



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
enquiries@abiq.org

ABIQ NEWS

December 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.

What's Inside?

President's Column	p2
ABA Strategies # 2 – Pairing Yourself With Reinforcers	p3
“I Can't Touch That” – Understanding & Working Through Tactile Defensiveness	p4
How One Person Can Make a Difference in the World - by Matthew Horan	p6
Cat-Kit	p6
Scientists Discover a Direct Route from the Brain to the Immune System	p7
Fever Can Temporarily Unlock Autism's Grip	p7
Register Could Help Children With Autism	p8
Holiday Tips for Families Living With Autism	p9
Enjoying Successful Community Adventures	p10
Research - Early Behavioural Indicators for autism	p12
New ABIQ Library Resources	p13
Food & Diet	p14
Date Claimers	p15

**Merry Christmas
and a Happy New Year
to all ABIQ Members**

The ABIQ office will be closed between Dec 21st 2007 and Jan 13th 2008.

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.

Carindale PCYC Activities – 2008

For anyone interested, Carindale PCYC will be holding a regular Special Needs Gymnastics class for ages 6 – 15 yrs every Thursday of the school term from 4:30pm – 5:30pm.

The PCYC also holds a Pulse Dance Party for Special Needs children every 3rd Friday of the month during school terms from 7:00pm – 9:00pm. The dance party is supervised by police and volunteers during the hours of the dance. Dress standards apply.

For more information please contact PCYC on 3324 9652 or email manager@carindalepcyc.org.au

President's Column *by Belinda Harris*

2007 has been another busy and, I believe, successful year at ABIQ. We have continued to provide to our members information and resources necessary to assist with their programs and support their children, or those that they care for with ASD. Given the volunteer nature of our organisation, I never cease to marvel at the continued passion and energy that our committee put into the management of ABIQ. I thank all of the Committee members for their support over the past 12 months and continued efforts to deliver a quality service to our members. I also acknowledge the ongoing efforts of Michael Chan as our Conference Convenor; in many ways this is a difficult task but one he dedicates himself to with great gusto. Thank you Michael.

Our sincere thanks also go to all the members of the Loyal Hope of Enoggera Lodge. They have been fundraising throughout 2007 for the benefit of ABIQ. We are very grateful for your support and plan to use the funds donated to purchase new ABA resources for the library.

Unfortunately there is no slowdown in people contacting us or needing our assistance. Our recent survey confirmed that ABIQ is providing to its members what they want. Whilst it isn't relevant to any early intervention, an important part of what members seek from us is the annual Christmas party that we hold at the beginning of December. We hosted a record number of members at the function, which is deliberately low key but enjoyable for the whole family - the kids with ASD, their siblings and parents. It is a wonderful opportunity for us all to catch up, enjoy a meal and watch our kids play and interact. Santa was once again a hit, and it certainly looked like the kids loved their gifts.

We received some wonderful feedback from our members at the party, and we thank you for taking the time to do this. From my perspective, I am amazed by how well our children not just coped at the Christmas party, but enjoyed the party. Perhaps this is the result of our dedication to early and ongoing intervention for them? I am certain that without ABA my son would not be able to enjoy and participate in a Christmas party as successfully as he did at ABIQ's.

We need to say a very big thankyou to Carmel and Joe Grasso, Rob & Malissa Felesina (our wonderful face painter and Santa Claus), Xindi Fu and Fiona Treadwell as well as Bianca, Kylie and Kellie from the ABIQ Committee. The Christmas party wouldn't be possible without the generous support of these volunteers and many others who helped with organising food, setting up and cleaning up. You really made it a wonderful day for our children, and your efforts are greatly appreciated!

Other volunteers at ABIQ during the last quarter included, Christopher Scott, Madonna Moroney and Ann Gordon from Rabobank. They all used their annual Community Leave Day to help ABIQ with preparing for the Christmas party and other administrative tasks. We thank them for choosing ABIQ.

With the Christmas party over, the focus at ABIQ is now clearly back on our 2008 conference. We are excited to announce that the following keynote speakers have been locked in: Professor Tony Attwood, Brenda Smith Myles, Dr Bobby Newman, and Dr Jeff Bradstreet.

We have called for papers now, and expect to have more news on the speaking program early in the new year. Please check out our web site where we will have regular updates on the conference. The 2008 Conference will be held at a new venue, the Brisbane Convention and Exhibition Centre. This venue is far more central for delegates and will allow us to increase our audience. Last year we were unable to accept all nominations from delegates. Once again we express our appreciation to ARMS Global as the major sponsor to this event. It is the support of our sponsors, including, ARMS Global, QLD Disability Services, AEIOU, and Movieworld that helps us to keep the conference affordable for so many.

At this time of year, as the report cards come home, and we look to take a break from school, the home therapy sessions, Speech Therapy, Occupational Therapy, and Physiotherapy, (and what ever else we do with our ASD kids), I often like to reflect on what my son has achieved in the 12 months. Sometimes I can be caught up in the deficits, and be busy planning the next year's program to address these, rather than acknowledging the gains. My husband often reminds me, we can't always focus on what we still need to do or achieve, we also need to appreciate how far our son has come, the incredible effort he has put into that progress, and celebrate his achievement both as a family, and a team (thanks so very much to our aides, and other professionals) committed to supporting him.

I trust that as you reflect on the year that was, you can also see the progress that your children, or the children you help support and care for, continue to make, and are also able to celebrate those advances.

The ABIQ Committee wish all of our members a happy and safe Christmas. We trust that 2008 is a happy and successful year for you.

Autism Intervention Information

By Autismus-ABA

Following on from ABA Strategies #1 (Understanding Reinforcement) published in June's edition:

Pairing yourself with Reinforcers

ABA Strategies #2

One of the most important aspects in motivating your child with autism to learn is to show him that interacting with people is fun and that communicating with people leads to the delivery of good things (reinforcers). What happens in many cases with children with autism is that they are often given access to reinforcers without the help of other people. When children can satisfy their needs without the help of others, they will not develop a positive relationship with the people around them. In fact, they will begin to see people merely as beings that take their favourite things away. When this happens you will find kids that may begin to avoid you and/or tantrum whenever certain people come into the room. This is likely because the child has seen those people "paired" with bad things happening (the removal of reinforcers). So what we need to do is teach the child that you and their instructors will bring fun and the delivery of reinforcers into the room. When a child consistently sees people paired with the delivery of reinforcers, the people themselves become reinforcing to the child and the child will begin to seek out the person and not just the reinforcers they deliver. When you have a child that runs toward you instead of away from you the situation is now ripe for teaching to begin.

Because it isn't always easy to counteract years of programming which may already have taught your child that you are a person who takes their reinforcers away, pairing yourself with reinforcers may be difficult at first. One way is to have the child in a room without any of their favourite reinforcers. You and/or your instructor

will then enter the room and bring a reinforcer (toy, bubbles, food, or video) with you. Next, you and/or your instructor will give the reinforcer to the child and allow them to play with it as you just sit and watch. Remember don't make any demands on the child before giving the reinforcer yet. Just give freely during this first step. Once the child is comfortable that you will not be taking their reinforcers away, they will begin to let you sit near them as they play. You can then, very slowly, begin to touch the toy as they play with it. Eventually you will build up enough trust that you can play with the child as they play with the reinforcer. However, be sure to not go too far too fast as you want this child to only see you in a positive fun way. Once the child begins to see you as a bringer of good things and good times, you can then slowly start to require small, easy to do, tasks of your child before you deliver the reinforcer. This is the very beginning of the teaching process. As the child becomes more comfortable following simple instructions to get the reinforcer, you can then use "Errorless Learning" to build to more difficult skills. (Check back with us next quarter for strategy #3 "Errorless Learning")

It is always important to remember that you should never remove a child from a highly reinforcing activity to begin learning. The child is already having fun. Why should he stop to work with you? It is always best to approach the child when he is not engaging in some reinforcing activity, and allow him to gain access to some highly reinforcing items or activity through the person doing the instruction.

“I CAN’T TOUCH THAT!”

Understanding and Working Through Tactile Defensiveness

By Priya Cattanach, Occupational Therapist



What Is Tactile Defensiveness?

All children experience some feeling they don't like at some stage. A baby will tell you that he doesn't like the texture, taste or temperature of a food by spitting it out and if a new shirt feels scratchy, his protests and pulling will let you know that this shirt has to go! While we all demonstrate a natural tendency to avoid unpleasant sensations, many children with Autism have trouble tolerating or making sense of normal, everyday touch, e.g., the feeling of getting their hair brushed, textures in foods or labels on clothing. These sensations can be experienced as overwhelming or even painful, and are considered out of proportion to the situation and impact on the child's readiness to engage socially and physically with the environment. Temple Grandin provides much insight into the problems associated with tactile defensiveness, describing small itches and scratches that felt like torture, hugs that were overwhelming and confusing and new clothes that felt like sand paper rubbing raw skin.

Why Are Some Children Tactile Defensive?

No one really knows why some children with Autism are very sensitive to touch (tactile information), while others crave tactile sensory input. Like our children, we all have our own sensory preferences - some of us like adrenaline rides and dance music, others get sea sick and prefer Beethoven. Even though we all process sensory information from the world around us in our own way, which can vary day-to-day, there are some typical behaviours we would expect to see in response to touch. For example, parents instinctively use touch everyday to alert (e.g., tickles) or calm (e.g., gentle patting) their young children.

The most common theory is that tactile defensiveness develops when a child has trouble with **Sensory Integration**. In brief, sensory integration is the ability to process and understand information received from all our senses (vision, hearing, movement and position, taste, touch and smell) in an organised way and to use this information to effectively interact with the environment. Our skin is our largest sensory organ, followed closely by our muscles. It is connected by our nervous system and controlled by our brain. We are fed tactile information from our environment through receptors in our skin and neural impulses via our nervous system to our brain. The brain then organises this information and sends it back through the nervous system for use in developing and adapting necessary motor and language skills and social behaviour. When this system of sensory integration is ineffective a variety of symptoms can present, such as motor delays, behaviour and attention difficulties, learning disorders and tactile defensiveness. The term - Sensory Integration is not only used to describe this neurological process, but also a therapeutic approach that trained occupational therapists often incorporate into their treatment programs.

When Is Touch Sensitivity A Problem?

Remember that touch sensitivity is on a continuum from what can be considered an understandable reaction to an unpleasant touch to severe tactile defensive behaviour, which may include extreme behavioural reactions (e.g., self-harming), physical manifestations of stress or even panic attacks. When a child has increased touch sensitivity normal social interactions and daily hygiene and grooming tasks can be a real struggle and source of stress for the entire family, further compounding the functional difficulties observed in children with Autism. Even children with only moderate sensitivity may become increasingly fearful and withdrawn or avoid activities as their body reacts with a “fight-or-flight” response. So whether your child is distracted by their sensory cravings or their heightened sensitivity, these sensory processing difficulties are likely to impact on their play and social interactions, as well as, their ability to engage in learning experiences (such as ABA) needed to achieve expected developmental milestones.

How Can You Help Your Child With Tactile Defensiveness?

For some children with Autism, addressing their sensory difficulties can be a significant turning point - reducing the child's stereotypical and self-injurious behaviours, improving and stabilising attention and activity levels, while enabling the child to more readily interact and engage in learning opportunities.

Step 1 – Understand Your Child's Tactile Sensitivity

It is helpful to consider the types of touch or different sensations that your child finds difficult, the types of reactions your child has, the activities / routines your child finds most challenging which may be related to your child's sensitivity, the

sensitivity of different body parts and whether your child reacts differently in different places or at different times of the day. If you feel this is problematic for your child, seek out an Occupational Therapist with expertise in this area who can help you explore and make sense of your child's sensory behaviour.

Step 2 – Decrease Your Child's Sensitivity

1) Avoid a Sensation

Sometimes the source of irritation can be avoided or eliminated. You may have tried this in the past and while this approach is unlikely to work on its own, it can be useful for specific issues or for short term management.

2) Help Your Child to Tolerate and Accept Different Touches

There are a number of therapeutic strategies that can be considered when developing a plan to address a child's tactile defensiveness. This usually includes generalised or specific exposure to different tactile sensations within therapy combined with a desensitisation program for home/school, as frequent, gradual exposure is most effective. Examples include a creative treasure box for daily exploring, a sensory diet, task suggestions for home, tactile activities integrated into a structured program, such as ABA, suggestions for school or a structured brushing and joint compression program.

3) Targeted Treatment to Enable Your Child's Participation in a Specific Task

Often parents will identify a specific task (often a self-care task), which causes both the child and parents significant distress but that is important for your child's health or an unavoidable part of family life, e.g., taking showers, teeth and hair brushing. Giving your child a sense of control in these tasks and/or very clear expectations is important but can be hard to achieve. Behavioural strategies often incorporated into the child's early education or ABA program and a *Social Story*, along with sensory interventions may be used to address this problem.

Finally – Respect Your Child's Sensitivity and Trust Your Instincts

It is important that you try to understand and accept what your child is experiencing and help others (e.g., grandparents, teachers) to also understand your child. Your child's sensory preferences are a very powerful force in your child's life. Be patient, allow extra time, if appropriate ask your child what is making them feel anxious, sad, or angry. Give them words or visual tools to use to express their feelings and wherever possible, allow them to experience some control over unpleasant sensations and to predict when exposure will end. For example, research has shown that children who are tactile defensive prefer firm touch to light touch, so you may find that your child prefers bear hugs to stroking. Discovering which types of personal touch your child prefers will help both you and your child enjoy physical interaction.

If you are looking for a book to help you understand sensory dysfunction, then I would recommend Carol Kranowitz's book *"The Out-of-Sync Child – Recognizing and Coping with Sensory Processing Disorder"* published by Perigee trade, 2005. Alternatively, seek out an experienced Occupational Therapist with expertise in assessing and treating sensory dysfunction and Autism.

What is Helping Hands Children's Therapy?

My name is **Priya Cattanach** and I am a children's Occupational Therapist with over 12 years clinical experience, specialising in Autism. I recently started **Helping Hands Children's Therapy**, a mobile Occupational Therapy private practice, and provide sensory based, play-focused and school readiness interventions, in addition to more traditional developmental therapies. I am experienced in working with ABA, PECS, TEACCH, Social Stories, Floortime®, Hanen, Handwriting Without Tears® and Sensory Integration Therapy and have worked collaboratively with ABA providers and consulted to Treehouse and several other specialist Autism provisions in London. I have managed and developed specialist health services for children with Autism, including early intervention and diagnostic services, worked with the University of Queensland's Growing Stronger Project and teach Occupational Therapy students at the University of Queensland. To find out more about the services offered or for an informal discussion about your child's needs contact me on **0432 993 886**.

When asked "How one person can make a difference in the world", Matthew Horan (aged 10) wrote the following:

If I could change anything in the world it would be the way people treat others who have autism.

Inside there is a person who has real feelings, passion, love and intelligence to name a few. What makes it hard for the autistic person is you see a normal looking person behaving badly. Every waking moment they work hard to take control of their bodies. Simply trying to understand why others behave the way they do is hard enough for the person with autism.

I live in this world but with help, patience and understanding I am slowly leaving parts of it behind. I know I will never leave this world completely but that is autism. Please stop and think what it is like to be autistic. My world has no speech, lonely and sometimes filled with such sadness because I not only hurt myself but those people I love.

Imagine not being able to show someone how much you love them.

I need people to learn about autism. Everyday more and more people have autism.

If we educate people about autism they will have a better understanding. With understanding comes acceptance. We would all live together without being so judgemental. By doing all of this people like me would be able to deal with their autism in a more positive way.

Looking the same as you is very important to people with autism.



The following article was submitted by Lucy Corcoran who is the Australian Sales Distributor of CAT-Kit. The CAT-Kit has been referenced as a tool to use for people with ASD in some of Tony Attwood's books. For more information about the CAT-Kit, please contact Lucy on 0423 527 963 or lcor8881@bigpond.net.au

ABIQ has purchased a copy of the CAT- Kit for our library, and it will be available for members to borrow.

As we know it is often a major challenge to converse with ASD children and young people who have social communication difficulties, about their experiences, thoughts and feelings.

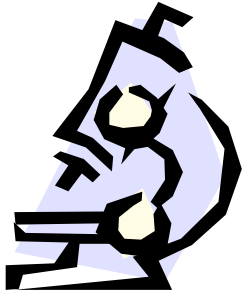
The CAT-kit is developed specifically to facilitate conversations about thoughts, feelings and emotions.

The purpose of the CAT-Kit is to help children gain greater insight into social relationships and friendships as well as enhancing their ability to self-reflect and understand others' needs and intentions.

The CAT-Kit, which is unique in its design, is neither a game nor a test. It is a conversation tool consisting of a series of elements that can be used in combination or separately during a conversation. These elements - for example, a face, a body, a measuring instrument - are designed to be strong visual symbols that provide focus and structure to the conversation, and become the agents through which the child or adult can directly or more easily express thoughts and emotions.

You can write on the elements with an erasable marker, and at the end of each session, the elements can be photocopied to capture and record the child's thoughts and feelings and then reviewed during the next session or conversation.

I have been using the Kit both in a personal and professional environment and would be happy to share more information or ideas with you.



--- Research ---

Scientists Discover A Direct Route From The Brain To The Immune System

By Jamie Talan

It used to be dogma that the brain was shut away from the actions of the immune system, shielded from the outside forces of nature. But that's not how it is at all. In fact, thanks to the scientific detective work of Kevin Tracey, MD, it turns out that the brain talks directly to the immune system, sending commands that control the body's inflammatory response to infection and autoimmune diseases. Understanding the intimate relationship is leading to a novel way to treat diseases triggered by a dangerous inflammatory response.

Dr. Tracey, director and chief executive of The Feinstein Institute for Medical Research, will be giving the 2007 Stetten Lecture on Wednesday, Oct. 24, at the National Institutes of Health in Bethesda, MD. His talk - Physiology and Immunology of the Cholinergic Anti-inflammatory Pathway - will highlight the discoveries made in his laboratory and the clinical trials underway to test the theory that stimulation of the vagus nerve could block a rogue inflammatory response and treat a number of diseases, including life-threatening sepsis.

With this new understanding of the vagus nerve's role in regulating inflammation, scientists believe that they can tap into the body's natural healing defenses and calm the sepsis storm before it wipes out its victims. Each year, 750,000 people in the United States develop severe sepsis, and 215,000 will die no matter how hard doctors fight to save them. Sepsis is triggered by the body's own overpowering immune response to a systemic infection, and hospitals are the battlegrounds for these potentially lethal conditions.

The vagus nerve is located in the brainstem and snakes down from the brain to the heart and on through to the abdomen. Dr. Tracey and others are now studying ways of altering the brain's response or targeting the immune system itself as a way to control diseases.

Dr. Tracey is a neurosurgeon who came into research through the back door of the operating room. More than two decades ago, he was treating a young girl whose body had been accidentally scorched by boiling water and she was fighting for her life to overcome sepsis. She didn't make it. Dr. Tracey headed into the laboratory to figure out why the body makes its own cells that can do fatal damage. Dr. Tracey discovered that the vagus nerve speaks directly to the immune system through a neurochemical called acetylcholine. And stimulating the vagus nerve sent commands to the immune system to stop pumping out toxic inflammatory markers. "This was so surprising to us," said Dr. Tracey, who immediately saw the potential to use vagus stimulation as a way to shut off abnormal immune system responses. He calls this network "the inflammatory reflex."

Research is now underway to see whether tweaking the brain's acetylcholine system could be a natural way to control the inflammatory response. Inflammation is key to many diseases - from autoimmune conditions like Crohn's disease and rheumatoid arthritis to Alzheimer's, where scientists have identified a strong inflammatory component.

Dr. Tracey has presented his work to the Dalai Lama, who has shown a great interest in the neurosciences and the mind-body connection. He has also written a book called "Fatal Sequence," about the double-edge sword of the immune system. http://www.eurekalert.org/pub_releases/2007-10/nsij-sda102307.php

Fever can temporarily unlock autism's grip

Fever can temporarily improve the behaviour of children with autism spectrum disorder, researchers have found in a surprising study that may shed further light on the condition.

The researchers think that a high fever has an effect on behaviour because it restores nerve cell communications in regions of the autistic brain. That then restores the child's ability to interact and socialize.

The small study, published in the journal *Pediatrics*, is based on 30 children with autism aged 2 to 18. The researchers asked the parents of the children to record their children's behaviour during a fever of at least 100.4 degrees Fahrenheit, immediately after the fever had abated, and when the child had been fever-free for seven days.

The parents recorded fewer aberrant behaviors, such as stereotypy (repeated, ritualistic movements), irritability, hyperactivity, and inappropriate speech during and immediately after a fever.

The behavior improvement occurred regardless of the severity of the fever and the illness. As expected, the improvements in behaviour ended when the fever broke.

The researchers say their findings suggest that the behaviour changes were not solely the result of the sickness itself. But they say more research is needed to confirm the link, and to determine the causes of the behaviour change.

Dr. Andrew Zimmerman, a pediatric neurologist at Baltimore's Kennedy Krieger Institute, who was one of the study authors, says the findings give researchers important clues about autism.

"The results of this study are important because they show us that the autistic brain is plastic, or capable of altering current connections and forming new ones in response to different experiences or conditions," he said.

He said the effect of fever on behaviour was likely to be observed only in children, whose brains are more "plastic" than those of adults.

Zimmerman hopes the research could point the way to better treatments that would "reconnect" the autistic brain.

People with autism spectrum disorders suffer in varying degrees from limited social interactions, lack of verbal and non-verbal communication and other abilities. It is not known what causes the condition.

http://www.ctv.ca/servlet/ArticleNews/story/CTVNews/20071203/autism_fever_071203/20071203?hub=Health

Register could help children with autism

Parents of Queensland children with autism spectrum disorders (ASD) could soon have the help of a new register aimed at better targeting support services for them.

Autism Queensland (AQ) and the Mater Children's Hospital Autism and Related Disorders Clinic addressed ASD specialists on ways to set up the state's first register for the brain development disorder.

The incurable condition ranges from classic autism to high functioning Asperger's syndrome.

The only Australian state which now has a register of diagnosed ASD sufferers is Western Australia, where leading developmental paediatrician Dr John Wray led a study showing that one in 160 Australian children aged between six and 12 have the disorder.

Dr Wray addressed ASD specialists at the Mater Children's Hospital on how Queensland could set up and maintain its own register.

AQ chief executive Penny Beeston said that, currently, figures on children with ASD could only be gathered from Centrelink, hospitals and government departments.

"At the moment, that ad hoc process is failing service providers and we fail the children in the families who need the support because we can't do the planning around where best to put support services," Ms Beeston told AAP.

"We need to get this register up and we need to be able to say that in Queensland, at this point in time, we have this many children in this cohort so we can do the planning around services, in education, health and therapies."

It was not yet known when the proposed Queensland register would operate, she said.

But once established, it would allow for the collection of accurate and comprehensive data for research projects and enable authorities to improve the planning and delivery of ASD services such as health, education, employment support, respite and accommodation.

There's a saying:

Every truth passes through three stages before it is recognized. In the first it is ridiculed; in the second it is opposed; in the third it is regarded as self evident.

Holiday Tips for Families Living with Autism

The holiday period can be a stressful time for those on the autism spectrum because it is a breach in their daily routine. However, if we anticipate the holidays and what they entail before they arrive, the person with autism can be made more comfortable and at ease, ensuring joy for all throughout the holidays!

"Everyone in the car!" Starting Off on Successful Outings

- To help day trips run more smoothly, travel in two cars so that one person can return home with your loved one on the autism spectrum if he/she gets distressed.
- Eat before leaving home or bring food with you.
- Bring a quiet toy, like a calculator, to a restaurant, during religious services or other social activity.

"We are going to Grandma's!" Tips for Social Gatherings

- When going to large social gatherings, arrive early to let the person on the autism spectrum get accustomed to the growing number of people.
- If he/she becomes distressed during a social gathering, pick a quiet place to go or take him out for a walk.
- When visiting someone's home, ask to remove breakables from reach; think carefully about visiting those who refuse to accommodate your request.
- Bring a preferred item, favorite toys or stuffed animals to a family gathering or other social event.
- Before going to a family event, look at individual pictures of family members and teach him/her their names.
- Before going to a social event, use "social stories" and practice simple courtesy phrases and responses to questions, either verbal, with pictures, or gestures. ("How are you?" "I am fine." "How is school?" "Good.")
- Let trusted others spend time with your child if they volunteer.
- Ask for help if you need it. Families and friends are often eager to participate.

"Do we have to go to the mall???" Shopping Without Stress

- To help your loved one with autism get used to malls, go early before the stores open. Walk around, get familiar with the building, buy a snack when the stores open, and leave. Extend the amount of time at the mall each time you go.
- When shopping, be positive and give small rewards, such as a piece of candy, for staying with you.
- To teach your child not to touch things when shopping, visit a clothing store or another store with unbreakable objects; this gives him/her an opportunity to model behavior and minimize risk.
- When shopping, bring a helper to have an extra set of eyes and hands until you are confident of a safe experience.
- Provide headphones or earplugs to the person with autism spectrum to moderate the noise and activity around them.

Going to Worship Services

- Talk with the worship leader about what he/she might expect and how the congregation might support the family.
- Arrange for a friend or neighbor to come with you to stay with siblings should the person with autism spectrum need to leave during the worship service.
- Bring a quiet object of concentration, such as a rubber band, pictures, books, or an object of visual focus, can be very helpful, particularly if it has religious significance to enhance the worship experience.
- Have the child or adult on the spectrum help out. Depending on their ability, they can:
 - Greet people with a smile, and hand out service bulletins.
 - Gather up the bulletins and papers left in the pews after the service, restoring order to the sanctuary.
 - Assist in holiday volunteer activities of the congregation, such as the delivery of cards, toys or food.

ABOVE ALL..... Be Consistent. Remember to apply the techniques used to involve the person with autism in daily activities to these special activities. **Discuss your expectations.** Unwelcome surprises are never fun for anyone. **Be prepared and stand firm.** Accept well-meaning but unwanted advice with the phrase, "I'll have to think about that," and smile. **Be safe and have fun!** Enjoy the holiday season!

Article written by the Autism Society of America

Enjoying Successful Community Adventures

A question that many families may have for the child with autism.....



I have implemented a successful visual schedule for school and home routines, however, when we go out into the community where there is a lot of external stimuli and things that are not in his routine, the visuals do not seem to work. How can I bring it together to help him be successful when we go to restaurants, library, church, shopping, etc?

This question hits upon an issue that many students have. In their structured, predictable, routine oriented environments, they have learned to participate successfully. But out in the community, it is not so structured or predictable.

Especially during the hustle and bustle of holiday time, things can get a bit crazy. Every place seems filled with lots of people, lots of visual distractions and lots of noise,

But wait! There is hope!

Visual tools can help to create some order to the chaos in the environment. They can help students navigate the community successfully.

Here are some travel tips to make outings more enjoyable

Remember that what happens before you leave home can have a huge impact on the success of the journey.

Give information

Tell where you are going but also what you are going to do. Some destinations are self-explanatory: We are going to McDonald's to eat lunch. Other locations require more explanation: We are going to the mall to buy a Christmas present for Aunt Sally.

Using visual tools to give this information is important for many students. When it is visual, the child can bring it with him/her. Holding a card in the car that communicates the destination can make the trip seem shorter.

Create "travel books"

Depending on the age and skill level of individual students, you can make a book for each location or just have one travel book with a section for each environment. A pocket photo album size that fits into a pocket or purse can work well.

Provide a schedule

Think about beginning, middle and end. Leaving home can feel like an endless voyage to students. They can feel like they are being dragged from one place to the next with no end in site. Students do well when they feel a sense of organization about their excursions. Tell them everything that is going to happen (that you can anticipate). For example: We are going to church, then we go to breakfast, then we stop at the gas station, then we go home.

Identify the routines

It's not the same as home or school, but most locations and activities have some basic routines. Highlight the key steps that your student needs to remember. It is probably not necessary to give too much detail here. Make it simple. But keep in mind that a student's behavior will let you know if you need extra steps or information.

For McDonald's you stand in line, order your food, get your beverage, eat, and put your trash in the bin.

In the grocery store you get the cart, find the items, stand in line, put the groceries on the checkout counter, pay, and put the groceries in the car. Then you unload the car, and put the groceries away.

The shopping mall can be trickier. You walk around. Find a store. You look for something on the shopping list. You can

look with your eyes, but do not play with things. Stand in line. Pay for the item. Carry a bag. Go to another store.

Rules for the community

Just like you can have home or classroom rules, a few simple rules for the community can help the trip be more successful. Of course, the rules you choose will depend on what the individual student requires. Community rules may include holding your hand in the parking lot or standing in line quietly in the restaurant. Just think of those things that are most likely to be a problem or need correction on your outing.

Build in a bit of choice making

Students can handle a lot more of what they perceive as unstructured confusion if they feel like they have some control. Giving them a chance to make choices makes a difference.

Choosing which store to go to first, which line to stand in, which book to check out, or where to eat helps them manage the disorganized part better. More choices can include things like, "Do you want to stand in line with Mom or sit on the bench with Dad?"

Add a few generic helpers

The community book needs some extras. Once you leave home there is a lot that happens that you have no control over. Try to use a few generic cues that will get you through those unexpected emergencies. (It may not be an emergency from someone else's perspective, but for this student it can be a significant issue).

For example, use a visual cue that communicates this type of information:

- Something is going to change.
- We have to wait.
- They don't have what we want so we need to make another choice.
- We will do that another day.

And one more thing. . . .

Especially when you are going to do more than one thing, a shopping list or errand list can be helpful. Giving a student the opportunity to cross things off the list can be very calming and organizing.

Just be prepared

It's not hard. You just have to plan ahead a bit. Try to create a general travel book for those most common outings. Select the information and reminders that are most important for your student. Leave a page blank. Then you can add additional information for that special or less frequent trip.

The goal

The goal is to use visual tools, as necessary, to help students successfully join those community outings.

P.S.

Building in a reward for appropriate participation can provide enough incentive for many students to "hold it together." That doesn't mean you have to buy something. Choose a restaurant that gives kids a balloon when you leave. Our mall has a fountain with "jumping water" that is a special treat to visit. Or, going to visit a favorite department (like the video department) can be the last thing on the list. Letting students know that there will be something special at the end can help a lot.

P.S.S.

There may be times when it is prudent to make a different decision. If you have to stand in line for an hour to eat at a specific restaurant or if the crowds at your favorite shopping mall are difficult to navigate, rethinking your plans may be in everyone's best interest. Especially during the holiday season, the world away from home becomes difficult to maneuver. It is extremely important to plan so you have the greatest chance for success.

Article written by Linda Hodgdon M.Ed., CCC-SLP for the newsletter "Another View".



Queensland University of Technology

Autism

Research

ADDRESSING THE NEED FOR EARLY IDENTIFICATION AND DIAGNOSIS OF AUTISM

Early Behavioural Indicators for Autism

The identification of behavioural indicators of Autistic Disorder, that reliably differentiate Autism from other developmental disorders and delays will enable more accurate screening for Autism at an early age.

The researcher needs you!

To help improve the age of diagnosis and timing of early intervention for Autism, and in doing so, ensuring that all children have the best possible chance to reach their full potential.

Who is needed?

Children 2 to 6 years of Age who have a diagnosis of Autism, Speech and Language Impairment without Autism, and children without Developmental delay or disorder.

What does participation involve?

2 visits to a research centre over a 2 week period for approximately 1 hour each.
Playing with toys and looking at Photographs.

For more information or To Enrol in this study, please contact:

Samantha Ward

Ph: 0407 774 225

Email:

s24.ward@student.qut.edu.au

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
Healing the New Childhood Epidemics	Kenneth Bock
Taking Care of Myself	Mary Wrobel
Autism: The Teen Years	Autism Victoria
The Social Skills Picture Book for High School and Beyond	Dr Jed Baker
Between the Lines – Enhancing Inferencing Skills	Cecile Cyrul Spector PhD
What Do You Say.... What Do You Do... At School? A Social Skills Game.	Nancy Crist & Rose Sheedy
Working out with Writing (Age 7 – 12)	Vicki Fields, Joyce A Olson, Vicki Lord Larson & Cherie Godar
Summarizing – Focusing on Main Ideas and Details and Restating in Concise Form - Grades 1-2, 3-4 & 5-6	Renee Cummings (1-2) Cindy Karwowski (3-4) Norm Sneller (5-6)
Cause & Effect – Using Causes & Effects to Make Connections – Grades 3-4 & 5-6	Gail Blasser-Riley (3-4) Norm Sneller (5-6)
Main Idea – Using Topics and Details to See the Big Picture – Grades 1-2, 3-4 & 5-6	Karen Clemens Warrick (1-2) Jennifer Rozines Roy (3-4) Laurie Gilbert (5-6)
Context Clues in Stories – Super Fun Deck (Grades 3 and Up)	Audrey Prince
What is the Main Idea – Super Fun Deck (Level 1 & 2)	Audrey Prince
Topic Talk – Conversation Card Game (Grades 2 and up)	Susan Pike
Social Inferences Fun Deck	Audrey Prince
Synonyms Galore	Helen Zeitzoff
Cat-KIT	

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.

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...

Carrot & Zucchini Cake or Muffins

This is a very moist gluten and dairy-free cake, with a moderate GI. These muffins taste quite sweet and are a great idea for hiding veggies. Tried and tested on the most fussiest of eaters.

½ cup light olive oil, or coconut oil
1/3 cup honey, rice syrup or *Perfect Sweet*
3 eggs, separated
1 cup grated carrot
1 cup grated zucchini
1 cup grated apple
½ cup walnuts, roughly chopped (optional)
2 ½ cups brown rice flour
2 tsp baking powder
1 tsp cinnamon

Preheat oven to 170 degrees. Oil an 18cm (7in) springform pan and line with baking paper or grease a 12 cup muffin tin. In a large bowl, beat together the oil, rice syrup and egg yolks until creamy. Stir in carrot, zucchini, apple and walnuts. Fold in sifted rice flour, baking powder and cinnamon. In a separate bowl, beat egg whites until stiff, then gently fold into cake mix. Pour mixture into prepared pan. Bake for 50-60 minutes. If browning too fast, cover top of cake with foil after 40 minutes. Remove cake from oven, leave to stand for 5 minutes, then turn out.

Serves 12 – Cake suitable for freezing

Bolognese Muffins

These muffins are wonderful for picnics or in lunchboxes, and are just as good whether served hot or cold.

500g premium mince – beef, lamb, chicken, turkey
½ onion, finely sliced
1 clove garlic, minced
1 cup carrot, grated
1 cup zucchini, grated
½ cup fresh parsley, chopped
½ cup pumpkin pepitas or sunflower seeds

Topping

Tomato puree
Tamari
Low-fat grated mozzarella/ cow or goat's feta
Sesame seeds

Preheat oven to 180 degrees. Brush a deep 12-cup muffin tray with olive oil. Combine all the ingredients, except the topping, in a large bowl. Divide mixture into 8 large or 12 smaller patties and shape with wet hands. Press into muffin cups. Top with either tomato puree or tamari, and sprinkle with cheese (if tolerated) or sesame seeds. Bake for 25 minutes.

Date Claimers

DATE	TIME	EVENT	CONTACT
Each Thu 7 Feb till 27 Mar 2008	6:30pm – 9:00pm	Applied Behaviour Analysis (ABA) 8 Week/ 20 Hrs Training Course Location: Woolloongabba, Brisbane	ABIQ (07) 3881 1868 enquiries@abiq.org
Sun 17 Feb 2008	9:00am – 12:30pm	Applied Behaviour Analysis (ABA) Information Seminar Location: Gold Coast	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) enquiries@abiq.org
Fri 29th Feb 2008	7:30pm	ABIQ Northside Support Group Aspley Coffee Club	ABIQ (07) 3881 1868 enquiries@abiq.org
Sat 8 Mar 2008	TBA	Autism and ABA Regional Information Seminar Location: Bundaberg	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) enquiries@abiq.org
Sun 13 Apr 2008	9:00am – 1:00pm	Applied Behaviour Analysis (ABA) Information Seminar Location: Brisbane	ABIQ (07) 3881 1868 enquiries@abiq.org
Each Wed 16 Apr Till 4 Jun 2008	6:30pm – 9:00pm	Applied Behaviour Analysis (ABA) 8 Week/ 20 Hrs Training Course Location: Brisbane	ABIQ (07) 3881 1868 enquiries@abiq.org
Each Thu 17 Apr Till 5 Jun 2008	6:30pm – 9:00pm	Applied Behaviour Analysis (ABA) 8 Week/ 20 Hrs Training Course Location: Gold Coast	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) enquiries@abiq.org
Sun 4 May	TBA	Autism Awareness Month ABIQ Family Fun Day	ABIQ (07) 3881 1868 enquiries@abiq.org
29 & 30 Aug 2008	8:30am – 5:30pm	The ARMS Global Autism Conference 2008 Brisbane Convention and Exhibition Centre	ABIQ (07) 3881 1868 1300 224 753 (Regional Qld) enquiries@abiq.org