



Autism in Children

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No two autistic kids are the same. Autism in children is a condition that is not only hard to diagnose but is routinely misdiagnosed. This section is a step by step guide if you think your child has autism or any other developmental delay.

Section 1: Development in Children

Your child's development

It can be confusing and scary to think that your child's development is taking a different route, but you should know that this is not unusual, and you are not alone. The purpose of this section is to help you understand how children below the age of 5 years develop.

Every age has certain 'milestones', that the child should complete to consider that the development is happening at a natural rate. Please note that every child develops differently and unless there are stark delays in the development, do not be alarmed. However, if you have a concern, you should voice it immediately. It is important to remember that not all concerns will result in your child being diagnosed with a developmental disorder; nevertheless, being proactive is always better.

Milestones

Each child is different. Every child develops differently, especially during the first five years of their life. However, there are some key milestones all children developing in the usual manner are expected to reach by a certain age. The following list will help you determine if your child is achieving these milestones.

3-4 months

- Watches faces with interest and follows moving objects
- Recognizes familiar objects and people
- Smiles at the sound of your voice
- Turns head toward sounds

7 months

- Responds to other people's emotions
- Enjoys face-to-face play
- Can find partially hidden objects
- Explores with hands and mouth
- Struggles for out of reach objects
- Responds to own name
- Uses voice to express joy and displeasure
- Babbles chains of sounds

1 year

- Enjoys imitating people and tries to imitate sounds
- Enjoys simple social games

- Explores objects and finds hidden objects
- Responds to 'no,
- Uses simple gestures, such as pointing to an object
- Babbles with changes in tone
- May use single words ('dada,, 'mama,, 'oho!.)
- Turns to the person speaking when his/her name is called

2 years

- Imitates the behaviour of others
- Becomes excited about the company of other children
- Understands several words
- Finds deeply hidden objects
- Points to named pictures and objects
- Begins to sort by shapes and colours
- Begins simple make-believe play
- Recognizes names of familiar people and objects
- Follows simple instructions
- Combines two words to communicate with others, such as 'more cookie?,'

3 years

- Expresses affection openly and has a wide range of emotion
- Makes mechanical toys work
- Plays make-believe
- Sorts objects by shape and colour and matches objects to pictures
- Follows a two- or three-part command
- Uses simple phrases to communicate with others, such as 'go outside, swing,
- Uses pronouns (I, you, me) and some plurals (cars, dogs)
- Shows interest in group play

4 years

- Cooperates with other children
- Is increasingly inventive in fantasy play
- Names some colours
- Understands counting
- Speaks in sentences of five to six words
- Tells stories
- Speaks clearly enough for strangers to understand
- Follows three-part commands
- Understands 'same, and 'different,

5 years

- Wants to be like his/her friends
- Likes to sing, dance and act
- Is able to distinguish fantasy from reality
- Shows increased independence
- Can count 10 or more objects and correctly name at least four colours
- Speaks in sentences of more than five words and tells longer stories

If you think your child is falling behind in these milestones, then there is a chance that they have some developmental delay. Please refer to our section 'Signs of Autism in children, for further details.

Signs of Autism in Children

The most important thing you can do as a parent or guardian of a child is to learn childhood developmental milestones and become familiar with the early signs of developmental disorders to provide essential care as soon as necessary.

Following is a list of 'red flags, that may indicate a form of developmental delay or disorder, such as autism:

- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles or other facial expressions by nine months
- No babbling by 12 months
- No back-and-forth gestures such as pointing, showing, reaching or waving by 12 months
- No expressive words by 16 months
- No meaningful two-word phrases (not including imitating or repeating) by 24 months
- Any loss of speech, babbling or social skills at any age
- No response to their name by 12 months

Features of autism can also be divided between features for younger and older children. Please look for these signs in your child according to whichever category they fall in:

Younger Children

- Absent or delayed speech
- Echolalia (repetition of speech)
- Reduced gestures
- Impaired pretend play
- Hand flapping
- Fascination with spinning/moving objects
- Attachment to unusual objects
- Poor eye contact
- Limited responsive smiling
- Poor response to name
- Poor joint attention
- Lack of interest in others
- Lack of pointing

Older Children

- Unusual vocabulary
- Difficulty having a conversation
- Poor modulation of facial expressions/gestures/posture
- Unusual interests
- Compulsive rituals such as tapping and sniffing
- Atypical eye contact

- Difficulty forming friendships
- Difficulty understanding how others feel

If your child is not meeting some of the milestones or is showing any of the 'red flags' mentioned above, there is no need to panic. You should contact your family doctor or paediatrician and let them know about your concerns. To ensure that you are able to voice your concerns properly, you should take note of the specific milestones your child has not yet met or the signs they might be showing.

Be kind

If there is even a slight chance of your child having autism, then it is important to understand that using force or screaming at the child will make no difference. These children have a different thinking process than you; hence you need to cater to them differently. Observe your child's behaviour and understand his/her needs. Being kind to your child can go a long way.

Until a doctor officially diagnoses your child, make sure that the child faces no further pressure from your side. Also, make sure that you are well-versed about autism to understand your child's habits and emotions more clearly. For more information about autism and its diagnosis process, please refer to section 2.

Section 2: Testing for Autism

Autism Screening

When you feel you need advice on your child's development or feel the need to talk to a professional about your concerns, go to your choice of health care professionals (family doctor, paediatrician). Bring the milestones checklist with you and include specific examples. Have an in-depth discussion with them regarding your concerns.

If your doctor feels like your concerns may be valid, they can direct you to a specialist who can then further assist you in the process of Autism screening.

What is an autism screening?

All children should receive autism screening at 18 and 24 months of age. These screenings consist of certain checklists of questions used for screening children between 16 and 30 months of age to assess their risk for autism spectrum disorder. You can find the checklist online if you search for MCHAT-R Questionnaire.

What to do before visiting your child's doctor?

Before you go to your appointment, fill out the questionnaire and bring it to your doctor. There is also a list of general questions about your concerns that you can complete and bring with you. Your doctor will ask about your specific concerns, and then use them to determine the next step of the process.

Your doctor will provide you with a similar checklist, so it is recommended that you complete it before your visit to save you an extra trip.

If the questionnaire indicates your child has some signs of autism, it will be important to complete the second step of the screening, the Follow-Up Interview, which will require your doctor to ask you further questions in person. Not all children who show signs of autism after the first step will have autism. For some children, this screener also picks up other developmental delays, such as speaking late. Even though these may not seem as serious as autism, they need to be addressed by professionals in due time.

Formal Evaluation for Autism

What if my doctor indicates that I need a follow-up visit with a specialist?

Your general physician (doctor) is simply telling you that your child needs a more formal evaluation to learn more about how they are learning to talk, interact, act, play, learn and move; this will be a much longer visit. It is typically done by a specialist in the area of child development but may involve several different specialists.

What sort of assessment will my child receive?

Your child can be referred for an evaluation or additional testing by your doctor if they deem it necessary. Some important points to remember are:

- A hearing test referral is made to check concerns related to language development, speech, and hearing difficulties and is mostly done by an audiologist.
- A cognitive evaluation (or developmental assessment) is performed to measure verbal and nonverbal abilities of a child and should ideally be conducted by a psychologist.
- A neurological evaluation is performed to test for problems like brain injury, seizure disorder, self-injury and sleep or eating disturbances.
- A speech-language-communication evaluation is performed on children who have trouble with communication, both verbal and nonverbal and is usually performed by a speech-language psychologist or pathologist.
- A sensory-motor skills evaluation is performed when a child shows difficulty in movement and/or sensory responses and is done by a physical or occupational therapist.
- If you are referred to a specialist for a diagnostic assessment of autism, they will provide you with a written report of your child's evaluation. The report should include information on your child's strengths and weaknesses, as well as a general level of developmental functioning.

My child has been diagnosed with Autism. What next?

For someone to be diagnosed with autism, he or she must show problems in both social communication and repetitive behaviours. These behaviours may have been seen in the past or can be part of current symptoms. The first time you hear the news that your child has been diagnosed with autism, or any other developmental disorder, your heart will likely sink, and it will be a devastating moment.

From this moment onwards, you'll start your autism journey. This means that there will be some drastic changes around your house and routine; do not expect instant improvement. Autism is a journey which involves permanently changing your lifestyle for the betterment of your child. The process will take time, and you have to be patient about it.

No known medication can treat autism. Medication might be used to treat other physical and mental issues that can accompany autism, e.g. depression. Do not expect your doctor to fix everything with some medicine. Treatment for autism involves dedicated therapies that can last a lifetime. Refer to **Section 3: Newly Diagnosed and Treatment** for further details on what should be done after the diagnosis.

Section 3: Newly diagnosed and Treatment

Screening and diagnosis are complete, and your doctors have confirmed that your child has autism. Now what? You must start your child's autism journey as soon as a diagnosis is made. The earlier you start, the more effective it would be for your child.

If your child is below three years, then continue reading; you can start with Early Interventions. If not, then scroll down to our 'Treatment for Autism, section.

What is Early Intervention?

Early intervention refers to acting on the information that you have and seeking help from concerned doctors as soon as your child is diagnosed with autism. Appropriate steps can be taken even before a formal diagnosis is made. Once your child is diagnosed, at whatever age, delaying the treatment will only harm the development process of the child. Here are some of the strategies for early intervention:

- Family training
- Speech therapy
- Hearing impairment services
- Physical therapy
- Nutrition services

Why is it important to act early?

Signs of autism can be identified in toddlers who are as young as 18 months old. Early intervention is proven to have a lifelong impact and more positive effects on children who have been receiving treatment from a very young age. It is highly recommended that the moment your child gets diagnosed, relevant steps are taken without losing any more time.

Why early intervention works?

Early intervention can help to improve a child's IQ, speech and social interactions. When a child is less than three years old, their mind is more acceptable to change. An infant's brain has more potential to learn and pick up certain habits that can help them later in life. Over time, the brain's ability to adapt to change diminishes.

Early parental involvement is also one of the keys that can greatly benefit the child. Use of specially designed exercises and strategies at home, such as individualized goals, playing with

toys and communicating can prevent children from developing difficult behaviours later on. Through early intervention, you can give your child a fighting chance.

Treatment for Autism in Children

No matter what age your child is diagnosed with autism, the treatment should start immediately. Delaying the process will only harm your child. Treatment for autism consists of multiple therapies which are designed to cater to your child's specific needs.

Please note that no medication can treat autism. Medication should only be given if there are other physical or mental complications due to autism. Other than that, only therapies and a lifestyle change can help a child with autism.

The type of therapy that your child will receive depends on his/her needs and will be determined by your doctor. Usually, there are certain models that therapists and physicians use to help with autism. These models consist of different individual therapies which target the areas that your child needs help in. Here are a few of these models:

Applied Behavioural Analysis (ABA)

Perhaps the primary and most well-studied method of helping in autism, ABA focuses on how a child learns. It focuses on certain principles. One of those principles is Positive reinforcement. When a child is rewarded for some behaviour, he/she is more likely to repeat that behaviour. There are multiple fields and exercises within ABA. For details on ABA, please refer to our important links section.

Early Start Denver Model (ESDM)

This model uses board games to help the child express feelings, speak and form relations. The therapy aims to form important social-emotional skills and help in language building and information processing.

Pivotal Response Treatment (PRT)

This model is also based on games. Unlike ESDM, however, it focuses on targeted areas that the child needs development in. These areas can be like motivation and self-management. The treatment is planned in a way that it teaches the child how to respond to verbal cues by the parents or the therapist.

What to look for in these therapies?

These therapies and exercises aim to form a well-structured environment for the child. This also includes the environment of the home. All these therapies make use of two main things:

Family

The above type of therapy involves:

- Family members working alongside professionals to help the child
- Flexible timings and exercises so that the child can work in a comfortable setting
- Helping the family members through the journey

Structure

These interventions aim to keep a well-structured routine for the child and the family so that progress can be monitored. This can be achieved by the following steps:

- Developing an individualized plan for your child to cater to his/her specific needs
- Monitoring the child's progress through regular tests
- Providing a supportive and encouraging environment for the child
- Having well-trained staff (doctors, caretakers, etc.) who can regularly provide these interventions to the child

Some other types of therapies:

- Educational and school-based therapies
- Joint attention therapy
- Medication treatment
- Nutritional therapy
- Occupational therapy
- Parent-mediated therapy
- Physical therapy
- Social skills training
- Speech-language therapy

Bear in mind that your therapists know best. These are just some possible paths that your child's therapist might determine for your child. Other exercises and therapies also exist that can be used to help a child with autism.

Children who receive proper intervention early-on in their lives grow up to become more equipped with essential social skills. These social skills help them navigate better through the society and at home too.

Autism treatment can greatly impact you and your child's life. As a parent, knowing your child's condition will give you a chance to adjust to the changes without compromising on the well-being of your child.

Every child is different and progresses differently. Do not expect these practices to bring drastic changes within a few days. These are lifestyle changes that you will need to adapt in every step of your child's life.

Section 4: Autism and Society

Now that you have a diagnosis, you may be wondering what to do with this news. Who should you tell about your child's autism and how do you tell them?

Pakistani society tends to not understand mental disorders very well, and you may be experiencing looming feelings of fear and guilt. You might also feel ashamed, like the family name has been dishonoured. Such feelings are normal, and you do not need to judge yourself for feeling them. This is a natural part of the process of grieving the normal life you hoped your child would lead. In the initial stages after receiving a diagnosis, it is likely that you will want to keep the news to yourself and process it on your own.

However, once you have somewhat come to terms with the news, it is important to reach out for help. Though you may be tempted to keep this news to yourself, there are many benefits to discussing your child's diagnosis with a carefully selected group of people. This article will help guide you on your journey of disclosure. It outlines the benefits of disclosure, how to decide who to tell about your child's autism, and how your child can learn to advocate for themselves.

The Benefits of Disclosure

Every child deserves to live a full and dignified life, regardless of whether they have a disability or not. There will be some trial and error in understanding who to disclose your child's condition to because you can never really gauge another person's reaction. Some reactions will be positive and others will be negative, but it is important to remember that you are not responsible for another person's reaction to your disclosure. Often negative reactions come from a place of fear and misunderstanding, so once the other person has some more understanding of what autism is, their reaction may very well turn around. Most people are willing to help and accommodate once they understand the circumstances involved. Disclosure of a disability can provide relief in many ways. People can develop empathy for your situation once they know what it is and reserve from making any judgements they might otherwise make. In social settings, it can help friends and family understand that your child is not being rude or misbehaving when they may say something very bluntly. They can understand that your child is not weird for pacing or engaging in repetitive motions, but simply trying to soothe themselves. Disclosure can smooth the way forward in social situations and remove any awkwardness.

In addition, carefully disclosing your child's disability at school can allow your child to receive accommodations to help them learn. They may get extra time for assignments, access to school counselling services, or receive extra breaks so that they don't have any meltdowns. They may be able to write tests and exams in a separate room so that there is less noise, appropriate lighting, etc. to make their test taking experience as smooth as possible. Informed teachers can facilitate your child's classroom interactions with their peers and be on the lookout for any signs of bullying or harassment. Many possible benefits can be achieved if the disclosure is made properly.

Whom Disclose To?

Disclosing that your child has autism needs to be handled very delicately. It goes beyond simply stating what the disorder is and what its symptoms are. For there to be real understanding at a human level, you need to be able to diplomatically communicate personal information about how autism affects your child, and what their day to day strengths and weaknesses are as a result of their condition.

As previously mentioned, it is mostly a case of trial and error since you do not know how people will react. Then who do you decide to disclose to? A good way to gauge this is if your child ever needs any level of accommodation, service, support, or just some patience and sympathy, revealing their condition can likely help ease the situation. It is not necessary to tell everyone that your child has autism, but even in the situations where you do find that you need to tell someone about it, the level of disclosure varies.

In day to day life, it can be tricky to navigate the waters of how much information is too much or too little to give. What if you need a simple accommodation at the shop? How do you explain your child's behaviour to strangers at a restaurant? You do not need to always have a detailed explanation of autism in most situations. Most daily encounters will only require you to provide enough information to the parties involved to have a successful interaction and get on with whatever task needs to be done. Remember that you have every right to keep your child's condition private if you so wish. You do not owe the world an explanation and your comfort comes before anything else.

Still, it can be helpful to classify the types of people you will encounter and how much information each of these groups need. Below are 3 classifications of people based on the frequency of meeting them and if the autism will affect the relationship:

Group 1: People that need to know

These are people who come into regular contact with your child in such a way that they are affected by your child's autism. These include:

- Teachers
- Babysitters and hired help
- Close friends
- Immediate and close family members

Group 2: People you come in frequent contact with

These are people your child sees often, but not often enough that their autism might be a problem in their interaction. You may decide to tell them just enough about your child's condition to get by. These include:

- Extended family
- Friends
- Classmates

Group 3: People who do not need to know

This final group involves people you and your child do not have a personal relationship with, including:

- Shopkeepers
- Neighbours
- Acquaintances
- Strangers, etc.

When considering disclosure, it is also important to ask yourself a few questions on why you are even considering disclosing this information in the first place. Ask yourself:

1. Why do I want this particular person to know about the diagnosis?

Perhaps you think disclosure can help improve a personal or professional relationship. Are you looking for deeper intimacy, understanding or accommodations?

2. How do I think disclosure will help improve my/my child's interactions with this person?

Without thinking about this explicitly, you are less likely to achieve the desired outcome. Know clearly what you want before asking for it.

3. Am I prepared to ask this person for support and accommodation? Do I clearly know what I/my child need?

It is important to have a clear goal to work towards so that you can be very clear in communicating to the other party what you are looking to get from them. A disclosure without a real request or goal can be confusing for the other party and they may not know what you expect of them in the face of this disclosure. Do not approach someone if you are not ready to accept their help. Also, be aware that the other person might reject your request. Are you prepared to tell them anyway?

4. What are the risks of disclosing to this person?

If the person you are disclosing to is someone you do not know very well it can be difficult to gauge a reaction from them. Knowing what the risks of disclosure are can help you be prepared for any negative or upsetting outcomes.

How to disclose?

The last thing to consider is *how* to tell people about your child's condition. There can be three main strategies for doing this: passive, active, and reactive disclosure.

Passive Disclosure

This technique is for when you do not want to directly communicate about your child's diagnosis but can still get the message across that your child may be special needs and that there may be some differences in interactions. You can achieve this by:

Using visual supports: Visual schedules and guides are commonly used to communicate with autistic people. Using these guides or communicating in sign language can indicate to people that your child may be experiencing the world differently than them. These can be used when out in public (at coffee shops, airports, restaurants, malls, etc.) to let the public know that your child is different and may help excuse any untoward behaviour.

Wearing autism gear: Wearing hats or clothing that have a message about autism can also let people know that someone with autism is in their midst without ever directly having to say it.

Leaving behind a note: You could make your own business cards that state your child has autism with a sentence or two describing what that means, or any other message you might like to add. These are great if you need to quickly communicate something or handle a difficult situation.

Active Disclosure

This technique is a proactive measure to take ahead of time for an event or setting to highlight how autism will affect your child's behaviour and participation. This is usually to secure accommodations or just to ask for some patience and understanding for a given situation. It focuses less on what autism is and more on identifying your child's needs. It can be disclosed verbally or in writing.

Some examples are:

While eating out: "Could we please be seated along the edge of the seating area? Our daughter has autism and it is quieter along the edges of the restaurant. Also, could you please let our waiter know we would like for her food to be brought out as soon as possible?"

At a birthday party: "My daughter loves being around other children, but I wanted you to know she has autism. I will bring a mat to help her know where to sit and a fidget to help her focus. She may get up and move around but just know that she is not being rude intentionally and is still enjoying herself very much even if she doesn't seem to be paying attention. I will be there to support her, thanks so much for understanding."

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Active Disclosure

This is similar to active disclosure but is used when you thought you could get by without disclosing yet something unusual or inappropriate has happened. Use it when you require additional understanding or accommodation. For example, if you take your child to a store to buy shoes and he gets distressed at the sight of the carpet because he might have an anxiety about when it would be vacuumed, let the store manager know. The manager might show your son all the vacuum cleaners in the storeroom so he can see they are not plugged in. Minor accommodations like these can really help autistic children be successful wherever they are.

Disclosure and Self-Advocacy for the Autistic Child

The most important person to disclose the diagnosis to is the child themselves. Parents are often at a loss for how to explain what autism is to their child, and understandably so. They are afraid of what their child's reaction will be and are afraid of not having all the answers. Luckily this is not a one-time conversation to be had. You and your child will go on this journey together and the conversations will keep evolving as your child grows and faces new challenges and milestones, just as it does in any other parent-child relationship.

Your child may find themselves feeling relieved to finally have a real term to describe their "odd" behaviours. A diagnosis can help give them a sense of identity and help them realise that they are not alone. It would be a great burden off their shoulders to understand that they are not bad or lazy or stubborn, but simply have brains that work differently from the rest of us. Disclosure and healthy conversation can provide your child with some much-needed validation.

It is important to make sure your child understands that autism is not something to be ashamed of, rather that it is a positive aspect of their identity, challenging as it may sometimes be. Help your child understand how their autism affects the various aspects of their life in their own language. For instance, explain "You know how it is really hard for you to ride your bike? Autism makes it trickier for you to learn that skill so good job on not giving up! (or I can understand why you feel frustrated that your friends learned how to ride faster than you did)" instead of a dry "Autism is usually associated with delays in motor skills." You could also take advantage of autistic children's tendency to enjoy non-fiction and fact-based learning. Books that explain concepts such as social communication, theory of mind and rote memory may be helpful. Once you have introduced these topics generally, you can discuss how they may apply to the child themselves.

The point of disclosure is always to give someone a more accurate understanding of what autism is, what that autistic person's strengths and weaknesses are, and what accommodations they might need for those weaknesses. Disclosing to your child is no different in this respect. As parents, you are going to be the main support for your child in all areas of their life but eventually the child needs to learn how to be able to communicate and disclose their condition themselves. They also need to be taught how and when to disclose, how much information to give, and how to get the help they need and from whom. Nobody knows what your child is going through better than the child themselves, and as they grow it is your job as a parent to make sure they can comfortably make decisions and ask for help without shame or fear.

As mentioned in the previous section, there are many things to consider when deciding what to disclose to different types of people. It is primarily the parent/caretaker's job to figure out

what seems to work and who needs to be told what. Once you get a bit of a hang of it you can get your child involved in the conversations too, helping them identify the people in their lives who understand what autism is (people from group 1) and how they will likely make concessions for their behaviour versus identifying strangers and acquaintances and how to act or behave in those situations. You can help them understand how to advocate for themselves, maybe teaching them to say “I’m sorry but I need some quiet time alone right now because I’m autistic and this is too much for me” or “Please move my desk from this area, these lights are causing me pain. I’d prefer to sit near the window.” Practicing this on a case by case basis will slowly but surely build confidence. As always, make sure your child understands that disclosure is always their choice and personal decision.

Resources for School Disclosure

The most important area of your child's social life is likely to be at school. How do you handle telling teachers and classmates about your child's diagnosis? How can you make school life as smooth as possible for everyone involved? Some pointers are given below:

Good communication is key: Send a letter or email, or request to meet with whomever it may concern to talk about your hopes and fears. Share what a diagnosis means for your child socially and academically and how teachers can possibly help and accommodate. Share your child's strengths and weaknesses and what teachers can do to help.

Make sure to mention any medical help or assistance your child may need: Allergies, sensitivities to smell or taste, medication for anxiety, etc., make sure teachers are informed and know what to do.

Give teachers and coaches clear instructions: For instance, if you know your child gets easily distracted or confused, and that they just need a firm yet gentle reminder to do their work, tell teachers that. Patience and understanding do wonders.

Be an advocate, not an agitator: Don't barge in and demand for what you want. Be prepared to discuss your goals and work as a team with school staff.

Show gratitude: A little thankfulness goes a long way. People like to help more when they are appreciated.

Set goals for the term or year: Be ready to talk about clear, supportable, age appropriate goals for your child. For instance, one goal could be for your child to initiate a conversation with a peer several times a week.

Getting the class on your side: In the case of younger children, ask if you could have a short session with the class in your child's absence to explain to the class what autism is. Children are often eager to help, and good friends can soon become good advocates.

When to consider other options: If your child is constantly being punished for things, they have no control over, it may be time to consider switching schools or home schooling. If the school faculty does not seem to be willing to help, it may be better to switch schools to preserve your child's dignity and self-esteem.

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Section 5: Autism and Nutrition

Effects of diet

Autism can affect your child's eating habits in different ways. Food sensitivities, meltdowns at mealtime, or ritualistic behaviours towards food can all contribute towards your child developing nutritional deficiencies. Inadequate nutrition can in turn lead to poor mental and physical development, or diseases like obesity and heart disease. This article aims to help you navigate mealtimes with your autistic child, and make sure that they get the nutrition that they need.

Autism and the Gluten Free Casein Free (GFCF) Diet

Many children with autism tend to complain about gastrointestinal issues, including:

- Diarrhea
- Constipation
- Stomach discomfort
- Bloating and gas
- Food allergies or intolerances

Though there is no official scientific consensus, some parents see an improvement in their child's symptoms when casein (milk protein) and/or gluten (wheat protein) are removed from their child's diet. This diet, called the Gluten Free Casein Free (GFCF) diet, is safe, but must be carried out under the supervision of a dietitian to make sure your child gets the proper nutrition they need.

The GFCF diet involves removing casein (found in all milk and dairy products) and gluten (found in wheat, barley, rye, and some oat products) from your child's diet. Milk, cheese, yoghurt, pasta, bread, and ice cream, etc. should all be strictly avoided. However, be careful what processed foods you allow your child to eat because these may also contain ingredients made from gluten or casein. Foods like hot dogs, salad dressings, sauces, and even margarine, for instance, may all need to be avoided. Be very vigilant about checking labels, because the GFCF diet only works when these proteins are completely eliminated from your child's diet.

Though there isn't enough evidence to officially support and recommend it, some studies show that the GFCF diet improved symptoms related to hyperactivity, tantrums, speech, and seizures for children who followed the diet very closely for at least 6 months. Note that the diet does not help all autistic children and seems to have the most impact on those with chronic dietary issues.

Working with a dietitian is crucial because they can help you plan meals and make sure your child is getting adequate nutrition. The GFCF diet can be highly restrictive and can put your

child at risk of malnutrition if it is not implemented properly. A dietitian can prescribe any supplements or multivitamins if and as needed.

Tips for Mealtime

Mealtimes can be a very tough time for autistic children and their parents alike. Here are some tips to make mealtimes more comfortable for everyone involved:

1. **Rule out other problems:** Make sure that your child's discomfort with food is not due to some other factors like acid reflux, dental cavities, etc. Check with a doctor to rule out any other issues your child might be facing.
2. **Ease into mealtimes:** Try to make mealtimes as relaxed as possible before introducing food to your child. Often, your child may have food related fears or anxieties, and these can be made worse by pushy parents who try to force food on their children. By having a relaxing ritual like deep breathing before mealtime, you can help ease some of your child's fear and anxiety around food.
3. **Have meals together:** By eating together as a family, you can help develop environmental cues to remind your child what is expected of them at mealtime. Autistic children thrive on routine, and by sitting at the same table at a set time together, you can reinforce this routine until it becomes habit. Children also learn by imitation, so your child is more likely to eat at mealtimes if they see everyone else doing it.
4. **Posture:** Autistic children have a poor sense of body awareness, and often have poorly developed stomach core and back muscles. As a result, they may slouch or slump over at mealtimes, which may cause difficulty swallowing or digesting food. Try to support your child's back with pillows or prop their feet up with a footstool at mealtime.
5. **Gradual exposure to new foods:** For autistic children, the fear around food can be very real. Some children might be afraid of the bright colours of some fruits or dislike their texture. These fears can be slowly and gradually overcome by gently exposing them to the foods in question. For instance, you can first work on them being comfortable with the food's presence with them in the same room, then work on touching it with a fork, before finally building up their confidence to touch it with their own hands.
6. **Set regular mealtimes:** As mentioned previously, autistic children love routine. By eliminating snacking and grazing between meals, you can train their hunger instincts to only expect food at mealtimes and thus increase the likelihood that they will accept food at these times.
7. **Diversify your child's diet:** If your child already has a tolerance to a certain type of food, try to make small changes that are within your child's comfort zone to expand their diet. For instance, if your child already likes spaghetti, try to slowly switch spaghetti brands, or have spaghetti with a sauce. In this way, you maintain an element of food that your child is comfortable with while simultaneously exposing them to new foods. Just make sure that the change is small and gradual. Encourage your child to play with and explore new foods to slowly build their comfort level.

8. **Concentrate on the food and not on your child's behaviour:** Try your best to ignore your child's behaviour at the dinner table and divert your child's attention back to the food instead. Instead, try to engage them and the rest of your family in questions about the food and how it looks, tastes, or smells.

Section 6: Autism and School

This article will address 5 major issues you may face when your autistic child starts school and how to deal with each. In order, it addresses:

- Transitioning into school
- Break time at school
- Bullying
- Homework
- School absences or your child's refusal to go to school

Transitioning into School

One of the most difficult transitions for any parent is their child's transition to school and academic life. In this section, we will outline some tips to make sure this transition goes as smoothly as possible for you and your autistic child. Remember that a slow, gradual, and well-planned transition will work best. Stay calm and positive, and your child will follow your example.

There are 3 key steps to preparing your autistic child for school:

1. Familiarity: To decrease some of the anxiety both you and your child might feel towards starting school, slowly and gradually start introducing your child to the things they will need for school (like their school bag, uniform, books, stationary, etc.). Eventually, start to walk or drive past your child's school to familiarise and normalise the building for them. If possible, arrange for a visit with their class teacher ahead of time.

2. Practising: Start practising your new school routine well in advance, so that you can make sure your routine is set in place and that there are no problems for when the big day arrives. Practise things like putting on your new school shoes and uniform, eating out of a lunchbox, etc.

3. Organising: Having a routine in place can make sure the whole process goes by very smoothly. Try to write down everything your child will need in the morning and put all the required steps in a sequence.

Break Times

Lunch and break times can be difficult for your child because of their unstructured nature. You can support your child during breaks by:

- Keeping open communication lines with the school and support staff. Ask teachers to overlook and supervise breaktimes to be on the alert for any issues your child may face and be able to step in and help. However, do make sure this does not become a crutch for your child.
- Suggest your child makes or joins a lunchtime club. This will give your child something to expect and do during breaks.
- Arrange for a predetermined safe and quiet place for your child to go to in case they become overwhelmed. This could be the library or an empty classroom they can retreat to in case they need to calm down for a bit.
- Visual cue cards can be very helpful for your child as they can help them communicate in situations when they may become too stressed. They can also serve as reminders of what to do during break times or who to turn to for help in tricky situations.

Bullying

Autistic children are highly at risk of becoming bullying targets. Bullying may involve anything from name calling and physical acts like hitting to spreading rumours or social exclusion. Below are some signs of bullying to watch for:

- They come home with ruined or dishevelled clothes, or their belongings are missing
- They ask for more money than usual or their money has gone missing
- They seem stressed or depressed
- They are engaging in obsessive and repetitive behaviours
- They make excuses to skip school or start being late
- They start bullying their siblings. This might be a behaviour they learned to copy from their peers at school.

Record all instances of bullying and involve the school. Review the school's anti bullying policy and make sure there is a proper investigation into the matter. You might advise staff to hold an assembly to increase awareness amongst students of different types of disabilities without calling out on any students by name as an example. You can also ask your child's teacher to designate a 'lunch buddy, for your child, i.e. a student who will watch out for your friend during breaks.

It is important to build your child's self-esteem at home. Praise them for achievements, and visually keep track of progress with a tracking board. You might want to talk to your child about successful autistic people, to give them hope and build confidence.

Homework

Here are some strategies on how to help your child with homework:

- Consider your child's abilities: Make sure that your child's homework is achievable. Is it too easy or too hard? If the difficulty level does not suit your child, they may become

frustrated and refuse to do their work.

- Clarify why they must do schoolwork at home: Have the teacher explain to your child why they need to do homework at home. You might need to make the link between schoolwork and homework very explicitly for your child. Try to explain this with a story or use a visual timetable that shows exactly when it is time for homework.
- Clarify homework instructions: Make sure your child knows exactly what they need to do and when to do it by. Ask the teacher to supervise your child when they are noting down homework, or to outline key words and timings on the board for emphasis.
- Reduce tiredness and distraction: By trial and error, find the best time for you and your child to do homework. Do they perform best after a break or straight after school? Try to establish a routine so they know exactly when to do their homework, and where to do it.
- Help your child with time management and organisation: You might want to supervise their progress to make sure they stay focused, or to help solve any problems that might arise. Teach them how to divide and time tasks.

School Absences and Refusal

School refusal is when your child is unable to attend school because they cannot cope with the demands of school. There may be many reasons for this:

- Lack of social skills or bullying
- Difficulty following the curriculum
- Difficulty following the timetable or lack of organisational skills
- Sensory overload
- Perfectionism
- Transition issues
- Separation anxiety

Pay attention to any patterns of behaviour. Is something upsetting or stressing them? Talk to school staff to see if they are aware of anything that might be distressing your child. Are they being bullied? Could there be gender related issues? Encourage your child to communicate with you. You might find it helpful to ask your child to rate places or events at school on a scale of 'very anxious, to 'not anxious, to find the root of the problem.

You might also want to create a worry notebook in which your child can write about situations, people, or subjects that may be making them anxious and then go over them together. Keep track of all progress your child makes as a reminder of their resilience and to build confidence in their abilities to overcome anything big or small. Consider the transitional steps outlined above when your child goes back to school after a long absence to make the adjustment easier.