Autism
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ABIQ NEWS

June 2004

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.

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President's Ramblings

National Autism Awareness Week saw the achievement of The 2004 Autism Conference and ABIQ's Inaugural Charity Ball.

I sincerely hope that as members you were able to attend the conference and experience these informative, and lively presentations. The feedback I received from parents, professionals and those from other Autism organisations was very positive. Comments included that the speakers were informative, their topics relevant and up to date, the venue great (including the food), and the organisation excellent.

For those who may have missed the conference, every session was professionally videotaped and these tapes are available for purchase or loan from ABIQ. Our most sincere thanks go to Michael, Bianca, Kylie and many others who assisted at the conference. Your amazing attention to detail made this a very well run conference. The dedication in getting it right shone through and made for an excellent experience.

Following on from the conference was the Inaugural Charity Ball. We salute Dee, Yvonne, and helpers for their commitment. It was an amazing fun night. A great mix of people all came together to help us raise funds to support children with autism and their families. For those who were unable to attend … all I can say is that you missed one amazing event but there will be others!

The Conference and Ball have been very successful in raising the profile of ABIQ and highlighting the needs of children with autism.

A recent addition to our fundraising activities is Brisbane Gives. As part of the Our Community website, charities may register to receive on-line donations from the general public. We have a link from our web site for anyone who wishes to make a donation. Please spread the word about this, as it is a convenient way to support ABIQ in its goal to help children with autism and their families.

While these events and the upcoming Trivia night are ways for ABIQ to become known to the general community, we also need the support of our members when it comes to keeping the momentum going. Much hard work has already been done in the running of our first conference and ball, also the seminars and workshops, but we need more people to become involved at the committee level. This can be extremely rewarding and a way to learn and use valuable skills. Please feel free to call me on **3341 8973** any time to discuss becoming part of this dynamic team. I extend an invitation to all members to attend our upcoming AGM on Saturday the 11th September at 2.30pm (1 Albin Ct, Rochedale South). Positions that will become vacant at the AGM are President, Secretary, and General Committee Positions.

Maria Carroll, ABIQ President

What I Would Do If I Were a Parent of An Autistic

Child: Recommendations Based on 25 Yrs of Research Experience

Written by Stephen M. Edelson, Ph.D.

Center for the Study of Autism, Salem, Oregon

Over the past 25 years I have been fortunate to conduct research in several areas of autism and to collaborate with many of the leading pioneers, including biomedical (Bernard Rimland), behavior/education (Ivar Lovaas), and sensory (Temple Grandin, Guy Berard, Lorna Jean King, Melvin Kaplan, Helen Irlen). These experiences have helped me broaden my understanding of what can be done to help these individuals.
One of the most difficult and stressful times for a family is when they first learn that their child has autism. Parents are then faced with a critical and life-determining question: What should I do to help my child? The decision on which treatments to implement (and not to implement) will likely determine the child's prognosis. I have outlined the steps that I would take if I were a parent of an autistic child.

Action Plan

First, I would write to the Autism Research Institute (ARI, 4182 Adams Ave., San Diego, CA 92116; fax: 619-563-6840) and request their free parent packet. Much on this information is on their website: www.AutismResearchInstitute.com The packet contains a wealth of information that describes ways to understand and to treat many problems associated with autism. It includes a sample issue of the quarterly ARI newsletter, the *Autism Research Review International (ARRI).* Subscribing to the ARRI is the best way to keep informed ($18/year).

I would also contact the local chapter of the Autism Society of America (ASA) in my area. The autism chapter will likely provide valuable resources and contact numbers in the community and throughout the state. In addition, I would attend at least one parent support group to see what they have to offer. ASA maintains a listing of most autism chapters throughout the country (toll-free: 800-3-AUTISM).

Important note: Before contacting my health insurance carrier, I would first read the policy. Many policies do not cover treatment services for autistic individuals. These insurance companies may reimburse therapies if the therapy is not specifically aimed at treating autism and if the insurance company is not aware that the child has autism. For example, if the child has a speech problem, the insurance company may pay for speech therapy.

Intervention

There are two major approaches that I would pursue simultaneously; and the earlier these interventions are started, the better the child's prognosis.

The first approach involves determining whether the child has health problems. These problems may include a critical need for essential vitamins and minerals (e.g., vitamin B6 with magnesium, DMG, vitamins A and C), gastrointestinal problems (e.g., leaky gut, yeast overgrowth, viral infection), high levels of heavy metals and other toxins (e.g., mercury, lead), food sensitivities and allergies, and more. The majority of autistic individuals have one or more of these problems.

The Defeat Autism Now! (DAN!) approach to autism addresses these biomedical issues. ARI distributes a diagnostic and treatment protocol titled *Biomedical Assessment Options for Children with Autism and Related Problems.* A list of practitioners who understand and know how to treat such medical conditions can be obtained by writing to ARI or visiting their website www.AutismResearchInstitute.com Of the many treatments described in the protocol, I would first give the child vitamin B6 with magnesium, then dimethylglycine (DMG), and then the gluten-/casein-free diet.

Comment on drugs. Some pediatricians prescribe drugs to autistic children even though the Food and Drug Administration has not approved any drugs for treating autism. Additionally, almost every drug has harmful side effects. I sometimes hear reports of some benefit with Risperidal, Prozac, and Ritalin. However, it is very likely that even greater improvements will occur following other, non-drug, biomedical treatments (see ARI's publication: 34Q).

If the child talks very little or not at all, I would have the child tested to see if he/she has seizures. Seizure activity may affect speech production. An electroencephalogram (EEG) measures brain wave activity, and it may be able to

detect seizure activity. If the child does have seizures, I would use non-toxic nutritional supplements to treat the seizures, such as vitamin B6 and DMG.

The second approach is behavior/education. Applied behavior analysis (ABA) is a well-documented and effective teaching method for many autistic children. This method involves 1-on-1 instructional sessions and utilizes educational tasks that have been developed specifically for autism. *Teaching Individuals with Developmental Delays: Basic Intervention Techniques,* written by O. Ivar Lovaas, is an excellent resource and describes, in detail, how to implement this method.

After the biomedical and behavior/education interventions are well underway, I would direct my attention to the child's sensory problems. Many autistic individuals suffer from a hypersensitive or hyposensitive sensory system. These problems may involve hearing (e.g., sound sensitivity, appears to be deaf), vision (e.g., light sensitivity, visual attention problems), tactile (e.g., sensitivity to touch, insensitivity to pain), vestibular (e.g., craves or resists certain movements, such as swinging), proprioceptive (e.g., excessive jumping), smell (e.g., sensitivity or insensitivity to odors), and taste (e.g., picky eater, pica behavior). There are several interventions that can reduce or eliminate many of these problems, such as Auditory Integration Training (hearing), vision training and the Irlen lenses (vision), and sensory integration (vestibular/tactile/proprioceptive).

The three treatment approaches outlined above complement one another. Autistic individuals often become more attentive and more motivated to learn soon after treating their biomedical and sensory problems. A child may do well with only one these approaches, but the combination can lead to amazing results, and even recovery for some children.

<u>The next step.</u> It is also worth looking into other effective interventions for autism, such as structured teaching, social stories, the Greenspan method, Picture Exchange Communication System (PECS), and Grodin's relaxation/visual imagery techniques.

<u>Family issues.</u> Raising an autistic child can be very stressful to the entire family. Siblings sometime feel ignored because so much of the parents' attention is directed toward the autistic child. Divorce is quite common among families with an autistic child. Additionally, relatives and close friends may distance themselves. It is important to be aware of these dangers and address them if they should occur.

Finally, it is important to be a strong advocate for the child. Many professionals are aware of the symptoms associated with autism. However, they do not know how to treat them. Information is a powerful tool. I would keep all of the child's documents and diagnostic test results in one well-organized folder. Whenever possible, I would provide relevant articles and other informational materials to therapists and other professionals who work with the child. Like many other parents of autistic children, I would likely wind up teaching professionals how to work with the child.

It is important to realize that autism is treatable, and there are many resources available, such as books, newsletters, Internet websites, and conferences. I would start with the following resouces:

Books

General Resources

Autism Research Review International newsletter (quarterly). San Diego: Autism Research Institute.
Gerlach, E.K. (2000). *Autism Treatment Guide.* Second Edition. Arlington, TX: Future Horizons.
Hamilton, L.M. (2000). *Facing Autism.* Colorado Springs, CO: Waterbrook Press.

Biomedical Approach

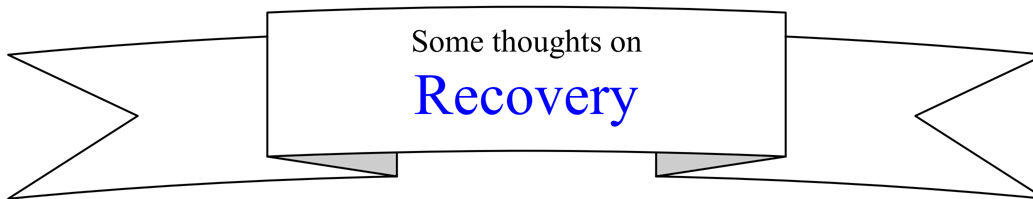
McCandless, J. (2002). *Children with Starving Brains: A Medical Treatment Guide for Autism Spectrum Disorder.* Paterson, NJ: Bramble Books.
Pangborn, J.P., & Baker, S. (2002). *Biomedical Assessment Options for Children with Autism and Related Problems.* San Diego: Autism Research Institute.
Seroussi, K. (2000). *Unraveling the Mystery of Autism and Pervasive Develop- mental Disorder.* New York: Simon & Schuster.

Behavior/Education

Leaf, R., & McEachin, R. (1999). *A Work in Progress: Behavior Management Strategies and a Curriculum for Intensive Behavioral Treatment of Autism.* New York: DRL Books.
Lovaas, O.I. (2002). *Teaching Individuals with Developmental Delays: Basic Intervention Techniques.* Austin, TX: Pro Ed.

Conferences

General Resources - Autism Society of America - www.autism-society.org
Biomedical Approach - Defeat Autism Now! (DAN!) - AutismResearchInstitute.com
Behavior/Education - Families for Early Autism Treatment - www.feat.org



From Gary Mayerson
Special education attorney who practises in the NewYork area.

To date, my staff and I have now represented hundreds of children who have been diagnosed with one variant or another of an autism spectrum disorder. Some of our clients are no longer clients, having been completely "declassified." That is cause for celebration. A much larger group of our clients are not declassified, but after several years of intensive and quality interventions (virtually always including 1:1 ABA as the "anchor"), they are enjoying good and sometimes extraordinary success in either mainstream or integrated educational settings. That too is cause for celebration, and I should point out that many of the children in this group started out with very significant behaviors and impaired presentments. The next group are children who are not yet in mainstream or integrated settings, but who are making good and meaningful progress and can look forward in the future to less restrictive settings. That too is cause for celebration.

The next group is children whose gains are very slow in coming. Sometimes it takes a year or longer to get a toileting program under control, or to learn to dress and undress independently. But when that happens, or when a child without any language learns to say or understand a word or concept, that too is cause for celebration. It also is cause for celebration when a child who is demonstrably "non-verbal" is able to acquire a functional system of communication, whether by augmentative communication device or otherwise. Finally, at the polar end of our client base, we have a small handful of adolescents whose behaviors and functioning is at a point where the only appropriate placement is a residential setting. I cannot say that there ever is a "celebration" when someone's child has to go into a residential setting, even temporarily, but it is a tremendous relief for all concerned when a child with such intensive needs is placed in a quality residential setting.

I tell my staff that recovery or cure is not our litmus test for success and failure. When I think of the word "recovery," I think of recovery of function, not as a simplistic cure-all. The process and pace of recovering function is different for each and every child. Children who are diagnosed with autism spectrum disorders need to be re-built brick by brick. Sometimes, the bricks are flying, and sometimes, laying one brick on the day or week in question can be excruciating. A lot depends on the child, but a lot also depends on the quality, intensity and consistency of the child's program. Since parents are an integral part of any child's program and progress, it is a given that the parents' efforts are part of the equation. This is NOT to say, however, that any parent should be "blamed" if their child does not achieve functional recovery any more than a parent should be blamed if their child does not get into an ivy league school. There are so many factors and dynamics, and parenting is only one component.

For me, the only "failure" is when we have or allow low expectations, or when someone with the power to do so "gives up" on a child. We didn't know any better 20 or 30 years ago, but there is no excuse for that kind of behavior now. Parents of children with autism have enough on their plate without passing judgment on the quality of another parent's parenting, or the extent to which they surmise that parenting has anything to do with the pace or quality of their child's recovery of function.

World-first program to manage autistic children during medical procedures

from [Women's and Children's Hospital, Adelaide]

Between two and five of every 10,000 children are diagnosed with autism. Boys are affected more commonly than girls. These children have an impaired ability to communicate and relate to adults and other children. Characteristically they have fixed routines in their every day life. Any change in their routine can be very distressing and coming to hospital may cause panic attacks or temper tantrums, which are extremely difficult to manage.

The Women's and Children's Hospital, Adealide, South Australia has developed a unique management program to help autistic children, their parents and staff cope with this distressful behaviour when they need an anaesthetic for an operation.

Head of anaesthesia at the hospital, Dr Johan van der Walt said the program acknowledges the wealth of knowledge parents have of this condition and their child's special needs and enables them to have considerable input in the forward planning of medical procedures for their child.

Our program has been developed over the past four years and has turned hospital attendance from being a major ordeal into a manageable experience. We have developed systems to identify in advance that an autistic child is scheduled to have a procedure under anaesthetic, and we immediately contact the parents to plan the child's admission. We discuss the severity of the autism, the child's likes, dislikes, phobias, special needs and parent's useful distraction techniques – this allows us to plan an individualised admission and discharge procedure for the child, Dr van der Walt said.

Features of the program, published this week in the prestigious international journal Paediatric Anaesthesia include:

- Admission to a special quiet room just before theatre is scheduled. All admission details are processed in advance to facilitate this.
- Giving a sedative orally in the child's favourite drink. This generally avoids having to restrain the child in any way. Parents are often asked to drink an identical but non-medicated drink.
- Avoidance of stress on waking by routinely giving intravenous fluids to the sleeping child rather than waiting to see if these are necessary after waking.
- Avoidance of the stress of possible post operative vomiting by routinely giving anti-vomiting medication to the sleeping child.
- Allowing the child to waken in the parent's presence and plan for early return to their familiar home environment on the same day.
- When children are kept in hospital overnight, they are accommodated away from other patients in a side room.

"Families with autistic children are significantly disadvantaged if hospital staff do not understand their special needs which is why our unique approach has been recognised as a major advance", Dr van der Walt added. "Not only are parents reassured by our program, but our staff have been given confidence in the management of these children".

The program has been successfully extended to the management of children with other behavioural problems.

To arrange interviews	**Dr Edna Bates**
please contact:	Manager, Research Communications
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or	**Ms Chris Ostermann**
	Mobile: 0401-125-630 (after hours)
	Email: ostermannc@wch.sa.gov.au

Women's and Children's Hospital http://www.wch.sa.gov.au

Use this link to access a resource to prepare your child for a stay in hospital.

Autistic children need love and understanding

By **DEBI TYREE HANEY**

April 18, 2004 – as posted on the me-list

I would like to take the opportunity to share a little bit about how it feels to have a child with autism. Our children with autism are often perceived to be badly behaved or odd in social situations. Here is an explanation I wrote to help others better understand our children.

Nobody can see my disability. I look just like every other kid -- attractive, walking, making sounds. They can't see how my neurons are scrambled in my brain. They can't see the misconnections between the left and right brain. Nobody can see that I have autism spectrum disorder. Nobody can see that my body is sick. No one can see that my stomach is in knots from my digestive system not working. No one can see that my body and mind are starving because my cells don't make the right enzymes to digest food. No one can see that I suffer from low blood sugar because I can't properly metabolize nourishment. No one can see that my body is attacking its own nerve cells from autoimmune dysfunction. No one can see that mercury, lead and arsenic cannot be excreted from my body, so it keeps building up in my brain. No one understands that my body cannot tolerate normal enjoyments for children, like bright, vivid colors and loud noises. I desperately want to be a kid and enjoy these things, but my body just won't let me.

But everybody can see how inappropriate my behavior can be when I am out in public. Everybody can see how immature I can be compared to other kids my age. Everyone sees the 2-year-old's tantrum when things have been too overwhelming for me. Everyone sees my frustration from trying to cope. Everyone sees my screaming and fighting. Everyone just assumes I'm being bad, not that my body hurts, my eyes are in pain from colors, my ears ring with loud noises not heard by others. Everybody sees my tantrums when I don't get my way. No one sees that I can't explain my fear when I think I'm not being understood. Everyone may see me scream if my mom takes something away from me. No one can see that having something of comfort can keep my fears under control for me, and taking it away makes my nerves explode in anxiety. No one understands how hard I have to work just to keep my behavior from reacting to the chemical imbalances in my body that make me feel horrible. No one can see that, no matter how hard I try, sometimes I cannot control it. No one can see the shame I feel after I've had a meltdown from my body's problems. What they don't see is that I'm a person. I have feelings and want to be loved and accepted like everyone else.

What they don't see is that, when they look at me like I need a good spanking, I understand that I'm not capable of controlling my body. What they don't see is that I scream because I don't know how to say, "Help me." What they don't see is that I hear every ugly word they say, but for the life of me, I can't make my mouth say what I'm feeling. But they don't see that as a disability. They say I'm unmanageable. They say I'm a problem. But I'm not a problem. I have autism spectrum disorder.

My mom has taken me to more doctors and specialists than you can ever imagine. She's read more books and done more research on my disease than a parent would ever want. She has tried special diets, supplements, drugs and various metabolic therapies. She has prayed for guidance and asked for discernment on how to help my body. And behavior, oh yes, has she tried everything to help my behavior. Stop telling her all I need is a spanking. If a spanking would stop all this, my mom would gladly exchange my disability for spanking. She knows better than any of you what I need to help me, and what we both need is your understanding, not ignorance.

I just want to be accepted and understood. Not blamed and shamed. I want to be appreciated for my gifts. I do have some if you look more closely. I want to be cared for as a person. I want you to care, even when I act like I don't. I want to be respected, just like you do. I want you to respect my mom and dad for all the hard work they have done to help me try to lead as normal a life as possible. I want you to respect my family and all the struggles we have endured because of our love for each other. I want to be loved like any other child. And I need you to role model respectful behavior for me so I can be respectful, too. I want you to love me just like Jesus would.

Debi Tyree Haney is a freelance writer and author of the children's book
"Jessica's Little Sister." She is a disabilities advocate who lives in Knoxville.

Shadow Aide Guidelines

As posted on the ME LIST by Beth 24th May 2004

Phase One:

1. Physically prompt child to participate in all school activities. Target attention and compliance to simple group directives (i.e. it's clean up time, go line up, Etc.). Fade out gradually as able. Get the child engaged in parallel play. Be sure your child has something that all the other kids want so that your child will automatically be become the centre of attention. Help the child to play with the toys appropriately and to it in the middle of the group of children. Work on expanding the duration of these parallel play situations.
2. Insist upon appropriate eating skills. Prompt your child to use eating utensils if applicable. Prompt your child to use his/her napkin. Prompt your child to clean up his/her meal.
3. Reduce episodes of inappropriate behaviour. Target one behaviour at a time. Apply reductive procedure consistently. Use shaping and reinforce progress towards appropriate behaviour. (i.e., Circle time is often difficult for our kids. Initially, require your child to sit appropriately, without fussing or tantrumming, for a short amount of time. Recommend back chaining this. Bring the child in for the last minute of circle, so he/she sees completion and has success. Reinforce your child if he/she while they accomplish this goal and on completion have them choose a preferred activity for reinforcement. The next day, require him/her to sit in circle time for a little longer - 2 min - and reinforce if this goal is accomplished. If the goal time is not accomplished, stay with that time duration until mastered. Continue with this process until finally the child is able to sit appropriately through all of circle time. If tantrums disrupt the class, you may remove the child from the class setting (if absolutely necessary) and go outside to do easy but disliked drills - to redirect yet not reinforce tantrum.)

Phase Two:

1. Fade prompts with all steps in phase one.
2. Promote language use. Target greeting with teachers and children. Ensure eye contact when speaking or being spoken to. Teach rote questions in which our child can use to initiate play. (i.e. will you play with me?) Prompt for correct responding to teachers and children.
3. Target appropriate classroom behaviour. Following group directions. Participation in art projects, play stations, structured game time (i.e. Ring around the Rosie, Red Light, Green Light etc.) Participation in clean up times. Indicating need to use the bathroom.
4. Prompting for interactive play. Tutor should make friends with the other children. The other children, as result, will want to be around the tutor and therefore our child. When the children request the tutor's participation in an activity, the tutor should immediately have the other children ask our child to play. (The tutor's participation is contingent upon the children engaging our child) The tutor should continually prompt our child to participate, attend, and speak with the children appropriately.

Phase Three:

1. Target more independent classroom functioning. Fade out strong prompts from phase two. Prompt our child to look at the other children in order to know what to do next. (Do not tell the child what to do) Require the child to raise his/her hand to participate in classroom discussion (i.e., calendar talk). Ensure that our child sings all songs, says the Pledge, and/or any daily prayers with the rest of the children.
2. Increase frequency of independent play interactions. Encourage our child to ask questions and respond elaborately to the questions of other children. Require our child to seek the attention of another before speaking about the topic at hand. Require our child to find a friend before playing with anything. (i.e., the child has to initiate play consistently). Encourage child to share toys appropriately. Promote special friendships with classmates. Often our kids are more advanced academically. Use this to our kid's advantage!!! Encourage the teacher to use our child as his/her special helper. The other children will admire our child for his/her abilities and often, as a result, our child will become the cool kid" at school.

Phase Four:

Requiring independence in the classroom. Work with the teacher! Help the teacher to help our kid. Show the teacher how to maintain skills mastered in phase three and how to work on current areas of difficulty for our child. Step in directly only if absolutely necessary. Observation and document are crucial. They are more important than direct intervention. This is the time for generalizing skills learned in ABA sessions. Can he do it on his own? How effectively is he applying the skill? Exactly where in each step-by-step process does he need help? What are the specific difficulties encountered, (language, social engagement, pro-active invitations to play, getting distracted, lack of creativity in play, rigidity, frustrated, tantrums, etc." What do you SEE? What specifically needs to be worked on more? Shadow is perceived by all children in the classroom as regular classroom aide who is available to work with all children in the classroom.

Notwithstanding this perception, shadow is observing the demonstration of specific behaviors and situations for daily report. Shadow is NOT perceived in any way to be "assigned" to work with any specific child. Whenever possible, child's requests should be directed at the teacher, not shadow, just as for other children. Do not repeat the teacher's instructions, get him to ask for clarification with a direct question for and to the teacher. It is always preferable to have support provided by teacher than for it to come from shadow.

Fade out procedure. The tutor should work with the teachers. A new tutor should be assigned to the case without the knowledge of our kid. That tutor should appear as one of the teachers' aids and should not be linked to our child in any way. The tutor should prompt the other children as well as our child to participate, attend, and play appropriately. This tutor should not come to family staff meetings. If it is necessary, have the tutor come to the meeting, but ensure that the child does not. When this tutor feels all is well at school, begin decreasing this tutor's hours until the child is completely on his/her own at school. Senior tutor should do one hour school observations once per month to check maintenance of skills at school.

Your Goals In Shadowing...

1. Toleration of classroom and other children - no self-isolation
2. Toleration of transition without fuss
3. Participation in nonverbal activities
4. Following instructions
5. Class routines
6. Increase independence
7. Follow 1-1 instruction from teacher
8. Active verbal participation
9. Socializes without prompting (joins another individual; joins a group; invites another individual to play; invites a group to play)
10. Acquires information in school setting
11. Learns through observing
12. Can recall events at the end of the school day

How To Fade:

These are the stages of shadow participation

1. Can be full time for a long time
2. Fade yourself MINUTE BY MINUTE
3. Work with teacher to transfer instructional control
4. Identify activities in which assistance no needed
5. Continue to monitor attention, acquisition, socialization
6. Assess mastery of all goals
7. Fade for portion of day
8. Use confederate shadow (child doesn't know this person or know they are a shadow), person blends in with regular classroom.

Strategies for classroom integration

1. Mom will bring child to school and hand him off to the teacher, not the shadow.
2. Have him sit close to the teacher, but in a location where the shadow can get to him easily with minimal disturbance to the other children.
3. Shadow's home base should be at a distance from him. Do not park next to him. Do not have him sit in your lap at circle time. Move in as needed to prompt or give direction, but always move quickly back to your home base. Do not have him think that you are his "special buddy" and he can rely on you to interpret and direct him. Rather, he should feel at all times that he is responsible for his own behavior and all consequences.
4. If possible, copy lyrics of regular and special songs that the class sings so we can practice at home.
5. Find out what stories are going to be read to read them again afterwards at home. We've done story time at home and at the Library just the way they do it in school, with lots of Q & A (practicing behaviors -- wait your turn, ask a good question, listen to the other kids, no interrupting, etc.)
6. The teacher should be viewed by the child as the key person. Shadow is there as back up and to observe. The exception is when specific structured teaching programs are being implemented that regular staff are not able to do (e.g. because they are busy teaching the other children).
7. Never repeat the teacher's instructions. Reason: Why bother listening to the teacher if the aide is going to repeat it in any case? Also, in not repeating things, you don't draw additional attention to you or to him. You are not perceived as such a crucial so part of the class process for him, which will make it easier for him to cope without you.
8. Free time: If he is not choosing an activity and needs a prompt, occasionally prompt the peer instead of prompting him to always approach other peers. Have a peer say, "Max, get a puzzle and come sit with me." Prompt peers to initiate interaction frequently. For example, "Max, what are you doing?"
9. To get him to interact with others, don't invite to play with you "Max, let's go play with the blocks". Instead tell him, "Go see what (other child) is doing", and don't follow him over there - watch to see what happens, then intervene only if required. Another way is to get him to comment to another child on what he is doing. For example, prompt him to say "(Other child's name), I'm making a dragon.", or ask the other child "What are you making", then see if he comments on his own work as well.
10. Have other children model appropriate language (asking for things, asking questions about conversational topics etc.). When he needs assistance with arts & crafts or building, have peers model this too - "Max, here's how you put these blocks together".
11. Prompt him to call attention to what he has done. For example "Hey (other child's name), look at this I made a dog."
12. When he is not following along with the other children, cue him to look at what they are doing "Look over there". This is always preferable to getting a direct verbal prompt from the shadow "Go get the scissors".
13. If he is off-task, sometimes you should deliberately wait to intervene so as to allow the teacher the opportunity to do so. Always be alert to when she is starting to move toward him and immediately back off if she does. You can develop a signal for the teacher to let should let her know that he needs redirecting. CAUTION: Do not make this a burden for the teacher, but encourage her to do this when she is able. If the shadow is always jumping in quickly, there will never be room for the teacher to become the one that controls his behavior.
14. If he is not following a direction, be slow to intervene. There are three possible solutions that are better than having the shadow intervene: 1) he figures it out himself; 2) a peer tells or shows him what to do; 3) the teacher gives him direction. If he needs a prompt, ask "What are you supposed to do?" If he does not know, prompt him to ask appropriate question of appropriate person.
15. As a participant in the class, cultivate your relationships with the other children, so they will be responsive to your requests and will be drawn to activities where you are present. Make yourself a magnet. Use that to deflect their attention to the target child, in effect establishing him as a secondary reinforcer.
16. ASD children are typically susceptible to being lured into wild and inappropriate behavior through a desire to get a reaction (e.g., laughing) from the other kids, or do not realize that saying it once is funny, but saying it three times is not funny any more and looks "odd". They need to be protected from this and the other kids should be taught not to do this as well -- learning the rules of what is socially OK. This is case-by-case learning, but please document for role-play after.
17. Monitor inappropriate peer behavior. Do not assume that everything is his responsibility - his pro-actions and also reactions to the inappropriate behavior of peers. Although the "Golden Rule" still applies to his behavior, they should be required to behave appropriately as well.
18. He MUST respond to every instruction given by the teacher or ANY overtures given by another child. (such as "Hello", asking a question, making a comment directly to him, etc)
19. The expectations from him should match what is expected from the other children.

Positive Practice for Toilet Training

By Reem Elghonimi

My son is over 6 years old and we just potty trained him this year. He had been urinating in the potty for over a year but we just could never get him to do a bowel movement in it. I have been trying to potty train him since he was 2.

We first implemented the Positive Practice (PP) with the pee-pee and when that was successful, we moved on to the poo-poo training with much the same method (except that it is much messier). PP is a technique developed by Nathan Azrin and Richard Foxx, both Ph.D.'s who have much experience in training children with developmental delays. The methods they developed were tested on autistic kids, down syndrome kids and the range of mentally challenged as well as normally developing children. The methods worked for potty training all of them to urinate. What they found was that usually the BM's would also come around sooner or later with no additional training.

Our experience was that our son was just as happy doing the BM's on himself because we never gave him any consequences to his behavior; we just cleaned him up and said it's yucky and big boys have to use the potty for poopoo.

Our ABA therapy consultant, after hearing our desperation, told us to try the PP method for the BM's if we were sure he actually had control of his muscles for BM's. Because he was older (6 yrs.) we felt sure he did. Also, because he always held it when we were outside of the house. Our consultant did not give a clear green light for us to try it, just like the Azrin and Foxx approach also does not recommend trying the PP for BM's. This is just to make sure you know this information. We were so desperate to have this milestone under our belt that we went for it. And it worked for us in a relatively short time because we had trained our son using the same method for the peepee, so he pretty much knew how it would be. Some kids are trained in this way in 1 or 2 days. He had been having constipation, so it took him a little longer - about one week but it worked!!!

First, it needs consistency. Whenever he poops, you make him just barely put his hand on his pants from the back and ask him "are you clean or did you poop?" then you answer for him "you pooped. oh no! we have to practise going potty" and then you lead him quickly, running to the potty. He has to pull down his pants, sit on the potty while you're telling him that "poopoo in your pants is yucky, big boys do poopoo in the potty, etc..." He doesn't have to sit long (just tell him to go poopoo to finish if he needs to) then he pulls his pants up again quickly and you go back to where the accident happened to repeat this procedure 10 times, quickly. If the child tantrums, you have to make him keep going and if necessary, you do the pulling up or down of the pants. Show him he cannot escape by having a tantrum.

After the 10 times, he should be taught as much of the clean up as possible. How to flush, clean up himself, wash hands, get clean clothes, etc... You shouldn't praise him for this since he had an accident.

Every 30 minutes should be a dry pants check to make sure he didn't poop. If he did, the PP should be done again. If he is clean, then have a reward ready with you and immediately reward the clean pants with a good treat and plenty of praise! The negative behavior is thus punished with the 10 times going back and forth to practice pottying and the action you want – the clean pants - is rewarded with praise and treats. Moreover, the practice of running quickly to the potty helps them to actually do it the next time they need to go!

Keep taking him to the potty every hour or so and have him sit even when clean so he can try going in the potty. The first time he actually eliminates in the potty should be a big party, of course! But after that, have less praise for that as you don't want him to get used to toileting on his own without needing praise each time. When he initiates going to the potty by himself (when he needs to use it for poopoo), that should be praised after he completes all of the clean up steps. Keep checking for clean pants and

rewarding that by praise till he has been self-initiating going to the potty for around 2 weeks. At that point, he probably has the process down and won't have any more accidents and you can stop doing clean pants checks or taking him to the potty. Then you can gradually wean him off the praise for the clean pants, also. But if he has an accident or a setback, consistently use the Positive Practice method again.

I know how frustrating this can be as I have been there. I wish you luck and I hope this helps! I have also prayed a lot over this and feel very blessed that here is treatment and therapy for these kids even if it's a long road. We are a Muslim family, and we thank God every day for these great victories tne day at a time.

WINTER IS HERE..

THE SEASON OF RUNNY NOSES

Can your child blow his/her nose????

Three part exercise that you can practice for nose blowing, when the child doesn't have a cold, or any nasal congestion. You will need a small rectangular plastic mirror, a cotton ball or puff and a nose flute.

1) Place the mirror under the nose, while his mouth is closed. (You may have to cover his mouth at first with your hand, to establish a nasal airflow.) Talk about the fog that he has made on the mirror. Keep practicing until he can make the fog 5 times in a row. Then move on to making the fog on the mirror bigger with more nasal airflow, again 5 times in a row.

2) Once this is mastered, move on to adding the cotton ball or puff to the mirror, make sure its close to the child's nose to start off, but don't use items that are small enough to get sucked up into the nose, just in case he accidentally inhales. You can say "Sniff out" or what ever you like. (When we say blow, our child always uses his mouth.) Have your child "Sniff out" until he can move the object off of the edge of the mirror, 5 times in a row.

3) At this point you can move on to a nose flute. We bought the mirror and the nose flutes at **www.talktoolstm.com** I think the flutes come 3 to a package, you can demonstrate the position and sound of the nose flute. Place the upper part of the flute under the nose, and the lower portion inside your lower lip. make sure that there is a complete seal around the opened mouth. Exhale firmly through the nose to demonstrate the flute sound. The object is to make the sound prolonged for at least two seconds. 5 times in a row. Once this step is mastered, you are ready to start working with a tissue. Good luck! This full exercise is out of an oral-motor exercise book, from that website. Hope this helps. Our child actually thought this was a fun game.

New Westside Support Group Meeting

Come and join us for a cuppa, cake and a chat. A member of ABIQ will be talking about gluten free, casein free diet. Take this opportunity to learn more and share your experiences with other people dealing with the same issues. We are meeting at 1 Spinkbrae Street, Fig Tree Pocket on Friday 30th July starting at 7:30 pm. Please phone Ruth on 3878 3879 if require more information or just turn up.

ABA Resource Kits Now Available

ABIQ now has kits available for borrowing containing some NEW resources that will support an ABA program. These include:

Beginner Kit

Cards:

- Common Nouns
- Verbs Basic
- Environmental Objects
- Function of Objects
- Matching Identical Pictures
- Matching similar Pictures
- Matching Picture to Objects
- Matching Shapes
- Matching Numbers
- Matching Letters
- Associative Objects
- Letters
- Numbers
- Colours
- Shapes
- Sequencing – Basic
- Matching Colours
- Pics for PECS CD Rom
- Wooden Blocks

Intermediate Kit

Cards:

- Verbs Intermediate
- Matching Quantities Identical
- Matching Quantities Different
- Food and Transport
- Clothing, Animals and Furniture
- Emotions
- Places
- Attributes
- Community Helpers
- Prepositions
- Gender
- What's Missing?
- What's Wrong with this Picture?
- When
- Sequencing Intermediate

Advanced Kit

Cards:

- Verbs Advanced
- Why/Because
- Sequencing Advanced

Available soon: A manual to assist if you want to train yourself to deliver an ABA program or if you just want to be familiar with ABA in order to work effectively with a consultant. Includes Training Manual, program Managers guide and forms disk.

The purchase of these items has been made possible through the funds raised at the ABIQ Ball and also by the generous donations from

Honda Foundation

and

The Courier Mail Children Fund.

USEFUL WEBSITES

ABIQ WEBSITE www.abiq.org NOW FEATURES

- Online forum
- Conference notes
- Conference Video/DVD order form
- Members only section including past and current newsletters, Noahs Ark resource list, parent reference books, therapist/teaching assistant register
- Acknowledgement of sponsors
- Inaugural Charity Ball photos

The MMR Decision Aid

The National Centre for Immunisation Research and Surveillance, Australia

http://www.ncirs.usyd.edu.au/decisionaid/faq_01.html#12

Gluten Free Treats

www.glutenfreefavourites.com.au

Resources for the early learner

www.autismteachingtools.com

UNI OF QLD STUDY COURIER MAIL 8 JUNE 2004
FOR QUEENSLAND - BRISBANE

Virtual PI gets lead on Asperger's

A virtual detective is helping children with aspergers syndrome discover new social skills and unravel the mysteries of their emotions. University of Qld clinical psychology PhD student Renae Beaumont has developed an innovative computer program to improve diagnosis and treatment of the common childhood development disorder. It is believed to be one of the first treatment programs of its kind and, if proven effective, could have international ramifications in advancing treatment programs. Aspergers syndrome, a condition similar to autism, is generally characterised by a severe deficit in social skills, lack of understanding of emotions and obsession with an interest that preoccupies much of the child's time. Computers are common interests. Ms Beaumont has spent the past 18 months developing 2 computer programs - one to assess children for asperger's syndrome and analyse problems, and the second to improve children's social and emotional skills. "In the computer game, the child is a junior detective who progresses through different levels of training in an academy". she said.

On the 3rd level, the child is projected into a virtual reality mission where as the junior detective they are confronted with bullies, who are the criminals, and have to negotiate what they're going to act so the criminals don't hurt them".

Children aged 8 to 11 with asperger's syndrome are needed to participate in the program. Families can contact Ms Beaumont 0412 566 620

ABIQ's 2004 Charity Fundraising Ball "Reach for the Stars"

This year we held our inaugural Charity Ball on May 15th, to raise not only funds for resource kits for children undergoing ABA programs, but also to raise the profile of Autism and ABIQ; and what a resounding success. A fabulous turn out of support from our guests and feedback has indicated that all enjoyed a wonderful night. Guests were not just from within the Autism community but also from supportive community members and corporate groups. ABIQ was honored to have Energex as our major sponsor of the Ball and their support and patronage is greatly appreciated. We were also very fortunate to have been supported by a number of other wonderful companies and patrons, as listed below.
If an opportunity arises to select one of these companies below in your daily life as a consumer, please do so, as we would like our supporters to support those that support us so well. Many thanks to the following organisations:

Our sponsors………………………………………………… **ENERGEX**
Supported by……………………………………………… **ESCAPE TRAVEL**
With special thanks to……………………………………… **THE HONDA FOUNDATION**
Thanks for your advertising support.......................... **B-105 FM**
4BC AM
COURIER MAIL
Thanks to the following for their donations............… **MAYNE GROUP**
COMMONWEALTH BANK

Thank you to the following for their support in making the night a success….

7th House – 'Brisbane's Premier Music Group'
G.T. Print
Direct Framing
ABC Balloons
An Arty Atmosphere
Diamond Code & Design
Wings Quartet
Novotel Brisbane

Thank you to the following people for their time, contribution and donations….

Madonna King
Andrew McMicking
Peter Walmsley – Senior Editor of Cutting Edge Post
John Walmsley
Cathy Bevis
Leanne Stumer – Creative Memories consultant
Peter Dutton MP
Haesley Cush
Donna Williams
Glenys Gudgeon
Maurean Brand
Rupert McCall

Thank you to the following businesses that supported ABIQ for this event. Please support those businesses, which have supported us…

North Lakes Golf Club
Kingfisher Bay Resort
Lee Carter Galleries
Four Season Hotel, Sydney
Bridgeclimb, Sydney

Sofitel Melbourne
David Cox Dental
Crowne Plaza

Naturally Fruit
Mrs Flannery's
Lots of Flowers
Laserforce
Jon Le Court

Imagery Innovative Photography
Kirkman Labs
Novotel Brisbane

Superstars and Legends
The Jetty Waterfront Apartments
Two Small Rooms
Dockside Comedy Bar
Gilhooley's

Hobbyrama
Holden Racing Team
Kingston Park Raceway

Avis Rent-A-Car
Essendon Football Club

Powderfinger
A Better Image
Mud, Metal and Fire
WOTIF.com
UltraTune Wacol
Restaurant II
Regatta Hotel - The Boathouse
Bright Eyes Sunglasses
All Hire, East Brisbane
Gold Coast International, Surfers Paradise
Mitre 10
Malouf Group Pharmacy
Johnson and Johnson Pacific
Brisbane Car Sound
Brisbane Lions
Carina Fruit Market
Eagle Farm Racecourse
Wickham House Compounding Pharmacy

Novotel Twin Water Resort
Novotel Twin Waters Resort Golf Course
Nouval Wine Tours
Kodak North Lakes
Safe Drive Training
Sams on Sutton
Seaworld
Sirromet Wines
Red Balloon Days
Sony Music Australia
Splash Leisure
Splash Safari's

Stefan Hair Fashion
Straddie Kingfisher Tours
Studio Jae Photography
Sultan's Kitchen
Suncorp
Sunshine Coast Skydiving
Commonwealth Bank
Someplace Else, Sheraton Brisbane Hotel and Towers

Dick Smith Foods
Harvest Rain Theatre

Go-Vita Mt Ommaney
Warrego Wines
Webster and Wood
Whalesong Cruises
Wilson's Boathouse Restaurant
Thai Orchid – Milton & Springwood
Runs to Win
Raw Metal Dance Co.
Queenies Traditional Teahouse
Queensland Cricket Association

Pro-Rentals
Airport Securapark
A.H. Jackson & Co.
ABC Balloons
Australian Sports Galleries
Club Pacific Carindale
Dracula's Cabaret Restaurant

New Online Donation Facility

This new facility via www.abiq.org has been set up to provide a convenient way to support ABIQ. If you are unable to attend a fundraising event but wish to donate, then jump on the internet. This site maintains security so your personal details are secure and only amounts you specify are deducted from your account. This site has been set up as a Brisbane City Council initiative.

<u>Learning Steps</u> offers a multidisciplinary Early Intervention playgroup for children aged 5 and under, who are at risk of, have been diagnosed with, or are suspected of having a delay or impairment in any of the areas of

- Autistic Spectrum Disorders
- Speech Language Disorders
- Communication
- Language
- Play
- Social skills
- Behaviour

The playgroup is run on a weekly basis for a block of 8 weeks. There is a limit of six to eight children per group, with numbers dependant on their individual needs.
The developmental educational therapy team includes 3 educators (Special Education Teacher and Guidance Counsellor, Speech Language Pathologist, Occupational Therapist), operating within a multidisciplinary framework.

<u>Members of the team:</u>

Janet Eales Dip Educ. Dip Spec Ed. M. Ed (Guidance and Counselling) (Special Education Teacher and Guidance Counsellor)
Sue Park B.Sp.Thy. M.Sp Path. (Senior Speech Language Pathologist)
Jenni Machin B.Occ Thy. (Senior Occupational Therapist)
A parent or both parents are asked to attend the playgroup, both to encourage transfer of learning to the home situation and to be involved in discussion and information sessions.
Children will participate in structured, fun and play-based learning sessions to help them develop skills needed for communication, thinking, play and learning.
For more information please contact Janet on 33780208 or by email learningsteps@optusnet.com.au

National Autism/Aspergers Event & Biennial Autism Conference in Canberra

A National Autism/Aspergers Event in Canberra to coincide with the Biennial Autism Conference is being held in October. 'An Audience with Autism' will also be held on Thursday 30 September. A sea of white garden chairs with photos of people with Autism/Aspergers will be lined up out the front of Parliament House, Canberra to represent our community. This will be a wonderful opportunity to raise the profile of Autism/Aspergers in the community and we hope that everyone will be involved. If you have any further questions or would like to assist us to ensure that this event is hugely successful you can contact the organisers via email at awarenessevent@a4.org.au, or call 03 5176 0066

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

Date Claimers			
DATE	**TIME**	**EVENT**	**CONTACT**
24th July	7.00pm	Trivia Night -Bronco's Leagues Club	Dee – 3879 9990
30th July	7.30pm	Support Group Meeting Northside	24 Currajon St Brendale Bianca 3264 3995
30th July	7:30pm	***NEW*** Support Group Meeting Westside	1 Spinkbrae St Fig Tree Pocket Ruth 3878 3879
27th Aug	7.30pm	Support Group Meeting Southside	1 Albin Ct Rochedale South Maria 3341 8973
11th Sep	2.30pm	**Annual General Meeting** All members welcome	1 Albin Court Rochedale South Maria 3341 8973
5th Nov		Charity Golf Day	Yvonne – 3886 0096
7th May 2005		Masked ball...as a launch to National Autism Awareness Week....	

Media Release

The 2004 Autism Conference
14 & 15 May 2004, Brisbane Technology Park

Autism Behavioural Intervention Queensland (ABIQ) recently staged The 2004 Autism Conference in Brisbane during 14-15 May 2004 at the Brisbane Technology Park. The event, coinciding with National Autism Awareness Week, was supported financially by Disability Services Queensland and Autism Queensland.

The 2004 Autism Conference was officially opened by Mrs. Desley Scott, the State Member for Woodridge.

ABIQ is run by volunteers (mainly parents of children with autism). Its goal is to enhance the treatment of children with autism, focusing on effective early intervention. Operating on a non-profit basis, ABIQ offers parent-to-parent support, information and resources for families of children with autism.

The conference was a bold but necessary initiative by ABIQ to raise community awareness of autism and to give Queensland parents and professionals the opportunity to hear national and international speakers in the field of autism.

Photo 1 – Mrs. Desley Scott, State Member for Woodridge and Michael Chan, Conference Coordinator, at the Official Opening

"Reach for the Stars" was chosen as the theme of The 2004 Autism Conference, reflecting the belief that children with autism have boundless potential to achieve. Learning and networking opportunities created by this conference were considered to be a valuable factor in helping children with autism "reach for the stars."

By ensuring the conference was affordably priced for delegates, ABIQ hoped to encourage maximum participation and enable access for those who have most to gain (i.e. parents of children with autism). Video taping of conference presentations has enabled an even wider audience to benefit from the event. For more details, visit www.abiq.org or contact ABIQ by phone on (07) 3264 2852.

Over 450 delegates attended The 2004 Autism Conference. While most of the delegates reside in Brisbane, many others traveled from regional Queensland, Northern Territory, New South Wales, Victoria, Western Australia, New Zealand and America.

The conference attracted presenters from all over Australia and the USA. A total of 45 presenters (including seven international) presented on a variety of useful topics related to autism and treatment approaches. General feedback received from delegates has been positive, with many commenting that they have gained valuable information to help them in their journey with autism.

Photo 2 – Conference delegates during the afternoon tea break

The 2004 Autism Conference was originally conceived by a small group of parents (on a volunteer and part-time basis) as a small-scale event with a maximum of 300 delegates and largely local presenters. It has turned into a runaway success, with 45 presenters and over 450 local, national and international delegates. ABIQ is proud of this achievement and its positive response to those whose lives are touched by autism.

CONFERENCE HANDOUTS AND VIDEO/DVD ORDER FORMS NOW AVAILABLE ON THE ABIQ WEBSITE
www.abiq.org

Available for Loan to ABIQ members – No charge

Video Cameras

North side: contact Kylie Graham: 3300 2850
Southside: contact Carmel Grasso: 3219 2080

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.