

AUTISM ADVOCATE

PARENTING MAGAZINE

**A Bedtime
Routine Guide** for
Autistic Children

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Autism and
Mental Health

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ADHD Aggressive Behavior Art Therapy
Affection Amygdalas in ASD Electronic Addiction
DIR/Floortime Anxiety Apraxia Communication
Autism in Young Children ASD Severity Over Time Diagnosis
Developing Skills Cerebral Folate Abnormalities
Cognitive Behavioral Therapy Dating/Romantic Relationships
Fragile X Detox Embracing Differences Executive Function
Employment Family Enzymes
Financial Resources/Planning Tics
Gender Differences Genetics of Autism Gut-Brain Axis
Feeding/Oral Development GI and Behavior
Therapy and Medication

Topics Covered

IN AUTISM ADVOCATE PARENTING MAGAZINE

Theory of Mind Visual Schedules Hyperbarics
Global Perspective Gluten-Free & Casein-Free Happiness Social Stories
Integration Hygiene Mindfulness Healthy Lifestyle Teaching
Medication Independence Learning Difficulties Yoga at Home
Motivation PECS Microbiome Sibling Support
Nutrigenomics Literacy Mitochondrial Dysfunction Self-Care
Neurobiology of Autism Mycotoxins Music/Sound Therapy
Play Therapy Safety Occupational Therapy PANS/PANDAS
Probiotics Pre-Diagnosis Checklists Positive Reinforcement Sensory Processing
Relationships Self-Determination Self-Injury Thinking Traps
Sexual Abuse Self-Esteem School/IEP
Sports Supplements Severity of Autism Over Time
Stress Regulation Taking Turns Toilet Training
Transition to Adulthood Visual Strategies

And so much more!

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

Dear Parent Advocate or Reader:

We are excited to share Autism Advocate Parenting Magazine with you! As caring parents, we love our children and want the very best for them. We want to go to bed every night knowing that we have given them the best support and resources possible. Sometimes it can be difficult to know where to start, what supports 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 stay up to date, **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 your autistic child:

Current Research



Summaries of current autism research giving you vital information without the need for reading through complex medical journals.

Expert Advice



Gain valuable insights from leading experts in the autism field, including top doctors, researchers, and professionals. Their wealth of knowledge and expertise will provide you with up-to-date information on the latest supports and resources available to parents.

Resources



Access a wealth of game-changing printable resources, guides, and tools that are designed to assist you in supporting your child. We offer an abundance of these invaluable resources to empower you on your journey.

Parent Advocating



We recognize the extraordinary potential within every child and are committed to joining you on your journey. We share stories filled with hope, advocacy, and inspiration, fostering a sense of community and support.



We are parents, raising autistic children, 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 busy life can get.

Please note: The articles we provide do not represent the views of Autism Advocate Parenting Magazine. AAPM strives to foster a broad perspective on all topics regarding autism. To this end, we attempt to be as inclusive as possible with the views we present. These views may or may not reflect our own, but we include them in order to add to the reader's diverse knowledge and education on autism.

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

AUTISM ADVOCATE

PARENTING MAGAZINE

A Note on Perspective

At Autism Advocate Parenting Magazine, we pride ourselves on providing our readers with a diverse range of perspectives and expertise from the autism community. We actively seek out renowned doctors, experts and professionals in the field of autism to contribute articles to our monthly publication. We value their perspectives. Our suggested article guidelines encourage authors to use terminology that is widely accepted within the autism community, and to also be mindful of the ever-changing landscape. We understand that some experts may continue to adhere to traditional medical model terminology, and we value their contributions and years of dedication to the autism community. We also acknowledge that there can be diverse opinions and perspectives among autistic contributors on preferred terminology and symbols. It is important to point out that the terminology used by various contributors does not reflect the express viewpoint of our publication. In today's world, we know that the challenges posed by cancel culture can hinder open conversations and understanding. We firmly believe that no one's best interests are served by a divided community. Instead, we encourage the community to come together, bridge the gaps and embrace differing viewpoints with a view to promoting mutual understanding and growth.

At Autism Advocate Parenting Magazine, we believe in creating an inclusive space where all voices are heard and respected. We seek to foster a broad perspective on all topics related to autism. To this end, we try to be as inclusive as possible with the views we present. While these views may or may not reflect our own views, we include them in order to educate and inform our readers on the wide range of viewpoints on autism.

We value the expert doctors and researchers who have dedicated their careers to serving and advancing the autism community. We also deeply appreciate and acknowledge the essential role of parents who devote their time and energy to supporting their children. Their contribution is at the core of our publication's origin. We also highly value the unique insights and experiences shared by autistic individuals, as well as the involvement of others who actively contribute to and show interest in the community. By acknowledging the different voices and diverse perspectives within our community, we strive to foster a collaborative and inclusive environment that benefits everyone.



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Autism Advocate Parenting Magazine strives to include a range of perspectives and relevant expertise that can help parents who are raising a child or children with Autism Spectrum Disorder. This magazine includes articles authored by third parties. The views, findings, recommendations and opinions (collectively, the “**content**”) expressed in each article are that of its author and do not necessarily reflect the opinion of Autism Advocate Parenting Magazine. We do not endorse and are not affiliated with these third party authors and we assume no liability or responsibility for the content. Given that research in this field is rapidly evolving, the content expressed herein is subject to change at any time and you should use your best skill and judgment to evaluate the content. It is important to consult a trusted medical professional for advice to help you make informed decisions. The information in this magazine is of a general nature, is not medical advice, and should not be relied upon as a substitute for medical advice.

From time to time, this magazine may include our review of other articles or publications that we think may be of interest to our readers. We have no affiliation with the original author or publication. We are providing the reviews for interest and information only and we encourage you to read the original publication for more information.

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A photograph of a child's bedroom. In the foreground, a bed is covered with a blue and white patterned blanket. Behind the blanket, there are several pillows: a large black one, a light blue one with a dark blue abstract shape, and a green one with a white heart and two pink circles. To the left of the bed is a light-colored wooden nightstand with a small potted plant and a white lamp. The background shows a window with white blinds.

6 Steps

to Successful Sleep

**A Bedtime Routine Guide
for Autistic Children**

**Tina Allen, LMT, CPMMT, CPMT, CIMT
Liddle Kidz® Foundation**

A bedtime routine is crucial for all children. Ensuring children get enough sleep is essential for their physical, emotional and cognitive development.¹ It is particularly important for children who are autistic or have sensory differences as it can help them regulate their sensory systems and improve their sleep patterns.² Traditional bedtime routines may not work for all children, however, and parents may need to find additional strategies to create a calming and predictable environment.

The following steps can serve as an evidence-based guide to bedtime routines that incorporates pediatric touch therapy for children with autism and with sensory differences.

Research has shown that a consistent bedtime helps to regulate the body's circadian rhythm and to improve sleep patterns in children.



Step 1 Set a Consistent Bedtime

Research has shown that a consistent bedtime helps to regulate the body's circadian rhythm and to improve sleep patterns in children.³ Ensuring consistency allows children to get adequate sleep each night. For autistic children and those with sensory differences, it may be helpful to gradually introduce changes to the bedtime routine to avoid causing stress or anxiety.

Step 2 Create a Calming Sleep Environment

A calming sleep environment is essential for promoting good sleep hygiene in children with sensory differences. This should include keeping the bedroom dark, quiet and cool, and ensuring that the child's bed is comfortable and free from distractions, such as toys or electronic devices. Parents can also include sensory input, such as white noise or familiar scents, to create a peaceful environment that promotes relaxation.⁴

Step 3 Establish a Calming Bedtime Routine

A calming bedtime routine helps children relax their mind and body, making it easier for them to fall asleep. Some calming activities that parents can include in the bedtime routine are reading a book, taking a warm bath, providing touch therapy, and practicing relaxation techniques such as deep breathing or meditation.³

Step 4 Limit Screen Time

Studies have shown that exposure to electronic devices before bedtime can disrupt a child's sleep patterns.⁵ If possible, end any screen time at least one to two hours before bedtime. This will ensure that the child's brain has enough time to wind down and prepare for sleep.

Step 5 Incorporate Pediatric Massage and Touch Therapy

Pediatric massage and touch therapy are effective interventions for autistic children and those with sensory differences. Studies have shown that massage can improve sleep patterns, reduce anxiety and stress, and improve social behavior in children with autism.⁶ Parents can incorporate massage and touch therapy into the bedtime routine by using gentle pressure or slow transitions to calm and soothe their children. Use consistent touch therapy techniques, pace and pressure to provide predictability for the child.

Step 6 Be Consistent and Patient

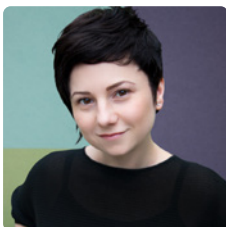
Consistency and patience are crucial when establishing a bedtime routine for autistic children and those with sensory differences. It may take some time for children to adjust to the routine, and parents may need to modify it based on their children's needs. Stick to the same routine every night, however, as this will help adjust children's body clock to the routine, making it easier for them to fall asleep and wake up at the same time each day.



I hope that parents find this step-by-step guide to establishing a successful bedtime routine beneficial. By following the steps outlined above, parents can help their children regulate their sensory systems, reduce stress and anxiety, and improve their sleep patterns, all of which are essential for their overall well-being.

References

1. Schlieber, M., & Han, J. (2021). The role of sleep in young children's development: a review. *The Journal of Genetic Psychology*, 182(4), 205-217.
2. Souders, M. C., Zavodny, S., Eriksen, W., Sinko, R., Connell, J., Kerns, C., ... & Pinto-Martin, J. (2017). Sleep in children with autism spectrum disorder. *Current Psychiatry Reports*, 19, 1-17.
3. Mindell, J. A., Li, A. M., Sadeh, A., Kwon, R., & Goh, D. Y. (2015). Bedtime routines for young children: a dose-dependent association with sleep outcomes. *Sleep*, 38(5), 717-722.
4. National Sleep Foundation. (2021). How Sleep Works: Understanding the Science of Sleep. Retrieved from <https://www.sleepfoundation.org/how-sleep-works>
5. Carter, B., Rees, P., Hale, L., Bhattacharjee, D., & Paradkar, M. S. (2016). Association between portable screen-based media device access or use and sleep outcomes: a systematic review and meta-analysis. *JAMA Pediatrics*, 170(12), 1202-1208.
6. Esposito, D., Belli, A., Ferri, R., & Bruni, O. (2020). Sleeping without prescription: management of sleep disorders in children with autism with non-pharmacological interventions and over-the-counter treatments. *Brain Sciences*, 10(7), 441.



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A Modern-day Guide to Massage for Children: <https://amzn.to/2Raj3Vx>

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Diet and Autism

Sonya Doherty, ND, FMAPS (Cand.)

Since Dr. Leo Kanner first identified autism in 1943, parents of children diagnosed with autism have had questions and concerns about diet.¹ When I first started working with autistic individuals, I trained with the Autism Research Institute (ARI). The diet recommended in the institute's Defeat Autism Now! practitioner training was a gluten-free, casein-free diet (GFCF). I recommended this diet for many years and usually saw children's mood, digestion, sleep, and overall development improve by removing gluten and casein. There continue to be many theories on why removing gluten and dairy could be helpful. Gluten, which is a protein found in wheat, rye and barley, and casein, a protein found in dairy products, both cause inflammation. They can also contribute to digestive problems and slow the production of glutathione, a substance that is key to our health and the body's most important antioxidant. Glutathione governs brain health and is needed to detoxify harmful substances like lead and pesticides, which have both been linked to autism.

As years passed and more research looked at the medical aspects of autism, dietary intervention became the foundation of biomedical treatment. The National Institutes of Health (NIH) funded two transformative research projects that unequivocally show that our gut, brain and genes are all intricately connected.² The information from the Human Genome project and the Human Microbiome project brought to light the tremendous impact that food has on human health.^{2,3} The brain has been a major focus of these NIH endeavors, and it is clear that the gut-brain connection plays a significant role in the features and symptoms of autism. All of this work confirms that what we eat governs brain function.

Biomedical treatment is the individualized assessment and treatment of patients. In autism, dietary intervention is used to address the medical issues that researchers have identified in autism, such as inflammation, gastrointestinal disorders, methylation impairment, dysfunctional energy production and sleep disorders.

The Best Diet for Autism

Research shows that one of the most effective diets for people diagnosed with autism is essentially the "paleo" diet with an abundance of healthy fats. Keep in mind that the brain is about 2.5 lbs of fat, and that one quarter of the body's cholesterol resides in the brain. This diet is also sometimes referred to as the modified ketogenic diet or the specific carbohydrate diet-dairy free (SCD-DF). These

dietary approaches recommend removing all grains and dairy products from a child's diet. The paleo diet includes meat, vegetables, fruits, nuts, seeds and eggs. There are many helpful books about this dietary approach, including *The Autism Revolution*, *Breaking the Vicious Cycle* and *The Gut and Psychology Syndrome*.^{4,5,6}

When it comes to putting such a diet in place, there can be confusion about the consumption of beans and lentils. The guideline that I use is a ratio of 90 percent to 10 percent. In other words, children should eat meat, vegetables, fruits, nuts, seeds and eggs 90 percent of the time, and consume the starchier foods like beans, lentils, hummus, sweet potato, tapioca starch, quinoa and buckwheat 10 percent of the time. I have found this approach not only to be effective but to also allow families to continue the diet for much longer. It also ensures that the ecosystem in the gut — the microbiome — gets enough starch to recover and function optimally.

Changing your child's diet helps to transform his or her quality of life and developmental potential. While many parents find the diet change to be hard, my favourite biomedical doctor once said to me: "Sonya, the diet isn't hard... autism is hard." These wise words of Dr. Julie Buckley, MD, have since become a guiding principle in my practice. I let parents know that if they want big results, they need big treatments. Food can be either the source of inflammation or the treatment for inflammation. Food can help create more energy, and it governs the methylation cycles that are impaired in autism. Let's have a closer look at some of the research on this topic.

Why Remove Grains?

Grains are complex carbohydrates that feed the opportunistic, or "bad," microbes in the gut microbiome that have been linked to autism. Starving the bad microbes and feeding the good microbes in the gut will improve brain function by reducing inflammation. To put it another way, grains contribute to inflammation, mitochondrial dysfunction, oxidative stress and methylation impairment.

The lion's share of this research comes from Dr. Derrick MacFabe, MD, a Canadian doctor and Director of the Kilee Patchell-Evans Autism Research Group. His research examines the role of the gut-microbiome-brain in autism.⁷ His research has been listed among the "Top 50 Scientific Discoveries in Canada" by the Natural Sciences and Engineering Research Council of Canada, and was featured on the Canadian-EU documentary, "The Autism Enigma."

Microbes in our gut can produce a substance called proprionic acid. Dr. MacFabe has shown that this acid can lead to many of the brain changes we see in the autistic brain, including brain inflammation.⁹ Grains feed opportunistic microbes in the gut, like the clostridium family of bacteria, which can make proprionic acid. This acid is also added to grains as a preservative. While it keeps grains from becoming moldy, we have a very poor understanding of how much of the acid is in the grains that we are eating.

Grains are fortified with synthetic folic acid that is subsequently converted to active folates. Research by Dr. S. Jill James has identified that children diagnosed with autism have methylation impairments.⁸ She was the first to document that autism is not simply a neurodevelopmental disorder but a medical issue with altered cellular metabolism and biochemical abnormalities.⁹ It is vital to understand this fact because diet can and will improve cellular function while also addressing the methylation impairments and glutathione deficiencies that are core features of autism.

Why Remove Dairy?

Dairy contains a protein called A1 beta-casein that is known to cause inflammation. As already mentioned, casein also decreases the body's ability to make glutathione.¹⁰ In addition, dairy can cause or contribute to digestive problems in autism like constipation, diarrhea, bloating and reflux.

A landmark Johns Hopkins study by Drs. Vargas and Pardo identified that people diagnosed with autism have lifelong brain inflammation.¹¹ Casein is a likely contributor to this condition. When talking to parents on this topic, I encourage them to think about how hard it would be for children with asthma to breathe if they didn't receive medical treatment for the lung inflammation. The same is true for children with autism. Inflammation is a medical problem that requires medical treatment. Removing dairy and grains from the diet can significantly reduce inflammation and improve brain function.

Glutathione and Glutamate

Glutathione is a key regulator of brain inflammation and the antioxidant responsible for detoxifying harmful substances like heavy metals and chemicals. Research by Dr. S. Jill James has identified that people with autism are often deficient in glutathione, and that the deficiency can be up to 80 percent.¹² Glutathione is needed to help strictly manage the brain chemical glutamate. The latter is the brain's most plentiful neurotransmitter and is excitatory. This means that when glutamate fires in the brain, an action occurs. It can be compared to a firework being set off. Too much glutamate leads to "fireworks" being set off all the time, without coordination. Try to imagine a firework show where all of the fireworks are set off at once!

Excess glutamate in the autistic brain leads to many incredible abilities, including an exceptional memory, savant level skills, an ability to speak or understand many languages, and high levels of proficiency in such activities as math, music or art. Unfortunately, too much glutamate also leads to many of the behavioral and sensory issues associated with autism. Removing dairy from a child's diet helps to manage this excess glutamate, which leads to improved sensory integration and a reduction in autistic behaviours.¹³

Suggested Biomedical Diet Intervention for Autism

The suggestions listed below form the basis of a biomedical diet intervention for autism.

90 to 95%



About 90 to 95 percent of the autism diet should include:

- meat
- fish in accordance with the healthy fish guide
- vegetables, but no white potatoes, and sweet potatoes in moderation
- fruits
- nuts
- seeds
- eggs.

5 to 10%



The other 5 to 10 percent of the autism diet should include:

- lentils
- beans, including chickpeas
- starchy seeds like quinoa and buckwheat
- sweet potatoes
- starches for baking, such as tapioca, arrowroot powder.



The following items should be avoided entirely:

- grains that include gluten, corn and rice
- dairy, including all animal milk, yogurt and cheese
- the consumption of more than 6 tsp of sugar daily, which is equivalent to 24 grams
- high fructose corn syrup
- white potatoes
- processed food.



A number of other guidelines can also be helpful.

- Most people benefit from removing or limiting beans and lentils for a few months.
- Food should be nutrient-dense and have a low glycemic index.
- The consumption of fibre is important to support digestion and detoxification.
- Good fats are key to brain function.

The main message I would like to share is that a biomedical dietary intervention can decrease pain and discomfort caused by gut issues, improve brain function, reduce problem behaviours and improve sleep. Such benefits ultimately lead to more opportunities for communication, social interaction and learning.

References

1. Kanner L. (1943) Autistic disturbances of affective contact. *Pathology* 2:217–250.
2. National Human Genome Research Institute. <https://www.genome.gov/human-genome-project>
3. NIH Human Microbiome Project. <https://www.hmpdacc.org/>
4. Herbert, M. and Weintraub, K. (2013). *The Autism Revolution: Whole-Body Strategies for Making Life All It Can Be*. Harvard Health Publications.
5. Gottschall, E. (2020). *Breaking the Vicious Cycle: Intestinal Health Through Diet*. Kirkton Press.
6. Campbell-McBride, N. (2010). *Gut and Psychology Syndrome: Natural Treatment for Autism, Dyspraxia, A.D.D., Dyslexia, A.D.H.D., Depression, Schizophrenia*, 2nd Edition. Medinform Publishing.
7. MacFabe, D. F., Cain, D. P., Rodriguez-Capote, K., Franklin, A. E., Hoffman, J. E., Boon, F., Taylor, A. R., Kavaliers, M., & Ossenkopp, K. P. (2007). Neurobiological effects of intraventricular propionic acid in rats: possible role of short chain fatty acids on the pathogenesis and characteristics of autism spectrum disorders. *Behavioural Brain Research*, 176(1), 149–169.
8. James, S. J., Cutler, P., Melnyk, S., Jernigan, S., Janak, L., Gaylor, D. W., & Neubrandner, J. A. (2004). Metabolic biomarkers of increased oxidative stress and impaired methylation capacity in children with autism. *The American Journal of Clinical Nutrition*, 80(6), 1611–1617.
9. James, S. J., Melnyk, S., Fuchs, G., Reid, T., Jernigan, S., Pavliv, O., Hubanks, A., & Gaylor, D. W. (2009). Efficacy of methylcobalamin and folic acid treatment on glutathione redox status in children with autism. *The American Journal of Clinical Nutrition*, 89(1), 425–430.
10. Deth, R., Clarke, A., Ni, J., & Trivedi, M. (2016). Clinical evaluation of glutathione concentrations after consumption of milk containing different subtypes of β -casein: results from a randomized, cross-over clinical trial. *Nutrition Journal*, 15(1), 82.
11. Pardo, C. A., Vargas, D. L., & Zimmerman, A. W. (2005). Immunity, neuroglia and neuroinflammation in autism. *International Review of Psychiatry* (Abingdon, England), 17(6), 485–495.
12. James, S. J., Melnyk, S., Jernigan, S., Cleves, M. A., Halsted, C. H., Wong, D. H., Cutler, P., Bock, K., Boris, M., Bradstreet, J. J., Baker, S. M., & Gaylor, D. W. (2006). Metabolic endophenotype and related genotypes are associated with oxidative stress in children with autism. *American Journal of Medical Genetics. Part B, Neuropsychiatric Genetics: The Official Publication of the International Society of Psychiatric Genetics*, 141B(8), 947–956.
13. Nisar, S., Bhat, A. A., Masoodi, T., Hashem, S., Akhtar, S., Ali, T. A., Amjad, S., Chawla, S., Bagga, P., Frenneaux, M. P., Reddy, R., Fakhro, K., & Haris, M. (2022). Genetics of glutamate and its receptors in autism spectrum disorder. *Molecular Psychiatry*, 27(5), 2380–2392.



Sonya Doherty, ND, FMAPS (Cand.), has been practicing as a Naturopath since 2003, after completing her pre-medical studies at the University of Western Ontario and her post-graduate naturopathic training at the Canadian College of Naturopathic Medicine. Dr. Sonya is a board-certified Naturopathic doctor and member of the Canadian Association of Naturopathic Doctors.

Dr. Sonya has completed The Autism Research Institute's Level I and II Defeat Autism Now! training, providing her with the research and expertise necessary to help all children to reach their developmental potential. DAN doctors are trained to help treat children with autism, as well as other neurodevelopmental disorders. After becoming a DAN doctor, she began her training with the Medical Academy of Pediatric Special Needs. The FMAPS education is a comprehensive training program for physicians at the forefront of medical treatment of neurodevelopmental disorders. The level of mastery that MAPS fellows (FMAPS) achieve in the field of complex pediatric conditions makes them among the best-prepared practitioners in this field.

Dr. Sonya is an international speaker and lectures extensively on biomedical treatment and the prevention of autism and other developmental disorders. As a member of the Treat Autism faculty, she trains other health care professionals in biomedical treatment. She is extremely passionate about biomedical treatment. She has been practicing for over 18 years and has treated thousands of children diagnosed with neurodevelopmental disorders. As the mother of three children, she is dedicated to bringing the most current research and advanced treatments to her multi-disciplinary wellness clinic located in Burlington, Ontario, Canada.

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Compatible with Dr. Sonya's Autism Diet!

3-Ingredient Pancakes

INGREDIENTS

- eggs..... 5
- bananas (mashed) 2
- almond flour..... 1 cup

*Optional: Cinnamon and/or vanilla to taste

INSTRUCTIONS

Preheat a griddle to 350°F or a non-stick pan to medium-low heat. Add mashed bananas to a large bowl. Add cracked eggs and whisk with a fork until mixed. Add almond flour and mix with a fork only until combined (avoid using a blender). Use 1/8 - 1/4 cup of batter per pancake. Flip when browned and firm on griddle side. Remove when other side is firm and lightly brown.

Batch can be doubled or tripled.

Yields: 16-20

Tip: If batter sticks to pan, add oil/fat of choice to pan. Browning may be lighter in this case. Browner bananas are sweeter.



Nutrient Nuggets from a Neurodiverse Nutritionist

Check out the benefits of eggs, a powerhouse food with abundant nutrients for autism!

Protein: be full longer, decreases malnutrition.

Choline: helps with sensory processing and learning; decreases anxiety.

Vitamin D: mood stabilizer, immune support.

[References](#)



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SELF-HARM IN AUTISTIC PEOPLE

Shedding Light on a Worrying Behaviour

Rachel Moseley, PhD

I remember hiding in a corner of the school library when I was 15. School was a blooming, buzzing, overwhelming experience of noise, fear, loneliness and self-hate. I felt like I was moving through treacle while everyone else moved at high speed around me. I hurt myself in order to feel something real when inside felt so dead.

Fast forward and I am hiding in the corner of the staff room at age 35. I am terrified and utterly overwhelmed. In just ten minutes, I have to project a confident, smiling face to the world. I hurt myself because it knocks me back into calmness. It helps me fix the mask and go out into the world while the pain distances me from the inner turmoil.

For many people, self-harm seems utterly bizarre. It's a behaviour that seems to fly in the face of the hardwired evolutionary drives to avoid pain and danger, rendering those who engage in it freaks by comparison. It takes on nightmarish proportions when parents observe it in their child.

As a scientist who studies self-harm in autistic people and an autistic adult with a long history of self-harming, I'd like to shine a light on this worrying and misunderstood behaviour. In the main, I'll focus on self-harming in autistic people who do not have an intellectual or learning disability – people like me.

Non-suicidal Self-injury (NSSI)

Scientists often refer to self-harm as non-suicidal self-injury. We do this because people hurt themselves for very different reasons. Let's consider two people you might find in the emergency department. The first was injured in the course of a suicide attempt. The self-harm in this instance is more a "means to an end," and the most important thing to understand is what made that person desperate or sad enough to attempt suicide. The second person might have similar injuries but had no intention of ending his or her own life. For that individual, self-harming behaviour is the end or goal in and of itself, not a means of dying.

Research has shown us that the factors which drive suicidal thoughts and feelings are not the same as those which drive self-injury which is non-suicidal.¹ This means that our responses and interventions should also differ depending on whether self-harm was part of a suicide attempt or the goal itself.

Why Do People Engage in NSSI?

Scientists believe that the most common reason for engaging in such behaviour is because causing yourself pain, or seeing injuries on your body, changes the thoughts and emotions you're experiencing.² Someone who is experiencing high-intensity emotions, like anger, agitated anxiety, overwhelm or immense guilt, can reduce the intensity of these emotions or eliminate them outright through NSSI. Alternatively, an individual who feels numb or dissociated may find that NSSI either breaks through the numbness or grounds the person back in the present.

NSSI can be a means of changing a sensory experience or of generating a desired sensation that provides comfort. It can also change something about the interpersonal or social situation that a person is experiencing. When individuals struggle to express their thoughts and feelings, NSSI may be a means of communicating distress, signalling that a situation is intolerable, or seeking comfort from others.

A widespread myth is that NSSI is attention-seeking or manipulative. This is not true. Wounds are usually hidden from others, and the reasons for self-harming aren't always well understood by people who engage in the practice. It may simply make them feel better.

Why Do Autistic People Self-harm?

My research suggests that autistic and non-autistic people engage in NSSI for very similar reasons, and that these reasons vary by individual and situation.³

While some individuals reported engaging in NSSI to generate sensation, a very small number suggested it was a form of communication. Most indicated that NSSI was a means of coping with a whole range of emotions: anger, stress, anxiety, frustration, pressure, self-hate and low self-worth. They explained that it was "a coping mechanism to convert emotional into physical pain."

Some autistic people experience NSSI as a distressing addiction over which they feel they have little control. Others approach it as a conscious and deliberate strategy that helps them maintain balance when faced with overwhelming feelings and situations. The latter did not necessarily see it as a problem, but suggested that it served as a coping mechanism. NSSI helped them avoid attempting suicide.

This explanation resonates with me. While I might know all the scientific theories associated with NSSI, sadly I've never found a more effective way of dealing with overwhelming emotions so that I don't drown.

When non-speaking autistic people with an intellectual disability engage in self-harm, it can be harder to understand the reason why. However, it seems to be provoked by similar factors, such as distress at unexpected changes, frustrated communication attempts and sensory discomfort. Like other repetitive behaviours, it may function to soothe these feelings.⁴

How Prevalent Is NSSI in Autistic People?

Given its secretive nature, it's hard to tell how common NSSI is in autistic people. What we do know is that the way it presents in autistic people without an intellectual disability is similar to what we see in the general population. It typically starts in the teenage years and involves the same kinds of behaviours, with scratching and cutting oneself most common, followed by hitting and biting oneself. In contrast, self-harming in individuals with an intellectual disability may be more rhythmic, out in the open, and less likely to involve implements, with head-hitting being more common than cutting.

We know from the general population that protective factors, such as good self-esteem, prevent most people from ever trying NSSI.⁵ In autistic people without intellectual disabilities, NSSI seems highly associated with self-criticism, depression and other mental illnesses, as well as sensory sensitivities and difficulties identifying and communicating emotions. This makes sense since people engage in NSSI as a means of punishing themselves, or of regulating overwhelming emotions and sensations that they may not fully understand.

How Can I Help?

Autistic individuals that I have worked with highlighted several important messages for those who want to help.

Try your best to stay calm and respond in a patient, compassionate and non-judgmental way. As terrifying and devastating as NSSI can be, try your hardest not to get emotional with someone who has self-harmed.

One of the most overwhelming emotions that parents feel when they see their child suffering is guilt. Is it in some way their fault for not taking better care of their child? Please know that **it is not your fault**. It is so hard to live in the world as someone with a different kind of mind, and unfortunately we are prone to mental illness and NSSI. While it is hard to see someone suffer, remember that you are your child's best asset for living in the world.



It is upsetting to discover NSSI, but try hard to keep your emotions under control with the autistic person. Autistic people are very affected by the emotions of others.⁶ In fact, we struggle to regulate our own emotions. Your child may feel immense guilt and worry about upsetting you. Let the person know that he or she is loved and you're not angry.

Seek to understand what triggers NSSI and what need it fulfills, while recognising that this differs across individuals. People who self-harm may feel it's the only coping strategy in their arsenal. While you don't want to encourage the behaviour, work with the person to identify the triggers and functions of self-harm so you can work together on alternatives that might meet the same sensory or emotional needs.

Offer help with emotional awareness and expression. Participants in my research said that learning to identify and articulate their emotions, as well as recognise when situations were causing them distress, was very helpful. This allowed them to feel more in control of their emotions and put strategies in place to change how they feel without resorting to NSSI.

Try to raise awareness of sensory triggers and internal signals. Autistic people often struggle to identify inner signals, such as hunger, fatigue or temperature, or if they are getting overwhelmed by the sensory environment. This can build up suddenly until it's too late. Participants in my research found it helpful to consciously check in on their physical and mental state. Those who struggle to do that in the present moment should set very clear boundaries around how much they should do before withdrawing from a situation.

Tackle low self-worth and loneliness. These are major factors in mental health for autistic people, and mental illness is a major contributor to NSSI. Do everything you can to help people build a positive sense of their self-identity as autistic, and connect them with their "tribe." Autistic adults suggest there is great comfort in belonging to an autistic community with similar experiences.

Communication barriers between autistic and non-autistic minds can challenge therapeutic interventions. Unadapted therapeutic approaches can actually be harmful for autistic people. If you want to support a young person in receiving help from a professional, find someone who specialises in autism and adopts an autism-affirming approach rather than one that pathologizes.

I hope that you have found this article useful. Please leave some feedback on my website or email me at rmoseley@bournemouth.ac.uk. I'd love to hear from you! If you would like to read more about NSSI, mental health and suicidality in autistic people, you can find accessible versions of my research on my website, <https://www.scienceonthespectrum.net/>. You'll also find my favourite resources and links to further reading.

References

1. Muehlenkamp, J. J., & Kerr, P. L. (2010). Untangling a complex web: how non-suicidal self-injury and suicide attempts differ. *The Prevention Researcher*, 17(1), 8-11.
2. Taylor, P. J., Jomar, K., Dhingra, K., Forrester, R., Shahmalak, U., & Dickson, J. M. (2018). A meta-analysis of the prevalence of different functions of non-suicidal self-injury. *Journal of Affective Disorders*, 227, 759-769.
3. Moseley, R. L., Gregory, N. J., Smith, P., Allison, C., & Baron-Cohen, S. J. M. A. (2019). A 'choice', an 'addiction', a way 'out of the lost': exploring self-injury in autistic people without intellectual disability. *Molecular Autism*, 10(1), 1-23.
4. Gal, E., Dyck, M., & Passmore A. (2009). The relationship between stereotyped movements and self-injurious behavior in children with developmental or sensory disabilities. *Research in Developmental Disabilities*, 30 (2), 342-352.
5. Hooley, J. M., & Franklin, J. C. (2018). Why do people hurt themselves? A new conceptual model of nonsuicidal self-injury. *Clinical Psychological Science*, 6(3), 428-451.
6. Shalev, I., Warrier, V., Greenberg, D. M., Smith, P., Allison, C., Baron-Cohen, S., ... & Uzefovsky, F. (2022). Reexamining empathy in autism: Empathic disequilibrium as a novel predictor of autism diagnosis and autistic traits. *Autism Research*, 15(10), 1917-1928.



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Nonspeaking Autism

Working with Your Speech- language Therapist

Leann Schouten, ClinScD, CCC-SLP, HLA

As a speech-language pathologist, my primary focus is communication as I try to help individuals make their wants and needs known. When the words don't come for those with autism, experts refer to it as nonverbal autism or, more recently, nonspeaking autism. The term nonverbal autism may be an inaccurate way to describe the disorder as it assumes that individuals are unable to use words. They may have a limited vocabulary of words or choose not to use words. The absence of verbal communication does not indicate a lack of communication. Nonspeaking autism does not mean that an individual does not or cannot communicate, or that he or she does not understand language. People should not presume that nonspeaking autistic individuals do not understand speech because they cannot or choose not to speak themselves. An early diagnosis of autism can help a child receive the necessary support and therapy. Early intervention can address some of the communication challenges and speech delays seen in autism spectrum disorder (ASD). It is worth noting that an estimated 40 percent of people with autism are nonspeaking, according to Autism Speaks.

Nonspeaking autism does not mean that an individual does not or cannot communicate, or that he or she does not understand language.

Building Communication Skills

We communicate to express our wants and needs to others, especially to our caregivers. Helping those with nonspeaking autism build the skills required to express wants and needs successfully is just as important for therapists as for parents. A delay in early communication is usually one of the first concerns that parents report. While the severity and characteristics of the language impairment will vary from child to child, the first step when starting the therapy is assessing what and how much a child understands. Receptive language is the ability to understand words and language. It entails getting information and meaning from common visual information in the environment, sounds and words, concepts, and written information. Speech and language therapy focuses on attention and pre-language skills, as well as social and play skills. We often work with individuals on following simple and complex directions, identifying objects, and understanding verbs and location words.

Play Skills

Developing play skills is of particular importance for children with nonspeaking autism. Studies show that children with ASD respond positively to play-based therapy. Work with your speech-language pathologist to create a list of activities, toys and social interactions that can be used to give your child more opportunities to interact with the pathologist. Play skills include everything from imaginative play skills and early play skills, to functional play skills. Such work is excellent for supporting engagement and interaction between child and parent, and for helping children develop friendships.

Speech Sound Production

Verbal speech production is incorporated into every speech and language therapy activity with your speech-language pathologist. In therapy sessions, the pathologist pairs or models the sound or word with individuals for them to imitate. For some individuals, this may start with oral motor activities that strengthen their muscles around the jaw and mouth, and that improve the placement of the tongue and mouth to elicit speech sounds. Some individuals may produce sounds but have difficulty sequencing the sounds to formulate words. When a motor impairment is suspected, the professional may look to distinguish the errors from childhood apraxia of speech. The focus may be on improving speech clarity by reducing the individual's errors in oral motor and verbal motor movements.

Augmentative and Alternative Communication (AAC)

Augmentative and alternative communication typically includes unaided and aided modes of communication. According to the American Speech and Hearing Association (ASHA), unaided modes of communication require good motor control by the individual and a communication partner who can interpret the meaning of the message being delivered. Unaided communication includes nonspeaking means of natural communication, such as gestures, facial expressions, eye gaze, leading someone, and American Sign Language. Aided modes of communication include external support, communication boards with symbols that generate speech. The following are some of the modes that are commonly used by those with nonverbal autism.

• Key Word Sign/Sign Language

• Picture Exchange Communication System (PECS)

• Pragmatic Organization Dynamic Display (PODD) Book or Digital Form

• Language Acquisition Through Motor Planning (LAMP) Words for Life (Speech-generating Application)

• Speech-generating Device

• iPad or Tablet App (PODD/Proloquo2go/TouchChat)

Before choosing an aided AAC system, the speech-language pathologist must carefully consider an individual's current skills, strengths and needs. However, it is essential not to restrict the individual's potential. Speech therapy sessions may focus on helping the individual to practice requesting, commenting, expressing feelings or protesting, making choices, and answering questions.

If your autistic child is nonspeaking, reach out to other professionals in addition to a speech-language pathologist, such as occupational therapists, psychologists, Applied Behavior Analysis specialists and teachers, for information on how your child is impacted throughout his or her day. These professionals can provide the extra supports needed to help your child communicate his or her wants and needs. In addition, many resources are available to parents and families on the ASHA website at [ASHA.org](https://www.asha.org), and through state hearing associations. As professionals, our goal is to help parents support their non-speaking children so that they can have communication success in every environment!



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Family-friendly Social Skills Practice

Sabrina Mitchell, Ph.D., BCBA

Building a strong set of social skills allows individuals to communicate and connect with, as well as relate to, other people. These skills are essential to forming and maintaining friendships and romantic relationships, and can ultimately lead to a higher quality of life. In addition, they are key to developing the soft skills needed to effectively interact with others in the workplace. While teaching and learning social skills can be very complex, there are simple activities and commercially available family-friendly games that naturally practice key social skills.

Some essential social skills include: perspective-taking; maintaining conversations by asking questions and making comments; displaying and interpreting non-verbal communication; and tolerating losing. Let's look at each of these skills in turn.

Perspective-taking

Perspective-taking is being able to consider what others might be thinking or feeling. This social skill is important so that individuals can anticipate how their actions could impact others and then make adjustments as needed. It is also key to building empathy for others. Seeing things from another's point of view is an important skill for all types of interactions.

There are several simple activities and games that naturally work on building perspective-taking skills. One activity requiring little preparation is to watch a show or movie with the sound muted for a segment. Individuals can choose a character to watch and try to determine what the character might be saying, thinking or feeling. After making such predictions, talk about what clues led to the predictions before rewatching the clip with the sound on to check accuracy. Another activity is to try to create the longest real word by taking turns adding letters. For example, someone starts by thinking of a long word that others will likely know and writes the first letter. Next it is someone else's turn to add the next letter. If the participants are not thinking of common words, they won't work together well.



Some essential social skills include:

- perspective-taking
- maintaining conversations by asking questions and making comments
- displaying and interpreting non-verbal communication
- tolerating losing

Several games that are commercially available are also perfect for practicing perspective-taking. In such games, you gain more points when you think about how other people would answer a particular question. These games include the following:

- [Blank Slate](#)
- [Double Ditto](#)
- [Family Feud](#)
- [What Do You Meme? Family Edition](#)
- [Dope or Nope](#)
- [Pretender](#)
- [Werewolf](#)
- [Codenames](#)
- [Top of Mind](#).

Maintaining Conversations

Maintaining a conversation with someone else involves asking questions related to, and making comments about, the topic of discussion. When we ask questions and make comments that are related to what the other person has said, the conversation is more interesting and satisfying for the conversational partner. These skills are often a challenge for individuals with social skills deficits.

Activities that can support the development of these skills include playing the game 20 questions ([How to Play 20 Questions](#)). This involves asking questions and paying close attention to what has been said by others. Another such activity is playing barrier games. In these games, a “barrier” between two people prevents them from seeing each other. They next use communication, including both questions and statements, so that one person gets the other person to do the same thing. More information on using barrier games to teach language and social skills can be found [here](#).

There are a number of games commercially available that naturally work on practicing maintaining conversations. You can work on answering questions and commenting in any game by asking the individual to ask a follow-up question in response to what someone says or to make a comment about what a person says. The following games can help in this regard.

- [Table Topics](#)
- [Chat Chains](#)
- [You Know](#)
- [Would You Rather](#)

Displaying and Recognizing Non-verbal Communication

Using and interpreting nonverbal communication is essential to effective communication. Interpreting such communication helps us to accurately consider the perspective of others and to act accordingly by either continuing a positive interaction or adjusting our behavior to improve an interaction that might not be going well. It helps us to know when to keep going on the same track because the other person is engaged and enjoying the interaction, or to change topics or tactics to maintain the interaction because we see the person is losing interest. In the same way, displaying nonverbal cues allows others to interact appropriately with us as well.

Some of the activities mentioned previously, such as watching video clips on mute, can also help us practice nonverbal communication. Other simple activities include playing nonverbal “hot/cold,” in which someone hides an item and uses gestures and facial expressions to get someone else to find that item. Saying mundane statements in ways that would communicate different feelings is another option. For example, participants could say “Would you like fries with that?” in a way that communicates fear, anger, surprise or excitement.

Commercially available games that naturally work on nonverbal communication include:

- [Guesstures](#)
- [Charades](#)
- Feelings Charades, in which players draw a feelings card and act it out for others to guess.



Tolerating Losing

Learning to accept losing is essential to social skill development and can help people to handle disappointment in many forms. Individuals often struggle to master this skill because they do not practice it enough or tend to avoid it. Activities that repeatedly give individuals a chance to practice what to do when they lose are great for gently practicing this skill. In addition, the best activities are those that are left up to chance since the outcome doesn't depend on a person's skill.

Commercially available family games that are great for tolerating losing are fast-paced, easy to learn and fun!

Games for toddlers and younger children include the following:

- [Pop the Pig](#)
- [Shark Bite](#)
- [Don't Break the Ice](#)
- [Noodle Knockout](#)
- [Pancake Pileup](#)

Some of the games available for older individuals include the following:

- [Farkle](#)
- [Tenzi](#)
- [Trouble](#)
- [Sorry Diced](#)
- [Color Smash](#)
- [Taco Cat Goat Cheese Pizza](#)
- [Uno All Wild](#)
- War
- Tic Tac Toe

Practicing social skills with these simple, quick activities can have a significant impact on building connections with others. At the same time, they support enjoyable family fun!



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Autism and Mental Health

Hannah Louise Belcher, PhD, FHEA



Dr. Hannah Louise Belcher was diagnosed with Asperger's Syndrome in 2012 when she was 23 years old. She suffered from mental health problems, including depression, anxiety and severe agoraphobia, which resulted in her dropping out of school before completing her General Certificate of Secondary Education. Her autism was finally identified by an Art Therapist. Since then, Hannah has spent many years conducting research on the often late and missed diagnosis of autistic females, including the use of camouflaging strategies, and the mental health repercussions.

Hannah has lectured in Psychology and Mental Health since 2016 for both the Open University and Anglia Ruskin University. She worked for a leading mental health charity in the UK, and is currently a Lecturer in user-led research at King's College London.

Hannah answered questions from Autism Advocate Parenting Magazine regarding autism and mental health.

How prevalent are mental health problems in autistic children, teens and adults?

Very prevalent. It's thought that around seven out of 10 autistic people will also have a mental health condition. Autistic people are overrepresented in psychiatric hospitals, and their risk of death by suicide is over seven times that of non-autistic people.¹ As an example, in one study 11.8 percent of the autistic sample were diagnosed with General Anxiety Disorder, compared to 4.4 percent of non-autistic participants; and 15.8 percent of autistic participants were diagnosed with depression, compared to 2.3 percent of the non-autistic sample.²

Describe the mental health problems that are common for autistic people. Why are they so common?

The main conditions common in autistic people are depression, anxiety, obsessive-compulsive disorder (OCD), and eating disorders. Autistic people are also at an increased risk of suicidal behaviours, and, unlike in the non-autistic population, this is regardless of coexisting depression or anxiety. Masking of autistic traits and unmet needs predicts suicidality. It's unclear exactly why they're so common, but it would appear that a mixture of factors is at play. Firstly, autistic people face a lot of stigma in society. Non-autistic people have an unconscious bias when it comes to judging the atypical behaviours of autistic people. They are also more likely to experience bullying and abuse. Additionally, many autistic people mask their traits to try to fit in. This is both exhausting and detrimental to self-esteem and well-being. Many autistic people go undiagnosed or are diagnosed late, which means they are not

being supported appropriately as children. It is often the case that autistic adults only get a diagnosis after spending a long time in and out of psychiatric services receiving incorrect treatments or misdiagnoses.

Are autistic females more likely to have mental health problems than autistic males?

Yes, women are more likely to have a mental health diagnosis than men. By 25 years of age, 22.1 percent of autistic females and 10.9 percent of autistic males had been hospitalized compared with fewer than 4 percent of non-autistic individuals.³ There are also more autistic women who die by suicide than autistic men, which is a different pattern from that seen in the general population in which we see more men dying by suicide. Again, we aren't sure why this is the case, but we do know that autistic females are significantly more likely to go undiagnosed until adulthood, or to be misdiagnosed with conditions like borderline personality disorder. They typically tend to have a different presentation of autistic traits than males, and also appear to try to mask those traits more. These are all factors that increase mental health problems and suicidality.

Is it more difficult to identify mental health issues in autistic individuals compared to non-autistic people?

Given that the rates of coexisting conditions in this population is higher, this doesn't seem to be the case. Many autistic people receive other psychiatric diagnoses. Women tend to receive more psychiatric diagnoses prior to their autism syndrome condition (ASC) diagnosis, whereas this wasn't the case for men as their ASC diagnosis often came first. This might be because these individuals are known to service organizations, and also because many will be misdiagnosed with mental health disorders by clinicians who don't recognise the ASC traits. However, some mental health disorders may also present in a more atypical way in this cohort. For example, experiences of psychosis can appear different, and anxiety is often a key symptom present in all aspects of daily living.

What are some red flags or warning signs that parents should watch for in their autistic child?

One of the main red flags is if children have to mask their traits a lot. Ideally you want to encourage autistic children to embrace their traits and neurodivergence, and to have compassion for themselves. They should not grow up hating themselves for being autistic as society will often tell them there is something wrong with them or that they do not belong. This may manifest in them being quite quiet in social situations and well behaved in school and around others, but having meltdowns or shutting down completely when they come home. School avoidance may exist, as might selective mutism in certain situations. Generally being very anxious may also be a sign they're overwhelmed.

“They should not grow up hating themselves for being autistic as society will often tell them there is something wrong with them or that they do not belong. This may manifest in them being quite quiet in social situations and well behaved in school and around others, but having meltdowns or shutting down completely when they come home.”



What are some strategies to manage mental health in an autistic child or teen? What can parents do to help?

Embrace children's neurodivergence. Let them stim and follow their special interests, and introduce them to other autistic children and older role models. There are now plenty of books aimed at autistic children, as well as autism-friendly events. Watch out for sensory overwhelm but encourage the use of sensory toys or materials that might help calm them. Talk them through why they're having a meltdown and work with them to identify their warning signs sooner. Make sure school staff are on the same page, so that children have the same safe spaces at school that they have at home. Work with them on "unmasking" in safe situations, and on finding more environments in which they can be themselves. Help them to build compassion for themselves. Talk about what they're good at, what you like about them, and what they like in others. Teach them meditation techniques to calm their anxiety, even just simple breathing exercises. Avoid treatments and therapies that put the onus on the autistic child changing and needing to behave in a more non-autistic way. Do not let anyone, including a therapist, encourage masking. What we need is for society to better accept neurodivergence. If needed, do not be hesitant to involve a child therapist. It is much better to tackle these mental health problems while they are still children. It can help to prevent the increased suicidality we see in autistic adults who haven't been supported adequately or allowed to be themselves.

Do you have any other advice for parents?

You may worry about your autistic child and feel that embracing and encouraging him or her to not mask traits will lead to your child not being accepted or being ostracized and bullied by peers. But I would suggest starting these techniques slowly and at home, and then building them up into other safe environments. It is much better to do the work when they're children than for them to have to face mental health crises, psychiatric hospitals, and suicidal ideation as adults.

References

1. Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. *The British Journal of Psychiatry*, 208(3), 232–238.
2. Russell, G., Rodgers, L. R., Ukoumunne, O. C., & Ford, T. (2014). Prevalence of parent-reported ASD and ADHD in the UK: findings from the Millennium Cohort Study. *Journal of Autism and Developmental Disorders*, 44(1), 31–40.
3. Martini, M. I., Kuja-Halkola, R., Butwicki, A., Du Rietz, E., D'Onofrio, B. M., Happé, F., Kanina, A., Larsson, H., Lundström, S., Martin, J., Rosenqvist, M. A., Lichtenstein, P., & Taylor, M. J. (2022). Sex Differences in Mental Health Problems and Psychiatric Hospitalization in Autistic Young Adults. *JAMA Psychiatry*, 79(12), 1188–1198.



Hannah Louise Belcher, PhD, FHEA, has spent many years conducting research on the often late and missed diagnosis of autistic females, including the use of camouflaging strategies and the mental health repercussions. She started writing the blog "Aspertypical" immediately upon receiving her diagnosis at the age of 23. The blog posts chronicled her journey to better understand and connect with her diagnosis and other autistic people. These have since been archived, but can still be viewed on Hannah's main blog pages.

Hannah has lectured in Psychology and Mental Health since 2016, for both the Open University and Anglia Ruskin University. Hannah works for Mind, a leading mental health charity in the UK, and is currently a Lecturer in user-led research at King's College London. Her book, *"Taking off the Mask,"* about how autistic people can reduce their camouflaging behaviours and improve their wellbeing, was published by Jessica Kingsley Publishers in 2022.

Hannah has been invited to give talks across the UK on her own experiences of autism and her research, including the British Science Festival (2019) and the National Autism Society's "Women and Girls" conference (2019). She has been interviewed both nationally and globally, and featured on the BBC and ABC, as well as in *The Guardian* and *The New Scientist*.

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Circle of Friends

Supporting Friendships in Autistic Children and Teens

Mary Schlieder, Ed.D.

“Sam” was doing extraordinarily well at school academically, and his parents were delighted. After a slow start in his early years in which he didn’t speak until he was four, he was now at twelve years of age reading at a 12th grade level. He could converse on a wide range of sports team statistics to anyone interested in listening, and received high praise for his complex problem-solving skills from the teacher in charge of the after-school Minecraft club.

Despite these successes, Sam’s parents were worried. His autism diagnosis at the age of three explained his struggles with emotional regulation, understanding the perspectives of others, and socializing with peers. His meltdowns, which his classmates tried to ignore, along with his domineering manner during classroom discussions and projects were creating problems. His parents began to notice a lack of response to playdate and birthday party invitations. What was worse, Sam was starting to notice, too. He’d recently begun to make excuses to get out of attending school. Mondays were especially painful for him as he overheard peer conversations about weekend activities that excluded him. The most pressing question for his parents was how Sam could make friends when he was increasingly being shut out of the social networks necessary for growth.

Since I was Sam’s special education teacher and Individualized Education Plan case manager, I could understand why his mom approached me with her concerns. I had a lot on my plate at that time. While I could make time to have a conversation with Sam during my very busy workday, I knew it was not enough. The social skills lessons I was teaching him weren’t sticking because he had no school environment in which to practice them. I needed his peers to proactively engage with him, and not ignore or bully him. Could they be part of the solution instead of part of the problem? I wasn’t sure. I decided I had nothing to lose by experimenting with Circle of Friends (CoF), a support intervention I vaguely remembered reading about years earlier. With no specific guidelines to follow, I turned to a motto that I often found useful: *When something’s not working, try something else.*

Circle of Friends (CoF)

Circle of Friends is a form of peer-mediated intervention in which typically developing peers are trained to implement behavioral interventions and facilitate social skills development in those with special needs. I began by choosing ten classmates who had been identified by their general education teachers as good social role models. A meeting day and time were set. I brought snacks, but had no plan other than to let the kids chat together. That first meeting was awkward. Sam was excited to be with his classmates, but was overstimulated. Given the lack of structure for the meeting, Sam understandably behaved oddly, jumping around the room and talking at length about his favorite sports teams and statistics. His lagging social skills were on full display. His peers looked uncomfortable, but kindly played along. I watched and learned.

At our next meeting, I planned to have the kids play Sam's favorite card game, UNO. I practiced with him ahead of time so that he would know how to respond appropriately when he lost a round and how to sit quietly and not comment when another player played a less-than-ideal hand. We made a plan to only discuss sports for the first couple of minutes. I met with his peers before that meeting and, with the permission of Sam's parents, showed a short autism awareness video and led a discussion. His peers asked lots of good questions. That next meeting went much better! I soon noticed that Sam developed a positive attitude towards school once again. His classmates interacted and conversed with him throughout the school day.



To expand his social opportunities outside of school, we made him the basketball and track team manager, and his CoF peer mentors continued to provide social skills feedback and support. As he attended all home and away games, he was no longer isolated and alone on weekends. He ate lunch in the cafeteria with his team players. Finally, he had a welcoming environment in which to develop and practice new social skills and make friends.

I was excited by his progress and began conference presentations by sharing our experiences and the value of CoF for children on the autism spectrum. A pilot program in eight schools grew to include over 200 school sites across the state. With the help of our state ASD network and a nonprofit autism organization, we've provided ongoing support and training for CoF facilitators for over a decade now.

We've learned much about CoF in the ensuing years. The following are the guidelines that we currently follow and that we recommend for other circles.

- Meet once a week no matter what. Meetings can be held during a school-wide study hall or activity period, recess or lunch, or before or after school. Meet whenever works for the group.
- Meetings can include social skills lessons, fun activities and autism awareness.
- CoF facilitators can choose to have additional monthly out-of-school activities, but these are not required.
- CoF can be implemented at no cost.
- Ongoing training and support for facilitators is available and can be helpful.

Research supports CoF as an evidence-based intervention for children with ASD at all grade levels. Parents, peer mentors, focus students, and school staff report increased feelings of well-being, greater peer understanding and empathy, and improved social skills in the focus student.

If you wonder if CoF could benefit your child or are interested in learning more, feel free to reach out. We're here to help!

More information is available at our project's virtual learning community at <https://sites.google.com/view/circle-of-friends-community/home>, or you can email me at mary.schlieder@gmail.com.



Mary Schlieder, Ed.D., a long-time special educator, has spent her career supporting students with autism in inclusive classroom environments. A passionate advocate for true social inclusion, a major focus for Mary for over 20 years has been facilitating Circle of Friends groups as a way to improve social skills and develop friendship networks. She is an educational consultant, leader in professional development, and adjunct professor assisting teachers in learning ways to help all students experience success in our schools. She provides training and support for Circle of Friends programs and is the author of *With Open Arms: Creating School Communities of Support for Socially Challenged Kids*.

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Autism and Global Awareness

A Family's Journey Through 65 Countries

Written by Family On Board

As a family of avid travelers, we have explored 65 countries together, immersing ourselves in new cultures and relishing the flavors of foreign cuisine. Our daughter, Summer, was still a baby when we embarked on our adventures and created our social media channel *@FamilyOnBoard*. However, when she was diagnosed with autism at age two, our approach to travel changed dramatically. We quickly learned about the challenges of autism worldwide and the need for greater global awareness.

The Centers for Disease Control and Prevention (CDC) in the United States report that about one in 31 children worldwide have autism. Despite the global reach of autism, the understanding and treatment of this condition can vary significantly in different countries.

In places such as the USA and Canada, autism is well understood and adequately supported with resources for children and families. In other regions, however, lack of awareness and inadequate resources can make life exceedingly difficult for families coping with autism.

Throughout our travels, we have encountered many families affected by autism. We have witnessed firsthand the unique challenges they face and the inspiring resilience of parents who strive to find resources for their children despite significant obstacles.



In Costa Rica, we visited an institution founded by a mother who went above and beyond to create a clinic for her son with autism. This woman started the clinic thirty years ago when autism was still largely unknown in her country. We were deeply touched by her dedication and tireless efforts over the years to create a place where thousands of children with autism would eventually receive the help they needed.

In our visits to institutions around the globe, we have heard similar stories of parents of autistic children who have played a significant role in creating resources and support systems. The lack of available clinics or professionals in their area has meant these parents have often had to sacrifice significantly and establish their own therapy strategies. This is incredibly challenging in developing countries where essential resources are scarce, and families with children on the spectrum face immense challenges.

We met a family in Nicaragua that had to take matters into its own hands. With the nearest professional help hundreds of miles away, the entire family, including grandparents, uncles and aunts, took turns providing one-on-one therapy for the child with autism. They had to set up a makeshift clinic and use YouTube videos to learn how to apply therapies. Such effort is a testament to the incredible dedication and resilience of families facing the challenges of autism in places with limited resources.

There is a similar situation in parts of Africa. A lot of stigma is associated with autism, which makes it difficult for families to access the support they need. We visited a community in Malawi where a group of mothers had come together to support each other and their children with autism. They created a small support network through WhatsApp to share information and resources, and to help each other navigate the challenges of raising a child with autism.



Despite the many obstacles, we believe that there is still hope for improving global awareness of autism and providing better resources and support for families. Through the power of the internet, we can connect families, professionals and organizations worldwide to share knowledge, resources, support and donations. Online forums, webinars, and social media platforms have already played a significant role in creating a sense of community and offering valuable information and resources for families facing autism.

Education and awareness campaigns can also make a meaningful difference in helping people understand the condition and in promoting early diagnosis and intervention. Governments and non-profit organizations need to work together to create and fund programs that provide access to resources, therapies and support for families, especially in underserved areas.

As we travel and explore new parts of the world, we aim to raise awareness of the challenges that families with autism face. Travel can be a powerful tool for promoting global understanding and acceptance, and we are committed to playing our part in making the world a more welcoming and supportive place for all.

We are hopeful for the future as we continue our travels and experiences. We have been moved by the resilience and dedication of parents and caregivers who work tirelessly to provide the best care and support for their children with autism. Our personal experiences have also shown us the power of global awareness and education in providing better resources and support for families.

The internet will continue to play a significant role in bringing people together and disseminating knowledge about autism, especially for those living in remote or underserved areas. This gives us an unprecedented opportunity to have a positive impact on the world. By sharing information, resources and personal stories, we can all harness the collective power of the internet to raise awareness of autism like never before. With every tweet, share and post, we are moving closer to creating a more inclusive and empathetic world for individuals with autism and their families.

You can be part of this worldwide movement. You can make a difference in the lives of those who need it most by supporting organizations and initiatives through donations or by sharing your time and talents. With your support, these institutions can continue to provide essential services and resources for families affected by autism around the globe.

By working together towards this common goal, we hope to create a future where individuals with autism are valued and celebrated for who they are. We have a unique opportunity to shape the world in a positive way and to bring about real change. Let us continue to educate others and support one another as we strive for a more inclusive and understanding society. As we do so, we can create a world that is not only more accepting of those with autism but that is also better prepared to support them in achieving their full potential. The future is bright, and we hope that you'll join us in this global movement for change.

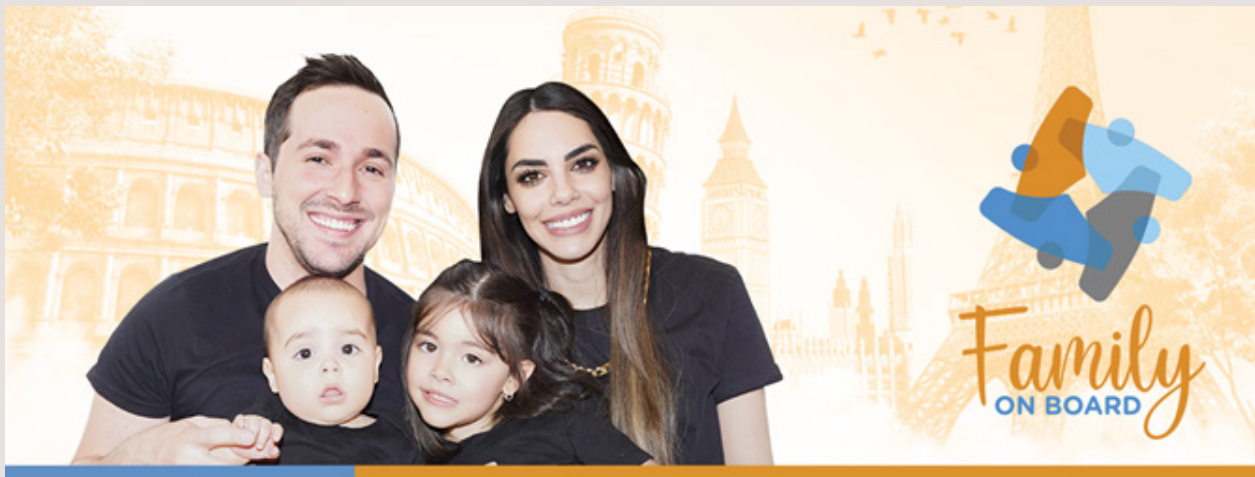


Family On Board: A Journey of Exploration, Autism Awareness, and Family Love

Marcel, Violet, Summer and Stefan make up the Family On Board, a traveling family that loves to explore different cultures and places worldwide. They have visited 65 countries, and have had many incredible experiences that have shaped their lives and perspectives.

In 2018, the family's plans shifted a bit when the youngest daughter, Summer, was diagnosed with autism. As they prepared to move to the United States, their focus shifted from simply exploring new places to also learning about how autism is treated around the world and advocating for greater awareness and understanding of this condition. Through their travels, they have connected with other families affected by autism and learned about resources available in different parts of the world. They have also become strong advocates for raising awareness and acceptance of autism.

Despite the challenges of traveling with a child with autism, the Family On Board has found that the benefits far outweigh the difficulties. They have discovered that traveling with their daughter has helped her grow and develop in many ways and has brought their family closer together. For the Family On Board, traveling is not just about seeing new places; it's also about creating memories, experiencing different cultures, and learning about the world in all its diversity. You are invited to follow their journey on *@FamilyOnBoard*. Discover the incredible moments and experiences that await, and embrace the beauty of a world made richer by the differences that make us unique.



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RESEARCH SHOWS MORE **Mental Health Conditions** IN CHILDREN WITH BOTH AUTISM AND ADHD

This article is a review of the following research: Casseus, M., Kim, W. J., & Horton, D. B. (2023). Prevalence and treatment of mental, behavioral, and developmental disorders in children with co-occurring autism spectrum disorder and attention-deficit/hyperactivity disorder: A population-based study. *Autism Research: Official Journal of the International Society for Autism Research*, 10.1002/aur.2894. Advance online publication.

The relationship between autism and attention-deficit/hyperactivity disorder (ADHD) is complex. There are many similarities, including sensory sensitivities and social deficits, as well as distinct differences between the two disorders. For example, autism is characterized by repetitive behaviors and restricted interests, while ADHD is associated with hyperactivity and impulsivity. It is important to recognize that autism and ADHD are distinct conditions with their own diagnostic criteria and treatment approaches. An accurate diagnosis of autism, ADHD or both by a qualified healthcare professional is key to developing appropriate intervention strategies tailored to the unique needs of individuals with these disorders.

Research shows that between 14 and 62 percent of autistic individuals also have ADHD.^{1,2,3} An observation by some clinicians that has been confirmed in several research studies is that children with both autism and ADHD have a higher risk for anxiety, oppositional and avoidant behaviors, mood disorders and more severe social impairments.^{2,4,5}

Only a small number of studies have been done to examine the behaviors seen in children with autism and ADHD. A team of researchers from Rutgers University, led by Dr. Myriam Casseus, wanted to better understand the behaviors and mental health difficulties experienced by children with both autism and ADHD using a large, national data set.

Study

This study compared various behaviors and mental health conditions, behavior treatments and medications in children who have both autism and ADHD (ASD + ADHD), autism alone, and ADHD alone. Data was collected from the US National Survey of Children's Health (NSCH) from 2016 to 2018 in children who ranged in age from newborn to 17 years old. The study looked at data from 102,341 participants.

The specific parameters examined were: anxiety; depression; other mental health conditions such as bipolar disorder; behavior or conduct difficulties; intellectual disabilities; speech or language disorders; learning disabilities; and the use of psychotropic medications.

Results

The results of the study are shown in the chart below.

	ASD + ADHD (%)	ASD (%)	ADHD (%)
Anxiety	60.0	25.1	29.2
Depression	24.1	7.1	15.0
Other mental health condition	59.8	41.1	29.6
Learning disability	70.6	55.5	32.4
Speech or language disorder	42.1	56.5	10.1
Taking psychotropic medication	72.3	16.6	69.4
Receiving behavior treatment	59.9	56.3	N/A
Behavior or conduct problem	69.6	36.8	46.0
Intellectual disability	19.4	17.5	2.8
Developmental delay	60.5	61.0	16.4

Children with ASD + ADHD are at higher risk of having anxiety, depression, other mental health conditions, and a learning disability compared to children with ASD alone or ADHD alone.

Children with ASD + ADHD have a high risk for behavior or conduct problems.

The fact that these two numbers are similar indicates that medications in the ASD + ADHD group are likely being taken to manage ADHD.

The following are some of the other notable results from the study.

- 43.8 percent of autistic participants had co-occurring ADHD.
- 85 percent of the children with ASD + ADHD were eight years of age or older.
- Children with ASD + ADHD were *less* likely to have a speech or language disorder compared to children with autism alone.
- 72.3 percent of children with ASD + ADHD were taking psychotropic medications compared to only 15.6 percent of children with autism alone. However, 69.4 percent of children with ASD + ADHD were also taking medications. This would indicate that the medications were given to children to manage ADHD. Further confirmation of this assumption is found in the fact that there are currently no medications available to treat the core symptoms of autism.⁶

Conclusion

This study shows that just under half of all autistic children also have co-occurring ADHD. Given this fact, it is important for parents and clinicians to understand the implications of a dual diagnosis. For example, this study shows that children and teens with co-occurring ASD and ADHD have a higher risk of having anxiety, depression, other mental health conditions such as bipolar disorder, and learning disabilities. The researchers note that there is a particularly strong correlation between adolescents with ASD + ADHD and mental health difficulties. This significant finding means parents of children with a dual diagnosis of autism and ADHD need to be proactive and aware of the warning signs of these additional conditions. They should also seek appropriate treatment for mental health difficulties when they arise.

The authors of this study also suggest that mental health screening and services should be a part of the treatment plan for every child and teen with co-occurring autism and ADHD.

Written by Autism Advocate Parenting Magazine

References

1. Rommelse, N. N., Franke, B., Geurts, H. M., Hartman, C. A., & Buitelaar, J. K. (2010). Shared heritability of attention-deficit/hyperactivity disorder and autism spectrum disorder. *European Child and Adolescent Psychiatry*, 19(3), 281–295.
2. Gordon-Lipkin, E., Marvin, A. R., Law, J. K., & Lipkin, P. H. (2018). Anxiety and Mood Disorder in Children With Autism Spectrum Disorder and ADHD. *Pediatrics*, 141(4), e20171377.
3. Supekar, K., Iyer, T., & Menon, V. (2017). The influence of sex and age on prevalence rates of comorbid conditions in autism. *Autism Research: Official Journal of the International Society for Autism Research*, 10(5), 778–789.
4. Gadow, K. D., DeVincent, C. J., & Schneider, J. (2009). Comparative study of children with ADHD only, autism spectrum disorder + ADHD, and chronic multiple tic disorder + ADHD. *Journal of Attention Disorders*, 12(5), 474–485.
5. Zablotzky, B., Bramlett, M. D., & Blumberg, S. J. (2020). The Co-occurrence of Autism Spectrum Disorder in Children With ADHD. *Journal of Attention Disorders*, 24(1), 94–103.
6. Young, S., Hollingdale, J., Absoud, M., Bolton, P., Branney, P., Colley, W., Craze, E., Dave, M., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Liang, H. L., Murphy, C., Mackintosh, P., Murin, M., O'Regan, F., Ougrin, D., Rios, P., Stover, N., ... Woodhouse, E. (2020). Guidance for identification and treatment of individuals with attention deficit/hyperactivity disorder and autism spectrum disorder based upon expert consensus. *BMC Medicine*, 18(1), 146.

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AUTISM PREVALENCE

IN THE UNITED STATES

Possible Explanations for the Increase

This article is a review of the following research: Quinn, M., Scott, B., Hanson, R.J. (2023) Is there an Autism “Epidemic” in the United States? *Journal of Childhood and Developmental Disorders*, 9(4), 62.

Autism is one of the most prevalent neurodevelopmental conditions in the United States and is identified based on a set of behaviors. The diagnosis evaluates social behaviors, communication abilities, sensory differences and the presence of restricted and repetitive behaviors, according to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition.¹ It is well known that autism has a spectrum of abilities and challenges, and that each person’s presentation of the symptoms is unique.

In the United States, the number of children identified as having autism has increased every year over the past two decades. Many parents, communities, professionals and researchers have wondered about the reason for such a dramatic increase. It is worth asking if there are more autistic children than there were 20 years ago, and if this increase could be attributed to other factors, such as more children simply being identified.

Researchers from Autism Support Now (Kansas City, MO) and the Froedtert Hospital (Milwaukee, WI), led by Dr. Michael Quinn, Ph.D., decided to explore the increasing prevalence of autism and to outline potential explanations for the rise.

Results

One in 36 children aged eight years old in the U.S. in 2020 has been identified as autistic, and this number continues to increase every year. Since the Centers for Disease Control and Prevention began tracking numbers of autistic individuals in 2000, the prevalence has risen by 316.7 percent.²

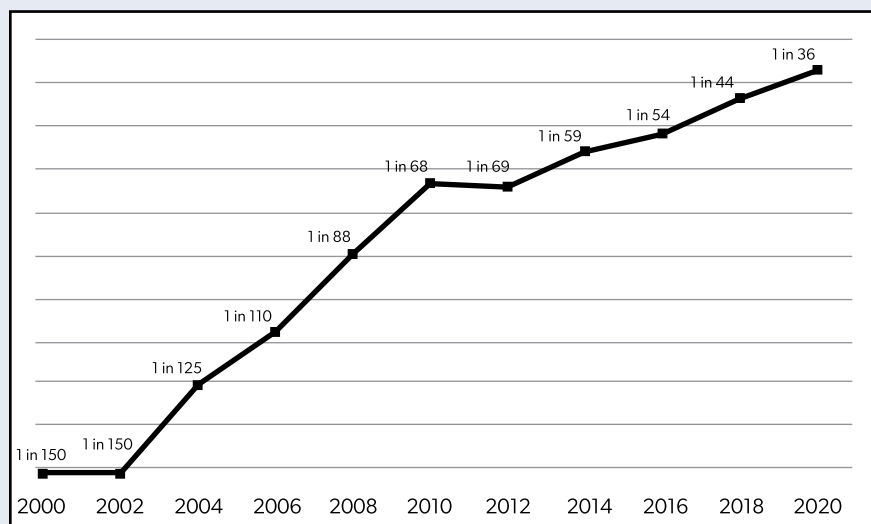


Figure 1: ASD prevalence United States 2000-2020.

Potential Explanations

The researchers sought to determine if the number of autistic individuals is actually rising, if screening tools have expanded so that more autistic children are being identified, or if both scenarios are true.

More Children Are Autistic

If the number of autistic individuals is actually rising, the reason for the increase is undoubtedly multifaceted. It is impossible to pinpoint one explanation. The genetics of autism are complex, and research shows that an ever-changing environment also plays a part. The authors of this research suggest an integrated biopsychological explanation that looks at biological factors, such as genetics and nutrition; psychological components, like emotions and behavior; and social aspects, such as stress, trauma and the environment.

More Autistic Children Being Identified

If more autistic children are being identified, the authors suggest some reasons why this may be occurring.

Increased Public Awareness

The last 20 years have seen a significant increase in autism awareness and acceptance. Communities and medical professionals alike have more knowledge, training, awareness and understanding of autism. For example, World Autism Awareness Day is marked on April 2 of each year; large national autism organizations continue to promote autism education; and some celebrities are open about their own, or their child's, autism diagnosis. Social media outlets are a significant platform for autism awareness and support groups. With greater awareness of autism, it has become easier for parents to overcome the stigma of autism and to seek an evaluation and supports for their children. This leads to an increase in children being diagnosed.

More Screening for Autism

Since 2007, universal screening for autism is recommended for children aged 18 and 24 months. This means that concerns that may have been dismissed by pediatricians and primary care providers are more often being considered now. Continued improvements to the system are needed as many underserved communities still lack access to these evaluations, and many primary care providers need to improve their understanding and knowledge of autism. However, the universal screening has helped to identify more young autistic children, many of whom may have been missed in the past.

Merged Diagnoses

In 2013, the American Psychiatric Association merged four distinct diagnoses into one umbrella diagnosis of autism spectrum disorder (ASD). These included autistic disorder, childhood disintegrative disorder (CDD), Pervasive-Development Disorder-Not Otherwise Specified (PDD-NOS), and Asperger syndrome.¹ The result was an increase in the number of autistic individuals as children previously identified with the other disorders would not necessarily have been considered autistic.

Inclusive Education

Another factor that has contributed to increases in the identification of autistic children has been the requirement that schools offer inclusive education. This has also meant that schools have been required to offer comprehensive evaluations for autism and other developmental and neurological conditions. Many autistic children who may have been missed in the past are now being identified.

Conclusion

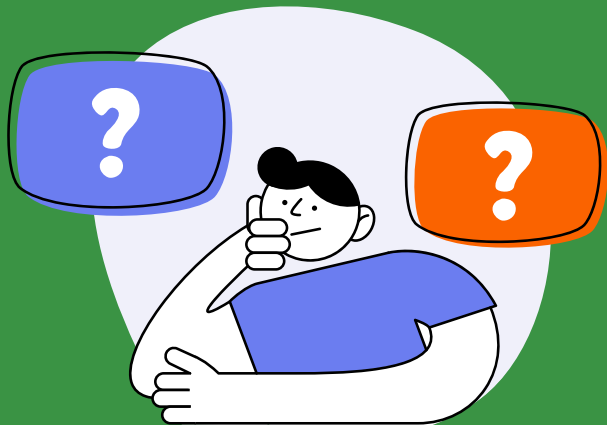
There is no single explanation for the rise in prevalence of autistic individuals. It is impossible to determine if the increase is primarily due to an actual increase in autistic individuals or to increased identification. However, this study highlights the importance of continuing to educate and raise awareness, and of reducing the stigma of autism so that as many autistic children as possible are identified and can receive the supports they need to reach their full potential.

Written by Autism Advocate Parenting Magazine

References

1. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
2. Quinn, M., Scott, B., Hanson, R.J. (2023) Is there an Autism "Epidemic" in the United States? *Journal of Childhood and Developmental Disorders*, 9(4), 62.

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Autism Advocate Printable Resources

Improving Problem-solving Skills

Problem solving is an essential skill in an ever-changing world. It is vital for success in many areas of life, including academics, the workplace and personal relationships. It allows us to think critically and consider different options before making a decision. It helps us to come up with unique and creative solutions to both simple and complex situations.

Some autistic children, however, face unique challenges when it comes to problem-solving skills. One contributing factor may be a tendency toward rigid thinking patterns. Another factor could be a strong preference for routine and predictability and a dislike for new or unexpected situations. These characteristics of autism can make it challenging to approach problems in a flexible way. Autistic individuals may feel more comfortable relying on familiar routines or solutions.








It is also well documented that many autistic individuals have difficulty with executive functioning skills, such as planning, organizing, and prioritizing.¹ As a result, they may have trouble breaking down complex problems into smaller, more manageable steps.

As a parent or caregiver, it's important for you to understand your child's individual needs, strengths and challenges related to problem-solving. Some autistic children who have amazing creativity and are able to suggest many possible solutions will struggle to execute a plan. Others may be able to understand the solution required but are anxious about the change in routine or can't break down the solution into smaller parts. The road to improved problem-solving skills will be unique for each child.



Consider the following example. An autistic child wakes up one morning and discovers that the shirt he or she was planning to wear is dirty. This may cause a meltdown, a tantrum and a delay in getting to school. On the other hand, a child with problem-solving skills could come up with possible options, such as wearing a dirty shirt, doing a quick load of laundry, or choosing another shirt. While each option comes with pros and cons, none is ideal. Wearing a dirty shirt that might not smell very good could be embarrassing; doing a load of laundry could make a child late for school; or wearing a different shirt that feels funny or fits a little differently could be uncomfortable. It takes time to learn the skill of weighing the options.

Problem-solving skills are needed by people of all ages and maturity levels. Parents should work with their children to improve these vital skills. The following strategies may be effective in helping autistic children build their problem-solving skills.

-  **Break down complex tasks into smaller steps.** For example, if children struggle to complete a project on ancient Egyptian civilizations, help them break it down into such sections as geography, food and government.
-  **Use visual aids or prompts.** Autistic children sometimes find it hard to understand words, especially in stressful situations when a problem needs to be solved. Speak slowly, stay calm, and use visual aids and prompts to help explain the problem. Visual representation can also be used for potential solutions. Consider the use of flowcharts or diagrams.
-  **Use a structured problem-solving framework** like the one outlined in the worksheet below. When using a worksheet for the first time, it may seem time-consuming. However, once children have used it several times for a variety of problems, they will be able to follow the process to solve everyday and unique problems.
-  **Give children time to work through the problems.** Be patient. While these are difficult skills to learn, they can help children immensely in important areas of life.
-  **Help children come up with potential solutions.** Get them to weigh the pros and cons of each option. Be careful not to give them all the answers. Let them find solutions for themselves.
-  **Provide opportunities for children to practice problem-solving skills** in a safe and supportive environment. Putting together puzzles and playing games of strategy at home are great ways to improve critical thinking and problem-solving skills.
-  **Provide lots of positive reinforcement and support.** Acknowledge when children have successfully solved a problem, no matter how big or small. Praise them for coming up with solutions and having the courage to make difficult decisions.

Parents and caregivers need to recognize the importance of problem-solving skills and understand their child's unique abilities in this area. Teaching these skills helps autistic children become more flexible, more independent and more able to thrive in school, work and at home.

References

1. Demetriou, E. A., Lampit, A., Quintana, D. S., Naismith, S. L., Song, Y. J. C., Pye, J. E., Hickie, I., & Guastella, A. J. (2018). Autism spectrum disorders: a meta-analysis of executive function. *Molecular psychiatry*, 23(5), 1198-1204.

My Problem-solving Worksheet

Describe the Problem

Write down a brief description of the problem or situation that needs to be solved.

Brainstorm Solutions

List as many possible solutions as you can think of, even if some seem unrealistic or silly.

Evaluate Solutions

Go through your list of solutions and evaluate each one. Ask yourself:

- *Is this solution safe?*
- *Is it realistic and feasible?*
- *How effective is it likely to be?*
- *Are there any potential drawbacks or risks?*
- *Does it fit with my values and beliefs?*

Choose a Solution

Based on your evaluation, choose the solution that seems most likely to solve the problem effectively and safely.

Plan and Take Action

Make a plan for how you will put your solution into action. Write down the steps you will take and set a timeline for completing each step.

Evaluate the outcome






Did the solution work? If not, why not? What would you do differently next time?






My Problem-solving Worksheet






What is the problem?

What are some solutions?

Decide on the best solution

#1 _____     

#2 _____     

#3 _____     

Some questions to help me decide if it's a good choice:
Is it safe?
Do I need help with this solution?
How much time will it take?

This is the solution I choose:

My Action Plan

Step 1	Step 2	Step 3	Step 4
<div style="border: 1px solid black; border-radius: 15px; height: 127px;"></div>	<div style="border: 1px solid black; border-radius: 15px; height: 127px;"></div>	<div style="border: 1px solid black; border-radius: 15px; height: 127px;"></div>	<div style="border: 1px solid black; border-radius: 15px; height: 127px;"></div>

Did your solution work? What can you do differently next time?

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

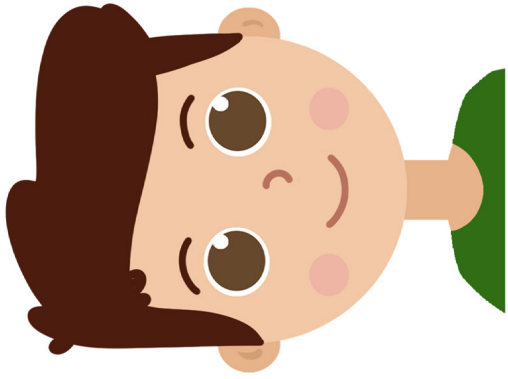
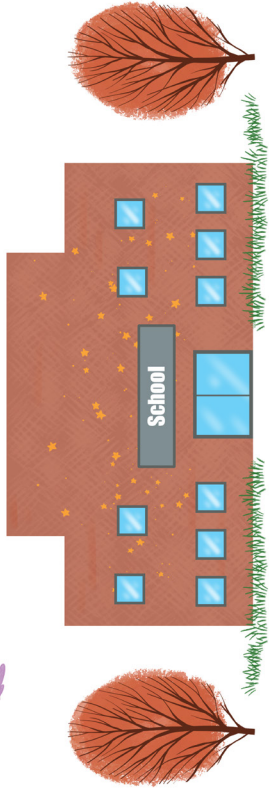
robyn@rwltc.com



My Social Story:

It's Time for Recess

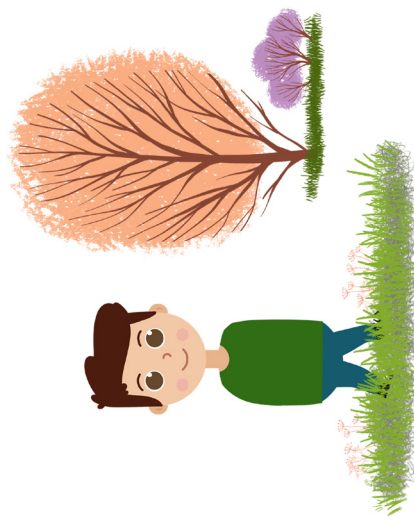
Recess



2



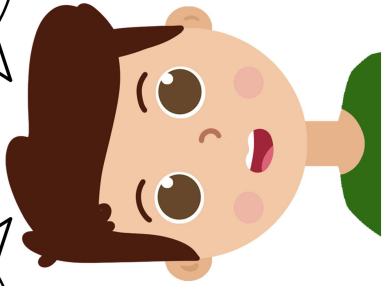
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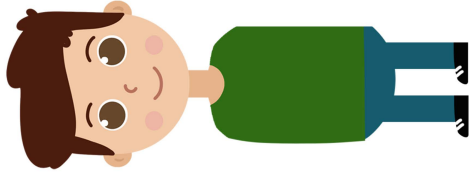
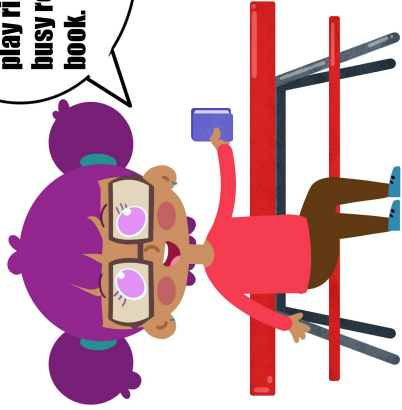
3

Can I have a turn?

Can I play with you?



Sorry, I don't want to play right now. I am busy reading this book.

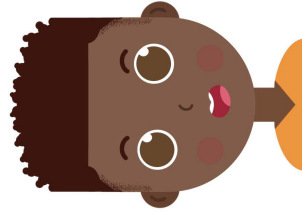
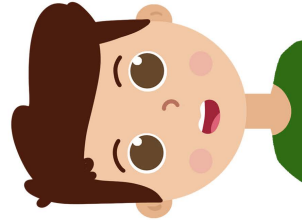


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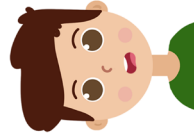
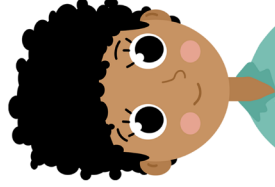
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Can I play with you?

Yes!



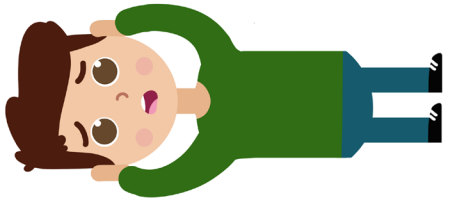
Can I have my headphones, please?



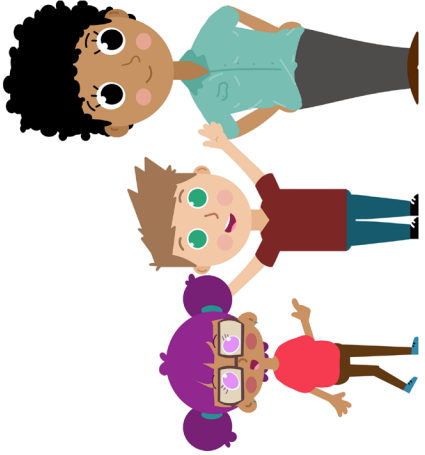
6

7

Sorry. Are you okay?



I need help.



8



10

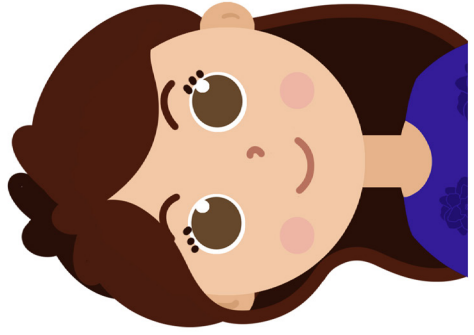
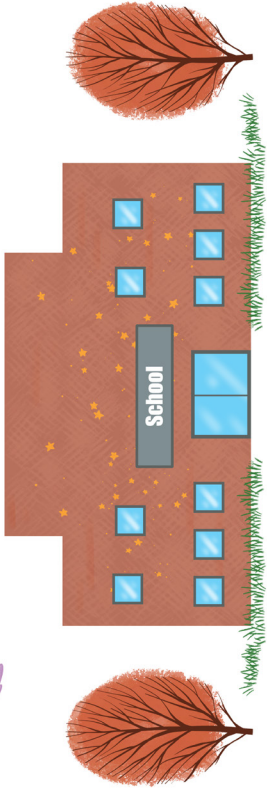
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11

My Social Story:

It's Time for Recess

Recess



2



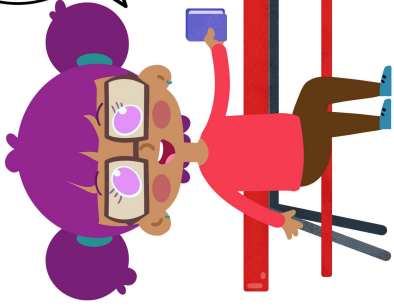
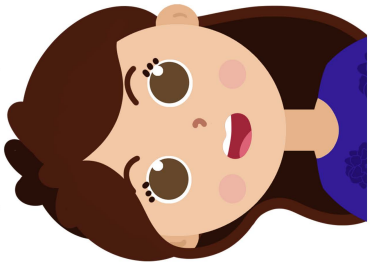
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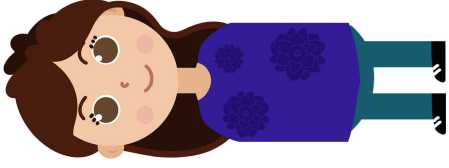
3

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Can I play with you?



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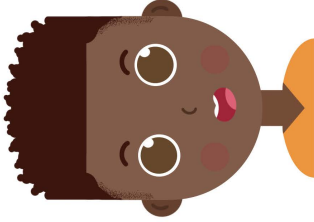


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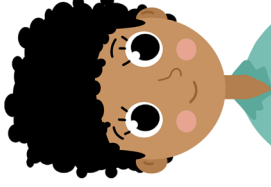
5

Can I play with you?

Yes!



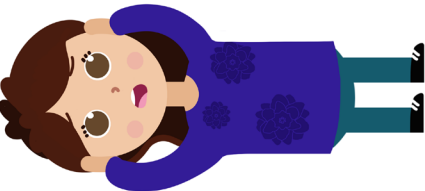
Can I have my headphones, please?



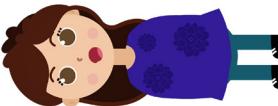
6

7

Sorry. Are you okay?



I need help.



8



10

9

11

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

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Ambassadors

for Autism Advocate Parenting Magazine

Ambassadors are individuals who passionately seek to provide quality education to the autism community through sharing content (expert advice, current autism research) found in Autism Advocate Parenting Magazine. These individuals seek to make a positive impact on other parents raising an autistic child.



Anne Bragg

- [autismsupermoms](#)
- [autismsupermomsmagazine](#)



Dr. Brandon Butler, DC, CAS

- [Dr.BBUT](#)
- [chiropracticwellnesscafe.com](#)



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Monique Cain

- [theeverydayautismseries](#)
- [theeverydayautismseries](#)
- [theeverydayautismseries.com.au](#)

A vibrant yellow butterfly is perched on a green leaf in the upper left corner. The background is a soft-focus field of white flowers with yellow centers, set against a lush green backdrop. The overall scene is bright and natural, with a warm, golden light filtering through the foliage.

*I wouldn't change
you for the world, but
I would change the
world for you.*

— Amy Wright

A photograph of a sunlit forest path. The sun is low in the sky, creating a strong lens flare and casting long shadows of the trees onto the path. The path is covered in tall, golden-brown grass. The trees are tall and thin, with their trunks visible against the bright sky.

FOR PARENTS & PROFESSIONALS

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