

AUTISM NEWS

Newsletter of Autism Tasmania Inc.

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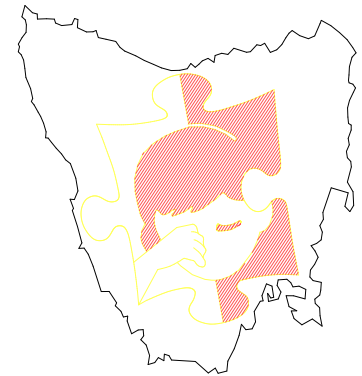
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It is with regret that we accept the resignation of Susan Bortignon due to unforeseen circumstances. As a result there is a vacancy on the committee. The constitution allows us to appoint a member to this position. If you are interested, particularly members in the south, please contact any of the above to find out more. If you have some spare time and an interest in autism and Autism Tasmania and are keen to be more involved, this is an opportunity for you.

From the Editor

A new year is a good time to reflect upon our achievements to date and to ponder future directions. We have come a long way since October 1992 when Autism Tasmania was formed, particularly in raising autism awareness throughout the state. Growing numbers of young children are being recognised, and greater contact is being had with both parents and support workers of adults. We have also been part of the move to establish a centre for autistic children to provide intensive specialist help. 1995 should see the establishment of the first non-government special school in Tasmania that will cater for autistic children.

Where do we go from here? We will continue to work to having the disability recognised within the community; for children to receive a comprehensive and accurate assessment from professionals and for appropriate programs to be offered given that the centre will initially cater for only a small number of children. We will continue to offer social occasions that enable people to chat on an informal basis and we appreciate any input from members in organising these events. Where possible, we hope that parents will continue to support these activities. I know that northern parents have found our get togethers very uplifting (I think this is the right word), so if you haven't been to one yet, we look forward to seeing you soon!

To date we have been unable to do a great deal for our adolescents and adults and we will be working towards improving this situation. The holidays (and particularly the long Tasmanian summer break) highlights the need for holiday and social activities for our children. We

need to create (somehow), social situations for our adolescents and adults - to give them the opportunity to mix in their own way. This was brought home to me at a family BBQ held for Autism Tasmania just prior to Christmas. Two of our more recent members, Paula and Ron attended, but their twenty three year old son, who lives at home, would not come with them as there would be people there. At our next parent workshop to be held in late April, Verity Botroff from South Australia will be one of our guests. Verity is presenting a paper at the national conference on social skills training for autistic adolescents.

We look forward to 1995 and to strengthening Autism Tasmania's place within the community. We work towards the association progressing beyond being a group of parents sitting around a kitchen table.

Ros Ward - Secretary

Contributions to the Newsletter.

Please feel free to use the newsletter as a means of comment - either in the form of a letter to the editor or in a more general article if you wish to share an experience with us. We appreciate any feedback with regard to the newsletter or the workings of Autism Tasmania. This gives you an avenue for comment, and in turn enables us to comment on why a particular decision or direction was taken.

AUTISM TASMANIA NEWS

Please Note What is Happening Near You!

February:

Sunday 12th February - Ulverstone

Family Picnic - All welcome
Dinosaur Park
11am - BYO everything

Sunday 19th February - Hobart

Family Picnic - All welcome
Risdon Brook Dam
11.30 am
(BYO everything and meet Elizabeth and Michael Rutledge in the car park).

Sunday 19th February - Launceston

Family BBQ/Picnic - All welcome
Contact Ros for further details (Venue not finalised at time of printing).

Friday 24th - Sunday 26th February - Brisbane National Autism Conference

March

Saturday 11th March - Ulverstone:

Everyone welcome to attend a night out for dinner in Ulverstone. Contact Rose Clark to RSVP and discover venue and time.

Wednesday 15th March - Launceston

Walker House Open Day
10am-2pm at Walker House
Volunteers would be appreciated - Contact Ros Ward

Wednesday 22nd March - Launceston

Discussion evening and supper - All welcome (Please bring a small plate for supper if you can).
3 Grand View Place, Norwood
7.30pm
Contact Ros or Mark Ward for further information.

April

Sunday 9th April - Hobart

"It's Your Community" Expo
City Hall, Hobart.
Volunteers appreciated - Contact Elizabeth Rutledge.

Saturday 29th April - Hobart

Parent Workshop
Talire School

Sunday 30th April - Burnie

Parent Workshop
Venue to be confirmed.

See page 4 for more information regarding these workshops.

Help!!!!

Is there anyone in Hobart who is able and willing to organise get togethers? Do you have any ideas on what type of support you require? Given that parents in the south are spread over a wide area - from Maydena to Bruny Island to Orford etc, how can we best cater for all members? Are you able to hold a get together in your home? We would like to hear from you as soon as possible if you can help. Please contact Elizabeth and Michael Rutledge on 49 2422.

Christmas Activities

Successful pre-Christmas functions were held in each region. Thank you to Melanie and David Rowe, who opened their home to host a wine and cheese evening in Hobart which was a very enjoyable evening and attended by a mixture of families and professionals.

Thank you also to Yvonne and Neil Hawkins, of Perth, for opening their home, garden and new swimming pool to host a family BBQ. Santa's arrival was well received, particularly by a delighted Katie Cundall. Thanks to Ross Cundall and Cynthia and Glen Turner for organising Santa's visit and for providing ice creams for the children.

In the North West, a children's Christmas party was held at the Dinosaur Park in Ulverstone. "Mother Claus" came with a small gift for the children, who also had their faces painted by Claire - (thanks Rose for organising these activities for the children). A small but enthusiastic group of parents also enjoyed a night out at Furner's restaurant and exchanged lots of "chat".

Gift Membership

These are now available from Autism Tasmania. A gift membership enables you join a relative or a friend to Autism Tasmania and give it to them as a gift along with a copy of the most recent newsletter, car sticker etc. Contact the Secretary for further information.

Alert Cards

These are also available from Autism Tasmania at a cost of 10 for \$2.00. They are a business size card and are useful to hand out in situations where you do not have time (or the inclination!) to explain your child's behaviour etc. Contact a committee member in your region.

Community Expo

Autism Tasmania will be participating in the "It's Your Community" Expo on Sunday 9th April, 1995 at the City Hall, Hobart. The expo will coincide with the ABC Open Day and events around the redeveloped gas works site near the wharf.

If you can assist with setting up or dismantling our display or could offer some time on the Sunday to 'man' the display, please contact Elizabeth Rutledge.

Walker House Open Day

Walker House is a family health centre in Launceston and on March 15th 1995, will have been open for two years. To celebrate this milestone, the centre will be holding an open day and has invited groups who use the centre to participate. Autism Tasmania will have a display and this will be a great way to advertise the association to the community and health professionals. If you are available to assist on this day at all, please contact Ros Ward.

Fundraising

Thank you to those members who supported our sock drive - we raised approximately two hundred dollars to assist with our ongoing costs. Apart from grants that we receive for specific projects, we rely heavily on donations and fundraising to enable us to survive financially.

We are about to embark on a chocolate drive and your assistance in selling chocolates would be much appreciated. We have carriers of Maltesers and M & M's - there are 20 small boxes of chocolates in each carrier that retail for \$3 a box. Autism Tasmania receives \$1 for every box sold in each carrier. If you are able to sell a carrier (or two!!!) please contact a committee member in your region. Chocolates will also be available to collect at upcoming regional activities.

Parent Workshops 1995

With the assistance of the grant received under the Commonwealth Respite for Carers program - we will again be offering parents the chance to receive respite care while attending workshops and meeting with other parents.

Workshops will be held in Hobart and Burnie over the weekend of 29th-30th April. You may choose to have your children cared for in your home with a carer of your choice, or in the home of a carer also of your choice and Autism Tasmania will fund the carer. As these workshops are not for several months this gives you plenty of time to talk with people who may be able to care for your children.

Alternatively, we will again endeavour to provide care at the venues for those unable to organise private care. Where possible we urge you to seek care for your children in your home (although we realise this is difficult for some parents), so that you are able to have a relaxing day.

Verity Botroff from South Australia will be one of our guest presenters and we are currently negotiating a second person to lead the workshops. Registration forms will be issued in the near future through your regional committee members. In order for us to provide workshops in both Hobart and Burnie, thus saving on travel for many people, there will need to be a registration fee to attend these workshops. Please contact committee members in your region for further information.



Services for Children with Autism in Tasmania

Since the announcement from the Minister for Education and the Arts, Mr Beswick, regarding funding for autistic children, Autism Tasmania has been involved in the move to establish a centre for children with autism. The Minister allocated funding of \$15,000 a child for up to 15 children.

Planning is currently in progress to establish a Giant Steps Centre in Deloraine. A company is being formed to establish and administer the centre. The company will be operated by a Board of Directors on which Autism Tasmania will have representation. Initially, this number will be three persons, however this will reduce to two at the first annual election of the board when the overall size will be reduced. Autism Tasmania's representation will come from the Executive of Autism Tasmania.

Expressions of interest have been called from parents of children to attend the centre. These have been recorded and further information will be sought from parents in the near future. Contrary to media reports there is no short list of students. Expressions of interest were called from parents who have children in the 3-13 age group and who are members of Autism Tasmania or Giant Steps. Other parents who are aware of Giant Steps have also expressed their interest. It is anticipated that the centre will begin with approximately 12 children.

Although the new Education Act will not be proclaimed until mid 1995, recognition as a school has been provided by the Tasmanian DEA. This will hopefully enable Federal funding from DEET to be pursued. Sponsorship from both private and corporate sources is also being sought to provide the additional funding required for the centre to begin.

Expressions of interest have been called from staff and temporary premises are still being organised. It had been hoped to establish the centre for the beginning of the school year but this has become increasingly difficult, (January is not a good time to be trying to do anything!) and it seems unlikely that the centre will begin operation until mid year.

As the centre will be operated as a non-government special school the company will determine the necessity to charge fees for those children attending. The centre will cater for children with autism and related disorders and for children where "autistic characteristics" are recognised.

The centre will initially cater for only a small number of children and as such the Department of Education and the Arts are planning to employ Mr Anthony Warren as a

statewide consultant on autism. Anthony is expected to commence work at the beginning of the school year and will be working with autistic children in government schools throughout the state. He is a former Tasmanian who has most recently been employed by the NSW Autistic Association. Anthony's position is to be full time and he will be based in Launceston.

Is Your Address Correct?

If you alter your address or telephone number etc, could you please notify Autism Tasmania of any changes to assist us in maintaining our records.

National Conference 1995

Under the National Equity Program for Schools (Non-Schools Component), Autism Tasmania received funding of \$2,000 to assist with expenses to attend the National Conference.

We recently invited applications from members wishing to attend the conference to receive a portion of this funding. Ideally we would like to have assisted in funding one representative from each region but as four applications were received and all addressed the required criteria, each member has been allocated a portion of the funding. Rose Clark and Liz Marshall from the North West, Pat Eastwood from Bruny Island and Ros Ward from Launceston have each been allocated funding subject to registration acceptance.

Assessment and Diagnosis 1994-5

Under the NEPS Program, Autism Tasmania has been awarded a grant for \$4,000 to continue developing the area of assessment and diagnosis in 1995.

In November 1994, Dr Philip Graves and Dr Lawrie Bartak worked with professionals involved in assessment, diagnosis and teaching autistic children throughout the state. They also made time to speak to a group of doctors on the coast.

RECENT RESEARCH ON AUTISM

An exploration of recent findings and new areas of research on the causes and characteristics of autism

Research into autism has followed two streams: the search for causes and the development of effective treatment procedures.

Current Research Priorities

Since 1943, when the disorder was first identified by Kanner, autism has generated an enormous amount of research. Rutter and Schopler (1987) note that, of all the developmental disorders other than the physical and sensory disabilities, "autism is much the best validated by empirical research". There is now accumulated evidence that autism is not one single disease entity with one cause, but consists of a spectrum of neurobiologically determined, behaviourally defined disorders.

A series of studies in Gothenburg indicate that some kind of neurological or neurophysiological impairment is the rule in autism when a full neurobiological work-up is carried out (Gillberg, 1992). All variants of autism have in common "the triad of social, communication and imagination impairments" (Wing, 1989) which are general characteristics of autism. No evidence has been found to date that 'Kanner's autism', 'Asperger Syndrome' or Pervasive Developmental Disorder (not otherwise specified) are other than variants within the autism spectrum, although there is some disagreement about this among clinicians and researchers.

As in the past, current research into autism has primarily followed two streams: the search for causes, and attempts to identify the important underlying defects. A very small proportion of the research effort has been devoted to finding out how prevalent autism is or developing effective treatment procedures. A brief summary of the understanding of autism which can be gleaned from recent research in these four areas follows.

Causes

Current evidence strongly suggests a diverse range of causes that all happen to impinge on similar brain systems, resulting in the specific pattern of deviances in the developmental process which are typical in autism, as well as the frequently found delays. There is considerable support from familial and twin studies for the existence of a hereditary subgroup in autism, but no indication as yet of the nature, mechanisms of the genetic factor or frequency of its occurrence.

There is also considerable evidence that a small number of cases are the result of diseases present before birth or occurring soon after (e.g. congenital rubella, infantile spasms with hypsarrhythmia, perinatal stress and others). Although it cannot be demonstrated that disease is the cause in the majority of cases, a relatively high number of diagnosed cases also have one or more of a range of medical conditions in addition to their autism, many characterised by major neurological defects (Gillberg, 1992; Rutter & Schopler, 1987).

However, generalised brain damage rarely gives rise to autism, and no specific genetic, metabolic, immunological, or pre- or peri-natal conditions have been proven to be a cause of autism (Courchesne, Akshoomoff & Townsend, 1990). In the majority of cases the cause or causes are unknown.

Underlying Defects

Considerable evidence has now accumulated distinguishing autism from other childhood disorders, although as with any other disorders, autism may co-exist with other diseases and disorders. Autism is quite different from psychoses of later childhood such as schizophrenia. The two disorders, differ in age of onset, family history, the major symptoms, the course of the disorder over time and the association with other disorders such as epilepsy.

Autism is also distinct from intellectual disability. Although it is now known that about three-quarters of children with autism are also intellectually disabled, the nature of the two disorders is very different (Rutter and Schopler, 1987). Epilepsy occurs in about a quarter of both groups, but age of onset in mental retardation is usually in early childhood while onset in autism is generally during adolescence. Distribution among the sexes is very different (slight male preponderance in intellectual disability, but a 4:1 ratio in autism). Patterns of cognitive disabilities are also different in the two disorders. However, these distinctions between autism and intellectual disability are difficult to make in the case of severe retardation.

There are more apparent similarities between autism and disorders of receptive language. However marked disparities have been demonstrated here as well. The distinctive sex distribution found in autism is not seen in receptive language disorder, nor are the wider cognitive

and socioemotional - behavioural abnormalities of autism.

Expressive language disorders are much harder to distinguish from autism. However, autism differs in almost every way from the group of emotional and behavioural disorders of childhood. Autism is not usually associated with gross abnormalities of brain structure or histology. Thus, the strong evidence of an organic basis for autism probably indicates a more subtle, less easy to detect variety (Rutter & Schopler, 1987).

Language and Memory

The role of cognition in autism only began to receive direct research attention in the 1970's (Sigman, Ungerer, Mundy & Sherman, 1987). It is now clear that there are specific cognitive deficits underlying autism, but that these occur in only certain aspects of intellectual functioning. The deficits are seen in impaired and deviant language, sequencing, abstraction and coding, particularly when these functions rely on learning from other people or require symbolic representation. However, memory seems to be intact (Courchesne et al., 1990), as is lower level perceptual processing (Frith & Baron-Cohen, 1987; Rutter & Schopler, 1987), but the way in which children with autism process their perceptions is abnormal. Unusual responses to sensory stimuli have long been recognised, such as hyper- and hypo- sensitivity to a range of sensory stimuli (Bettison, in press) and attention by children with autism to different features from those attended to by non-autistic children (Frith & Baron-Cohen, 1987).

The common finding of peak abilities (or splinter skills) in children with autism as compared with mental age-matched non-autistic children has been refined by researchers in recent years. Evidence of normal or above normal (in relation to mental age) performance by children with autism on a range of non-verbal ability and IQ sub-tests has also been extended, but perception of meaningful information which relies on past knowledge or context appears to be markedly impaired even in high-functioning children with autism (Frith & Baron-Cohen, 1987).

A great deal of research in the last few years has been devoted to the difficulty children with autism have in discriminating and interpreting socioemotional cues or appreciating what other people might be thinking. Many of the difficulties have been demonstrated fairly well but the underlying deficit(s) are still unknown.

The answers to many of the questions about autism will ultimately rely on identifying the brain deficit(s) that define(s) autism (Rutter & Schopler, 1987). New research in this area has begun in recent years with the advent of new research techniques, but clear answers are still a long

way off. Currently, there is evidence for increased brainstem transmission times, defective information storage, impaired development of hemispheric dominance and abnormalities in the capturing, maintaining and shifting of attention (Courchesne et al., 1990). Some researchers are suggesting that attention deficits may be central to the core areas of dysfunction in autism (Dawson & Lewy 1989). There is some tentative evidence for cerebellar and possibly, limbic system abnormalities in autism which appear to result from very early neural maldevelopment (Courchesne, 1990). Studies have not been able to find any damage in other areas of the brain (Courchesne, et al., 1990).

Prevalence

The accepted frequency of four to six cases of autism per 10,000 children was being questioned by the late 1970's (Gillberg, 1990). At least ten population-based studies since then in England, Sweden, Canada, United States, France and Japan have confirmed a much higher prevalence than was suggested by the earlier studies (6.6 to 21 per 10,000). Speculation as to the reasons for the increase include a gradual widening of the diagnostic category of autism, as understanding of the disorder has grown, and increased experience with and knowledge of autism among diagnosticians and other professionals.

It has not been suggested that the disorder itself is increasing in frequency. However, autism "must now be accepted as contributing relatively more cases to child psychiatry, paediatrics.....(and other health, education and disability services) than current programs have planned for" (Gillberg, 1990).

Treatment

Treatment for autism is dependant on symptomatic interventions. There is no 'cure' as such, as no way is known of reversing brain dysfunctions created early in life, although apparent 'recoveries' occur occasionally (Gillberg, 1990). A small number of studies in the late 1960s and early 1970s found that children with autism could make significant progress as a result of intensive structured teaching using behavioural and instructional techniques designed to circumvent the defects found in autism (Rutter & Schopler).

Since then, research involvement in developing effective interventions for autism has been primarily directed at refining and extending educational approaches. Schopler and his colleagues in North Carolina developed a model of special classrooms, with additional support for parents and teachers, and extended program development to adults (Schopler & Mesibov, 1983). Howlin and Rutter(1987) and Lovaas (see Gillberg, 1990) have provided evidence of beneficial effects of introducing the

structured educational approach into the child's home.

Very little of proven value in the treatment of autism has come out of pharmacological research, although there is some evidence that large doses of vitamin B6 and supplemented by magnesium lactate is of benefit for some children with autism (Gillberg, 1990). Other drugs can help in alleviating disorders associated with

The following articles are reproduced from "Communication" - The Journal of the National Autistic Society, London, Volume 28 - Issue 3- Winter 1994.

autism (e.g. epilepsy, depression or extreme anxiety). Campbell and her colleagues have been subjecting a range of drugs to scrutiny for some time. Current projects are further examining lithium, haloperidol and naltrexone (Gillberg, 1990)

Conclusion

Although autism is better understood than it was, there are still many questions to be answered by research in the coming years. Uncertainties about the boundaries of the disorder, the characteristics of high-functioning autism and Asperger Syndrome will occupy researchers in the next decade. Methods to treat and support children and adults with autism are also attracting research attention, as the demand for assistance approaches the increased rate of diagnosis. However, the growth area in research is probably the search for specific brain defects that define autism.

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NEWS AND VIEWS

A Sibling's View on Autism

An extract from an article written by Christopher French (29) about living and being reared with an autistic brother Matthew (30) and how it affected (or didn't affect) his life.

Mum recently asked me to reflect upon my brother Matthew and to jot down any notes that other parents might find interesting. At first I was quite surprised and my immediate thought was why Matthew? Perhaps it was because he is autistic, obviously it was. My point is that I do not regard Matthew as autistic, he is my brother just like my three other brothers and I love him just as much. When discussing my brother with others for the first time or introducing him to others, it is always "my brother Matthew". I have never said "my autistic brother Matthew". Obviously as the conversation continues his autism is discussed. Why then do I regard Matthew as normal when in actual fact he is mentally handicapped? It is to this question that I have focused my thoughts which were requested by my mother.

There is no doubt that as a young child in a big family (6 children) my parents protected myself and my brothers and sisters from Matthew. I have no negative memories of Matthew yet I now know that his behaviour caused immense stress to my parents. My parents never spoke about Matthew in a negative sense. As a family we could not go on holidays but Mum and Dad did not say "we cannot go to the beach because of Matthew". My memories of their comments were always of love towards him. It is because of my parents' attitude that I have never resented him. In fact, I felt special that I had a special brother. Our community at Orford was very supportive and understanding. I was never teased at school about Matthew and I never heard a negative comment about him from members of the community.

I have always felt close to Matthew. Because our ages were close I was not inhibited in attempting to play with him, even though getting a response was not always easy. I was fascinated by him and it gave me a lot of pleasure in attempting to communicate with him. My best friend and I taught Matthew to ride a bike at the age of twelve - the day that Matthew took off on that bike and kept going (we had to run a kilometre to stop him because we had not taught him to use the brakes!) remains one of my best life memories. It is that day also that I first felt a feeling that Matthew appreciated our efforts in helping him even though there was no physical or verbal appreciation.

Living with Matthew was like living with my other family members. I knew he was different from a young age and my parents educated me about autism when I reached the appropriate age. They gave me a book called "For the Love of Anne" (a story about an autistic child). I read this book twice - it was a real eye opener for a twelve year old. Knowing why Matthew was like he was and the consequences of this were very important to me. People often say would my life have been happier if Matthew had been normal, my answer is "No". I could not have had a happier upbringing and Matthew enriched it - however now being older and wiser I know my parent's attitude was a big factor in this.

As a young child and even now I have always felt bad when Matthew becomes stressed. He often throws a tantrum when he cannot communicate with others effectively. It would be amazing to know how his mind works and it would be even more incredible if he could communicate as a normal person. He has a brilliant mind and a wonderful sense of humour. I can remember one Christmas when our family was trying to solve a very hard "cube" problem (a long line of interchangeable blocks had to be assembled into a ball). No-one could do it and Dad suggested giving Matthew a go. Matthew did it within fifteen seconds, after we were trying for at least an hour.

I do worry about Matthew for the future. He is so dependant on his Mum's love and his home at Orford. When he comes home to stay is when he is at his happiest. His affection for Mum is very intense and he fully respects her wishes and trusts her. I remember when my father died and the way in which this affected Matthew - he still finds it impossible to come to terms with. He is lucky he has a big family and this is positive when looking into the future.

One of Mum's cue questions was "did I ever wish he wasn't here?" Matthew now gives all his family much love and affection. He has a wonderful sense of humour and he truly cares about the welfare of everyone. Living with Matthew, rather than narrowing the range of my life's experiences, has broadened it and I feel privileged by this. As a brother, I would not swap Matthew for the world. Why would I?

Autism Research Institute

The Board of Directors of the Autistic Association of NSW has decided that it is unable to continue the Autism Research Institute (ARI) beyond 30th November, 1994.

This decision has been made as part of cost containment measures to try and ensure that direct services to children and adults with autism and their families can be maintained.

The Autistic Association of NSW continues to be committed to the importance of research in the area of autism. However at this point in time, direct educational and other services must have priority.

Auditory Integration Training

Michael McCarthy from the United States has been

trained in this procedure and will be visiting Australia in March, 1995.

Autism News has followed the debate on auditory training over the past couple of years including the research being done at the Autism Research Institute in Sydney by Dr Sue Bettison. Auditory integration training has had some success with autistic children.

The treatment itself consists of an audiogram to detect the decibel level/s which annoy the person. Filtered music is played into a person's ears, twice a day for 30 minutes each session, for 5 days. This is followed by another audiogram and any necessary adjustments are made to the decibel level/s and the process repeated for another 5 days. In other words 20, 30 minute sessions of music over a period of 10 consecutive days.

Michael McCarthy is prepared to travel anywhere in Australia if he can get sufficient interested numbers. The cost of the treatment, at present, is \$1,550.

If you would like further information regarding Michael's visit, please contact Karen Clohessy in Brisbane on (07) 281 9109.

What is PDD - NOS?

It stands for Pervasive Developmental Disorder - Not Otherwise Specified. It may also be referred to as Atypical Autism, or Autistic Characteristics. The term has been used somewhat loosely in the past, and this has led to much confusion. Earlier this year, the International Psychological Society issued DSM IV, a manual describing the characteristics of and diagnostic criteria for an enormous number of conditions and syndromes.

In the section for Pervasive Development Disorder, five conditions were included. Three of these, Autism, Asperger's Syndrome and PDD - NOS are generally considered to be Autism Spectrum Disorders.

Reprinted with permission from the Victorian Autistic Children's and Adults Association newsletter, December 1994.

Seen in the Woman's Day

The following letter was written to the Editor of the 'Autism Research Review International' - Volume 8, Number 4, 1994. (The quarterly publication of the Autism Research Institute, San Diego, California)

Are you missing a plate? I have two plates which were left at St Georges School after the Parent Workshop in September. Contact Ros if you would like to collect these.

Windmill Educational Supplies

Have you been to Windmill lately? Windmill Educational Supplies are enthusiastic supporters of Autism Tasmania and we thank them for their ongoing support.

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(As our holidays are nearly over, file this away for future reference)