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**INTERVIEW SERIES**

**Judy Converse Interview**

**Yes, Your Special-Needs Child  
Needs To Be On A Special Diet**



*Michael Senoff's*

**HardToFind Seminars.com**

**Expert Interviews On Mind Body & Spirit**

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And along the way, I've created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

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## Judy Converse Interview

# Yes, Your Special-Needs Child Needs To Be On A Special Diet

Getting your kid's nutrition right is especially important if you have a special-needs child. Otherwise, you'll just be making things harder on your child (and yourself).

But according to Judy Converse, dietician and author of *Special-Needs Kids Eat Right*, the biggest hurdle parents face when it comes to nutrition-care is a lack of support and literature to help them along the way. So they try to do it on their own. But without knowing the right approach, they usually end up unintentionally making their child's symptoms worse.

Nutrition deals with a whole host of variables – chemical balances, allergies, intolerances, food sensitivities, etc. And every child is different. But there is a way to get things right, and in this audio, you'll hear how.

### You'll Also Hear...

- Exactly where parents should start – do this even before lab tests and supplements
- The truth about the gluten-free diet and why some people don't see the kind of results they expect when they try to do it themselves
- The 3 different kinds of "bad" responses people generally experience with foods – and what to look out for with your child
- Everything you need to know about the "opiate excess theory" and its effect on ADHD
- Exactly where to go to find the kind of up-to-date information about nutrition your special-needs child needs (Hint: you probably won't get this from your doctor)
- How to implement an action plan for your special-needs child – especially if they're non-verbal and can't tell you when they're in pain
- The kinds of roadblocks that usually get in the way – and an almost foolproof plan for getting around them

There is no such thing as a child who doesn't respond to nutrition care. If you get nutrition right, you will see a difference. And in this audio, you'll hear how to do that.

Hi. This is Chris Costello and I've teamed up with Michael Senoff to bring you the world's best health-related interviews. So if you know anyone struggling with their weight, with cancer, diabetes, ADHD, Autism, heart disease or other health issues, send them over to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).

Today, we're talking with Judy Converse, who is a licensed registered dietician and also has a practice in Colorado treating children. She has written a book called *Special Needs Kids Eat Right*. Judy, it's great to have you here with us today.

Judy: Well thank you.

Chris: So you kind of became interested in this on a very personal level. You had a child that had some special needs?

Judy: Well yes, when my son was born he had pretty big issues with eating, growing, eliminating. And, you know, there's nothing more fundamental in how an infant functions than whether or not they can absorb a diet and that obviously had a lot of problems with that and I was a dietician at the time and I was very surprised to see that my provider didn't have any guidance for me at all. That really shocked me. My son clearly needed some intervening in terms of nutrition care and I couldn't get anybody on board, I couldn't get any guidance for that. I have to say it was a lot more serious than colic.

There were some neurological features that were very concerning. He had been hospitalized. He had had syncope and cyanosis, meaning he had passed out. You know, this was not your garden-variety colic. This was very serious. There was projectile vomiting; there was a lot of mucus in his stool. A lot was going on and there were some questions about whether there was seizures we just could not get our provider's attention to really take any of that seriously and I remember thinking what do you have to do to a baby to get the doctor's attention. And we didn't live in a remote area by any means; we lived in the northeast and had major medical centers that are... access to all that so that was quite an eye opener for me. And I could see that because of my training which had really drove me on how critical nutrition is in the first three years of life; I could see that this little child was not absorbing his diet normally.

Something was wrong and if I did not find a way to fix that it could impact him developmentally and the data on that is ancient. I mean it's old; this is not new or novel, it's established. So that's the part that really surprised me, that his pediatricians were not really aware of that data or how to apply it in practice.

Chris: What did you do? I mean you have this nutrition background, how did you start finding out these answers?

Judy: Well, yeah, this was in 1996, so there really wasn't an Internet then, so I'm thinking if there was, there wasn't much up there. So I did what people did in the olden days, I actually went to a library and started cracking text and journals and looking for information about very young infants who showed signs of inflammation from food or who can't absorb or tolerate their diet. I mean, my son was being breastfed, my training was that there is no such thing as a baby that doesn't tolerate breast milk and if he or she does not, then what? And there's just... were not tools around that that anyone was introducing me to, so after a lot of trial and error, I actually created a formula for him and this is of course, after we tried commercial formulas which were very unsuccessful for him. And I asked the pediatrician, "What did you guys used to do before you had commercial formulas in great array to choose from?", assuming they just don't let these babies die and he had nothing to say other than, "These are just inconsequential comfort issues for your son" and too bad. And I actually hung up on the guy and [laughter] I just thought, "Okay, I'm done with that".

What prompted me to research even more and I put together a formula that was based on goat milk. He absorbed that very nicely and I've actually used that formula in practice a lot since then. There are kids who also do not tolerate that and then it takes even more finagling to find the right foods. But that kind of thing takes a lot of professional guidance. I wouldn't encourage a parent to go on that journey without some guidance. I know I was lucky enough to have my background to guide me.

Chris: How old is your son now?

Judy: He's 12. I'm five seven and a half, he's about to surpass me. He's doing great. He's just finishing up sixth grade and I can't believe that every night he grows a lot it seems. He's doing really well.

Chris: Wonderful. So your research paid off, it sounds like.

Judy: Oh yeah, it made a huge difference in his life when he was little. I don't think nutrition causes any of these things. Likewise, I'm not a psychologist and I don't diagnose children for learning or developmental disabilities and I don't presume to know anything about psychiatric medications that a psych MD would prescribe. That's not my gig either. But I think that's one part of the story is when there's discussion out there about these issues; you're asking the wrong people [laughter]. You're asking, "How does nutrition impact this situation?" You need to speak to somebody from that field, not a psychologist, not a teacher because this is not their field.

So the reality is as I've said before, nutrition is a science and practice in itself and you have to be licensed in most states to be practicing **[inaudible 00:05:27]** a valid science. It's not **[inaudible 00:05:29]** or alternative, it's been around for about a century or more and we have very old, very robust data that shows that nutrition matters for children and that's why we have federal programs like school lunch. You know, as much as you want to complain our school lunch program, it exists because... and it has for decades because if children don't get adequate intakes during the day, there's ample data to show that their functioning drops, their cognitive ability will drop and there's also lots of newer data showing how individual nutrients relate to learning. For example, girls seem to struggle more often with math learning disabilities in particular when their iron status is poor.

So that is a real easy thing to rule out with a pediatrician, "What is your child's iron status?" If your child shows signs of poor iron status, which would be things like shiners under their eyes, irritability, paradoxically, kids who have poor iron status kind of wind up and get more irritable, more hyper, more reactive. They're pale and they have a lot of focus and concentration problems. Go fix it, it's easy to fix. You can't fix poor iron status with Stratera. So for somebody to say these things are totally unrelated is showing some, I think, pretty big blindness to the reality of physiology and nutrition in children. We've known for decades that nutrition impacts learning and development and when you're telling me about a special needs kid or a special learner, a kid with a learning disability, absolutely, get the nutrition problem off the table because that's going to make their struggle all that much harder. Those are problems that will affect any child. Iron will affect any child. A low total calories will affect any child.

If you have a child with a learning disability on top of that, it's going to be much harder. And I've witnessed this repeatedly in practice that when you replenish these children correctly, they function much better. That's a much better place to start a psychiatric medication or, if you want, there's

no point starting one in a depleted child. You're really working against the current in that case. Like I said, there's American Journal of Clinical Nutrition for example, it's been around a long time. The CDC has run an on-going study called NHANES, which stands for National Health and Nutrition Examination Survey, since around 1960, early 1960s. They have a data set of thousands and thousands of children they've monitored nutrition parameters and if you were a psychologist, you would never have heard of this because this is not part of your training. And there's excellent data. That is a data set that is used and used and used in lots of research to cite how nutrition affects learning and development.

So people who think this is new or think that it doesn't **[inaudible 00:08:11]** [laughter] if I could be so bold. For example, when you mention gluten-free diet, a lot of parents will say, "Okay this didn't work." The thing about nutrition is it's kind of a funny disconnect when people talk about it because they're trying to make it work like a drug. So let's say you want to use Stratera, great. Okay, there's before Stratera and after Stratera, that's one variable. Nutrition has as many as a dozen or two variables. There's all kinds of nutrients that you're working with. There's variables of how does that child's intestines absorb this diet. There's all kinds of variables in the intestine that you have to control. I mean, it's literally a puzzle and a process. Nutrition care is a process; it's only as good as its weakest piece.

A lot of people, who tried gluten-free diets for their kids, don't put back equal or better value in nutrition foods in its place. I meet a lot of parents who implement these diets with no supervision because they don't know where to turn and they end up putting the kid on a pretty marginal diet. Okay, well, the impact of a chronically marginal diet in a child is going to be poor focus, more behavior outbursts, more difficulty with attention, so here you go thinking, "Gee, gluten-free didn't work" when in fact what might have happened if you had a gluten-free diet with all these other pieces intact, it might have worked really well. So getting some professional input on which pieces you need and which to do when, that's what this book is about. I take parents through that step by step.

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Chris: Right, so it's not just about just taking this stuff out. You've got to put everything back in.

Judy: Absolutely, there's so many issues that these kids tend to struggle with more often just in terms of gluten, kids with ADHD and autism, this is fairly



recently emerging, they tend to have an immune response to gluten, something like 70 or 80% of the time whereas the general population has just maybe 5 or 10% of the time. And what we also know, and this has been in academic literature for 10 years or more, is that when you have an immune response to gluten, it's an auto-immune response in that it will trigger reactivity to brain tissue and there's then pretty good research on that.

So this is why a gluten-free diet for these kids might be very beneficial. It helps them with mood, it can lower anxiety, neurological ticks, it **[inaudible 00:10:39]** motor problems, these are all things that are already published in peer-review journals. This is not new, this is not untested. I don't know how I have time on this in my practice. I think there's three kinds of responses if you will to foods that are recognized in medicine and the first would be an allergy, a classic allergy. It's mediated by a little protein called immune-globulin E and that's when you see a pretty swift problem with food. It could be hives, it could be wheezing, it could be vomiting, stomachaches, but you're going to see it real quick and most parents know if their kids have an allergy. I mean, it's obvious and most of the time, a pediatric allergist will test for that immune-globulin response to foods.

What I encounter most of the time is in the kids I see with autism and ADHD et cetera, is those are not usually positive but what is positive is something technically called a food sensitivity. The next one down is intolerance but food sensitivity is mediated by a different protein from the immune system. It's called immune-globulin D and it reacts more slowly and more insidiously. So if your child reacts with this response, you're going to see kind of a malaise. It might not be dramatic; it might not even be noticeable. Your child may simply kind of always have some bloating, some gas, some reflux, kind of low-grade, kind of a weak or picky appetite, little shiners under the eyes. Irritability, sensory irritability; you know they don't like **[inaudible 00:12:12]** they don't like noise or mood issues.

So that's the clinical presentation of food sensitivity. Pediatric allergists generally don't look at that. I'm not sure why because once again there's been data for over 10 years that an immune globulin G response will affect how a child grows and functions. That's peer-reviewed, it's published. I don't know why it's not in mainstream practice. It's not fringy so you can test for those, very reliably, there's ways to do that and reprioritize a child's diet with or without some of those foods.

And then the last one down which I mentioned earlier, an intolerance usually refers not to an immune response necessarily but maybe the child can't digest that food. That would be something like lactose-intolerance where you can't break down lactose in your intestine and it gives you gas and discomfort. So I think most people kind of lump all that into allergy. I've even seen notes from pediatricians saying lactose allergy which is not correct. So it's pretty cut and dried, it's pretty straightforward but again it's not wisely applied and again, I don't know why because it can be very effective to do that.

Chris: It's called an opiate theory also, can you explain that?

Judy: Sure. Now that would fall under the intolerance. So and this has been kicked around for quite a while in the optimum [ph] community that there are some food proteins that are not digested completely and this is secondary to "you don't have enough digestive enzyme around" or you have other problems with the gut or you end up absorbing wheat or dairy proteins in large fragments rather than teeny tiny individual building blocks of the proteins and as it happens, those fragments can be absorbed and look an awful lot like what our brain receives at the endorphins receptor site, those feel good chemicals that we make when we exercise or laugh or what have you, these little clumps of food proteins can be absorbed in a form that hooks onto those receptors.

They're very addicting, they are measurable in urine and this is the big dramatic shift you can see in kids on the spectrum once you replace those with some other foods or even with individual building blocks of proteins called amino acids so that they don't even have to digest it all and they just have these available to make neurotransmitters which is what they're supposed to do. And that's presumably what does not happen when you're not digesting your protein all the way down.

So the other thing about this opiate theory, that's why they're called opiates because they resemble opiate-like compounds and they're addicting like opiates and they can interfere with behavior and cognition like opiates. We've known for almost 30 years that food can be absorbed in that form but it's not normal to absorb most of the protein in your diet as an opiate-like compound, you might absorb a little bit but what has emerged is that perhaps people with autism absorb most of their protein this way and it will really impair language and all kinds of things.

My personal opinion is that it's happening. There's been a pretty good body of research published on it by a number of authors both documenting the presence of those compounds in the urine of people with autism, a

higher rate much more frequently I'd say than typical people. There's been lots of research on what those compounds do to different cells, et cetera. So I would say it's pretty plausible, you know, I know the medical community again and they're not really looking at that and like I just find that irrational. To me, it's like wow, well there's been a number of authors who put out some pretty good and compelling research on this, so what are we waiting for here? Let's look at it and like work with it.

Chris: And personally I find it astounding because in dealing with a special needs child, if you have anything in your bag of tricks, you want to try it.

Judy: Sure, especially if it's not going to be harmful.

Chris: And so why wouldn't the medical community say, "Hey, try this." You know, I think people are coming around and I think they are starting to get the information and you've used it a lot in your practice with children?

Judy: Yes, I've done this for 10, 12 years and it's funny, it's taken me quite a few years to realize that what strikes me as just evidence, say straightforward information that you can apply, a lot of people would rather argue about whether or not we should apply it. They won't even look at the information. There is a bias out there operating that this is flaky or this isn't scientific. I absolutely don't see that. I see a lot of very earnest researchers and clinicians putting out really good information and getting nice results with these kids.

Chris: So it's a matter of getting the information out more into the mainstream it sounds like.

Judy: Sure, I think so and that's why up on my website I did put up a bunch of peer-review articles. I know they're not easy reads for parents but I put them there because so often parents say, "Oh, my doctor won't support me; he says there's no proof." Well, go to the site, print these out, give them to your doctor and have a discussion and say to him, "Look, this looks pretty compelling, what do you think? Let's work with this."

I think physicians are busy and they don't have the freedom perhaps to review all this information but there is some really compelling information out there and I try to put up stuff like that on my website so it's easy to get to.

Chris: Right and let's mention your website again, it's [www.nutritioncare.net](http://www.nutritioncare.net).

Judy: I think what's really difficult for me is when children are non-verbal, if they've always been non-verbal or if they always lived with some GI pain, how do they tell you and how do they even know that it's not the norm if as far back as their memory goes, they've had pain. One of the things I mention in the book, because if you have a child like who's non-verbal and is showing self-injurious behavior, absolutely please do talk to a very open-minded gastroenterologist because there may be pain in the picture. Enough cases have been recorded both adults and kids find a lot of improvement in that behavior once they get medical care they need for GI pain and this could be ulcers, this could be impaction, this could be infections with certain bacteria that shouldn't be in the bowel. I mean, we would never deny this care to a person without autism. Why would we deny to a person with autism.

Chris: I'd like to ask you two questions. One is, where do parents start and then two, you know, what have you seen in your own work with these kids? How have you seen improvements?

Judy: Well, the first question, I encourage parents to simply start with their instinct. Moms are pretty much all **[inaudible 00:19:00]** right, all the time. So if you have a sense that your child's diet isn't helpful as it could be or if you've a sense that perhaps some special diet measures might be beneficial then I would encourage you to indulge that intuition and take it step by step. And in terms of actually applying this stuff in practice, the very first thing that I'd pay attention to and I talk about in the book is looking at a child's growth status because growth is the canary in the coalmine for kids. It's a very sensitive barometer of whether they're eating an appropriate diet and how they're absorbing it. And even though you might look at your child and say, "He looks okay", you can use some of these tools in this book to really scrutinize that.

I meet kids who have growth impairments all the time and they may be mild but in children, that can be enough to really change how they function at school, how they behave how they sleep. First and foremost, that's number one and what comes from that is making sure they're getting an adequate diet before you begin supplements before you begin tinkering with lab tests which are all over the Internet. Look at that first that is the most important thing for a child and for what I have seen in practice, I've seen some phenomenal turnaround. I've worked with hundreds of kids over the years and honestly there is pretty much no such thing as a kid who doesn't respond to nutrition care because as I said at the outset, nutrition matters for children. This is why... I mean we hear platitudes of stuff about that in parents' magazines and from the pediatrician's waiting room pamphlets or what have you but it really does matter.

So when you put it right for a child, they can function a lot better. I've seen kids leave their autism diagnosis behind. I've seen everything in between where kids will increase and enhance their functional status. They may still have a spectrum diagnosis but they're doing things they couldn't do. I've seen kids go from not even ambulatory because they're so unable to absorb a diet that they go from that to walking, going back to school and socializing. These are kids who were facing surgical intrusion of a gastrostomy tube. I've pulled kids off of gastrostomy tubes. So I mean all kinds of things can improve. I've also seen some kids who were really, really intractable and in those cases, I worked to pull in other specialists, referrals, whatever. I really have a "leave no stone unturned" attitude just like as we said at the beginning, having been through some of this as a parent where you feel no one is helping you, I don't want to leave parents in that position.

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Chris: And it just sounds miraculous what you've managed to achieve with these kids and what are some of the things you do with the kids? Can you kind of describe for our listeners how you treat them?

Judy: Sure. When parents come in, I also work with kids who don't come in, who can't or don't. I basically to a standard nutrition process with this what I was trained to do as a dietician so for a child, that means that I really scrutinize their food intake. I quantify it. I get their growth data that's current and I review all their growth data from birth. I take a medical history that's pretty comprehensive. I also want to know about the pregnancy for the mom and the delivery, conditions around that and if there are labs, many parents will carry labs in with them that have already been done. I look at those and I really want to know the social context for the child. Where are meals? Who makes meals? What's in the kitchen?

I need to know how all that works because if I'm going kind of get in your world and rearrange what you're eating, which everybody hates, you know, nobody wants their food to be messed with. I need to know the whole story. So we start there and from there I build a care plan and it is driven by everything in that assessment right down to how many calories your child's going to eat a day, where the food's going to be, where you're going to buy them, whether or not you're going to add supplements.

Most of the time these kids do need some supplementation and I send parents links and resources, "Go buy this" or "Get that" and we just go from there. And I always tell parents, this is a process. This is an initial

plan when we get started, it's probably going to need to be changed and it really varies. I meet kids that have very mild issues going on and they many come in twice and their done. Then there's other kids who were failure to thrive and very fragile and they need ongoing monitoring, say every eight weeks for a year. So it really varies how much we continue and parents vary too with how much they are involved. It's certainly always wonderful to work with parents and most of these parents are very motivated and very determined and it's nice to be a partner, shoulder to shoulder with them.

Chris: There's two foods that you most always take out of kids diet, is that right?

Judy: Usually, yeah. It usually ends up being the wheat and the dairy. That is not true for all kids in my practice, because not all of them have the more severe ADHD but most frequently, those appear to be problem foods and that's based on some lab work usually to illustrate that. "Yes, your child has a chronic inflammation so we're going to replace it." There are some lab tests I can authorize under my license. In any case I do that as an affiliate with another provider who's a natural-path. Or if I can, I will simply as for the child's physician to do it because them that's keeps it well within the parent's insurance network.

Chris: And what do you do with the kids where that's all they eat? I have friends that their child only drinks milk and white food?

Judy: Yeah, that in itself is the clinical find that probably something's going on. So usually, that's driven by some underlying physiological issues that are compelling the child to self-restrict their diet. It's not usually just, "Okay, I want to be really naughty and drive my mother crazy", it's usually driven by some kind of chemistry underneath that. So when you treat the chemistry, what tends to happen is the diet will naturally self-correct. Kids start to liberate their diet themselves. Well I can tell you that the kinds of things that usually get in the way of changing a kid's diet in terms of them staying really rigid, if they are not digesting say, like your friends with the milky diet, if that milk protein is being absorbed as that opiate-like peptide, that's why. I mean that's very, very addicting and that's the only thing the child will want to eat.

I've certainly seen that many times over in practice. So you do need to withdraw it and usually I replenish the protein source when I can as free amino acids which are what makes protein at least in the transitional period so that there's no need to digest and try to break down protein. If the child can tolerate other proteins, I will fully introduce those too.

They're going to be refused at first, children who are quote addicted to opiates need to go through withdrawal unfortunately and there's some tools that help click in that process including replenishing minerals and helping their livers. Basically detox and get rid of this stuff, making sure that there are no infections in the intestines for bacteria that just don't help you absorb your diet. I mean we have all kinds of bacteria in our intestines to generally **[inaudible 00:26:34]** help us stay healthy, fight out virus' and things and absorb food but a lot of these kids have really yucky mixes of bacteria kind of like a super weed patch garden instead of a nice garden and the weeds in there is sucking all the nutrients and excreting toxic things. So getting those out of the way helps quicken this whole process as well. Let's say a child we do a test for, the urine for those opiate-like compounds. If those are really high, then really you're only going to get a good response if you completely remove the source of quote opiate compound. So, yeah, it doesn't work very well to have a little.

Chris: Are there behaviors that you'll see if the child is addicted to these kinds of foods?

Judy: Well, when they're eating those foods, before quote treatment, they tend to have the behavior pattern is very rigid for what they'll eat, a lot of rigidity in general, big behavior outbursts when they're hungry or when they don't get the goods they want. On the other hand they can be quite placid, almost too placid, in any case once you withdraw those, usually there's a picture of a lot of irritability for a while. I think these kids can have headaches, they can just feel really uncomfortable for a while. So when parents tell me, "Oh my Gosh". They'll call a few days later and all hell's breaking loose in the background on tactually kind of a good sign. Usually that means that the child's working through all of this and then in a few more days, it will pass. It can take longer for sure, I've seen that as well but it does pass. Whatever a parent feels most confident doing, that's what I want to work with. I've learned that if I tell the mother why, they're not going to listen to me anyway so whatever they feel they can achieve, that's where I want to start and where I want to build from.

Chris: That's the end of our interview and I hope you've enjoyed it.

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