



Autism  
Behavioural  
Intervention  
Queensland Inc  
P.O. Box 7053  
Brendale Q 4500  
Ph: (07) 3881 1868  
Fax: (07) 3889 8939  
Regional Qld: 1300224753  
[www.abiq.org](http://www.abiq.org)  
[enquiries@abiq.org](mailto:enquiries@abiq.org)

## ABIQ NEWS

December 2006

*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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**Merry Christmas**

**and a Happy New Year**



**to all ABIQ Members**

The ABIQ office will be closed between Dec 21st 2006 and Jan 8<sup>th</sup> 2007.

During the remaining school holiday period, the office will be attended on a part-time basis. If you are planning to borrow resources, please telephone beforehand to ensure the office is attended.

Email and phone messages will be checked on a regular basis.

Did you miss The ARMS Global Autism Conference in October?

Or the post-conference workshop presented by Dr Mark Sundberg?

ABIQ has video and DVD sets of recent presentations in the library.

Conference presentation videos may also be viewed on the ABIQ website.

# President's Column

## by Belinda Harris

As 2006 draws to a close, all I can say is “what a year at ABIQ”! Just some of the things that were achieved:

- We formed an alliance with AEIOU
- We moved into a real (albeit not salubrious) office
- We planned, managed and hosted a highly successful conference, which was attended by over 500 delegates.
- We spent approximately \$9,500 on resources (books and toys) to be stored at our office and Noah's Ark and accessed by our members.
- We arranged 7 seminars and workshops
- We farewelled a tireless and dedicated committee member in Michael Chan
- We welcomed a new member to our Committee in Kellie Postle;
- We hosted another successful Christmas party for members and their families.

Michael has retired from the ABIQ Committee after having put in years of effort supporting and guiding ABIQ. His input will be sorely missed by the ongoing Committee but we certainly wish him and his family (Mi and Christopher) a well-deserved break from the ABIQ Committee. Michael can't quite give us away though and will help with various projects in the future, for which we are very appreciative .

We also farewelled another dedicated ABIQ member from our Committee in September, Des Sipos. Des is a founding member of ABIQ and his many years of support are also greatly appreciated.

The new Committee is myself, Kylie Graham as Vice President, Bianca Joe Kong as Secretary, and Richard Keylock, Maureen Brand and Kellie Postle as General Committee Members. It is very much a job for the committed and I thank all of our Committee members for giving up so much of their valuable time to help in the management of ABIQ. I would also like to give special mention to Zhimin and Xindi Zhan for their continued assistance with the ABIQ website.

Our alliance with AEIOU was forged under Michael Chan's leadership and leaves the ABIQ Committee to focus on what ABIQ do best, supporting families, providing resources, running workshops, seminars and global conferences. We have agreed not to actively fundraise, and in return AEIOU underwrite a large portion of our running costs. This leaves AEIOU, an organisation with a very professional and proven fundraising capability, free to do so without ABIQ competing for the same funds. AEIOU provide a very valuable and much needed resource to Brisbane's autism community with their centre. They have plans for expanding this existing single centre to provide more early intervention programs for children with autism throughout Queensland. This newsletter provides further details on some of AEIOU's activities. I encourage ABIQ members to follow and support the fundraising activities of AEIOU via our newsletter and also regular email updates. My husband and I were fortunate enough to attend the recent AEIOU event “Sing for Kids”. It was a great evening full of wonderful entertainment, and of course significant funds were raised to help children with autism.

I was delighted to see so many of our members at ABIQ's annual family Christmas Party on Sunday 3<sup>rd</sup> December. This is an event all about the children, although I know that the parents enjoy catching up in the relaxed and safe surroundings. It is fast becoming a “not to be missed” event for our members. The 58 children who attended this year included those with autism and their siblings, and it was wonderful to see how much fun they all had. The gym equipment and trampolines were given a thorough working out and the clown show was considered a great hit with parents and children alike. The highlight of the day was Santa Claus who arrived with a sack full of presents for all the children. No one went away disappointed. We need to thank the people that put this great day together, Kylie, Bianca and Kellie from the ABIQ Committee. They were ably assisted by Carmel Grasso. ABIQ is very appreciative of the Grasso family in helping to organise this great day each year, and we thank them once again for their support.



Peebo and Dagwood entertaining the crowd



Santa, with gifts for all the kids

What the list of ABIQ achievements at the start of this column doesn't take into account is the number of phone calls or emails that our office handles every week. These are often with distressed parents who have just heard the words "your child has autism", and are desperately seeking information on what they might be able to do. They might also be with parents further along the track who are trying to decide what course of early intervention is best for their child. At ABIQ, we strongly believe that every child has an opportunity to flourish and achieve when supported the right way. Our Committee is predominantly made up of parents of children with autism. We are likely to have asked many of the same questions that our callers are now raising. The answer is different for every family, but at ABIQ we endeavour to provide you with the contacts and support you need to help make decisions.

Whilst we are proud of ABIQ's achievements in 2006, we look forward to 2007 and continuing our activities. We always welcome your feedback and ideas so please let us know if there is something you think we could do differently or better.

We trust that you and your families enjoy a happy and safe Christmas.



### Date Claimers in 2007

- March 2<sup>nd</sup>: Annual Trivia Night, Lourdes Hill College, HAWTHORNE.
- May 4<sup>th</sup>- 19<sup>th</sup>: Australia's BIGGEST Birthday Party
- May 4<sup>th</sup>: Lynn's Lunch at Hillstone, St Lucia
- June/July: Tim Sharp Art Exhibition and Cocktail Party (Date TBC)
- June/July: AEI OU Golf Day (Date TBC)
- August 29<sup>th</sup>: Sportsmen's Lunch, Tattersalls Club Brisbane
- September 28<sup>th</sup>: Alex Perry Ladies Day
- October 26<sup>th</sup>: Sing for Kids 2007.

To be updated on events throughout the year please visit our website newsletter [www.aeiou.org.au](http://www.aeiou.org.au)

# Autism World Loses A Giant: Bernard Rimland

Autistic children and their parents said goodbye to their best friend and greatest champion on Tuesday, November 21<sup>st</sup> when Dr. Bernard Rimland, founder and director of the Autism Research Institute, passed away at the age of 78.

Dr. Stephen M. Edelson, who is assuming the position of Director of ARI, says, “Dr. Rimland will go down in history as the person who ended the ‘dark ages’ of autism and spearheaded the fight to bring hope and help to autistic children. When he began his work in the field of autism in the 1960s, psychiatrists blamed parents for their children’s autism, institutionalized those children, and ‘treated’ them by drugging them into submission. Today, autistic children receive effective educational interventions and biomedical treatments that bring about dramatic improvement and often even recovery. At every step of this revolution, Dr. Rimland led the way—and at every step, he had to fight tooth-and-nail against an establishment determined to maintain the status quo.”

Dr. Rimland’s forty years of work on behalf of autistic children began with a single child: his own son, Mark Rimland, born in 1956. In the most recent version of the DAN! treatment manual, Dr. Rimland wrote, “Mark was a screaming, implacable infant who resisted being cuddled and struggled against being picked up. He also struggled against being put down. Our pediatrician, Dr. Black, who had been in practice for 35 years, had never seen nor heard of a child like Mark. Neither Dr. Black nor I, who at that time was three years beyond my Ph.D. in psychology, had ever seen or heard the word ‘autism.’”

It wasn’t until Mark turned two that Dr. Rimland’s wife, Gloria, remembered reading in college about children with symptoms like their child’s. Digging through a dusty box of Gloria’s textbooks in the garage, Dr. Rimland saw the word “autism” for the first time. That discovery was the first step in a quest that covered nearly half a century.

Dr. Rimland’s battle to help autistic children began in the early 1960s, when psychoanalysis reigned and professionals believed that autism stemmed from a “refrigerator mother’s” subconscious rejection of her child. Treatments, prescribed by leading authority Bruno Bettelheim and other psychoanalysts, included having children kick and spit on statues representing their mothers.

Knowing that Mark was a greatly loved child and that the “refrigerator mother” theory was both wrong and destructive, Dr. Rimland set out to discover all that was known about autism. He scoured libraries for articles on autism, including foreign articles he had translated, and found, as he noted later, “not a shred of evidence” to support the hypothesis that bad parenting caused autism.

What he discovered, instead, was powerful evidence that autism was a biological disorder—a fact that seems obvious now, but was revolutionary at the time. He outlined this evidence in his seminal book *Infantile Autism: The Syndrome and Its Implications for a Neural Theory of Behavior*, published in 1964. The book changed the autism world forever: it won the Century Award for distinguished contribution to psychology and, as one reporter put it, “blew Bettelheim’s theory all to hell.” For parents, the nightmare of being blamed for their children’s terrifying disorder was over.

Most people would be content to rest on their laurels at that point, but Dr. Rimland was barely getting warmed up. He'd revolutionized an entire field, but he still had no way to help his own son. So he formed the National Society for Autistic Children (NSAC), now known as the Autism Society of America. Through this group, parents of children with autism—a very rare disorder, at the time—could offer each other moral support and practical advice about which therapies worked and which didn't.

Dr. Rimland started ASA in large part to promote "behavior modification" (now known as Applied Behavioral Analysis, or ABA), a treatment then being pioneered by a very controversial young psychologist named Ivar Lovaas. Authorities in the autism field scoffed at Lovaas's claim that autistic children could be helped by something as simple and straightforward as behavior modification, but Dr. Rimland spread the word through NSAC and parents began fighting for this therapy for their children. Today, of course, ABA is the educational treatment of choice for autistic children, and many autistic children who receive early ABA improve dramatically.

Dr. Rimland knew, however, that educational treatments alone could not adequately address a devastating biological disorder such as autism. In 1967, he started the nonprofit Autism Research Institute in order to create a worldwide research center and clearinghouse for biomedical treatments (which barely existed at the time). In 1985, he retired from his career as a psychologist for the Navy to devote the remainder of his life to autism research.

The first treatment Dr. Rimland investigated, based on reports from parents of autistic children, was high-dose vitamin B6. Other authorities in the autism field considered the idea that a vitamin could correct a brain disorder to be preposterous, but time and research proved them wrong. To date, 22 studies (including 13 double-blind studies) show that vitamin B6, typically combined with magnesium, benefits a large percentage of autistic children.

"One of the most remarkable things about Dr. Rimland," says Dr. Edelson, "is that he realized in the early days that parents held many of the keys to solving the mystery of autism. From day one, he listened to them and respected them—and he followed their lead. If five or six parents reported, 'DMG makes my child much better,' he didn't ignore them; instead, he organized a study to see if other children responded the same way. For a professional psychologist, even one who was the parent of an autistic child, this was a revolutionary viewpoint—and it's a key reason why ARI has always led the way in identifying new treatments and uncovering the roots of autism."

One important clue contributed by parents of autistic children put ARI squarely in the middle of a huge controversy: the debate about the safety of vaccines. Early in his work, Dr. Rimland received many reports of children who had no disability before receiving DPT vaccinations. As time went on, the number of reports snowballed, and included other vaccines. At the same time, as the number of vaccines received by children grew, autism rates began climbing relentlessly. When Dr. Rimland learned that most childhood vaccines contained thimerosal—a preservative that is nearly 50% mercury, a powerful neurotoxin—he realized that the escalating numbers of vaccines given to children could be the culprit behind skyrocketing rates of autism. His suspicions grew when he discovered that the symptoms of autism bear many similarities to the symptoms of mercury poisoning.

The medical establishment, not surprisingly, expressed great antagonism toward this theory. They turned a blind eye as well to strong evidence implicating wheat and milk proteins, persistent measles infection in the gut from MMR vaccines, and other environmental factors in causing or exacerbating autism. And they continued to scorn biomedical treatments, even when hundreds and eventually thousands of parents reported that these treatments worked – often dramatically. So Dr. Rimland began yet another new project, this time aimed at quickly identifying causes of autism and promoting the safe and effective treatments that mainstream medicine refused to investigate.

To accomplish this mission he created the Defeat Autism Now! (DAN!) project, jump-starting the project in 199- by bringing together dozens of the world's leading researchers in different fields to create a state-of-the-art treatment plan and prioritize research goals. This small first meeting grew into a worldwide DAN! movement that now includes huge standing-room-only conferences, major research projects, a treatment manual, and hundreds of DAN!-trained physicians. A happy offshoot of this massive effort is the "Recovered Autistic Children" project, in which parents whose children improve or even recover because of DAN!-oriented treatment are spreading the word that "autism is treatable." Dr. Rimland and Dr. Edelson also collaborated on *Recovering Autistic Children*, a book of stories about children who improved or recovered as a result of DAN!-oriented treatment.

In addition to these projects, Dr. Rimland served as a technical advisor for *Rainman*, the Academy-Award-winning film that introduced millions of moviegoers to the world of the autistic savant. As editor of the *Autism Research Review International*, now in its twentieth year of publication, he also provided parents and professionals with crucial information about autism treatments and research—as well as with his trademark editorials, often scorching in their condemnation of established medicine's failure to help autistic children.

Dr. Rimland achieved worldwide fame and a reputation as a giant in his field, and his friends ranged from Hollywood stars to national media figures. Yet unlike many professionals, he didn't know the meaning of an "ivory tower." In his few free moments each day, he responded to letters, phone calls, faxes, and emails from thousands of distraught parents around the world. His vast network of friends knew him as an extraordinarily generous soul and an irrepressible "yenta," whose greatest joy lay in bringing strangers together for the benefit of all. He was also a soft touch, incapable of saying "no" to any worthwhile cause—no matter how large or small. (The San Diego branch of the Autism Society was probably the only chapter whose Christmas party once featured an internationally-renowned autism researcher playing Santa Claus.)

How did Dr. Rimland find time to juggle enough huge projects for ten lifetimes, and also help out every friend (or stranger) who needed a hand? He spent seven days a week in his office. Some nights, he slept on the office floor. And everyone who worked with him knew that if the phone rang at 10 p.m., it was Dr. Rimland with another idea – often an earth-shaking one. (Not all of his ideas and interests involved autism. He owned several patents for inventions, and was an inveterate "tinkerer.")

Dr. Rimland's remarkable wife, Gloria, gracefully handled his nearly-impossible schedule while keeping a home with three children running smoothly. The autism community owes a huge debt of gratitude to Gloria Rimland for the inspiration and moral support she provided Dr. Rimland throughout the years – as well as her willingness to share her husband with an entire world of "autism parents." The autism world sends its deep condolences to Gloria and to their children, Mark, Paul, and Helen.

"Our community is greatly diminished by the loss of Dr. Rimland," says Dr. Edelson. "His legacy, however, will live on in the work of ARI and the DAN! project – and in the joy of families whose children, dismissed as 'hopeless' and 'incurable' by the medical establishment, are now leading happy, healthy, productive lives. It's exactly the legacy that Dr. Rimland would want.

# Reaching For the Stars



We love to celebrate the wonderful achievements of our special kids.  
Thanks for sharing moments like this one...



Now with most children, reaching this little milestone, isn't one for a parent to nearly jump over the moon, or lose a couple of tears over, but today was just HUGE for Nicholas (4). He managed to drag a tricycle up the back stairs and into my kitchen. Now normally outside toys just don't react well with me on my polished wood floors. But the look of sheer thrill on Nick's face was superb.

"Nick can ride his bike!" "Nick can ride his bike!" He screamed excitedly at me. Thomas (his 14yr old brother) has spent the last three months every afternoon placing both of Nick's feet on the pedals and holding them there, up and down the side pathway. Brotherly love has definitely paid off. Nick is now waiting eagerly at the front door for Tom to come home from school to show his achievements!!

It's moments like these, that make those long, intensive "why are we doing this 100 times" thoughts melt away!!

ABI Q Member  
Carmen (Mount Isa)  
4 August 2006

## THE DIFAB CLUB

(Small *FUN* Social Groups for **D**ifferently **A**bled Kids and their Siblings)

- \* Every Saturday for socially-interested children aged 3 to 12 years accompanied by their parent/carer.  
2 hour sessions run by suitably qualified and trained Facilitators at *an affordable cost to parents*.  
Venues to be northside and southside of Brisbane.  
Proposed opening in Feb/Mar 2007.
- A Contact Club for 13 to 16 year olds – provide us your details and we will put you in contact with someone who has similar interests and qualities you are looking for in a friend.

*For Enquiries and Expressions of Interest contact:*

Phone: 3353 9538

Mobile: 0422 785270

Email: [difabclub@bigpond.com](mailto:difabclub@bigpond.com)

# Research

## **Brain's Fear Center Likely Shrinks In Autism's Most Severely Socially Impaired** **Well siblings share some of the same behavioral, neural features**

[http://www.eurekalert.org/pub\\_releases/2006-12/niom-bfc113006.php](http://www.eurekalert.org/pub_releases/2006-12/niom-bfc113006.php)

The brain's fear hub likely becomes abnormally small in the most severely socially impaired males with autism spectrum disorders, researchers funded by the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH) and National Institute on Child Health and Human Development (NICHD) have discovered. Teens and young men who were slowest at distinguishing emotional from neutral expressions and gazed at eyes least - indicators of social impairment - had a smaller than normal amygdala, an almond-shaped danger-detector deep in the brain. The researchers also linked such amygdala shrinkage to impaired nonverbal social behavior in early childhood.

The new findings suggest that social fear in autism may initially trigger a hyperactive, abnormally enlarged amygdala, which eventually gives way to a toxic adaptation that kills amygdala cells and shrinks the structure, propose Richard Davidson, Ph.D., and colleagues at the University of Wisconsin, who report on their magnetic resonance imaging (MRI) study in the December 2006 Archives of General Psychiatry.\*

In a related study, another research team led by Davidson found that well siblings of people with autism share some of the same differences in amygdala volume, and in the way they look at faces and activate social/emotional brain circuitry, particularly an area critical for face processing.

"Together, these results provide the first evidence linking objective measures of social impairment and amygdala structure and related brain function in autism," explained Davidson. "Finding many of the same differences, albeit more moderate, in well siblings helps to confirm that autism is likely the most severe expression of a broad spectrum of genetically-influenced characteristics."

While some people with minimal expression of these traits might be perceived as aloof or loners, those at the more severe end of the spectrum are unable to engage in give-and-take interactions and fail to develop age-appropriate peer relationships. Notably, they shy away from looking at eyes. Davidson's research team had reported last year linked such eye-gazing with hyperactivation of their fear hub. Yet different studies have found the amygdala in autism to be variously enlarged, shrunken or even normal in size.

Davidson, Kim Dalton and colleagues suspected that these seemingly inconsistent findings resulted from the wide variability of the autism spectrum, which masked amygdala changes - that a clearer picture would emerge if the length and severity of hypersensitivity to social interactions were factored in. They brought to bear eye-tracking and other measures of facial emotion processing in combination with MRI to find out if degree of non-verbal social impairment might predict amygdala volume in 49 males, aged 8-25, including 25 with autism spectrum disorders.

Those in the autism group who had a small amygdala were significantly slower at identifying happy, angry, or sad facial expressions and spent the least time looking at eyes relative to other facial regions. Autistic subjects with the smallest amygdalae took 40 percent longer than those with the largest fear hubs to recognize such emotional facial expressions, and those with the largest amygdalae spent about 4 times longer looking at eyes than those with the smallest. Eye fixation did not correlate with amygdala volume among 24 control subjects. The size of the amygdala increased early in autism group subjects with normal eye fixation, while it increased little in those with low eye fixation. Moreover, autism group subjects with small amygdalae had the most non-verbal social impairment as children.

The researchers suggest that the amygdala in autism fits a model in which a brain structure adapts to chronic stress - in this case, fear of people - by first becoming hyperactive, but over time succumbing to a process of toxic cell death and atrophy, as has been proposed occurs in the hippocampus for some forms of depression. Children with autism who are least hypersensitive to interaction with people would thus show slower amygdala shrinkage while those who were most hypersensitive would begin to show amygdala changes early in life. Such amygdala adaptations likely affect most people with autism by adulthood, according to the researchers. However, they caution that these changes do not explain all autistic behavior, but account for slightly more than half of the variability in nonverbal social impairment.

**Professor challenges autism assumption**  
**A Willamette U. researcher says the notion that autistic children often have**  
**low IQs is flawed**

Saturday, November 25, 2006

STEVEN CARTER

SALEM -- The conventional wisdom that children with autism are often mentally retarded may be wrong, according to research by a Willamette University professor. Meredyth Goldberg Edelson, trained as a clinical child psychologist, has discovered that decades of literature linking autism with retardation were based on flawed assertions or contained no empirical research at all.

Mental retardation -- as contrasted with the less precise term "mentally disabled" -- is defined by professionals as a disability that occurs before age 18, characterized by an intelligence quotient under 70 and serious limitations in social and adaptive skills.

Goldberg Edelson reviewed 215 studies on autism, dating to 1937, which made 223 claims about the rates of mental retardation in autism. Only 58 of those claims were supported by data, she found, and most researchers stated their results without reporting how they measured intelligence.

Most of the studies that measured intelligence used tests that were inappropriate, Goldberg Edelson found.

"Many times, if the researchers had a child they couldn't test, they just assumed he or she was retarded and assigned a low IQ score," Goldberg Edelson said.

Autism is a developmental disability that causes problems with communications and social interaction. It is characterized by repetitive behavior and devotion to routine. The severity of symptoms varies widely. The cause is suspected to be complicated interactions between environmental and genetic factors that aren't fully understood.

A child's cognitive ability has never been part of the criteria for autism, but it is frequently mentioned as an associated characteristic. A widely used reference book, the "Diagnostic and Statistical Manual of Mental Disorders," says in most cases, autism is accompanied by mild to profound mental retardation. Other current literature says mental retardation accompanies autism in 67 percent to 90 percent of cases.

Goldberg Edelson, a psychology professor, came to autism research through her husband, Stephen M. Edelson, a researcher and author who was studying effective treatments for children with autism. He asked her to check the intelligence of the children in his tests.

Eventually, she tested 293 children and discovered that their IQ frequently was higher than had been determined by prior tests. Goldberg Edelson found that often the children had been given timed tests or tests that required them to follow verbal instructions or give verbal answers, conditions that are frequently hard for autistic children to deal with.

Goldberg Edelson used untimed tests that measured nonverbal intelligence. On average, the children scored a 90 -- near average -- on the IQ scale. Only 19 percent were within the range of mental retardation.

That prompted Edelson to examine the literature on autism.

She found that much of it wasn't legitimate research, and those studies that did assess intelligence were flawed in their methodology. Her results were published recently in Focus on Autism and Other Developmental Disabilities, a scholarly journal on autism. Bertram Malle, an associate professor of psychology at the University of Oregon, said autism covers a wide spectrum of developmental disorders and some children with autism are highly intelligent. "It's important for parents of autistic children to understand that there is a huge range of intellectual capacity and behavior," he said. "Some of the behavior is amenable to improvement."

Malle said he's seen cases in his own field, social psychology, in which long-held assertions turn out not to be valid. "Sometimes stereotypical beliefs are held on to," he said. "You make a claim, it's not challenged, and then the claim is repeated to the point that it becomes generally accepted."

Goldberg Edelson said it's clear that the real rate of mental retardation among autistic individuals isn't known. "I think we need to go back to the beginning and find out just what we do and do not know about autism and mental retardation," she said.

Goldberg Edelson, 45, said she hopes that her research helps prevent therapists and educators from setting artificially low expectations for children with autism.

"In the 1950s, children with autism were institutionalized," she said. "If most children with autism aren't mentally retarded, we need to find ways for them to interact with society and help them become all they can."

### **For children who need to chew.....**

Theratubing and Chewy Tubes are different tools used for individuals to regulate inappropriate behavior, to modulate oral sensory needs, and or to develop oral motor skills.

#### **Theratube**

The Theratube is a hollow, latex free tubing and comes in 4 different thicknesses in 25 foot lengths

- *Orange the thinnest is for younger children, clients who don't chew very strongly or to thread the Chewy Tubes on to.*
- *Green the next thinnest is for young children or medium chewing.*
- *Blue is the most commonly used thickness for older clients and for medium strong chewing.*
- *Plum is the thickest and lasts longest for clients who chew strongly.*

Different colours can be plaited to create attractive necklaces or bracelets

The orange can be threaded through the larger red chewy tubes

The Plum can be threaded on to a pencil to be used in the classroom as an alerting, orienting or claming device.

#### **Chewy Tubes**

Chewy tubes are hollow, T Bar shaped oral motor devices designed as part of the Jaw Rehabilitation Program, and can be used with this program to develop chewing and biting skills required for eating. They can also be used in a similar manner to Theratubing, as a sensory or behavior modifying tool.

They may last longer than theratubing for someone who chews and bites very strongly.

Chewy tubes come in 2 sizes yellow small or red large, there are also chewy P's and chewy Q's.

Orange theratubing can be threaded through the red chewy tubes. They are non-PVC and phthalates, latex and lead free for a safe nontoxic surface for biting and chewing, colours are USA FDA compliant.

For an extensive range of oral motor, sensory and fine motor therapy aids, visit Co-Ordinates Occupational Therapy Service online store at [www.therapytoyshop.com](http://www.therapytoyshop.com)

This great site shows each product clearly by photograph and you can order online, by phone, fax or mail. Queensland orders are dispatched by mail.



# USQ Psychology students assist Disability Services Queensland

First year Psychology students at USQ's Springfield Campus have successfully completed a research project for Disability Services Queensland (DSQ).

The project involved investigating the validity of Facilitated Communication (FC), a controversial communication strategy used by people with severe intellectual disability and/or autism spectrum disorder.

DSQ approached USQ to assess the controversial strategy, which enables people to communicate by pointing to objects, photos, symbols, words or letters.

The project involved a critical review of literature examining the effectiveness of FC and exploring the usage of FC in Australia and overseas.

DSQ Principal Project Officer, Matthew Wilson, said the project arose as DSQ is implementing a suite of policies, procedures and practice guidelines for providing communication support to people with complex communications needs.

'We wanted to work with a University to get an academic perspective on the subject. It's the ideal partnership. It has afforded links with USQ, afforded links with first year Psychology students and given them exposure to work in a disability services area and the opportunity to reflect on research methodologies,' he said.

'And because we employ psychologists this project was a good way to provide broader education for Psychology students, who will be psychologists that we may one day employ.'

Through their research the students found that a small number of people who use FC had since completed a degree or were in the process of completing university studies. Some FC users were also now able to type on a keyboard without physical support or were developing speech later in life post-typing.

Director of Community and Specialist Services Development Branch of DSQ, Ann-Maree Byrne, said it was great to see such enthusiasm and interest in what is a relatively new area in service delivery and research.

'We were thrilled at the commitment of the students and staff. The report will be helpful in planning services and using as a research base. This is a controversial area and we wanted an independent point of view,' Ann-Maree said.

'Working with USQ Springfield was a good way to go as it worked for both parties. Hopefully it is the beginning of an on-going relationship with the University,' she said.

Associate Dean of Sciences, Associate Professor Gerry Tehan, said the project arose out of Springfield's vision to enhance student learning through community engagement.

'This has been the students' first opportunity to do this. It was a challenge for the students, one which they lived up to. It introduced them to an area where professional psychology practice is crucial but, students new to psychology do not know much about,' he said.

**Source: USQ Website**



# Food and Diet



*Finding food treats for our kids on restricted diets can present a challenge. Here are a couple of recipes you may like to try these holidays...*

## Yummy Christmas Cookies (Gluten and Casein Free)

60g Nuttelex Margarine  
30g Golden Syrup  
½ teaspoon bicarb soda  
1 tablespoon boiling water  
¾ cup brown sugar  
1 ½ cups Orgran Gluten Free Plain Flour  
Extra GF flour

Preheat oven to 160 degrees. Melt the margarine and syrup together. Put the bicarb soda in a little bowl and add the boiling water (it should fizz). Add this to the melted margarine mixture. Mix the flour and sugar in a separate bowl and add to wet ingredients. Mix well to combine until the mixture forms a ball. Knead the ball a little to become less crumbly. Roll the dough out on a piece of plastic wrap or pastry sheet which has been dusted with extra flour. Cut Christmas shapes out using cutters eg. star, angel, bell. Carefully transfer the shapes with a spatula to trays lined with baking paper, leaving room for spreading. Bake for 10 minutes. Cool. May be decorated with icing made from pure icing sugar mixed with a little rice milk.

## Chocolate Patty Cakes (Gluten and Casein Free)

1 ½ cups Orgran Gluten Free Self Raising Flour  
½ cup sugar  
1 teaspoon vanilla essence  
60g Nuttelex Margarine  
3 tablespoons cocoa  
½ cup Pure Harvest rice milk  
2 eggs

Mix all ingredients with an electric mixer for 4 minutes. Spoon mixture into patty cake tins, lined with paper cases. Bake in a moderate oven (180 degrees) for approx 15 minutes or until cooked through. Cool on wire rack. Makes 24 small cakes.

May be dusted with pure sieved icing sugar or iced with vanilla icing. For icing, combine some pure icing sugar, a little Nuttelex margarine, a little rice milk and 1 teaspoon vanilla essence.

## **Have you got a great GFCF recipe???**

Vicki is an ABA teaching assistant who has offered to collect our favourite recipes and compile them into a recipe book, just to make our lives as busy cooks a little easier. What a great idea!

If you have a recipe (or lots of recipes) that you would like to contribute for the book, please email them to ABIQ at [enquiries@abiq.org](mailto:enquiries@abiq.org) or send them directly by mail to: Vicki Wright, 1/ 13 Bligh Street, Nundah Q 4012.



# NEW AUTISM STUDY!

Does your child have Autism or  
Asperger's Syndrome?

Children aged between 5 and 11 years with Autism and  
Asperger's Syndrome are invited to participate in a local  
research project.

Cassie le Fevre, a Master's Student from the University of Tasmania's School of Psychology, Hobart Campus, is undertaking a research project examining the differences between Autism and Asperger's Syndrome. Cassie is the Director of Behavioural Intervention Services and has worked with children with Autism and related disorders for nearly ten years.

The project aims to look at the differences between the way children with Autism and Asperger's Syndrome think and behave. The results of this study will help in the diagnosis and treatment of children with Autism Spectrum Disorder. Children will be required to attend two two-hour sessions (or the equivalent) involving an assessment of their skills and abilities.

For further information please  
call Cassie le Fevre on 0409 557 958  
Or email [chle@postoffice.utas.edu.au](mailto:chle@postoffice.utas.edu.au)

# Top Tips



## Sequencing Materials

If you are looking for sequencing cards/pictures with 4 or more steps, here is a great suggestion:

I took pictures of my other children doing a particular task. For example, get the popcorn...put in microwave...pour in bowl...eat. Then another sequence can be, eat popcorn...empty bowl...put bowl in sink...wash hands.

I noticed my son is learning my picture sequences better than the sequences I purchased (these don't interest him)...he was very interested in what his siblings were doing.

Source: Verbal Behavior List



## Swimmer's Spray

Below is a "detox" spray that I was given by my health practitioner to reduce the effects of chlorine after swimming. I know many of us use Epsom salts baths as well after swimming but they are not always available and this can be used as a backup along with TD magnesium sulfate.

¼ cup Epsom salts  
¼ cup baking soda  
3 drops of lavender oil  
1 litre water

Store in a large container and transfer some to a spray bottle that you can carry around. This can be sprayed on the kids when they are still wet and left to dry on their skin. You can leave it on until bath or shower time.

Source: Autism Biomedical Group

## Expressing feelings of pain

#There was a summer where my daughter got a lot of bruises and small injuries playing outside. Her normal course of action was to cry and scream. We taught the functional equivalent of "Owie" for the injury, talked about being "injured", "ouch" for the feeling, to point to where it hurt, to ask for an "icee bear"(cold pack) and a "bandaid". The fortunate outcome was that it helped cut down on the unspecified screaming, gave her a more typical tact for the pain, and to obtain help and assistance to remedy the situation. So far this has held up.

#When my son was 3YO, we taught body parts as part of an old style Lovaas ABA program using the SD "Touch \_\_\_\_". He loved to have us sing to him so we sang the song "Head, Shoulders, Knees and Toes" while touching our body parts and reinforcing him for imitating by touching his own body parts. He was and is completely nonverbal due to profound apraxia. We created programming on his DynaVox that had a button on the main page that said "I need to tell you how I feel." This opened a page with drawings (DynaSims--similar to Boardmaker) of various body parts. When each was touched a message was spoken such as: "My ear hurts".

Colin got frequent ear infections. After learning to use this page set, he has self reported every ear infection and been proved right by doc's exam every time.



Source: Verbal Behavior List

# NEW ABIQ LIBRARY RESOURCES

**The following materials have recently been purchased for the ABIQ Reference Collection, which is housed at the Strathpine Office. A full list of available materials is located on the members only page of the ABIQ website. Current financial members are welcome to contact ABIQ to borrow materials from this collection or to suggest future purchases.**

<i>Book Title</i>	<i>Author</i>
My Baby Can Dance – Stories of Autism, Asperger's and Success through the Relationship Development Intervention (RDI) Program	Steven E Gutstein, Hannah R Gutstein and Carlotta Baird
Parents' Education as Autism Therapists – Applied Behaviour Analysis in Context	Mickey Keenan, Ken P Kerr and Karola Dillenburger
Unwritten Rules of Social Relationships	Dr Temple Grandin and Sean Barron
Understanding Autism for Dummies	Stephen M Shore and Linda G Rastelli
The Autistic Spectrum Parents' Daily Helper	Philip Abrams and Leslie Henriques
Ten Things Every Child With Autism Wishes You Knew	Ellen Notbohm
Challenging Behaviour and Autism	Philip Whitaker
Making Change Easier – A Guide for Parents and Schools	Erica Handley
Autism – How to help your young child	Leicestershire County Council and Fosse Health Trust
Welcome to School – Helping Friends with Autism	Melanie Barrette
Mindd International Forum on Children (May 2006): An Integrative Approach to Autism, ADHD, Chronic Illness and Learning Delay DVD set	Various presenters
The Fabric of Autism	Judith Bluestone
The Churkendoose Anthology	Judith Bluestone
Applied Behaviour Analysis and Autism	Mickey Keenan, Mary Henderson, Ken P Kerr and Karola Dillenburger
The AiA Gluten and Dairy Free Cookbook	Marilyn Le Breton
The Pyramid Approach to Education: Lesson Plans for Young Children Volume One	Andy Bondy, Kate Dickey, Diane Black and Sarah Buswell
A Guide to Scientific Nutrition	Kirkman
Autism: Effective Biomedical Treatments	Jon Pangborn and Sidney MacDonald Baker
The ARMS Global Autism Conference DVD/ Video Set	Various presenters
Food Selectivity in Children with Autism DVD	Anne Cronin
Teaching Language to Children with Autism Workshop DVD/Video Set	Dr Mark Sundberg

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

<b><i>Date Claimers</i></b>			
<b>DATE</b>	<b>TIME</b>	<b>EVENT</b>	<b>CONTACT</b>
Friday 23 Feb 2007	7:30pm	ABIQ Northside Support Group  Aspley Coffee Club	Contact Kylie ABIQ (07) 3881 1868 <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>
Sunday 25 Feb 2007	9:00 – 12:30pm	Workshop: Setting up Social Playgroups For Young Children with Autism  QUT, Kelvin Grove Campus	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>
Sunday 18 Mar 2007	9:00am – 1:00pm	Applied Behaviour Analysis Information Seminar  QUT, Kelvin Grove Campus	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>
Friday 30 Mar 2007	7:30pm	ABIQ Northside Support Group  Aspley Coffee Club	Contact Kylie ABIQ (07) 3881 1868 <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>
Monday 16 Apr 2006	9:00am- 4:30pm	Making Friends and Managing Challenging Behaviours in Autism  Presented by Professor Tony Attwood  Brisbane Technology Park, Eight Mile Plains	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>  Registration open

**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.