



AUTISM NEWS

Newsletter of Autism Tasmania Inc.

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From the President

As we approach Christmas uppermost in some of our minds are the holidays and the change of routine for our children. In this issue you will find "Tips for surviving the holidays" which we have printed previously but still hold true and have some very good ideas for all the family.

This year has seen Autism Tasmania Inc. run some very successful seminars with excellent guest speakers. The most recent of these has just taken place in Launceston on November 16th. A report of this seminar is included in this issue.

From a parental point of view it was extremely interesting to listen to two adults with autism speak about their experiences and life now as an independent adult. Wendy Lawson began her talk with a poem which is included in this newsletter. Thanks Wendy for sharing this with us.

Autism Tasmania Inc. has become well recognised for organising quality seminars and inviting well credentialed speakers. We continue also to work at having the range of autism spectrum disorders recognised within the wider community.

In addition to this it is essential that those parents seeking professional help for their child receive a comprehensive and accurate assessment and diagnosis and that this translate into intervention and guidance into the appropriate setting for that person. We continue to keep assessment and diagnosis on our agenda.

On a state level the southern members have grown and are very active, meeting regularly for discussion as well as social occasions. In the north after changes to the committee there has been a quiet

time but Christmas will see some activities on the agenda. In the north west social activities are starting to be well attended again and we will expand into other areas in the new year. Parents have said they enjoy talking to others with similar experiences, we look forward to seeing you soon!

The committee wish you a very happy and safe Christmas and a relaxed holiday!

Rose Clark - President

Contributions to Newsletter

This is your newsletter so please feel free to use it as a means of comment or for passing on information to others. We do appreciate any feedback which helps us with the format of the newsletter or the workings of Autism Tasmania.

Grumblings

The committee is aware of some discontent regarding the activities and direction of Autism Tasmania. Recently we had a planning day in Launceston where the seven people who attended grappled with the huge task of mapping out the needs and desires of our members.

In September we had our Annual General Meeting which provides people with the perfect opportunity to become involved at a committee level. **Yes, you can help.**

At the moment we have three vacant positions on the committee. If you would like to be involved and make a difference please ring any of the numbers listed above.

News from Autism Tasmania

Asperger Syndrome and Martin Bryant

Autism Tasmania was kept extremely busy when the media released details of the supposed link between Asperger Syndrome and Martin Bryant. Although the findings of one person were refuted by other experts in the field, the media continued with the Asperger link.

Many people within Autism Tasmania felt the impact of the reports in the media and we received many phone calls from distressed members and others making enquiries regarding information they had seen or heard. We received faxes from the National Autism Association as well as other state associations and the National Autistic Society in London.

During the day of November 22nd, a media release was prepared and faxed to all television stations and the three regional daily papers. This media release contained information regarding Asperger syndrome and we were aided in its preparation by Autism Victoria. We greatly appreciate their willingness to help us, especially as we have no staff.

Autism Tasmania also had contact with A.B.C. television regarding the interview they showed on Stateline on the evening of November 22nd. This contact resulted in this program being edited, the terminology 'Asperger syndrome' in connection with Martin Bryant was removed.

Currently we are following up with the media and some professionals. We would appreciate your input of any further suggestions we could use for further action.

Rose Clark

The Media Release

The following is a copy of the media release from Autism Tasmania following the publicity created during the sentencing of Martin Bryant.

Asperger syndrome is similar to Autism both of

which are Pervasive Developmental Disorders.

A person with Asperger Syndrome will exhibit certain patterns of behaviour. While having good speech they will have problems with communication. They will have difficulties with social relationships, and have restricted but very specific interests. It is believed that a person is born with the disorder and that they are unable to process information in the usual manner. They are rarely aggressive towards other people.

There has been mention of Asperger Syndrome in relation to the Martin Bryant case. The published profiles of the young Martin Bryant could indicate a pattern of behaviour consistent with Asperger Syndrome but diagnosis is not possible without a full assessment. However, Bryant's homicidal aggression is not a behaviour identified with Asperger Syndrome.

People with Asperger Syndrome require timely and accurate assessment, and support that is sympathetic to their considerable difficulties. As they generally do not meet existing eligibility criteria for disability services, and they are not suffering from a psychiatric disorder it is very difficult for them to access the specific services they require.

Although identified by Hans Asperger in the 1940's, active research in Asperger Syndrome has only occurred since the early 1980's. Organisations around Australia that have been providing services for people with autism for the past thirty or more years are striving to obtain recognition of Asperger Syndrome and adequate resources to assist people with the disorder.

Further information about the disorder can be obtained from Autism Tasmania or any of the state Autism Associations. We also have contact details of a number of professionals who are able to provide expert comment about Asperger Syndrome. Autism Tasmania is not in a position to comment directly about Martin Bryant.

Social Events

Southern News

December Friday 13th 1996 - Christmas Cheer at the Coup de Ville Bar & Grill at 8.00pm. For further information contact Jenny Vince on 6273 5139

January: A family picnic/barbecue is on at Tolosa Park Glenorchy on 18th January 1997. Venue is Hut No 2 at 12 o'clock. BYO everything. Any queries - give Julie Chamberlain, Rosanne Lay or Jenny Vince a call.

Northern News

ANNUAL CHRISTMAS BBQ

Date: Sunday 15th December

Where: Walker House Family Health Centre
17A Walkers Avenue, Newnham

Time: 11.30am - 3.00pm approx.

A visit from Santa is anticipated!!!! BYO meat, drinks and salad. Bread, sauce etc will be provided. Everyone welcome. Please RSVP to Mark on 6343 2308.

North West News

A great night was had by all who dined out at the Mallee Grill on Saturday 2nd November. The food was extremely good as was the wine we consumed. For those who missed out and would like to eat at the Mallee Grill we're going to do it again. Mark January 25th 1997 in your diary and RSVP to Rose on 6423 1086 by January 21st '97.

Christmas drinks and nibbles (please bring a plate or bowl of whatever you fancy) will be on at 4 Hiller St, Devonport on Friday December 20th from 6.30 pm onwards. If you've got a function on, come and have a drink with us first. BYO wine, beer etc.

From the Committee.....

As a part of our newsletter there will be a regular report from the committee.

Since the new committee was formed we have held two meetings in Launceston and have agreed to meet approximately six weekly. We are all very keen and have set goals which we are aiming to achieve before our next AGM. We would like to tackle a few issues and do them well, rather than touch on a wide range and not go into the depth required.

Our main area of concern is Assessment and Diagnosis, then where to from there? We have had much discussion about this very important issue and will be implementing a plan shortly, commencing with a questionnaire to our members.

We are currently setting up a sub committee and planning for Autism Awareness Week next year, including organising a seminar. An editorial committee has been formed to publish our newsletter and dates for publication and deadlines for submissions have been set.

We are currently working on updating our Autism Information Kit to be given out to new members upon joining. Our regional libraries have been set up and we are awaiting delivery of a new order.

Future dates have been set for our fundraisers and our committee member assigned to fundraising will keep you posted.

We have arranged for Dr Sue Bettison to come to Tasmania in late January to do Auditory Training. We are now finalising the location and numbers.

We are updating our stationery and will be re-designing our brochure which includes the membership application.

As you can see, we are quite a busy committee. We would love to hear from our members if you have any suggestions or queries, or if you would like to join one of our sub-committees. Your local committee member welcomes any calls.

Julie Chamberlain

The following poem was read by Wendy Lawson, one of our guest speakers at the recent seminar entitled "Two Sides of an Autism Spectrum Disorder" featuring, Wendy, Lindsay Weekes and Dr Jenny Curran. Many people asked for a copy of the poem and Wendy has kindly given us permission to print it.

CHANGE VERSUS CONTINUITY

Wendy Lawson

Change, change and more change
Of context, place or time.
Why is it that life's transient stage
plays havoc with my mind?

You said "we'll go to Macdonalds"
but this was just a thought.
I was set for hours,
But the plan then came to nought.

My tears and confused frustration
At plans that do not appear,
Are painful beyond recognition,
And push me deeper into fear.

How can life be so determined?
How can change be so complete?
With continuity there is no end,
For security and trust are sweet

So, who said that change will not hurt me?
Who said 'being' could not be safe?
Change said "you need continuity",
In order to find your place.

For change makes all things different,
They no longer are the same.
What was it that you really meant?
All I feel is the pain.

and from Lindsay Weekes....

What follows is an account of my visit to Tasmania for your newsletter - Lindsay Weekes.

It would be fair to say that my visit to Tasmania began not with boarding a plane in Melbourne but at the Autism Victoria state conference last September, where a person called Paula Barnes

spoke to me at some length during the first break and then at nearly every break.

I decided that Paula was a very interesting person and she gave me a lot of information about the way autism matters are handled in Tasmania as well as a lot of information about that state in general, and I began to ask myself why I had never been to a place so close to Melbourne.

So when an invitation to speak to Autism Tasmania arrived from Mark Ward I accepted at once. It had been my intention to fly down a day early so that I could visit the school at Deloraine, but after the flight had been booked Mark learned that the students would be at the Traffic Authority in Launceston on that day.

This meant that Wendy and I were left with a free day, and that was just as well, as both of us were very tired and somewhat bothered by being so out of routine and if we had had to speak without having that free time to relax then neither of us would have done so well. (Very much a comparative remark, that).

Paula and her son Michael met us at the motel on the Friday and took us to the gorge, which was very interesting. Just as interesting was the chairlift. During the 1970s I had cured myself of a fear of heights by walking longer and longer distances across the Sydney Harbor bridge; when I saw the chairlift, I wondered whether I could do it but it was no problem. Nowhere near as much of a problem as one person, whom I will not embarrass, had.

After morning tea and a return trip on the chairlift, we drove along the west bank of the Tamar for some distance and, on the return trip, detoured to Grindlewald for lunch. Both Wendy and I were amazed to see a Swiss village in an Australian setting. Wendy has a Swiss friend living in Melbourne who no doubt will want to see it as soon as possible.

After lunch, we went with Paula and Michael to their home at Liffey, in a beautiful bush setting with houses that reminded me of Nimbin in northern NSW. Michael, who has autism, does not

usually make himself known to visitors and we both appreciate the effort that Michael made that day to spend so much time with us and to drive us around. Both Wendy and I consider Michael to be one of us, and I think he found some kindred spirits as well.

After a large evening meal Paula and Ron drove us back to our motel and as I was not only tired but in an advanced state of pollution-withdrawal my next memory is of the following morning, the day of the conference.

What can I say about the conference to those of you who weren't there? Dr Jenny Curran, a psychiatrist who works with Professor Bruce Tonge at Monash, gave an interesting professional-eye view on several aspects of autism-spectrum behaviour, Wendy spoke about some aspects of her experience and read a very good poem, and I spoke about myself which is something I've discovered that I can do very well.

After lunch, we did it again and answered a lot of questions. To have received any benefit from our visit, I'm afraid you would have to have been at the conference. Mark made tapes of the proceedings, but as the sound system had a lot of feedback in it these might not have turned out very well.

The most interesting part of any conference, for an autistic person, is meeting other people with an autism-spectrum diagnosis. Michael was out and about for a second day running, I met Tracey and I have not forgotten Angela Mahoney, who promised me some email, eventually.

In the evening Mark and Paula and her family (yes, Michael as well) took Jenny, Wendy and myself out to dinner, for which we thank you. Another first for me, eating venison.

On Sunday, Mark gave Wendy and me a tour of the older sections of Launceston and I have the photos to prove it. This gave us the opportunity to meet Michael Ward, someone who's on his way to bigger and better things.

After a barbecue lunch with Mark, Ros and family we left for Melbourne. Impressions? Tasmania

made a huge impression on me, I liked it a lot and I want to go back and spend longer there. I'm also impressed with Autism Tasmania. Nearly all autism societies have arisen as a result of efforts by a few very dedicated parents of autistic children, and Autism Tasmania is no exception. That it has come so far so fast speaks volumes for the amount of dedication involved, and both Wendy and I will do whatever we can to help you.

It's a pity that we didn't manage to see the Giant Steps school. I'm familiar with the modified TEACCH approach taken at Irabina SDS as well as the revised-ABA approach at Bulleen Heights and seeing your school would have given me some insight into the third major approach used with autistic children today.

Another time, Tasmanians. I've already promised Paula and her family that I'll return to Liffey, and I notice that's it's sort of halfway to Deloraine if you take a bit of a detour. So I think I'll see your school yet.

Thanks again, all of you.

Lindsay Weekes

A walk through Dr Curran's presentation at the recent Autism Tasmania Conference: Adult Outcomes - from a Psychiatric Perspective

Paula Barnes

Dr Jenny Curran opened her address by giving a brief insight into her background, describing herself, somewhat modestly, as a Psychiatrist who, whilst in Britain specialised in the area of intellectual disability and mental health problems. It was a time when she began seeing people with Autism Spectrum Disorders. The Dr. said that she became both interested and concerned for those with autism -concerned that often this condition went unrecognised and sometimes there appeared to be inappropriate care and support.

Whilst her clinical and academic focus is with

adulthood, Dr Curran has worked with children and families. She said that during her career a common question by parents concerned long term outcomes - "What will he/she be like in ten or even twenty years?" Would it not be difficult, almost impossible to predict individual outcomes with so many variables to be considered, such as the persons individual strengths and needs, personality, cultural, social and environmental background. The other recurring question was that of intervention.

Thus began Dr Curran's overview of research, looking at the Autism Spectrum - Genetics - Outcomes and Interventions and the Assessment of Behaviour Problems and Treatment.

Dr Curran recommended an article by Bailey, Phillips and Rutter who attempted to pull together the research from different fields, namely Clinical, Genetic, Neuropsychological and Neurobiological. She reviewed the research familiar to many in her audience, that of Wing and Gould's Triad of Impairments where it states that people with autism will experience difficulties in Reciprocal Social Interaction, Communication and Imagination.

She referred us again to the twin studies by Bailey and others which the researchers suggest demonstrates strong evidence for a genetic causal link.

The debate also continues regarding the similarities or differences between High Functioning Autism and Asperger Syndrome and the question also remains as to where the boundaries exist when considering those who do not fit satisfactorily into a diagnosis of Autism Spectrum Disorder who may have been described as being Schizoid. For these reasons and others, epidemiological studies do not necessarily reflect an accurate picture but current figures suggest an occurrence of 1.1000 which is probably an underestimate when you consider those with mild autism spectrum disorders not included in such studies.

Dr Curran spoke of Prof. Bruce Tong's investigation into problem behaviours across I.Q. levels which suggests we could view this as yet another spectrum. Prof. Tong examined 167 autistic subjects, 3 to 20 years of age and concluded that

those with borderline I.Q. were probably the fussy types - more likely to have food fads and those with mild I.Q. disability were more likely to be fearful and anxious, whilst those with moderate to severe intellectual disability were more likely to have more self injurious behaviour and mood swings. Prof. Tong said, however, that these behaviours could occur across all I.Q. levels in differing degrees. Jenny Curran then looked at research into intervention recalling another common question, "What can we do to maximise potential and what can we do to minimise the impact of the triad of impairments?" Dr Curran said that most programmes take an educational or behavioural approach with the focus on early intervention. One encouraging study in the U.K. was aimed at diagnosis in the first two years of life.¹ The study consisted of three groups of questions which were posed at the routine developmental check-up of 16,000 toddlers aged 18 months. The questions related to:

- i pointing to show interest
- ii gaze monitoring
- iii pretend play

If the children failed in these areas it was a really good indicator of autism with an 80% risk. The benefits of early diagnosis are of course, the introduction of early intervention.

Management for those with an autism spectrum disorder requires comprehensive assessment, Dr Curran said, in conjunction with multidisciplinary teams including parent and professional input. She looked at some of the programmes and said that they needed far greater research. Some were relatively new programmes so long term studies were not available.

Dr Curran said that Facilitated Communication had little support from mainstream professional bodies but once again there had not been long term studies. She looked also at Intensive Learning sometimes referred to as Discrete Trial Learning and said that similarly long term outcomes were unknown.

Clinical Psychologists, Verity Botroff in South Australia and Pam Langford in Victoria are currently working on the development of strategies

which will help in the acquisition of social skills and making friends.

Looking at Psychotherapy, Dr Curran suggested that this was largely seen as inappropriate given that biological cause is now widely accepted but said there may be a place for its use but this needed more investigation.

Vocational training and community placement was not a treatment but was, of course, crucial to successful outcomes in adulthood, Dr Curran acknowledging a paucity of services in Australia. At this stage, Dr Curran looked at the use of pharmacotherapy and said that it had relatively small application although it may on occasions make a person more amenable to learning.

Looking at the potential for research into adult outcomes, Dr Curran remarked on the difficulties. There may be disagreement with diagnosis.

Different I.Q. levels and other anomalies present difficulties when comparing one with another and the vexed question of the definition of what is a good outcome remains. The perception of good outcome differed from culture to culture and could be measured in a variety of ways, some emphasising outcome in terms of relationships, marriage, employment and independence. Should we in fact try to normalise and where does respect for individual differences fit? Dr Curran raised a number of thought provoking questions before leading us forward to a different area of debate.

Before concluding her overview of the research, Dr Curran gave us a brief insight into some of the issues relating to psychiatry and medication. For the professionals in the audience, Dr Curran reminded practitioners to be aware of the possible coexistence of psychiatric disorders. She mentioned the incidence of anxiety, and depression in young adults with an autism spectrum disorder and of some conditions sometimes seen in tandem with autism, such as Tic disorder, Mania, Depression, Adjustment Disorder and ADHD. She cautioned that accurate assessment was necessary to determine the most appropriate treatment.

Of particular interest was Dr Curran's discussion regarding medication when she emphasised the

necessity to weigh carefully the benefits against side effects. Dr Curran said that drugs were suitable for a range of target symptoms including obsessive compulsion, depression, hyperactivity and self injurious behaviour. Haloperidol, one of the neuroleptic drugs, was undoubtedly the most widely studied. It was shown to have the least sedating effect and could be useful in reducing anger, hyperactivity, autism related behaviours and speech deviance.

Dr Curran mentioned the possible side effects of this drug, including Tardive Dyskenisia, and again reiterated the need for caution when considering drugs and the need for close monitoring of patients.

Clomipramine was also mentioned as a treatment for depression and for obsessive compulsive disorder but Dr Curran said that the status of this and other drugs was uncertain.

She went on to say that drugs do certainly have a place in the treatment of diagnosed psychiatric disorder and for target symptoms where the research indicates. She urged practitioners to follow the rules and regularly review medication and to be aware of the possibility of dual diagnosis. People with autism may experience mental illness.

In conclusion Dr Curran identified a clear gap in service provision which addresses the complex needs of those with an autism spectrum disorder. She said training was vital for all those working in the field and that there should be collaboration between service consumers, service providers and researchers, building healthy lines of communication to work towards providing the best possible outcomes for people with an autism spectrum disorder.

Suffice to say, that Dr Curran's presentation was packed full of valuable information for everyone and I urge those people who were unable to attend this seminar to take any future opportunity to hear Dr Curran speak.

We are currently awaiting a full copy of Dr Curran's paper - please contact Autism Tasmania if you wish to receive a copy.

The following articles are reprinted from the Victorian Autism Conference held in Melbourne last September.

"Communicating with Adults with Autism - a practical approach.

WICKHAM CONTINUING DEVELOPMENT PROGRAM

Marita Ballon, John de Somerville, Som Sayasane and Tracy Emery.

The communication needs of individuals with moderate/severe handicaps/autism cannot be looked upon as devoid of individual characteristics. It is this interactive quality that has forced people to look at non-linguistic as well as linguistic communication skill development. Respect the person's own system as a potentially rich and effective means of communication.

Communicative behaviours include gestures, facial expressions, eye contact, body movements and vocalisations. Communication may also include inappropriate behaviours such as hitting, spitting or throwing objects. These behaviours may be in response to not being able to communicate more abstract needs or feelings such as frustration or anger.

We need to:

- determine how that person can communicate.
- emphasise that person's behavioural repertoire and utilise it as the first source.
- find alternative ways to communicate if the communicative behaviour is inappropriate.

People communicate in the most efficient and effective manner available to them at any given point in time. This means that any suggested alternative must fulfil the same purpose for that person and be just as easy for them to use.

The first and most important step is the functional assessment of the person's current forms of communication.

1. *Gather Information*

(a) Parents, care givers and staff are asked to complete two forms. One asks them to indicate the ways in which the person communicates his/her needs: It has been an effective way of getting

people to see behaviours in different ways. This assessment tool has been adapted from the work of Browder (1991) Assessment of Individuals with Severe Disabilities.

(b) The other is a general skill assessment which includes communication skills.

By completing this form, staff, parents and care givers are forced to look at behaviours and discover their communicative function. On occasions, it is appropriate to also meet with these people to gain a better understanding of the person.

We also believe that parents and care givers often know clients the best, and their experience is the most valuable. They can also have input into the evaluation process and as a result be involved in the process of teaching functional communication.

2. *Observe the Person for a Considerable Amount of Time.*

(a) Observe the person in different settings to determine what form their unprompted involuntary responses take. Record strengths and weaknesses.

(b) List behaviours idiosyncratic to the person and their probable communicative function.

(c) Investigate communication skills in naturalistic settings, e.g. cooking or food preparation. Assess response to different symbol systems.

3. *Investigate the Person's Environment, Culture and Language Background.*

4. *Investigate what the Person finds Motivating, Likes and Dislikes*

5. *Investigate what Teaching Strategies that the Person has Responded to in the Past.*

ASSESSMENT IS THE KEY TO DEVELOPING THE BEST SYSTEM.

Once current communicative behaviour has been established the next step is to decide what areas are to be targeted, and what system of communication will be most functional for that person.

(1) Meet with other key workers at day placement and nominate areas to be targeted to promote consistency.

(2) Meet with primary care givers and discuss what areas they think should be targeted to promote consistency across settings.

(3) Decide on what system of communication is functional for the person. Linguistic, symbolic, sign language/key word sign, objects, object symbol photographs symbolic-compics. A combination may be required, remember you want to choose a system that is functional across all settings.

(4) Decide in what form the above systems can be taught, e.g. scheduling, pictorial timetables for routines, conversational books/remnant book recipes, choice boards, community access books. Make the resources.

IMPLEMENT THE PROGRAM

(1) Write up the steps that are involved in the activity to promote consistency between workers. Make sure everyone involved in the programs understands the objectives.

(2) When teaching signs or choice making, attempt to provide 1:1 formal teaching in a naturalistic setting.

REVIEW

Review the program regularly with all key workers involved.

(1) Ask the questions:

Is the system easy for the client to use?

Is the system functional across settings?

Are there adequate resources?

(2) Adapt the program accordingly.

Progress can sometimes be slow but **CONSISTENCY** and **PERSISTENCE** can achieve great things.

SOCIAL SKILLS DEVELOPMENT FOR INDEPENDENCE AND EMPLOYMENT.

Alpha Terrace - Cheryl Davis, Belinda Wythe, Cate Gleeson and Amanda Flegeltaub.

We all know that people with Autism Spectrum Disorder display degrees of difficulty with social skills. We can only understand the gap in the persons lives when we study what it means to be socially skilled. Social skills are involved in everything we do, e.g. interpersonal interaction, group interactions accessing the community and in employment settings.

Social skills are a combination of actions and interactions within a social/interpersonal environment which often require an element of communication. Communication can include spoken words, but also requires the use and understanding of gesture, facial expression, vocal tones, personal space and timing to convey a message. As we know different environments involve different expectations. Social rules are extremely complex and seem to be ever changing.

There are many reasons for people with Autism Spectrum Disorder not coping with social situations.

SOME REASONS FOR DIFFICULTIES.

- too much information.
- distractions [sensory overload].
- preset ideas.
- lack of rehearsal
- lack of experience [successful or failures].
- fears/phobia
- obsessions.
- not knowing what to expect.
- not being taught what to attend to.
- past experiences.
- individual likes and dislikes.
- lack of knowledge about acceptable/unacceptable behaviour within the community.
- different places/different rules.
- stress and anxiety.

WHAT CAN WE DO ABOUT IT?

- develop rules and routine.
- carefully plan exposure.
- provide feedback.

- role play.
- discussions.
- planning ahead.

PLANNING FOR SUCCESS.

- choose venue carefully.
- have realistic expectations.
- acknowledge fears/phobias.
- teach the skills [do not test to the limit].
- positive reinforcement via social interaction.

WHERE DOES IT LEAD TO?

Independence.

- accessing the community.
- decisions and choices.
- living away from parents.
- gain meaningful employment.
- developing a social network.
- developing friendships.

Alpha Terrace aims to assist people with Autism Spectrum Disorder to reach their highest potential in social skills. For some people this means living independently and/or finding employment, for others it may mean being able to enjoy the company of those around them.

SOCIAL SKILLS IN EMPLOYMENT.

Alpha Employment is designed to assist people with Autism Spectrum Disorder to obtain and maintain employment. To do this, the client/s must have reasonably high social skills and an awareness of what employment in the open labour market is about. Gaining and keeping a job involves many elements, i.e. interest in work, concentration span, relevant skills and the ability to "fit into" the workplace. Many people with Autism Spectrum Disorder experience no difficulty in learning about the job, but do have some difficulty socially.

PROBLEM AREAS?

- changing environments.
- poor understanding of work ethic.
- unfamiliar with hierarchy systems.
- understanding the importance of productivity.
- appropriate/inappropriate communication and behaviours.

HOW TO ASSIST.

- set down clear guidelines.
- develop a good relationship between employer and employee.
- develop a sense of ownership among all staff.
- act as a mediator until natural communication develops.
- tapping in to pre-taught coping mechanisms.

HOW TO PLAN FOR SUCCESS.

- try to find suitable job matches.
- do not set placement up to fail by having unrealistic expectation.
- build a good rapport between employer and employee.
- try to provide for social growth.

Generally it is accepted in the field of employment that people who have good social skills and are able to fit into the work environment have a very good chance of maintaining their positions.

It is rare that someone will be dismissed or asked to leave a position because of productivity issues alone.

This highlights the importance of the development of social skills in the lives of people with Autism Spectrum Disorder.

Vitamin B6 and Magnesium Treatment of Autism Spectrum Disorders

Jodi Hopkins - Swinburne University of Technology

This treatment involves supplementation of the diet with vitamin B6. It is termed Megadose treatment because the dose of B6 given is much larger than the usual daily intake of the vitamin.

One major thing about this treatment is that it uses vitamins, rather than drugs. So they are natural substances, which we all require on a daily basis. Being a vitamin it also functions to assist the body's metabolism, whereas drugs interfere with it.

Due to this treatment involving a vitamin, other

components are also needed. This is mainly because of the interactive nature of nutrients in our body.

Examples of other components are:

Magnesium - as magnesium is necessary for the absorption and action of B6 in numerous processes in the body, so Magnesium is given in doses around half that of the B6.

The other B-group vitamins also need to be taken when B6 is being taken in Megadoses.

For reasons of safety and effectiveness of the treatment Vitamin C, Zinc and Calcium should also be taken. However calcium should be given at a separate time to the magnesium due to these two minerals competing for uptake in the digestive system.

Any of the side-effects which have been reported while a person is taking megadose B6 are generally due to insufficient intake of the other necessary nutrients. For example:

Enuresis (bedwetting), sound sensitivity and irritability can be side-effects seen if there is magnesium deficiency.

Tingles in hands and feet can generally be attributed to the lack of supplementation of the other B-group vitamins.

Any side-effects that are seen are however non-permanent and are not life-threatening. The effects seen quickly disappear when the B6 supplementation is either stopped or the dosage reduced.

The overseas studies have reported improvements in behaviour, communication and the socialisation of people with Autism Spectrum Disorders when they were taking Megadoses of Vitamin B6 along with other vitamins and minerals.

The Behavioural benefits that have been reported with the megadose B6 supplement include: Increased use of sounds, words or speech; improved sleeping habits; better eye contact; better attention span; greater general awareness; increased interest

in learning; less self-stimulatory behaviour, hyperactivity and irritability; "Becoming more normal"; and also improvement in general health, muscle tone and skin condition.

Physiological Benefits of the treatment are also reported. These include 'normalisation' of particular bodily functions, including: - urinary byproduct levels, sometimes found to be abnormal in people with Autism Spectrum Disorders, improved - normalisation of a particular brain electrical signal which is evoked in response to a noise or light - reduction in dopamine, a particular brain chemical found to be high in some people with Autism Spectrum Disorders - improvement of a particular immune cell level which was deficient.

Currently a specially produced supplement is only available commercially from America from: Kirkman Sales Company, P.O. Box 1009, Wilsonville, OR97070 Phone: + 503-694-1600 Fax: + 503-682-0838

Please note: I have no affiliation, and gain no benefits from this company.

Currently a study being carried out in Australia, and if this is found to be successful a locally produced commercial product may become available at some stage.

Otherwise if the overseas product does not fit into the budget, parents may wish to fiddle with available supplements to make up their own formulation.

Please feel most welcome to contact Jodi Hopkins for more details about the supplement, and/or a list of references about the vitamin B6 and magnesium treatment. Phone: (03) 9214-8758 BH
(03) 9459-6395 AH
Fax: (03) 9819-0856

An extremely good resource for information about this & other supplements/drugs/some other programs for people with Autism Spectrum Disorders is: Autism Research Institute, 4182 Adams Ave, San Diego, CA 92116

NEWS AND VIEWS

THE TEN COMMANDMENTS FOR REDUCING STRESS

from Epilenk, NZ Epilepsy Association 1991

1. Thou shalt NOT be perfect, nor even try to be.
2. Thou shalt NOT try and be all things to all people.
3. Thou shalt leave things undone that ought to be done.
4. Thou shalt NOT spread thyself too thin.
5. Thou shalt learn to say "NO".
6. Thou shalt schedule time for thyself, and thy supportive network.
7. Thou shalt switch off, and do nothing regularly.
8. Thou shalt be boring, untidy, inelegant and unattractive at times.
9. Thou shalt NOT even feel guilty.
10. Especially, thou shalt NOT be thine own worst enemy, but be thy best friend.

S.P.L.A.S.H.

S.P.L.A.S.H. is a non-profit community based service providing swimming lessons/hydrotherapy to anyone who has a disability in the south. S.P.L.A.S.H. is open to all ages and provides an ongoing program.

Annual Membership Fee is \$15.00 per individual or \$20.00 per family. Cost per swim is \$7.00 per each 1/2 hour class.

Children's Groups are conducted at Hazelwood pool on the corner of Risdon Road and the Brooker Highway on Thursday evenings at 5.30pm and 6.00pm.

Jenny Farley is the swimming instructor for the children's group and is assisted by volunteers.

Jenny's phone number: 6248 9895 or you can ring Rosa Bramel on 6272 9148 (Home) or 6249 6868 (Work).

Family Based Care Association (NW) Inc

Rose Clark

I have been on the board of management of Family Based Care for the past two years. Last year I was the consumer representative for respite Care and during that time I received no negative comments from any consumers. However earlier this year those people who had access to occasional care (I was one of them) lost their hours because of difficulties in funding. This has not been reinstated but there is a glimmer of hope on the horizon.

This year I am the Host Family consumer representative. Our family has just started using a host family. This means for us, that our son goes to his host family for a weekend giving us time to relax and just "have time together". Our host family are people we knew who agreed to be our host family. They had to register with Family Based Care who do security checks on both parents. The parents of the family Thomas goes to, then discussed the prospect with their children who thought it was a wonderful idea. I would highly recommend this form of "respite" especially for those who don't have lots of family and friends to give them a break every now and then.

If you know of a family who may be able to help you, talk to them and talk to Family Based Care.

Family Based Care (N.W.) are organising a camp for children who have a family member with a disability. Read the following for more information.



Family Based Care and the Variety Club have for a number of years been organising camps for children aged between eight and sixteen years who are "Primary Carers" (ie: who have a family

member with a disability). Up until January this year these camps were run on a statewide basis. The last camp was held at Hawley beach. Because of the success of this camp there has been a strong interest from other families to be involved. With the assistance from the Tasmanian Sunshine Association the number of campers will be extended in 1997.

This years camp will be held at Camp Clayton at Ulverstone and is funded by Family Based Care Association, Variety Club and Tasmanian Sunshine Association. The camp is from 3rd to 7th February 1997. For more information phone (03) 6431 8411 before 20/12/96 as places are limited.

Contact Family Based Care in the north and south for information about similar camps.

Fundraising News



We hope you enjoyed looking at the Waratah Catalogue. Don't forget to make an order, remember 10% of all sales will go to Autism Tasmania. Orders go directly to Waratah.

Our thanks to the International Music Society for their recent generous donation of \$1,000.00. The money was raised at the Octoberfest and Beer Festival held in Hobart in October, attended by a group of southern members from Autism Tasmania. A special thank you to Dino Minnucci for encouraging the music society to support autism.

Auditory Training in Tasmania

Attention all those interested in Auditory Integration Training. Dr Sue Bettison will be coming to Hobart in late January to provide both the full AIT program and the simplified version (Structured Listening). If you would like your child to be involved or would like more information, please contact Rose Clark on (03) 6423 1086.

International Fragile X Alliance

The International Fragile X Alliance is a non-profit organisation whose aim is to promote education, research and awareness of fragile X syndrome. The Australian arm is associated with the National Fragile X Foundation in Denver, Colorado USA and 76 centres worldwide. A wide variety of audiovisual educational aids is available to members and a number of exciting projects are currently in progress.

Fragile X syndrome is the most common genetic cause known of mental retardation, developmental delay, learning disabilities and autistic spectrum behavioural disorders. Diagnosis is important because it can influence medical and interventional strategies and allow accurate informed decision making.

Expressions of interest are invited from all professionals and parents wishing to join or be involved in the International Fragile X Alliance. For further information, please contact:

Dr Jonathan Cohen: 263 Glen Eira Rd, Nth
Caulfield. Vic 3161
Tel: (03) 9528 1910
Fax: (03) 9532 9555
E-mail: [jcohen@netspace.net:au](mailto:jcohen@netspace.net.au)

For your information

Basic Concern is a multi professional learning centre offering a variety of services on a fee for service basis. Services offered include Assessment (educational, psychological, health and regeneration, language), Basic teaching (reading, spelling, writing and mathematics) and Counselling (Educational, psychological, health and language).

The centre is located in Hobart and can be contacted on (03) 6223 6816

Parents often are keen to read hints others have found useful. The following piece is aimed at helping make the holidays less stressful for all. Reprinted from Keynotes, December 1994, Published by Autistic Association of NSW

TIPS FOR SURVIVING THE HOLIDAYS

1. PLAN your holiday time.
 2. Discuss with your child's teacher:-
 - * what communication systems can be best used to help your child understand what's happening during the holidays (eg Visual schedules, social stories);
 - * what things cause behaviour problems and how best to manage the behaviour.
 - * his/her likes and dislikes.
 3. Make a list of his/her likes , eg activities such as bowling, swimming, etc or rewards such as food.
 4. Schedule things he/she likes doing straight after those that he/she doesn't like doing.
 5. Praise lavishly for all compliant, non-provoking behaviour at irregular intervals during the day.
 6. Teach him/her one new little leisure skill during the holidays. Ask your child's teacher for help BUT do it only if you are up to it.
 7. Set up routines and keep to them. Design visual schedules and timetables with the help of your teacher.
 8. Warn him/her about any changes in routine ahead of time.
 9. Give yourself a break; plan some family activities which do not include him/her. Arrange holiday respite, if available.
- and/or
10. Set up support networks, wherever possible (extended family, other parents, spouse, older children, home care, kind neighbour etc.). Someone may be happy to take your child for a couple of hours so you can go shopping by yourself or take other children to a movie.
 11. Plan your responses to possible negative behavioural reactions:
 What to do if..... What to say when.....
 12. Contact your Local Council, Community Services Department to find out about integrated holiday programs in your area.
 13. Give siblings a break too. Enrol them in their own holiday activities or camps. Treat it as a reward for their patience and understanding through the year.