



Autism
Behavioural
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ABIQ NEWS

June 2007

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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Think you know all about PECS????
PECS is about more than just using pictures.
Find out from the experts how to open the door to communication for your child...

ABIQ is hosting a 2 day workshop on

Picture Exchange Communication System (PECS) Training

Presented by Rachel van der Linden
(Pyramid Educational Consultants, Australia)
Sat & Sun, 25 and 26 August, 2007
QUT, Kelvin Grove Campus

RSVP Required by 30th July 2007
Sorry, no places will be available at the door.
Discounted member's prices!!!!
Price of 2 day workshop includes a copy of the PECS training manual. Goodie bag, handouts and catering.

Generously supported by the ARMS Global Group

Contact ABIQ to register or visit www.abiq.org

President's Column

by Belinda Harris

Well, another quarter has passed and we are half way through 2007. Once again the staff and volunteers at ABIQ have been busy providing resources, and putting together workshops and activities to meet the needs of our members.

In April, Professor Tony Attwood presented a one day seminar, "Making Friends and Managing Challenging Behavior" to a full house. Most of the delegates at this seminar were teachers and teacher's aides looking for insight into the behaviours of children with ASD and strategies to help support them at school. As parents, this is a step in the right direction for our children. Professor Attwood's presentation was well received and we received positive feedback. We do however take this opportunity to apologise to our delegates who were let down by the catering on the day. This was a venue problem. For some reason, they had catered well below our advised numbers.

The "Powerplay" workshop was held 20th May. - Thanks to the presenters Kylie Walsh and Jill Ireland for doing a great job. 20 participants attended this highly interactive workshop and again we had very strong feedback on the value of the content. There were lots of great practical ideas to help with developing play skills.

We recently ran for the very first time, an ABA 10 week course. The course was held once a week over ten weeks, and completed on May 30th. It was considered very successful by all involved. Thanks to Kirsten, Melissa and Andrea from Autism Partnership for presenting over the ten week period. There seems to be a very genuine requirement for such a course on a regular basis and ABIQ hopes to run future courses depending on the availability of ABA service providers.

Coming up next quarter is the PECS workshop. Thanks to ARMS Global for sponsoring this upcoming PECS workshop. Their generous sponsorship provides the opportunity for ABIQ members to attend at more affordable prices. The two day workshop will take place August 25th and 26th. Registration is now open but do respond quickly as places are strictly limited and based on our membership feedback, we expect a strong interest in this workshop.

Thanks to the Loyal Hope of Enoggera Lodge for supporting ABIQ this year in their fundraising efforts. The Lodge very kindly hosted myself and Kylie Graham at one of their meetings and we were given the opportunity to provide some information on Autism and what ABIQ is striving to do to help families undertaking early intervention. It is always appreciated when we have the opportunity to talk to people and community groups about Autism and how it affects the lives of our children and our families. At the conclusion of the evening the Lodge very kindly made a donation to ABIQ to help us to continue to provide our services to the community. We thank them for their generosity.

Finally, just a quick update on the conference planned for next year. Keep the 29th and 30th August 2008 clear for the conference. We continue to negotiate with keynote speakers both nationally and internationally, and expect to be able to make an announcement in the next quarter's newsletter regarding presenters. Once again, ARMS Global has agreed to come on board and be the platinum sponsor of our conference. They were also the major sponsor of last year's conference. Their ongoing support of ABIQ is very much appreciated as we all work together to ensure that families are educated on all early intervention opportunities available to their children. A very heartfelt thanks to ARMS Global for their continued support.

Tools, Tips, Information, Ideas and Inspiration For Teachers/Others that Work With Students with Autism and Asperger's

Different Roads to Learning

<http://www.difflern.com/>

The goal of this website is to provide is to provide information on Books/manuals, flashcards, sequencing, PECS, scheduling products, software, videos, puzzles, handwriting, sorting and manipulating and step-by-step books. There is also a page of over 20 related links for educators and families.

DoToLearn

<http://www.do2learn.com/>

Free picture cards and print activities for autism and LD; almost the same as the Mayer-Johnson pictures but a lot cheaper; great site for teachers to get some ideas on fun activities; also great for parents.

Enchanted Learning

<http://www.enchantedlearning.com/Home.html>

Good site for teachers for unit materials.

Shoe Box Tasks

<http://www.shoebotasks.com/>

Good site for ideas for shoebox tasks. Lots of links and monthly ideas.

Tinsnips

<http://www.tinsnips.org/index.html>

Great resource for educators including free worksheets and some available for purchase as well as links, ideas and seasonal theme activities.

Bry-Back Manor

<http://www.bry-backmanor.org/>

Mac downloads for games to match color, set a table and many more!

Simplified Technology

<http://www.iidc.indiana.edu/irca/ftrainpapers.html>

Ideas from Linda Burkhart--includes lesson plans, guidelines, interactive projects, and resources.

Interactive Collaborative Autism Network (ICAN)

<http://www.autismnetwork.org/>

ICAN modules with lessons organized into categories. Lessons include topics such as Overview of Autism, Social and Language Interventions.

Indiana Resource Center for Autism

<http://www.iidc.indiana.edu/irca/ftrainpapers.html>

These articles provide thoughtful discussions and practical recommendations on a wide range of topics, including behavior, sensory programming, education, communication, and other issues.

A Guide for Transition to Adulthood by the Organization for Autism Research

<http://www.researchautism.org/resources/reading/documents/TransitionGuide.pdf>

An Educator's Guide by the Organization for Autism Research

http://www.researchautism.org/resources/OAR_EducatorsGuide.pdf

An Educator's Guide to Asperger Syndrome by the Organization for Autism Research

http://www.researchautism.org/resources/OAR_Guide_Aasperger.pdf



Incorporating Learning at Bath Time

Bath time with any child is one of those rare circumstances when life is unambiguous black or white. It's either a time to look forward to or a time to dread. If you are in the latter group, skip this article. You have my sympathy...I'm in the same boat as you! If you are in the former group, read on.

For children who enjoy it, bath time offers opportunities to practice skills that aren't easily addressed at other times of the day. Parents sometimes find that bath time is the one consistent time in the day they can spend with their child focusing on the generalization of new skills. Below is a list of strategies some of our consultants have given to facilitate generalization of skills learned in a discrete trial format.

Body Parts

Hand your daughter a wash cloth and ask her to wash her face, arms, tummy, etc. To increase motivation, get a washcloth shaped like an animal (such as a duck or elephant). Ask, "Do you want the duck to eat your ear or your belly?" Have your daughter touch the correct body part while she answers verbally.

Colors

You can buy different fizzy balls that turn the water different colors. Buy a clear pitcher and fill it with some bath water. Then let your son drop a fizzy ball in the water. Once it is finished fizzing, ask what color it is. Finally, allow your son to pour the colored water into a matching colored cup. You can also try mixing two colors to make a third color or allowing your son to choose the color he wants (and then pick the correct one) rather than name it.

Letters

Buy foam letters for the bath. Show a letter to your daughter. Ask her to name it and then dunk it in water and stick it to the bathtub.

Opposites

Practice "wet" vs. "dry." Hand your son a bath toy and ask him if it's wet or dry. Then, have him throw it in the bathtub and ask the question again. Sometimes, take it out of the bathtub and have him hold it while it's wet. Next, dry it off with a towel. Do not always ask all four questions. Vary which are skipped so that he doesn't just learn a pattern for answering. Practice "hot" vs. "cold" while the bathtub is filling with water. Sometimes, take a pitcher and immediately fill it as the cold water is coming out of the bathtub. Sometimes, wait until the water is warm to fill the pitcher. Have your son put his hand in the pitcher and say if it's hot or cold.

Toy Play

Have your daughter imitate toy play that requires water (e.g., sailing boats, shampooing her doll's hair, washing play dishes). Also, simply associating water with some toys that your daughter does not use may increase their reinforcing value in the future. For example, if your daughter watches Dora but does not show interest in a Dora character play set, try first teaching her to play with the Dora character play set while in the water. Then, transfer the play set to her playroom.

Song Imitation

Sing songs while your son is in the bathtub such as: Head, Shoulders, Knees and Toes, Hokey Pokey, If You're Happy and You Know It, This Old Man, or The Ants Go Marching. He should imitate the actions. The extra splashing can add a lot of additional reinforcement to the activity.

Games

If your daughter has learned to play Simon Says, include instructions such as, "Simon says to put shampoo on your head."

Coloring/Drawing

Soap crayons can be used to draw animals, letters, shapes, numbers...just about anything. Soap foam can also be put on the wall. Then, ask your son or daughter to trace a shape or letter inside of it. Reinforcement is often provided from using the crayons and foam freely.

Research

'Dramatic Increases in IQ' with Intensive Tutoring

SOUTHAMPTON, UK: Autistic children who receive intensive one-to-one tutoring for two years when very young have shown dramatic increases in IQ levels which can allow them to go to mainstream schools, according to British research published on April 25.

<http://tinyurl.com/29vgr7>

A two-year British study into the impact of early intensive behavioural intervention (EIBI) found that some toddlers on the programme jumped 40 IQ points. A quarter showed "very substantial improvements," and none regressed.

The youngsters also showed more advanced language and better daily living skills than similar children in a control group who received standard educational support such as speech therapy. There were also improvements to their motor and social skills and early social communication.

The findings of the research, which was conducted by a team from the University of Southampton, were welcomed by autism charities. The results are likely to be seized on by parents of children with autism, which is on the rise.

According to Research Autism - one of the charities funding the study and the provider of a new website evaluating different therapies and interventions - the condition now affects one in 100 children. As well as struggling to cope with the demands of the condition, many parents also have to fight for informed help and support, including access to a suitably equipped school. Under EIBI, parents undergo training and work with specialist staff to teach their children in their own homes for 25 hours a week. The teaching programme - which begins at around two and a half and lasts for two years - is tailored to each child's needs and abilities. As children make progress, they receive constant praise and rewards for their successes.

Bob Remington, one of the co-authors of the research, said the teaching could lead to "major change." Three-quarters of the 23 children receiving EIBI were able to go to mainstream school, compared with half of the 21 receiving other therapies. As well as following the 44 children over two years, the study also assessed their parents to identify whether the programme increased the stress they experienced. In another key finding, the parents showed no more stress than those in the control group, despite the high level of input they were required to provide.

Professor Remington said: "Twenty-five hours' home therapy a week is a big commitment for children and parents alike. In fact most parents took this in their stride."

EIBI was developed in America 20 years ago and US studies have also produced positive results. The Southampton research is the first comprehensive study in Britain, where the therapy is available only in some areas. Some local authorities are reluctant to fund the \$20,000-\$30,000 a year cost per child involved. However, the researchers argue that effective early intervention can reduce the costs of lifetime care for a person with autism - estimated at \$2.9m.

The British Work and Pensions minister, John Hutton, speaking at the launch of the research, said the estimated \$5bn annual cost of autism in Britain was a "conservative" figure. People with the condition were often unable to work in jobs that fulfilled their potential, he said, calling for more research into effective early interventions.

The findings mean that autistic toddlers can go to mainstream primary schools at five with a much better chance of learning and coping, and can subsequently lead fuller adult lives.

The study, by the charity Research Autism, found that one child moved from an IQ of 30 to 70 after intensive teaching. Another's IQ increased from 72 to 115. Most of the UK population has an IQ of between 85 and 115.

The intensive teaching consists of about 25 hours a week at home supervised by specialist behavioural consultants. It helps children to improve their eye contact and concentration as well as their ability to copy words or actions.

The findings will be warmly welcomed by parents, many of whom spend \$30,000 a year on such tutoring. Alison Pittam, 39, from south London, paid \$35,000 in just one year for her son, Rufus, to receive a recommended type of home tutoring. She said many parents had remortgaged their homes and sold their cars to raise the money. Some cannot even get an official diagnosis of autism for their child, as NHS waiting-lists can be two years long.

Mrs Pittam said: "Rufus had been going to a nursery part-time for a year, but he might as well have sat in his bedroom. It meant nothing to him."

She came across Applied Behavioural Analysis, an intensive tutoring programme for autistic children, when Rufus was three and a half. She and her husband Julian, 38, have since won a tribunal, meaning the bill is picked up by Lambeth Education Authority.

Rufus, five, now goes to primary school and "chats away, talks to his grandparents on the phone, negotiates with other children, shares their interests," Mrs Pittam said.

Parents of autistic children argue that, while the short-term costs to the local authority are high, this should be offset by the fact that it will not need to provide residential care or intensive mental health services in the long term.

Professor Richard Hastings, from the School of Psychology at Bangor University in Wales, was another leading member of the research team. In North Wales, the techniques that are a part of EIBI are now being applied with children with autism in a unit attached to a mainstream school. The project at Westwood School in Buckley was recently evaluated as an outstanding educational provision by Estyn and is led by Flintshire and Wrexham Local Education authorities with Bangor University, and in collaboration with the Wrexham and Flintshire Local Health Boards and the North East Wales NHS Trust.

"The results of our EIBI research are very encouraging, and we wanted to expand the application of the intervention techniques within a school setting," said Professor Hastings. "EIBI techniques are well-suited to the classroom, and can be used to support access to the National Curriculum for children with autism. We believe that carrying out these interventions in a mainstream school setting also has considerable advantages, especially because of the opportunities to develop communication skills, social relationships and integration into the full life of the school. We are delighted that the Estyn inspection team gave the project such a strong endorsement."

Britain's National Autistic Society cautiously welcomed the study. A spokesperson said: "As the nature of autism is so complex, many interventions have been developed over the years and many competing claims made for their effectiveness, while few interventions have been independently or scientifically evaluated. Quality valuation of any therapy requires more than one study. It is vital that people affected by autism have access to reliable information about approaches which may meet their individual needs."

(Sources: The Guardian, The Daily Telegraph, News Wales, BBC News Online, April 26, 2007)



--- Biomedical Research ---

Mercury, Lead, And Zinc In Baby Teeth Of Children With Autism Versus Controls

Adams JB, Romdalvik J, Ramanujam VM, Legator MS. J Toxicol Environ Health A. 2007 Jun;70(12):1046-51. Chemical and Materials Engineering, Arizona State University, Tempe, Arizona, USA.

This study determined the level of mercury, lead, and zinc in baby teeth of children with autism spectrum disorder ($n = 15$, age 6.1 ± 2.2 yr) and typically developing children ($n = 11$, age $= 7 \pm 1.7$ yr). Children with autism had significantly (2.1-fold) higher levels of mercury but similar levels of lead and similar levels of zinc. Children with autism also had significantly higher usage of oral antibiotics during their first 12 mo of life, and possibly higher usage of oral antibiotics during their first 36 mo of life.

Baby teeth are a good measure of cumulative exposure to toxic metals during fetal development and early infancy, so this study suggests that children with autism had a higher body burden of mercury during fetal/infant development. Antibiotic use is known to almost completely inhibit excretion of mercury in rats due to alteration of gut flora. Thus, higher use of oral antibiotics in the children with autism may have reduced their ability to excrete mercury, and hence may partially explain the higher level in baby teeth. Higher usage of oral antibiotics in infancy may also partially explain the high incidence of chronic gastrointestinal problems in individuals with autism.

(Source: Schafer Autism Report: 21.06.07)

Symptoms of mental retardation and autism have been reversed for the first time in laboratory mice.



US scientists created mice that showed symptoms of Fragile X Syndrome - a leading cause of mental retardation and autism in humans.

They then reversed symptoms of the condition by inhibiting the action of an enzyme in the brain.

The study, by Massachusetts Institute of Technology, appears in Proceedings of the National Academy of Sciences.

Fragile X Syndrome is linked to mutation in a gene carried on the X chromosome called FMR1.

It can cause symptoms ranging from mild learning disabilities to severe autism.

The researchers, based at MIT's Picower Institute for Learning and Memory, targeted an enzyme called PAK which affects the number, size and shape of connection between brain cells.

They found that inhibiting the enzyme stopped mice with Fragile X Syndrome behaving in erratic ways.

Prior to treatment they showed signs of hyperactivity, purposeless and repetitive movements.

Abnormalities corrected

Further analysis showed that not only were structural abnormalities in connections between brain cells

righted, proper electrical communication was restored between the cells.

In the brain small protrusions called dendritic spines are responsible for communication between cells.

People with Fragile X Syndrome have more dendritic spines than usual, but each is longer and thinner, and transmits weaker electric signals.

Blocking PAK activity in the lab mice corrected these abnormalities.

Researcher Dr Susumu Tonegawa stressed that the mice were not treated until a few weeks after symptoms of disease first appeared.

"This implies that future treatment may still be effective even after symptoms are already pronounced," he said.

Professor Eric Klann, of New York University's Center for Neural Science, agreed that the research was potentially significant.

He said: "This is very exciting because it suggests that PAK inhibitors could be used for therapeutic purposes to reverse already established mental impairments in fragile X children."

ABIQ Office Hours

The ABIQ office is staffed on a casual basis. If you are wondering how best to reach us, please consider the following information:

- All telephone messages are logged and returned as soon as possible. If urgent, it is best to leave a mobile telephone number with your message. The nature of calls to ABIQ means that they can be quite lengthy. If we are on an extended call, you will be connected to message bank.
- Emails sent to enquiries@abiq.org are received at the ABIQ office and homes of two committee members. Emails from parents are prioritised wherever possible.
- If you want to borrow or return resources from the reference library, you are most welcome to visit the ABIQ office. You can either make an appointment with Kylie or Kellie OR call the office first to confirm someone is in attendance. We are happy to mail resources to members living outside the local area.

Autism Intervention Information

By Autism-ABA

Understanding Reinforcement

ABA Strategies #1

Reinforcement is the most powerful tool in the universe for teaching skills and lessons to children. When used correctly and with good intent Reinforcement can lead to the motivation to learn most anything. A reinforcer can be defined as anything that follows a behavior and increases the likelihood that the behavior will be repeated.

There are two important parts of that definition to be aware of:

1. Something is only a reinforcer if it follows a behavior. Telling a child, "eat your dinner or you will not get desert" is not a reinforcer. It is a threat.
2. Something is only a reinforcer if it causes an increase in a behavior. If you give a child an orange for finishing their dinner, but it doesn't cause the child to eat their dinner the next night it is not a reinforcer.

One example, if I am more likely to finish my dinner because I received chocolate ice cream for doing so yesterday, then Chocolate ice cream is, for me, a reinforcer for finishing my dinner. It is important to note that Chocolate ice cream may not be a reinforcer for me for other skills like washing the car or mowing the lawn. It is also important to realize that chocolate ice cream may not be a reinforcer for you to finish your dinner as you might not like ice cream. So, be sure that the reinforcer you are trying to use is actually reinforcing to the child you are trying to use it for and for the behavior you are trying to modify.

There are several rules to reinforcement that need to be understood for it to be used effectively.

1. Immediacy:

Reinforcers need to be delivered immediately (or as soon as possible) after the appropriate behavior occurs.

2. Size:

Reinforcers should be large or important enough to cause an increase in behavior. An orange for desert may not be enough to make me eat all my dinner, but chocolate ice cream may be.

3. Contingency:

Reinforcers need to be contingent. This means that there must be a connection between the behavior and the reinforcer. For example, if I were to get Chocolate ice cream whether or not I finished my dinner it would likely not cause me to increase this behavior in the future.

4. Deprivation/satiation:

This just means that the reinforcer must not have been used too much. For example, if I have Chocolate ice cream for breakfast and for lunch, it is doubtful that receiving Chocolate ice cream would encourage me to eat my dinner.

Remember any item that follows a behavior and increases its likelihood of repeating is a reinforcer. If a reinforcer is not working or working ineffectively, you need to check the above 4 rules to be sure they are being followed.

A few more things to consider with Reinforcement

1. Do not use rewards as bribery. It may work in the short term but it will cause you and the child to become dependent on it. It also invites bargaining and negotiation while teaching the child to stop and decide if a reinforcer is worth it. This is not productive!
2. Reinforcers should be rotated and new ones should be developed all the time.
3. Reinforcers should be categorized. Some are just okay and others are extremely desirable. It is important to have a full range of reinforcers so that you can use different levels of reinforcement for more demanding tasks.
4. Primary reinforcers (food, drink, favorite toy, etc.) should be paired with social rewards (smiles, clapping, positive praise) whenever possible so that the child begins to be reinforced by the social rewards.
5. In the beginning reinforcement should occur immediately (within one-half of a second) especially as you are teaching the child to learn. As the child progresses you can begin to slowly increase the delay of the reinforcement to make it more like what happens naturally.
6. All reinforcement should be faded over time. When a child begins to exhibit skills without the need for immediate or consistent reinforcement you can begin to reinforce the skill less and less. (as you use less and less reinforcement it may be necessary to increase the size of the reinforcer used).
7. Do not increase the size of the reinforcer after disruptive behavior. You will likely get the behavior to stop but you will be teaching the child that if they behave disruptively, they will earn bigger rewards and you will in effect be reinforcing the disruptive behavior.

All of the above items are good to know and think about when you are developing reinforcers for your child. However, key to being able to effectively use reinforcement to teach your child appropriate behavior is in knowing what is reinforcing right now for your child. Observing your child's behavior is critical: What are they showing you that they want at this moment? Whatever that is, that's the reinforcer to use. Once it has been identified you have an opportunity to present an instruction and reinforce your child's response.

Some items that have been found to be reinforcing for children with autism: Food, drinks, hugs, being lifted or swung in the air, body kisses, self Stimulation toys (spinning toys, toys with lights, toys that make sounds), swings, slides, television, videos, singing, music, reading books, bubbles, deep pressure massage, etc.

Look out for Strategy 2 – Pairing Yourself with Reinforcers in the next newsletter (Series 2 of 5).

Coconut Flour Recipes



Coconut flour can be used to make delicious tasting muffins, cookies, pies, cakes, and other breads and baked goods. It is high in fibre, low in carbohydrate, and completely gluten free, making it ideal for people who need to reduce their carbohydrate intake or for those who are allergic to wheat or gluten. Coconut flour can be added to recipes to increase health-promoting fibre and reduce carbohydrate and calorie content.

You can generally replace 10 to 20 percent of the wheat flour in standard recipes with coconut flour. Baked goods can also be made using all coconut flour. All recipes presented here use 100 percent coconut flour. No other type of flour is needed to make delicious cakes, cookies, muffins, and other baked goods.

Honey Muffins

This is a basic coconut flour muffin recipe you can use to make a variety of muffins.

3 eggs
2 tablespoons butter, melted
2 tablespoons coconut milk or whole milk
3 tablespoons honey
¼ teaspoon salt
¼ teaspoon vanilla
¼ cup sifted coconut flour
¼ teaspoon baking powder

Blend together eggs, butter, coconut milk, honey, salt, and vanilla. Combine coconut flour with baking powder and thoroughly mix into batter until there are no lumps. Pour batter into muffin cups. Bake at 400 degrees F (205C) for at least 15 minutes. Makes 6 muffins.

Best Ever Corn Bread Muffins

3 eggs
3 tablespoons butter, melted
3 tablespoons honey
¼ teaspoon vanilla
¼ teaspoon salt
2 tablespoons sifted coconut flour
¼ teaspoon baking powder
3 tablespoons cornmeal

Blend together eggs, butter, honey, vanilla, and salt. Combine coconut flour, baking powder, and cornmeal and whisk into batter until there are no lumps. Fill muffin cups halfway with batter. Bake at 205C for 12 to 15 minutes. Makes 6 muffins.

Coconut Butter Cookies

½ cup butter
1 cup sugar
4 eggs
½ teaspoon vanilla
½ cup sifted coconut flour
2 cups grated or flaked coconut



Mix together butter, sugar, eggs and vanilla. Stir in coconut flour and coconut. Drop spoon-size mounds 1-inch apart on a greased cookie sheet. Bake at 190C for 18 to 20 minutes or until golden brown. Remove from cookie sheet immediately and cool on wire rack. Makes about 2 dozen cookies.

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.

Book Title	Author
Why Can't Charlie Talk?	Debbi Spencer
Teaching Conversation to Children with Autism – Scripts and Script Fading	Lynn E McClannahan, Ph.D & Patricia J. Krantz, Ph. D
Pathways to Play! Combining Sensory Integration and Integrated Play Groups.	Glenda Fuge, M.S., OTR/L & Rebecca Berry, M.S., PT
Prescription for Success: Supporting Children with Autism Spectrum Disorders in the Medical Environment	Jill Hudson
S.O.S. Social Skills in Our Schools	Michelle A. Dunn, Ph.D
Relationship Development Intervention with Young Children	Steven E Gutstein & Rachelle K Sheely
That's What's Different About Me! Story and Coloring Book, Program Manual and Puppet Show CD.	Heather McCracken
Bridges for Children with Autism (3 DVD set)	
Navigating the Social World – DVD	Jeanette McAfee
Group Treatment for Asperger Syndrome – A Social Skill Curriculum (Book and DVD)	Lynn Adams
Gut and Psychology Syndrome (2 nd copy)	Natasha Campbell McBride
Breaking the Vicious Cycle	Elaine Gottschall
The Body Ecology Diet	Donna Gates
The Body Ecology Diet and Autism Information Leaflet	Donna Gates
Pfeiffer Sydney Outreach Conference 2007 DVD	Pfeiffer Treatment Centre
Unraveling the Mystery of Autism and PDD	Karyn Seroussi
My First Touch and Feel Picture Cards (Animals, Colours and Shapes, First Words, Numbers and Counting)	Learning Ladder
Twist and Check Keyword card games (Keywords for school and Phonics)	Learning Ladder

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

Date Claimers			
DATE	TIME	EVENT	CONTACT
Fri 27th July 2007	7:30pm	ABIQ Northside Support Group Aspley Coffee Club	Kylie/ Kellie Ph: 07 3881 1868 Email: enquiries@abiq.org Mob: 0409 262 438 (Kylie) Mob: 0422 816 686 (Kellie)
Sat,Sun 25 th , 26 th August 2007	8:45am – 4:30pm	2 Day Workshop: Picture Exchange Communication System (PECS) Training Presented by Rachel van der Linden QUT, Kelvin Grove Campus	ABIQ Office Ph: 07 3881 1868 Email: enquiries@abiq.org Places available, RSVP by 30th July 2007
Fri 31st August 2007	7:30pm	ABIQ Northside Support Group Aspley Coffee Club	Kylie/ Kellie Ph: 07 3881 1868 Email: enquiries@abiq.org Mob: 0409 262 438 (Kylie) Mob: 0422 816 686 (Kellie)
Fri 28th September 2007	7:30pm	ABIQ Northside Support Group Aspley Coffee Club	Kylie/ Kellie Ph: 07 3881 1868 Email: enquiries@abiq.org Mob: 0409 262 438 (Kylie) Mob: 0422 816 686 (Kellie)
Sun 21 st October 2007	9:00am – 1:00pm	ABA Information Day QUT, Kelvin Grove Campus	ABIQ Office Ph: 07 3881 1868 Email: enquiries@abiq.org Places available, book early!!!

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.