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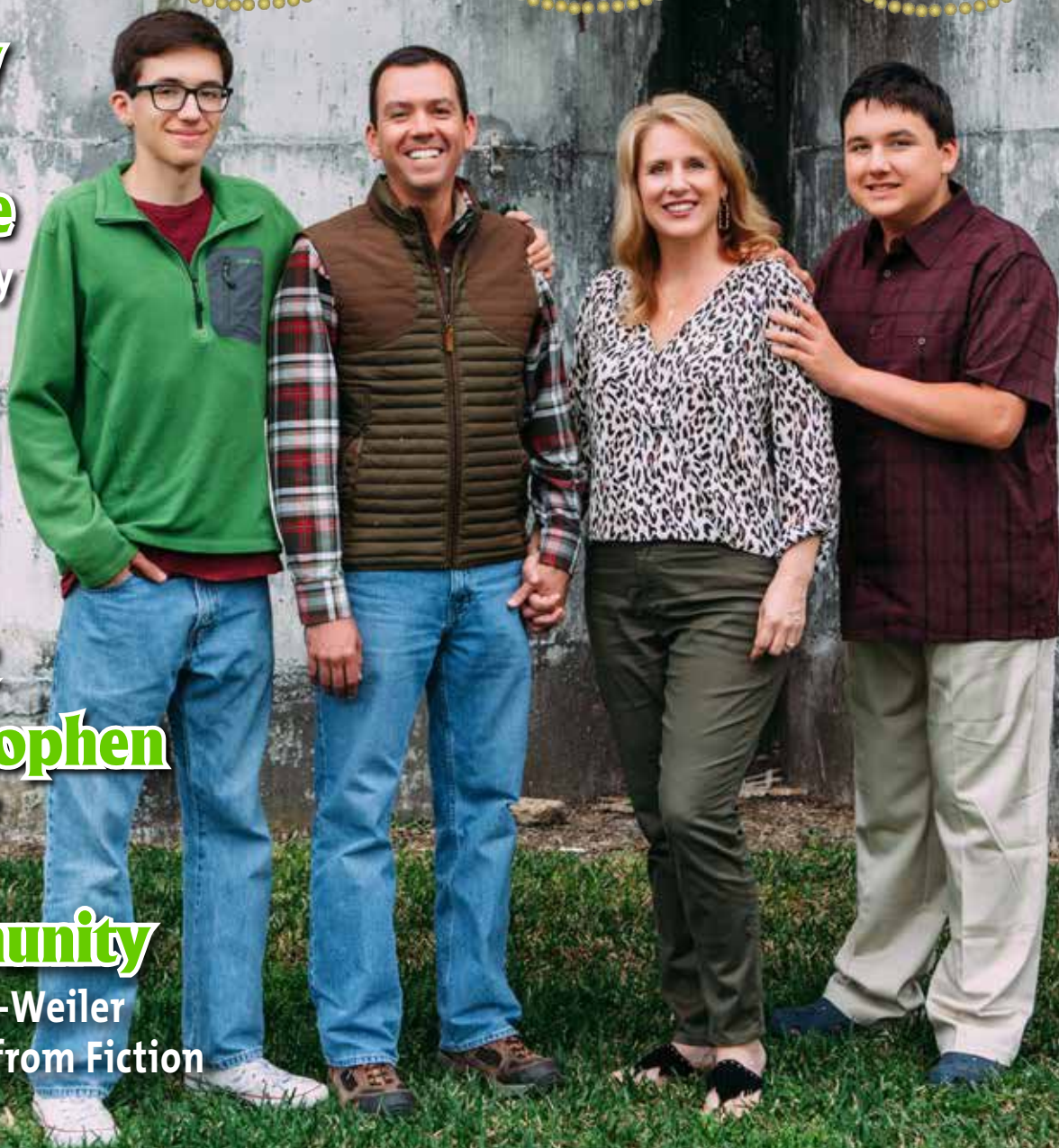
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POLLY TOMMEY

Editor-in-Chief

Polly Tommey is one of the world's leading advocates for children and families impacted by autism spectrum disorders. She has presented at the European Parliament and given voice to autism issues before leaders of industry and government. She is the founder of both The Autism Channel, on Europe's Sky Television, and also *Autism File* magazine, where she serves as Editor-in-Chief. Her book, *Autism: A Practical Guide*



to Improving Your Child's Quality of Life (co-authored with Jonathan Tommey) is available via Amazon.com.



*Shortly into the tour,
we realized we had
a worldwide tragedy
on our hands.*



POLLY'S PIECE

REFLECTIONS ON A YEAR OF REVELATIONS

BY POLLY TOMMEY, *AUTISM FILE* EDITOR-IN-CHIEF

As we draw to the close of 2017, we have much upon which to reflect. The *Vaxxed* bus tour has come to an end after 18 months of traveling throughout America, England, Ireland, Scotland and Wales along with Australia and New Zealand, recording stories with parents and professionals. The results are astounding and deeply disturbing.

We the people—the parents—have been grossly misled and repeatedly lied to. Story after story recounted by people around the world are shocking in their consistency. We trusted the medical profession wholeheartedly; we were repeatedly told that vaccines are safe and effective.

I had no idea when I started recording stories from the bus what my team and I were about to uncover. My mission in life up to that point was to raise awareness of the dangers of the MMR, the vaccine which had so cruelly taken my son Billy into deep autism. Shortly into the tour, we realized we had a worldwide tragedy on our hands. The babies labeled victims of “SIDS” after losing their lives following early vaccines, and the many people crippled by Gardasil or combinations of toxic vaccines are all testaments to the dire consequences of industry and government deception.

The most compelling, blaringly obvious discovery of all was the health status of the unvaccinated. We heard countless stories from people who had never received a vaccine, or who had never allowed their children to be vaccinated. All of these people were perfectly healthy and quick to get over any illnesses.

Brian Burrowes, the editor of *Vaxxed* the movie, is putting together the story of the bus and all our team uncovered. The *Vaxxed* bus owes 100% of its success to the people of America and the dedicated parents we met in other countries. If ever you need to restore your faith in humanity, just wait for Brian's upcoming film.

Remember this, the most important point of all: There are far more good people in this world than bad. I promise you it's true; I've seen it for myself. The few that live for money over God want the rest of us to live in fear, to not think for ourselves or our children, and to let ourselves be controlled. The education I received on the *Vaxxed* journey makes me wonder if this is where we have fundamentally gone wrong: When did we stop listening to each other? When did we stop thinking for ourselves?

The good news is that more and more people are thinking for themselves as they wake up to the truth of a vaccine program gone horribly wrong. We're seeing far more people today who are willing to relay their own stories of vaccine injury. Let's all embrace the momentum we have and work to make it even greater.

Much love to you all and here's to a blessed, united 2018. There is strength in numbers and together, we will overcome.

God bless, Polly

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The content of the letters/articles and advertisements in *Autism File* reflect the views of the respective contributor/advertiser, and not those of the editor/publisher.



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DEIRDRE IMUS

Deirdre Imus is the founder of ImusEnvironmentalHealth.org, a resource for healthy green living, where Deirdre shares tips on how to “green” the way you care for yourself, family and the planet. Everything from the food you eat, the clothes you wear, baby care products, cosmetics, and personal care products, you’ll find practical advice and tips for a healthier lifestyle. Deirdre is a vegetarian for life! Deirdre is also President and Founder of The Deirdre Imus Environmental Health Center® at Hackensack University Medical Center and Co-Founder/Co-Director of the Imus Cattle Ranch for Kids with Cancer. It is the only vegetarian working cattle ranch for kids with cancer. Deirdre is a *New York Times* multiple best-selling author and appears weekly on the Imus in the Morning show. The Deirdre Imus Environmental Health Center® works to ensure children live the healthiest lives possible—today, tomorrow, and decades from now. In her quest to clean up the environment for our kids, Deirdre developed the award-winning Greening The Cleaning® program and product line, which replaces the hazardous ingredients commonly found in cleaning agents with environmentally-responsible, less toxic products wherever possible. The program and products are used throughout the country in schools, healthcare facilities, and businesses.



JAMES LYONS-WEILER, PHD

Dr. James Lyons-Weiler, PhD is the author of several books, including *Ebola: An Evolving Story. Cures vs. Profits: Successes in Translational Research*, and *The Environmental and Genetic Causes of Autism*. He is the CEO and Director of IPAK, The Institute for Pure and Applied Knowledge, a not-for-profit pure public charity research institute focused on the reduction of human pain and suffering. You can support IPAK and its various projects, studies and initiatives at ipaknowledge.org. You can read more of Dr. Lyons-Weiler’s analyses at jameslyonsweiler.com and find his peer-reviewed publications at Pubmed.



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William Parker has studied biochemistry and immunology at Duke University since 1993. Best known for the discovery of the function of the human vermiform appendix (a safe-house for bacteria), William has spent the last 15 years looking at fundamental cultural causes of inflammation in Western societies. His work on “biota alteration”, a concept which evolved from the “hygiene hypothesis”, has led to the discovery that intestinal worms, called helminths, are very supportive of healthy neuropsychiatric function in adults and in children. William has published more than 100 peer reviewed papers, including collaborative studies with Staci Bilbo using laboratory animal models and socio-medical studies with Janet Wilson evaluating the practices and outcomes of people self-treating with helminths.

Autism FILE™

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Photo by Sonrisa Photography (Katy, TX)

Healthy Holidays!

There's no need to abandon a healthy lifestyle with these strategies for guilt-free holiday goodness ...

BY LISA SULSENTI

It's the most wonderful time of the year. The hustle and bustle of the holidays combined with traditions can be exciting and memorable. Families and friends taking time from their regular busy lives to gather and share in the joy and wonderment of the holidays are sometimes unparalleled by any other time of the year. On the flip side, the holidays can also be incredibly overwhelming.

For some, this time of year can be downright dreadful. Holidays can heighten anxieties, increasing the chance of meltdowns and sensory overload. Not knowing what may send a child into a tailspin at grandma's house can be exhausting. It could be

▼

Holidays can heighten anxieties, increasing the chance of meltdowns and sensory overload. Not knowing what may set a child into a tailspin at grandma's house can be exhausting.

▲

Aunt Sally's kisses, perfume or hugs. It could be the sound of the presents opening or the smell of dinner. There is no way to predict if a certain food, sound or touch may make your child feel overwhelmed.

A child with ASD may have numerous meltdowns during this time of the year because his nervous system struggles with integrating sounds, touch, smells and other extraneous factors in the environment. A child's brain can hear a sound or take in a smell that the brain neurologically interprets as physical pain. This improper integration and interpretation quite often can result in inappropriate responses such as meltdowns right smack in the middle of a happy magical family gathering.

FOOD MATTERS MOST

To help prevent holiday meltdowns, make sure your child eats healthy throughout the season. Many holiday foods are loaded with harmful ingredients such as artificial dyes, coloring and flavoring, genetically modified organisms (GMOs), sugars, oils, emulsifiers, and preservatives,

DR. LISA SULSENTI ...



...is a chiropractor, nutritionist, author and autism coach. She currently owns Atlantic Coast Chiropractic, a wellness center, with her husband in Brick, NJ. She has helped thousands of patients reach amazing healing potential in body, mind and spirit. Over the past 17 years, she has adjusted and coached patients with various health problems such as heart disease, high blood pressure, digestive problems, thyroid and hormonal imbalances, fibromyalgia, allergies, back and joint pain, headaches, Autism Spectrum Disorders, ADD/ADHD and weight gain. Dr. Lisa is creator of DrLisaSulsentti.com, a website dedicated to creating healthy and thriving families and treating chronic health issues and ASD. She is author of *The Overtired Child: Creating a Sensational Classroom for Kids with Autism Spectrum Disorders, Sensory Processing Disorders and ADD/ADHD* and owner of her one-of-a-kind online nutrition program, The Kind Gut™ program which addresses improving chronic health issues through detecting vitamin and mineral deficiencies and repairing leaky gut imbalances. You can contact her at www.DrLisaSulsentti.com. ◀

all creating havoc on his nervous system. For example, rethink giving your child holiday foods and snacks that contain Citrus Red 2, Red 3, Red 40, Yellow 5, Yellow 6, Blue 1, Blue 2, and Green 3 dyes which are neurotoxins derived from coal tar and petroleum that impede your child's nervous system's ability to regulate appropriately. Neurotoxins are substances that affect the nervous system producing behavioral, emotional, or body-movement abnormalities. A child with a hyperactive nervous system needs to avoid foods with toxic dyes at all costs.

Other ingredients to avoid are GMOs which are genetically modified organisms in which genetic material has been altered using genetic engineering techniques. GMOs have been linked to several health problems, especially leaky gut. They also can be found in sugar derivatives such as glucose, dextrose, maltose, fructose, highly processed high fructose corn syrup, corn starches and other sugar variants (as

well as corn, soy and wheat)—basically just about everything traditionally considered to be holiday “fun” foods. If you look closely at the ingredients in many popular holiday recipes and treats, you'll see how we are harming the body's ability to regulate the brain and nervous system while also contributing to an unhealthy gut.

WHAT YOU CAN DO

The best thing to do is to NOT allow yourself to fall into the typical holiday thinking that you have to give into eating unhealthy foods this time of year. In fact, you and your family can eat healthy during the holidays, and yes, enjoy them too. All you have to do is find healthier versions of your holiday favorites that are delicious and gut friendly. This means try healthy recipes that do not use processed, artificial dyes, colorings or flavorings, preservatives, emulsifiers and other harmful ingredients. Choose dairy-free options and try to use natural

sugars and healthy grains too. Focus on fun holiday fruit ideas. Instead of using traditional milk, cheese, whipped cream and icing, use alternative recipes with coconut or almond milk. Try recipes with the least amount of ingredients. For example, my favorite cookie has three ingredients: gluten-free oatmeal, bananas and GMO free mini chocolate chips. These cookies are delicious, healthy and a huge hit no matter where I bring them. They beat the traditional chocolate chip cookie that is loaded with unhealthiness for sure.

Take some time to try some of my favorite and famous healthy holiday treats. I assure you that your child will love them, meltdowns will be less, and your guests will think you are a genius. No one will believe your chocolate chip cookies have only three ingredients, trust me! Let this year be your merriest and healthiest one yet. God Bless to all!

DR. LISA'S FAVORITE HOLIDAY TREATS

Rule of thumb Try your best to buy the freshest ingredients that are organic and GMO free if possible. If you can't, do not stress over this. You are simply increasing the health factor of the recipe and your child's health when you do.

Chocolate Chip Cookies

Ingredients

2 bananas

1 cup dry oatmeal

(gluten free if needed)

¼ cup GMO free mini chocolate chips

Directions

Preheat oven to 350. In a bowl mash and mix bananas and oatmeal well. Once mixed, add in chocolate chips and lightly mix. On cookie sheet with teaspoon, drop cookie dough just like you would with real cookie dough. Bake in oven for 10-15 minutes.



Homemade Hot Chocolate Recipe

Ingredients

3 tablespoons organic unsweetened cocoa

3 tablespoons organic sugar

2 cups organic milk, almond

1 tsp of organic liquid vanilla

Directions

Mix cocoa and sugar in bowl. Add to pan on stove. Heat and slowly add milk, stirring frequently. When melted, add vanilla. Serves two warm cups.



Watermelon Starburst Bowl

Ingredients

½ watermelon, sliced in lengthwise pieces
 star or tree cookie cutter
 1 pint of organic blueberries

Directions

Take watermelon slices and using cookie cutters, make star shapes (or you can make tree shapes to look like Christmas trees). Slice some watermelon slices and dice ½ inched cubes. In a bowl, place watermelon cubes. Top with handful of blueberries. Top with star or tree shape watermelon pieces.



Strawberry Santas

Ingredients

Fresh strawberries, rinsed and leaves cut off
 Homemade coconut whip cream
 Zip lock bag

Directions

Cut the pointed end off of each strawberry. The point end will be Santa hat. The other piece is Santa body. Both need to be placed down on a paper towel so the fresh strawberry juice is absorbed. Put coconut whip cream in a zip lock bag. Cut the corner off and swirl some of the frosting on the Santa body. Next put the Santa hat on top of the coconut whip cream. Lastly, add a dab a coconut whip cream on top of the Santa hat and two on body for buttons.

Coconut Whip Cream

Ingredient

1 can of whole fat coconut milk

Directions

Refrigerate can of coconut milk, 8 hours or overnight. Place metal mixing bowl and beaters in the refrigerator or freezer 1 hour before making whipped cream. Open can of coconut milk, taking care not to shake it. Whip coconut cream using electric mixer on high speed.

Gingerbread Smoothie



Ingredients

1 cup of plain almond or coconut yogurt
 2 tablespoons almond butter
 ¼ tsp ground cinnamon
 ¼ tsp ground ginger
 1 tsp maple syrup
 ¼ tsp ground nutmeg
 ½ frozen banana

Directions

Put all ingredients in blender and blend. Pour into glass or mug. Top with cinnamon!

Mint Chocolate Protein Balls

Ingredient

1 cup almonds
 1 cup pitted dates
 ½ cup unsweetened cocoa powder
 ½ cup shredded unsweetened coconut and another 3 tablespoons for outside coating
 2 tablespoons almond milk
 1 tsp peppermint extract

Directions

Put almonds and dates in food processor and blend. Then add rest of ingredients, leaving out the 3 extra tablespoons of shredded coconut. Put these in small bowl. Mix all other ingredients in food processor until smooth. Take mixture and make small balls with hands. Roll each ball into extra shredded coconut in bowl to cover balls.



Toasted Coconut Cookies

Ingredient

- 1 egg
- 1 cup coconut flakes
- 1/3 tsp vanilla
- 2 tablespoons of maple syrup
- organic cooking spray (coconut oil best)
- handful of GMO mini chocolate chips optional

Directions

Preheat oven to 350 degrees. In a bowl whisk egg white and then add coconut flakes, vanilla and maple syrup. Mix together. Spray cookie sheet with cooking spray (you can use olive oil, but I prefer coconut to stay with the taste). If you want to add mini chocolate chips, mix in. Make mixture into small balls. Place them on cookie sheet and once done, bake for 10- 15 minutes. You do need to watch these as they tend to burn quickly. They are done when they turn a light toasted brown (if only the bottoms turn brown you can eat like that or broil on low for 1 minute, being very careful to not burn them). Makes 6 small bites. Double recipe for bigger or more!



Chocolate Peppermint Pudding

Ingredient

- 1 banana
- 1 avocado
- 2-3 tablespoons organic unsweetened cocoa
- 1/2 tsp of vanilla
- 1/2 tsp of peppermint extract
- 1/2 tsp of maple syrup (add more if need sweeter)

Directions

In food processor, mash banana and avocado until smooth. Transfer to mixing bowl. Mix in remaining ingredients.

Pumpkin Pie Mousse

Ingredient

- 1 1/4 cup raw cashews or almonds, soaked in water overnight
- 1 1/3 cup organic pumpkin puree (or fresh baked pumpkin)
- 1 tsp vanilla extract
- 1 tsp of nutmeg
- 1 tsp of cinnamon
- 1 tsp of ginger
- 1/4 cup 100% maple syrup
- 1/2 cup of almond milk



Directions

Drain cashews. Put cashews into food processor or good blender. Blend and slowly add the remaining ingredients. If you like your mousse sweeter, simply add more maple syrup. You can add coconut whip cream from recipe above.

HOLIDAY RECIPE COUNTDOWN!

Join my 21 Holiday Recipe Countdown and I will email you one healthy holiday recipe a day for 21 days right to your inbox. Holidays do not have to be unhealthy anymore. You've got this! For more information go to www.DrLisaSulenti.com. ◀



Ask Cathy...

An Open Dialogue With a Mother and Special Needs Architect



Q: My daughter continuously picks at her skin. I've tried everything from topicals to wrapping areas so that she cannot get to them. This often results in her drawing blood which then seems to trigger another obsession—her interest in blood. I'm at my wits end.

A: I'm by no means a medical professional but I do have experience with the exact thing you describe. I believe it's fundamentally true that it's hard for our kids to stop anything once they've started it. In this case, your daughter starts picking and can't tell her mind to stop. I don't specifically relate this to the autism spectrum because the same pattern can be witnessed in individuals with anxiety disorder and likely other diagnoses. I've found that if we can eliminate the elements to pick, then we have a better chance of reducing the habit. Also, if we can reduce anxiety, we can further help reduce these obsessions.

One thing I noticed with my son when he was younger was that if he had any poison ivy on his body, it triggered his picking habits in a more pronounced way. I quickly learned to bypass any and all topicals or re-directions and simply get him on prednisone immediately with the doctor's support. I knew if I could eliminate the raised rash, I could reduce his habit to pick.

Second, I learned that if my son asked if something was bleeding (that he could not see) I would respond "no" and conceal the wound. Why? Because this reduced his trigger to obsess about blood. Third, I could see that anxiety impacted everything he did. I sought medical advice and followed the directive to utilize medications for support.

I firmly believe that mental illness is one of the most challenging disabilities. It is not seen by the viewer's eye. Frequently, individuals on the autism spectrum struggle with coexisting challenges. In my son's case, he is co-diagnosed with Obsessive Compulsive Disorder, Anxiety Disorder and Bipolar Disorder. I suggest talking to your medical team about the best way to reduce your daughter's stressors.

Q: How do I make the decision on taking guardianship of my child prior to his 18th birthday?

A: One of the greatest concerns for parents is the thought of someone taking advantage of their child in later years. You need to determine whether your child is capable of making many daily decisions on his own. You should allow him to mature as much as possible before making this final decision prior to age 18.

Don't assume that caregivers will not seek your input or opinion when your child is an adult and in their care. Have confidence that you'll be involved in your child's life whether or not you obtain guardianship. There are many programs and service providers that take incredible care of our children and as your child's parent, you can help guide the decision-making process.

It's important to reflect on what happens once you and your spouse are deceased. If you have other children, discuss with them whether they want to be sought for every decision regarding their sibling for the rest of their lives.

My brother was diagnosed with Down Syndrome at birth. He lived a full life until age 58. He moved into a group home in his mid-30s. My mother never sought guardianship over him. Yet I can tell you that as a family, we had great involvement in his life. That's because we chose to be involved. Specifically, my older sister oversaw many of his needs simply because she lived close to him.

My mother had great angst over my brother becoming a challenge to any of us children in our later years. This is likely why she never took guardianship. My husband and I have also not sought guardianship of our 26-year-old child with special needs. He is capable of verbally communicating experiences to us. He is not necessarily capable of always making good decisions, but we believe in the caregivers we have selected for him and we believe in his ability to communicate to us.

While ultimately this decision must be made by you, you can obtain expert guidance from an attorney specializing in guardianship issues. ◀

SPECIAL NOTE: Cathy's responses come straight from her own personal experiences. It's important to note that each child on the spectrum is unique and will have their own set of needs.

CATHY PURPLE CHERRY, AIA, LEED AP...

...A special needs architect and founder of Purposeful Architecture, Cathy Purple Cherry is the mother of an adult son on the autism spectrum and sibling of a Down Syndrome brother. Through her lifelong interactions and observations of her brother and son, she has an acute awareness of relevant triggers and environmental issues that impact individuals with disabilities. In addition to the numerous articles she has written on the topic, Cathy speaks nationally on Purposeful design needs that support academic and therapeutic needs of individuals with disabilities. She engages her audiences and enables them to consider design applications and concepts that enhance their practice with respect to environments designed to meet the needs of individuals with disabilities. She is tireless in her efforts to improve the quality of life for people with disabilities through Purposeful Architecture™. For more information, visit www.purposefularchitecture.com. ◀

THE POWER OF NO

*Pay attention to that wise little voice
in your mind...*

BY SAM ETHAN RUBIN

Why is it so difficult to say NO? My mother has always told me that NO is a promise *not* to do something. That makes saying it sound so positive. I promise that I won't do what you are asking of me. And, this is the big one: I don't need to explain why.

But for me, in certain situations, even just the prospect of saying NO ranges from deeply uncomfortable to terrifying. For example, when somebody pressures me on the street for money, that's scary. But, I've gotten mostly comfortable using NO there.

Recently, however, when a classmate kept making demands on me—she wanted to borrow my books, my computer, my time, and to deliver messages on her behalf to someone when she should have been responsible for her own communication—I said NO, then backtracked. She had a sad story—with a smile. How's that for confusing body language? She wanted to be rescued. I reflexively donned my armor, rushed in to save the damsel-in-distress.

Even though I could see that I was allowing her demands to compromise my time and energy, I caved on my NO. I ended up with a bad cold. I got behind in my own homework. Yet, it felt selfish to not nobly respond to her S.O.S. calls. It all made me extremely anxious and exhausted.

SAM ETHAN RUBIN...



...is a 24-year-old vocalist, actor, filmmaker and writer. He is the author of *And... Action! My TAKE on Autism (and Life)* and *The Way I See It*, available in paperback. Sam plays plays Bobbe in the upcoming *Bobbe180* (The Autism Channel). He currently lives in New York City and is studying acting at the Tom Todoroff Conservatory. ◀

Why couldn't I let my NO stick? Having learned social language in part from movie scripts, I found myself feeling like Marty McFly in *Back to the Future* when Biff taunted him for saying NO: "What's wrong McFly, chicken?" Did I have to prove to myself that I'm not chicken?

The promise NO delivers is protection. The big lesson for me is to not backtrack when I say it, no matter how sweetly people apply guilt-inducing stories to get their way. Or how many times they repeat the request to break down my NO.

The way I see it, NO is a promise to take care of myself. Self-preservation



▶ **SUPERMAN SAM** — Here I come to save the day!

involves the promise that NO delivers—like putting on your oxygen mask first in order to be available to help someone else out. ◀

Age of
Autism

Daily Web Newspaper
of the Autism Epidemic

www.ageofautism.com



MIND'S EYE

Art Across the Spectrum

BY DEBRA MUZIKAR



▲ **THE "AUTISM SANTA"**—Mitchell Miller is committed to bringing joy to children on the autism spectrum.

Michael Miller, AKA the "Autism Santa," is the founder of Toys AUcross America. His enterprise was inspired by his son Jonathan, who has autism. As a child, Jonathan was a huge Thomas the Tank Engine fan. Michael and Jonathan collected all the characters of the wooden train collection, some electric trains and even more of the die-cast trains. Michael notes that he still isn't sure if the obsession was more Jonathon's or his own.

Jonathan moved on to video games and the Thomas the Tank Engine toys were forgotten. One night after a camping trip, Michael noticed some boxes of the trains and decided to

offer them to children diagnosed with autism via a Facebook support group in which he participated, thinking that the children would enjoy a surprise in the mail. From there, the project snowballed. Michael received many requests for trains for young children on the spectrum. He then created a Facebook page and invited participants to become part of the project.

When the project first began, Michael was literally packing up Jonathan's toys and making weekly and sometimes daily treks to the local post office. He raised money to cover shipping and sought out toy donations. Then he began to use eBay as he felt not

DEBRA MUZIKAR ...



...is a volunteer for Jeremiah's Ranch and co-founder of the Art of Autism collaborative

— www.the-art-of-autism.com ◀



◀ **PACKAGES WITH PURPOSE** — Toys AUcross America has provided over 5,000 toys to children with autism.

all autistic children want a train or a car, and eBay featured a much wider variety of toys. Now he uses Amazon Prime to purchase and ship the items. While the real Santa delivers toys in one day, Michael isn't far behind and can do it in just two! To date, he has ordered and mailed over 5,000 toys to children in the United States including Puerto Rico and he also occasionally ships to Canada.

A MATCH MADE IN HEAVEN

About four months into his toy giving journey, Michael became aware of Kulture City. Julian Maha, the founder of Kulture City, offered Michael some Amazon gift certificates to use for Christmas gifts for children with autism. Six months later, Kulture City agreed to sponsor Toys AUcross America in exchange for getting the word out about the wonderful things their nonprofit does. Michael describes their union as a "match made in heaven. I was looking to become an official charity, but lacked the knowledge to do so; they were looking for a network to get the word out. They had the charity already in place, I had the network of autism families from the Toys page. Julian and Kulture City have sponsored the Toys page for over three years now and amazingly the first year we never met each other. For him to have that type of trust in me I think says a lot about both of us."

Kulture City's mission is about inclusion. "They want a world where children, teens and adults on the spectrum are accepted and included as everyone else, and it doesn't stop with autism," says Michael. "They seek an all-inclusive world for everyone under the sun."

SMILE, PLEASE

The only thing Toys AUcross America asks in return for the gifts they send are pictures of smiling children. According

to Michael, "I sent Pokemon cards to a boy. His mom filmed him opening them and he grabbed the toy boxed sets, stood up and shouted, "It's too AWESOME!" and raised his hands over his head. This type of happiness is the true reward to Michael for his efforts.

While Christmas is an especially busy time, Michael explains that, "The Autism Santa works 365 days a year. Toys AUcross America has given me purpose outside of being a father and a husband. Sometimes it gets in the way a little bit at home and I would like to thank both my wife Chandra and my son Jonathan for allowing me to be 'Autism Santa.' I used to see myself as an underachiever but not anymore!"

Michael has also been creating poetry for about four years. He shares this poem with *Autism File* readers. ▶

A Brighter Side

by Autism Santa

*There is a side to autism.
I fear is overlooked.
You won't find it in a text.
Or read it in a book.
It's something you must see.
For with your own two eyes.
Autism is quite brilliant.
It's just hiding in disguise.
A piano prodigy.
Who plays from sound alone.
Blind and cannot see.
Yet ears have perfect tone.
A boy who's such a wiz.
His IQ is off the chart.
Hidden deep within.
All he needed was a spark.
A girl who uses canvas.
To paint the world she sees.
Many different strokes.
She does them all with ease.
So look a little deeper.
I know it is inside.
Bring it to the surface.
There is a brighter side!*

FIND OUT MORE

- ▶ **Kulture City Website:** www.kulturecity.org
- ▶ **Toys AUcross America on Facebook**
<https://www.facebook.com/ToysAUcrossAmerica/>
- ▶ **The Art of Autism and Toys AUcross America** are partnering on an initiative called Art AUcross America for a series of art set giveaways. See the Art of Autism website for details. www.artautism.com



THE SEASON OF GIVING

Sustainable, eco-friendly gift ideas for everyone on your list

BY DEIRDRE IMUS

As we get older and our kids get older, the holidays take on different meaning. We are all so scattered each day at various jobs, schools, extracurricular activities, and other appointments that it can be difficult to spend quality time together. Sleeping under the same roof as your loved ones each night does not equal instant connection. We must try even harder these days to look each other in the eye, talk about what matters, and forge meaningful relationships.

The holiday season offers the opportunity to spend time together, create lasting memories, continue family traditions, and invent some of your own. It is easy for us all—but especially for children—to get caught up in the hoopla of presents and parties and decorations and songs. But at the core of all of this season's festivities is our loved ones—family, friends, and anyone else you've let into your world.

Whether you tell them how much they mean to you daily, weekly, or monthly—and especially if you don't say it enough—a great way to show your affection and to say thank you is with a gift.

DON'T "SETTLE" WHEN IT COMES TO GIFT-GIVING

And there is no greater gift to give than something sustainable, eco-friendly, locally made, homemade, secondhand, or completely intangible. We should think about what we give to others just as carefully as what we give ourselves. If you wouldn't buy yourself a cheaply-made item manufactured overseas and probably laden with toxic chemicals, then maybe don't bestow it on a friend or family member (unless maybe you don't like them very much, but even then, it's still pretty rude!).

Perhaps a more daunting question than WHO should get a gift is WHAT on earth to get them. Rather than settle for that most impersonal of presents—a gift card—consider some of my favorite things this year for people of all sizes. Let the holidays

make you crazy for other reasons (what to cook, how to avoid your weird uncle, who to invite to your party), and spend the time you've saved not worrying about gifts on snuggling the ones you love.

We must try even harder these days to look each other in the eye, talk about what matters, and forge meaningful relationships.



Here are some of my Favorite Gifts for Families this holiday season. Some are big, some are small, and some can't be touched at all. Most are from a handful of websites I feel responsibly source the items they sell, and have a wide variety of interesting products made largely by independent artists. It's almost as if you've wandered into a local crafts fair, but on the internet. (Also, go wander into a local crafts fair! It's a great activity for kids, and an even better place to shop for holiday gifts.)

THINKING OUTSIDE THE BOX

I've written before about the website [Uncommon Goods](#), an online retailer that minimizes its environmental impact by working with artists who use sustainable or recycled materials, and choosing eco-friendly packaging materials. I strongly recommend checking them out for interesting, one-of-a-kind gifts that you simply will not find at larger online retailers or big box stores. They sell the kinds of things people are actually happy to receive, and will hold on to for a long time.

MY FAVORITE PRESENTS FOR KIDS INCLUDE:

1 *Dinosaur Duvet and Pillowcase Set.* What kid wouldn't want to sleep inside a dinosaur's mouth? This snuggly



▲ **DINO-MITE DUVET** — These 100% cotton duvet and pillowcase sets provide all-natural bedtime fun for kids.



▲ **MAKE IT PERSONAL** — Customized books for the little ones are a sure hit.

duvet cover and matching pillowcase let your little one snooze inside the gaping, toothy jaw of a T-Rex all night long. As any parent knows, half the battle of getting your kids to bed at night is convincing them to stay in bed. Crawling into bed with a dinosaur could provide excellent motivation at bedtime, and you can sleep easy knowing this duvet is made from 100% cotton, and nothing else.

2 *Personalized Good Night Little Me Book.* Make any little one feel special with their very own bedtime tale! Even the smallest of babies delights in hearing their name over and over again, and older kids will love looking at the beautiful illustrations—and hearing their name over and over again! They somehow never tire of anything that is all about them.

3 *Little Bites Silicone Ice Pop Molds.* The weather might be getting colder, but ice pops are a year-round treat! Blend together a wide range of healthy fruits with some yogurt—and maybe even a veggie or two!—for a healthy snack that couldn't be more fun to eat. Let your little one help create the ice pop of their dreams in these colorful molds made with lots of character and zero harmful chemicals.

4 *Gummy Bear Light.* They're cute, colorful, and provide just the right amount of light—but not too much—to create a soothing yet buoyant atmosphere in any child's room. Plus, who doesn't love a bear?





5 *The Mug with A Hoop.* This aptly-named mug is perfect for kids because it was made by one. A young entrepreneur by the name of

Max designed it—along with other similar mugs—when he was just eight years old. His specially-designed mugs will raise your child’s awareness for healthy soups and breakfast cereals, as well as for dyslexia, a cause close to Max’s heart.

6 *Little Patient.* Take playing doctor to all new levels! Your aspiring physician or surgeon will love this plush character, which opens up to reveal similarly soft organs, each one labeled for proper replacement. It’s a great way to teach kids about the magical human body and the importance of taking care of it. The Little Patient can also help demystify surgical procedures for any child who has to undergo an operation.



▲ **PLAYING DOCTOR** — “Little Patient” offers a fun way for kids to learn about the body and can help demystify surgical procedures.

7 *PACT Longline Pullover Hoodie.* Does your teen live in sweats? Check out this comfy hooded sweatshirt, made from 60 percent organic cotton and 40 percent recycled polyester. It’s chic, sustainable, and fair trade, but I can’t promise it’ll make them think their parents are cool.

ALL IN THE FAMILY

You can never be too young to indulge in lavish textiles, which will make any newborn and new parent very happy—not to mention comfortable. The whole family can enjoy the comforts offered at Boll and Branch, which was founded in 2014 by two parents who decided the bedding industry needed to change. They responsibly

▶ **CLASSIC PAJAMAS** — Nothing says “comfort” like flannel PJs.



▲ **COZY COMFORT** — These timeless and elegant throws use 100% organic dyes.

source their materials, and trace the origin of the cotton so that families know what they’re buying is authentic, pure, and chemical-free.

CHECK OUT THE FOLLOWING IRRESISTIBLE ITEMS:

- ▶ *Cable Knit Throw*, made from Fair Trade™ Certified cotton and with 100 percent organic, nontoxic, eco-friendly dyes
- ▶ Any of their *organic sheets* and duvets covers
- ▶ *Men’s and Women’s Flannel Pajamas*, which are made ethically in Portugal from organic cotton



- ▶ These super soft *Crib Sheets* contain zero chemicals and will help parents sleep easily at night knowing their little one isn't breathing in harsh chemicals and dyes.
- ▶ Swaddle baby in pure organic cotton in this dreamy *Baby Blanket*, or make things easier and opt for the Baby Gift Set, which includes two crib sheets and a blanket!

It's never too early to keep your baby safe, and the folks over at Belly Armor are doing some very innovative work when it comes to radiation protection. They offer a wide range of products—such as blankets, belly bands, and even boxer-briefs for men—designed to prevent or limit radiation exposure. This area of science is still evolving and we learn more everyday about the health risks that may stem from radiation, particularly in babies and children. You can never be too careful, and Belly Armor is trying to help.

BACK TO BASICS

As always, when possible, buy local! Supporting local businesses and artists has never been easier. Check out [Etsy.com](https://www.etsy.com) for craftspeople in your area, and support them. Many artisans selling their creations on Etsy are using recycled, upcycled, handmade, or secondhand materials, which is about as sustainable as it gets. Making something new and beautiful from something old and forgotten is a skill that should be cherished, admired, and rewarded.

For other fair trade, handmade gifts look at the website [Serrv](https://www.serrv.org), a nonprofit that has partnered with artisans and farmers around the world to help them sell their unique product collections—everything from home décor to clothing to specialty foods, and more.

You'll never go wrong with a seasonal bouquet or gift basket from [Organic Bouquet](https://www.organicbouquet.com), which uses sustainably grown flowers delivered in biodegradable

packaging. They're a mission-based company involved in community projects around the globe.

Experiential gifts are also a treat, whether you surprise a friend or family member with theatre



▲ **SAFE & SWEET** — Pure organic cotton bedding and blankets are perfect for the newborns on your list.

tickets, a cooking class, pottery instruction, a spa day, or an opportunity to jump out of a plane. The memories made will pay dividends and it's an excuse to take a break from the regular routine of each day and do something different.

Let's all try to hold on to the warm and fuzzy feelings of this season as we edge into the doldrums of January and beyond. It's an exciting time of year but it can be overwhelming. Try to keep things in perspective, put family first, and avoid stressing out over the silly stuff. Find wonder in the pure joy children feel opening up gifts, and guide them on the importance of giving back.

Most important, catch a little alone time. Try to find a quiet spot amid the hullabaloo of the holidays, whether literally or figuratively, and recharge your batteries. Forgive yourself your failures, your short temper with challenging children, your distractedness throughout the year.

It turns out the person you need to connect with most this time of year might just be yourself. ◀

Note: Information provided herein is not intended to treat or diagnose any health condition. As always, consult your healthcare provider with any questions or health concerns.

Try to keep things in perspective, put family first, and avoid stressing out over the silly stuff. Find wonder in the pure joy children feel opening up gifts, and guide them on the importance of giving back.



ACETAMINOPHEN AND AUTISM

The connection appears to be real, but how can we find out with certainty?

BY WILLIAM PARKER, PHD

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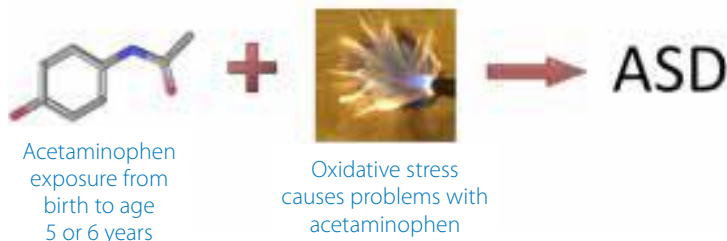
In March of 2017, scientists from Duke, Harvard and the University of Colorado published a surprising [article](#) with a simple premise: Based on available evidence, it seems likely that acetaminophen (paracetamol) exposure during early childhood, sometime between birth and the age of about five or maybe six years, is responsible for many cases of autism. But the study team was very clear in stating that acetaminophen alone cannot be the only factor. The other factor is, apparently, oxidative stress. According to this surprisingly simple model, the induction of autism spectrum disorders (ASD) can be described by a simple equation, referred to as “the autism equation.”

The study authors provided numerous independent reasons why they believe that this equation is probably

valid. Foremost among those is a [study](#), now a decade old, by Stephen Shultz showing a very dramatic association between the incidence of autism and exposure to acetaminophen during childhood. In addition, numerous studies in laboratory animals as well as in pregnant women indicate that exposure to acetaminophen is indeed dangerous to the developing brain, and demonstrate that it is the actual drug, not the reason for taking the drug, that is responsible for injury. Although the Shultz study was small and has not been verified,

additional lines of circumstantial evidence abound. Some of these lines of evidence are weaker than others, but together they paint a very clear picture.

Why did a world-famous researcher note a change in both the average type of autism and in the rate of increase



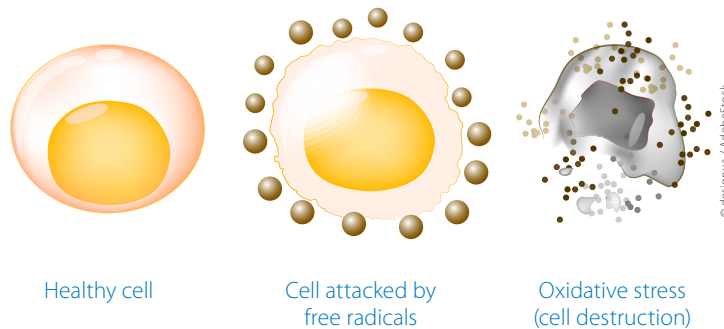
in autism starting in 1980, when the use of acetaminophen in children began to increase as a result of the realization that aspirin can cause Reye's Syndrome? Why does Cuba, a country without access to acetaminophen, have a very low incidence of autism to the best of our knowledge? Why should we have assumed that a drug intended to shut down a portion of the brain (the hypothalamus, which causes the development of fever) was safe for neurodevelopment in children? Why is circumcision, an ancient practice, associated with a dramatic increase in the incidence of autism? We find only one explanation for these and a variety of other observations: The autism equation.

The original paper published in March 2017 is freely available [online](#) and has been summarized in other online [articles](#), and another online [article](#) explains why doctors are largely unaware of the problem. I won't cover all of the evidence here because it has been covered elsewhere and there are some important topics to consider beyond the evidence.

A BIOCHEMICAL FIRE

This second part of the equation deserves some explanation. Oxidative stress is essentially an out-of-control biochemical fire that causes damage to healthy tissue. Oxidative stress happens when the body can't keep up with the amount of inflammation to which it's exposed. Much of that inflammation comes from the Western lifestyle, and probably started to increase in the late 1800s, giving rise to such issues as allergies, autoimmunity and digestive disorders. Our Western diets, chronic psychological stress, low vitamin D levels, and other factors that give

CELL & FREE RADICALS



WHAT IS OXIDATIVE STRESS?

Oxidation is a process that occurs as the body metabolizes food to produce energy. It's called oxidation because our bodies literally "burn" the food, combining it with oxygen (oxidation). The chemistry is almost identical to what happens as a car engine burns gas or a fireplace burns wood, but our bodies control the process carefully. Our bodies are literally biochemical furnaces that burn food to convert it to energy for us to live. But oxidation also happens in our body when we want to burn something to simply get rid of it. When we have an infection or when we get exposed to toxins, our body simply burns them up!

But if the biochemical fires in our body get out of control, our body itself can get burned! Unstable chemicals called "free radicals" run rampant, and can damage mitochondria and DNA within our cells. Under these conditions, when the food and infections and toxins we have get to be too much for our bodies to handle, then we are dealing with oxidative stress. It's a very, very dangerous situation that leaves us vulnerable to a wide range of diseases and toxins.

rise to inflammation have been reviewed [elsewhere](#). The bottom line is that our lifestyles are responsible for a significant amount of inflammation, which can lead to oxidative stress if the body can't keep up. Infections, other diseases, exposure to toxins, and certain genetic risk factors can add to the burden of oxidative stress. It's the accumulation of these factors which leads to overwhelming oxidative stress and, apparently, to sensitivity to acetaminophen exposure.

One scientist I spoke with was dismissive. Not because the evidence is absent, but rather because biochemical markers of autism can be observed immediately after birth. If autism is present at birth, then how can a chemical trigger introduced later in life be responsible, she argued. Still, prospective studies show that regression (loss of previously existing function) is evident in most cases of autism, and it is indeed regressive autism that began to rise most dramatically in 1980.

So it seems that the evidence is contradictory, some pointing toward a chemical injury after birth, and some pointing to some problem during fetal development. To resolve this quandary, it's important to keep in mind that there are two parts to the equation. The second part is oxidative stress. The most reasonable explanation, one that fits all of the observations, is that signs of oxidative stress can be seen early in life, but autism is not induced in many children with oxidative stress until they are exposed to acetaminophen. Exposure of children to acetaminophen apparently does not affect those who have no oxidative stress, fortunately. And because acetaminophen use in children is now so common, it's almost a foregone conclusion that children with oxidative stress, who tend to be sick, will be exposed to acetaminophen. Thus, it

can be true that biochemical markers are present at birth that are predictive of autism, but that the actual injury is incurred later in life. In fact, this situation is expected if our simple autism equation is correct, and if most sick children are exposed to acetaminophen.

But how can acetaminophen be responsible for autism if most children are already exposed to acetaminophen and the rate of autism continues to climb? (The incidence of autism is continuing to climb based on our analysis.) Shouldn't the level of autism in the population have flatlined by now? Again, the answer lies in the second part of the equation: oxidative stress. We know for example, that obesity, which is still rising dramatically in the US, is an independent [risk factor](#) for autism and is associated with [oxidative stress](#). So if indeed our autism equation is correct, then the incidence of autism will continue to rise as the level of oxidative stress in the population continues to rise. Even if exposure to acetaminophen has already reached a maximum.

TESTING THE THEORY

Without oxidative stress, it seems likely that acetaminophen is perfectly safe. But we don't know. The long-term

effects of acetaminophen on children have never been tested. Given that it's the most popular drug used for children today, it seems almost surreal that the long-term effects of acetaminophen exposure have never been evaluated in children. We do know that, based on results in laboratory animals, acetaminophen would NEVER be approved for use if it was tested by today's standards. Thus, while the equation above has not been tested conclusively, the tests that have been conducted would be sufficient to keep it off of the market if the FDA evaluated the drug today. That's important to consider.

There is hope in sight. The National Institutes of Health has, late in 2017, set aside funding and requested proposals to evaluate the effect of using acetaminophen in children. This is a tremendous step forward, and cannot be underestimated. But this important step does not necessarily guarantee that the issue will be resolved. We, the scientific community, need to carefully design our study to take into account the second half of the equation. It is not the use of acetaminophen, per se, which is important. It is the use of acetaminophen when the child has oxidative stress that seems to be critical. ◀

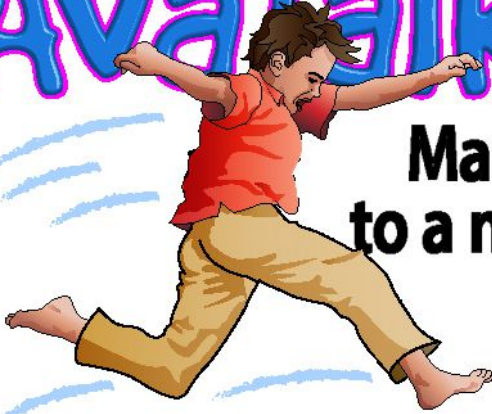
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Avatalker AAC

Avatalker AAC is a robust, full-featured augmentative and alternative communication solution designed for the iOS platform (Apple's iPad and iPad Mini). It gives nonverbal children and adolescents the ability to build phrases and sentences pictographically, which are then converted to audible speech. It features a 2,000 word vocabulary and exclusive symbol set library by Aurora Symbols that is easy to navigate and fun to use!

Why Avatalker AAC?

Avatalker AAC is designed for easy communication of wants, needs and thoughts through an efficient and intuitive interface, with two levels for a wide range of ability. We minimized the number of finger-touches needed for phrase building to ensure the user always knows where to find their next word. Finding and selecting symbols/words is a breeze with Avatalker AAC!

Available on Apple App Store

see Avatalker AAC under Education.

For a full video tour of our groundbreaking software, visit

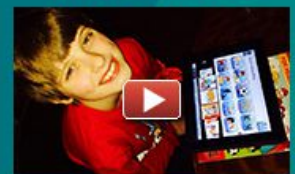
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NAVIGATING THE SYSTEM

*A broadstroke overview of funding and services
for individuals with developmental disabilities
from birth forward*

BY CATHERINE PURPLE CHERRY, AIA, CAS, LEED,
PURPOSEFUL ARCHITECTURE

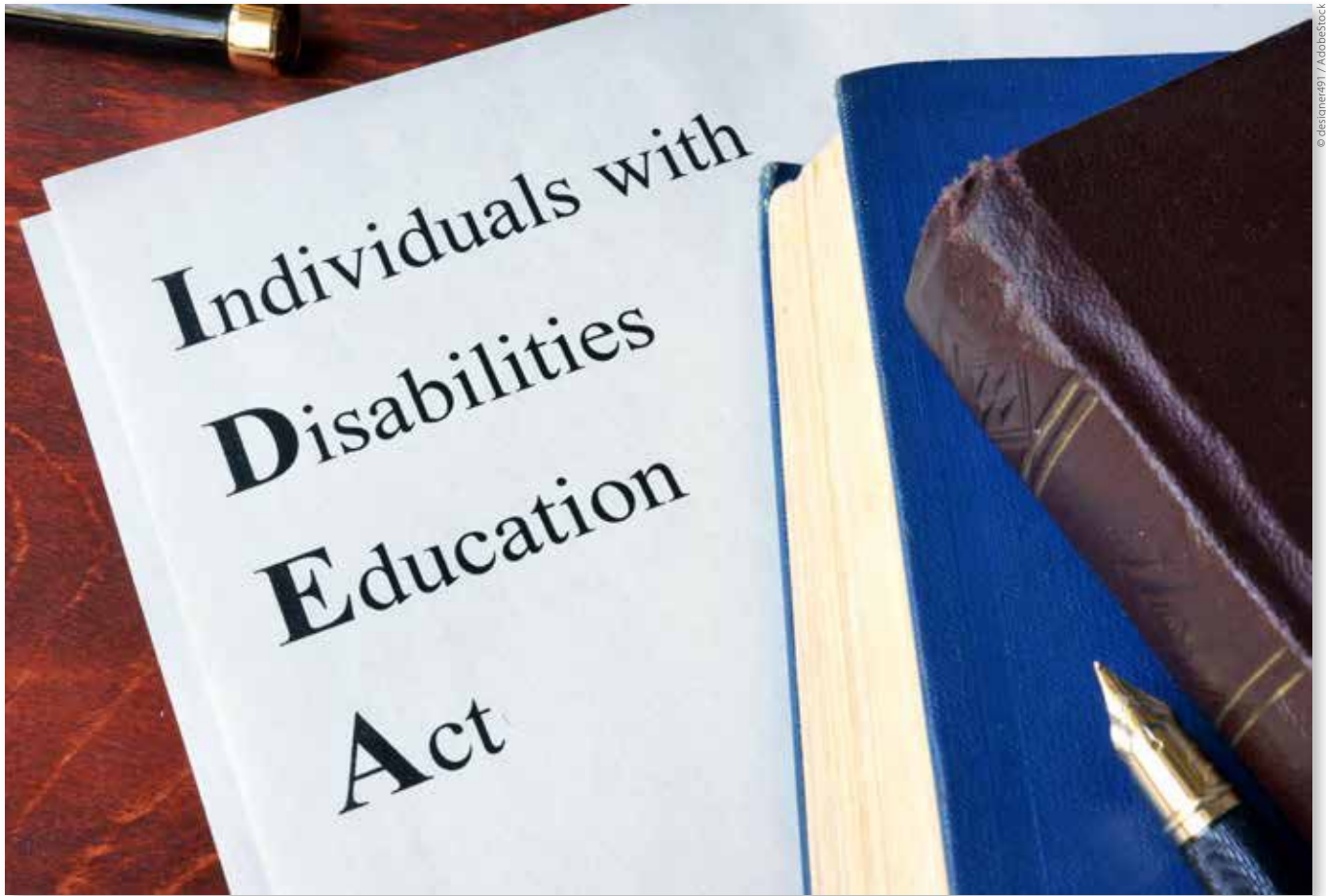
During the journey of raising a child with special needs, it's not unusual for parents to understand only a small segment of the services available to their child and family. It's also not unusual for the groups providing services to understand only a different segment of services. Very few truly know the full picture of supporting a child with disabilities throughout life or who to approach and from where the funding comes. The purpose of this article is to provide a broadstroke fundamental overview of this journey.

When children are diagnosed with a developmental or intellectual disability, they may be registered prior to the age of 18 with their state agency. This agency may be called something similar to the Developmental Disabilities Agency. Parents should register their child as soon as they have a diagnosis regardless of what advisers may say. It takes about six months and requires that you stay on top of the agency.

It's important to understand that this registration does several things. It allows the state to recognize that the individual will require SSI (Supplemental Security Income) and SSDI (Social Security Disability Insurance) for their disability starting at the age of 18. It will also place the child on a waiting list for future services. Here's where it gets grey, though: The agency may say that they do not provide any services to the child until they are 21 or 22 (state dependent for transition). However, if you read your state law, the age is not mentioned. Additionally, there may be waiver or other funds available which will be further explained in this overview.

EDUCATING YOURSELF

It's crucial that parents understand the education system. Each state's Board of Education is responsible for providing services to our children with disabilities in the least restrictive setting. IDEA (Individuals with Disabilities Education Act), first adopted in 1975 as the Education for All Handicapped Children Act and modified most recently in 2004, set forth that all children with disabilities should have a free and appropriate education. IDEA covers children from infancy through high school graduation or age 21, whichever comes first. The Act also gives parents a voice in their child's education.



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Do not allow your child to be pushed out of school. There is often a big black hole in services between the age of 18 and 21.

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What is most important to understand is that it's the responsibility of the Board of Education to fundamentally prepare our children for independence and employment. Again, read the law. Further, IDEA requires the school system to prepare our children to lead productive and independent lives to the maximum extent possible.

Now let's apply this. My son with special needs was failing at home but succeeding at school. This was because he had a highly structured environment at school with 1:1 oversight most of his day. At home, he had two younger siblings, and we did not have the structure or constant oversight ability. So, together, not independently, we were failing our son in the endeavor to prepare him for independence and employment. My argument was that the Board of Education, therefore, was failing my son because

he could not successfully transition from the school to the home environment. This led to funding for a full special education school. We needed a better education program for him.

Your child will receive an IEP (Individualized Education Plan) during the school years. This plan will define the goals and modifications for your child's education. If you aren't good at advocating and researching yourself, then hire a qualified educational advocate. A comprehensive IEP is crucial. Understand, as a parent, it is your right to call for an IEP meeting anytime you want. If you feel the plan needs adjusting or isn't being implemented, call a meeting. Being bold is a necessary skill for raising a child with special needs. Being united as parents is also imperative.

KNOW WHAT'S OUTSIDE THE SYSTEM TOO

During the school years, it's important to know what other services or funding are available to help your child and your family. Look at local agencies such as the ARC for possible respite grants. Seek after-school social group opportunities at local churches or within the special needs public schools.

Determine if waivers are available within your state and dissect how these waiver dollars can be used. Often, autism waivers are available. There may also be additional waivers through the local Department of Social Services. These waivers may provide dollars for bringing qualified help into your home or allowing your child to attend appropriate summer camp programs.

These waivers may also make your child eligible for Medicaid. As a side note, know that this then covers all orthodontics until the age of 21 as well as all other medical and dental costs. Family counseling may also be a part of these services.

Be cautious not to allow these services to lapse. If you don't use them, you may be dropped out of the program and lose the related funding. Limited dollar requested funds for specific needs, such as camp, home modifications or technology products, may also be available. Specifically, these are one time requests made annually to the state developmental disabilities agency while a child is still under 21. Understand, if these funds are available, they run out fast and often are allocated on a first come, first serve basis. Learn the agency's fiscal year and make the timing of the request before the start of the new fiscal year.

PREPARING FOR ADULTHOOD

Okay, now onto transition. This is the time in which a child with special needs prepares for adulthood. IDEA requires transition planning to start by age 16 within the school. However, each state may modify this to start earlier. Virginia, for example, begins transition at age 14.

While in school, your child will be on one of two tracks—diploma bound or certificate bound. Diploma bound means your child has the ability to complete the minimal testing to graduate from school with a diploma. Certificate bound means your child will not receive a diploma. Typically, a certificate bound child has more severe challenges and requires more time in the school system to prepare for adulthood. A certificate bound child may

attend school through the age of 21 or 22. The exact age and date is state specific. Some states stop the education on the actual birthday. Some go to the end of the academic year after the birthday.

Do not allow your child to be pushed out of school. There is often a big black hole in services between the age of 18 and 21. Don't do your child's homework in pursuit of a diploma for him or her. Ultimately, you will do your child a huge disservice. If you believe your child can benefit from additional years of educational or vocational support, keep him or her in school. You may also seek additional assessments for employment at this time from DARS (Department of Aging and Rehabilitation Services) or other similar agencies (DORS) depending on your state.

When a child moves into transition, depending upon his or her academic level, you may see a shift towards emphasis on developing life and vocational skills. Prepare your child for this by providing these opportunities at home at an early age. Do not assume your child isn't capable. Repetition and role play are often what they need to learn. If you feel your child is simply repeating the same school work, force change. Know that there are different learning environments available. Visit other programs. Some of the special needs public schools focus more on vocational learning and run specific programs such as culinary, horticulture and mechanical shop. No one knows your child better than you. Therefore, speak up for what you think is best for him or her. Your voice carries weight, especially if you are loud.

Now, while your child is in school and living at home, know that if you experience incredibly complex behaviors at home or if your child has extreme behaviors at school, you may ultimately need to seek residential school placement. If you feel this is the case and you have the documentation to support this need, your state will either use Department of Social Services with child support co-pays or Department of Health and Mental Hygiene funding. If your child is still in a residential school at age 18, this is where your child becomes an adult and is no longer dependent upon you. No funding co-pay for child support is required after this age. This is where you may need to re-read the law about the responsibility of the developmental disabilities agency. Don't allow your state to tell you that you must pay for the residential stay.

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child better than
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for him or her.
Your voice carries
weight, especially
if you are loud.*

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BEYOND HIGH SCHOOL

Now, let's transition your child to adulthood after school. First, your adult child (18 and older) cannot have any more than \$2000 in their name or their services will be nullified. Make sure that your child is not listed as the beneficiary of any wills or investments. Meet with an experienced attorney to discuss possibly establishing a special needs trust.

The recent adoption of the ABLE Act (Achieving a Better Life Experience) has provided families and individuals the ability to create ABLE tax-advantaged savings accounts for individuals with disabilities. These savings only cover qualified expenses. Read the act. When your child comes out of school, if they received a diploma, they will start collecting SSI/SSDI and may also qualify for transportation vouchers, food stamps and some minimal level of day supports such as job coaching.

If your child is more challenged and exits school after age 21, he will have been collecting SSI/SSDI because you will have made that appointment with your local office before his 18th birthday. This is where you begin to charge your child rent and living expenses if he is still at home. Your adult child will receive day supports that can look like supported employment in community, or day services within a specific day facility. This usually provides for activities or employment approximately four to six hours during the full weekday.

The next thing most parents assume is that their child will get placement in a group home or funding for residential services. This is a very wrong assumption. Let's review how residential services work. There are typically three classification levels for residential services—future need, crisis prevention, and crisis resolution. Check with

your state. When your child was registered with the state as having a disability at an early age, he was placed on a state list. These wait lists can be massively long. Each state only has so much residential funding with limited placements. The only way a place opens up is when another resident passes away, moves back home or moves out of the state.

An adult with special needs is likely to live at home for a very long time unless there is a medical or extreme behavioral reason that he or she cannot live at home or if the parents are very old or very ill. If your child is in a residen-

tial program when aging out of school, he should roll over into an adult residential placement. This is simply because if your child needed residential placement as a student, then that need does not go away simply because of a program change.

FUNDING SOURCES

Where does the money come from for our kids' services? Each year, the federal government allocates money to each state. The state then matches those dollars to create the funds that are allocated to support special needs individuals for services and programs.

The federal government adopts the CMS (Center for

Medicaid & Medicare Services) language. Read this too! It is crucial to understanding adult services. Also know that services DO NOT cross state lines. You start over if you move. If your child is a fully-funded adult, assume he or she will never move. If you yourself move, ideally you will be connected by a single flight or a direct train. This will allow your child to live an independent life while accessing easily managed transportation to visit you! I fundamentally believe all parents want their children to live full and independent lives. ◀



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Each year, the federal government allocates money to each state. The state then matches those dollars to create the funds that are allocated to support special needs individuals for services and programs.

▲

Parent Stages

1

Diagnosis

During this time, we may initially be scared and overwhelmed. We might also believe there is something we can do to “fix” the situation. In addition, we are relieved to have a diagnosis that defines a clear path for us.

2

Seeking

As parents, we start reading everything and talking to everybody seeking answers. This continues during all the school age years.

3

Adolescent

This can be a difficult time because of changes happening to our kids. It can almost create the same anxiety for us as the initial diagnosis.

4

Advocacy

A sense of urgency overwhelms us as we look to the future for our children. This is where we really hone our advocacy skills.

5

Full Acceptance

Lastly, we have settled into a solid understanding of our children’s rest of life. As a post-adolescent adult, all of our children’s abilities are fully understood by us as parents.



NATURAL VS. ARTIFICIAL HERD IMMUNITY

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What have failed vaccination programs taught us?

BY JAMES LYONS-WEILER, PHD
INSTITUTE FOR PURE AND APPLIED KNOWLEDGE

Herd immunity is a concept by which an infectious agent can no longer spread across a population because a sufficiently large percentage of individuals have immunity, either from a history of exposure to the wild-type of the infectious agent, or due to acquired immunity from vaccination with a vaccine designed to protect against the wild-type. From an individual perspective, herd immunity can afford protection to one who is not immune.

This type of immunity exists within populations to varying degrees depending on the number of individuals who are immune to the infectious agent. Other factors that influence the spread of pathogens include attributes of the infectious agent, attributes of the vaccine, the route, mode and rate of transmission of the infectious agent, the lethality of the infectious agent, and the diversity of types of the specific pathogen for which immunity is sought.

Regardless of whether immunity is achieved via a vaccine, or via natural infection, the total percentage of individuals who are immune can have an effect of slowing down the rate of spread of infection via natural transmission. Herd immunity is sought, in part, due to concern over individuals who are immunocompromised because they are more likely to contract a circulating pathogen in a population in which the infectious agent is relatively free to spread. It is generally thought that there is an inverse relationship between the percentage of a population that is immune, and the chance that a person who is not immune will come into contact with an individual who can transmit the virus.

Either through natural immunity or through vaccination, sufficient herd immunity can, in principle, bring the rate of transmission of an infectious agent to zero, with immune individuals collectively acting as a barrier to the spread of the infectious agent, until it “burns out.” Unless

The determination of the benefit of widespread vaccination for any vaccine must consider not only the ability to protect those at risk, but also the downstream costs due to vaccine injuries.

there is a natural reservoir, herd immunity can be a factor that can contribute to the eradication of infectious agents.

In most mainstream descriptions of herd immunity, the contribution of natural immunity is diminished, or not even mentioned, as the individuals are counted as part of the percentage that have been infected. However, the statistic of interest to epidemiologists tracking the spread of infectious disease is the number of new transmissions, so any individual who has recovered from a previous infection, and who is now immune, most typically does not represent a source of potential new infections.

Individuals who have natural immunity, whether via natural infection, or passive immunity in babies who acquire their mothers' antibodies, all contribute to a reduction in the rate of occurrence of new transmissions. Some viruses and bacteria however, are inherently capable of re-infecting, either because they rapidly evolve (such as the cold virus, or the influenza virus), or there are many types (such as HPV), or because they result in a poor or non-specific immune response.

VACCINES: EFFICACY AND INJURY

Efficacy of specific vaccines vary, and thus a difference exists between the rate of *vaccination* and the rate of *immunization*. This difference is one of the reasons why there can be no one fixed rule for percentage of vaccination rate required to achieve sufficient herd immunity. Other factors include:

- ▶ the incidence of the disease at a given time
- ▶ variation among vaccines in terms of the period of immunity (the period for which a vaccine confers protection against the wild-type)
- ▶ the nature in which vaccination is conducted.

When only an identifiable segment of the population is at risk of acquiring an infection, such as is the case for Hepatitis B, targeted vaccination can be an effective means of control. The determination of the benefit of widespread vaccination for any vaccine must consider not only the ability to protect those at risk, but also the downstream costs due to vaccine injuries. The calculations used to bring a Hepatitis B full-population (mass vaccination) program forward did not include any explicit determination or estimation of the cost of Hepatitis B vaccination beyond the cost of the vaccine units themselves.

Vaccine injury is a poorly-studied factor that can directly impede the ability of vaccines to contribute to herd immunity. Obviously, a vaccine that imparts a higher risk of injury than is relayed to the public, either due to weak, poor, or fraudulent vaccine safety science, will cause a

manifestation and realization of that risk, which then will be shared across news media outlets (1980s-late 1990s) and, with mainstream media afraid of losing advertising revenue from direct-to-consumer marketing, via social media outlets (late 1990s-present).

For example, widespread vaccine injury reports by thousands of parents including immediate (same or next day) symptoms such as seizures, screaming, head-banging, loss of verbal communication, etc. have contributed to vaccine hesitancy. This will reduce vaccine uptake, thereby limiting the ability of that vaccine to contribute to herd immunity. Such has been the case now for many vaccines currently on the CDC vaccination schedule. The cause of the inability of the vaccine to contribute to herd immunity in these cases results from clearly misleading information on the safety of the product, magnifying distrust.

Some vaccines come with warnings that those receiving the vaccine should not go near infants who have not been vaccinated against that infectious agent. This is the case of vaccines against the *Bordetella pertussis* bacterium, which causes whooping cough (a treatable respiratory disease).

Pertussis is also an interesting infectious agent with respect to the concept of herd immunity. According to the CDC, individuals should be vaccinated two weeks prior to being near a newborn. Consider then this quote from [the CDC](#):

More than 95 percent of U.S. children receive three or more doses of pertussis vaccines, while less than 1 percent are completely unvaccinated. Because of this, we usually find that most pertussis occurs among vaccinated people. This does not mean that the vaccine doesn't work, it just means that most people are vaccinated but protection wears off.

And yet the herd immunity threshold score (the target percentage) allegedly required to acquire herd immunity is between 88% and 93%. The difficulties in expecting herd immunity with vaccination against *B. pertussis* were known back in the 1990s ([Fine, 1993](#)):

The cyclical pattern of pertussis provides a classic example of mass action dynamics.... Consideration of age-dependent transmission has suggested a slightly lower estimate, 88 percent, assuming no waning of immunity.... Given that these herd immunity estimates are higher than most estimates of the protective efficacy of a complete course of pertussis vaccine... and that there is evidence of waning vaccine-derived protection... it appears that eradication of this infection is not currently possible by childhood vaccination alone.

Vaccination of those most at risk of being infected is considered to be the most efficient use of herd immunity.

These strategies are sometimes called “bubble” or “ring” (around an outbreak) and cocoon (around an individual) vaccination. [The CDC recommends](#) cocoon vaccination for infants for pertussis, leading to new vaccination of individuals who will be near the infant shortly after birth with the DTaP/Tdap vaccine. This recommendation persists in spite of the [findings of epidemiologists](#) who reported in 2012 that to prevent one infant death, one million parents would have to be vaccinated. Fear tactics—such as the Glaxo Smith Kline ad featuring a new grandmother, supposedly not recently vaccinated with Tdap, turning into a wolf—are used to aggressively promote the cocooning strategy. [Nicola Klein](#), a pediatrician and vaccine researcher who led a recent *Pediatrics* [study on vaccinations for whooping cough](#) stated, “I haven’t seen [any studies](#) that show a strong protective effect from the cocooning strategy.”

VACCINE FAILURE

The vaccination paradigm holds that a specific percentage of vaccinated in a population will bring about herd immunity fails at 95 percent in part because people who are vaccinated lose their immunity. With acellular pertussis, the immunity is lost fairly quickly; [one study in 2005](#) found that adolescents who were schedule-compliant for pertussis vaccination only had 73% effectiveness within one year of the final booster, and that the effectiveness rate dropped to 34% within two to four years. Compared to natural immunity, which lasts [four to 20 years](#), the pertussis immunization program cannot be expected to contribute to herd immunity as well as vaccine proponents would have us believe.

Dr. James Cherry, in a [commentary](#) accompanying the [Acosta et al. study](#), found the results, which he calls “vaccine failure”, “disappointing” and pointed out that case-control studies tend to inflate efficacy. He attributes the failure of the Tdap and DTaP vaccination program to five factors:

- ▶ waning immune responses
- ▶ a change in the typical immune response in vaccine recipients
- ▶ insufficient antigenicity of the vaccine due to missing proteins that would cause longer immunity as in the natural infection
- ▶ improper formulation of the antigens that are in the vaccines
- ▶ a stronger response of the original vaccine components than to new epitopes in the later vaccine

Vaccines other than the Tdap/DTaP have been developed with high efficacy. Why have these not been brought forward? Combined vaccines have caused gridlock on



▲ **MARKETING MADNESS** — Scare tactics, such as this Glaxo Smith Kline ad promoting the Tdap vaccine to new grandparents, are not uncommon when it comes to boosting vaccine sales.

improvement in terms of both safety and efficacy, and this gridlock has lead ACIP and CDC to adopt unsafe strategies. Unfortunately, the failure of the proposed ten-year booster Tdap program resulted in calls for vaccination with Tdap [during pregnancy](#)—each pregnancy.

For a vaccine to be administered to pregnant women without adequate safety data is, in my view, nothing short of medical malpractice. Pertussis vaccination during pregnancy was actually put into policy with zero safety data. The use of Tdap during pregnancy was recommended by [the CDC](#) in 2013—before, even as they admitted, sufficient safety testing was available. The subsequent and few vaccine safety studies conducted for Tdap during pregnancy focused primarily on maternal outcomes, and have not properly accounted for fetal deaths (e.g., excluding cases of spontaneous abortions). [Maternal immune activation](#) is especially problematic for [brain development](#).

In a review of one study in its recommendation, the CDC reported that fever was observed in 2.4%–6.5% of recipients of a Tdap booster (indicating increased risk of neurodevelopmental issues, per maternal immune activation), and while those rates were similar to controls, they noted that, “Safety data on use of Td during multiple pregnancies have not been published,” and yet they still recommend Tdap in each and every pregnancy.

And herein we see the same logical fallacy that CDC has been using since 2004 to have vaccines approved. The use

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The use of an absence of evidence as evidence of absence belies an approval bias that reaches outside the realm of science.

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of an absence of evidence as evidence of absence belies an approval bias that reaches outside the realm of science.

In [a study](#) earlier this year, Perry et al reported that 3% of women who received TDap during a pregnancy were not likely to accept another TDap during subsequent pregnancies due to responses to the first dose. However, they also noted that maternal reactions following receipt of TDap are common: two-thirds of the study population had noteworthy negative reactions.

ACIP WANTS THREE DOSES OF MMR? WHAT FOR? 19% EFFICACY?

In their anti-trust case against Merck, [two whistleblowers](#) have asserted that the actual efficacy of the MMR vaccine against the wild-type mumps virus may be as low as 10%. ACIP [recently recommended](#) a third dose of MMR to help stem the growing number of mumps outbreaks across the country. For over a decade, mumps outbreaks worldwide have involved—almost exclusively—vaccinated individuals. In [an article](#) reviewing the Merck fraud case, Dr. Paul Offit, MD is quoted as “believing” that all young people should be required to get a third MMR dose before entering college. This “belief”, like ACIP’s “belief” that TDap would be safe during pregnancy, is not science-based.

Based on Merck “science,” MMR is claimed to have a two-dose “efficacy” of 80-85% (“efficacy” is in quotes because this is for the vaccine strain, not the wild type). If the whistleblowers’ allegations are correct, under a naïve model in which repeated vaccination increases immunity in the previously vaccinated at the same rate as the unvaccinated (a dubious but best-case scenario), my calculations tell me that the expected population-wide efficacy of MMR against wild-type mumps after three doses is 14.5%. To achieve the reported immunity (85%), individuals would have to receive a stunning *14 doses of MMR*. If the single-dose efficacy is 68%, four doses are needed to achieve 85% overall efficacy. Note that even this falls short of Merck’s goal



For over a decade, mumps outbreaks worldwide have involved—almost exclusively—vaccinated individuals.



MMR. Given that the only solution offered to us from the CDC is more boosters, I would say that we have not moved or improved in artificial immunization—at least against *B. pertussis* or mumps—in decades. There are calls for lifelong adult boosters against pertussis to [“increase herd protection”](#) as if that is still (or ever was) a viable concept when considering pertussis.

[The US leads all industrialized nations](#) in the rates of deaths of infants on the first day of life. Starting in 2011, there were [more fetal deaths than infant deaths](#) in the United States (National Vital Statistics Report, CDC), and the rate of [maternal death during pregnancy](#) is skyrocketing, beyond all western countries. One study [in the Lancet](#) reported a rate of 26 deaths per 100,000 pregnancies in the US.

We have also learned that the vaccine industry, including the CDC, will continue to allow society to expend time, energy and resources on demonstrably failed vaccine programs, ambivalent to the risks of adverse events associated with each and every vaccine, and that they will desperately try to move the goal post of performance, or ditch their vaccination efforts onto another unsuspecting segment of the population without sufficient safety testing.

of 95% efficacy to achieve herd immunity. Clearly, if TDap/DtaP is a failed vaccine, MMR is an absolute blunder.

THEORY VS. REALITY

So, what have we learned about herd immunity from admitted failures such as the TDap/DtaP vaccination program and ongoing mumps outbreaks within vaccinated populations? A [meta-analysis in 2015](#) estimated that assuming 85% efficacy, in every additional year after the last dose of DTaP, the odds of infection increased by 1.33 times and that only 10% of children vaccinated with DTaP would be immune to pertussis 8.5 years after the last dose. Reviewing last year’s [Harvard mumps outbreak](#) and the current outbreak at [Syracuse University](#), nearly all the students diagnosed with mumps had been “properly vaccinated” against mumps with the

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TARGETED GAMES FROM TALİ

Learning to play, playing to learn...

BY TALİ BERMAN

Often when I talk about “play” or “games,” parents tell me that their child doesn’t like games and has such a limited repertoire of interests that they can’t get him to play anything. This is often a source of much frustration for parents (and professionals) and can lead parents to feeling stuck, since they understand that play is the foundation for learning. How can they get their child to learn if they cannot get him to play?

So, I want to clarify some misunderstandings and create a clear and inspiring path forward in terms of your child’s play. First of all, when I say “games,” most people imagine board games, card games, etc. However, these activities represent just one type of playing, when “play” can actually be you and your child engaging with one another in a joyful way. I’m referring to building interactions or engagements around the things your child loves most.

Many parents struggle with this exact issue: discovering their child’s interests. And to this, I almost always respond, “Speak to your child’s senses.” As you likely know, children with autism have a very powerful, sensitive and often overwhelming sensory system. Their lives can be ruled by what they feel, hear, smell, see, etc. Since the sensory system is such a strong and vibrant pathway for most kids, your best shot in getting and keeping their attention is by creating activities directed to providing exciting or calming sensory input (depending on what your child seeks most).

I’m excited to share a sampling of games from my book *Play To Grow!* that do just that. Enjoy experimenting and modifying the activities below—you’ll likely not only get your child’s attention, but also have him coming back to you for more!

TALİ BERMAN...



...is an autism specialist, author and developmental play expert and has worked with hundreds of children from over 30 different countries since 1997. She has authored the book, *Play to Grow! Over 200 games to help your child on the autism spectrum develop fundamental social skills* with a foreword by Jenny McCarthy. *Play To Grow!* was voted as one of the top 5 books by the *Special Needs Book Review*, is now sold in 4 languages and has proven to be an invaluable resource for families worldwide. [CLICK HERE](#) to get your copy today! ◀

GAME #1: MASSAGE

CHALLENGE: Eye contact or communication

MOTIVATION: Massages

HOW TO PLAY: Bring unscented massage cream into the room and offer to massage your child’s hands and feet with the cream. You can also bring in different massage props, such as a soft brush or a washcloth. Massage your child’s hands/feet/arms/legs using the pressure that your child likes. Then ask him to look at you or say “massage” for the next massage.



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TIP: It’s important to give your child a massage only if he permits it and to stop if you see any indication that he doesn’t want it. Also, I’ve seen that most children like deep pressure and often like deep head squeezes. You can do this by putting one hand on your child’s forehead and the other hand in the back of his head, and then giving him a deep squeeze.

GAME #2: HOT DOG ROLL

CHALLENGE: Speaking in one-word sentences

MOTIVATION: Pressure or squeezes, funny imagery

HOW TO PLAY: Take a large, thin blanket to use as the hot dog bun. Ask your child to become the hot dog by lying down on the edge of the blanket. Roll him up in the blanket and once he’s rolled up, pretend to put condiments on him (light “karate chops” can be mustard and massage squeezes can be ketchup) and then pretend to eat him. Pull the end of the blanket in order to roll him out. Then ask your child to say part of the word “roll” or the whole word before you roll him up again.

TIP: Many kids like the pressure of being rolled in a blanket. You can adjust the tightness depending on what your child wants (with his head sticking out of the blanket, of course!).

GAME #3: THE CUSHION SQUISH

CHALLENGE: Communication

MOTIVATION: Being squished (also known as deep pressure)

HOW TO PLAY: This game is played best with two big, flat cushions from a sofa. Ask your child to lie down on one cushion and tell him you’re going to squish him (if he allows and wants it). Put the other cushion on top of him and then lie on top of it, giving him a long deep-pressure squish with your full body weight. (If he likes it, you can do it for 10 seconds at a time.) Then ask your child to say “squish” or “sit” in order for you to do it again. Many kids on the autism spectrum love deep pressure; it can be very calming and organizing for a sometimes-disoriented sensory system. ◀

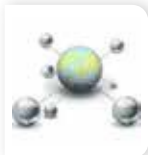
HIDING BEHIND GENETICS

Tactic Avoids Culpability for Environmental Causes of Autism

BY THE WORLD MERCURY PROJECT TEAM

Genetics is the darling of the biomedical research industry. For diseases ranging from cancer to skin disorders, investigators have been busily at work for decades trying to identify the conditions' underlying genetic causes. However, these same investigators—and the reporters who communicate their findings to the public—are often strangely incurious about the role of environmental toxins as triggers of disease.

ABOUT THE WORLD MERCURY PROJECT...



...World Mercury Project's vision is a world where neurotoxins are no longer a threat to the health of our planet and people. Our mission is to work aggressively to reduce exposure to all sources

of neurotoxins, hold those accountable who failed to protect our planet and people from these unnecessary exposures, restore health to those who have been harmed, and to establish necessary safeguards to prevent such tragedies from ever happening again. ◀

SHIFTING THE FOCUS

A [story](#) about autism spectrum disorder (ASD) published in October 2017 by the news website *Vox* furnishes an example of this genetics-as-the-explanation-for-everything perspective. *Vox* senior health correspondent [Julia Belluz](#) (a self-described “evidence enthusiast”) interviewed a small sample of five reportedly “cutting-edge” autism researchers, all of whom focus on autism genetics. Given the lack of disciplinary diversity in her selective sample, Belluz’s conclusion that genetic factors are the most “well-established” and “promising” explanation for autism comes as no surprise.

Two of Belluz’s five interlocutors (geneticist [Stephan Sanders](#) and psychiatrist [Lauren Weiss](#)) are researchers at the University of California-San Francisco (UCSF), but neither one mentions a rigorous

population-based [study](#) of 192 twin pairs published in the *Archives of General Psychiatry* by UCSF researcher [Neil Risch](#) and colleagues in 2011. Risch is the director of UCSF’s Institute for Human Genetics. The study’s results [indicated](#) that “environmental factors have been underestimated, and genetics overestimated, for their roles in autism-spectrum disorders.” Another [study](#) that involved families with two ASD-affected siblings (published in *Nature Medicine* in 2015) likewise highlighted “substantial genetic heterogeneity” in ASD, again [suggesting](#) that environmental or other shared risk factors trump heritability.

To be fair, Belluz’s discussion gives a nod to a “genes plus environment” perspective on autism causation by acknowledging that an “underlying genetic predisposition or mutation” generally needs to

“collide” with environmental triggers in order to give rise to ASD. However, Belluz characterizes the research on environmental risk factors for ASD as “blurry,” “murky,” “mixed” and not “robust.” Belluz also cites a [study](#) that, according to her, views shared genetic variants in families as “probably more important” as an autism trigger than shared environments. However, the article actually emphasizes gene-environment interactions and concludes that “the amount of evidence supporting a significant contribution of environmental factors to autism risk” makes it clear that “the search for environmental factors should be reinforced.”

REALITY CHECK

A pivotal [paper](#) published in early 2017 goes a step further, asserting that “The term ‘heritability,’ as it is used today in human behavioral genetics, is one of the most misleading in the history of science.” The paper’s two authors argue against the “deeply flawed” assumption that “genetic influences... can be separated from their environmental context.” According to these authors, “contemporary biology has demonstrated beyond any doubt that traits are produced by interactions between genetic and nongenetic factors that occur in each moment of developmental time. That is to say, *there are simply no such things as gene-only influences* [emphasis in original].” Stated another way, the paper suggests that “it makes little sense to attempt to quantify the relative importance of two different factors that interact with one another [dynamically] to produce an outcome.”

Belluz is willing to entertain the idea that environmental factors such as “air pollution, pesticides, antidepressants and viruses” may contribute to autism, but she categorically dismisses the possibility of any association between ASD and the dozen or so vaccines (containing 16 distinct antigens) currently included in the childhood vaccine schedule in

the U.S. Belluz states, “Vaccines are the wrong explanation for autism, and we should let the idea go.” This attitude is frankly disingenuous (or worse), given what we know about the neurotoxicity of vaccine ingredients such as [aluminum](#) and the mercury-containing vaccine preservative thimerosal (still used in flu shots). Landmark papers published in [2004](#)



... it is biologically plausible that the burdensome (in both number and frequency) vaccine schedule is triggering an immune overload that contributes to autism as well as other inflammatory diseases.



and [2012](#) meticulously demonstrated strong parallels between the brain effects of mercury intoxication and ASD brain pathology. To discount these ideas, Belluz cites a fraudulent study coauthored by the criminal Danish researcher Poul Thorsen—a fugitive from justice who has been indicted for stealing research grant money from the Centers for Disease Control and Prevention (CDC)—and his unethical then-CDC colleague and girlfriend, [Diana Schendel](#).

In remaining fixated on genetics, Belluz also ignores multiple strands of evidence highlighting links between autism and immune system challenges. For example, it is biologically plausible that the burdensome (in both number and frequency) vaccine schedule is triggering an [immune overload](#) that contributes to autism as well as other inflammatory diseases. Other important research, carried out by the late neuroscientist Paul Patterson, has showed that challenges to a mother’s immune system—such as the influenza and Tdap (tetanus-diphtheria-pertussis) vaccines now routinely given to pregnant women—can lead to [“life-long changes to the child’s immune system,”](#) and this immune response can affect the child’s brain. In addition, an [article](#) on developmental immunotoxicity (defined as “environmentally induced disruption of normal immune development resulting in adverse outcomes”) by Cornell researcher Rodney Dietert observes that developmental immunotoxicity can occur at lower exposure levels than the exposure levels that usually produce immunotoxicity in adults and also can lead to dysfunction that remains latent “until it is triggered by a later-life event” such as vaccination.

Vox proudly states that its job is to provide “context” and “insight” so that readers can make sense of science and “everything else that matters.” Belluz herself [laments](#) the “transparency problem in medicine and health-regulatory affairs” (although she does so in an article that harshly castigates anyone who dares to question the safety of the HPV vaccine). While calling on journalists to “crack open stories about health the same way political reporters do on justice or defense,” Belluz’s discussion of autism genetics unfortunately trots out the same old tired refrain that has helped the pharmaceutical and chemical industries to evade culpability and simply blame the victim. ◀

FRAGRANCE OF HEAVEN

Kim Dixon's Spiritual Poetry & Art

BY RON SANDISON

On April 29, 1985, Jim and Marilyn Dixon were filled with joy as God blessed their family with a beautiful red-headed girl. Kim's development progressed normally and she reached all her milestones at a typical pace. She was healthy, active, and full of life. At six months, Kim received her first dose of DPT immunization. She quickly began to regress and had cramping spells which her pediatrician believed were symptoms of colic.

After Kim's loss of previously learned skills, she also became listless. Her parents were referred to a neurologist who diagnosed her with infantile spasms, a rare form of epilepsy. Jim and Marilyn share, "Kim's allergic reaction to the DPT shot began our 31-year journey of seizures, hospital stays, therapies, diets, and doctor appointments from San Diego to Philadelphia. Through our journey, we learned to trust Christ and rely on His strength."

Jim and Marilyn had Kim enrolled in an infant-parent program. Her progress was slow, she was nonverbal, and seemed to be in her own



◀ THE HEART OF AN ARTIST

— Kim Dixon next to her art.

world. Eventually, this led to an autism diagnosis. She continued to have infantile spasms. These spasms progressed into other types of seizures including tonic-clonic seizures and grand mal, some of which threw her to the ground. In an attempt to help Kim overcome these seizures, her parents tried medication, anticonvulsants, brain surgery, a VNS implant, chiropractic treatments, and many other therapies.

Finally, in 1992, when Kim was six, a breakthrough occurred after viewing a segment on *Primetime Live* about facilitated communication. Marilyn created a keyboard from poster board and began teaching Kim to type words using a hand-over-hand technique. Kim quickly learned to type short sentences and express her thoughts. By age eight, she was writing creative stories—and two years later, inspiring poetry.

Kim wrote more than 100 poems and won many awards for her poetry. In 2013, Kim & Marilyn published a poetry/art book

titled *Under the Silence is Me—How it Feels to be Nonverbal*. Some key themes of Kim's writing/art include the wonder of creation, birds, animals, God's glory, Christ's love, and experiencing life. Thomas à Kempis, author of *The Imitation of Christ*, wrote, "There is no creature, regardless of its apparent insignificance that fails to show us something of God's goodness."

▼
Marilyn created a keyboard from poster board and began teaching Kim to type words using a hand-over-hand technique.

Kim quickly learned to type short sentences and express her thoughts.
▲

RON SANDISON...

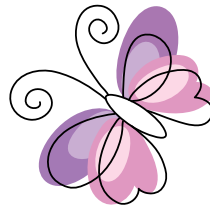


...Ron Sandison works full time in the medical field and is a professor of theology at Destiny School of Ministry. He is an advisory board member of Autism Society Faith Initiative of Autism Society of America. Sandison has a Master of Divinity from Oral Roberts University and is the author of *A Parent's Guide to Autism: Practical Advice. Biblical Wisdom* published by Charisma House. He has memorized over 10,000 Scriptures including 22 complete books of the New Testament and over 5,000 quotes. Ron has published articles in the *Autism File* magazine, *Autism Parenting* magazine, *Not Alone*, the *Mighty*, the *Detroit News*, the *Oakland Press*, and many more. He frequently speaks at colleges, conferences, autism centers, and churches. Ron and his wife, Kristen, reside in Rochester Hills, MI, with their baby daughter, Makayla Marie, born on March 20, 2016. You can contact Ron at his website <http://www.spectruminclusion.com> or email him at sandison456@hotmail.com. ◀

In her first poem, *Friends Role of Love*, Kim shares her desire for friendship:

Friends Role of Love

Friends dance across my life,
 Answering my cries and strife,
 I begin singing in my heart,
 And naming all the friends I cart.
 Opening vast oceans of love,
 Being friends is like wearing a glove.
 My friends hold me tight,
 And keep me from fright.
 Joy fills my life when friends are here;
 I pray my friends will always be near.



Kim's greatest struggles in life were her frequent seizures; she had over a thousand of them.

Seizure

Moaning in the night
 Really frightening dreams
 Feel angry inside
 Loony noises in my head
 Flashes of light
 Awful pain in my brain
 These are seizures.

FEBRUARY 27, 2007



▼ **UNDER THE SILENCE IS ME** — Kim's mother Marilyn, singer Chris August, and Kim promoting her book.



From autism, Kim experienced fear and anxiety. She discovered comfort in Christ and her favorite Bible verse was 2 Timothy 1:7, "For God has not given us a spirit of fear, but of power and of love and of a sound mind." Through poetry Kim expresses her love for God.

My Wonderful Savior

Great is my God
 Full of mercy and hope.
 Great is the Lord
 Who is bringing me joy.
 Great is the King
 Who is king of my heart.
 Great is my Master
 Who loves me the most.

AUGUST 28, 1999

Poetry empowered Kim to find peace in a world that can be overwhelming and scary.

Roping the Moon

Suddenly you turned around and...
 The people roped the moon,
 And the moon slowly came to earth.
 Men came to look for the moon that night;
 But the Sky was free of the light of the moon.

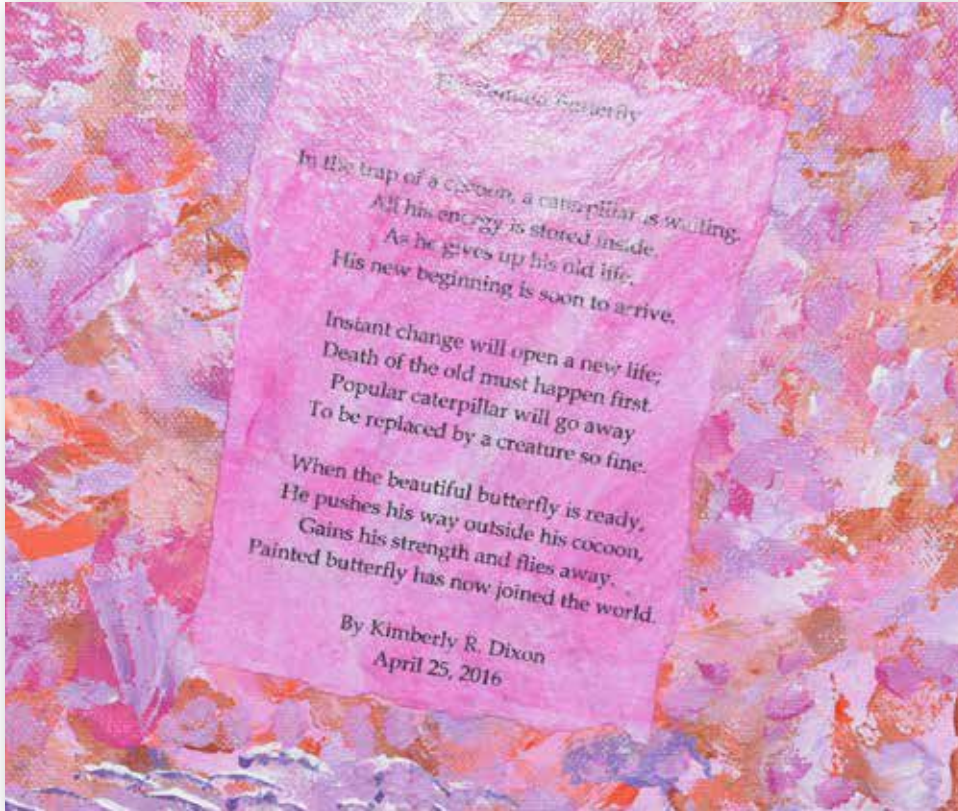
Sounds of sadness echoed in the night.
 Lonely and afraid, little children cried.
 As the darkness filled the sky,
 Young teens could not drive.
 Old ones fell in the Street as they crossed;
 Dear souls hurt and lost.

Mothers gave their children hugs
 Calming their fears with love.
 Dads helped their teens drive home,
 And girl scouts aided the lost and alone.

Suddenly you turned around and...
 The yellow moon had returned,
 Bringing its light back to earth.
 When you saw the glow, you wondered—
 Had this all been real,
 Or had time stood still?

SEPTEMBER 1998

Kim remained steadfast in her faith in Christ and desired for her life to bring glory to God.



◀ **THE PAINTED BUTTERFLY** — During her short life, Kim was a prolific poet.

Kneel at the Cross

Bow at the cross when anxious you feel,
Awesome peace will flood your soul.
Sweet Jesus will comfort your heart
When before Him you kneel.

Great is His love for you this day
He hears your cries each night
Give him your cares and fears
Always His power will come your way.

AUGUST 16, 2015

On April 25, 2016, Kim wrote her final poem. Dr. Laurence Becker was visiting the Dixon family and a butterfly landed on Kim's knee; later that day, she wrote, **The Painted Butterfly**, describing Christ's power to transform our weaknesses into His glory. Two months later, during a seizure, Kim fell, hitting her head—she went into a comma—awaking unto eternal life. As the Apostle Paul wrote, “To be absent from the body is to be present with the Lord” (2 Cor. 5:8). “It was as if Kim knew her life in heaven was soon to begin,” her mother shares. Kim's story will be featured in Dr. Laurence Becker's upcoming documentary *Fierce Love and Art*.



The Painted Butterfly

In the trap of a cocoon, a caterpillar is waiting.
All his energy is stored inside.
As he gives up his old life,
His new beginning is soon to arrive.

Instant change will open a new life;
Death of the old must happen first.
Popular caterpillar will go away
To be replaced by a creature so fine.

When the beautiful butterfly is ready,
He pushes his way outside his cocoon,
Gains his strength and flies away.
Painted butterfly has now joined the world.

APRIL 25, 2016 ◀

FIND OUT MORE

- ▶ **Kim's website:** <http://freepoet85.weebly.com/>
- ▶ **Facebook Fan Page:** <https://www.facebook.com/KimberlyDixonAuthor/>
- ▶ **Link to order her book:** <https://www.etsy.com/shop/kimgifts>

LENDING A HELPING HAND

No one understands autism parents like autism parents...

BY MAE FROST



© AZP Worldwide / AdobeStock

More than ten years after my son's diagnosis, every month it seems I hear of another "friend of a friend" receiving a diagnosis for their tiny toddler. Often, the first question I am asked by others is, "How do I help the family?"

My own friends and family worried about offering help: Would they offend me? Would they say something insensitive and upset me? Sometimes, I was so tired I couldn't even think what to suggest or I worried that I

would be a burden to their already busy lives. Sometimes, I was in a bad place and took offense to their advice if I wasn't ready to hear it. I'm grateful that they kept on trying even though it was difficult. It's a minefield!

In the early days, when nothing is certain, it's probably best to concentrate on reassuring your friend that there is nothing wrong with her parenting. (I apologize now for saying "she" and "her." This applies to family members, Dads and sibling carers too, but for convenience I will use those). Tell her to trust her instincts: if she feels there is something not right, she should look into it. No one knows her child better than she does. A discussion along these lines may be useful: "I want to help the best I can. Do you have any ideas of what help would make a difference to you right now?" It's important you stress that it would make *you* feel good if you could be more useful—take the

pressure off your friend so she can open up with what she really needs.

CREATIVITY IS KEY

If your friend doesn't know what support would be useful, proceed as if she has newborn twins—anything you do in those circumstances is likely to be useful. When you're visiting, call first and say you're dropping into the supermarket on the way and see if you can pick up something for her too. It was so difficult for me to visit a shop with my son, it often took almost a whole day of planning.

Sometimes the help will be practical—like helping her catch up on sleep during the day, or picking up shopping. Sometimes it will be emotional—helping her remember who she is in all this, arranging a babysitter so you can take her out or being the babysitter yourself so her partner can take her out. Material support may also be needed. Often,

MAE FROST...



...is mom to two fabulous children, one of whom has autism. She has dim and distant memories of wearing a suit, working in management and having things like coffee and lunch breaks. These days,

she mostly spends her time running in pursuit, and clearing up. But in between, she writes, runs a small online store importing clothing for children with sensory processing disorders, and is a trustee for a charity. ◀



© Blaz Vadebeck

TOP 7 HELPING HAND TIPS

The power of teamwork can't be overstated when it comes to navigating the autism journey

1. **Just be there.** Your friend may need to talk “at” you and unload. This is the absolute best support you can give someone—just being there, completely accepting of everything she says and loving her and her child unconditionally.
2. **Become knowledgeable.** Learn what you can about autism, if you see a good article, cut it out; if you see a relevant program, record it. Tell your friend a bit about it and ask if she wants to see/read it, or if she would like you to summarize it.
3. **Accept the changes to your relationship.** Your friend may now need you more than ever, but may be embarrassed because she is unable to repay your kindness. You may be initiating lots of help, or doing all the travelling—it may be that you telephone and your friend is off the phone almost instantly because she has to watch her child and keep him safe. Don't think it is a reflection on the value she has of your relationship; try and find out the best way to spend time with her.
4. **Volunteer some time.** If you like being around children, volunteer to learn some play techniques and work one-on-one with your friend's child a few hours a week. I spend HOURS preparing for structured play sessions, taking photos for visual schedules, laminating, cutting out, attaching Velcro and generally trying to be inspired. A few hours of your energy helping with lesson preparation would save more than a few hours of your friend's time. Or try browsing in education sections of bookshops and libraries for ideas. If you're gifted at lesson preparation, buy some large zip-loc bags and put together “play sessions” in a bag with a list of instructions and the items needed—wow!
5. **Bring your child over to play.** It can be very difficult managing play between children on the spectrum and their peers, but please keep trying. Later on, as the children develop and become more social, your older children will really benefit from the experience of helping your friend's child with social skills.
6. **Help maintain focus.** If I had taken up arms against every injustice or thing that went badly or was dealt with poorly regarding my son, his health and education, I would never have spent a single second with him, or his sister. My friends frequently remind me to ask: Does this help him today? Will it help him tomorrow? Is this a good use of your energy right now? Can we do this later? What's the worst case scenario if this doesn't happen? In doing so, they keep me focussed on the important things. Your friend only has a certain amount of energy each day; help her be aware of how she can use it wisely.
7. **Emphasize self-care.** Remind your friend that she **MUST** look after herself. She is unlikely to want to prioritize herself in this situation but must be reminded gently that if she falls ill, an already challenging situation will become incalculably more so. It might be appropriate at times to take matters into your own hands. For example, you could find a capable sitter and pick your friend up for a yoga session once a week or go out for coffee or lunch.

parents can't get adequate childcare and end up quitting jobs or reducing work for a time, and therefore income suffers—at a time when costs are likely to increase. She may need help in accessing available monetary support.

Help with research can be tremendously beneficial. You may be able to read or spend time on the internet to find answers—meaning your friend can spend more time with her child, or sleeping. You can also help with housecleaning, running errands, or gardening. Tell your friend you fancy a bit of physical work and ask if she'd mind if you pull some weeds, rake leaves, or mow the lawn.

When you cook a lasagne or something similar, make an extra portion and pop it in her freezer, or pick up a lovely lunch for her. When you arrive,

what to say, be honest and say you don't know what to say. But also ask her, "If I was to say the magic words you want to hear right now, what would they be?" Nine times out of 10 we're able to answer our own questions—we're just not sure we like the answers!

Resist the urge to suggest traditional parenting tips from "supernanny" and instead, tell your friend all the things about her that are wonderful. Reassure her that she's doing the best and that is good enough by a long shot. Look her in the eye and tell her what a great parent she is—she needs to hear it.

It's worth reading up about depression and anxiety on the internet and becoming familiar with the signs. If you think your friend is becoming more than tired and stressed, you may need to gently look for opportunities to suggest



The mark of a true friendship is not that you never disagree or fall out—it's how well you get over the bumps in the road that counts.



don't expect to be waited on—jump right in to make the tea, get the biscuits out—and while you're at it, rinse a few dishes and wipe over the sideboard while the kettle boils. Most people won't take offense to these things. Parents of kids on the spectrum are likely to be suffering from sleep deprivation, so again—if your friend reacts badly to any of your efforts, don't take it personally. Apologize and ask if there is anything you CAN do that will help.

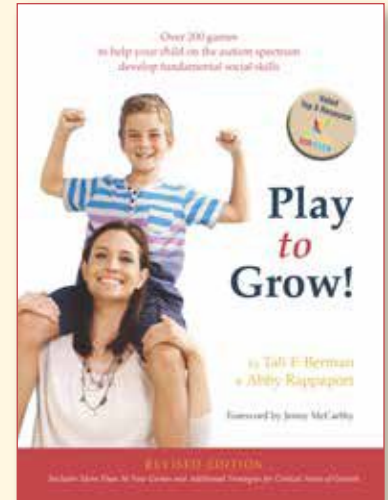
LISTEN UP!

When your friend talks, concentrate on listening. Try not to offer opinions or advice—I can tell you this for certain—your friend will have tried everything she can think of already! If you're asked for an opinion and you don't know

she chat over how she is feeling with a professional. It's true she might bite your head off—it's a stressful risk to take—but if you don't, who will? The mark of a true friendship is not that you never disagree or fall out—it's how well you get over the bumps in the road that counts.

And if you're the Mum or Dad who needs help, circle some of the ideas you DO like (you won't like all of them) and leave this article out on the coffee table over the festive season at hand, so your loved ones can get some clues about what you need. Or take a deep breath and just ask. I guarantee the people who love you will welcome some guidance on things they can do, and the holiday season is one of the main times you might need support (and a glass of wine!). ◀

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Laughter. Joy. A milestone that was unexpected. My toes leap from the ground in victory. I dance with pride for my child, for myself, for us.

Sadness. Sorrow. A setback I feared. I hide somewhere and allow a few tears. I bow my head in heartache for my child, for myself, for us.

How is my child doing today? "Great!" I say. But once again, I jinxed it away. A meltdown. A seizure. A sleepless night. A doubt in my mind, am I doing this right? But I remind myself what is right: my child, our love, us.

I've been supported by some. Ridiculed by others. On trial often. Hopeful always. I'm scared. Tired. Grateful. Protective. So many things. But above everything else, I'm a champion for this child. So when tomorrow brings a spontaneous smile, a new vocalization, or a fear that is overcome, my toes will leap from the ground in victory. I'll dance with pride for my strong, beautiful child, for myself, for us.

Never give up.

