Thank you for your interest in this issue of The Developing Mind. We know that it is sometimes difficult to find a trustworthy source for answers to complex questions about your child’s health and development. In this newsletter, published every three months, we provide information from the experts at Children’s Hospital Los Angeles about issues that are important to families of children with autism and other neurodevelopmental disorders. In this issue, we address two important topics: how to manage a child’s diet and daily routine to reduce common tummy troubles such as gas, pain and bloating; and how to prevent and manage behavioral issues such as temper tantrums and meltdowns. We hope that this and future issues of The Developing Mind will be useful to you and your family. For more information about our services, please call 323.361.6102.

*A MESSAGE FROM KATHI*

Children with autism spectrum disorders often have complex medical health needs, including issues related to the gastrointestinal system. The gastrointestinal (GI) system is the part of the body that deals with eating and digesting food, as well as getting rid of solid waste (“pooping”). The esophagus, stomach, intestines and colon are all part of the GI system. Since GI problems are so common in children on the autism spectrum, we spoke with Dr. Brynie Collins, a pediatric gastroenterologist at Children’s Hospital Los Angeles who specializes in treating GI issues in children with autism.

**What are the common GI complaints you see in patients with ASD?**

The major complaints that I see are abdominal pain, constipation, gas and bloating, as well as diarrhea. Usually, parents know that something is not right, because they can see that their child is not having regular bowel movements, or that they are feeling really uncomfortable. But it is often difficult for a parent to know exactly how the child is feeling, since many children with ASD are nonverbal or have communication impairments.

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Most often the GI problems experienced by children with ASD are functional disorders, which means that there is no anatomical or biochemical problem causing the symptoms, such as an ulcer or an allergy. However, functional disorders are very real and usually greatly impact a child’s overall health and well-being.

What is the connection between autism and gastrointestinal disorders?

It is not entirely clear how autism contributes to GI disorders in children. There may be a genetic or biological relationship, and there is a lot of research taking place in these areas. It is clear that many of the functional GI disorders seen in children with autism are related to behavior and diet. Children with ASDs can have very limited diets and often don’t eat enough fruits and vegetables or drink enough water. This is an issue for all children, but the added difficulties of communication impairment, behavioral challenges, and other medical needs can make these issues more difficult for children on the autism spectrum.

What can parents do to help reduce GI issues in their children?

The most important thing is to increase the amount of fruits and vegetables in their diet. Of course, this is easier said than done! Ideally, children should eat fruits and vegetables as a part of every meal. Also, it is very important for children with GI issues to drink more water. This will help keep things moving through the GI system and reduce bloating and constipation. Children should not be drinking soda or other sugary drinks. Also, limit the amount of fruit juice, which is also full of sugar. A high-sugar diet will lead to more gas, bloating, and abdominal pain. It’s also a good idea for children to consume probiotics, which are healthy bacteria that can be found in yogurt and as a supplement. Of course, if a child has a specific allergy, such as to gluten, dairy or wheat, then eliminating this from the diet will be beneficial.

Besides dietary changes, another very important thing is toilet training and building a regular routine around using the toilet. Children should sit on the toilet for 15-20 minutes after eating breakfast, and 15-20 minutes after eating dinner, even if they don’t feel like they “need to use the bathroom”. By creating this routine, the GI system will be better regulated and children will have more regular bowel movements.

When should parents take their child to see a GI specialist?

Most functional issues, such as bloating, constipation and diarrhea can be effectively treated by your pediatrician. However, if the problems persist and the parent feels like the child’s needs are not being met, which is often the case with children with special needs, then their general pediatrician should refer them to a specialist in gastroenterology, preferably one who has some experience with children with ASD.

What brought you to working with children with autism?

What originally brought me to working with children on the autism spectrum was that they have such complex medical health needs. On top of that, they frequently have problems communicating and, as a result, many of their needs often do not get fully addressed by their primary doctors. I feel strongly that children with autism should have coordinated care in which general and developmental pediatricians as well as sub-specialists create an integrated approach to caring for these children. Autism is becoming more common in our society. As a doctor, that concerns me; as a mother, it scares me! So I think that research into autism and its relationship to GI and other health issues is extremely important. As a doctor at Childrens Hospital Los Angeles, I have the opportunity to contribute to that research, as well as to make sure that my patients are receiving the high quality care that they need.
TEMPER TANTRUMS, MELTDOWNS AND AUTISM

All parents know about the rigors of dealing with a child’s occasional temper tantrums. For some parents of children on the autism spectrum, however, handling temper tantrums and enduring behavioral meltdowns can be an almost daily challenge. Many parents who make calls to the Autism Warm Phone Line ask for information and advice about managing tantrums and meltdowns. In this article, we address the three main questions we get from parents.

What are the triggers that cause tantrums and meltdowns?

Tantrums are a way for children to let out pent-up frustration, let others know they are upset, and of course, get what they want and need. Children with autism have tantrums for mostly the same reasons as other children. Usually, the tantrum is triggered because the child is hungry or tired, or because they are stressed or upset by a change in routine. They may also have become over-stimulated by the sights and sounds of their environment. A tantrum turn into a meltdown when the child loses control of his emotions and behaviors. The triggers are different for each child, so it is important to learn what triggers your child’s tantrums.

Why do children with autism have more temper tantrums and meltdowns than other children?

Children with autism spectrum disorders are often more sensitive to their environment and can become over-stimulated very quickly. A trip to the shopping mall may be fun for a typically developing child, but for a child with autism, the sights and sounds can lead to an overwhelming experience. This over-stimulation can cause stress and put them on edge. Also, children with autism usually have some challenges communicating and processing spoken information. This can make it difficult for them to let their parents know what they are feeling, or be able to take directions or instructions from a parent. Autism can also affect a child’s ability to regulate his or her emotions, which means that they can go from content to upset very quickly. These combined factors make a child with autism particularly susceptible to tantrums, and cause their tantrums to escalate more quickly into meltdowns.

What can parents do to prevent tantrums and meltdowns?

The most important thing is to keep a consistent routine. Children on the spectrum rely on a consistent daily routine to provide structure, and can become easily upset if this routine is disrupted. For example, if your child is used to going straight home after school, a quick trip to the grocery store could be very upsetting. If you need to change the routine, let your child know beforehand that things will be different so they know what to expect.

Also, try to identify what specific situations or events trigger the tantrums with your child. You may notice that your child tends to have tantrums right after getting home from school. This may be his or her way of letting out all the anxiety and frustration that has built up over the day. If this is the case, you may want to have “quiet time” or a relaxing activity as soon as you get home to help your child release the anxiety in a healthier way. If you find your child gets overwhelmed in public places, try to bring along a favorite toy or something that helps them feel comfortable.

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LAS MADRINAS RESEARCH HIGHLIGHT

Autism in an Urban Context

This exciting new research project will examine how factors such as race, gender, socio-economic status and family culture affect the acquisition of an autism diagnosis for African American children living in Los Angeles. The study will focus on three areas:

- Barriers to African American children receiving appropriate diagnosis and services for autism;
- Patterns of communication among African American caregivers and health care practitioners; and
- African American caregivers’ knowledge and expertise about autism spectrum disorders and the social networks relevant to gathering information about existing evaluations, interventions and services.

The project is being conducted at the USC University Center for Excellence in Developmental Disabilities at Children’s Hospital Los Angeles by an interdisciplinary team of researchers and clinicians. The results of this project will identify opportunities for the development of collaborations among families and practitioners in a timely and efficient ASD diagnosis, as well as new interventions for African American children.

The researchers will follow a group of 16 African American children diagnosed with autism, their primary caregivers and social networks, and the practitioners who serve them, in order to document the families’ trajectories to an ASD diagnosis. For more information, or to learn about how to get involved in this study, please contact Dr. Larry Yin at lyin@chla.usc.edu.
Another important thing to consider is that children tend to pick up on their parent’s anxiety or stress. That is, if a parent is feeling anxious, then the child will react to that by taking on some of that anxiety themselves. It’s really important for parents to take care of themselves and manage their own stress level, so that it doesn’t feed the child’s own anxiety. Lastly, remember that a child is always learning. If a child is in a tantrum and the parent ‘gives in’ and gives the child the candy or toy they are upset about, for example, then the child will learn that a tantrum is a great way to get what they want. So a good way to prevent future tantrum episodes is to not give in to the current tantrum. While assuring that the child is safe, let the tantrum run its course, and the child will learn that its not the best way to get what he or she wants.

If you have any questions or need additional information or help managing your child’s tantrums and meltdowns, you can call our Autism Warm Phone Line at 323.361.6102.

Special thanks to Dr. Marie Kanne Poulsen, Dr. Brad Hudson and Desiree Go for their help with this article.

TEMPER TANTRUMS, MELTDOWNS AND AUTISM
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TEMPER TANTRUM TIPS
✓ Keep a consistent routine
✓ Prepare ahead of time
✓ Manage your own stress level
✓ Don’t give in to tantrums
✓ Learn the triggers
  ✓ Feeling hungry
  ✓ Change in routine
  ✓ Being over-stimulated
  ✓ Feeling tired
  ✓ Stressful events

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warm phone line
323.361.6102
Staffed by Kathi Smith, RN, MN, nurse care manager at the Boone Fetter Clinic, the Autism Warm Phone Line is available to the public to answer questions about autism spectrum and other neurodevelopmental and behavioral disorders.

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