic response.⁴ Another study showed that when animal puppets were used in therapy, autistic children showed an increase in perspective-taking skills.⁵

Researchers are now investigating whether or not puppets can be used in therapeutic settings to improve learning and social skills. If puppets can hold an autistic child's attention, then therapists, professionals and parents could successfully use puppets to increase social engagement and overall social learning. Robots have also been identified as potential supports in therapy for the autistic population.⁶ However, puppets are more accessible and cost-effective.

To determine if puppets could successfully be used in a therapeutic setting to improve social learning, researchers from the Yale University School of Medicine examined where autistic children focus their attention when listening to a puppet and a human.



(Photo by Dr. Katarzyna Chawarska; <https://onlinelibrary.wiley.com/doi/10.1002/aur.2552>)

Study

A total of 64 children participated in the study, 37 of which had ASD while 27 did not. Participants were shown an 86-second video in a dark, soundproof room. In the video, a soft, furry, colourful puppet known as Violet conversed back and forth with a woman named Z. The two also played with a ball together and occasionally looked into the camera. Violet was operated by a professional puppeteer who voiced the puppet and moved its head, hands and mouth.

Researchers used eye-tracking technology to monitor the children's visual attention as they watched the video of Violet and Z. In examining the attention patterns of each participant, they analyzed the amount of time participants spent looking at each of the following six regions: the background; the puppet face; the human face; the puppet body; the human body; and the ball.

Results

- Both the autistic and the non-ASD children had a strong preference for the speaking puppet versus the listening human.
- When the autistic participants were listening to the puppet, their attention patterns were similar to those of the children without autism.
- When listening to Z, autistic children often looked at Z's body or the ball instead of her face.
- There was no association between the puppet speaker preference and autism severity.

Conclusion

This study showed that the attention patterns of autistic children were similar to those of children without autism when listening to a puppet. Interestingly, the puppet speaker preference was not related to the severity of autism symptoms, meaning that children with all levels of autism symptoms were as likely to attend to the puppet. This is hopeful information, and indicates that there could be greater learning opportunities when puppets, instead of humans, are used in therapies and at home.

While the researchers showed that autistic children focused on the puppet's face, it is not yet clear if this translates into increased learning, as well as more effective social engagement and communication skills. Autistic children could be looking at the puppet's face for different reasons than their peers. They could be attracted to the colors or the motion of the puppet, while their peers could be focusing on social cues.

This study did show, however, that puppets can hold children's attention and potentially be used in more engaging therapies for those with autism. The advantages of puppets include the fact that

This study did show, however, that puppets can hold children's attention and potentially be used in more engaging therapies for those with autism.

they are widely available, relatively inexpensive, and can interact with children to deliver simple messages and social cues. Whether programmed or operated by a human, puppets can adjust to a child's mood and level of interest.

The authors of this research study noted that the puppets should be operated with a few key principles in mind. For example, the eyes of puppets should be clearly visible, and puppets should appear to focus on something in front of them. In addition, puppets should have a distinctive voice, movements and playfulness, as well as a sense of humor. Another principle is ensuring that puppets have a clear personality, such as shy or outgoing. The authors also highlighted that while training in puppeteering is helpful, it is not necessary.

As a matter of interest, it is worth noting that Cheryl Henson — the daughter of the famous puppeteer Jim Henson — helped design and implement this study.

Written by Autism Advocate Parenting Magazine

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PREVALENCE OF AUTISM

AMONG RACES/ETHNICITIES

This article is a review of the following research: Roman-Urrestarazu, A., van Kessel, R., Allison, C., Matthews, F. E., Brayne, C., & Baron-Cohen, S. (2021). Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England. *JAMA Pediatrics*, 175(6), e210054.

Many conditions and diseases are known to be more prevalent in certain ethnicities than others. For example, cystic fibrosis is more prevalent among those with Northern European heritage, and sickle cell disease is more common in individuals with African, African American or Mediterranean descent. Given the high genetic component in Autism Spectrum Disorder (ASD), it is worth asking if there are higher rates of autism in some groups than in others.¹ The answer to this question is not as simple as comparing the autism rates among countries around the world. Not only do countries view autism very differently, they also have varying diagnostic criteria, which can make comparisons difficult.

Despite this fact, researchers have sought to uncover if some races/ethnicities or regions are more likely to have autistic individuals than others. One study showed that mothers born outside Europe were at significantly higher risk of having an autistic child, with the highest risk seen in the Caribbean group.² This study also showed that mothers of Black ethnicity had a significantly higher risk compared with White mothers.² Another study from the US showed that children of foreign-born mothers who were Black, Central/South American, Filipino and Vietnamese, as well as children of US-born Hispanic and African American/Black mothers, had a higher prevalence of ASD compared to US-born Caucasian children.³

In addition to a greater prevalence in some groups, there have been inequalities in how autism is diagnosed and treated. Studies have shown that multiracial children are diagnosed later in life, and have increased difficulty accessing treatments compared to Caucasian families.⁴ There is also very little autism research focused on Black, Asian or other minority groups. Race can play a significant part in genetic data. If research focuses primarily on Caucasian participants, valuable information on other groups could be missed. Accurate prevalence data with regard to race is important as it can affect educational programs, social services, and health care.

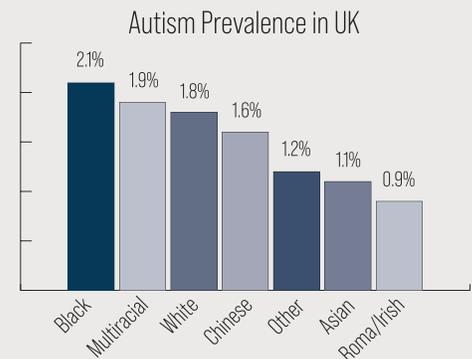
Researchers from the University of Cambridge (UK) sought to determine the latest prevalence of autism by looking at all children enrolled in the public school system in the United Kingdom. They also sought to determine if there were any social determinants associated with autism.

Study

The study used the Spring School Census 2017 from the National Pupil Database in England (UK). This is a total population sample that includes all children, adolescents and young adults from the UK in state-funded education, including special education schools. The study looked at a total of 7,047,238 students, and analyzed the sex, race/ethnicity and socioeconomic status of each student.

Results

- The study revealed that 1.76 percent of school children in the UK are autistic. This is about one in every 57 children.
- Male students showed a prevalence of 2.81 percent, or one in 36, while female students showed a prevalence of 0.65 percent, or one in 154.
- About 18 percent of the children with ASD also had an intellectual disability.
- The prevalence of ASD was highest in Black students (2.11 percent) and lowest in Roma/Irish travelers (0.85 percent).
- The prevalence of ASD across England varied. The district with the highest prevalence of ASD was Solihull at 3.38 percent, and that with the lowest was the Cotswolds with 0.63 percent.
- Children who speak a language other than English at home were less likely to have ASD than those who primarily speak English.
- Children who were eligible for free school meals — an indicator of lower socioeconomic status — were more likely to be autistic.



Conclusion

The prevalence of autism among race is a complex topic. This study showed that autism in the U.K. is most prevalent among the Black population, closely followed by multiracial and White populations. It also showed that different regions of the UK have significantly different rates of autism. One in 30 children in Solihull, U.K., are diagnosed with autism, but only one in 159 children in the Cotswolds, U.K., are diagnosed. It is worth asking if race or economic differences are driving these differences, or if they are due to inconsistencies between clinicians.

The study also revealed that males are diagnosed at a rate four and a half times higher than their female counterparts, which is not novel information. Considerable research has been carried out to uncover the reason for this disparity. Some suggest that autism traits in females are different from those in males and are thus more difficult to detect, while others suggest a female-protective effect against autism.

Many questions on this topic remain unanswered. Do race and socioeconomic status play a part in whether children are diagnosed with autism, in when they are diagnosed, and in the type of care they receive? The starting point in answering these questions is acquiring large data sets of information and carefully analyzing the variables. Assessing autism across different races/ethnicities and socioeconomic groups is vital to ensuring that currently underserved populations receive the care they need.

Written by Autism Advocate Parenting Magazine

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Autism Advocate Printable Resources

“All About Me” Book

Children with autism often struggle with confidence and self-esteem. They may feel that they do not belong, and that their struggles often overshadow their strengths.

One way to build self-esteem in children is to focus on their strengths and special interests. No matter how unusual the special interests may seem, children benefit when parents and caregivers build a personal connection by fostering and joining them in their interests.¹ Research led by Dr. Kristie Patten found that 62 percent of adults with autism felt that their special interests had helped them succeed in life.²

Another way to help children build confidence is to have an open communication about their likes and dislikes, as well as their strengths and challenges. Parents should let their children know that everyone is unique. To foster this dialogue, parents can create an “All About Me” book. It can help children create a sense of self-identity and recognise their uniqueness. “All About Me” books can be tailored to each individual. They can include a range of information about individuals, such as their likes and dislikes, their personal information, their strengths and challenges, the people they care about, and anything else they feel identifies them as a unique individual.

Once a sense of identity has been established with the “All About Me” book, it can also be used to help a child learn about others. Everyone in the family can create an “All About Me” book. It can be a fun activity for family members to read each other’s books. This can teach respect for each individual’s unique likes and dislikes. It can help children gain an appreciation for how those around them are the same, and how they are different. In addition to helping children gain a sense of uniqueness, it can also foster a sense of belonging.

When to Use the “All about Me” Book

- When children are having a difficult day, their “All About Me” book can be used to help them focus on their strengths and preferences. It can help them refocus on their unique traits.
- The book can be used as a calming activity when children are feeling anxious or frustrated. The labels, name, preferred activities and even the sound and feel of the Velcro will be predictable, and the familiarity will bring a sense of comfort and belonging.
- The “All About Me” book can be read with a new babysitter, teacher or support worker. This is an excellent way for children to introduce themselves to an unfamiliar individual.
- These books can be used in family activities. Since likes and dislikes are always changing, it can be beneficial to discuss the changes that happen in one’s own family. This gives children a sense of belonging in a world where they often feel left out.
- Read the “All About Me” book with your child as often as needed.

How to Make an “All About Me” Book

- Print each page.
- Follow the instructions on the top half of the page.
- The bottom half of each page can be laminated and put into the book.
- The cut-out letters/numbers/items can be stored by fastening them to the back of each page with Velcro, or in a separate bag.
- Make additional pages, or leave pages out that contain personal information if you are not comfortable sharing it.

References

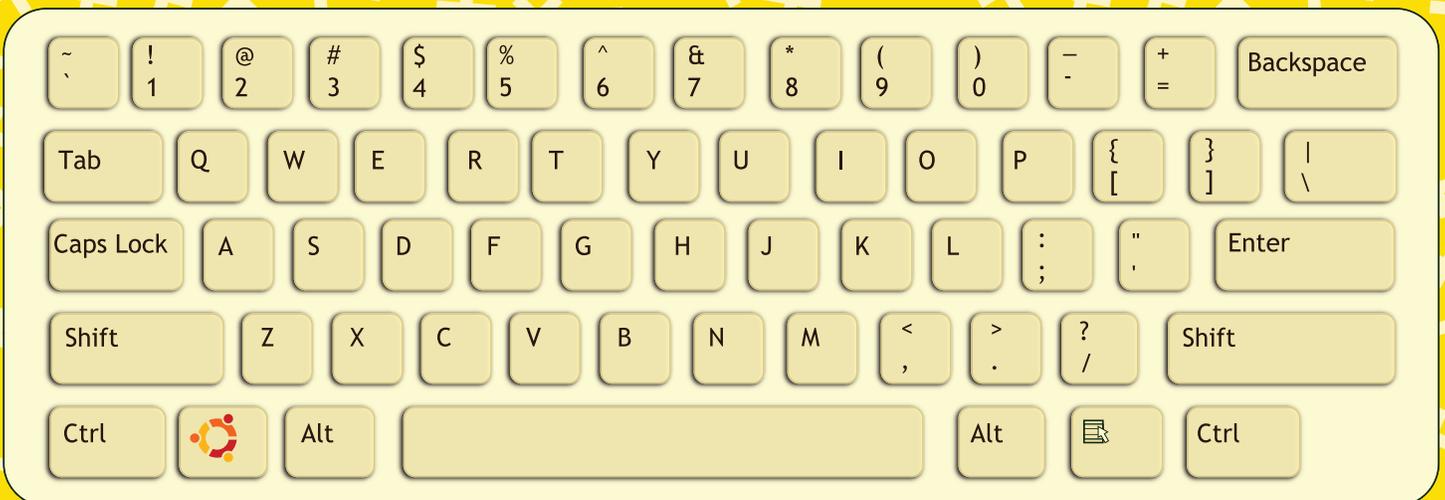
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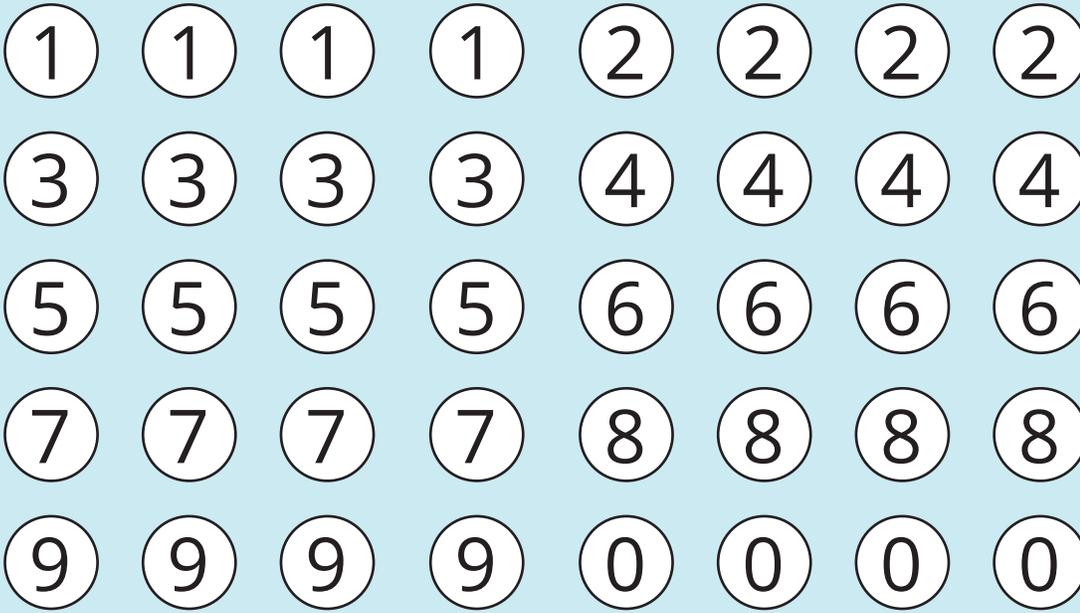
- Print the letters, cut them out, and laminate them.
- Put Velcro on the back of the letters, and in the space below.
- Have children use the letters to spell out their name.
- Have children use the keyboard to "type" out their name.



My name is _____



- Print the numbers, cut them out, and laminate them.
- Put Velcro on the back of the numbers and in the spaces below.
- Have children use the numbers to put in their phone number.
- Have children use the cell phone to "type" out their phone number.

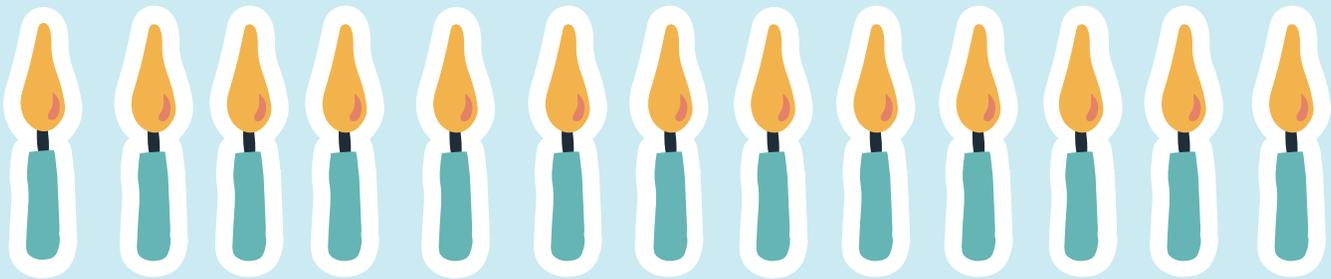
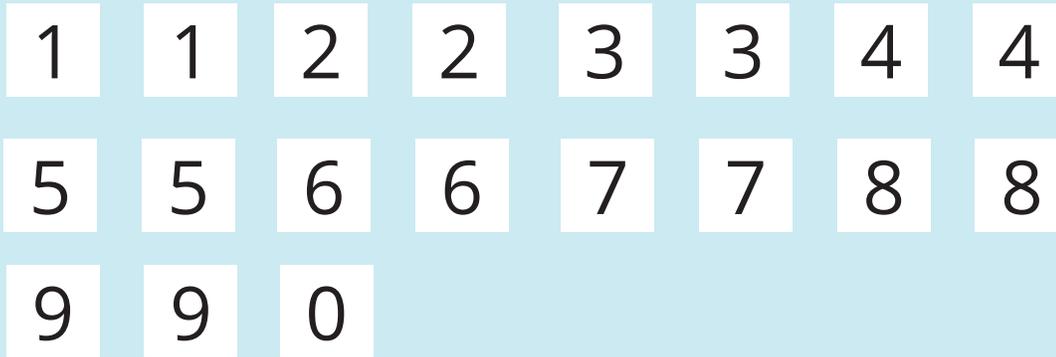


My phone number is...

○ ○ ○ - ○ ○ ○ - ○ ○ ○ ○ ○



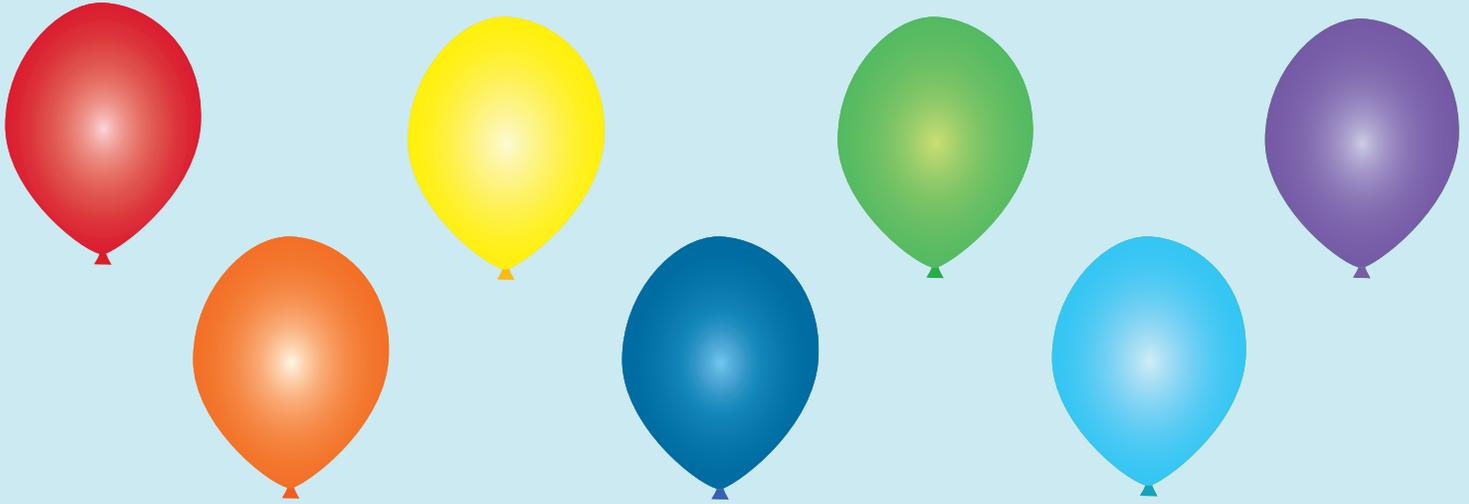
- Print the numbers and candles, cut them out, and laminate them.
- Put Velcro on the back of the numbers and candles, and in the space below.
- Have children use the numbers to fill in their age.
- Have children put the appropriate number of candles on the cake.



I am _____ years old



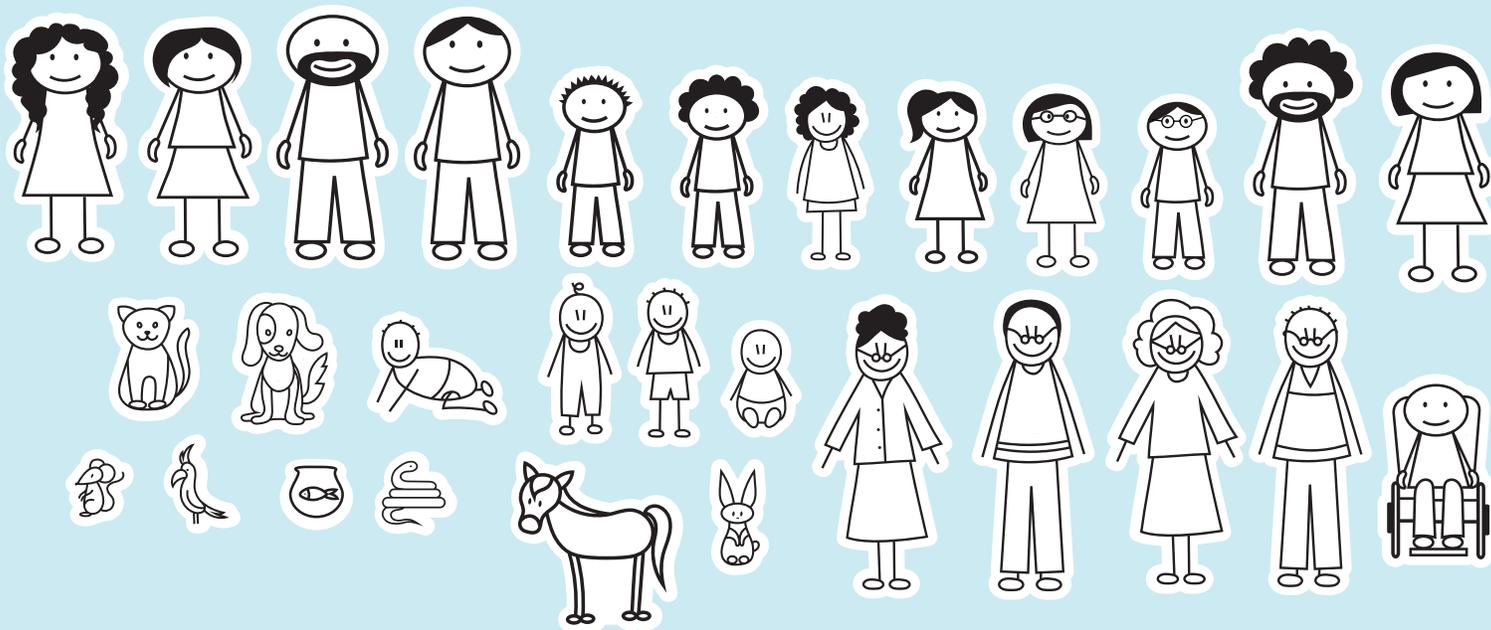
- Print the colored balloons, cut them out, and laminate them.
- Put Velcro on the back of each colored balloon, and in the balloon spaces below.
- Have children fill in which colors are their favorite.



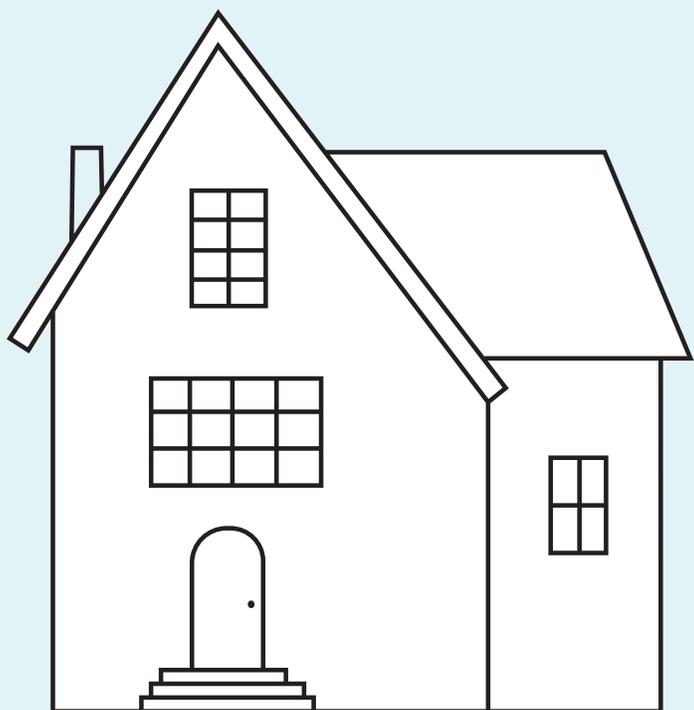
My favorite colors are...



- Print the people, cut them out, and laminate them.
- Put Velcro on the back of each person, and in the spaces below.
- Have children put the people in their family.



● ● ●
These are the people in my family.



- Print the backpack items, cut them out, and laminate them.
- Put Velcro on the back of each item, and in the spaces in the backpack.
- Have children put the items in their backpack.



● ● ●

These are the things I put in my backpack.



- Print the food items, cut them out, and laminate them.
- Put Velcro on the back of each food item, and in the spaces below.
- Have children put their favorite food on the plate.



chicken nuggets



pizza



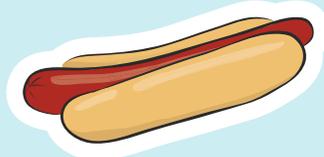
goldfish crackers



spaghetti



french fries



hotdog



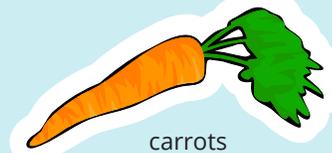
grilled cheese



apple



broccoli

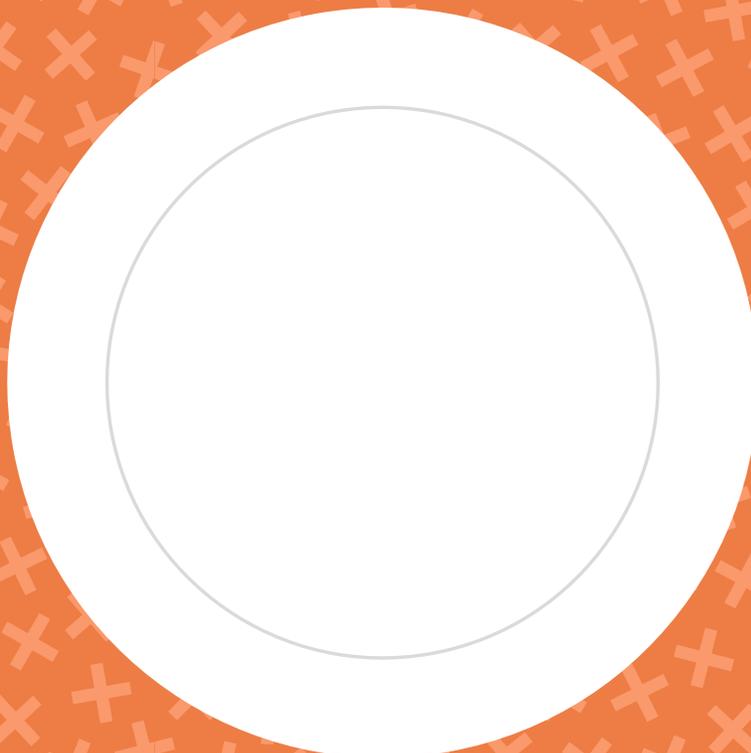


carrots



grapes

These are my favorite foods.



- Print the items, cut them out, and laminate them.
- Put Velcro on the back of each item, and in the space below.
- Have the child put their special interests below.



video games



running



cooking



singing



drawing



building



being kind



computers



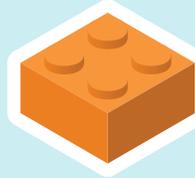
baking



climbing



math



Lego



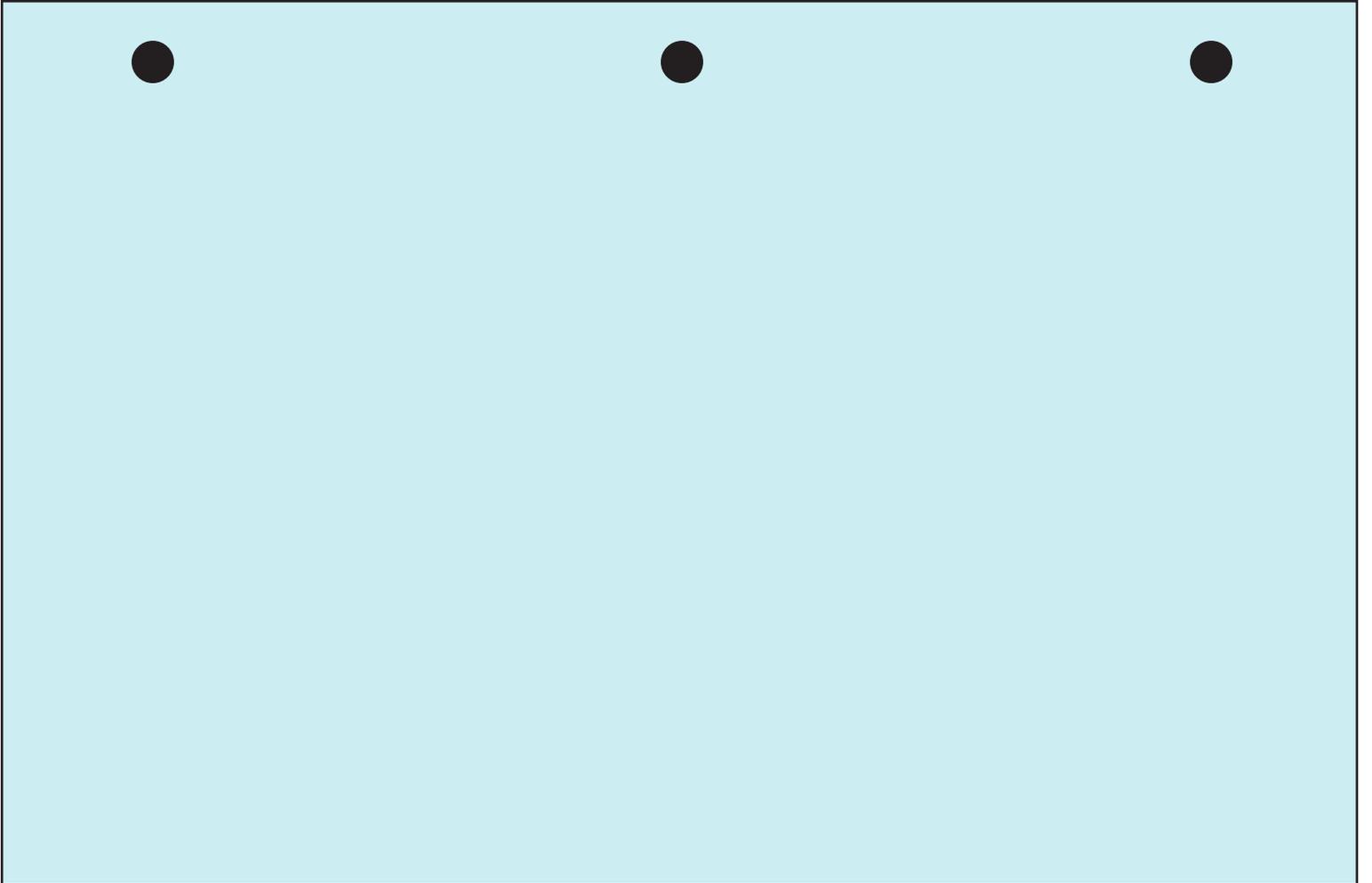
acting



music

● ● ●

My special interests are...



AUTISM ADVOCATE

PARENTING MAGAZINE

Social Story Printable

INSTRUCTIONS

This Social Story is provided as a template for parents and caregivers. This PDF is designed to allow you to replace the sample text with your own words, using language that is appropriate for your child. You can leave the text as is, replace it with your own, or print the pages with no text at all.

The sequence of images and words will help you teach your child important concepts. We hope you enjoy these Social Stories and have success using them in your daily living.

The Following Social Story Was Written by Robyn Weilbacher, M.S. CCC/SLP

Robyn is an award-winning ASHA Certified Speech-Language Therapist, Certified Autism Specialist, and Certified Hanen Centre Speech-Language Therapist for the *More Than Words Program*. She has been working with children ages two to six years old for more than 30 years.

Robyn established *RW Language Therapy and Consulting* (Specializing in Autism, Family Support, and Coaching) to teach families that have children on the Autism Spectrum how to build functional communication and social-language skills in everyday life experiences, activities, and interactions at home. She provides resources, therapy, strategies, and customized materials, such as social stories, core words, and visual supports.

Robyn teaches Hanen Centre's *More Than Words* evidence-based 8-week program for families having children ages two through five on the Autism Spectrum. By providing tools, strategies, and real-life videos, families can better connect with their child and expand purposeful, interactive communication and social interactions. Services are provided via video conferencing.

RW LANGUAGE THERAPY AND CONSULTING

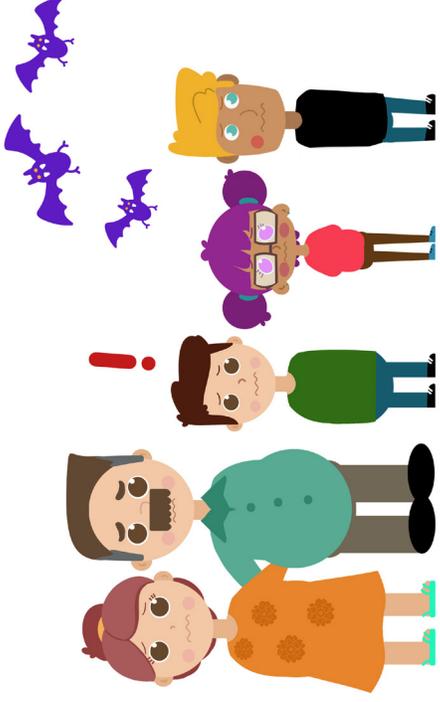
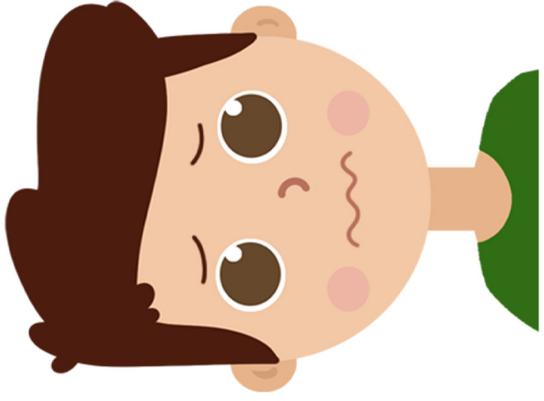
www.rwltc.com

robyn@rwltc.com

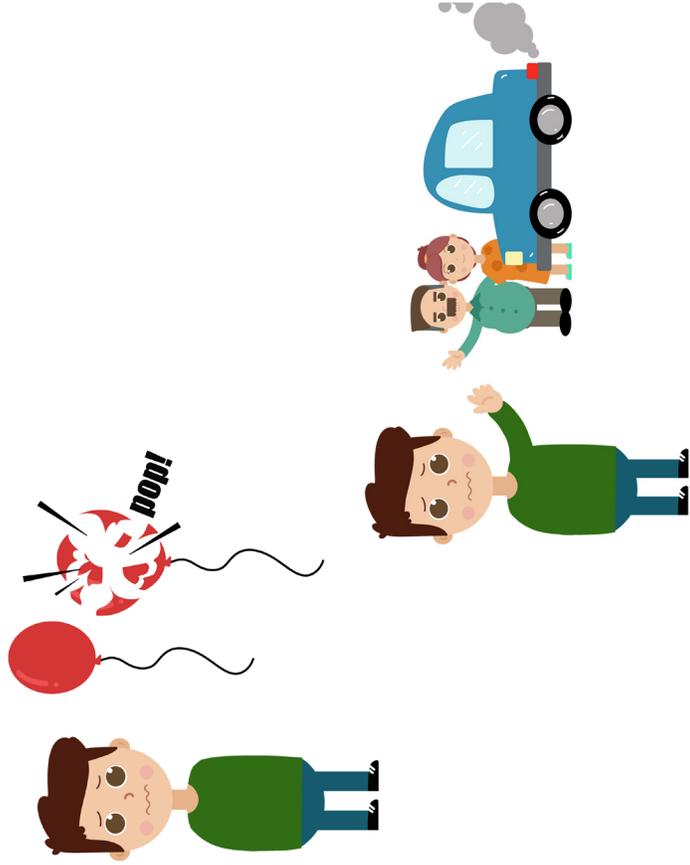


My Social Story:

I Don't Need To Be Scared



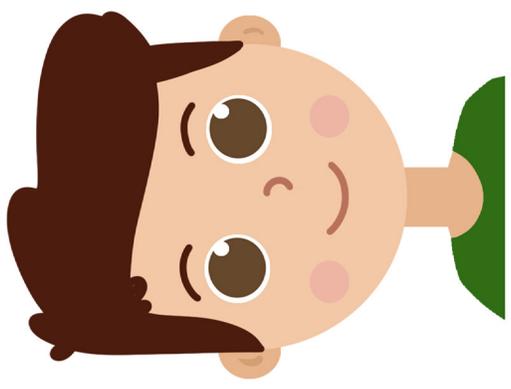
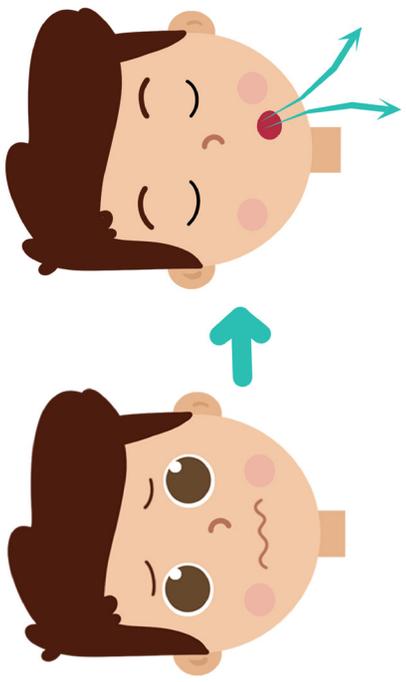
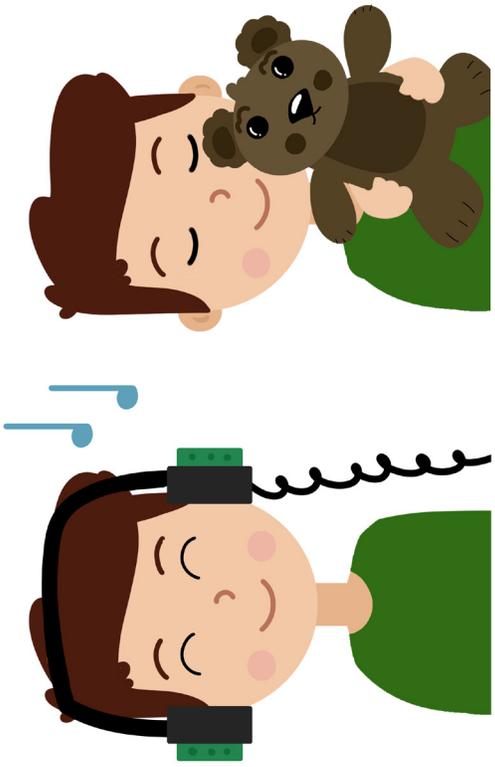
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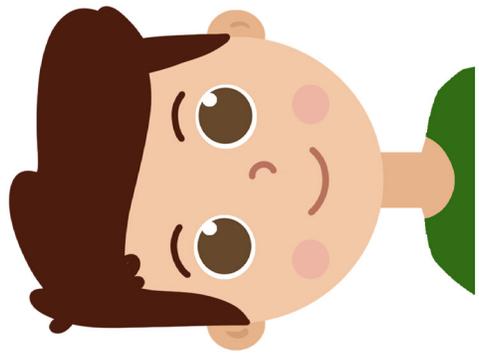
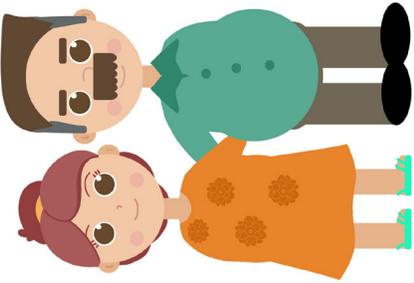
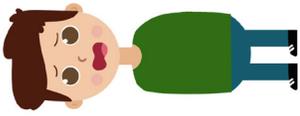
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I'm scared. Can you help me?

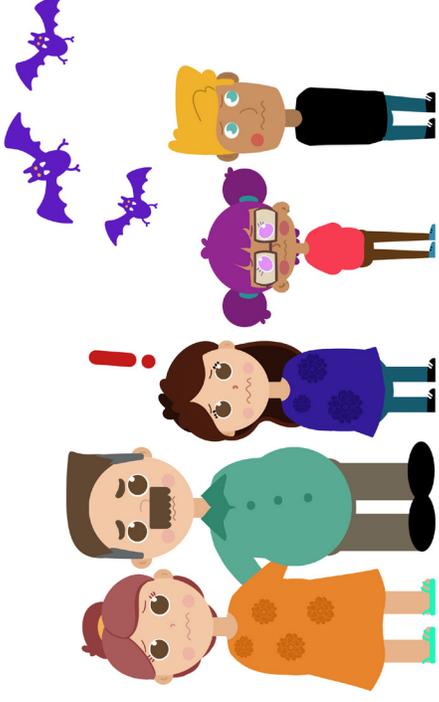


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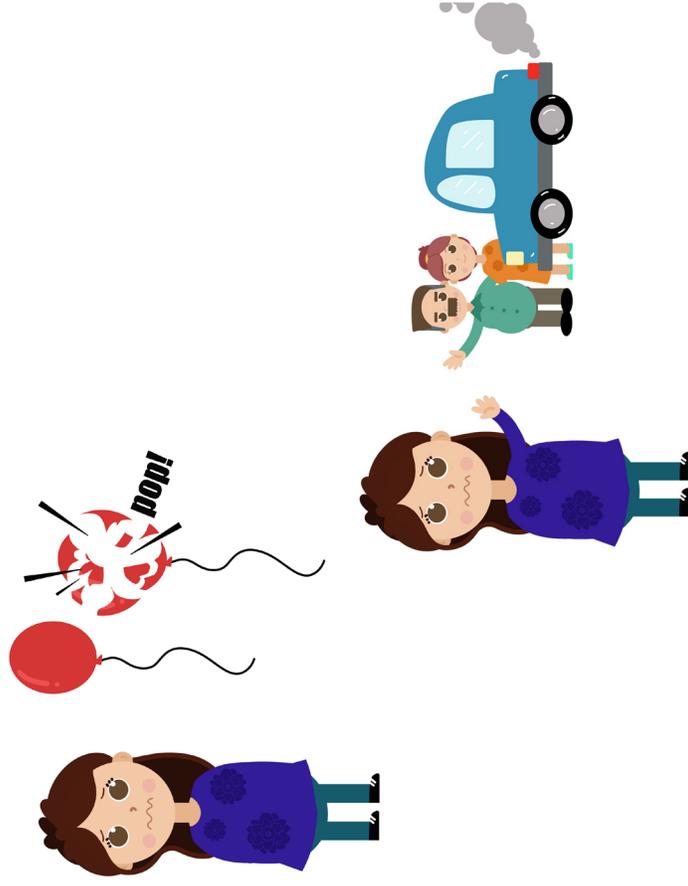
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My Social Story:

I Don't Need To Be Scared



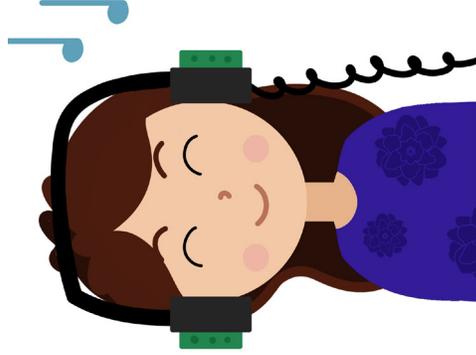
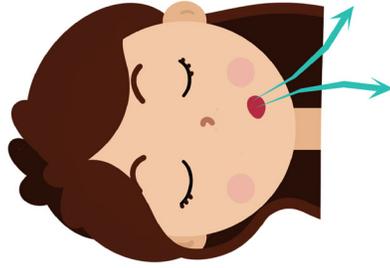
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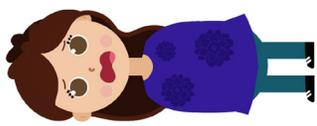
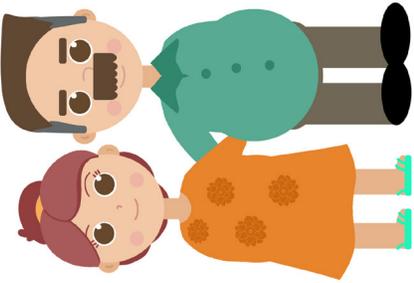
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6

7

I'm scared. Can you help me?



8

9

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:

Items I would like to implement/notes



*"Cherish the children dancing to the beat
of their own music. They play the most
beautiful heart songs."*

— Fiona Goldsworthy



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