AUTISM NEWS

Newsletter of Autism Tasmania Inc.

Postal Address

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Australia

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BRANCH BUSINESS

Committee Members for 2000

President	Rose Clark	6423 1086
Vice President	Kathy Gill	62 237175
Secretary	Rachel Hodge	6393 7183
Treasurer	vacant	
Committee Members	Cheryl Scott Rosanne Lay - - Amelia Bishop Eileen Prunster	6344 8015 62442540 62736515 64 425405

FROM THE PRESIDENT

This is the first newsletter since our A.G.M., and you will find the report of this meeting included in this posting. We welcome two new faces to the committee and both Eileen and Amelia have attended their first meeting which was held in Ross. You can find out more about them further on in this issue. This mailing contains many articles which we trust you find interesting, informative and helpful.

We are featuring an article on inclusion written by Autism Consultant, Kathy Gill. As you will see we have some follow-up information from Dr. Sue Bettison who visited us earlier in the year, and who has just returned from a visit to Spain. We are also including as an insert Helpful Hints for the Holidays which we have printed before - but will be especially useful to our newer members; and a reminder to readers who have been members for some time.

Quite a bit has been happening in the Autism Spectrum Disorder /Disability field during the latter part of the year - in particular the Review into Inclusion Policy as well as the Forum into Educational Provision for those in Department of Education schools. We sincerely hope the information that has been shared and gained will be taken on board and that we will all see tangible results that will benefit our children and have a positive impact on family life.

At this special time of the year the committee of Autism Tasmania would like to wish you all a very special Christmas and to thank each and every one of you who have supported us in any way during the past year. We look forward to another year of your participation in the many activities we will all be involved in. Rose Clark

AUTISM TASMANIA INC. ANNUAL GENERAL MEETING.

Our A.G.M. this year was held in Ross on September 18th at the Man-O-Ross Hotel. Twenty members made the journey to attend the meeting which is an important event in our year as it is the time all committee positions are declared vacant and a new committee elected.

The new committee includes two new faces and we welcome Amelia Bishop (from the south) and Eileen Prunster (from the north-west). We also farewell Lisa Minchin, who leaves the committee to spend more time with her family and take up the presidency of YAST. We thank her for her commitment over the past couple of years and wish her well in her new role. Thankyou must also go to Sue Thorogood who had to leave the committee because of family commitments, but who still works diligently behind the scenes. To all those who attended the A.G.M. thankyou. Those of us who were able to stay for lunch enjoyed good food as well as each other's company. Rose Clark

Disclaimer

NEW COMMITTEE MEMBERS.

Amelia Bishop lives in Hobart and works with children with Autism Spectrum Disorder as an A.B.A. therapist which she has been doing for some time. Amelia has a Bachelor of Science Degree (Hons), and Honours Degree in Psychology and is at the moment completing her Masters Degree in Clinical Psychology.

Eileen Prunster now lives in Wynyard and is the founder of the North-West Asperger Support Group. Eileen is the mother of three children aged 16,13 and 7. Her eldest child, a son, has Asperger's Syndrome. Eileen has been working for some time as an unseen committee member.

We welcome them both to the committee and look forward to working together. Rosanne Lay will be putting down her calculator for good after Christmas. Rosanne has been our past Treasurer and has been doing the job since the A.G.M. in a voluntary capacity. We thank her for her work as Treasurer and look forward to seeing her as a committee member.

Special Children's Christmas Party This year, Southern Cross is only having one party instead of two. The function this year is to be held in Hobart, with children from the North and North-West being provided with buses so they can attend. The organisers have indicated that next year's party will be held in the north of the state.

Autism Tasmania has contacted Southern Cross to inform them that the arrangements this year will affect many children with an Autism Spectrum Disorder. This year Autism Tasmania was supplied with a limited number of tickets for this year's party Rose Clark

Available from Autism Tasmania

Autism Tasmania Information Kit
$12.00 includes postage for Parents
$17.00 includes postage for Professionals

***Alert Cards** $1.00 for 20*

***Gold Lapel Pins** $3.00 + $1.50pp*

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Available in the:	*North*	*6334 2843*
	North West	*6442 4079*
	South	*6244 2540*

COMMITTEE REPORT

We have had 2 meetings recently – both at Ross. The first was on October 23rd and the other was on November 20th

Attending both were Rose Clark, Roseanne Lay, Kathy Gill, Rachel Hodge and Amelia Bishop. Eileen Prunster and Cheryl Scott attended the October Meeting but were apologies for the November meeting.

Included in the business of both meetings were:

- Welcoming new members Eileen and Amelia.
- Planning three Workshops titled *Visual Communication for Non-Verbal Children: Extending Language beyond Picture Exchange.* This workshop is planned to be held in December for parents and again in March for teachers and other professionals.
- Possible seminars for 2000 include: Vicki Bitsika and Chris Sharpley, Anja Tait. and

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FEATURE ARTICLES

AUDITORY INTEGRATION TRAINING Some Observations of the effects on individuals. Sue Bettison, B.A., Dip Ed., Ph.D

Auditory Integration Training (AIT) is a ten-day program comprising ten hours of listening to electronically modified music through headphones. The particular way in which the music is modified is determined by the results of an audiometric assessment of the individual's hearing thresholds. The program involves careful monitoring throughout and for three months after treatment.

AIT appears to "kick start" the neurological processes involved in handling sound - selecting what to focus on and what to ignore, damping down the input when it is too loud, opening up to capture very soft or distant sounds, and switching easily from one stimulus to another. My research into this treatment (1996) has been interpreted by some as showing that there is no benefit. In reality, the results showed marked improvement in not only responses to sound, but also other related behaviour.

Over the past seven years, I have worked with close to 300 people - adults and children - who have participated in AIT programs During that time, some very different responses have emerged. A significant group experienced disrupted sleep during the ten-day program. They went to sleep late, woke during the night, or woke earlier than usual in the morning. In all but two cases, sleep patterns returned to normal at the end of treatment. The two whose sleep continued to be disrupted, were easily returned to normal sleep with some night-time procedures designed specifically for them.

AIT is not a treatment for autism, but for abnormal responses to sound. This problem is often associated with not only autism, but many other developmental disorders as well. However, a few children with autism spectrum disorders have lost all autism symptoms following AIT. These children all had at least one area of functioning which was in the normal or above average range, and all were able to speak in phrases or sentences, I suspect that the behavioural signs of autism in these children were primarily due to confused, often meaningless, and frequently distressing sound environments. Many of the children also responded abnormally to other sensory stimuli, such as vision, touch, proprioception, taste and/or smell. After AIT, not only were all sensory responses normal, but the other symptoms of autism had also gone. I suspect that the autism in these children, and probably in Georgie Stehli (1991) as well was largely reflecting their sensory abnormalities rather than the cognitive underpinnings of autism per se.

For a number of individuals, other beneficial changes have been possible because of their improved sensory responses and consequent improved behaviour. Several adults have been able to move from a large institution into a less restrictive group home. A few children have been enabled to move into a regular classroom, and others in regular classrooms have no longer needed a one to-one aide. Some have been able to go to places that were previously frightening and enjoy them, while others began spending time playing with other children for the first time.

There have also been a range of changes following AIT which initially appeared as problems, but were actually improvements in functioning. One example was the four-year-old who became distressed and ill at the smell of his bowel motion in the toilet. He was clearly experiencing smells for the first time. After a few days he habituated to the toilet smells and no longer reacted differently from other children. Other children became more assertive and no longer needed their parents to direct them The adjustments by parents, which were required by

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1999 NATIONAL AUTISM CONFERENCE

A Parent's Perspective – by Marg Flannery

I was fortunate to be able to attend the 1999 National Autism Conference in Hobart, and found it to be a positive experience. I came away with a great deal of additional knowledge, resources and inspirations.

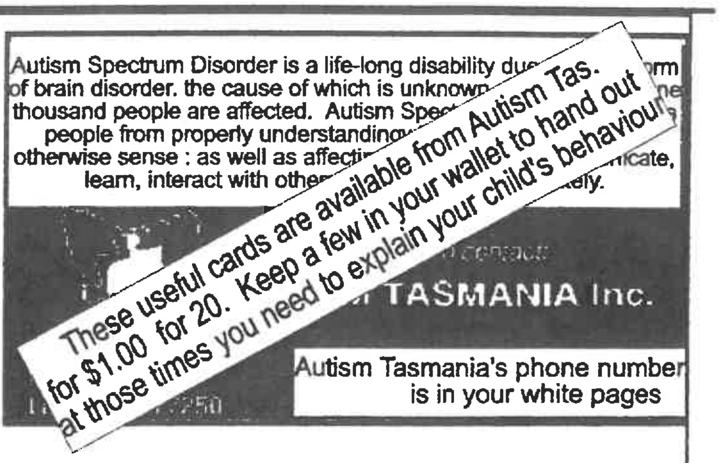
How apt to have "Common Threads" as the title theme. That seemed to summarise the feel to the conference. It was a wonderful experience to meet and hear such impressive speakers, workers in this field and individuals living with an Autism Spectrum Disorder.

I have two children with an Autism Spectrum Disorder, both at different ends of the spectrum so I went with a fairly open agenda. I wanted to experience various ideas and information relevant to my family dynamics, and I came from the conference with strategies for both my children in a variety of different mediums.

I found the majority of the presentations to be of a high calibre and extremely impressive, and I feel unable to adequately explain my interpretations on each, as there were too many represented – so I have chosen some of my personal highlights.

As on other occasions, Tony Attwood was fabulous. I find him to be such a positive professional with warmth and empathy to both individuals and families living with Autism. He provides positive encouragement for future developmental goals and aspirations, he is in-tune with the realities that face us all and gives real strength to continue with the various challenges that are constantly presented to us.

Carol Gray's presentation on Social Stories and Comic Strip Conversations was an area that I feel is quite suitable to use for both my children with different degrees of detail for each child. Through using simple pictures and writing to explain such things as emotions and how or why it is a very powerful medium with teaching our children. It was an approach that is adaptable with different areas of everyday situations. I find myself using these principles with my children now!



Autism Spectrum Disorder is a life-long disability du orm
of brain disorder. the cause of which is unknown ne
thousand people are affected. Autism Spe
people from properly understandin
otherwise sense : as well as affecti icate,
learn, interact with othe ely.

TASMANIA Inc.

Autism Tasmania's phone number
is in your white pages

These useful cards are available from Autism Tas.
for $1.00 for 20. Keep a few in your wallet to hand out
at those times you need to explain your child's behaviour

Lynda Melville and Valerie Preston provided me with positive reinforcement and helpful ways in discussing the diagnosis with the child with Autism Spectrum Disorder. They addressed when, what, how and who by in the discussions and the positive benefits involved in this process. This was quite involved and there are varying times of suitability dependant on the child's understanding and numerous mediums that can assist in the process.

Dr Margaret Kyrkou provided some interesting data and information relating to PMS and Period Pain in women with Autism Spectrum Disorder. This information is extremely valuable with non-verbals along side all women with an ASD. Quite often women have been treated with powerful psychiatric medication due to an incorrect diagnosis of anxiety or depression. By better interpreting an individuals behaviour to what is really occurring, ie: pain or PMS, appropriate pain management and avoidance of stressful situations may prove far more beneficial both long and short term for the woman and her carers and enable her full participation in society. I eagerly await more extensive research that Dr Kyrkou is undertaking and know that I have already gained such insight from her research to date.

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MUSIC TALKS

by Marg Flannery

Earlier this month Anja Tait held workshops throughout the state (sponsored by the Early Childhood Intervention Australia (Tas Chapter) about Music Therapy and its use as a therapeutic tool for children (and also adults).

Anja is a qualified Music Therapist with extensive experience in this field. She has worked in Health settings, Education, Early Special Ed, Community Arts and many other areas.

This was my second experience with Anja and I embraced the opportunity to utilise her skills, knowledge and expertise in a setting with less time constraints than I had on my previous occasion. She had us all involved and captivated from the beginning of her presentation with everyone having an active role (literally). We engaged in various usages of movement to music by ourselves and together. It was a relaxed method of involving and bringing us all together.

She discussed and involved us in the numerous ways music affects and interacts in everyday situations, and how we can utilise this towards developmental programs for our children.

Music can help language development, interactive play, physical development, relationships, provide relaxation and give pleasure.

Anja has a natural vibrancy, which is translated to her audience. I have come away from these presentations feeling incredibly inspired, motivated and confidant to apply various ideas and strategies that she discussed into everyday situations with my children.

I may be more fortunate than other parents may, as my children do get immense pleasure from music and to be able to use that in a relaxed therapeutic way is absolutely fantastic for me.

I would encourage everybody to access the resource booklets that are in the Early Special Ed Centres Statewide, and also express my thanks to all involved in bringing Anja Tait to Tasmania.
Marg Flannery.

(Continued from page 3)

possibly speakers from Irabina

- Autism Conference Evaluation forms have been collated. Feedback focussed on the venue, catering and issues relating to low-functioning children.
- Needing to appoint a new Giant Steps Board Representative.
- Organising a Christmas/Summer function for each region.
- Contacting the Esk Education Dept. on ways for Autism Tasmania to best support teachers.
- Discussing the recent Auditor's Report
- Charitable Collection Day will be 3rd May
- The Parent Information Kit is ready to be printed and assembled. Copies ordered will be sent ASAP.
- The Forum on Inclusion for children with disabilities and the Autism Forum are continuing.

Cheryl Scott

Thanks

Autism Tasmania Inc. would like to thank the Autism Council of Australia for the recent donation of funds raised from the sales of the videos, Mercury Rising.

WET BEDS CAN BE A THING OF THE PAST

by Dr Sue Bettison

Clinical Psychologist

If your disabled child wets the bed, you are not alone. About 150,000 Australian children between 5 and 14 years of age wet the bed at least once a week. The majority of them have no disability. Some adults also wet the bed, but we don't have any figures on how many. Often, but not always, there is a family history of bed wetting. This pattern is similar in most Western countries.

Children with physical or developmental disabilities are more likely to be delayed in bladder control. This is particularly true if physical impairment interferes with bladder functioning. If there is no such impairment there is every reason to believe that these children can learn to be dry during the day and at night.

The development of dryness during the day and night is gradual. Generally, bowel control at night is the first to appear, then bowel control during the day. Bladder control during the day is next, followed by bladder control at night.

Most children consistently have dry beds by the age of six or seven. This is also true for most children with disabilities. The chances of becoming dry at night after the age of seven are reduced. Four percent of fourteen year olds without any disability have significant bedwetting. Therefore it is sensible to seek assistance for your child at the age of six or seven, rather that waiting till he or she is older.

In a very small number of cases, bedwetting may be due to a physical problem. Sometimes urinary tract infection is associated with wetting the bed. Other physical problems can also lead to bedwetting. However there is no physical problem involved in more that 90% of children who wet the bed. This is also true for children who wet the bed. In addition, research shows that bedwetting is rarely caused by personality disability or by severe emotional disturbance. It is true that some children may be anxious whilst they are wetting the bed. This tells us that the bedwetting may have been causing them to worry rather than worry causing them to wet the bed..

Some parents may think that their children wet the bed because they sleep deeply. Research into depth of sleep, however, shows that both light and deep sleepers wet the bed.

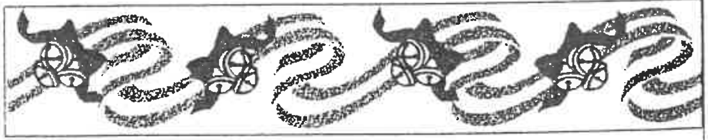
The treatment of bedwetting is one of the best researched treatments in the world. For the past five decades researchers in many countries , including Australia, have been finding out who wets the bed, what may cause bedwetting and what are the most effective methods to help people become dry at night. A method known as enuresis training has been shown to be effective in 90% of cases. This training is equally effective for children with disabilities, especially if they are already dry during the day. A number of studies have shown that drugs are totally ineffective or are significantly less effective than enuresis training. Bedwetting may stop while the drug is being taken, but usually returns once medication ceases.

Enuresis training involves a careful program of training over a number of weeks, frequent monitoring and using a bell and pad, approved by the Standards Association of Australia, as and aid during the training.

Matthews, J (1994) Bedwetting: *A Manual for Parents* Ramsay Coote Instruments Sandringham, Vic.

Hall, J. (1989). *How You Can Be Boss of the Bladder* Globe Press, Brunswick

For further information, contact Dr. Sue Bettison on the telephone: 9869 4019, fax 9868 2539, or email: bpaddick@enternet.com.au



THE BASIC SOCIAL STORY GUIDELINES

From the book by Dr Tony Attwood and Carol Gray, forthcoming

What is a Social Story?

To understand what a Social Story is, it's important to understand each story as a product that represents a *process*. As a product, a Social Story is a short story defined by specific guidelines and characteristics. Each story addresses the most relevant and/or socially meaningful cues and factors of the topic. In other words, it is a story that simplifies social information by the omission of irrelevant information and explanation of relevant information. For the author of the story, a Social Story is the result of a process that requires consideration of - and respect for - the perspectives of the person with ASD. In this way, each Social Story addresses the needs and improves the social understanding of people and improves the social understanding of people on *both sides* of the social equation. The result is often an improvement in the response of the person with ASD to the concept, event or skill described in the story; and renewed sensitivity of the author to the experience of the person with ASD. For both parties, Social Stories dictate that a situation will be thoughtfully considered, slowed down and simplified. While credit is often given to the text and illustrations that make up a Social Story, those who understand the approach know the credit extends to the process it represents.

The Four Basic Social Story Sentences and Ratio

There are four basic Social Story Sentences, descriptive, perspective, directive, and affirmative sentences. Each is described here:

Descriptive sentences are truthful and observable statements of fact that identify the most relevant factors in a situation, or the most aspects of the story topic. They are opinion-and-assumption-free. The only required type of sentence in a Social Story and the most frequently used, descriptive sentences form the story's "backbone". Descriptive sentences often contain the answers to the important "wh" questions that guide the developments of a Social Story. The extreme objectivity of descriptive sentences result in a Social Story that is logical and accurate – two qualities that are likely to be reassuring to those who are frequently overwhelmed or confused by social concepts and situations. Sample descriptive sentences include:

1 My name is _____________ (often the first sentence in a Social Story)

2 Sometimes, my grandmother reads to me

3 Many children like to play on the playground

Perspective Sentences are statements that refer to, or describe a person's internal state, their knowledge/ thoughts, feelings, beliefs, opinions, motivation, or physical condition/health. Only on rare occasions are perspective sentences used that describe or refer to the internal state of the person with ASD; most frequently they are used to refer to the internal status of other people Sample perspective sentences include:

1 My teacher or substitute knows about math (knowledge /thoughts)

2 My sister usually likes to play the piano (feelings)

3 Some children believe in the Easter Bunny (belief)

4 Many children like peanut butter and jelly sandwiches for lunch (opinion)

5 Some children work hard so their assignments will be finished before recess (motivation).

6 Sometimes, people feel sick when they eat too much (physical condition/ health).

Directive sentences identify a suggested response or choice of response or choice of responses to a situation or concept. These sentences gently direct a student's behaviour. Here, it is important to consider the possibility of literal interpretation. For example, beginning a directive sentence with "I will try to...," "I will work on..." or "One thing I may try to say (do) is..." Directive sentences may also be stated as a series of response options. Sample directive sentences include:

1 I will try to stay in my chair.

2 I may ask my Mum or dad for a hug

3 On the playground, I may decide to play on the swings, on the monkey bars. Or maybe with something else.

Affirmative sentences enhance the meaning of surrounding statements, often expressing a commonly shared value or opinion. (Statements representing an opinion specific to an individual or smaller group are not affirmative sentences.) Specifically, the role of an affirmative statement is to stress an important point, refer to a law or rule, or reassure the reader. Usually, affirmative sentences immediately follow a descriptive, perspective, or directive sentence. Sample affirmative sentences include (in italics):

1 Most people eat dinner before dessert. This is a good idea *(stressing an important point)*

2 I will try to keep my seat belt fastened. This is very important. *(reference to a law)*

3 One child slides down the water slide at a time. This is a safe thing to do *(reference to a rule).*

4 The toilet makes a sound when it flushes. This is okay *(reassure).*

The Basic Social Story Ratio defines the proportion of descriptive, perspective, directive, and affirmative sentences in a Social Story. This ratio is maintained regardless of the length of a Social Story, and ensures its descriptive quality. A good formula to follow for most Social Stories is to maintain a proportion of two to five descriptive, perspective and or affirmative sentences for every directive sentence in a story. In some cases, directive sentences may not be necessary. This ratio is maintained regardless of the length of a Social Story, considering the story as a whole:

0-1 directive sentences

2-5 descriptive, perspective, and/or affirmative sentences = Basic Story Ratio

The Basic Social Story Guidelines

1 Picture the goal to form a clear, specific, accurate picture of the goal/ desired outcome of the story (keep in mind the goal is to share accurate and objective social information).

2 Gather information from discussions with others and direct observation to gain an accurate understanding of the person with ASD and situation.

3 Tailor the text to fit the student. A basic Social Story will have the following characteristics::

- An introduction ,body and conclusion ;
- Answers to "wh" questions
- Written form a first person perspective, ie as though the person with ASD is describing the event or concept, and occasionally from a third person perspective, like a newspaper article (advanced).
- Positive language and positively stated responses and behaviours
- Up to four basic type of Social Story sentences *descriptive, perspective, affirmative and directive;* that occur in a proportion specified by the Basic Story ration (0-1 directive statements for every 2-5 descriptive, perspective, and/or affirmative sentences);
- Literal accuracy (can be interpreted literally without altering intended meaning of text and illustration);
- Use of alternative vocabulary when needed (for example, the following pairs may elicit anxiety, it is followed by possible alternative word or words: different = *another,* change = *replace,* new = *better or another*);
- Concrete, easy to understand text enhanced by visual supports if needed (translating abstract concepts into tangible, visually based terminology and illustration);
- Text and illustrations that reflect consideration of the intended Reader's personal learning characteristics (cognitive ability, reading and reading comprehension skills, and attention span) and if possible,
- A style and format that may be motivating, or reflects the interests of, the intended reader.

Teach with the title, using the title to identify and reinforce the most important information in the Social Story, or by stating the title as a question with the story providing the answer.

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Presented at the 1999 Autism Conference, Hobart

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these changes were sometimes difficult, especially as the change was rather sudden. One teenage sibling of a teenage autistic girl required counselling to help him cope with the sudden change in his role from leader/boss to equal.

AIT is not advisable if the individual's responses to sound are completely normal. I have assessed a number of children with autism spectrum disorders who have shown no signs of abnormal responses to sound. They not only did not need AIT, but AIT provided by another practitioner actually led to a significant increase in behaviour problems in two cases. Usually, however, parents have accurately observed abnormal response to sound in their offspring, which is then confirmed by assessment.

In general, about 81% of those who have AIT show significant improvements. These differ from individual to individual, but always begin with improved responses to sound less "tuning out", less distress at some sounds, no longer being disrupted by soft or far away sounds (and therefore no longer appearing to hear some sounds before others do), and no longer disrupted by background noise (eg. in shopping centres or at school). A range of improvements, usually follows on from the improved responses to sound. Behaviour problems due to high stress, confusion, failure to understand or fear are reduced. Often, the individual is more aware of what is going on around him or her, takes more initiative interacts more normally with others, and communicates with more social intent. Developmental rates in children also often increase in the six to twelve months following AIT.

Bettison S (1996). The long-term effects of auditory training on chridren with autism Journal of Autism and Developmental Disorders, 26 61-375.

Stehli, A. (1991). *The Sound of a miracle. A child's Triumph over autism New York: Doubleday.*

For further information, contact Dr Bettison at 32A Castle Howard Rd Cheltenham, NSW 2119

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The joint presentation with Vicki Bitsika and Christopher Sharpley on developing a support group for parents was quite informative and humorous which is quite essential for all involved in this area. They spent a lot of time explaining the realistic human responses to stress and emphasised this with Ms Bitsika being monitored with her pulse and heart rate for us all to observe on the overheads. The results highlighted that (yes, Ms Bitsika did indeed stress for us) long term stress and anxiety have extreme negative results on all facets of our health, both mental and physical. They discussed simple relaxation techniques and breathing exercises to help alleviate these factors. They discussed models for groups, dynamics etc.

I found their presentation quite refreshing in its delivery, considering the nature of the information they were delivering and the sensitivities attached

These are just a sample of some of the highlights for me personally, it's too difficult to keep summarising them further without feeling I could give each and everyone the justice they deserved.

The conference was a credit to all the organisers, presenters and of course our wonderful state. I had the pleasure to meet some new people and become re-acquainted with others I know in glorious conditions at Hobart. I have gained an immense bank of new knowledge, had positive reinforcements and above all feel a GREAT HOPE for all individuals, families, carers, professionals and everyone involved in the area of AUTISM SPECTRUM DISORDERS for today and for the future.

Marg Flannery

INCLUSION EXPERIENCES

AN INTERVIEW WITH LINDA BONDE by Kathy Gill

This interview was undertaken with the consent of the parents of the child mentioned herein. His name is Alexander Walley.

Linda is a prep teacher at Punchbowl Primary in Launceston.

She has 26 children in her class, one of whom has an Autism Spectrum Disorder. His name is Alex. Alex also has Cerebral Palsy, ataxia and dyspraxia. Linda is a teacher with 13 years experience. She has included 2 students with Autism Spectrum Disorders and students with other disabilities in regular classrooms in both the North and South of the state.

Alex has 20 hours teacher assistant time and is on Category A register for Autism. The teacher assistant time is used to ensure he maximises his time in class by remaining on task and undertakes a variety of classroom activities. Linda is aware of ensuring there is a balance between meeting Alex's needs and the needs of the rest of the children in her class.

Alex has an Individual Education Plan (IEP) which was developed in consultation with his parents. It is a working document and is continually reviewed and updated. The IEP incorporates some of the principles of Applied Behavioural Analysis (ABA) as Alex is involved in an ABA program.

Linda maintains, "Alex has made good progress in many areas this year especially socially. He is a happy little boy who likes to please others. He exhibits many challenging behaviours but his engaging personality and sense of humour help him to overcome many obstacles. There are many areas where Alex's inclusion has been very successful. One of the most rewarding has been the response and interactions he has had with the other children in the school this year. They have been very accepting of his differences and most of them will go out of their way to approach and help him even when they receive little response to their overtures."

Some of the strategies Linda has found helpful in working with Alex have been: the use of visual supports and a photographic contract, social stories, and behavioural supports including a "token economy" represented visually. Linda also recommends the following to ensure successful inclusion of students with Autism Spectrum Disorders: having a sense of humour, flexibility, the ability to work as a team, realistic expectations of self and child, an understanding of typical and atypical developmental patterns, supportive parents, and an understanding of Autism Spectrum Disorders.

In August, Linda had the opportunity to attend the National Autism Conference. She found it a great opportunity to both meet with teachers of other students with Autism Spectrum Disorders as well as learn more strategies to assist Alex in the classroom. For example she attended two sessions on Play, from these sessions Linda went on to develop with the assistance of Alex's parents, a photographic play sequence in a flipbook format and some templates for use with construction toys. These have been very successful in teaching Alex to use the toys more appropriately and independently.

To conclude, in talking with Linda about Alex's inclusion she states, "*Alex has had a very successful year. The close relationship between home and school has enabled us to be pro-active and overcome problems in a consistent way. The success of Alex's inclusion is very dependent on the support he continues to receive from home, open communication and the invaluable advice that his parents have been able to give….I have enjoyed having Alex in my class this year and I have appreciated the amount he has taught me. I believe that his future can be very positive especially if everyone involved in his education continues to work as a team.*" Kathy Gill

I SHALL CALL HIM ADAM
by Geoff Gleave

He was the first student I had ever knowingly taught diagnosed with Aspergers Syndrome. I first met Adam on a visit to his primary school as part of his transition program into the High School where I am the Program Support Coordinator.

Adam had his back turned away from the front of the rest of the class and was deeply engrossed in a book. He appeared not to be listening and certainly was not concerned with what others were doing. His teacher was not phased ... “Whatever you do, don’t let Adam’s behaviour frustrate you. Relax,” the teacher said. On meeting mum, she said, “The most important thing is that Adam is happy at High School!”.

These two pieces of advice were the foundation on which I believe the school has achieved some success in helping Adam on his own path in life. I read and re-read the information we had on Aspergers, Teachers were informed and ready to expect Adam’s ‘strangeness’, his home group teacher was caring and concerned, mum was extremely helpful and ready to experiment at home and off we went!

However, the trouble with Adam was that there was no book written about ***him***! We tried the strict routines and still he forgot things, we kept him back if he interfered with others, made strange noises or refused to write. His peers were exasperated by his behaviour and so were a few teachers. Where to now?

With Adam withdrawn from his class we discussed Adam with his peers and got them to outline their difficulties and their solutions to their problems with Adam and ... slowly ... it worked. Adam was becoming a part of the scene. He still wouldn’t write or join in much and I decided to try one-to-one counselling (or, in reality, talks). I quickly realised that Adam was a fascinating, intelligent and unique individual. There would be no books written about Adam, we had to discover him and him us.

We discovered that simple approaches were demeaning to Adam, that some refusals on his part had to be tolerated, even if we still worked on important ones such as getting Adam to write. We also bit the bullet and told Adam he had Aspergers and what it meant. His initial disgust at our broaching this world of his turned into unspoken acceptance, he started to recognise that he had to join in with the rest of us to a certain point whilst retaining those ‘strange’ parts of his world that were his to choose to keep.

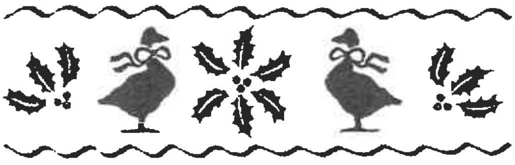
Mum adopted a highly skilful approach with us teachers ... nagging us softly! She would ring and ask questions, bring up concerns, ask to meet teachers, hand me more information she had acquired in her unceasing quest for insights into helping her son, and always saying she recognised I was busy, that she knew teachers didn’t have much time. She was persistent and polite, steadfast and sympathetic. It was the right combination.

We are now into Adam’s final year at High School. He is still very much Adam but he has entered ‘our’ world to a much greater extent. He has a highly developed sense of humour, even writes to an extent, is undertaking Electronics with senior students at the Secondary College as well as being a part of small group alternative activities to give some respite from mainstream classes and, more importantly, help Adam develop social skills in a safe and sympathetic setting.

There is always the question of what more we could have done. If we could have our time again with Adam it would be to have experimented more.

We are not experts but we have learnt an awful lot about one individual. Next time? The same, I feel. Get to know the individual, feel one’s way, inform people, experiment and remember those basic human needs of feeling cared for and involved.

Geoff Gleave



WHAT'S ON!

NATIONAL AUTISM WEEK 2000.

Sunday 14 May to Saturday 20 May 2000. Please note these dates in your diary now! The March issue of our newsletter will contain detail of the activities for the week. Do you have any ideas for ways to promote a greater awareness of Autism Spectrum Disorder: media stories, activities or events? We would love to hear from YOU!!!!

Rose Clark

SOCIAL EVENTS...... What's on over the Holidays?

Christmas time is an extremely busy time for everyone and trying to fit everything in can also be trying. So...... Autism Tasmania members in the North and South of the state can look forward to a social function after Christmas when everything tends to come to a stop. We'll keep you posted, (literally) of activities that are planned and give you plenty of notice.

North-West members will be picnicking at the Dinosaur Park in Ulverstone on December 11th from midday onwards and will be joining the Asperger Support Group. A function for parents and friends will be held on that evening at Furner's Hotel from 7 p.m. onwards and we look forward to seeing as many people as possible for a drink, a meal or coffee and cake.

Northern members are invited to gather at the City Park Play ground for a picnic lunch on **Saturday 12th February** from midday. Bring along a picnic or barbecue lunch and join with other members and their families for a good old chat.. It should be a good opportunity to get together before school resumes.

WHAT DO YOU THINK OF OUR LOGO?

Former committee member Lisa Minchin proposed in our June newsletter that we change our Logo. This was discussed at the A.G.M. and it was decided by those present that we canvas all members as to their feelings about our current logo. Here is an excerpt from our June issue outlining Lisa's reasons for proposing a change ..... *It is very difficult......as the Tasmanian outline and the puzzle piece are hard to distinguish. Given that our state organisation has the word "Tasmania" in its title, surely it is not necessary to superimpose the... map over the "puzzle piece"?*

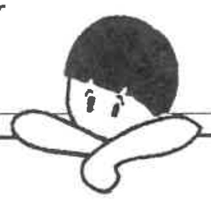
We would appreciate everybody's thoughts about the current logo and if possible an example of what you would change it to , if in the event you wish to change it. Send all ideas to our Post Office Box 1552, Launceston. 7250..

ASPERGER'S SUPPORT GROUPS IN YOUR REGION

Asperger's Southern Support Group
Contact Roseanne Lay on ph. 6244 2540

Asperger's Northern Support Group
Meetings are held at 1:30pm at Walker House, Newnham on the last Saturday of each month Phone Rachel Hodge 6393 7183 for details

Asperger's North Western Support Group
Meetings are held at Leighland's Christian School, Leighland's Ave, Ulverstone on
Contact Eileen Prunster
64 425405



LIBRARY -NEW BOOKS

Autism Tasmania has two new books in the library.

1 **Topics in Autism** – Right from the start: Behavioural Intervention for Young Children with Autism– a guide for parents and professionals by Sandra L Harris PhD and Mary-jane Weiss PhD
It is 138 pages, published in the USA in 1998 and is essentially an introduction to ABA and is an easy read.

2 Andy and his Yellow Frisbee by Mary Thompson published in the US in 1996
A picture book that is very useful for siblings and young children.

They will be available to borrow from the library shortly

FORUM - EDUCATIONAL PROVISION FOR CHILDREN AND YOUNG PEOPLE WITH AUTISM IN TASMANIA.

The Department of Education convened this forum in Launceston on November 10. Invitations were extended to various stakeholders and 19 presentations of 10 minutes duration were given by a wide range of individuals and groups.

Discussion sessions were held after each group of presentations with evaluation sheets completed by each table of participants. These evaluations are currently being collated and will be distributed shortly to those who attended.

Presentations varied widely with papers covering early intervention, programs currently operating in the state, inclusion of children with autism in main-stream schools, experiences of both teachers and parents in special schools, services provided by district support services and a variety of parental/ child experiences.

It is important that the information gathered at the forum is shared among all those involved in the autism community is Tasmania and that we can go forward together to make sure parents and children have a choice of quality educational services.

Rose Clark

REVIEW OF THE POLICY ON INCLUSION OF STUDENTS WITH DISABILITIES IN REGULAR SCHOOLS. Progress Report.

This review is now in its final stages with the completion of regional evening public forums, meetings with district superintendents, district support managers and state managers of specific disabilities and meeting with representatives of teacher training faculty at the University and Department of Education professional learning branch. These were conducted as Stage 3 of a three stage process.

The external consultant to the review, Professor Luanna Meyer will be in Tasmania on 3rd of December to assist with analysis of the data collected. Autism Tasmania will keep you up-to date with information with any information we receive.

Rose Clark

WORKSHOP "Visual Communication for Non-Verbal Children: Extending Language beyond Picture Exchange"

This workshop was held in Launceston at the Olde Tudor Motor Inn for parents and some professionals on December 4th. It was jointly presented by Amelia Bishop and Peta Kelty. Approximately twenty people attended.

It will again be run in March for professionals with sessions being held in the north and the south. Schools will be notified before the end of this working year.