

## *Implementation of First Aid for Autism (P3A) in Padang City*

### Implementasi Pertolongan Pertama pada Autisme (P3A) di Kota Padang

Rudy Sutadi<sup>1</sup>, Kuncono Teguh Yunanto<sup>2</sup>, Rahma Muti'ah<sup>3</sup>, Arneliza<sup>4\*</sup>,

Sandra Adetya<sup>5</sup>, Anizar Rahayu<sup>6</sup>

<sup>1,2,4,6</sup> Universitas Persada Indonesia UPI-YAI

<sup>3</sup>University Of Labuhanbatu

<sup>5</sup> Bhayangkara University

\*E-mail: rudysutadi123@gmail.com<sup>1</sup>, kunconoyunanto@gmail.com<sup>2</sup>, rmuthea5@gmail.com<sup>3</sup>,  
[arneliza.2366290016@upi-yai.ac.id](mailto:arneliza.2366290016@upi-yai.ac.id)<sup>4</sup>, Sandra.adetya@dsn.uhharajaya.ac.id.com<sup>5</sup>, anizar.rahayu@upi-yai.ac.id<sup>6</sup>

#### **Abstract**

*This study aims to provide education on first aid for autism (P3A) to the community, particularly to parents of children with autism. The method used was in-person outreach in Padang City, involving 26 participants from parents and professionals. The materials presented included dietary selection and daily menu management for children with autism. Data were collected through pre-tests and post-tests to evaluate the participants' knowledge improvement. The results showed a significant increase in participants' scores after attending the P3A outreach and education. Before the outreach, the average score was 15.69 (min 12.00, max 21.00), indicating a low initial ability. After the outreach, the average score rose to 87.65 (min 78.00, max 97.00), reflecting the program's positive impact. These findings indicate that the outreach activities enhanced participants' knowledge and emphasized the importance of public understanding of P3A. The results conclude that P3A outreach effectively improves community knowledge and enables parents to implement appropriate measures for their children. This initiative should be continued consistently across various regions in Indonesia to broaden understanding of autism management through P3A.*

**Keywords:** Autism; first aid for autism; diet; menu planning

#### **Abstrak**

*Penelitian ini bertujuan untuk memberikan edukasi mengenai pertolongan pertama pada autisme (P3A) kepada masyarakat, terutama orangtua anak autisi. Metode yang digunakan adalah penyuluhan luring di Kota Padang dengan melibatkan 26 peserta dari kalangan orangtua dan profesional. Materi yang disampaikan mencakup pemilihan makanandan pengaturan menu harian untuk anak autisi. Data dikumpulkan melalui pre-test dan post-test untuk mengevaluasi peningkatan pengetahuan peserta. Hasil dari kegiatan ini menunjukkan peningkatan signifikan pada skor kemampuan peserta setelah mengikuti penyuluhan dan edukasi P3A. Sebelum penyuluhan, skor rata-rata peserta adalah 15,69 (min 12,00, maks 21,00), menunjukkan kemampuan awal yang rendah. Setelah penyuluhan, skor rata-rata meningkat menjadi 87,65 (min 78,00, maks 97,00), mencerminkan dampak positif program tersebut. Data ini menunjukkan bahwa kegiatan penyuluhan berhasil meningkatkan pengetahuan peserta. Kegiatan ini menekankan pentingnya pemahaman masyarakat tentang P3A. Hasil dari kegiatan ini menyimpulkan bahwa penyuluhan P3A efektif dalam meningkatkan pengetahuan masyarakat, hingga mereka dapat menerapkan langkah-langkah yang tepat untuk anak-anak mereka. Kegiatan ini perlu terus dilanjutkan secara berkesinambungan di berbagai daerah di Indonesia untuk memperluas pemahaman tentang tatalaksana autisme melalui P3A.*

**Kata kunci:** Autisme, Pertolongan pertama pada autisme, diet, pengaturan menu, autisi

## **1. INTRODUCTION**

Autism is a severe neurobiological developmental disorder in children, so that they find it difficult to communicate and socialize with others, starting in the first three years of life, this condition will continue, if therapy is not carried out (Arneliza et al., 2025). Some other researchers define autism as a developmental disorder of the nervous system with the characteristics of

deficits in speech and communication problems, limited interest, repetitive behaviors and several other deficits (Hodges et al., 2020; Jiang et al., 2024; Sivayokan et al., 2023; Williams et al., 2021).

In 1998, Rudy Sutadi popularized the term "*penyandang autisme*"/individuals with autism. Then in 2017, he reintroduced a new term for people with autism, namely *autisi*, to emphasize the identity-centered perspective, which is comparable to the term autistic individuals in English. The number of ASD shows a trend that continues to increase every year. According to the latest official report from the CDC (Centers for Disease Control and Prevention) of the United States, in 2020, 1 in 36 children in the country was diagnosed with autism (Maenner, 2023).

In Indonesia there is no exact data yet, but Rudy Sutadi estimates that there are approximately 2.4 million autistic people in Indonesia, he estimates that there will be an addition of approximately 500 autistic people per year (KPPA-RI, 2018). We should all be mindful of this, especially for professionals who focus on the field of autism. Various therapeutic and assistance developments for parents and families who have autistic children must continue to be socialized, so that the public has access to open information about autism and its management.

Autisi need special therapy, support, and understanding to deal with a variety of developmental disorders, more than non-autistic children need (Benevides et al., 2017; Ranjan et al., 2024; Tschida et al., 2021). Luo et al (2022) emphasizing the importance of various policy and attention efforts to ensure autistic children receive appropriate therapy. Next Canon et al (2023) highlighting the ease of access to therapy for autistics. This autism problem has become a global problem, and if a quick and appropriate solution is not found, it will cause various problems in the next generation. Although currently the information system is wide open, it still does not touch most of the conditions, especially regarding autism. It takes our mutual efforts, all Indonesian professionals to join hands to distribute our knowledge to the people of Indonesia. One of them is through the socialization of First Aid for Autistic People (P3A).

P3A plays a very important role, so that families with autistic children can immediately implement the stages in P3A. The stages in this P3A must be socialized to the community, not only families with autistic children, but to the entire community. This is so that the wider community can provide support to families with autism, This is in line with research conducted by (Marsack-Topolewski, 2020; Pye et al., 2025). The most important stage of P3A after a child is diagnosed with autism is the selection of food ingredients that are not abstained or relatively safe for autistics, then the child's daily menu arrangement.

The public must be provided with information through counseling and education on how to arrange daily menus for autistic children in various regions in Indonesia. The selection of these food ingredients is by utilizing local/local food sources that are easy to get. For each region, of course, there are special food ingredients that may not be available in other regions. This local wisdom must be empowered to make it easier for parents who have autistic children.

As a result of our identification, there are still many Indonesian people who do not fully understand why autistic people have to abstain from certain foods or food sources. To overcome this problem, the Faculty of Psychology, Universitas Persada Indonesia UPI-YAI, Jakarta, Bhayangkara University Jakarta and Labuhanbatu University, North Sumatra, collaborated to solve this problem. We do this by planning P3A counseling and education in various regions in Indonesia. The implementation of this activity aims to convey information and education to the community, so that especially families with autistic children can directly apply the stages in the P3A that are delivered. For this initial stage, we chose the city of Padang, West Sumatra. This counseling and education involves parents of autistic children and local teachers.

## 2. METHOD

This activity is carried out by providing counseling and education to parents of autistic children and teachers in the city of Padang. It was held offline at Andalas, Padang City. The material provided is the practical application of food selection and daily menu arrangements for autistic

children. The success of this program is measured by quantitative data, which are the results of pre-test and post-test. Data collection was done through a questionnaire of participants' knowledge about various food ingredients and menu arrangements for autistic children.

Questions include: why is it necessary to choose food ingredients for autistics, what are the foods that are abstinent for autistic people, how many days of rotation is recommended, what is the impact if autistic people consume foods that are not allowed. The implementation of this program is in several stages. First, counseling is carried out to convey information and knowledge education to participants about P3A. Second, discussion and Q&A sessions, held to encourage active participation, allow participants to better share their views, ask questions, and delve deeper into the material. Third, evaluation is carried out through pre-test and post-test. The pre-test aims to measure the level of understanding of the participant before joining the program, while the post-test is used to assess the improvement of the participant's knowledge and understanding after the program is completed.

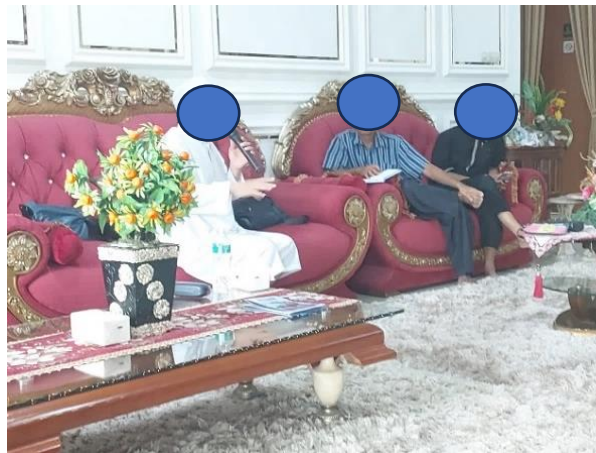


Figure 1. Presentation of counseling and education materials  
(Source: Personal Document, 2024)

With this approach, it is hoped that participants can get maximum benefits from the program held. This activity was attended by 26 participants consisting of parents of autistic children and teachers, held for one day. All participants were given education about P3A, so that later it could be applied to their autistic children or their autistic students. Table 1. is the characteristic data of the respondents.

Table 1. Description of Respondent Characteristics

Characteristic	Category	Sum	%
<b>Gender</b>	Man	2	7,6
	Woman	24	92,5
<b>Age</b>	<30 Years	6	23
	30 - 40 Years	16	61,5
	40 - 50 Years	4	15.5
<b>Education</b>	SMA	10	38,5
	Bachelor	16	61.5

From table 1, it shows that the majority of participants are women: 24 people (92.5%), men only two people (7.6%). Participants aged between 30-40 years were the most (61.5%), followed by six people under 30 years old (23%), while only four participants (15.5%) aged 40-50 years old. Of the education, 16 people (61.5%) are undergraduates, while the remaining ten

(38.5%) are high schoolers. This data shows that the participants, who are mostly parents of ASD children, are of productive age with a bachelor's degree of education. It is hoped that after this education, participants can immediately apply P3A to autistic children or autistic students.

### 3. RESULTS AND DISCUSSION

This Tri Dharma Perguan Tinggi activity was carried out with the aim of conveying information and education to the community. This activity was carried out so that the community could better understand and increase their knowledge about P3A. Preparation for activities is carried out by recording participants who will take part in this activity. In addition, it also records the knowledge of prospective participants about P3A. From this data collection, it was concluded that this activity must be carried out immediately, so that the public can get information and education about P3A that they can directly apply to their autistic children. These activities include:

#### 3.1. Counseling through the presentation of P3A materials.

On this occasion, Rudy Sutadi as a resource person explained the food ingredients that are or should not be given to autistic people. These ingredients include: a) Casein, milk and its derivative products: cow's milk, goat's milk, wild horse milk, soy milk and various other milks, cheese, yoghurt, ice cream and others, as well as various processed foods that use milk; b) Gluten. Wheat flour and its derivative products: noodles, bread, cakes, crackers, various foods made from wheat flour; c) Sugar, various sugars: granulated sugar, brown sugar, palm sugar, coconut sugar, stevia, etc; d) Soybeans, soybeans and derivative products: soy milk, soy sauce, tofu, tempeh, tauco and others; e) Corn, corn and its derivative products: corn, popcorn, corn flour, corn milk and others, f) Fruits/tubers, vegetables, spices, nuts and others as presented in the article (Arneliza et al., 2024), g) Avoiding exposure to various chemicals in the environment. Many studies in the last decade have shown that chemicals from the environment are very harmful to autistic and non-autistic people, much more dangerous than previously thought. Chemicals can enter the body of autistic people in 4 ways: By contact that sticks and comes into contact with the skin or mucosa/membrane of the lenter), ingested (swallowed, eaten, drunk), inhaled (inhaled/inhaled through the nose/airway), and by injection (injected), h) Avoid exposure to various electronic media: TV, computer, laptop, gadget, smart phone, screen and loudspeaker (the sounds generated from the loudspeaker). Children should not be exposed to these various electronic devices, avoid as much as possible contact with the various devices above, i) Rotation and elimination of the diet.

The RnE (Rotation and Elimination) diet in autism focuses on avoiding foods that can trigger symptoms or aggravate the condition of autism. The main principles of this diet are: Rotation: Changing the food consumed regularly, so that the body is not exposed to one specific type of food for too long, to help prevent allergic reactions (IgG) and intolerances. Elimination: Eliminating/eliminating foodstuffs suspected of causing side effects/adverse effects, identified through the evaluation of the SKP-FDI assessment chart, from week to week. The RnE diet in autism is based on the understanding that indigestion and certain food sensitivities can contribute to autism symptoms. By applying this RnE diet, it is hoped that it can reduce inflammation, improve the function of the digestive tract, and ultimately improve various problems in the metabolism of autistics. Rotations are carried out for a minimum of four days, but most are seven-day rotations. Several studies have been conducted on the benefits of a casein, gluten and sugar-free diet in autism (Taniya et al., 2022);(Pratiwi, 2013);(Abele et al., 2021);(Hafid & Ahami, 2018; Hyman et al., 2016; Karimi et al., 2024; Lange et al., 2015; Tarnowska et al., 2020; Whiteley et al., 2013; Wood et al., 2009; Zafirovski et al., 2024, 2024).

#### 3.2. Discussion and Question and Answer

After the presentation of the material, several participants asked the speakers. Here we summarize some questions and answers from the speakers.



Figure 2. Frequently asked questions  
(Source: Personal Document, 2024)

1. So what do children eat, doc?

Answer: Alhamdulillah, there are many things that can be consumed by children: rice, freshwater fish (mas, gurami, mujair, tilapia, catfish, cork, freshwater pom-pom), meat (cow, goat, duck, quail, buffalo, pigeon, goose etc.), fruit (jicama, kedondong, white dragon, crystal guava, guava bol, soursop, avocado, green guava, pomegranate), vegetables (chickpeas, long beans, chayote, pokcoy, kailan, mustard greens, chicory, moringa), seasonings (garlic, onion, galangal, kencur, bay leaves, ruku-ruku leaves, basil, pandan), oils (palm oil, coconut, sunflower seeds, canola, ricebrad, sesame, avocado, chicken fatty oil, cow fatty oil). For salt use Himalayan salt.

2. My child has difficulty eating doc vegetables, how to do it?

Answer: do desensitization, put small pieces of vegetables in small sizes and small amounts into the child's diet. If successful, enlarge the pieces and the amount. If it doesn't work, reduce the pieces and the amount. Likewise for other meals.

3. My child has difficulty sleeping at night, is hyperactive and is not afraid of danger.

Answer: This happens because the child has not been on a 100% full diet, there are still many leaks in the diet. Make sure the diet is carried out 100%, and follow the development in the child. Due to the limited time of the other participants' questions, we answered them via WhatsApp. Furthermore, in the data on foodstuffs that are easy to get in Padang City and its surroundings: Rice (type of rice): Anak daro, Sokan, Ir 42, Kuriak kusuik, Mundam, Pulau intan, Pandan wangi. Freshwater fish: Patin, Tilapia, Mujair, Mas, Cork, Gariang, Tawes. Other food ingredients are available in Padang City and its surroundings. For easier, they must abstain from foods derived from casein; Gluten; sugar and its derivatives; soya; corn; various chemicals for food including flavorings, dyes, flavorings, preservatives and others; vegetables and fruits that contain high phenols; various chemicals in the environment; and autistic children should not be exposed to various electronics (computers, laptops, smartphones, gadgets, screen screens, loadspeakers).

Several experts in his research conveyed the importance of autistic children abstaining from casein and gluten (Pangborn, 2011; Shattock & Whiteley, 2002). Furthermore, some other relevant studies are as follows: Pratiwi conveys the importance of maintaining food for autistic children Diets with casein and gluten abstinence are very crucial for autistic children to reduce their various behavioral disorders (Pratiwi, 2013).

The administration of gluten and casein can trigger tantrums in autistic children, so it is very important for parents to keep their autistic children from consuming foods from casein and gluten sources, to prevent tantrums (Firdaus & Herisanti, 2020). Furthermore, the research conducted by Dewanti & Machfud (2014) indicates that the implementation of a gluten- and casein-free diet has a significant impact on the development of ASD children. The role of parents

of autistic children also plays an important role in the implementation of casein and gluten-free diets (Anisa, 2020; Suryarinilsih, 2018).

### 3.3. Evaluation

It is carried out through pre-test and post-test. The results of this activity were then assessed using questionnaire instruments that were distributed to participants before and after this counseling and education. The results of the analysis test on the pre and post-test showed an increase in public knowledge of P3A. This is indicated by the increased post-test scores after providing complete knowledge to the public, the average score increased. Furthermore, the results of statistical analysis as presented in Table 2. The results of the analysis in Table 2 show that there is a significant increase in the ability score of P3A participants after participating in education.

Tabel 1. Table 2. Descriptive Statistics of Participants' Ability Scores before and after counseling

Data	N	Min	Max	Mean	Std. Deviation
Pre-test	26	12.00	21.00	15.69	2.60
Post-test	26	78.00	97.00	87.65	5.84

Before being given education (pre-test), the average score of the participants' abilities was 15.69, with a minimum score of 12.00 and a maximum of 21.00, which indicates that the initial ability level of the participants was quite low and had a limited score range. After being given education (post-test), the average score increased sharply to 87.65, with a minimum score of 78.00 and a maximum of 97.00. This increase reflects the positive impact of the education program on increasing participants' knowledge of P3A materials.

The standard deviation in the pre-test of 2.60 showed a relatively small variation in initial ability, while in the post-test, the standard deviation increased to 5.84, indicating a greater diversity in the level of improvement in ability after being educated. Overall, this data indicates that this P3A educational activity has succeeded in increasing the capacity of participants. To test the significance of the success of education to improve participants' abilities, it is necessary to conduct a differential test. The analysis of the differential test will be carried out non-parametric using the Wilcoxon Rank test, as shown in table 3.

Table 3. Wilcoxon Rank Difference Test Results

Paired group	Z	P Value	Conclusion
Pre-Test - Post-Test	-4.463	0.000	There is a significant difference

The results of the Wilcoxon Signed Rank Test in Table 4 show a Z value of -4.463 with a significance value (p-value) of 0.000. Because the p-value is less than 0.05, it can be concluded that there is a significant difference between the participants' ability scores before and after being given P3A education. These results show that the educational program provided has a positive and significant impact on improving participants' ability to p3A material, as can be seen from the difference in pre-test and post-test scores. Furthermore, the results of the N-gain analysis in Table 4 below.

Table 4 Calculation of N- Gain

Number	Pre-Test	Post Test	N-gain	Category
1	18	82	0.78	tall
2	21	91	0.89	tall
3	15	80	0.76	tall
4	16	82	0.79	tall
....	....	....	....	....
....	....	....	....	....
....	....	....	....	....
23	16	90	0.88	tall
24	14	90	0.88	tall
25	14	80	0.77	tall
26	16	90	0.88	tall

Table 4 show that the average N-gain value of 0.85 indicates the "high" category. This indicates that the educational program provided is very effective in improving participants' ability to P3A material. This increase was reflected in a significant change between pre-test and post-test scores, with a consistent average N-gain in the high category. Thus, it can be concluded that this education has succeeded in having a significant positive impact in improving participants' knowledge and abilities of P3A materials.

#### 4. CONCLUSION

Based on this counseling and education provided, it can be concluded that counseling and education to the community have an effect on the level of public knowledge about P3A which includes: knowledge about food abstinence by autistic people: avoiding autistic people from exposure to various chemicals, electronic devices, screens and loudspeakers, and regulating daily menus for autistic children. The results of this activity showed a significant increase in participants' ability scores after participating in P3A counseling and education. Prior to counseling, the average score of participants was 15.69 (min 12.00, max 21.00), indicating low initial ability. After counseling, the average score increased to 87.65 (min 78.00, max 97.00), reflecting the positive impact of the program. Thus, it can be concluded that this education has succeeded in having a significant positive impact in improving participants' knowledge and abilities of P3A materials. After this activity, it is hoped that the community can immediately apply daily menu settings to their children.

Thus, it can be concluded that this education has succeeded in having a significant positive impact in improving participants' knowledge and abilities of P3A materials. After this activity, it is hoped that the community can immediately apply daily menu settings to their children. In addition, it also cleans the environment from various sources of harmful chemicals, by replacing it with natural ingredients. To mop the floor, use ruku-ruku leaves, basil, galangal, bay leaves or pandanus, so that they can minimize the effects of the use of various chemicals on household hygiene products. It is hoped that autistic children will get good progress from P3A by being mediated by parents and local professionals. Community service regarding P3A is very important. This activity must be sustainable and sustainable and in various regions in Indonesia.



Figure 3. Closing  
(Source: Personal Document, 2024)

## ACKNOWLEDGMENTS

Thank you to Mrs. Aida (Wife of Prof. dr. Azamris, Sp.B (K)Onk, who has provided a place for this activity.

## REFERENCE

- Abele, S., Meija, L., Folkmanis, V., & Tzivian, L. (2021). Specific Carbohydrate Diet (SCD/GAPS) and Dietary Supplements for Children with Autistic Spectrum Disorder. *Proceedings of the Latvian Academy of Sciences, Section B: Natural, Exact, and Applied Sciences*, 75(6), 417–425. <https://doi.org/10.2478/prolas-2021-0062>
- Anisa, E. C. (2020). The Implementation of Diet Therapy for Autistic Students. *Jurnal Penelitian Dan Pengembangan Pendidikan Luar Biasa*, 7(1), 26–29.
- Arneliza, Rahmawati, S., Sutadi, R., Alsa, A., & Yunanto, K. T. (2025). Experiences and Strategies of Competent Smart ABA Therapists in Treating Children with Autism. *Pakistan Journal of Psychological Research*, 40(2), 351–372. <https://doi.org/10.33824/PJPR.2025.40.2.21>
- Arneliza, Sutadi, R., & Darmawi, Y. (2024). Pembekalan Pengaturan Pola Makan serta pengolahan makanan untuk anak Autisi : Pada ibu-ibu anak Autisi. *Jurnal Media Abdimas*, 3(1), 52–59. <https://doi.org/https://doi.org/10.37817/mediaabdimas.v4i1>
- Benevides, T. W., Carretta, H. J., Ivey, C. K., & Lane, S. J. (2017). Therapy access among children with autism spectrum disorder, cerebral palsy, and attention-deficit-hyperactivity disorder: a population-based study. *Developmental Medicine and Child Neurology*, 59(12), 1291–1298. <https://doi.org/10.1111/dmcn.13560>
- Cañón, L. F., Gould, E. R., Sandoz, E. K., Moran, O., & Grimaldi, M. A. (2023). Cultural adaptation of ACT to support caregivers of autistic Latino children: A pilot study. *Journal of Contextual Behavioral Science*, 28, 1–9. <https://doi.org/https://doi.org/10.1016/j.jcbs.2023.03.003>
- Firdaus, & Herisanti, W. (2020). Analisis Faktor Penyebab Perilaku Tantrum Pada Anak Autis. *MPTH Journal*, 4(1), 55–60.
- Hafid, A., & Ahami, A. O. T. (2018). The efficacy of the gluten-free casein-free diet for Moroccan autistic children. *Current Research in Nutrition and Food Science*, 6(3), 734–741. <https://doi.org/10.12944/CRNFSJ.6.3.15>
- Hodges, H., Fealko, C., & Soares, N. (2020). *Autism spectrum disorder : definition , epidemiology , causes , and clinical evaluation*. 9(8). <https://doi.org/10.21037/tp.2019.09.09>
- Hyman, S. L., Stewart, P. A., Foley, J., Cain, U., Peck, R., Morris, D. D., Wang, H., & Smith, T. (2016). The Gluten-Free/Casein-Free Diet: A Double-Blind Challenge Trial in Children with Autism. *Journal of Autism and Developmental Disorders*, 46(1), 205–220. <https://doi.org/10.1007/s10803-015-2564-9>
- Jiang, X., Chen, X., Su, J., & Liu, N. (2024). Prevalence of autism spectrum disorder in mainland China over the past 6 years: a systematic review and meta-analysis. *BMC Psychiatry*, 24(1), 1–15. <https://doi.org/10.1186/s12888-024-05729-9>

- Karimi, P., Deldar, M., & Sayehmiri, K. (2024). The Effects of a Gluten-Free/Casein-Free Diet on Behavioral Indices in Children with Autism Spectrum Disorder: A Systematic Review and Meta-analysis. *Iranian Journal of Pediatrics*, 34(1). <https://doi.org/10.5812/ijp-140372>
- KPPA-RI. (2018). *Hari Peduli Autisme Sedunia: Kenali Gejalanya, Pahami Keadaannya*. 2018. <https://www.kemenpppa.go.id/index.php/page/read/31/1682/hari-peduli-autisme-sedunia-kenali-gejalanya-pahami-keadaannya>
- Lange, K. W., Hauser, J., & Reissmann, A. (2015). Gluten-free and casein-free diets in the therapy of autism. *Current Opinion in Clinical Nutrition and Metabolic Care*, 18(6), 572–575. <https://doi.org/10.1097/MCO.0000000000000228>
- Luo, Y., Zhao, Y., Wang, Y., Liang, R., Hong, C., Yang, Y., & Zheng, X. (2022). Characteristics and treatment patterns of autism spectrum disorder in China, 2020. *Psychiatry Research*, 317, 114879. <https://doi.org/https://doi.org/10.1016/j.psychres.2022.114879>
- Maenner, M. J. (2023). Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. *MMWR Surveillance Summaries*, 72(2). <https://doi.org/10.15585/mmwr.ss7202a1>
- Maenner, M. J., Warren, Z., & Williams, A. R. (2023). Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network , 11 Sites , United States , 2020. *Centers for Disease Control and Prevention*, 72(2).
- Marsack-Topolewski, C. N. (2020). A Snapshot of Social Support Networks Among Parental Caregivers of Adults with Autism. *Journal of Autism and Developmental Disorders*, 50(4), 1111–1122. <https://doi.org/10.1007/s10803-019-04285-6>
- Pangborn, J. (2011). *Autism Spectrum Disorders : Non-Drug Approaches Increase in ASDs Among Children 8 Years Old Autism Spectrum Disorders : Non-Drug Approaches What is being done about Autism Spectrum Disorders ?* 1–10.
- Pratiwi, R. A. (2013). *Hubungan Skor Frekuensi Diet Bebas Gluten bebas Casein dengan Skor Perilaku Autis*.
- Pye, K., Gold, L., Le, H. N. D., & Iacono, T. (2025). “What My Son Needs Is Me. What I Need Is.. Guidance”: Caregiver Perspectives About Early Autism Supports Amid Changing Attitudes and Policies. *Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s10803-025-06850-8>
- Ranjan, R., Jain, M., Sinha, M., Kumar, P., Ahmad, S., & Maharshi, V. (2024). Comparative efficacy of family mediated intervention versus early intensive behavioural intervention on symptom domains in children with autism spectrum disorder: A randomized controlled trial. *Asian Journal of Psychiatry*, 96. <https://doi.org/10.1016/j.ajp.2024.104052>
- Shattock, P., & Whiteley, P. (2002). Biochemical aspects in autism spectrum disorders : updating the opioid-excess theory and presenting new opportunities for biomedical intervention. *Ashley Publications Ltd*, 175–183.
- Sivayokan, B., Sivayokan, S., Thirunavukarasu, K., & Sathiadas, G. (2023). *The Characteristics of Autistic Children Attending a Neuro-Developmental Center in Northern Sri Lanka*. 15(3), 2–9. <https://doi.org/10.7759/cureus.35970>
- Suryarinilsih, Y. (2018). Peran Orang Tua Dalam Penerapan Terapi Diet Gluten Free Casein Free (Gfcf) Pada Anak Autisme. *Jurnal Sehat Mandiri*, 13(1), 18–26.
- Sutadi, R. (2003). *Penatalaksanaan Holistik Autisme*. Konferensi Nasional Autisme Indoensia.
- Taniya, M. A., Chung, H., Mamun, A. Al, Alam, S., Aziz, A., Emon, N. U., Islam, M., Hong, S., Podder, B. R., Mimi, A. A., Suchi, S. A., & Xiao, J. (2022). Role of Gut Microbiome in Autism Spectrum Disorder and Its Therapeutic Regulation. *Frontier In Cellular and Infection Microbiology*, 12(July), 1–13. <https://doi.org/10.3389/fcimb.2022.915701>
- Tarnowska, K., Gruczyńska-Sękowska, E., Kowalska, D., Kozłowska, M., Majewska, E., & Winkler, R. (2020). Difficulties And Factors Influencing Purchase Decision. The Perspective Of Families With Children With Autism Spectrum Disorders On A Gluten-Free And Casein-Free Diet. Preliminary Study. *Roczniki Panstwowego Zakladu Higieny / Annals of the National Institute of Hygiene*, 71(3), 321–328. <https://doi.org/10.32394/rpzh.2020.0122>

- Tschida, J. E., Maddox, B. B., Bertollo, J. R., Kuschner, E. S., Miller, J. S., Ollendick, T. H., Greene, R. W., & Yerys, B. E. (2021). Caregiver perspectives on interventions for behavior challenges in autistic children. *Research in Autism Spectrum Disorders*, 81(June 2020), 101714. <https://doi.org/10.1016/j.rasd.2020.101714>
- Whiteley, P., Shattock, P., Knivsberg, A.-M., Seim, A., Reichelt, K. L., Todd, L., Carr, K., & Hooper, M. (2013). Gluten- and casein-free dietary intervention for autism spectrum conditions. *Frontiers in Human Neuroscience*, JAN, 1–8. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-84872119154&partnerID=40&md5=5c59b9e5ff0c0dc99597f69c2cb32569>
- Williams, Z. J., He, J. L., Cascio, C. J., & Woynaroski, T. G. (2021). Neuroscience and Biobehavioral Reviews Review article A review of decreased sound tolerance in autism: Definitions, phenomenology, and potential mechanisms. *Neuroscience and Biobehavioral Reviews*, 121(November 2020), 1–17. <https://doi.org/10.1016/j.neubiorev.2020.11.030>
- Wood, B. K., Wolery, M., & Kaiser, A. P. (2009). Treatment of food selectivity in a young child with Autism. *Focus on Autism and Other Developmental Disabilities*, 24(3), 169–177. <https://doi.org/10.1177/1088357609338381>
- Zafirovski, K., Aleksoska, M. T., Thomas, J., & Hanna, F. (2024). Impact of Gluten-Free and Casein-Free Diet on Behavioural Outcomes and Quality of Life of Autistic Children and Adolescents: A Scoping Review. *Children*, 11(7). <https://doi.org/10.3390/children11070862>