



Newly Diagnosed

Help for New Families

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Over the past 40 years I have been fortunate to conduct research in several areas of autism and to collaborate with many of the leading pioneers, including biomedical (Bernard Rimland), behavior/education (Ivar Lovaas), and sensory (Temple Grandin, Guy Berard, Lorna Jean King, Melvin Kaplan, Helen Irlen). These experiences have helped me broaden my understanding of what can be done to help

these individuals.

One of the most difficult and stressful times for a family is when they first learn that their child has autism. Parents are then faced with a critical and life-determining question: What should I do to help my child? The decision on which treatments to implement (and not to implement) will likely determine the child's prognosis. I have outlined the steps that I would take if I were a parent of an autistic child.

First, I would read [*Advice for Parents of Young Autistic Children*](#), written by Drs. Jim Adams, Bernard Rimland, Temple Grandin, Jane Johnson, and myself.

Second, I would subscribe to [ARI's free monthly](#) newsletter. To keep up with current research, you can also subscribe to the quarterly [Autism Research Review International \(ARRI\)](#).

I would also find an active parent support group and contact the regional chapters of national or international organizations like the [Autism Society of America \(ASA\)](#), [Autism Speaks](#), and other autism organizations serving my area.

Important note: Before contacting my health insurance carrier, I would first read the policy. Many policies do not cover treatment services for autistic individuals. These insurance companies may reimburse therapies if the therapy is not specifically aimed at treating autism and if the insurance company is not aware that the child has autism. For example, if the child has a speech problem, the insurance company may pay for speech therapy.



Intervention

There are two major approaches that I would pursue simultaneously; and the earlier these interventions are started, the better the child's prognosis.

The first approach involves **determining whether the child has health problems**. These problems may include a critical need for essential vitamins and minerals (e.g., vitamin B6 with magnesium, DMG, vitamins A and C),

gastrointestinal problems (e.g., leaky gut, yeast overgrowth, viral infection), high levels of heavy metals and other toxins (e.g., mercury, lead), food sensitivities and allergies, and more. The majority of autistic individuals have one or more of these problems.

An evidence-based, combined approach to autism addresses **both** medical and educational issues. ARI facilitates [live and recorded webinars featuring highly-qualified speakers to provide free access to information](#) about emerging evidence-based treatments.

Comment on drugs: Some pediatricians prescribe drugs to autistic children even though the Food and Drug Administration [has not approved any drugs \[specifically\] for treating autism](#). Additionally, it is important to understand the potential for harmful [side effects](#) and variability among patients.

If the child talks very little or not at all, I would have the child tested to see if he/she has [seizures](#). Seizure activity may affect speech production. An electroencephalogram (EEG) measures brain wave activity, and it may be able to detect seizure activity. If the child does have seizures, I would use non-toxic nutritional supplements to treat the seizures, such as vitamin B6 and DMG.

The **second approach is behavior/education**. [Applied behavior analysis \(ABA\)](#) is a well-documented and effective teaching method for many autistic children [Note: Any number of parents, and adults with Autism, have indicated that ABA has been ineffective, counter-productive, or even traumatic, depending on each individual's experiences with ABA and/or specific ABA therapists]. This method involves 1-on-1 instructional sessions and utilizes educational tasks that have been developed specifically for autism. *Teaching Individuals with Developmental Delays: Basic Intervention Techniques*, written by O. Ivar Lovaas, is an excellent resource and describes, in detail, how to implement this method.

I would also consider the individual's [sensory differences](#). Many autistic individuals suffer from a hypersensitive or hyposensitive sensory system. These problems may involve hearing (e.g., sound sensitivity, appears to be deaf), vision (e.g., light sensitivity, visual attention problems), tactile (e.g., sensitivity to touch, insensitivity to pain), vestibular (e.g., craves or resists certain movements, such as swinging), proprioceptive (e.g., excessive jumping), smell (e.g., sensitivity or insensitivity to odors), and taste (e.g., picky eater, pica behavior). There are several interventions that can reduce or eliminate many of these problems, such as Auditory Integration Training (hearing), vision training and the Irlen lenses (vision), and sensory integration (vestibular/tactile/proprioceptive).

Family issues: Caregiving can be very stressful. [Parents](#) and [siblings need special consideration](#) and support.

Finally, it is important to be a strong advocate for the child. Many professionals are aware of the symptoms associated with autism. However, they do not know how to treat them. Information is a powerful tool. I would keep all of the child's documents and diagnostic test results in one well-organized folder. Whenever possible, I would provide relevant articles and other informational materials to therapists and other professionals who work with the child.

It is important to realize that **autism is treatable**, and there are many resources available, and we are here to help you find the information you need.