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IN AUTISM ADVOCATE PARENTING MAGAZINE
Dear Parent Advocate or Reader:

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

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

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

**Current Research**

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

**Expert Advice**

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

**Resources**

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

**Parent-Advocating**

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

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

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

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

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

**Parent Advocates**

Autism Advocate Parenting Magazine

“Take one hour a week to learn more about autism and before you know it, you will be an expert in many areas of autism.”

- Dr. Tom O’Bryan
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The benefits of reading to a child are well-documented. Experts agree that parents should read daily with their children at all ages and of all abilities. This is especially important for a child with autism, who will typically have social and language difficulties.

Reading to children starting from a young age builds their vocabulary and has been shown to improve cognitive development. Reading with your children exposes them to a variety of different subjects, and helps them make sense of the world around them. Many children with autism are visual learners, and books and words can help them grasp concepts that cannot easily be described verbally. When a child reads with a parent or sibling, he/she is developing social interaction skills, forming bonds and building relationships.

Most parents agree that reading with their children and fostering literacy are important. The challenge is making it happen when school, other activities and therapies often leave little free time. Here are some tips on how to successfully incorporate literacy into your life.
Make it Fun

Reading should be fun. When you are reading to your child, you should be animated and silly. Use different voices for the various characters. For a child with autism, sitting and engaging with you may be difficult and require energy. It is important for parents not to demand a lot at this time. A child who thinks he/she is going to have to label items and talk about pictures will be less eager to read with you. Parents should make reading enjoyable in any way possible.

Make Reading a Time for Social Interaction & Bonding

Reading with your children is an excellent way to form close bonds with them. It is a time when they can engage in social interaction while doing a fun activity or learning about a topic in which they are interested. Although improving literacy is important, the bonds created during this time will be invaluable.

Create Book Bins

One of the most successful ways to promote literacy in a home is to create book bins for each child. In a common area or in each bedroom, fill a bin or basket with a variety of books. The books should include books at each child’s reading level, and some at a lower reading level. When it is time to read, each child can go to the book bin and choose a book. About once a month, rotate some of the books so there are always new books to choose from. Books can be inexpensive if you buy them at a used bookstore or at a library that sells discarded older or duplicate titles. You can also exchange books with friends in order to refresh the book bin.

Find a Time That Works

While reading before bed is common for many families, it may not be the best time for all families. It is important for families to analyze what works for them. For my family, the school year is very busy so we designate every Saturday morning as Family Story Time. We also have specific times during the day that are used for reading. For example, my daughter has a 15-minute car ride to soccer practice every day. She is not allowed to bring an electronic device to occupy her during the car ride, but she can pick a book from her book bin, if she chooses. Having a relaxed attitude is key. Do not stress out if you miss reading with your child one day. Find a routine and a schedule that work for your family.

Give Your Child Choice

It is important for a child, especially one with autism, to have a choice. It is less enjoyable when it is a requirement to read a specific book. Let the child choose what to read. If your child chooses the same book over and over, that is okay. Find a variety of books related to your child’s special interest and put them in the book bin. Ask your child’s teacher what books your child enjoys at school.

Create a Book About Your Child

All children love seeing themselves in pictures. When your family takes a fun trip or vacation, take lots of pictures and create a book from the pictures. Add the book to the book bin. You could also make an “All About Me” book that has pictures of favorite toys, places and people. This is a great way for children to love books, and to spark an interest in reading.

Support Your Child’s Literacy Level

Whether your child is an early reader or a teenager who struggles to read, you can support reading accomplishments and literacy levels. An older child can enjoy children’s books. The most important thing to focus on is that the child enjoys books. Book bins should include books that are several levels below the child’s reading level so leisurely reading is more enjoyable. On days your child is feeling overwhelmed or tired, these easy readers will be available. It will also be easier to enjoy the message and the time together. Parents should praise and reward their child for all literacy accomplishments, big and small. The positive encouragement ensures the child will return to the books time and again.
Remember that reading can be a fun activity to share together as a family. It will help your child learn about the world, and build valuable skills that are needed throughout life. Reading allows your child to go on an adventure from the comfort of your own home! Sit back, pick out a good book, and go on an adventure together.

Some fun books I recommend:
Pete the Cat, https://www.petethecatbooks.com/
Chica Chica Boom Boom, by Bill Martin Jr. and John Archambault
Little Blue Truck Series, by Alice Schertle, https://www.hmhbooks.com/series/little-blue-truck
How do Dinosaurs ... Book Series, by Jane Yolen and Mark Teague, http://www.scholastic.ca/books/series/howdodinosaurs/

Resources:
1. Reading A-Z – An Online teaching product to improve reading skills at every learning level. https://www.readinga-z.com/
2. Epic! - An Online resource to help children build confidence in their reading. Age- and level-appropriate recommendations are customized to each child’s interest. https://www.getepic.com/
3. Edmark – This is an excellent reading program for an older child who is not reading yet. https://www.otb.ie/edmark-reading-program/

References


Rosemarie Griffin, MA, CCC/SLP BCBA, is an American Speech-Language-Hearing Association (ASHA) certified Speech-Language Pathologist, Board Certified Behavior Analyst and Product Developer. She divides her time between a public school and a private school for students with autism in Ohio. She is passionate about helping individuals with autism find their voice and become more independent communicators. This passion has driven her to create her own business https://abaspeech.org where she provides ASHA-approved courses, therapy materials and free resources for parents and professionals alike.
Mold is the name used to refer to multiple types of fungi that are naturally found both outdoors and inside homes and buildings. Mold is usually harmless outdoors. However, in damp, warm and humid environments, such as a leaky basement or under an unsealed window, mold can grow and become a health hazard. As mold grows, it releases mycotoxins in the air, which can then be inhaled. These mycotoxins cause a variety of health concerns, including allergies, stuffy nose, wheezing, red or itchy eyes and cough, and may also trigger asthma. In some individuals, mold causes a severe inflammatory response.

The most common types of mold that are found indoors include cladosporium, penicillium, alternaria, stachybotris, and aspergillus. It is estimated that 58 percent of buildings and homes in the United States have water damage, which means there is a strong possibility that many families are affected by mold toxins at home, school and work.

**Mold and Autism**

Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder. Most experts agree that autism has a strong component of immune dysregulation that is often triggered by environmental factors, such as food- and water-borne toxins, chemicals, medication overuse and infectious agents.

Immune dysregulation makes it more likely that a child will suffer from allergic reactions, autoimmunity, frequent infections with both viruses and bacteria and an excessive inflammatory response. Exposure to mold toxins is a significant cause of immune dysregulation.

**Mold and Neuroinflammation**

Neuroinflammation is an important concept in understanding the relationship between any type of toxin exposure and autism. Research suggests that the cognitive and developmental delays associated with ASD stem from neuroinflammation. Mycotoxins and some other toxins enter the body and tend to bind to lipid and nerve tissues. This directly impairs neuronal function. Additionally, the immune system is stimulated to produce inflammatory products, which in turn cause even more injury to the already damaged nervous system.

In most individuals exposed to mold toxins, the toxin is “tagged” and identified by the body’s immune system. The body makes antibodies to remove the offending toxins. However, about 22 percent of the population has a set of immune response genes (human leukocyte antigen genes) that will not form antibodies to these biotoxins. Their bodies cannot efficiently remove mycotoxins. Instead, the innate immune system creates an extreme inflammatory response that can affect all body systems including the brain.
In adults, this is called chronic inflammatory response syndrome (CIRS).

The symptoms of CIRS can include the following:

Children exposed to a toxic environment may have some of the symptoms listed above, but may not be able to describe how they feel. Some of the obvious clues in a child include:

- allergies; histamine sensitivities; mast cell disorders
- frequent or chronic upper respiratory infections; impaired immune function
- inflammatory disorders, including PANDAS/PANS symptoms.

Mold illness is also called biotoxin-mediated illness or chronic inflammatory response syndrome in water-damaged buildings (CIRS-WDB). Mold is the most common source of CIRS, but the same illness can be caused by Lyme disease, the bite of a brown recluse spider, a brain injury, and a number of other less common toxins. The symptoms are indistinguishable from each other. This means you cannot tell from the symptoms what was the source of the toxic or infectious exposure. This is why history and a thorough examination of the home become essential.

Currently, there is no scientific evidence that mycotoxins cause autism. The causation appears to be multifactorial. However toxic exposures are known to be contributors, and can certainly create a cascade of health problems to accompany the developmental delays.

**Treatment for Mycotoxins**

If mycotoxins are suspected, it is crucial for a child with autism to see a biomedical or functional medicine physician, preferably one who is Medical Academy of Pediatrics Special Needs (MAPS) trained (https://www.medmaps.org). These doctors are trained in addressing the unique medical needs of the special needs population. Adult patients should seek out a doctor who is familiar with the work of Dr. Ritchie Shoemaker, MD, a leading researcher in the areas of CIRS, mycotoxins and Lyme disease.

**Testing for Mycotoxins**

It is important to have both the individual and the home tested for mold/mycotoxins.

To test the home, an Environmental Relative Moldiness Index (ERM) test can be performed by a professional. This test uses swabs from around the home and scores the mold spore counts. A score of above two is cause for concern if individuals in the home are genetically susceptible.
To test an individual, physicians will begin by obtaining a comprehensive history of the patient's symptoms and travels. This will be followed by laboratory testing. Lab testing for an individual with suspected mycotoxins is still being developed, and there is not one blood test that will identify if an individual has a mold-related illness. Since mycotoxins, Lyme disease and PANDAS/PANS can have overlapping symptoms, such as CIRS, most clinicians will order a variety of tests in an attempt to determine the cause.

These include:

- **HLA GENOTYPING (DETERMINES SUSCEPTIBILITY)**
- **COMPLEMENT C4a (IDENTIFIES MOLD EXPOSURE IF ELEVATED)**
- **COMPLEMENT C3a (IDENTIFIES BACTERIAL INFECTION IF ELEVATED)**
- **MYCOTOXIN TESTS (MEASURES LEVELS OF MYCOTOXINS IN URINE)**
- **LYME/COINFECTIONS TESTING (IF THIS IS SUSPECTED)**

Additional lab work can identify classic signs of inflammatory illness. These include:
- Vasoactive Intestinal Polypeptide (VIP)
- Melanocyte Stimulating Hormone (MSH)
- Transforming Growth Factor Beta-1 (TGF Beta-1)
- Antigliadin (AGA IgA/IgG)
- Adrenocorticotropic Hormone (ACTH)/Cortisol
- Vascular Endothelial Growth Factor (VEGF)
- Antidiuretic Hormone (ADH)/Osmolality
- Matrix Metallopeptidase 9 (MMP-9)
- Leptin
- Nasal culture to test for Multiple Antibiotic Resistant Coagulase Negative Staphylococci (MARCoNS).

---

**Treatment for Biotoxin-mediated Illnesses (Lyme or Mycotoxin)**

If mold exposure is found to be present, there are several key steps for treatment.

1. **Families and individuals exposed to mycotoxins must remove themselves from the source. Once the mold has been remediated and the house has been thoroughly cleaned, the family can return to the home. The ERMI score must be below two.**

2. **If Lyme disease is present, it must be treated with antimicrobials/antibiotics.**

3. **Binding therapy should be used to remove biotoxins. Without this critical and often overlooked step, a person who has become ill will not recover fully. There are binding medications available that your physician will recommend. These medications have a charge and a structure that attract the negatively charged mycotoxins. Biotoxins are bound and eliminated in the stool.**

4. **If a MARCoNS bacterial infection (bacterial infection in deep nasal passages) is present, treat it with nasal sprays recommended by your physician.**

5. **Anti-inflammatory treatments will help reduce harmful mediators. Your physician can recommend varying medications, herbs and nasal sprays to reduce the inflammation caused by mycotoxins.**
When a child with an inflammatory disorder is treated effectively, the neuroinflammation will be reduced. As the brain inflammation is reduced and the immune system is normalized, parents typically see an improvement in cognitive performance, developmental progress, sleep, behavior, and overall stability. Additionally, as mold causes so many problems for the immune system, parents also tend to see an improvement in immunity to common illnesses and a reduction in overall reactivity.

It is important for parents to understand the symptoms of various toxic exposures. Mycotoxins are the primary focus of this article, but parents should also learn more about the connections between Lyme disease, PANS/PANDAS, and other infections as these are commonly seen in children with autism spectrum disorder.

Many children with autism have underlying biomedical conditions that exacerbate the symptoms of this neurodevelopmental disorder. Parents should find out more about these conditions and take appropriate action if they have concerns.

For more information about the topic of biotoxin-mediated illnesses, or if you think you may have CIRS, see www.survivingmold.com, or www.BiotoxinJourney.com.

**Sources**

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

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

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

She obtained her undergraduate degree at Wheaton College and completed her physician's degree at the National University of Health Sciences in Lombard, graduating as valedictorian of her class. She currently also works in private chiropractic practice in Warrenville to further serve the health needs of her patients.

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Toilet training is a game changer for children. It affords them a whole new level of independence. I love seeing children succeed in this area of their development and seeing parents help their children achieve this level of independence.

Parents often believe toilet training a child with autism can be a challenge. Parents may struggle to know if their child is ready and how to begin teaching a child to use a toilet.

**The Challenges**
Some of the typical challenges include the following.

**FEAR OF THE BATHROOM**
The bathroom is home to a host of sensory inputs that may be overwhelming to a child with autism. The lights can be bright, and the toilet flushing is unpredictable. This is particularly true for public or school restrooms, which often have florescent lights and loud hand dryers.

**CHANGE IN ROUTINE**
Children with autism typically thrive on routine. When children have a learned behavior, such as going to the bathroom in their diaper or having a diaper changed as part of their routine, they may be resistant to change. A change in routine can be very uncomfortable.

**SOCIAL MODELING**
Neurotypical children will often look at their parents, siblings and friends and learn by imitation. This also relates to toilet training. Children with autism may not always engage in, or even be aware of socially-mediated behavior. They may not have the intrinsic motivation to do what others are doing.
When to Start?
There is no specific age at which you should start toilet training a child with autism. I have trained children on the spectrum who were as young as two and as old as 10 years old. The age is not as important as the abilities and willingness of both the parents and the child. Even non-verbal children can be toilet trained. They may need a more intensive program, but they can absolutely reach this milestone.

It is important to distinguish between nighttime readiness and daytime readiness. Children may be ready to toilet train even though they do not stay dry overnight. Nighttime dryness usually follows daytime dryness. It can be helpful to look at developmental targets to determine the readiness of a child to be successful at toilet training. Although the targets listed below are not required to begin toilet training a child with autism, they will increase the chance of success.
- Your child has regular bowel movements.
- Your child has the ability to stay dry for long periods of time.
- Your child can pull his/her own pants up and down.
- Your child can understand signs, pictures, and/or written and spoken words.
- Your child can follow basic directions.
- Your child responds to positive reinforcement or rewards.

Before You Begin
There are a number of other factors to consider even before you begin the process.

RULE OUT ANY MEDICAL ISSUES
Children with autism often struggle with constipation and irregular bowel movements. Before caregivers begin toilet training their child, it is important to rule out any complicating medical issues that could impede the child's ability to use the bathroom.

DETERMINE YOUR CHILD'S SCHEDULE
Take a few days or a week to determine your child's urination and stool schedule. Is he/she wet every morning when waking up? Does he/she have bowel movements every day? How long does he/she go between urinating?

DETERMINE YOUR CHILD'S REINFORCER
What motivates your child? Is your child motivated by small candies or chocolates, stickers, toy cars, dolls, electronics? Find items that can be given as a reward when toilet training begins.

FIND FUN STORIES OR ACTIVITIES SURROUNDING POTTY TRAINING
Some of my favorite books are “Everybody Poops” by Taro Gomi, and “Elmo’s Potty Book” by Phoenix International Publications, Inc. These books help children understand the process of toileting and why they are required to learn the behavior. There are also many social stories available online which can help teach the specifics of toileting. Start reading potty books with your child about a week before you intend to begin toilet training, to acclimate him or her to the process and expectation.

Find items that can be given as a reward when toilet training begins.
Before you start toilet training, you need to ensure that the bathroom is a place where your child is comfortable. If the bathroom is an uncomfortable location for your child, you may need to start with small steps, such as giving a reinforcer for simply touching the door knob or just standing in the bathroom. Once your child is comfortable taking one step in the bathroom, try putting different toys in the bathroom or having your child spend time doing a preferred activity in the bathroom. Then move to touching the toilet, and eventually sitting on the toilet. Toilet training can only begin if your child is comfortable in the bathroom.

A week before you start toilet training, determine what you will be using for reinforcement for your child and limit access to it. For example, if you have decided your child will be able to earn a small piece of candy or access to a preferred video, do not allow your child to have access to it for about a week prior to beginning training. By withholding the highly motivating item, your child will be more likely to work hard for it when the time comes to toilet train.

Prepare to commit a full week to toilet training. Find or make a week in which there are no outings or social gatherings. You will need to focus all of your attention on your child’s training. If possible, have your spouse or another adult care for siblings and pets. Minimize distractions on the one you are toilet training.

Buy lots of underwear. Once you put your child in underwear, he/she will need to know that this is the new normal. While diapers and pull-ups prevent messy accidents, they also absorb wetness and do not allow the child to feel the discomfort of peeing in underwear. Your child needs to understand that wet is uncomfortable. Pull-ups and diapers are appropriate to be used at bedtime and for long car rides. In all other instances, if possible, use underwear. If you really feel the need to use a pull-up, you could put the underwear on first and then a pull-up over the underwear.

Choose a day and time, and begin! When your child wakes up, let him/her know that today he/she is going potty and will be wearing underwear. Roll up any area carpets and try to keep your child in spaces with hard surfaces that can be easily cleaned in the event of an accident. If your child is non-verbal, provide pictures that can be pointed to when the need to go to the bathroom arises. For verbal children, have simple words for them to use that indicate they need to use the bathroom.

When toilet training begins, allow your child unlimited access to a preferred liquid, and avoid salty snacks. This will allow the child to have more opportunities to practice using the toilet.

If possible, always use a regular-sized toilet instead of a child-sized potty. In the long run, this will be one less change that is required, and will acclimate your child to using regular toilets in other people's homes, school and restaurants. If the child is extremely resistant to a regular-sized toilet, begin by using a child-sized potty.

Take your child to the bathroom every fifteen minutes. Have your child sit on the potty for about five minutes, or until your child goes in the toilet. If the child successfully urinates in the toilet — even a few drops — IMMEDIATELY provide verbal praise! Do a potty dance! Be very animated and use an excited and proud voice. Then, give your child the highly motivating reinforcement object, the one that was withheld for the last week. If the child does not go pee on the toilet, say “good job sitting on the potty; we’ll try again in a little bit.”

I recommend you do a dryness check every five minutes. Have your child feel the front of the pants he/she is wearing and ask: “how do you feel?” If your child is dry, you can give him/her an edible reinforcement like one M&M. This reinforces staying dry.

Recognize that there will be accidents. In the first few days, you want to reinforce the fact that having soiled underwear is uncomfortable. If you notice that your child has had an accident, calmly say to him/her, “pee goes in the toilet, not in your pants.” Try to keep your tone as neutral as possible. Once you point out the accident to the child, bring the child to the toilet and have him/her sit on the potty, again reiterating that pee goes in the toilet. Many therapists use a technique called positive practice, which encourages parents to keep their child in his/her wet underwear and return to the site of the accident, repeat that pee goes in the toilet and then return to the bathroom for the child to sit on the toilet. Repeat this three to five times before changing your child into dry clothes. The number of times the positive practice procedure is repeated depends on the child’s age and discomfort level. For example, younger children may only need three repetitions, and older children may need five repetitions. If your child is very averse to the wet pants, two to three repetitions may be sufficient. This reinforces the fact that being wet is uncomfortable. After changing your child into dry clothes, it is important to have the child, as much as able, assist you in cleaning up. Never get angry or upset about an accident. This is all part of the learning process.

Be aware that successfully using the toilet at home does not necessarily mean that your child will be successful at using the toilet in public spaces. The lights, hand dryers and toilets in public restrooms can be overwhelming for a child with autism. Parents may need to take small steps when it comes to using public restrooms – first have your child just touch the door. Then, have your child walk into the restroom to look at the toilet. Then, have your child try sitting on the toilet. Where family restrooms are available, they are often a more comfortable setting for children with autism.
Professional Help
By bringing your child to the toilet every fifteen minutes, it is likely that your child will have some success over the span of a week. If you feel he/she has not made progress at the end of a week, re-evaluate the prerequisites and consider postponing the training. I recommend waiting two to three months before trying again. If you feel that you need professional help, consult a behavior therapist who is experienced in toilet training children with autism. Many ABA therapists also provide toilet training support via telehealth.

Toilet training may appear to be a monumental task. You may find it exhausting to bring your child to the toilet every fifteen minutes as part of the training, but it will be worth it in the end. I have successfully trained dozens of children to use the toilet. It has been an honor to help these children move towards independence, and I can’t describe how exciting it is to see children reach this milestone. Be patient and positive, and you will have success.

Resources
https://www.marybarbera.com/potty-training-autism/

Megan Haupert, M.Ed., BCBA, LBA, is a Board Certified Behavior Analyst specializing in autism and developmental disabilities. She received her Bachelor’s Degree from Ball State University with a dual certification in Elementary Education and Special Education. In 2010, she received her Master’s Degree in Special Education from the University of North Texas with an emphasis in Autism Intervention. She is a certified teacher in the state of Texas, and has taught special education at the middle-school level and was an instructor at Baylor University in the Educational Psychology Department. Currently, Megan is the co-owner and Director of Therapy at The Missing Peace Autism Therapy Center in Keller, Texas, where she continues to provide direct treatment. She also provides clinical guidance to other providers in the organization. Megan’s passion is providing families and children with disabilities the tools and strategies that will empower them for their lifetime.
Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by two key features: impairments in reciprocal social communication and social interaction; and restricted and repetitive behaviors, interests or activities. (American Psychiatric Association, 2013)

Although the challenges associated with ASD differ for each individual, there are many conditions that are frequently comorbid. Children with ASD commonly experience mental health difficulties, such as emotional dysregulation and anxiety (van Steensel et al., 2011; Kerns & Kendall, 2014; Adams et al., 2019). Untreated anxiety may negatively affect healthy development, and problems may become more significant during adolescence and adulthood. Early intervention is imperative to promote children’s healthy development. The aim of this article is to raise parents’ awareness of the use of specific Cognitive Behavioral Therapy (CBT) intervention strategies to address anxiety.

Cognitive Behavioral Therapy (CBT) to Treat Anxiety

One of the most effective ways to treat anxiety in a child with high-functioning ASD is through cognitive behavioral therapy (CBT). This is an evidence-based practice, which means it has been scientifically demonstrated to be effective. It has been shown to be effective for treating social anxiety, generalized anxiety, specific phobias, panic attacks, and obsessive-compulsive disorder — all of which are common in the ASD population. CBT is based on the premise that our thoughts (cognitions) cause feelings, and then a behavioral response (e.g., avoid/approach) (Beck, 2020; Fenn & Byrne, 2013; O'Donohue & Fisher, 2012).

Children with ASD often get “stuck” in unhelpful patterns of thinking and responding. Over time their perception, or “meaning-making system,” becomes skewed by these faulty and illogical thought patterns. Based on CBT, the core approach to changing how children feel is to target and challenge these distorted thoughts about themselves and their surroundings. To accomplish this goal in therapy, I have introduced the idea of a “Thinking Trap.” I use this term to characterize the various negative thought patterns that activate anxiety and anger. When a person falls into a Thinking Trap, his/her fight-or-flight response is activated and anxiety or anger may be experienced. I have described this activation process as being controlled by the “Danger Button.” To make it more concrete for children, the goal of CBT then becomes to teach them to control their Danger Button by avoiding Thinking Traps.
The following are some of the Thinking Traps commonly identified in children with ASD and anxiety: (Beck, 2020; Fenn & Byrne, 2013; O'Donohue & Fisher, 2012)

**Mind Reader**

Children may assume they know what others are thinking about them or their behavior. For example, they may say: “I don't think she likes me;” “If I go, they will laugh at my hair;” “He saw me trip and now he thinks I'm clumsy.” For children who think in these terms, they will likely experience symptoms of social anxiety.

**Fortune Teller**

Children with autism are prone to thinking about the future because they like predictability and may often worry about the future. This trap is about believing they know what is going to happen in the future and then predicting a negative or bad outcome. For example, a child may think: “I'm not going to do well on this test” or “Even if I try, I won't succeed.”

**Black/White Thinking**

Children with ASD are prone to falling into this Thinking Trap. This is believing that something or someone is either good or bad, right or wrong, rather than something in-between (shades of grey). For example, after failing one test, a child may think “I’m stupid;” or if one friend gets angry at him/her, the child might believe that “nobody likes me;” difficult behavior can also be fueled by such attitudes as “I don't WANT to” or “I don't LIKE this.”

**Mental Filter**

Children with ASD may be prone to over-focus on their problems/anxieties or the times of their day that didn’t go well. They may hyper-focus on scary or upsetting thoughts and ignore the happy or positive aspects of their day. Once they have fallen into this Thinking Trap, they may have trouble “letting go.” For example, they may not be able to stop thinking about “my argument with X,” or “the mistake I made during my presentation.” Children may need help seeing things in a balanced way and shifting their attention to more helpful topics and activities.

**Worst Case**

Children fall into this Thinking Trap when they imagine the worst-case scenario. These scenarios are usually extremely unlikely, improbable, or completely unfounded. For example, they could include such thoughts as “I think Mom had an accident because she is late,” or “I can’t go out because I think I will be struck by lightning.”

**Self-Bully or Self-Critical**

The self-bully trap occurs when your children use put-downs or negative words with regard to themselves. They may be quick to blame themselves or be overly harsh regarding a mistake. For example, they may say “I am stupid,” “I don’t even like myself,” or “it’s all my fault.” This pattern of thinking is unhelpful and often leads to sadness and depression.
Additional CBT Strategies to Overcome “Thinking Traps”

Identifying your child’s common Thinking Traps will help you to better understand their emotional dysregulation and anxiety. They will fall into these traps just before and during distressing situations. Once you work with your child to identify the trap that he/she has fallen into, you can then help to challenge it or replace it with a more helpful thought. By replacing illogical thoughts with healthy ones, you can help your child control the Danger Button and activation of the fight-flight response.

The following are some of the specific CBT skills required to help your child manage anxiety and avoid Thinking Traps.

1. **SEPARATE THE THOUGHTS FROM THE ACTUAL EVENTS.** Analyze the facts of what actually happened. Have children view their thoughts as a possibility or a hypothesis rather than a fact. You can help them test the validity of their beliefs by looking for real evidence.

2. **POSITIVE SELF-TALK:** You can teach your children to engage in positive coaching and self-talk. Help them to deliberately replace negative thoughts with positive ones.

3. **PRACTICE/REHEARSE:** You can practice, imagine or role-play a future situation. Go through the situation and supply children with positive ways of thinking that will help them cope with challenging situations.

4. **GRADUAL EXPOSURES:** As your children gain these core CBT skills, you may want to expose them to increasingly difficult situations through a process known as gradual exposures. Gradual exposure exercises involve helping children to face the old triggers of anxiety with new ways of thinking and coping.

5. **PSYCHOEDUCATION:** This CBT strategy involves teaching your child and other family members about your child’s condition, whether it be ASD or anxiety.

If your child’s feelings, anxieties and thoughts negatively affect his/her decisions and ability to participate in desired activities, you may want to seek help from a professional. Anxiety should be taken seriously when it impedes a child from doing the things that he/she wants or needs to do. CBT should be implemented with the help of a registered psychologist, psychotherapist, behavioral therapist, or social worker.

References


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Advocating for your Child in the School System

Mary Jo O’Neill, M.Ed. from Hickman and Lowder Co. L.P.A.

One of the most important parts of a child’s upbringing is education. Children with autism spectrum disorder who are enrolled in the public school system often require accommodations and specially designed instruction to help them achieve success in their academic career. It can be difficult for parents to understand the school’s systems, policies, paperwork and programs, yet it can be vital to their child’s success. As a Special Education Advocate who has been helping children on the spectrum and their families navigate the school system for over 15 years, I would offer the following advice on how to create an effective Individualized Education Program (IEP), how to form positive working relationships with your child’s educators, and how to advocate for a successful school year for your child.

What is an IEP?
An IEP is a written, legal document created by a child’s educational team, which includes the parents or guardians. It’s a program that outlines specific instructions and supports that must be given, at no cost to the family, to help the child succeed and thrive at school. Not all children qualify for an IEP, even if they have a formal diagnosis. They must meet specific legal definitions for eligibility, and establish that their disability adversely impacts their educational performance. IEP eligibility is determined in a multi-factored evaluation, commonly referred to as an Evaluation Team Report (ETR*). IEPs are common for children who have learning and physical disabilities, and/or emotional and social difficulties.

*The ETR may be called something different (e.g., Multi-factored Evaluation) depending on your state of residence.

How to Create an Effective IEP
Once it is determined that your child qualifies for an IEP, educators, team members and parents work together to create specialized instruction and IEP goals to best suit the child. IEP goals should be developed based upon the child’s needs as identified in the multi-factored evaluation. Goals should be specific and measurable, and designed to enable the child to make adequate progress. This can best be achieved by following SMART criteria in goal-setting.
<table>
<thead>
<tr>
<th>Specification</th>
<th>POORLY WRITTEN GOAL</th>
<th>SMART GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFIC</td>
<td>Sam will improve her reading skills</td>
<td>Sam will be able to read 130 wpm at a 4th grade reading level.</td>
</tr>
<tr>
<td>MEASURABLE</td>
<td>Sam will be able to tie her shoes by the end of the year</td>
<td>Sam will be able to tie her shoes independently in four out of five</td>
</tr>
<tr>
<td></td>
<td></td>
<td>consecutive trials by May 15.</td>
</tr>
<tr>
<td>ATTAINABLE</td>
<td>Sam will write a paragraph at a 2nd grade level with no</td>
<td>Sam will write a paragraph with 5+ sentences with no more than two errors</td>
</tr>
<tr>
<td></td>
<td>errors</td>
<td>in punctuation.</td>
</tr>
<tr>
<td>REALISTIC &amp;</td>
<td>Sam will improve her writing skills</td>
<td>Sam will be able to write a cohesive paragraph consisting of at least</td>
</tr>
<tr>
<td>RELEVANT</td>
<td></td>
<td>three sentences with correct punctuation and capitalization.</td>
</tr>
<tr>
<td>TIME-BOUND</td>
<td>Sam's progress will be measured through a language</td>
<td>By the end of the IEP term, Sam will be able to correctly answer one-step</td>
</tr>
<tr>
<td></td>
<td>assessment</td>
<td>word problems involving time, with 80 percent accuracy in three out of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>four attempts, with the word problems given orally.</td>
</tr>
</tbody>
</table>
Some Other Considerations Regarding the IEP

- The IEP team will create your child's IEP. Parents and advocates can advise and give input, but do not actually write the document.
- The IEP team is required to consider the child's strengths.
- The IEP team should consider the child's current and past medical evaluations.
- The IEP includes both the functional and academic needs of a child.
- The school must inform parents/guardians about their child's educational progress at regular intervals.
- The IEP is a living document, and can be changed as the child grows and progresses as needed. When a change is made to the IEP, it is called an “amendment.” Parents should not be discouraged by amendments. In fact, an amendment indicates that the IEP team is listening to your concerns and is changing the IEP to better meet the needs of your child.
- Social, emotional, behavioral and functional objectives are just as important to include in an IEP as academic objectives. In fact, children can qualify for functional assistance without having any academic objectives.

Preparing for Planning/ETR/IEP Meetings

In order for any meeting on a child's education to be successful, parents must be prepared. The first step is to understand both the basic terminology and process of how documents such as IEPs are created. The following are some suggested steps to help you be prepared for such meetings.

1. **In Special Education, there are 13 categories of eligibility.** The categories are used to help educators create a meaningful ETR/IEP for your child. Parents should familiarize themselves with the 13 categories.

2. **Take time to understand the 13 categories of eligibility so that you can confidently speak about them in your ETR/IEP/Planning Meeting.** Think about specific examples of the categories you suspect apply to your child. Is it strictly autism, a learning disability or an emotional disturbance? Try role-playing with a trusted friend or family member on ways to share your opinion with the educational team. Be prepared to share your findings and observations in the meeting, and ask the team for its opinion. This will validate the team's experiences and qualifications, but will still allow you to convey all of your information.

3. **Parents should understand the ETR Team's Purpose.** The ETR Team's purpose is to qualify your child for specially designed instruction, using the 13 categories. Be mindful that a medical diagnosis (DMS-5) is very different from the school's evaluation team report (13 Categories). A medical diagnosis does not automatically qualify a child for specially designed instruction. A medical diagnosis is used to support the school's evaluation.

4. **As a courtesy, email the school district or school board one week before your ETR/IEP/Planning Meeting.** Attach your child's medical documents, outside reports, reports from tutors, writing samples and other relevant information. This will give the school district an opportunity to review the documents and come prepared for the meeting.

5. **Carefully consider who you will bring with you to each meeting.** You can bring an advocate, a friend or a family member who will be productive in the meeting and who will commit to actively listening to the information. Parents might also consider bringing a teacher from previous years to the meeting, or a notetaker who will quietly sit off to the side and document the items discussed.

6. **In order to prepare for your ETR/IEP/Planning meeting, gather any relevant medical or personal notes.** Write down any questions you have, as well as positive thoughts, in order to bring them to the meeting. It may also be useful to bring printed copies of your child's history/evaluations in case education participants do not have this documentation on hand. I recommend starting a binder that you can take with you to all of your meetings. It should include: evaluation team reports/multi-factored evaluations, IEPs, progress reports, PR-01s (prior written notices), work samples, outside evaluations, and your notes.

7. **Dress up for the meeting as a way to show confidence.** Be prepared to actively listen and work together. Remember that you and the educators have the same goal in mind: to provide the best possible program for your child's success. Opinions on the best approach may differ at times. It is important to consider the educator's point of view while, at the same time, advocating for what your child needs. Be friendly, kind and constructive.
IEP – Continued Communication
After an ETR evaluation qualifies your child and an IEP is created, there needs to be constant communication between you and the teacher and district. This continuous communication is what I call a “Loop of Progress.”

Addressing Red Flags
Once IEPs, school procedures, schedules and follow-up meetings are implemented, students should have a successful year. However, there may be times when issues arise. Parents should be concerned if they are not seeing adequate progress in their child. If the same goals are being written in the IEP year after year, parents should request that the teachers and administrators re-evaluate the academic instruction set in place. Parents and the IEP team should review the progress of the child together and often.

Other red flags could be a child coming home crying every day, or when a child engages in avoidance behaviors. Learned helplessness and defiance are other common red flags that something at school may need to be addressed. If something seems “off,” parents should be proactive in determining why their child is feeling that way, and figure out if there are alternative accommodations to better suit the child’s deficits.

Tips for Success
You know your children best. You know their strengths, their weaknesses and their capabilities. Although the school system can be difficult to navigate, it is imperative for parents to advocate for their children. Educate yourself on the school policies and come prepared to each meeting. By understanding the meaning of SMART goals, “benchmark” goals and the 13 categories, you will show educators that you are on their team and are willing to advocate for your child’s needs.
Despite your best efforts to work with the district or school board, conflict may still arise. In these situations, don’t be afraid to seek the help of an advocate, parent mentor or facilitator. Parents have the right to invite a supportive member to meetings. Parents should interview advocates before bringing them on board to ensure that they understand their concerns, have an educational background and experience in creating an IEP, and that they have a helpful and calm demeanor.

My final tip is to approach all concerns as an opportunity to have a conversation. Approach concerns with kindness. Think of it as an opportunity to work together with your team to create a more effective educational program for your child. Our children are exceptional and deserve a program that can highlight their strengths and give them the opportunity to thrive in education.

Mary Jo O’Neill, M.Ed., is a Special Education Advocate at Hickman & Lowder Co. L.P.A.. She has a broad background in education and began her career as a teacher in public and private schools, including Julie Billiart School. She was also an Advocate with Lawrence School. In addition to her time in the classroom, Mary Jo created the Academic Support Center at Notre Dame College to provide quality educational opportunities and support services to students. Mary Jo also created her own consulting practice, in which she served as an Intervention Specialist and Parent Advocate for over fifteen years.

Mary Jo served on the national board of the International Dyslexia Association and is an advisor for the local branch and is also a member of the Julie Billiart Network Board. She authored the Foreword of Expect a Miracle by Sandy and David Petrovic, Infinity Publishing (2014). Mary Jo graduated cum laude from Vermont College of Norwich University with a Bachelor of Science degree in Early Childhood Education. She received her Masters of Education in Curriculum and Instruction from Cleveland State University. She is a Licensed Intervention Specialist: Mild to Moderate Learning Disabilities.
My name is Xavier DeGroat. When I was a child, I was diagnosed with High Functioning Stage Autism (Asperger’s). I faced many obstacles when I was younger and felt misunderstood by my peers and teachers. I was bullied by my classmates because they knew that I was different. Doctors and professionals told my family that I would not succeed in life because of my autism. I want to tell you that nothing could be farther from the truth. In fact, those words motivated me to prove that I can accomplish anything in life. I have met with Ford Motor Company’s Executive Chairman Bill Ford, former U.S. President Donald Trump, American television journalist Gayle King, Australian entrepreneur and retired professional golfer Greg Norman, and even the Dalai Lama, the spiritual leader of the Tibetan people. However, I am most proud of my three-month Internship at the White House from September to December of 2020. I want you to know that, with your help and support, your child can accomplish anything.

Today, and every day, I spend my time fighting for autism awareness. In 2018, I started the Xavier DeGroat Autism Foundation to empower individuals with autism, to break down barriers, to educate families and communities on autism, and to build autism awareness. I want to educate communities to focus on the abilities of individuals with autism rather than on their disabilities.

I take pride in my ability to educate those in positions of authority, such as police, teachers, politicians and managers. It is important for everyone to know how to interact with those on the spectrum. Indeed, it is key to overcoming many of the obstacles that those with autism face.
Autism and the Police
Violent encounters between individuals with autism and the police are making headlines around the country and the world. These situations have deeply saddened families with autism. Not only are such situations unacceptable, they are, in fact, avoidable. What can we do as autism advocates and parent advocates to prevent these encounters from happening?

In a study of 284 young adults with autism from Canada, researchers found that 16 percent of people with autism had an interaction with police over an 18-month period. In almost half of these interactions, the autistic individuals reported that the officer helped them to feel safe and calm. In about one third of the cases, however, the police had the opposite effect. In 19 percent of the interactions, physical restraints were used; in 30 percent of the cases, the individuals were escorted to a hospital.

One of the main focuses of my organization is to change these statistics. Some police departments have implemented video interviews with autistic individuals as part of their training. This is a good start, but more needs to be done.

Current police training for high-stress situations encourages officers to gain control of a situation and be authoritative. These tactics can often be counterproductive since many individuals with autism respond to patience, no unnecessary physical contact and speaking in a calm voice. It is also valid to ask how realistic it is to expect officers to become mental health experts. Most parents have spent their entire parenting years learning how to de-escalate their child, and the specific triggers and needs of their child.

As advocates, we cannot accept the current situation. I recommend changes in two areas that can help us address this situation.

Education
Police officers need a better understanding of how to communicate and interact with autistic individuals. We all know that autism is a very broad term. Some individuals with autism are non-verbal, while others have extraordinary vocabularies. Some have sensory sensitivities, anxiety, ADHD or other co-occurring conditions. Police need to have a broad understanding of the complexities of autism. This can only be accomplished with thorough and ongoing training. The federal government should mandate autism education and provide funding for training for all law enforcement officers. This requirement should be standardized across the country.

Autism Identification Cards/Registry
I believe that one of the best ways the police and the autism community can work together is through a database system or registry. In this system, people with autism could voluntarily identify themselves as having autism, and list key challenges, such as sensitivity to loud noises, so that an officer is aware of them.

For example, in Canada there is a “Vulnerable Persons Registry.” If you are on the registry and find yourself pulled over by the police, the officer will be able to identify that you have autism and any of your special requirements. I have also worked with the government in Michigan on the passage of a law stating that autism can be identified on state identification (Michigan Senate Bills 0278/0279). With this law, information on your specific needs will be registered in a database so officers know how to approach and interact with you. My organization’s goal is to help facilitate this provision in every state.
Many autism organizations also provide special stickers that can be placed in a car or home window to indicate the presence of an individual with autism. If your child is a wanderer, there are also Velcro labels with contact information that you can put on your child’s shoes.

Law enforcement officers make their best decisions when they have the best information. While disclosing autism may be uncomfortable for some, I believe it is something that can help officers treat autistic individuals with the best care possible. This includes disclosing autism on an identification card.

My Advice for Parents
As an individual with autism and someone who has worked with countless individuals on the spectrum, I offer the following advice to parents who are raising a child with autism.

Integrate Your Child into the Community
When I was little, my parents encouraged me to practice being in the community. They took me to the library where I could interact with others, and navigate through books that would eventually develop the creative mind that I have now. Their push for me to go to public places and interact with the community was an integral part of my success as an advocate today. I believe my friend Temple Grandin was inspired when she taught that individuals with autism should slowly integrate themselves by going into little crowds and slowly building to something bigger. Eventually, they will find out that they can have control in social settings and find personal ways to cope.

Be Open-Minded
Your child is a unique individual. Your child has his/her own set of strengths and interests, and may not want to play soccer like you did or play the piano like you did. Identify and foster your child’s interests. They might include botany/plants, or engines or rocks. Let your child spend as much time as he/she would like experimenting and exploring a special interest. You never know if this interest will lead to a career. Focusing on your child’s ability or special interest is more rewarding than always focusing on disabilities.

Your Child’s True Self Will Emerge
From my experience, I have noticed that the child with autism’s true personality, interests and special qualities usually emerge as he/she enters the teenage years. This is the time when you will see the skills that your child has developed and how far he/she has come. Albert Einstein is reported to have had Asperger’s'autism and didn’t talk until he was four years old. I also didn’t communicate properly until I was about five years old. The childhood years can be long and filled with challenges, but when you see your child emerge as a confident, kind and unique individual, you will know the hard years were worth it.

Be Patient
I know it can be hard to raise a child on the spectrum. You might not know how to deal with your child’s behaviors or frustrations, or understand your child’s sensory sensitivities or interests. You may wish to see your child integrated into the community but not know whether you should make your child practice being in social situations or leave your child at home where it’s easier for you. Be patient with yourself and with your child. As the years go on, you will realize that you are the best person to raise your child. Educate yourself and do your best.

Don’t Restrict Activities Just Because of Your Child’s Challenges
An amusement park might seem too overwhelming for your child, but if he/she wants to go, you should never hold back. Perhaps you can put your child on a ride that is not very loud. Maybe you can go to the amusement park just to play games and win prizes. There are also many restaurants and theatres that have created sensory-friendly rooms and lighting for people with autism. Seek out ways you can create extraordinary childhood memories that are still manageable for your child.
I hope that these suggestions can help you support your child on the spectrum achieve his or her full potential.

Xavier DeGroat was born in Colorado Springs, CO, and has, from a young age, had a desire to help those in different circumstances with autism. In 2009, he began his journey as an advocate by travelling around the City of Lansing and Michigan to share his story with local leaders. He was focused on educating these individuals and helping them see the perspective of someone on the spectrum and bring social change to their organizations. Some of the first leaders that he met with include labor union officials, politicians, and business executives.

In 2014, DeGroat began his travels across the nation to meet other leaders in all parts of the country. His first national advocacy trip was to Washington, D.C., where he met with political leaders and shared his story with them. This included a meeting with Congressman and Civil Rights leader John Lewis.

In 2018 DeGroat started the Xavier DeGroat Autism Foundation, which empowers individuals with autism, aims to break down barriers, and strives to educate families and communities on autism. He continues to build his team to help counsel, rehabilitate, and provide financial guidance to local individuals with autism.

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There is a famous quote by Dr. Stephen Shore that states: “if you’ve met one person with autism, you’ve met one person with autism.” There is a great diversity within the autism spectrum, and no two individuals with autism spectrum disorder (ASD) are alike. However, children with ASD often struggle in similar areas, such as managing self-care tasks, communication, sensory processing, managing emotions and social skills. Unfortunately, there are no universal strategies that will work with every child. This is where an Occupational Therapist (OT) can help as a member of your child’s therapy team. They are experts at problem-solving issues and coming up with cost-effective solutions that are easy for the child’s supportive adults to implement.

Occupational Therapists are university-educated with either a diploma, bachelor or master’s degree, and are regulated health care professionals. When working with children, their role is to ensure that the child can participate and engage in the meaningful activities of everyday life. Children’s meaningful activities include, but are not limited to, playing, going to school, making friends, using the toilet, sleeping, eating and so on.

OTs are extremely knowledgeable in the area of sensory processing, something that can be difficult for many children on the spectrum. Sensory processing refers to the way the nervous system receives messages from the senses and turns them into a response. For those with Sensory Processing Disorder (SPD), sensory information goes into the brain but does not get organized into appropriate responses. Recent estimates of the prevalence of sensory symptoms in people with ASD range from 69 to 93 percent in children and adults.1,2,3,4 Sensory symptoms have been added as a diagnostic criterion of ASD in the Diagnostic and Statistical Manual of Mental Disorders (5th ed).5 OTs can complete a sensory assessment that will outline your child’s sensory needs. They will then develop strategies such as adding movement breaks to your child’s daily schedule to help the child stay organized, calm and focused. The pyramid of learning shown to the right demonstrates that a child’s sensory needs must be met before any higher-level learning can take place. For example, if a child constantly feels a painful sensation from the clothes touching his/her body, it will be very difficult to pay attention to what the teacher is saying at school.
Along with sensory processing, OTs are able to support children with ASD in a variety of other areas. These include the following:

**FINE MOTOR SKILLS**
This is the ability to make movements using the small muscles in our hands and wrists. This includes grasping a pencil, using scissors, upper body strength, dexterity, hand preference, printing and drawing, two-hand coordination, etc.

**MOTOR PLANNING SKILLS**
This is the ability to conceive, plan and carry out a skilled, non-habitual motor act in the correct sequence, from beginning to end. We use motor planning for all physical activities, including everyday tasks like brushing teeth and washing hands.

**VISUAL PROCESSING SKILLS**
This involves the ability to organize and interpret the information that is seen and give it meaning. Math, reading, and writing are examples of activities that rely on visual processing skills.

**PLAY SKILLS**
This involves supporting children in the areas of functional play, imaginative play and cooperative play with peers.

**SELF-HELP SKILLS**
This includes supporting children with dressing, hand washing, feeding, using the toilet, nail-cutting, sleeping, bathing, etc.

**TASK ENGAGEMENT SKILLS**
This area includes supporting children with maintaining focus and attention, as well as having the ability to follow an adult’s lead.

The following activities are recommended by OTs to support children with ASD in the home or at school.

**SENSORY BINS** tend to be calming for children and can target a variety of skills, such as play, fine motor, turn taking, and speech and language. There are many ways to create a sensory bin. Explore new materials and textures with your child until you find something he/she enjoys. Many excellent examples of how to create your own sensory bin can be found online.

**HEAVY WORK JOBS** are activities that involve getting your child to use his/her muscles by helping out around the home. This can include shoveling snow, raking leaves, carrying in groceries, wiping down the table after supper, taking out the garbage, etc. These activities activate the proprioceptive system by working the big muscles and joints, which can help to calm and organize a child’s body.

**THERAPUTTY AND BEADS** can be a great calming break activity when a child is feeling overwhelmed. Add some beads or jewels to the putty and get the child to dig them out as this also targets the child’s fine motor skills. You can purchase theraputty online or at most physiotherapy clinics.

**SHORT/BROKEN CRAYONS** can help develop fine motor skills. If your child uses all his/her fingers to hold a writing tool, then give the child short/broken crayons to use. This ensures that only the thumb, index and middle finger can fit on the crayon. If more fingers can fit, then it is too long. This tool will help strengthen the child’s thumb, index and middle finger while requiring the ring and pinky fingers to tuck into the palm of the hand without needing support from an adult.
PLAYING MUSIC in the background can often help children regulate their sensory system. Explore different types of music with your child to see what he/she responds to best. Often music that is slow, rhythmic and lower in pitch, such as classical music, is the most calming.

BREAK CORNERS give children with ASD a place they can go to escape unwanted sensory input, such as noises, smells, lights or touch, when they are feeling overwhelmed. Create a break corner or a cozy corner out of a cardboard box, a small tent or blankets in a private area of your house. Add stuffed animals, theraputty, books, pillows, puzzles, stickers and other calming activities that your child enjoys.

If your child struggles with sensory processing or any other area mentioned above, contact an Occupational Therapist to see how he/she can support your family and child.

References


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31 / APRIL 2021 AUTISM ADVOCATE PARENTING MAGAZINE www.autismadvocatemagazine.com
AN INTRODUCTION TO SUPPLEMENTS for the Autism Spectrum

Celeste King, B.S.

A healthy diet is one of the most important ways to get the nutrients needed to maintain good health. According to findings published in 2013, however, children with autism experience eating and feeding problems at five times the rate of a typical peer. Food selectivity is the main concern, and children with autism have a strong preference for starchy and processed snack foods over fruit and vegetables.

The nutritionally poor, highly processed foods in most American diets contain sugar and chemical additives that promote the perfect scenario to create free radical damage and inflammation in the gut. This alters the gut microbiome leading to an increase of bad bacteria, yeast and abnormal gut flora, making it difficult to absorb what little nutrition this diet does offer.

Medication can also cause nutritional deficiencies. Even children eating a healthy diet may be consuming fruits and vegetables with lower nutritional value than what was available in the past.

The Power of Nutrients
Many children diagnosed with autism have nutritional deficiencies and metabolic disorders which result in ongoing distress and discomfort. This affects just about everything in their life, including behavior, language and cognition.

Nutritional supplements are an effective way to boost key nutrients lacking in the diet, and can provide the extra amounts that may be needed to overcome some of the metabolic problems common to autism. Such problems include inflammation, gut dysbiosis, oxidative stress, mitochondrial dysfunction and the inability to detoxify.

The amount of environmental toxins and stress put on these metabolic impairments can also affect how sick a child becomes. With the right vitamins, minerals and supplements in place, however, drastic improvements in overall health and well-being are possible.
Vitamin B complex is essential for the proper function of all body systems, including key processes like detoxification, inflammation, and memory. B vitamins are involved in the metabolism of various nutrients, and deficiencies can lead to a variety of symptoms, including fatigue, muscle weakness, and nervous system disorders. The B vitamins are often found together in the same supplements.

Vitamin A is crucial for vision and immune support and protects against viruses. Studies have reported that almost 78 percent of ASD children suffer from a vitamin A deficiency, which could lead to a decrease in learning and memory functions. A recent study found that children with autism had difficulty using the vitamin A precursor found in supplements. A better form of vitamin A to look for is retinol which is the natural form of vitamin A and is easily absorbed by the body.

B12 can help in the methylation process of folate, which is crucial for the production of red blood cells. A vitamin B12 deficiency can lead to anemia, fatigue, and neurological problems. It is important to choose a high-quality B12 supplement, preferably in a methylcobalamin form, which is the active form of the vitamin.

Liquid supplements are ideal for children who are unable to swallow pills or have digestive problems. Since many of the digestive systems of children have not been developed, tablets can be hard to swallow, and according to a U.S. national survey, 40 percent of adults and 70 percent of children with ASD have difficulty swallowing. Liquid supplements also have the advantage of being easier to digest, as they can be given with or without water.

Gummies are child-friendly, easy to consume, and can be a fun way to incorporate essential nutrients into a child's diet. However, they should be taken with caution, as they can contain added sugars and artificial colors that may not be appropriate for all children. It is important to choose a gummy supplement that is organic, free from artificial ingredients, and provides the necessary nutrients.

Common Nutritional Deficiencies

- Vitamin A
- Vitamin B12
- Folate
- Calcium
- Magnesium
- Zinc
- Omega-3

A number of vitamin deficiencies are common to ASD. These include:

- Omega-3 fatty acids, which are essential for brain function and can help improve symptoms of ASD.
- Zinc, which is important for immune function and can improve digestion.
- Folate, which is crucial for brain development and can help reduce the risk of neural tube defects.
- Calcium, which is necessary for bone health and can help improve muscle function.
- Magnesium, which is essential for nerve function and can help improve muscle tone.

Low Plasma Sulphate

Low plasma sulphate levels are often found in children with ASD and can contribute to neurodevelopmental delays. Sulphates are important for maintaining the integrity of the blood-brain barrier and can be found in many nutritional supplements.

Supplements common to the form of tablets, capsules, gummies, and liquid supplements which include liposomal vitamins and micellized vitamins. Although supplements are considered more digestible than tablets, they can also be difficult to swallow.
sensitive which indicates a defect in sulfation. Vitamin B12, which is also essential for nerve health, is available in the methylated and bioavailable forms called methylcobalamin and hydroxocobalamin. Even if you are unsure how affected your child’s methylation may be, using the bioavailable and active methylated forms of B vitamins would be beneficial.

Since methylation is a complex subject, you may find it helpful to find a healthcare practitioner to determine the genetic variants your child may carry and how best to address them.

Minerals
Minerals are inorganic molecules and are difficult to absorb. This is why chelated minerals have become a popular supplement choice. Chelated minerals are bonded to an amino or organic acid that the body readily identifies and absorbs well, thus creating a stable mineral complex that is easier to absorb.

Fish Oils
The most beneficial essential fatty acids are omega-3’s DHA, EPA and omega-6 fatty acid GLA. DHA is sometimes referred to as the “neck up” omega-3. It is important to nerve and brain cells and helps with cognitive health, learning and memory. DHA is crucial in early childhood because the brain relies heavily on this essential fatty acid for the rapid growth it undergoes during a child’s first few years of life. If supplementing for an infant or toddler, choose fish oils that are concentrated with brain-building DHA omega-3’s.

EPA is sometimes referred to as the “neck down” omega-3 and plays a prominent role decreasing inflammation — as does GLA — along with improving immune function.

Fish oils are usually sourced from fish, such as sardines and anchovies, or from the liver of a cod fish. Cod liver oil is a source of natural vitamin A that is preferred for children on the spectrum. Some cod liver oils, which have had the synthetic vitamin A palmitate added, should be avoided.

If avoiding fish oils altogether, there are also algae sources of omega-3 products available.

Digestive Supplements
Probiotics are essential for optimal digestion of food and nutrient absorption, and help with detoxification and production of certain vitamins. The gut and brain work in tandem, each influencing the other. This is why intestinal health can have such a profound impact on the brain and vice versa.

When choosing a probiotic, look for how many Colony Forming Units, or CFUs, of beneficial bacteria are in the product along with the number of strains present. If addressing a gut problem, finding a probiotic that contains higher levels of CFUs and multiple strains of probiotics generally works best. Different probiotic strains are concentrated in various places along the digestive tract and have different functions while working synergistically together. That’s why probiotics containing multiple strains are considered more effective.

In addition, look for a probiotic that ensures the delivery of live probiotics to the intestine. If avoiding dairy, look for “hypoallergenic” on the packaging since many probiotics are grown on dairy mediums.

Given the importance of good digestion to good health, digestive enzymes can also help. These specialized proteins support good digestive function by helping to break down food and absorb nutrients. They assist with regulating bowel movements and relieving the digestive discomfort of severe bloating, gas, cramping, gastric reflux and indigestion. They also help address diarrhea or constipation from food intolerances.

When looking for a digestive enzyme, look for a product with a broad spectrum of enzymes, including those enzymes that break down gluten, casein and phenols. It could also contain the enzyme DPP IV, if tolerated.

A good practice to follow with supplements is to start one product at a time and begin with a low partial dose and increase gradually. This gives the body a slow comfortable transition to any new product and minimizes any adverse effects.

Every child has his or her own unique metabolism and specific nutrition requirements. To get the best results from nutritional supplementation, seek guidance from a health practitioner who can help to set up a supplement regime that best fits your child’s particular needs.
References


Celeste King, B.S., has a background and degree in Biology and has worked for BrainChild Nutritional for twelve years where she advises parents on the use of BrainChild Nutritional products and is the company’s principal link to the autism community. She is the mother of two children with autism now age 24 and 26 and has worked extensively with her own children using supplementation to accelerate and improve their health and progress. Celeste is passionate about educating other parents on how nutritional supplementation may help to promote their child’s growth and development, and wants to empower parents with knowledge that will help them better understand what to look for when choosing a product and what supplements may aid in the health, learning and behavior for their child.
When Maria was born, she was beautiful, she was wonderful, she was perfect. And I immediately fell in love with her. And she loved me back unconditionally! She didn’t have to think about it. She didn’t have to get to know me better. She didn’t even have to take me around to her baby friends to see what they thought of me. She just loved me. I even made up a little song that I’d sing to her. It’s pretty simple. “Daddy loves Maria. Daddy loves Maria. Daddy loves Maria. Yes, I do.” Then I repeat it. Hey, I told you it was simple! But that would always be our song, mine and Maria’s.

And make no mistake about it, my little girl came better than advertised and exceeded all expectations. She walked, she talked, she laughed; and I joyously hung on to every sound she made and every skill she learned. Her pediatric development was right on schedule, and she was even a little ahead of the game. She was attentive and curious, and sometimes so cutey funny. Maria was perfect and everything about her was perfect. And I wanted to shout it from the rooftops, “Hey, everybody! Look at me! I’m the happiest dad on the planet!”

When Maria was between two and three years old, however, the changes came. New and challenging behaviors that stretched us to our limits. One of the most profound and heartbreaking changes was that she quickly lost her ability to speak. She went from over 200 words to nothing almost overnight. All she could do was whine and screech and cry. Eventually, Maria was diagnosed with severe or “low-functioning” autism.

What was happening with Maria, quite simply, overwhelmed me. And the thing that I may have struggled with the most was the fact that she was not born this way. I just couldn’t get over the fact that she was just fine — perfect, in fact — until autism came along and changed her and stole her away from me.

I wanted her to go back to the way she was. I wanted her to talk again. I wanted to play with her. I wanted her to hug me. I wanted to understand her. I wanted her to be my Maria again.

I was a mess. I was physically and emotionally exhausted. Each week, I rotated through periods of anger, frustration, depression, and every other lame male coping mechanism. I was no good to anyone, especially not to Maria or my wife. One afternoon my wife looked at my pathetic self and asked, “What’s wrong with you?”

“What’s wrong with me? Really? What’s wrong? How about autism? That’s what’s wrong! You see her? We’ve lost her! She’s gone! I hate autism!” At that point my wife took me by the shoulders, looked me in the eye, and said, “You listen to me. If you have a problem with autism then you have a problem with Maria, because that’s how she is now. And I’m telling you right now, I’m gonna fight and scratch and claw, and I’m gonna yell and scream and kick down doors and do everything I can to help our daughter! And
I'd really appreciate your help! But, let me make this clear, I'm gonna do that with or without you! So why don't you stand up, stop feeling sorry for yourself and help me to help Maria? Because this is not about you!"

I immediately finished my ice cream and Oreos, and put away my Spider-man blanket.

My wonderful wife was right. All I was doing was focusing on how unfair it all was and how I didn't like it. Did I love Maria any less now? Of course not. Then why couldn't I have a positive attitude like my wife, or even be functional for that matter? I needed a wake-up call and it would finally come from the only person I know who can make things better without even trying: Maria.

Over time, in a very intensive behavior modification program, Maria, slowly and gradually, regained some of her ability to speak and function again. Her sentences began with the words, “Can I have some?” When she was thirsty, she'd say, “Can I have some drinking of water please?” When she was being monitored in the bathroom, she might say, “Can I have some go away please?"

My wife was out of town for a week. I was home with Maria just trying to hold down the fort and survive until she got back. I had been so busy with so many other “really important things” that I had given Maria very little attention. I came home one night so exhausted that I couldn't even see straight. All I could think about was getting to bed so that I could get some sleep. My focus was completely on myself. I knew, however, that I had to get Maria to sleep first. So, I approached it like a task and I started to process my sweet little girl. Give her a snack, check; get her in her pajamas, check; wash her hands and face, check; brush her teeth, check; get her in bed and put her blanket on, check; put on a video for her to watch until she falls asleep, check. But, in the process of me processing my sweet little girl, she started to cry. I thought, “Oh no. Not now. Not tonight, of all nights. Please! I just want to get some sleep! Maria, what is it? What do you want? Anything! Just tell me what you want!” This made her cry even harder and louder; now with tears streaming down her cheeks. And me? I stubbornly doubled down on my selfishness. “Come on! Are you kidding me? I've done everything! Everything! Is getting just one night's sleep too much to ask for? Is it? No! Maria, talk! Use your words! What do you want? I can't do this anymore!”

That's when Maria changed my life. With her eyes wet and swollen, and through her sobs, I heard her sweet voice softly say, “Can I have some... Mommy please?”

Those words hit me like a punch to the gut from Mike Tyson, and I could see the hurt in her eyes. Without words, she was telling me, “Dad, you don't get it. You're not giving me what I need. I need Mommy. I need Mommy to talk to me. I need Mommy to sing to me. I need Mommy to kiss me and to caress my hair. I need Mommy to hug me. I need Mommy to love me, Dad.” At that point I just hugged her and cried. And I started choking out our song, “Daddy loves Maria. Daddy loves Maria. Daddy loves Maria...” Maria faintly replied, “Yes, Dad.” This made me cry even harder and hug her even tighter. She had forgiven me. She's really good at that.

This one experience had such a profound and long-lasting effect on me. It finally opened my eyes to the one simple reality that I had been missing, which was how much Maria needed me. That one simple concept changed everything, and I was no longer conflicted. I now knew exactly what to do and I wanted to do it more than anything. I just needed to be there for Maria, to do whatever she needed me to do and to be whatever she needed me to be. It made all the difference.

And, then, through her innocence, vulnerability, and pure sweetness, she kept working on me until she got me to the point where I still am happy to be today. I not only accept her level of autism and everything that comes with it, but she got me to the point where I'm actually grateful. I'm grateful for it all and just thankful to have her in my life exactly as she is. I wouldn't change a thing. And why should I? It takes so very little to make her happy. She's pure. She's innocent. She's without guile. And she's not at all affected by so many of the things that can affect the rest of us: rude people, crazy people, politics, Facebook, Instagram, or the Kardashians. She's immune to it all. I tell her all the time, “Maria, if and when I should ever grow up, I want to be like you!” We all should!
Is it easy? No. But Maria has taught me that happiness in life is not determined by how easy it is. As Gandhi said, “The best way to find yourself is to lose yourself in the service of others.” And Maria still needs help with so many things, from the moment she wakes up in the morning or afternoon until the time she falls asleep at night or the next morning.

But you know what? All of the people who have gotten to know her will tell you that they get so much more from her than what they give. People are drawn to her. With Maria, you always know what to expect, and she absolutely never disappoints. A smile, a giggle or a hug from her can make your day. And just thinking about her reminds me of how blessed I am. As one close family friend once said, “I actually feel sorry for people who don’t know Maria.”

Yeah, me too.

Mike Guido is a successful stand-up comedian, stage performer, and speaker who has made eight national TV appearances, including SHOWTIME, MTV, VH1, A&E as well as a special on “Dry Bar Comedy” produced by VidAngel.

His passion, these days, is his very highly acclaimed one-person stage show, “The Maria Effect,” which tells the amazing and inspiring story of his experiences with his daughter, Maria, who has severe or low-functioning autism. He has performed this show for many autism organizations, schools, and colleges.

As a keynote speaker, Mike has taken his message from “The Maria Effect” to special needs and autism organizations, as well as schools and colleges, with his presentation entitled, “It’s All About Perspective!”

He has a comedy CD, “It Really Happened!” which can be heard regularly on Sirius XM Satellite Radio, and he has worked with countless big-name stars like Jay Leno, Robin Williams, Dana Carvey, and most recently, Rob Schneider.

These days, most of Mike's appearances are at corporate events. These corporations include companies like Boston Scientific, Siemens Medical Systems, Inc., and even the U.S. Navy, which was a great gig!

As a dedicated husband and father, Mike put his comedy career on hold for about eight years as he and his wife, Laurine, raised their family with special attention and focus on their daughter, Maria, who has severe autism. The Guido's founded and managed the M.A.R.I.A. Foundation, a non-profit organization which supported children with autism and their families.
Why is LEGO® So Popular with Children on the Spectrum?

Cathy Pettigrew, M.Sc. Ed.

At first glance, the child's play of today seems so different from when I was a kid. The toys and games have changed dramatically. Compared to modern-day offerings of technological gadgets, the toys of a bygone era seem almost primitive. While I don't see many action figures or dolls these days, I do see a lot of tablets, laptops and smartphones. Has technology changed the way we play?

Innovation might seem to be altering human behaviour at lightning speed. If we examine the toys our children are playing with, however, we’ll discover that the principles behind the play remain the same even if the tools for play have changed. For example, if we look at the worldwide phenomenon of Minecraft™, we see that as children design their own virtual world and share their creations with other invited members of the online community, the concepts of creativity and community underpin this game. While it is true that the game began in the virtual realm, the characteristics that shape the game transcend the online universe, spilling over into our physical world. Indeed, Minecraft™-themed LEGO® is a popular line of products.

I like to refer to LEGO® as the “great leveller.” Through many years of experience using LEGO® to teach students of various ages and abilities, I have found that it consistently levels the playing field for kids on the spectrum, who often excel in the area of visual spatial awareness. LEGO® is a tactile toy, one that can be manipulated into many different configurations. With the great variety of brick shapes and sizes that exist, the possibilities of what can be built with it are almost endless. For example, did you know that just six 2x4 LEGO® bricks can be combined together in more than 915 million ways? In almost 10 years of working with thousands of children using LEGO®, I have never seen an original creation repeated — not once.

The Lego Group intuitively understands that creativity and community are the bedrock of good play. This may be why LEGO® has not only survived, but actually thrived in this brave new world of technology, where its toy counterparts have experienced disinterest and declining importance in the market. It is worth noting that the name LEGO® comes from the Danish words leg godt, which mean play well.

The truth is that creativity and community are universal elements of a child's play. Although the medium for expressing these two elements has taken a definite technological turn, there is comfort in knowing that we, as humans, are still motivated by many of the same things. Parents and extended family can often be heard lamenting the loss of the “old” way of playing. We can take heart in the realization however, that while the medium may have changed, the motivation has not.

CREATIVITY

Creativity fuels the human engine of play. For any toy to sustain hours of play, it has to have the ability to harness a child's imagination. LEGO® is wildly successful in doing this. LEGO® gives children the tools to build their own toy rather than providing them with a ready-made toy. It empowers them to become the authors of their own play. They not only decide what to play, they also decide how to play it, and what tools to use.
In addition to the endless possibilities, another wonderful aspect of building with LEGO® is that there is no right or wrong way to build. If you don’t like the way something looks, you can easily take it apart to change it. If you want to add to your creation, you just keep building. The flexibility inherent in the bricks is another definite strength. This is a toy that works just as well for one person as it does for many.

COMMUNITY
Community is a universal element of good play. While some children prefer to play by themselves, LEGO® opens the possibility for communal play. Children who wish to play alone can immerse themselves in focused concentration as they create in the real world what their imaginations have already created in their minds. It is also very common for two or more children to join their building efforts to create a larger scene. Out of that effort, a whole imaginative dialogue often emerges. This is one of the strengths of LEGO®. As children focus on the medium of the blocks, communication, co-operation and creative play flow unselfconsciously forward. Some of the most interesting types of play often involve a sharing of ideas. LEGO® also excels in this area as it provides many natural opportunities for shared play. Children who choose to build their own individual LEGO® models will often consult peers for their opinion or advice. Moreover, children often decide to build models together, working in tandem to produce an end-product that reflects the shared vision of the group. Once the model is completely constructed, children will move on to the second phase of acting out the game or scene with the toys they have just built. The multi-layered process of play involves not only a high degree of imagination, but also attention to detail, concentration, patience and teamwork. These are all necessary skills that children will use later in life.

On many occasions, I have watched children with autism who had low verbal abilities, who tended to keep to themselves or who had been labelled “trouble-makers” engage in a narrative explanation of their play to others, detailing their vision of their creation. I have also seen these children become so focused on their build that when another child joined into their “play,” conversation and interaction naturally flowed between them. LEGO® has the power to remove many unseen barriers.

CONCLUSION
At the end of the day, we can attribute the longevity of LEGO® to its intuitive understanding of the human spirit, and its ability to fulfill our need for creativity and interaction. While it’s clear that technology has become a mainstay in our children’s world of play, humans are not willing to abandon the tangible forms of play of prior generations. The popularity of LEGO® is a testament to the fact that human creativity and sociability are innate and unchangeable human traits. Even though the world around us moves quickly, it’s nice to know that some things stay the same.

Cathy Pettigrew is an outside-of-the-box thinker who is dedicated to advocating for those who view and live life differently, and struggle in the process. As an Education & Autism Counselor, she empowers families in their advocacy journey by providing evidence-based proof that enables them to get the financial, social, and educational supports their kids need to succeed. Take her 7-Day Autism Audit at Living with Autism to see how you and your family can live your best life with autism. You can also reach her at cathy@livingwithautism.com.

To learn more about LEGO® Therapy, see these resources:


https://bricks-for-autism.co.uk/about-lego-therapy/
Metabolism is an important part of human growth and development. Metabolites are produced by cells in the body and contribute to a healthy metabolism. Metabolites include amino acids, vitamins, polyols, organic acids, nucleotides and many others.

Previous research has shown that many children with autism spectrum disorder (ASD) have low levels of certain metabolites, such as methionine, S-adenosyl methionine (SAM), cysteine, glutathione, folate, biotin, plasma ATP, plasma sulphate and plasma tryptophan.¹,²,³

Researchers have wondered if similar or other abnormalities of metabolites are present in the parents of children with autism. Some studies have shown differences in specific metabolites in mothers, such as folate and sulphur.⁴,⁵ However, further research is needed to investigate metabolites as a whole. Researchers from Rensselaer Polytechnic Institute, Arizona State University and Mayo Clinic collaborated to investigate the entire metabolic profile of mothers of children with autism.

Study
- The research team analyzed blood samples from 30 mothers of children with autism (ASD-M) and 29 mothers of typically developing children (TD-M).
- Samples were taken when the children were between the ages of two and five years old.
- The research team measured a total of 622 metabolites in blood samples, including levels of vitamin B12, folate, methylmalonic acid, homocysteine, isoprostane, vitamin D, vitamin E, hCG and MTHFR variants.
- Researchers took special note of the metabolic analysis of the folate-mediated one-carbon metabolism (FOCM) and the transsulfuration pathway (TS) since previous research has shown significant results in these areas.

Results
Overall, the analysis showed that mothers of children with ASD (ASD-M) and mothers of typically developing children (TD-M) have significantly different metabolic profiles. The research group identified the top 50 metabolites that show the most significant differences between TD-M and ASD-M. In almost every case, the ASD-M had lower levels of the metabolite than the TD-M.

- The research group found that ASD-M had significantly lower levels of vitamin B12, and carnitine-conjugated metabolites than the TD-M.
- The results did not specifically show lower levels of folate in the ASD-M, although other metabolites, closely linked to folate, were significantly lower.
- The ASD-M had especially low levels of 4-vinylphenol sulfate, NAD+, and 3 glycine containing metabolites.
- The researchers grouped these differences into five core metabolite groups, where the following metabolites are representative of each group: Glu-Cys, Histidylglutamate, Cinnamoylglycine, Proline, and Adrenoylcarnitine.
To confirm the results, the researchers took the data from the five core groups of metabolites and worked backwards to see if they could predict if the sample came from a mother belonging to the ASD-M or TD-M group. The analysis differentiated the two groups (ASD-M and TD-M) with 97 percent accuracy.

Interpretation of the Research
This research shows that mothers with a child on the spectrum have a significantly different metabolic profile than mothers with a typically developing child. Some of the biggest differences were associated with the carnitine metabolism. Some carnitines are produced by the body, but the primary sources of carnitine are the consumption of beef and pork. The fact that the ASD-M and the TD-M did not report any differences in beef/pork consumption means that there must be a difference in how the two groups process carnitine. Carnitine is known to improve mitochondrial function and increase cellular energy. It is worth noting that some studies have suggested that a carnitine supplement might benefit children with autism. Could this also be true for mothers with a child on the spectrum?

Significant differences were also noted with Vitamin B12, which helps in the formation of red blood cells and in the maintenance of the central nervous system. Could mothers with a child with autism benefit from taking a vitamin B12 supplement?

This study did not look at the father's metabolic profile, which can be affected by his genetics, diet and environmental exposure. The question remains as to what role his genetic/metabolic profile plays in the picture of the autism family.

Another area of research is determining if these differences are seen in mothers during pregnancy. If metabolic differences are seen during pregnancy, there is potential to develop a blood test that will screen mothers who are at a higher risk of having a child with ASD. The research team is currently working on this project.

It's important to note that further studies with larger sample sizes are needed to validate these findings. However, the results are promising and have the potential to increase our understanding of autism. We look forward to reading the future findings of this team's research.

Written by Autism Advocate Parenting Magazine

References


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Infant Hearing Test

The Gateway to Diagnosing Autism?


Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by social challenges and restricted/repetitive behaviors. Research in the United States and Canada reports that the average age for an autism diagnosis is 4.5 years old. This may be due to a lack of resources, the stigma of a label, waiting times or many other reasons. Whatever the reason, an early autism diagnosis is extremely important as a child’s brain has more plasticity than an adult’s and can make greater gains in the early years. Research has shown that early identification and intervention can improve outcomes for children with autism.

Clinicians and researchers have been looking for ways to identify autism markers in children at the youngest age possible. Can genetic tests identify these markers? Are there identifiable social-emotional signs in infants? Is there a sure way to know that an infant has, or will develop, autism?

Researchers from Harvard Medical School (Boston, MA) and the University of Miami may have uncovered a way to detect autism risk in newborns using the Auditory Brainstem Response (ABR) test. This test is not invasive and is currently being used around the globe to detect hearing impairments in newborns.

Previous research has shown that children, teens and adults with autism show ABR delays. However, these research studies used sound intensities ranging from 70 to 85 dB normal hearing level (nHL). Dr. Isaac Kohane wanted to determine if this delay would be seen in newborns at the standard ABR sound intensity of 35 dB nHL. If so, screening for autism could begin as early as a newborn, and could easily piggyback on an already-used screening tool.

Study

The ABR test records auditory nerve activity, or in other words, how well an individual's inner ear and brain respond to sound. Through a headset, newborns hear a series of clicking sounds at 35dB nHL. Electrodes are placed on the infant's scalp to detect the auditory brainstem response to the sound. The testing is very safe, as the 35dB nHL is very mild. It approximates the sound of a whisper and can even be performed while an infant sleeps.

Dr. Kohane and his team analyzed the data from 139,165 infant Auditory Brainstem Response (ABR) tests. The data set was retrieved from Florida infant records from 2009 to 2015. The ABR test was performed in newborns within the first week of birth.

Dr. Kohane and his team matched the ABR records with children who had been diagnosed with autism spectrum disorder. According to Florida records, 321 children of the 139,165 ABR records had been diagnosed with ASD.
Kohane compared the infant ABR records of the 321 children with autism with the ABR records of the 138,844 neurotypical children to identify any differences or patterns.

**Results**
The ABR results include five waves of electrical activity within the brain stem.

- **Wave 1:** Vestibular nerve
- **Wave 2:** Cochlear nerve
- **Wave 3:** Cochlear nucleus
- **Wave 4:** Superior olivary complex
- **Wave 5:** Lateral lemniscus / Inferior colliculus

**Auditory pathways**

Results showed a delay of auditory response in the 5th wave (Lateral Lemniscus / Inferior colliculus). The auditory response appeared 10.77 milliseconds (ms) after the clicks in children with autism, but only 10.51 ms after the click in children who did not go on to develop autism. Although the difference is slight, it does indicate a delay in auditory response in children who later develop autism.
Implications of Research
Researchers have long known that individuals with ASD process sensory stimulation, including auditory stimulation, differently than neurotypical individuals. Using this information, the researchers that conducted the study hoped that children at high risk for developing autism could be identified as early as in infancy. Identifying autism through auditory delays is especially hopeful since the ABR test is already an established resource for identifying hearing impairments in newborns.

There are still some questions that must be answered before clinicians can begin routine testing for autism in newborns using the ABR.

- Does the auditory delay occur in all children with autism, or only a subset?
- This research shows a very slight difference in auditory response. Is the delay more prominent if the sound intensity used is greater than 35 dB nHL? What is the optimal sound intensity of the ABR to test for autism risk in newborns?
- Is it possible to increase the sound intensity of the ABR test and still accurately measure both hearing impairments and autism risk?
- Does a longer delay in auditory response imply more severe autism?

This research is promising in helping us know more about autism and how to identify early signs. The next steps for the researchers are to replicate the data and to identify if the results are clinically relevant. In other words, instead of using data from children that have known autism, can researchers use the ABR to accurately predict which children will go on to be diagnosed with autism.

The earlier children can be identified as being at high risk for autism, the more time caregivers will have to educate themselves, seek supports, and empower themselves with resources that can ultimately get their children the best care possible.

Written by Autism Advocate Parenting Magazine

References

For information only. This is our review of a third party publication and we have no affiliation with the original author or publication. Please read the original publication for more information. Findings and recommendations are those of the original author and do not necessarily reflect the opinion of Autism Advocate Parenting Magazine Inc. or anyone otherwise involved in the magazine ("we"). We are not responsible for any errors, inaccuracies or omissions in this content. We provide no guarantees, warranties, conditions or representations, and will not be liable with respect to this content. See full terms [here](#).
Mastering Social Skills

Many children with autism spectrum disorder have difficulties with social communication, social awareness, social cognition or regulating emotions. They often have the desire for social interaction, but may feel uncomfortable or overwhelmed in social situations.

Experts agree that the best way to improve social skills is to practice. The ideal place to practice is at home where there is less pressure and more room for error. Home-centered learning allows a child to build the knowledge and confidence needed to be successful in real situations. Excellent ways to practice include looking at pictures, discussing various social situations or role-play with trusted family members. Over time, your child will build a repertoire of appropriate social behaviors.

Here is a game that can help your child learn and discuss appropriate social behavior. In the blank spaces, you can include specific scenarios that are difficult for your child. You could also use the extra suggestions we have provided. Enjoy!
**Rules:**
1. The youngest player goes first.
2. The first player rolls the die.
3. Move forward the number of spaces shown on the die.
4. Watch out for the sticky Honey squares! If you land on one, you’re stuck and your turn is over.

   If you land on a Rocket square, roll the die again and “rocket” yourself forward the number of spaces shown on the die.
5. Read the sentence shown on the space.
6. Come up with a solution for the problem.
7. As a group, discuss any other possible solutions to the problem.
8. The person seated to the player’s left goes next.
9. The game ends when everyone makes it to the castle. **Everyone is a winner for practicing their social skills!**

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**What Should You Do?**

Use good social skills to solve the problems and be the first to reach the castle!
<table>
<thead>
<tr>
<th>You have to complete a task before your screen time (i.e., homework, chore)</th>
<th>Someone calls your friend a name</th>
<th>You see your friends playing and you want to join them</th>
<th>You see kids playing at the park and you want to play with them</th>
<th>A sudden sound/noise really bothers you</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have trouble getting dressed</td>
<td>You forgot your backpack at home</td>
<td>You forgot something at home you wanted to bring with you</td>
<td>Your clothes get wet</td>
<td>Someone splashes you in the pool or sprays you with water</td>
</tr>
<tr>
<td>You see someone throw trash on the ground</td>
<td>Your mom makes you leave a party and you didn’t get to say goodbye to everyone</td>
<td>Your clothes are itchy</td>
<td>It is someone else’s turn in a game</td>
<td>You accidentally embarrass your friend by telling them you don’t like his/her haircut</td>
</tr>
<tr>
<td>You need to get a haircut, but you don’t want one</td>
<td>You want to play with something, but it is being used</td>
<td>You have a dentist appointment, but you don’t want to go</td>
<td>There is a test at school today and you are nervous</td>
<td>You are at your friend’s house and you don’t like the food being served</td>
</tr>
<tr>
<td>You see your friend steal a candy bar</td>
<td>You held your bowels and now your stomach hurts</td>
<td>You have to go to the bathroom really fast</td>
<td>You accidentally hit your friend when you got excited</td>
<td>A stranger talks to you and asks you to go with him/her</td>
</tr>
<tr>
<td>Someone touches your private area</td>
<td>A person asks you to touch his/her private area</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Grain-free Tortillas

INGREDIENTS

- 400 ml coconut milk ................................. 1 can
- almond flour .............................................. 1 cup
- tapioca starch ............................................ 1 cup
- salt ............................................................... ¾ tsp

INSTRUCTIONS

Preheat a non-stick pan (must be non-stick) over medium heat. Combine all ingredients in a mixing bowl and whisk until smooth. Pour 1/2 a cup of batter into the center of the prepared pan. Lift the pan and tilt slightly. Swirl the batter clockwise one rotation to spread the batter into a 6"-circle in the center of the pan. Cook for 1-2 minutes per side or until desired crispiness has been achieved. Serve immediately, or store in a container in the fridge for up to three days.

Yield: 6 large 6-8" tortillas

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

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

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

Happy Cooking!
Social Story Printable
Sometimes I have to cross the street.

I need to find a safe place to cross the street. I can cross at a crosswalk, at a stop sign or at a stop light.

It is very important to cross the street safely.
I will stop just before I get to the curb.

If the crosswalk has a sign, I will watch the sign to know when to cross.

I will not cross the street when the sign says "DON'T WALK" or has a picture of a red hand.

I can cross the street when the sign says "WALK" or has a picture of a person walking.

If the crosswalk doesn't have signs, I will stop just before I get to the curb and listen for cars.

I will look to the left to see if cars are coming.

I will look to the right to see if cars are coming.

I will look to the left again to see if cars are coming.

If I see a car coming, I will wait on the sidewalk until the car passes.

If there are NO cars coming, I can walk across the street.
It is safe to cross the street when there are no cars coming.

If I am with a grownup, I will hold his or her hand when I cross the street. This will keep me safe.

When I cross the street, I will WALK. Walking across the street will keep me safe.

I am happy when I cross the street safely.
Sometimes I have to cross the street.

It is very important to cross the street safely.

I need to find a safe place to cross the street. I can cross at a crosswalk, at a stop sign or at a stop light.
I will stop just before I get to the curb.

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I can cross the street when the sign says “WALK” or has a picture of a person walking.

If the crosswalk doesn’t have signs, I will stop just before I get to the curb and listen for cars.

I will look to the left to see if cars are coming.

If there are NO cars coming, I can walk across the street.

I will look to the right to see if cars are coming.

I will look to the left again to see if cars are coming.

If I see a car coming, I will wait on the sidewalk until the car passes.
It is safe to cross the street when there are no cars coming.

If I am with a grownup, I will hold his or her hand when I cross the street. This will keep me safe.

When I cross the street, I will WALK. Walking across the street will keep me safe.

I am happy when I cross the street safely.
<table>
<thead>
<tr>
<th>What inspired me?</th>
<th>What is something new I learned?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

— Fiona Goldsworthy
AUTISM ADVOCATE
PARENTING MAGAZINE