



# Radical Realities for Autism Today

Autism & Current Controversies

**Susan Wood & Meghan Miller, Ph.D.**



**SPIN Conference**



**March 28, 2026**

# Meet your Presenters



**Project Director,  
Hilopa'a Family to  
Family Health  
Information Center &  
Faculty, MCH  
LEND Program**



**Director and Professor,  
Center on Disability Studies  
Licensed Clinical Psychologist**



# Learning Objectives



1. Understand what evidence-based means
2. Explore why some autism treatments are controversial
3. Build confidence in making informed decisions



# **Our Commitment in this Conversation**

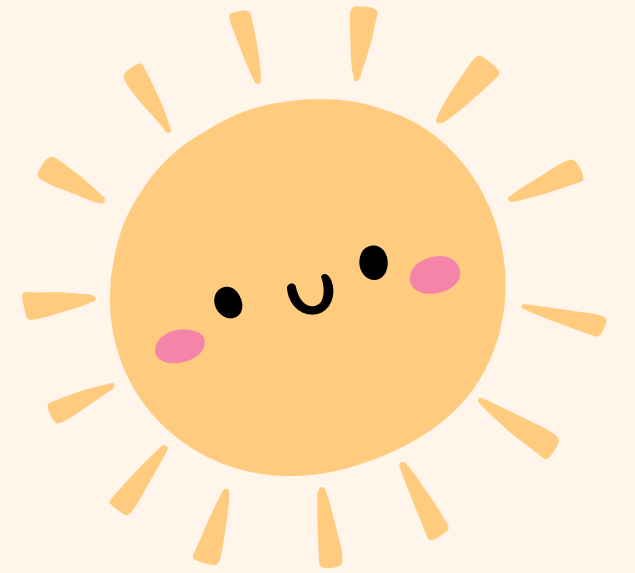
**We deeply respect families & their experiences. Parents are the experts on their children. Our responsibility is to present clear, evidence-based information-even when it challenges commonly held beliefs.**



# It Comes From Love



- Families want to help their child feel better, faster
- Autism can feel overwhelming, especially early on
- Mixed messages from professionals, media and social networks
- Long waitlists or limited access to services
- Desire for hope when progress feels slow





# Feelings Drive Decisions



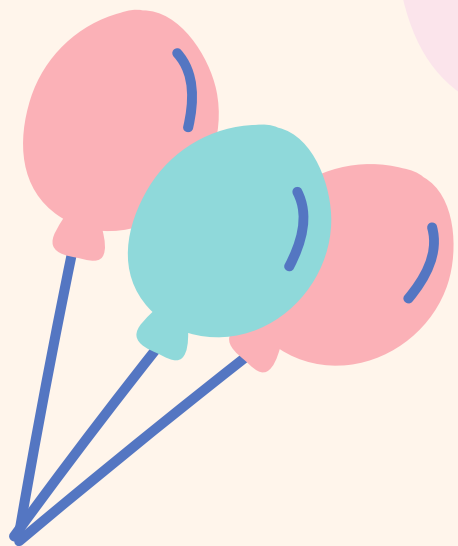
- Fear: "What if I don't try everything?"
- Urgency: "I can't wait months or years".
- Guilt: "Am I doing enough?"
- Hope: "This could be the thing that helps".
- Influence of powerful personal stories (especially online)



# Non-Evidence-Based Treatments

## Understanding the Difference

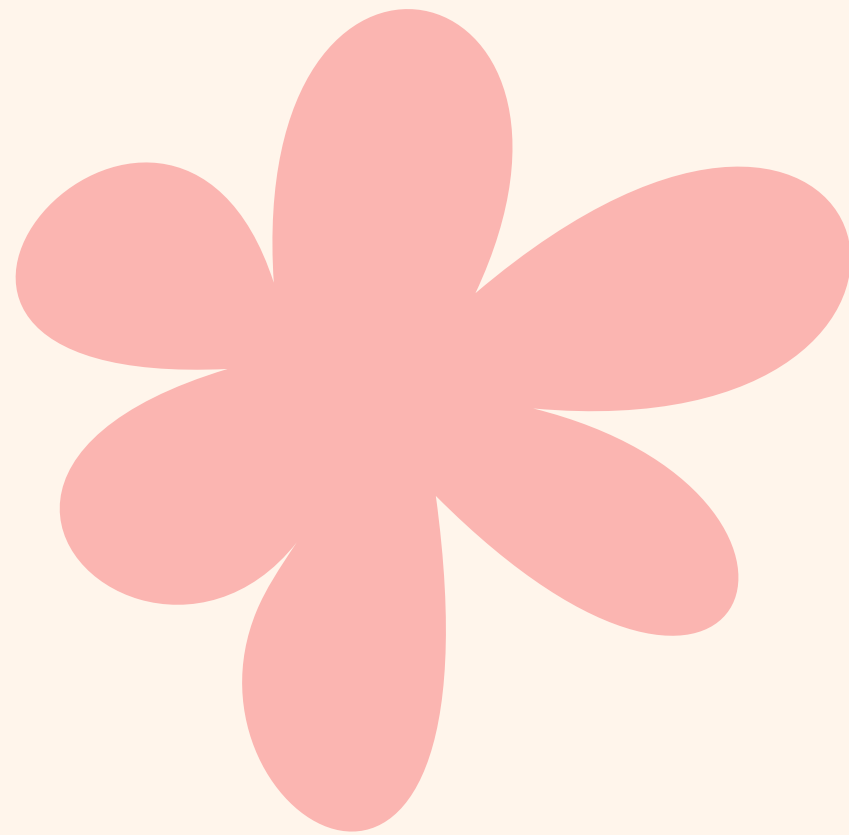
- Treatments that lack strong scientific research support
- May rely on testimonials instead of data
- Often promise quick or dramatic results
- Sometimes costly, restrictive, or even harmful





## Examples

- *Special diets without medical necessity*
- *Unproven supplements or "detox" approaches*
- *Experimental or heavily marketed therapies*

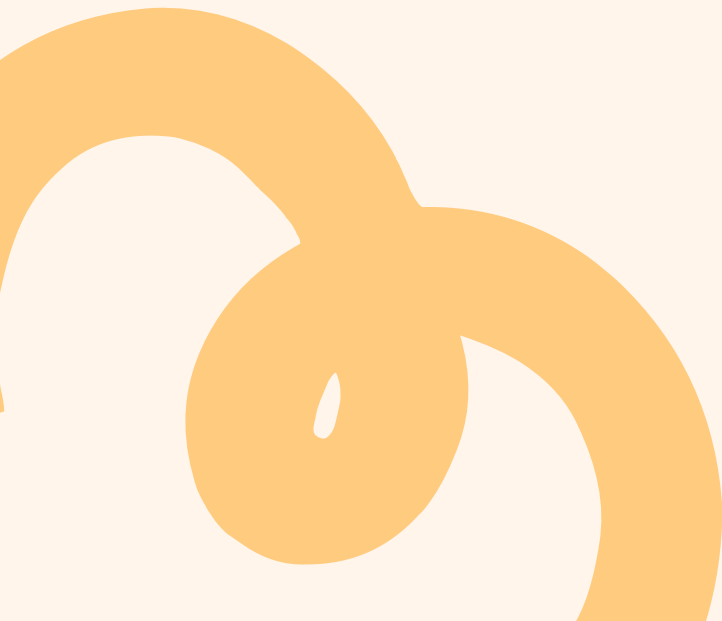




# Why They Make Sense at First



- They offer clear, simple answers
- They often come with strong testimonials
- They may feel more accessible than clinical services
- They give families a sense of control



# Holding Both Truths

- Families deserve respect and understanding
- Professionals have a responsibility to share accurate information
- Some treatments may delay access to effective supports
- Our goal: support informed, safe decisions



# Simple tools for making treatment decisions

- The "pause" button
- The "trusted team" check
- The "evidence" lens
- The "safety first" rule
- The "cost vs. benefit" check
- The "fit for my child" tool



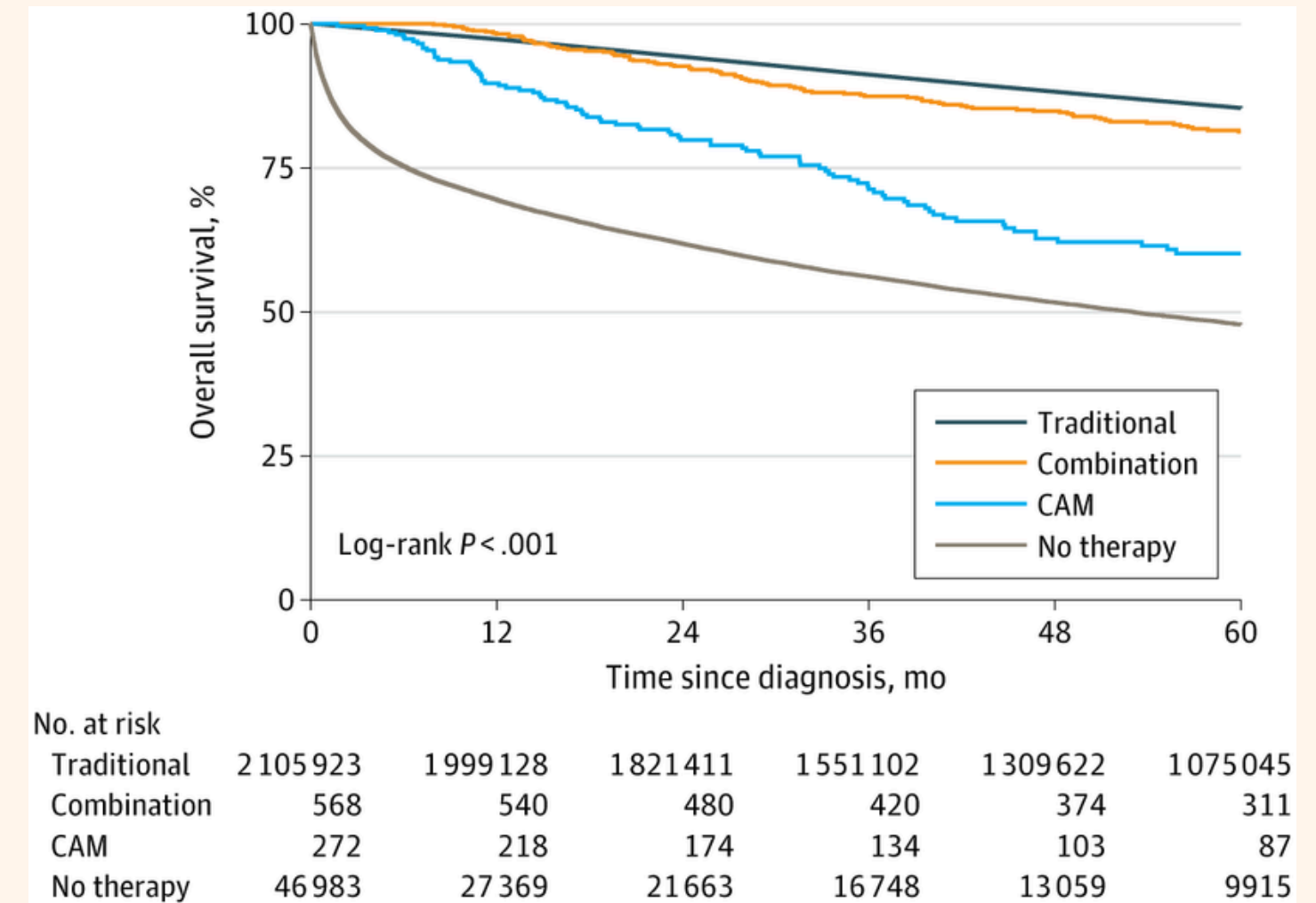
# Safety vs. Effectiveness

## Effectiveness

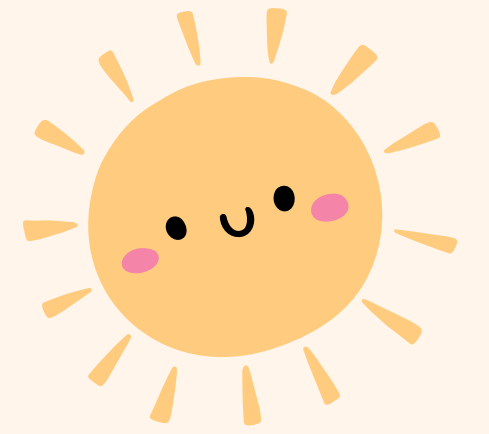
	<b>Effective</b>	<b>Effectiveness Inconclusive</b>
<b>Safe</b>	Recommend	Tolerate, encourage objective monitoring
<b>Unsafe or Safety Unknown</b>	Monitor closely or discourage	Discourage

# Why does this matter?

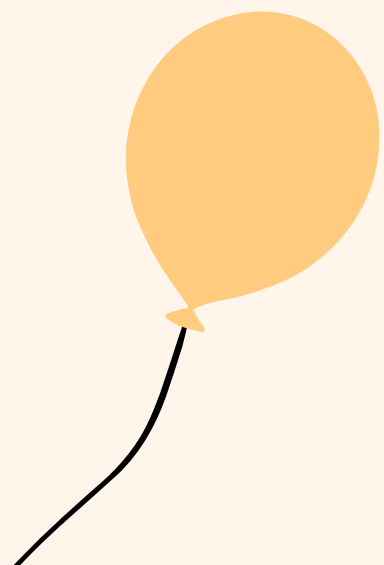
- Data from >2 million women with breast cancer
- Combination of traditional+CAM therapies was associated with higher mortality compared with being treated exclusively with traditional therapy
- Use of CAM instead of traditional therapies could be associated with a reduction in survival in breast cancer



# How do we determine what's "evidence-based"?



- National Clearinghouse on Autism Evidence and Practice (NCAEP) is a good resource (<https://ncaep.fpg.unc.edu/>)
- **Best evidence:** Randomized or quasi-experimental design studies, meta-analyses
- **Worth considering:** Multiple single-subject design studies
- Studies come from different researchers/research groups
- Evaluate for bias or conflicts of interest





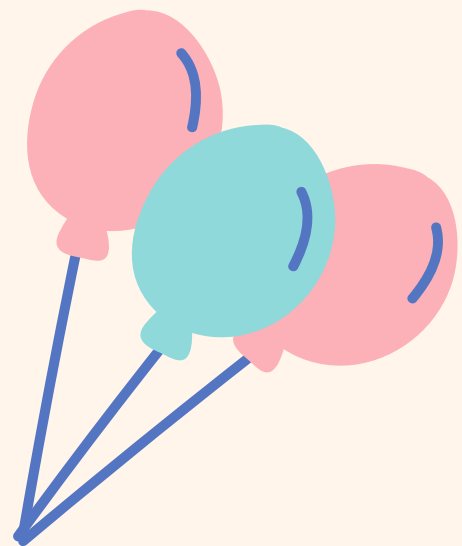
# Let's tackle the evidence

## CAM

- Biological
- Supplements
- Non-medical

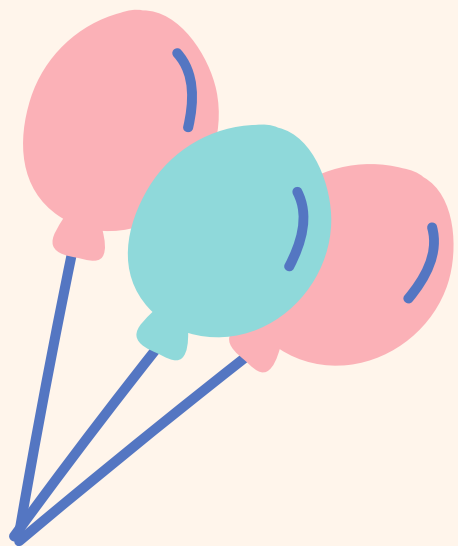
## "Traditional"

- Behavioral (ABA, NDBI)
  - Speech Therapy
  - Occupational Therapy
- 



# Biological

- Leucovorin
- Special diets - GFCF
- Cannabis/CBD
- Chelation





# Leucovorin



- Prescription form of reduced folic acid
- FDA-approved for certain indications (reducing toxic side effects of chemotherapy, treating megaloblastic anemia, cerebral folate deficiency [CFD])
- Studied off-label for subset of autistic children who test positive for folate receptor alpha autoantibodies
- September 2025: FDA fast-tracked approval for leucovorin for CFD.
- March 10, 2026: FDA said there insufficient evidence to support using leucovorin for autism
- January 29, 2026: Highly publicized RCT study supporting its use for autism **retracted** due to severe data inconsistencies and statistical issues
- No consensus on use, no established dosing best practices, unknown risks with long-term use
- American Academy of Pediatrics **does not recommend** routine use of leucovorin for autistic children



# Gluten-Free/Casein-Free Diet



- Elimination diet that removes gluten (protein in wheat, barley, rye) and casein (protein in dairy)
- Research findings: Mixed.
  - Some may experience reduced stereotyped behaviors, improved communication, reduced gastrointestinal distress, others show no improvement
  - Some research has indicated positive changes in communication, attention, and hyperactivity, but often reported by parents rather than measured by clinical tests
- Most studies are small or anecdotal
- Randomized controlled trials typically find no significant impact on autism symptoms
- Overall, no strong evidence to recommend GFCF diet as universal treatment for autism, but generally considered safe if nutritional deficiencies are avoided



# Cannabis/CBD



- CBD = non-psychoactive compound found in cannabis
- Most current evidence comes from uncontrolled, open-label studies and case reports
  - A clinical trial published in the journal Trends in Psychiatry and Psychotherapy reported improvements in social interaction, anxiety, agitation, appetite, concentration in autistic children treated with CBD extract
- Reactions to cannabis can vary widely, from relief to increases in agitation, risk of psychosis, sleep problems, appetite problems, irritability
- Need for continued research using rigorous clinical trials with standardized assessment tools, larger sample sizes to assess effectiveness, side-effects, long-term effects on developing brain
- Until more definitive research is available, consult with a healthcare provider before considering as a treatment option



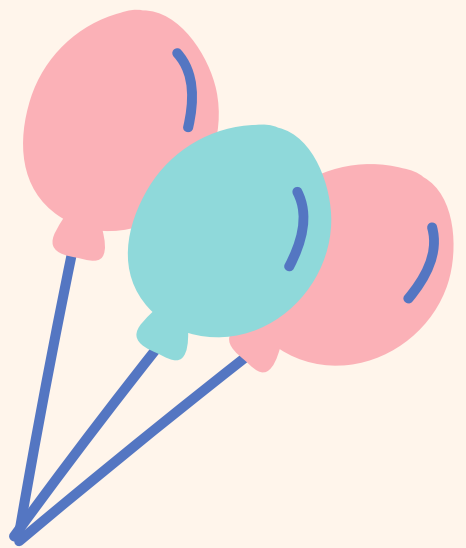
# Chelation (& vaccines)



- Medical procedure used to treat heavy metal poisoning (lead, mercury, iron overload)
- FDA-approved treatment for severe metal toxicity
- **Not** an effective intervention for autism
- Poses **significant** safety risks (kidney damage, potential death)
- Risk of harm outweighs any purported benefits
  
- Vaccines: No credible link with autism
  - Original report claiming that the MMR (measles, mumps and rubella) vaccine causes autism retracted due to fraudulent data; report's author sanctioned by scientific bodies, lost license to practice medicine

# Supplements



- Melatonin
- Vitamins
- Probiotics





# Melatonin



- Synthetic or natural version of the hormone produced by the part of the brain that regulates body's sleep-wake cycle (pineal gland)
  - Strong evidence that it is safe and effective for addressing chronic sleep problems in autistic children
    - Can increase total sleep duration by up to 73 minutes, reduce sleep latency by 27-66 minutes
    - Generally minor side effects (morning drowsiness, headaches)
  - American Academy of Neurology recommends only pharmaceutical-grade melatonin for sleep disturbances in individuals with autism
- 
- 

# Vitamins



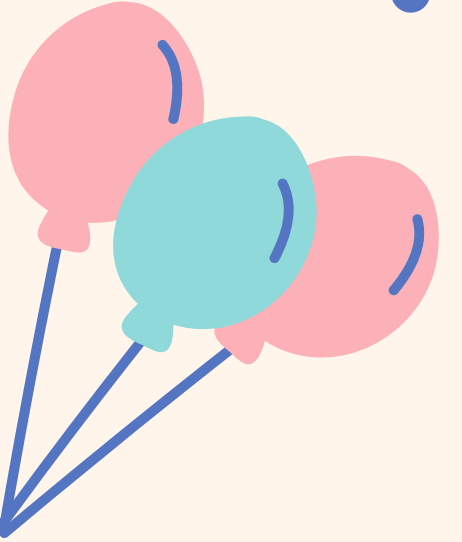

- B12: Helps convert food into energy, supports cognitive function and brain development, maintains healthy bone density
  - Mixed evidence
    - Some studies show improvements in behavioral issues (hyperactivity, tantrums, receptive language) via subcutaneous administration, others show no change and no evidence of differences in B12 levels between autistic & neurotypical children
  - Adverse effects generally mild, include increased hyperactivity, irritability, trouble sleeping
- Omega-3s: Reduce inflammation, lower triglycerides, and support heart, brain, and eye health
  - Mixed evidence
    - Some studies show potential benefits in specific areas, high-quality, large-scale studies are lacking, and major reviews have found no significant effects on core symptoms
  - Generally well-tolerated and associated with a favorable safety profile and low cost





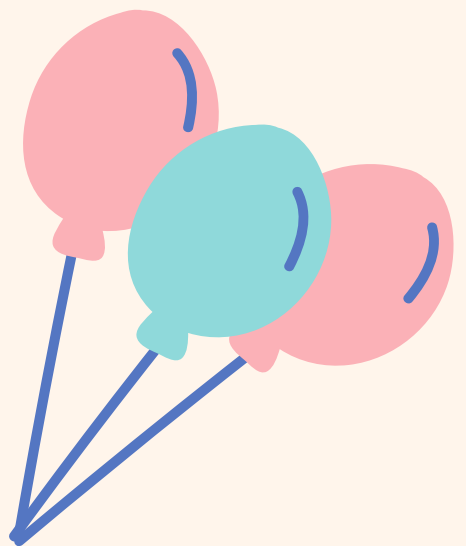
# Probiotics



- 2024 meta-analysis found probiotic supplementation associated with significantly better overall behavioral symptoms compared to control groups
  - Other research indicates no significant effect on core autism-related behavioral symptoms
  - Consistently been found to have a good safety profile, no major side effects reported in the literature
  - More well-designed, large-scale clinical trials needed before specific strains or protocols can be universally recommended for treating core symptoms
- 
- 

# Non-medical

- Yoga
- Physical activity
- Facilitated communication





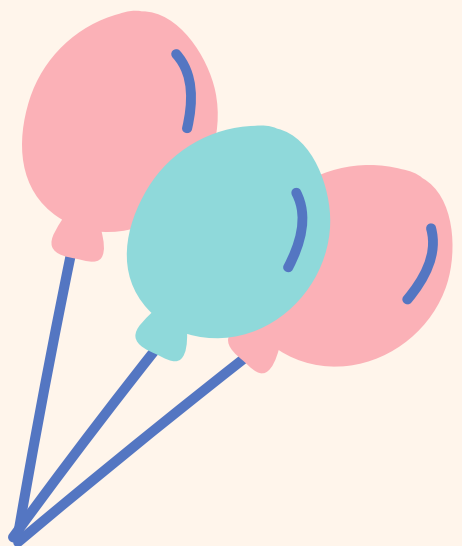
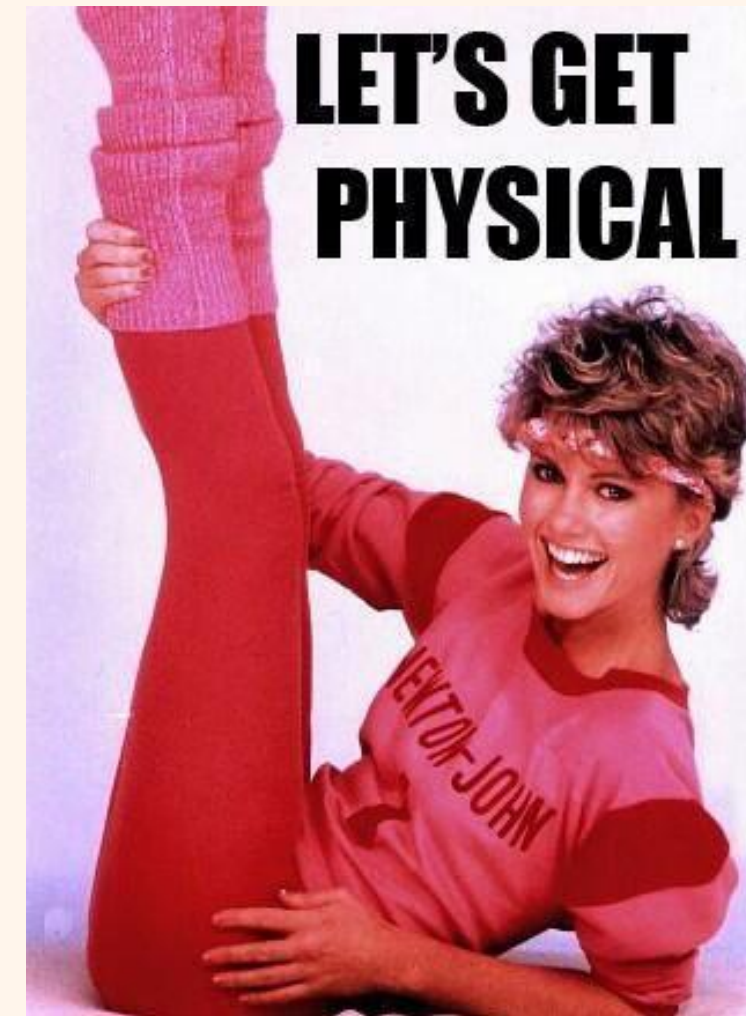
# Yoga



- Few well-conducted studies, findings are preliminary
    - Small sample sizes, no fidelity measures, no control groups
  - Some report:
    - Improvements in core autism symptoms, prosocial behaviors, and self-control/regulation
    - Reductions in aggressive behaviors, irritability, lethargy, social withdrawal, noncompliance
  - Evidence is inconclusive, unlikely to be harmful, further research needed
- 
- 

# Physical activity

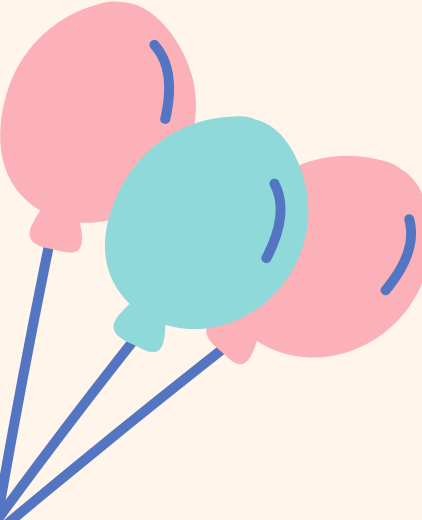

- Meta-analytic and clinical trials evidence suggests physical exercise intervention programs result in improvements in:
  - Social and communication skills
  - Executive functioning skills
  - Sleep-related behavior
  - Physical health
- No substantial risks beyond typical risk of injury during physical activity





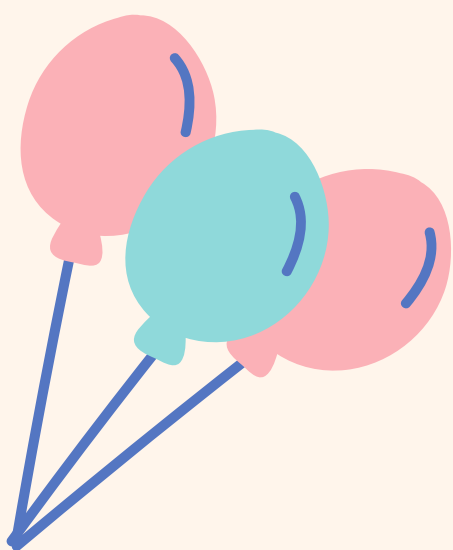
# Facilitated communication



- Origins in 1990s among nonspeaking individuals
  - Purported to help people unable to speak verbally communicate in writing with help of a facilitator
  - Based on notion that people with these conditions have a physical challenge (apraxia) that makes it hard to speak
  - People thought it was a game changer, parents and clinicians were extremely excited, saw value immediately
  - Rigorous research revealed consistent evidence of inadvertent (non-malicious) facilitator control over communications
  - Modern iterations: Spelling2Communicate
- 
- 

# FC is NOT AAC!



- Alternative and augmentative communication (AAC) is different!
- Some AAC techniques (picture symbols) may be inaccurately confused with FC
- AAC techniques helpful for children with autism and communication difficulties
- Failure of FC as an AAC approach should not exclude use of legitimate, evidence-based AAC approaches





# Where is the evidence strong?

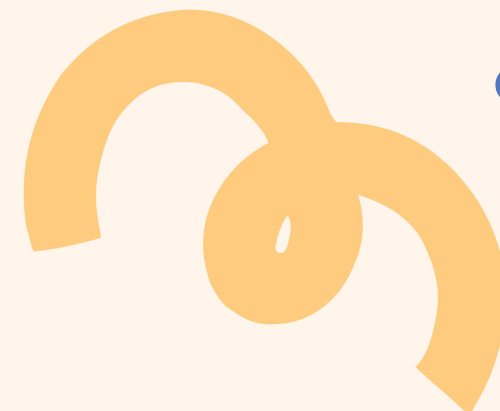



- Behavioral interventions and supports
  - Speech-language interventions (including AAC)
  - Occupational therapy for motor difficulties
  - Crucial to employ a **neurodiversity-affirming lens** when implementing these interventions and supports
- 
- 



## Helpful questions Families Can Ask

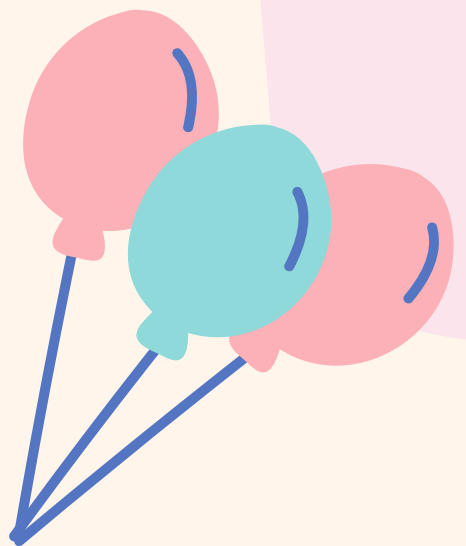


- What evidence shows this works?
  - How do we know if it's helping?
  - Are there any risks or side effects?
  - Could this interfere with other supports my child is receiving?
  - Is this based on research or personal stories?
  - Does it sound too good to be true?
  - How much time and money will this require?
  - What specific changes should we expect - and by when?
  - What is the plan if it doesn't work?
- 
- 



# Methods for tracking effectiveness

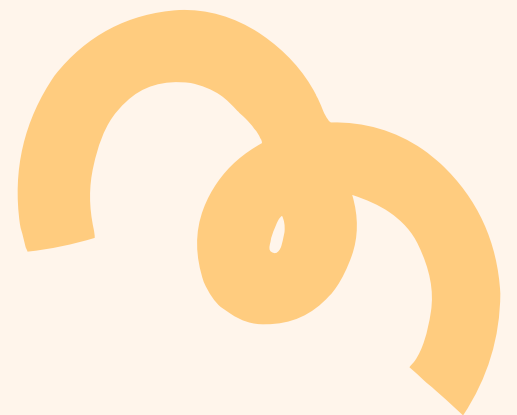
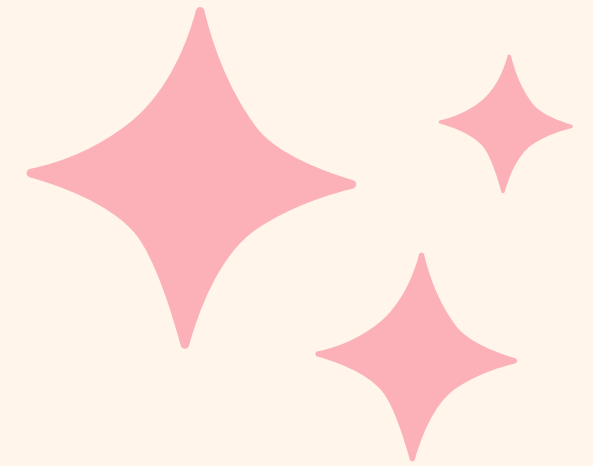
- Data, data, data!
  - Use standardized rating scales/tools to assess symptom/behavior change
- Objectivity and including others to collaborate
  - Regular check-ins with pediatrician and other providers/intervention team members





# Red Flags to Watch For

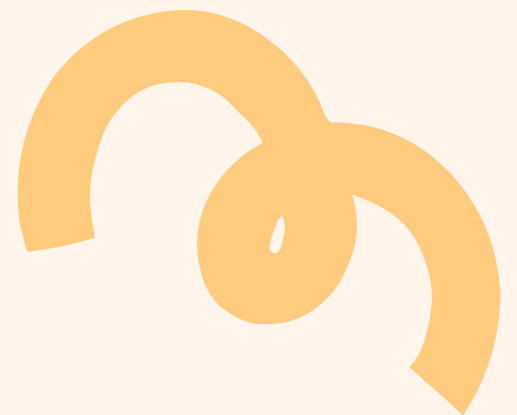
- Promises of a "cure" or quick results
- Pressure to act immediately
- Claims that it works for everyone
- Lack of clear information about risks
- High cost with little explanation





# Things to remember

- You don't have to try everything
- Asking questions is as strength, not weakness
- Taking time to decide is okay
- You are the expert on your child





**Thank you!**



**QUESTIONS?**

