



# ABIQ NEWS

Mar 04

*Autism Behavioural Intervention Queensland (ABIQ) was formed to enhance the treatment of children with autism. It is the belief of ABIQ that children with autism are best treated by Applied Behavioural Analysis. This therapy gives children with autism a chance – a chance to grow, to live and to lead a fulfilling and independent life.*

## A Word from the ABIQ Committee

Welcome to the first edition of ABIQ News for 2004. The year got off to a flying start with the very popular series of free seminars and workshops that ABIQ are running with funding assistance from the Gambling Community Benefit Fund. The series, covering a range of topics, has proved enormously successful from two perspectives. Firstly, participants have had the opportunity to become actively involved in quality presentations without financial cost. It is very important to us that ABIQ activities targeted at helping families of children with autism remain affordable and accessible for this group. Secondly, the events have created opportunities for participants to network informally with other parents and professionals. The workshops and seminars have attracted many who work in the field of autism including teachers, therapists and carers. Feedback received about the workshops from all groups has been very positive and ABIQ would like to thank our presenters for a job well done. The feedback also indicates that there is a strong need for continued education on issues surrounding ASD, and this need is likely to grow as the incidence of Autism continues to rise.

The 2004 Autism Conference is fast approaching. Those of you have been visiting the ABIQ website regularly will be aware that the two day program is now available and registration for this 'not to be missed' event has commenced. We are offering discounted registration fees for ABIQ members and remember you can make further savings by registering before March 31. The 2004 Autism Conference is **not** a fundraising initiative for ABIQ. Rather it is an opportunity for parents and professionals to learn more so they can help children with autism reach their full potential. An enormous amount of work has gone into preparing for a conference of this size and we would like to acknowledge the contribution of our conference organising team, all of which are volunteers with a range of committee responsibilities to juggle. Thanks to Michael Chan for his skills, experience and considerable patience in coordinating the project. Also thanks to Bianca Joe Kong and Kylie Graham for devising such an interesting conference program and handling the conference administration. Thanks to Sharon Horan for helping out in the office during this busy time! We look forward to seeing you all at The 2004 Autism Conference. The conference program is included in this newsletter for information.

Did you know that ABIQ is staffed completely by volunteers? Our achievements as an organisation are quite significant when you consider that all projects, including the day to day operation, are undertaken by a small band of volunteers, most of whom perform this role while parenting a child with Autism. It is very rewarding to be a part of ABIQ, working positively towards a brighter future for children with autism. We would love to see more members join the Committee to continue the great work being done. We especially need people who have the capability to write funding submissions as our success in this area enables us to keep moving forward. Please contact Bianca on 3264 2582 to offer your assistance with this or any other task.

Finally, a very special event will culminate Autism Awareness Week in Brisbane this year. It is the "Reach For The Stars" Inaugural ABIQ Charity Ball, being held on Saturday May 15. The goal here is fundraising and so we are reaching out to the wider community for support. A fantastic night of entertainment, prizes and auctions has been planned and tickets are now on sale. There are many ways you as members can support this event, especially if you have connections in the business community. Please see page 3 for more details about the ball. Huge bouquets to Dee Brough for her dynamic efforts in raising the profile of ABIQ with the organisation of the ball and other planned events, and special thanks to Yvonne Moulds and Fiona Treadwell for their energy in assisting Dee.

Please join us in reaching for the stars. Your support means everything.

## The 2004 Autism Conference: Day 1 - Friday, 14 May 2004

**Keynote addresses** (Registration starts at 7:30 am and program starts at 9 am)

- **Dr Tony Attwood** *Cognitive Behaviour Therapy For Emotion Management*
- **Dr Doreen Granpeesheh** *Recent Advances In The Treatment Of Children Diagnosed With Autism*
- **Tracy Bester** *Signature Campaign – A Voice For Autism In Australia*

### Concurrent Sessions

1:00 – 3:00pm sessions		3:30 – 5:30 pm sessions	
Services 1	Information on some services currently available for children with ASD and how parents can make appropriate service choices for their child. <ul style="list-style-type: none"> <li>• <b>Dr Lawrence Bartak</b> – <i>Finding The Best Wizard: Choosing Appropriate Service</i></li> <li>• <b>Autism Queensland</b></li> <li>• <b>Dr Sylvia Rodger</b> - <i>Stronger Families And ASD</i></li> </ul>	Services 2	The session continues to offer information regarding services currently available for children with ASD. <ul style="list-style-type: none"> <li>• <b>Dr Doreen Granpeesheh</b> - <i>The CARD Program: Procedures And Curriculum</i></li> <li>• <b>Maryann Kerr, Kylie Walsh &amp; Jill Ireland</b> - <i>Family And Early Childhood Services Team (FECS)</i></li> </ul>
Therapies 1	Presentations focus on therapies that may support the development of an individual with ASD. <ul style="list-style-type: none"> <li>• <b>Mark Darling</b> – <i>Neurofeedback: Brainwave Training For The Treatment Of Autistic Spectrum Disorders</i></li> <li>• <b>Joanne Elmer</b> - <i>Sensory Integration Applications To Children With ASD</i></li> <li>• <b>Maureen Hawke</b> - <i>Neuro-Developmental Programs As Part Of A Holistic Approach To Autism</i></li> </ul>	Therapies 2	Presentations focus on therapies that may support the development of an individual with ASD. <ul style="list-style-type: none"> <li>• <b>Marcialyn McCarthy</b> – <i>Exceptional Progress In Therapy</i></li> <li>• <b>Annette O’Sullivan, Nathan O’Sullivan &amp; Jane Remington-Gurney</b> - <i>Using Intelligence To Get The Body To Work</i></li> <li>• <b>Linda Baldwin</b> - <i>ABA In The Real World: What Are We Achieving?</i></li> </ul>
Strategies 1	Practical strategies for supporting a child with ASD in school and early childhood settings. <ul style="list-style-type: none"> <li>• <b>Natalie Swain</b> - <i>Classroom Issues And Strategies In Supporting Students With ASD</i></li> <li>• <b>Jane Remington-Gurney, Julie Wallace &amp; Alison</b> - <i>Discovering William</i></li> <li>• <b>Maureen Brand</b> – <i>Inclusion in Early Childhood Settings</i></li> </ul>	Strategies 2	Presentations offering strategies aimed at developing skills in key areas such as socialisation, communication and managing transitions. <ul style="list-style-type: none"> <li>• <b>Helen Merry &amp; Jacinta Costello</b> - <i>Practical Application of Visual Language Systems</i></li> <li>• <b>Michelle Garnett</b> - <i>Social Skills Training In Asperger Syndrome</i></li> <li>• <b>Michael Chan &amp; Kathleen Davey</b> - <i>Using Computer Technology To Teach Children With ASD</i></li> </ul>
Workshop	<b>Donna Williams</b> - <i>Communication strategies</i>		

## Day 2 – Saturday, 15 May 2004

**Keynote addresses** (Program starts at 8:30 am)

- **Donna Williams** *Impulse Control And Anxiety States In People With Autism Spectrum Conditions*
- **Dr Antony Underwood** *The Biomedical Treatments Of Autism*
- **Amy Laurent** *The SCERTS Model*
- **Stephen Shore** *Life On And Slightly To The Right Of The Autism Spectrum*

### Concurrent Sessions

1:00 – 3:00 pm sessions		3:30 – 5:00 pm sessions	
Personal perspectives	Speakers will offer short insights into their experiences with autism. Be inspired and motivated – chaired by Tracy Bester <ul style="list-style-type: none"> <li>• <b>Vicki Cella</b></li> <li>• <b>Beverley Sipos</b></li> <li>• <b>Maria Carroll</b></li> <li>• <b>Jessica Bester</b></li> <li>• <b>Mary-Jane Blackman</b></li> <li>• <b>Harold Stone</b></li> <li>• <b>Tracy Bester</b> - <i>Boundaries Of Self/Spatial Awareness</i></li> </ul>	Research	Current research in the field of Autism. <ul style="list-style-type: none"> <li>• <b>Dr Daniel Markovich</b> - <i>Is Autism A Genetic Disorder?</i></li> <li>• <b>Liz Chamberlain</b> – <i>A Glyconutritional Supplement Challenges Our Understanding Of Autism As An Autoimmune Disorder</i></li> </ul>
Approaches to Learning	A diverse range of topics focusing on learning within the context of Autism Spectrum Disorders. <ul style="list-style-type: none"> <li>• <b>Amy Laurent</b> - <i>SCERTS Part 2</i></li> <li>• <b>Jane Remington-Gurney</b> - <i>Differences Often Need to be Accommodated - Not Dismissed</i></li> <li>• <b>Mogens Johansen</b> – <i>A Closer Look at Autism and Play; Does the 'eyes' have it?</i></li> </ul>	Growth and Changes	Presentations will cover issues relating to social, emotional and physical changes through the lifespan. <ul style="list-style-type: none"> <li>• <b>Stephen Shore</b> – <i>Relationships through the lifespan for people on the Autism Spectrum</i></li> <li>• <b>Holly Brennan</b> - <i>Puberty in Autism</i></li> </ul>
Bio-medical issues 1	A range of topics including possible influences on childhood behaviour, heavy metal toxicity and bio-medical testing. <ul style="list-style-type: none"> <li>• <b>Dr Gary Deed</b> – <i>Metabolism, Mothers and 'Madness'</i></li> <li>• <b>Dr Antony Underwood</b> – <i>Chelation treatment in Autism</i></li> <li>• <b>Irina Rodriguez</b> – <i>Biomedical Testing Research Summary</i></li> </ul>	Bio-medical issues 2	Presentations will focus on nutritional intervention and the use of enzymes for digestive health. <ul style="list-style-type: none"> <li>• <b>Dr Devin Houston</b> - <i>Enzymes and Digestive Health in Autism</i></li> <li>• <b>Jeanie Ryan</b> - <i>Common Food Sensitivities in Autistic Syndromes: Avoiding Nutritional Deficiencies</i></li> </ul>
Workshop	<b>Donna Williams</b> - <i>Working with Challenging Behaviour</i>		

**Great Plains Laboratory Outreach Clinic in Brisbane**

Great Plains Laboratory is running an Outreach clinic with Dr. Gary Deed.  
Biomedical consultations and complete metabolic testing

Blood-drawing

When: May 16, 2004, 9.00 a.m. – 5.00 p.m.

Where: Your Health Carina  
830 Old Cleveland Road, Carina

Free workshop on importance of biomedical testing for clinic participants

May 16, 2004, 6:00-8.00pm

Location to be announced

Costs:

30-min. consultation \$265

Phlebotomy (Blood-draw services) \$27

Samples shipping \$21

Additional special panel and/or individual testing fees, depending on the tests prescribed.

If you are interested in biomedical testing with Great Plains Laboratory, please contact Irina Rodriguez (USA) by email at [irynd4@aol.com](mailto:irynd4@aol.com) or by phone on 001-913-754-0461. For complete information on testing, visit [www.greatplainslaboratory.com](http://www.greatplainslaboratory.com).

Metabolic testing is useful for the complete diagnosis of problems related to autism, PDD and AD(H)D, such as gluten/casein peptides, abnormal levels of yeast and bacteria, amino acids and fatty acids abnormalities, IgG food allergies, heavy metals and mineral deficiencies, immune deficiencies and metallothionein abnormalities. Great Plains Laboratory, the leader in metabolic testing for autism, AD(H)D and PDD is offering its first outreach clinic in Australia to facilitate testing for patients in Brisbane. We offer orientation to testing procedures and sample collection, blood-drawing services, necessary test kits, samples shipping, etc. Dr. Gary Deed will give biomedical treatments consultations to patients interested in testing.

**Footsteps**

By Mia (9)

I hear footsteps going down the hall.  
Long ago they walked these floors and corridors.

I listen carefully as they creep.  
Some loud, some soft it's really hard to sleep.

For now the time is nigh.  
Hills of green they're looking for  
Strolling, softly, quietly by.  
Taking that journey to heaven's door.



# ABIQ CHARITY BALL

15<sup>th</sup> May 2004

## MEMBERS

Your help is needed to source donations from the community to be used as prizes or auction items to raise money at the Ball.



As Dee, our Fundraising Coordinator is already approaching as many companies as is humanly possible, what is desperately needed **are the people YOU already know**. Ask your family, friends or neighbours in business to help ABIQ help the kids.

If they are interested, please contact Dee on 3879-9990.

A \$20 Gift Voucher is just as welcome as a "Holiday for Two".

**SUPPORT ABIQ IN SUPPORTING CHILDREN WITH ASD.**

You are invited  
To the Inaugural ABIQ Charity Ball  
"Reach For The Stars"  
Saturday 15 May 2004

Novotel Brisbane  
200 Creek Street

Pre-dinner drinks and canapés served from 7pm  
Three Course Dinner and Drinks from 7.30 pm  
in the Lawson Ballroom

\$95 per person (discount if booking a table of 10)  
Brisbane's Premier Big Band - "7th House"

Dress Code: Formal / Cocktail

RSVP by 19th April 2004

Please contact fundraising coordinator on personal phone 3879 9990 if you require special dietary requirements or have any questions.  
Make cheques payable to ABIQ, PO BOX 7053 Brendale, Qld 4500

## The Reading and Writing Board

*An interesting idea posted on the DTT-NET Message Board, which is a great source of information for those wishing to learn more about a verbal behaviour (VB) approach.*

The Reading and Writing board is something that was developed by Nina Lovaas. In the new Lovaas book, there is a chapter about it. Basically we use written words along with the stimuli we are teaching. The board itself is a wipe off board I bought from office max (18x22in). Around all the edges I have velcro. The top of the board becomes the SD strip. The sides of the board are where the choices go, and the bottom of the board is the response strip where my son pulls the answer from the choice strips and places it.

Right now we are working on picture to word matching (and reversing it also). So, let's say the target is trashcan. We put a picture of a trashcan on the SD strip. In the field of choices (both sides of the board) we have the word trashcan along with a few distracter words. We vary the sd, sometimes we'll say "match" or "find this one" or "what is this?" etc. He looks at the picture, scans the field and pulls the correct word down and places it on the response strip. What I've found is that when we've tried to teach targets auditorily (show a picture of a trashcan and say "what's this?" and he has to say "trashcan") it may take a few weeks for him to get it, using errorless learning and transfer trials etc. When he is taught new targets on the board with the written stimulus, we are finding he is acquiring targets at a much quicker rate and it is even leaking over into his reading repertoire along with other bonuses like clearing up articulation.

At first I was concerned about this board because I didn't want him to learn sight reading. But, it was explained to me that him looking at the picture and finding the word is actually reading comprehension. We are now working on teaching him phonics. We put on the SD strip "what sound?" then put a lower case letter. He verbally responds the sound the letter makes. We are now putting two letters on the board (consonant vowel) so know he sounds out for example "b" and "a". To teach verbs, we vary the verb being targeted every trial. To teach categories we put at least 3 different animals on the SD strip and say "what are these" or "These are" and Dustin pulls down the written word "animals". Again we vary the pictures every trial or so.

Hope this helps give a little insight. When the girls come to work with him, the sessions are 2 1/2 hours long. They work on the reading and writing board several times throughout the session sandwiched between manding opportunities and also run rec/exp body parts, gross and fine motor im., etc between targets so we are still able to follow a mixed vb format while utilizing the board. I guess the biggest difference is that we are using textual as opposed to sign or only verbal or pointing responses.

Jennica

The 2004 Autism Conference

"Reach for the Stars"

May 14 - 15

**Registration form and program now available online**

To keep up to date on the latest happenings of ABIQ and The 2004 Autism Conference please visit our website regularly [www.abiq.org](http://www.abiq.org)

The site is being constantly updated. To ensure you are receiving the latest information, please remember to click the **refresh** button every time you enter our site.

### **Bowel Virus Found In Autistic Children Who Had MMR Jab**

[New Wakefield study. See abstract below. By Beezy Marsh for the Daily Mail, UK. Not available online at press time.]

Safety fears over MMR have been increased still further by a study which detected signs of a chronic viral infection in the bowels of children who became autistic after the jab.

The virus - feared to come from the measles component of the injection - appears to have sparked an abnormal response of the immune system similar to that in patients with HIV. The discovery by researchers at the Royal Free Hospital in London comes as uptake of the measles, mumps and rubella jab has fallen to an all-time low of 78 per cent. Parents are not convinced it is safe despite official assurances that it does not cause autism or bowel disease. The latest findings, published in the *Journal of Clinical Immunology*, follow studies carried out by gastroenterologist Dr Andrew Wakefield who raised concerns about MMR in 1998.

The specialist was forced out of his job at the Royal Free in 2001 amid claims that his research had proved too unpopular among the medical community. In October last year his former colleague Dr Simon Murch insisted that he had always supported the vaccine. However, he is a co-author with Dr Wakefield of the latest paper which concludes there is further evidence of a new form of bowel disease in children with regressive autism - losing the power of speech and becoming autistic. Another common complaint

among children alleged to have been harmed by MMR is a painful inflammatory gut disorder. Dr Wakefield and Dr Murch examined bowel tissue from 52 children showing signs of autism after the MMR jab. They found widespread inflammation throughout the bowel and evidence of an unusual immune system response. The intestinal lining contained large numbers of a particular type of white blood cell - lymphocytes - which fight viral infection. This study did not show whether the virus concerned was measles. But other tests by pathologists have found the measles virus in the bowel tissue and spinal fluid of autistic children alleged to be harmed by MMR. Dr Wakefield said: This paper not only confirms the presence of disease distinct from other inflammatory bowel diseases in these children but the findings are also consistent with a viral cause.

'What we saw was a response not dissimilar to that seen in some patients with HIV. Clearly these kids don't have Aids but the response fits the pathology consistent with chronic viral disease. That is a most valuable finding.' A Department of Health spokesman said MMR remained the safest way to vaccinate children against serious childhood diseases.

"This is not a study about MMR and therefore makes no contribution to the already published literature on the vaccine."

### **'The Lights Went Out'**

[This is a sidebar report to the above Bowel Virus article in the Daily Mail. Richard Miles, the

parent mentioned below, is a regular gatherer of UK autism news for the Schafer Autism Report.

The parents of Robert Miles recall the exact date that their 14-month-old son had the MMR jab because of the devastating effects that followed. He became drowsy, lost his sense of balance and stopped speaking after the jab on December 5, 1989.

Within months he also started to suffer from bowel problems. His father Richard, from West London, said: It was as if the lights went out when he had the MMR jab. He regressed and was later diagnosed as suffering autism. He also had gut trouble which was not immediately obvious to us, but eventually we took him to the Royal Free Hospital.' Robert was diagnosed as suffering an unusual form of inflammatory bowel disease. Further tests carried out for a compensation claim against vaccine manufacturers - which is on hold pending an appeal for legal aid - revealed he had the measles virus in his blood and gut. Furthermore, the virus strain was identified as identical to that found in the MMR jab.

We believe my son's autism is due to MMR and I know several cases where children are suffering extreme pain due to gut problems, which their parents believe are caused by the triple vaccine,' said Mr Miles. This latest research is very interesting because they have discovered further immunological evidence that something is going on in the gut of children with this particular form of autism.

## Children with autism deserve evidence-based intervention

Jennifer J Couper and Amanda J Sampson

MJA 2003; 178 (9): 424-425

### The evidence for behavioural therapy

**AUTISM IS A DEVELOPMENTAL DISORDER** characterised by impairment of communication and social interaction, and stereotyped, restricted patterns of behaviour. The young child with autism fails to develop normal language and imaginative play. Autism (or autistic disorder) affects one in 1000 children and is the core disorder of a wider spectrum of pervasive developmental disorders. Australian paediatricians identify it as one of the more difficult areas of practice<sup>1</sup> — there is still no cohesive explanation for the child's developmental arrest and a plethora of therapies exist.

Diagnosis needs to be made by a multidisciplinary team. Parents then face a long list of possible interventions, and will usually be directed first to speech pathologists. Sensorimotor integration therapy (which stimulates or desensitises visual, auditory and tactile senses), and dietary interventions (eg, casein and gluten exclusion) are widely practised in Australia, but data for their efficacy are inadequate.<sup>2,3</sup> A controlled trial of auditory integration (where the patient listens to music that has been computer modified to remove frequencies to which he or she is hypersensitive) showed no effect, yet it continues to be offered as a therapy.<sup>2</sup> While ineffective therapies may be harmless, they waste parents' money and the child's valuable therapy time. Furthermore, the delay in implementing effective treatment may compromise the child's outcome.

Augmented communication, using visual modes such as pictures, symbols and signs, promotes communication and language in children with severe communication deficits and poor verbal imitation skills.<sup>4</sup> However, the early intervention that has been subjected to the most rigorous assessment is behavioural intervention. There is now definite evidence that behavioural intervention improves cognitive, communication, adaptive and social skills in young children with autism. In 1987, Lovaas showed apparent recovery, persisting into adolescence, in nine of 19 young children who received an intensive home-based intervention based on applied behavioural analysis, a scientific method of reinforcing adaptive and reducing maladaptive behaviours.<sup>5,6</sup> Subsequent studies also showed that behavioural intervention caused significant, albeit somewhat lesser, gains.<sup>7-11</sup> This has modified the orthodox view that autism is always a severe, lifelong disability. Criticisms of the adequacy of the design and power of these studies are being addressed by the multisite Lovaas replication Early Autism Project. The first US site has released data (Wisconsin Early Autism Project).<sup>12</sup> Again, after three to four years of intensive applied behavioural analysis intervention, about half the preschool children with autism acquired near-normal functioning in language, performance IQ and adaptability. Ninety-two per cent of intervention children acquired some language. Control children who received special education showed no gains in IQ or adaptability.<sup>12</sup>

Why is intensive applied behavioural analysis intervention more effective than special education for children with autism? This can not be simply explained by the intensity of these programs (30–40 hours per week). Children in a school-based Scandinavian study who received behavioural intervention gained an average of 25 language IQ points in the first year of the intervention, with improvements in performance IQ, communication and adaptability. On all scores, they surpassed control children who received special education according to best practice for autism, and the same intensity, duration and supervision of therapy.<sup>13</sup>

The superior outcome from behavioural intervention is thought to result from the targeting of specific deficits in autism that prevent learning: imitation, attention, motivation, compliance, and initiation of interaction. Skills are taught in small steps, mastered, and then generalised. Intensive, individualised one-to-one therapy is usually provided by students, behavioural therapists, or parents, under the supervision of behavioural experts. More natural settings of play and learning, augmented communication support, and other powerful visual learning tools, such as video modelling, may be used. Parents play a major

coordinating role, and are trained to generalise the skills learnt by the child and to provide incidental teaching. Only positive reinforcement is used to teach the children.

Several preschool programs in the United States and the United Kingdom report comparable success to home-based behavioural programs. These programs have low child-to-staff ratios, collect detailed behavioural data, generally integrate the children with typically developing peers, and train parents intensively in behavioural methods.<sup>14</sup>

However, most young children with autism in Australia do not receive intensive behavioural intervention programs — partly because such programs are not recommended by many health professionals and partly because of their prohibitive cost for families. Only Western Australia has achieved partial government funding for preschool behavioural programs, as justified by a review by the Disability Services Commission of Western Australia.<sup>15</sup> This State is also the first to have a prospective autism register, placing it in a unique position to provide Australian outcome data.

We are unaware of comprehensive Australian outcome data (from specialised preschools and schools for autism) with which to compare outcomes of applied behavioural analysis programs. For those of us who are parents of children with autism, this seems to be a pressing need. In the United States, parents have effectively advocated for evidence-based interventions using expert statements.<sup>2</sup> If intensive behavioural programs in young children with autism allow about half of the children to no longer require special education and other costly interventions, government funding of such programs would provide economic returns in the long term. The returns to the children who respond and their families would, of course, be priceless.

## References

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## 20 Ways To Ensure the Successful Inclusion of the Asperger Child in the General Education Classroom

[Intervention in School and Clinic.]

<http://library.usask.ca/ejournals/full.phtml?issn=1053-4512>

Children with Asperger syndrome (AS) have a variety of issues that must be addressed on a daily basis. Because these children tend to be high-functioning, many are placed in general education classrooms in order to receive the best education possible. Teachers working with children with AS may not be aware of how to provide the best inclusive environment. The following are strategies and tips that can be incorporated to help these children adjust and become successful in the general education classroom.

1. Establish a schedule early on, and be consistent with it. Children with AS find comfort in knowing exactly what will happen next. By providing these students with a very consistent schedule that has little variance, you increase their sense of security, making them better able to function appropriately in the classroom and feel successful about their work (Attwood, 1998; Brownell, 2001; Myles & Simpson, 1998).
2. Provide a visual representation of the daily schedule. Posting a chart in the classroom that displays the schedule and routines for the day only adds to this security by allowing the child to determine what will occur next so that she has a better transition to the next activity.
3. Write notes in advance for the child if the schedule is going to change for a special event. Let the child know what the change will be and when it will occur because variation in the routine can lead to stress and anxiety, which can cause outbursts and tantrums. As stated previously, providing advanced notice of alterations in the schedule allows the child time to transition and prepare himself for the change in schedule. In addition, because many children with AS tend to process auditory information less efficiently, written notes allow the child another avenue to obtain and understand the message (Attwood, 1998; Barnhill, 2001a; Council for Exceptional Children [CEC], 2002; Myles & Simpson, 1998).
4. Provide visual cue cards to use during instruction and teaching. Due to the difficulty children with AS have in processing auditory input, visual cues of what is being taught could help them be more successful in taking in the new information and remembering it. They may still require more time to process all the information; however, by providing instruction both verbally and visually, you offer students with AS a better opportunity to learn the material (Barnhill, 2001a; Myles & Simpson, 1998).
5. Set clear expectations and boundaries, and post them on the wall. Once again, providing a visual representation of what is expected so that the child can refer to it as needed provides security and increased opportunities for comprehension of the material, both of which will increase productivity in the classroom (Attwood, 1998; Barnhill, 2001a; Myles & Simpson, 1998).
6. Provide verbal and written instructions for the child. When giving the class instructions or directions for an assignment or activity, provide written instructions that coincide with your verbal instructions for the child with AS. The instructions can be in picture form as well as in words to further aid in comprehension and success (Barnhill, 2001a).
7. Ask questions to check the child's understanding of the instructions you have just given, or ask him to verbalize the instructions back to you to clarify understanding. Many times, children with AS appear as though they fully comprehend what is being asked of them or what they have read because of their "professor-like" responses to questions; however, these may mask the fact that their comprehension is truly lacking. By probing further, you can ask more pointed questions or have the child verbalize in her own words, not repeating your exact phrases, what is expected (Barnhill, 2001a; Myles & Simpson, 1998).
8. Use a timer to limit perseveration/ echolalia/singing. Some children with AS will begin to perseverate on objects or ideas or participate in other behaviors that can hinder academic progress. The child must then be taught that as soon as the timer rings, she must rejoin the rest of the class in the current activity. Providing

a time limit will help curb such behaviors so that academic progress can be made. You must establish the routine that as soon as the child begins to exhibit a certain inappropriate behavior, the timer is set for a certain amount of time. Also establish the routine that as soon as the timer goes off, the child returns to the previous activity.

9. Allow the child to earn "free time" in the child's chosen area of interest, such as art or computers, for completing work. Children with AS tend to have an area of intense interest that can consume their conversations and activities. Using this interest to motivate the child can help him learn to be productive in his work while still having time to concentrate on his area of interest (Brownell, 2001; CEC, 2002; Grandin, 2001).
10. Teach the other children how to interact appropriately with the child with Asperger syndrome in both academic and social settings. Children can be very supportive and accepting of people with disabilities and differences when they are taught to have such compassion and are shown how to work and play with those individuals. In order for the child with AS to be fully accepted in the classroom, the other children in the classroom have to be taught how to interact and accept her. Through role-playing, modelling, and discussions, successful friendships and interactions can take place and even add to the successfulness of inclusion.
11. Model and role-play social situations incorporating appropriate behaviors. Continually working on general socially accepted behavior helps children with AS begin to internalize the behaviors that are expected of them in society. By watching both good and bad examples of behaviors that occur in various social situations, these children can learn to make better choices in their behavior (Barnhill, 2001b).
12. Teach specific socially appropriate phrases to use in certain situations. By providing a written script that the child can use in various situations and allowing her to practice her reactions in role-playing activities, you make it more likely for the child to be successful socially. During such social events where the child is expected to act as taught, prompting may be necessary to remind her how to act until she has had ample opportunities to practice the skill in a real-life situation (CEC, 2002).
13. Provide social skills practice and role-playing for any upcoming social events. Students with AS need to have opportunities to act out certain situations so they can prepare for them socially. Because children with AS have poor social judgment, repetitive practice prior to the event will provide them with the knowledge they need to respond appropriately. However, because transfer to different situations may be difficult to achieve, these children must have several opportunities to practice these socially appropriate behaviors in a variety of contexts (Barnhill, 2001b).
14. Provide a social skills notebook with stories of correct and incorrect social behaviors that the child can use as a guide and reference. This notebook can be used to prompt the child as to what behaviors are considered appropriate or not appropriate in various social situations. Providing weekly opportunities to read through the stories in a notebook, continuing to stress socially appropriate behaviors, and practicing how to use them in real-life situations will enhance the student's social successfulness (CEC, 2002).
15. Provide visual cue cards of expected social behaviors, and place them in areas where those behaviors are expected. Visual cue cards can be used as prompts of expected behaviors of the child in various settings. Through role-playing and modelling, students are first introduced to the behaviors. By including visual cue cards in this role-playing, you help the child with AS learn to use those visual cues to help him remember what behavior he should exhibit in the classroom and school environments. However, children must be taught how to use these cards. They cannot simply be posted in the room in hopes that the child will understand what their purpose is. They must be shown how to use them and be allowed time to practice using them (CEC, 2002).
16. Write down what behavior the child is exhibiting and what behavior he or she should be exhibiting. For example, "You are drawing on your paper. A better choice would be to work on writing your story." Once again, providing written responses instead of verbal ones may help the child with AS better understand what is being asked of her. Connecting these messages to visual pictures may also be beneficial (Grandin, 2001).

17. Have the child complete this same activity with his own behavior. After the child has been exposed to the method previously described, he can then begin doing it himself with or without prompting. Writing the message to himself and posting it in his notebook or on his desk may help him internalize and remember the expected behaviour.
18. Begin discussing with the child how others view his acting out. Children with AS have difficulty understanding how to initiate or maintain social interactions. They do not realize what effect their acting out has on those around them. You should therefore begin discussing these issues with the children early in order to facilitate a better understanding of the social consequences of their behaviors (CEC, 2002).
19. Provide a safe place in which the child can retreat when she becomes overstimulated or has difficulty adjusting to a new activity or environment. This base could occupy a corner of the classroom where the child can be in a dark, quiet place with little or no stimulation in order to calm down. Once the child feels secure and in control of her body, she can join the class again (CEC, 2002; Grandin, 2001).
20. Be very patient and ready to teach both academic and social skills over and over again. Children with AS need a teacher who will remain calm when the situation escalates. When the teacher begins to get frustrated and tense, the same feelings will tend to heighten in the child. However, dealing calmly with the situation will allow the child to calm down more quickly. In addition, being aware that the child with AS will need a great deal of practice and repetition of newly taught skills in order to be successful will help you better prepare for what you will need to do to help that child be successful.

### **About The Author**

Holly R. Bullard, EdD, is an assistant professor of elementary education at Lubbock Christian University. Her current interests include examining the process of learning to read for children with autism and the successful inclusion of autistic children in the general education setting.

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**When you Thought I Wasn't Looking**

When you thought I wasn't looking, I saw you hang my first painting on the refrigerator, and I wanted to paint another one.

When you thought I wasn't looking, I saw you feed a stray cat, and I thought it was good to be kind to animals.

When you thought I wasn't looking, I saw you make my favourite cake for me, and I knew that little things are special things.

When you thought I wasn't looking, I heard you say a prayer, and I believed there is a God I could always talk to.

When you thought I wasn't looking, I felt you kiss me good night, and I felt loved.

When you thought I wasn't looking, I saw tears come from your eyes, and I learnt that sometimes things hurt, but it's all right to cry.

When you thought I wasn't looking, I saw that you cared and I wanted to be everything that I could be.

When you thought I wasn't looking, I looked... and wanted to say thanks for all the things I saw when you thought I wasn't looking.

Author Unknown

## Introducing "Bookacino"

We have recently opened a bookshop and coffee shop at Kallangur,  
Bookacino, 1409 Anzac Avenue Kallangur ph 34919143.

We are open 7 days.

My wife and I are members of ABIQ and our son Patrick is autistic with no speech.

Since opening we have had a number of people with disabilities come into the shop and they and their carers have appreciated that we are accepting and supportive of them and understanding of the problems they often face in social situations.

We're not sure how many people might be interested but we'd like to extend an open invitation to visit our shop as a place where parents, children and young adults can feel comfortable and have their behaviour accepted and understood .

Please mention that you are from the ABIQ as we offer discounts for members of groups we support.

Another option that people might like to take advantage of is that we will happily accommodate meetings or get together even outside our normal hours as long as people book ahead.

Kind regards  
Terry and Sharon Shaw

## Available for Loan to ABIQ members – No charge

### Video Cameras

North side: contact Kylie Graham: 3300 2850

Southside: contact Carmel Grasso: 3219 2080

## GFCF Cooking Corner

### Greek Dip

1 cup yellow split peas  
 1 onion, chopped roughly  
 4 cloves garlic, peeled  
 2 tablespoons sunflower oil  
 1 ½ tablespoons tahini  
 juice of 1 lemon or lime  
 1 teaspoon cumin  
 1 teaspoon sea salt  
 handful fresh herbs (coriander and  
 parsley is nice)

1. Place split peas in saucepan and just cover with water. Bring to the boil, then drain and rinse in colander.
2. Return peas to pan with onion and garlic cloves. Add water to cover by a few cm and bring to the boil again.
3. Simmer about 30 minutes or until peas are softened.
4. Remove from heat and cool to room temperature. Place mixture into a food processor and blend.
5. While motor is running, add the oil and lemon or lime juice.
6. Finally add the tahini, cumin, salt and herbs to the processor and blend.

This recipe makes a large quantity of dip. Often I will halve it.  
 Keeps in the fridge for about 3-4 days.  
 Serve with rice crackers or GF corn chips.

### Useful Websites and Lists

1. GFCF Cooking website  
<http://www.answers.org/free/gfcf/tips.html>
2. Making schedules, useful pictures for schedules and communication  
[www.joeschedule.com](http://www.joeschedule.com),  
[www.corbis.com](http://www.corbis.com)
3. Lists for ABA related matters and how to subscribe (it's free!)  
**Verbal Behaviour:** [VERBALBEHAVIORSUBSCRIBE@YAHOOGROUPS.COM](mailto:VERBALBEHAVIORSUBSCRIBE@YAHOOGROUPS.COM)  
**DTT-NET:** [DTT-NET-subscribe@yahoogroups.com](mailto:DTT-NET-subscribe@yahoogroups.com)  
**Me List:** Send an email message to: [rallen@iupui.edu](mailto:rallen@iupui.edu) Your message should have the words "subscribe to me-list" in the subject line and the following in the message part: A clear statement that you wish to join the me-list. If you are the parent (or close relative) of a child with autism, clearly say so.



***A Call for Participants***

***“Daytime Toilet Training in Children with Autism: Effects of Video Modelling”***

We are seeking participants for the above research study, which is to be undertaken by Karen Brannigan (a masters in educational psychology student at the University of Queensland) with supervision from Drs Deb Keen and Monica Cuskelly (University of Queensland). The study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council’s Guidelines, as well as by Education Queensland and Autism Queensland.

We are seeking participants who require toilet training and whose caregivers are willing to participate. Children are required to watch a 6 min video on each occasion prior to being taken to the toilet, and to undergo training in established toilet training procedures (i.e., free access to fluids during the daytime for greater practice, regular toilet visits based on the child’s pattern of toileting, rewards for toileting successes, ignoring accidents and independence training). As children will be wearing normal underwear rather than nappies during training, toileting accidents are to be expected. However, normal underwear is not required during travel or when the child goes to bed.

Training is to occur within the child’s home over approximately six weeks, with follow-up visits at one and three months after training. The study requires caregivers to be directly involved in the teaching of skills to the child, as this will not be undertaken by the researcher. However, assistance will be provided in the form of discussions, training, and home visits. Confidentiality is assured.

For further information about the study please contact Karen Brannigan on 3870 8599 or Drs Deb Keen and Monica Cuskelly on 3365 6550.

Many thanks, your assistance is greatly appreciated.

**Participants need to be boys, with a diagnosis of autism, and who:**

- are aged from 4-6 years and have 2 or more toileting accidents per day
- do not have any medical, physical or emotional problems that could interfere with toilet training
- do not have visual or hearing problems; can remain dry for 1.5 hours
- can stand and walk; can sit for 5 minutes; can follow simple directions (e.g., “Come here, Tom”)
- can imitate simple motor movements (e.g., picking up an object)
- and enjoy watching videos/television

# What is Autism?

NATIONAL AUTISM AWARENESS WEEK May 9-16 2004

**jesse.ka**

The *jesse.ka*<sup>TM</sup> foundation

Proudly present the first annual:

## Signature Campaign

Win a load of *cool* gear for *your* school and help to change the face of autism and associated disorders by bringing about awareness.

In recent months you may have come across information regarding "Signature Campaign 2004" an exciting opportunity for the community to raise awareness of autism.

The *jesse.ka*<sup>TM</sup> foundation, has approached *all* schools and child care centres throughout Queensland, in an effort to raise public awareness by making a mark for Autism in Australia. We are seeking *your* assistance to make this, our inaugural year a success.

You can assist by;

- Approaching your school principal. Offering *your* support of *your* schools participation in the campaign.
- Offer to assist in *any* school activities surrounding the campaign.
- Present some ideas for fun campaign activities.
- Offer to liaise with the *jesse.ka foundation* on behalf of your school.
- Remind your principal of the prizes in the pool.
- Approach local companies who may be interested in donating to the prize pool.

The Signature Campaign *is* giving away, much needed resources to participating schools. These include seminars and ancillary body training on Autism and Asperger's Syndrome. If your school wins, your child *will* benefit directly. Schools are not required to be coded ASD to enter.

For more information on this fantastic opportunity log on at [www.jesseka.com](http://www.jesseka.com)

Print off or tear this page out and put it on your fridge!

## Date Claimers

<b>DATE</b>	<b>TIME</b>	<b>EVENT</b>	<b>CONTACT</b>
13 <sup>th</sup> March	9- 12.00pm	Sensory Processing and ASD QUT Kelvin Grove	3264 2582 enquiries@abiq.org
26 <sup>th</sup> March	7.30pm	Support Group Meeting Northside	24 Currajon St Brendale 3264 3995
27 and 28 <sup>th</sup> March	9-5.00pm	ABA Workshop QUT Kelvin Grove	3264 2582 enquiries@abiq.org
31 <sup>st</sup> March		Early Bird Registration for Conference closes	
30 <sup>th</sup> April	7.30pm	Support Group Meeting Southside	1 Albin Ct Rochedale South 3341 8973
9 <sup>th</sup> - 15 <sup>th</sup> May		Autism Awareness Week	
14 <sup>th</sup> and 15 <sup>th</sup> May		The 2004 Autism Conference "Reach for the Stars"	<a href="http://www.abiq.org">www.abiq.org</a>
15 <sup>th</sup> May	7:00pm	ABIQ Charity Ball and Auction "Reach for the Stars"	Dee – 3879 9990 enquiries@abiq.org
28 <sup>th</sup> May	7.30pm	Support Group Meeting Northside	24 Currajon St Brendale 3264 3995
24 <sup>th</sup> July		Trivia Night -Bronco's Leagues Club	Dee – 3879 9990 enquiries@abiq.org
October		Charity Golf Day	

**DISCLAIMER:** This newsletter is intended to provide basic information on Autistic Disorder and Applied Behavioural Analysis. It is not intended to, nor does it, constitute medical or other advice. Readers are warned not to take any action with regard to medical treatment or otherwise based on the information in this newsletter without first consulting a physician. ABIQ does not necessarily endorse any of the information contained in this newsletter. The information contained in this newsletter is intended to be for your general education and information only and not for the use in pursuing any treatment or course of action. Ultimately, the course of action in treating a given patient must be individualised after a discussion with the patient's physician(s) and family.