

AUTISM NEWS

Newsletter of Autism Tasmania Inc.

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Edition 13

November 1995

In this Issue

Autism Tasmania News

Asperger Syndrome - A Personal
Account

Tips for Recreation and Sports Workers

More on Sensory Integration

*Printed on quality paper supplied by
Australian Paper (Tasmania)*

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From the Editor

The end of another year is fast approaching. Thank you to those members who attended our Autism Week functions - in the middle of this issue are photos of the day on the coast and in Hobart. I apologise for the quality of the printing. There are also photos of the day northern families went ten pin bowling! My apologies to those who were at The Playhouse (when we ran out of sausages) - the following Tuesday I found another large bag of sausages at the back/bottom of the Ward refrigerator. We will make it up to you next time!

We thank the Minister for Community Services and Health, The Hon. Roger Groom for attending and launching Autism Week in Tasmania but were disappointed at the lack of interest by the media. We'll keep persevering!

Autism Tasmania displays were featured in various locations in the major centres and manned by Autism Tasmania members. Probably the saddest of comments was the elderly gentleman who commented to Paula Barnes after reading the display, "I think I'm one of yours!".

I regularly read newsletters from other states and overseas, looking for information to include in Autism News. However, if you have any articles that you feel others may find interesting and informative, please forward them to us for inclusion.

Merry Christmas to all our readers - I'm sure that many parents will identify with the short poem written by Julie Eastwood opposite (I certainly did). We look forward to returning in 1996 and are planning a seminar for professionals and parents featuring some excellent guest speakers - see the opposite page for details and keep this day free!!!

Ros Ward - Secretary

Dear Thomas

*My Christmas list is finished
But there's a space by your name
I don't know what to write
this year again
I know I should be used to this
I've done it all before
I kid myself it doesn't matter
but it matters all the more
I wish there was a Santa or a
Christmas Elf or two
'cause there's only one thing I'd ask for
and that's the key to you.*

Love Mummy

*by Julie Eastwood
mother of Thomas, aged 5 years*

AUTISM TASMANIA NEWS

Raffle Winners

Thank you to those members who bought tickets in our raffle and/or took tickets to sell. A special thank you also to those people who gave time to sell tickets at local shopping centres - your efforts are appreciated! The raffle was drawn in Devonport recently with the prize winners as follows.

1st Rinnai Kombi Gas BBQ with trolley sponsored by
THE GAS CORPORATION OF TASMANIA
Mrs D. Pearce - Glenorchy - Ticket No 1229

2nd LOUGHRANS Open Order sponsored by Loughrans
Claire Blackaby - Devonport - Ticket No 1184

3rd Large overnight bag with matching belt bag sponsored by
Mrs E. Marshall
G. Wilson - Launceston - Ticket No 1526

4th Cross stitched towel set, sponsored by Mrs J. Jones
W. H. Upton - Lindisfarne Ticket No 1849

5th Handmade teddy, sponsored by Mrs C. Van Zelm
Penny Cromarty - Trevallyn - Ticket No 1391

AUTISM/ASPERGER SYNDROME SEMINAR

Saturday 16th March 1996
University of Tasmania - Launceston

Guest Speakers

Dr Lawrie Bartak - Clinical and Educational Psychologist, Monash University, Victoria

Ms Diane Tribe - Consultant Occupational Therapist, Victoria

Mrs Margaret Smith - Principal, Irabina Developmental School - Autism, Victoria.

This seminar is open to all interested people (parents, professionals, extended family members etc) and more details will be available in the new year. Please keep this day free. Child care will be available for parents who have a child with a disability. Alternatively, Autism Tasmania will again fund a private carer to enable as many parents as possible to attend.

We again thank those companies and individuals who sponsored prizes for the raffle which raised approximately \$1200.00.

Coming Up

North

ANNUAL CHRISTMAS BBQ

You are invited to attend our annual Christmas BBQ

Where: Walker House Family Health Centre
17A Walkers Ave
Newnham

When: Sunday 10th December at 12:00noon

BYO meat and drinks. Salad, bread, sauce etc will be provided. We hope Santa will visit to give ice creams to the children. All welcome.

RSVP: Contact Ros Ward on 43 2308 or Paula Barnes on 26 7440

North West

CHRISTMAS PARTY

A Christmas Picnic for families (mums, dads, aunties, uncles, grandparents friends etc) will be held at the Dinosaur Park in Ulverstone on Saturday December 16th 1995.

Bring a picnic, rug, hats etc and be there around 4:30pm for a chat, a play and a jolly good time. We're making it later in the day so we miss the hottest part of the afternoon and the crowds. Hope to see you there!

Contact Rose Clark or Liz Marshall on 24 3686 for further information.

*The holidays are extremely difficult for many parents - both with pre schoolers and school aged children. How do **you** fill in the eight weeks until the children return to school late in February?*

At your next function you may like to try and organise get togethers over the summer with other families in your area.

FEATURE ARTICLES

*In June this year **Wendy Lawson** gave the following talk to a group of parents at Travencore, Melbourne (which is part of the Royal Children's Hospital Mental Health Services). Wendy very generously offered her paper to Autism Victoria for publication in the September issue of their newsletter. The article is reprinted with permission from Wendy Lawson and Autism Victoria.*

"AS A SMALL CHILD"

Basically the world went on around me! I was scared of sudden noise, and would jump at the sound. During thunder storms I hid under the table ... and sometimes did not come out for hours. I 'played' by myself and was very content on my own. I loved the garden, as long as my younger sisters did not interrupt me. But my strongest

understand what all the fuss was about.

AS AN OLDER CHILD

Between the ages of 5 to 11 I lived very isolated from the world. My only attachments were accessed through my pets. I loved the kitten that my Grandmother gave me for my fifth birthday and he was my constant and only real

South

Approximately 13 members attended a recent **coffee and chat evening** held at the home of Roseanne Lay. It was an enjoyable evening with members requesting more of the same.

Dulcie is planning another in the new year. Please feel free to give her a ring on 44 8294 to find out where and when!!!



fascination was with the sea, which was not too far away from my home.

On a couple of occasions I actually escaped from the garden and walked to the sea by myself. It's ability to woo me and draw me into it had no fear at all. I was separated from the shore on one occasion and my neighbour rescued me from the incoming tide. Although my mother chastised me for 'going off' I really did not

companion. At school I felt confused and alone. I was constantly teased and mocked by other children. I just did not know what was going on. I did my best to please the teachers and loved to listen to the voice of one teacher in particular.

I found the school rules difficult to understand and so I was often in trouble. I hated school dinners in the Primary School because they usually had hard foods like

'peas' and I could not eat them.

My diet at home consisted of mashed potato, carrots and gravy! I did eat white bread and butter with various fillings eg. marmalade (minus the bits), jam, meat or fish paste and cheese and tomato. The only cereal I ate was cornflakes as long as it had the top of the milk on it (the cream) and I never ate greens, rough meat or egg whites. Textured food that was not smooth made me gag and I felt like I would throw up if it stayed in my mouth.

For my eighth birthday I was given a new red bicycle. I loved sitting on the tarmac and spinning the wheels to watch the silver shine move with the sunlight as they went round and round. I had learnt how to ride a bike by taking my mother's bike and standing up on the pedals to propel the bike forwards. I went for many solitary rides upon my bicycle. One day I was following a big red bus when it turned out onto a main road. I thought that it was OK to go because the bus went. However, I was wrong and I was knocked off my bike by a passing car coming in the other direction. They took me to hospital in an ambulance and I never saw my bicycle again.

When I was nearly ten I had to go to hospital for almost one year because of a bone infection in my leg. Although this was a very traumatic time it was also very stabilising because the ward routine gave me a measure of security. The thing I hated most was waiting for visitors at visiting time and usually no one came. I could not understand at that time how difficult it was for my mother to visit me in a hospital 14 miles away from home. Especially when she did not drive and visiting times were when my younger sisters were coming home from school. The sad thing is that no-one ever talked to me or explained anything, it was just done.

For my tenth birthday the nurses brought me in a small cup cake with a large white candle in the middle. All the children sang 'happy birthday' and gathered around my bed. I stayed under my sheet and pretended to be asleep for probably ten minutes, until they gave up and went away! I could not face them because I did not know what to do. My heart beat fast and I felt really scared so I did what I usually do and that was to play 'dead' and hope it would all go away.

This was a common way of coping. If I did not understand something or was not sure of how to respond I ignored the situation. I stayed in a world of my own that I had the control over and when that failed I returned to various obsessive behaviour that gave me back a sense of connection.

TEENAGE YEARS

From age 13-19 I began to grasp the reality that I was different from most people around me. I found this realisation quite depressing and worked extremely hard to discover how to be like others. I had few friends that tolerated my 'strange behaviour' and when I did find a friend then I latched onto that person in an obsessive way. That person dominated my existence and it was terribly important to me that they included me in all their activities. When they did not then I would become so anxious and miserable. I withdrew, sucked the roof of my mouth and rocked myself for hours.

At the age of seventeen I was committed to a mental institution, labelled schizophrenic and placed on heavy medication. I remained on the medication until I was 23 years old. I have been on and off medication ever since.

ADULT LIFE

I did marry and I have four children. I am divorced now and only my youngest child, a 13 year old boy with Asperger syndrome, still lives with me.

I was diagnosed as having Asperger syndrome in August 1994. The whole idea of this area is relatively new to me. From what I have read I now understand so much of my life experience and I am very thankful to be free from the label schizophrenic!

I have a few ideas about some of my experiences.

EMOTIONS

Most of my life I feel as if I am outside of what is happening around me. I rarely am actually able to identify the emotional environment either myself or others. Life tends to be either 'happy' or 'not happy', 'angry' or 'not angry'. Until recently I always believed that if someone close to me was 'angry' then it must be because of me. Now I am beginning to realise that people can be unhappy or even angry, for many different reasons. In fact, it may have nothing to do with me at all!

I think that maybe my anxiety can be so extreme because for much of the time I am excited and enthusiastic, irrespective of how others may feel and when those emotional states are not confirmed within me by the words of others I am so lost and confused that it's terrifying. All the 'in-between' emotions on the continuum get missed... I jump from calm to panic in one major step!

BEHAVIOUR

I am so much more 'in touch' with the world and 'in control' of how it affects me. This is so because I have more understanding of what is happening and I can make decisions about it. If 'things' become too much, that is... I experience a kind of sensory overload, then I simply withdraw and recoup! I do not like change but sometimes changes occur when I least expect them and then I have to gather myself back again. This I do by 'self-talk', R.E.T. or rational emotive thinking, deep breathing and relaxation through the use of breathing. Years ago these methods were out of reach for me because I was too immature to understand them, but now I can practise them with a measure of success.

SENSATION

I appear to have very sensitive ears, eyes and skin. Certain noises definitely 'hurt' my ears and certain lights 'hurt' my eyes. Strip lighting is one of the worst and lights that flash. If the strip lights have a grid covering them I cope with them better. I have an insatiable appetite for touch and love to feel the roof of my mouth, especially when I am either insecure or very secure! I love soft material and soft skin but I hate to feel my own skin against myself. This means that I need to wear PJ's in bed or put the sheet between my legs so that they do not come into contact with each other.

I still jump at sudden noise and shake or flap my hands when I am excited. At times I twitch or shake involuntarily for no apparent reason. All that I can tell you is that it feels like an electric impulse passing through my body and I need to respond to it.

I am in my third and last year at Uni studying Social Science and I absolutely love it! When we came to the end of our first semester a couple of years ago I walked around and around the table in the cafeteria feeling devastated because school was ending and I felt so miserable. Some of my fellow students thought that I was crying for joy because the exams were over. I told them the reason that I was upset and I think that it was quite hard for them to see my point of view!

I do not know what the future holds but I am sure that I will continue to write and hopefully study. I would love the opportunity to share with other people some of my experiences and help to increase understanding of Autism and Asperger syndrome.

I am where I am today because certain people (and myself) believed in me. I would encourage any parent or professional not to give up on autistic people but to remain patient, consistent and caring. I personally believe that much can be attained with time and persistence. Growth and development take years for non-autistic people. I

believe that a lot of developmental delays are happening with autistic people but the emphasis should be upon 'delay' rather than cancellation!

I feel as if I have 'woken up' over the last ten years. It may have taken me a lot longer to grow up and I still have a long way to go, but its pretty scary to think that I could have been closed off for ever, if certain people

had not taken risks with me, or had given up on me completely!

PLEASE DO NOT GIVE UP!

If any reader wishes to speak with Wendy, please write to

her, addressing your envelope "Wendy Lawson, c/- Autism Victoria, PO Box 235, Ashburton, Victoria 3147". Autism Victoria will forward your correspondence onto Wendy.

TIPS FOR RECREATION and SPORTS WORKERS

The following article by Lydia Fegan and staff of the Autistic Association of NSW, is reprinted from KEYNOTES, Published by the Autistic Association of NSW, Issue 3, September 1995.

Autism affects the way a person perceives and understands verbal messages and social cues from the way people look and behave. People with autism also have difficulty communicating their feelings and thoughts. Some people with autism are also hypersensitive to sound and light and crowded places. Here are some suggestions to help a person with autism fit more comfortably into a recreational or sporting activity.

1. Begin by asking the parent/caregiver how best to communicate with the person with autism, what sensitivities the person has, what are his/her dislikes, what to use for rewards and how they handle difficult situations.
2. Messages, directions and instructions are best given individually. Take the person aside and tell the person what is going to happen, when it is going to happen, the sequence of steps that will occur, what actions/responses are required and who to ask for help.
3. Be prepared to write out, or use pictures to illustrate the sequences and rules of the activity or game.
4. Keep language simple and concrete - avoid complicated directions and always accompany instructions with a visual cue eg. gesture or a demonstration of what has to be done.
5. Give the person time to respond.
6. Avoid asking a lot of questions; instead notice what the student is doing and comment; "You've a big ball" etc.
7. Don't ask the person to do the activity - tell him/her firmly; "We're going to do art now", rather than "Do you want to do art?"

8. Give positive information and avoid excessive negative feedback. "Put the book on the shelf" rather than "Don't hit John with the book."

9. When going on outings, continually pay attention to



what he/she is doing and do not let them out of your sight. The person may have a poor sense of self preservation.

10. Even if the person has language he/she may not be able to express pain, sensitivity to sound etc., fatigue, boredom, anxiety about not knowing what is happening, not wanting to change an activity. Watch behaviour carefully for clues as to what the person might be trying to tell you - take time to "listen" to the behaviour, and don't rush or put pressure on the person.
11. Make sure that the person has an alternative way (eg pictures, written words on cards) to tell you things like "I'm hungry", "I want a break".
12. Assign a peer "buddy" or "mate" for the duration of the activity, who can demonstrate what has to be done, and give the person with autism support.

NEWS AND VIEWS

In March next year one of the guest speakers at our seminar will be Di Tribe - Consultant Occupational Therapist. Rose Clark attended the paper given by Di on Sensory Integration at the National Autism Conference earlier this year and writes...

I first heard the words 'Sensory Integration' 5 years ago when I visited an Occupational Therapist to talk about my son. Thomas had some quite odd habits and very strong dislikes of very ordinary, everyday happenings. A lot of water has passed under the bridge for us as a family since then.

As a delegate to the National Autism Conference in Brisbane in February, I was extremely interested in attending the paper on Sensory Integration given by Di Tribe. I was not disappointed as Ms. Tribe is an extremely interesting speaker who obviously loves her work. Currently she is Consultant Occupational Therapist at the Irabina Developmental School in Bayswater, Victoria.

So what is sensory integration? In her talk Di defined it as follows. Sensory integration is the organisation of sensory information for use. She explained it occurs before birth and develops in normal children as they move through space making sense of what they see, hear, taste, touch and smell. These countless bits of information are processed into a whole meaningful experience ready for use. This process occurs in many levels of the brain. If things are "going wrong" within the brain or brain stem there's no way that the child can make sense of their sensory experiences.

Many children seen with autism have sensory processing problems. According to Ms Tribe autism is increasingly seen as a central nervous system dysfunction. Although the paper became quite technical in its explanations I found them interesting and they certainly made sense of some of the things I'd experienced with Thomas.

The cerebellar dysfunction which is evident in many children with autism, leads to disorders of muscle tone, jerky movements, problems with bi-lateral co-ordination, (using one hand at a time - not both together) difficulty with rapid alternating movements and poor equilibrium reactions (children don't get giddy etc).

Deficits in the limbic system are significant. This system decides what is pleasurable and what is distressing. It has a role in memory attention and registration and attention to

sensory input. It is also important in motivation - the urge "to do". This has significant implications for treatment and supports the idea that sensory integration as early as possible in a child's life will enhance their ability to learn.

Another statement Ms Tribe made I consider to be one of the most profound and important of the whole session. She said "A neurologically based program focusing on enhancing normal sensory processing and development, individually designed and directed by an Occupational Therapist in conjunction with their educational program is the ideal combination. Sensory integration needs to be integrated into the classroom and the home.

Some children are hyper (overly) responsive to sensory input while some are hypo (under) responsive. Research shows that some children are hyper-responsive to all sensory stimuli - this is termed sensory defensiveness. This is a treatable condition; it must be diagnosed and taken seriously and treated as early as possible to prevent associated behaviour problems from developing.

From the writings of adults with autism, (eg Temple Grandin, Sean Barron etc), it is clear that responses to sound, light, touch etc are extremely frightening and take control of the individual.

During her paper Ms Tribe outlined how sensory processing difficulties often present in children with autism. Children who are hyper-responsive to sound often cover their ears and are very agitated by noise. They have difficulty with background noises and often make noise for noise sake to help them with their hyper-response.

The tactile system affects touch. Those who are hyper-sensitive hate new clothes, stiff clothes, messy activities and won't explore their environment. They often wear long sleeves and long pants in the sun and show distress when bathed, when their fingernails are cut and hair is washed and combed. They also tend to have a lot of rituals around eating - very responsive to taste and texture of food.

The vestibular system deals with movement sensation. Children with hypo-responsiveness (under) seek out all kinds of movement activities, they jump, flap, swing for long periods of time and constantly move their heads to get vestibular stimulation although there is little eye movement. (Children that present like this are unlikely to become motion sick or giddy as they don't know where

their head is in space.) Children with hyper-responsiveness in the vestibular area become anxious when their feet leave the ground, hate being high, don't like unstable play equipment, fear falling and don't like steps.

Irabina Developmental School use a 99 point checklist and this she explained is a useful tool for understanding the child's behaviour; for designing an appropriate treatment regime to meet the needs of each child and to assist in environmental control at home, kindergarten or at school. Ms Tribe made a point of explaining that the classification is **not** rigid and that some children are hypo-responsive in one sensory area and hyper-responsive in another and typical or normal in another.

Ms Tribe then went on to talk about sensory defensiveness which she describes as over-reaction to certain harmless sensations as if they were painful. It's a misperception that makes gentle touch feel like spiders on the skin.

Sensory defensiveness is a primary problem with secondary social, emotional and behavioural consequences that are separate but related. Habits and learned fears can persist if not treated. Sensory defensiveness results in varying levels of stress and anxiety. Learned patterns and habits are often developed around avoiding certain sensory events or seeking out sensations that give relief. An example is a child with auditory defensiveness who hates certain sounds but will often make sound to give relief.

Early intervention is crucial if we're going to prevent secondary behavioural consequences associated with this disorder. Behaviours become hidden in family routines that develop unconsciously to protect the child. Some families follow rigid routines or avoid situations to keep their child calm. Often in the early years the child has trouble separating from his parents (usually the mother) because they protect him from certain sensory experiences.

Treatment for sensory defensiveness is firstly the recognition of the State. Many children have had their behaviour interpreted as something other than a negative reaction to sensation, commonly seen as attention seeking or resistant stubborn behaviour that requires compliance. This is because the secondary behaviour is seen without recognition of the primary problem. When this is recognised a new understanding and empathy for the struggles of the child result. A treatment regime can be introduced to reduce or eliminate the defensiveness. Secondly the development of a sensory diet which is a planned and scheduled activity program is highly desirable. This is based on the belief that each of us requires a certain amount of activity and sensation to be at

an optimum level of alertness to perform.

Some activities are more useful for the reduction of defensiveness than others eg activities which involve whole body action and make muscles work hard last two hours in the central nervous system. Massage lasts one hour and slow rhythmic vestibular stimulation lasts for about six hours. A sensory diet must not just be used in the therapy room, it must be used to help the child feel calm, relaxed and organised throughout the day when he has to function in his occupational roles as player, student and personal maintainer.

Di Tribe went on to say that it was important to give children with autism choices. She gave ideas on activities to decrease sensory defensiveness and made the point that children react and operate better if they are involved in the choice of the activity.

When Thomas was 3 we were fortunate to find an Occupational Therapist who had a lot of knowledge in the sensory integration area. Thomas was tactile defensive, orally defensive (food and texture), and extremely auditory defensive. After our visits we were given a home program to use. Di Tribe's recommended sensory diet is "The Kellogs Challenge" - not too heavy, not too light, just right.

While I listened to Ms Tribe it brought back a lot of memories for me of the difficult times - tantrums caused by unknown ? (sound, light, smell, touch.) People show the behaviour as odd, wilful or attention seeking. Our sensory diet made a huge difference to our child, we still use some of the sensory input activities in certain situations.

Di Tribe also made it obvious to the audience as did our Occupational Therapist that activities that can do good can also do harm if not done in the correct way.

I enjoyed very much Di Tribe's talk and highly recommend to those interested the tapes of the National Conference which are available to borrow through Autism Tasmania.

Rose Clark

Alert Cards

These are available from Autism Tasmania. Printed on one side is an explanation of autism. On the reverse we can stamp the message "Please excuse my child's behaviour! He/she has autism" or it can be left blank to write your own message.

Autism Tasmania and the Tasmanian Department of Education and the Arts

On the 31-10-95 members of the Autism Tasmania executive committee met with Kerry Channell (Manager, State Support Service DEA) and Jenny Vince (DEA Autism Consultant) to discuss matters relating to children with autism within the state. The meeting was held in Launceston over an evening meal. Autism Tasmania members present included Mark and Ros Ward, Rose Clark, Rachel Evans and Elisabeth Marshall.

One of the main issues raised was one of DEA (Department of Education and the Arts) funding and Kerry was able to clarify some points in this area. Special education services in Tasmania are divided into those which are centrally funded (Category A) and those which are funded at a district level (Category B). Category A funding is provided to students with the most severe disabilities. Eligibility for the Category A register is determined by two moderation committees, which meet twice yearly, at the end of term 1 and early in term 3, to consider nominations for the register. Placement on the register does not guarantee any particular level of funding. It simply identifies students eligible for Central rather than District funds.

The allocation of resources to Category A students is a separate process and is determined by a central education committee with representatives from each district as well as the statewide coordinators from each area. Each district also has a special education committee which makes funding decisions in relation to District Special Education funds.

In the past there has also been some confusion concerning children who attend Early Special Education. As a service, Early Special Education is also resourced from central funds. However, this does not mean that individual children have Category A status, as this decision is not made until they are in their kinder year, in preparation for placement in a prep class the following year.

Another issue discussed was that of a statewide diagnostic team for children with autism. In the past there has been much confusion regarding diagnosis within Tasmania. Because of our much smaller population compared to other states, most professionals may only see a very small number of children with autism. Whilst not intending to reflect negatively on any individual professions, experts in the field would agree that considerable experience across a wide age range and across the vast range of behaviours presented by autism spectrum disorder, is necessary to develop the expertise needed in order to confidently

diagnose such a complex disorder.

In an attempt to address this concern the D.E.A. has decided to establish a statewide multi disciplinary team, with the purpose of assisting in diagnosing children with suspected autism. Members of the team come from different areas of the state in an attempt to achieve statewide balance, and include Mr Philip Doyle (psychologist), currently based in the north of the state; Ms Rachel Evans (speech pathologist), currently based in the north-west and Jenny Vince (autism consultant), based in the south. Negotiations are also currently being made with Dr Alfhild Larson (paediatrician) to assist in the medical component of the diagnosis, where necessary. This team will be available to assess children from around the state and will therefore be able to develop a statewide overview of autism in Tasmania.

The evening concluded on a positive note with both parties wishing to keep the lines of communication open by participating in similar discussions in the future.

Jenny Vince - DEA Autism Consultant

Assessment and Diagnosis

A recent workshop was held by Autism Tasmania for professionals from the Health and Education Departments to aid the process of assessment and diagnosis in Tasmania.

Professionals from Rehabilitation Tasmania in Hobart, the Children's Assessment Centre in Launceston, the Child Assessment Service in Burnie and the DEA came together with Autism Tasmania representatives to discuss some of the relevant issues.

A presentation from Dr Alan Mawdsley, Director of Clinical Services, South Eastern Child and Family Centre began the day. Dr Mawdsley is a child psychiatrist and is Chairman of the Autistic Services Coordinating Committee in Victoria.

Dr Mawdsley's presentation highlighted several issues, chiefly that uncoordinated services are a problem. He outlined the procedures that are used in Melbourne and the professionals involved in the assessment process. These include - Psychosocial, Behavioural observations, Psychiatric, Paediatric, Language, Cognitive, Audiological, Sensory Integration and the Rating Scale. The majority of these procedures are considered essential,

others desirable.

Dr Mawdsley spoke of the procedures which occurred once the assessment process had taken place. A multi disciplinary case conference is held by the professionals and then repeated with the parents. This enables the team to discuss individual components with the families.

A panel comprising representatives from the assessment process, the DSE (Dept of School Education), the autistic school in the SE region etc meet to discuss (with parents permission) appropriate service provision for individual children. The SE region is but one in the Melbourne metropolitan area.

Facilitated by Ms Ruth Radford, the workshop then heard from Ms Kerry Channell, Manager State Support Service with the DEA. Kerry spoke of the difficulties that inconsistent assessment of autism in Tasmania was causing with regard to service provision - eg parents actively seeking a diagnosis to access a higher level of funding. Kerry spoke of the possible establishment of a DEA assessment team.

The workshop then proceeded to look at the current situation in Tasmania, what the ideal situation would be and how Tasmania could move forward to achieve the ideal. Much of the discussion took place in small group situations.

The initial chief outcome of the day is that the three centres in Tasmania involved in the assessment process agreed to talk about common protocols and arranged to talk via a teleconference. The Victorian guidelines provide a framework to begin with and need to be considered in future discussions.

We believe it was useful to get the people involved in assessment and diagnosis together. We are hopeful that the enthusiasm expressed on the day can be carried into future efforts in the field of autism.

Thank you to those professionals who gave up their time to attend.

Book Review

AUTISM AND ASPERGER SYNDROME

Edited by Uta Frith.

Cambridge University Press (1991 - last reprinted 1994)

This recent text was compiled to arouse debate about the nature of Asperger syndrome (AS) and its joint

relationship to autism. In particular, the highly regarded writers present a joint case for viewing both AS and Kanner's autism as points along a continuum of 'autistic developmental disorders', within which the area of socialisation, communication and imagination can be affected to varying degrees.

Uta Frith begins by discussing Hans Asperger and his work, contrasting this with Kanner's views to provide the reader with an explanation of autism/AS, its characteristics and possible causes. This chapter is followed by Frith's first-ever translation of Asperger's original paper, to which she has added elaborative comments.

Lorna Wing further analyses Asperger's and Kanner's accounts, arguing strongly for inclusion of both disorders in the 'same general category', but also examining evidence for the separation theory. Issues of differential diagnosis are covered and Wing advocates the value of the Asperger label in helping to broaden current, narrow, stereotypical views of what constitutes the clinical picture of autism (thus assisting the diagnosis process).

The text's strength and appeal lies in its use of personal accounts throughout to illustrate aspects of theory. Christopher Gillberg, in summarising his (1989) diagnostic criteria for AS (also presented at the National Autism Conference 1995) draws from six family studies to demonstrate clinical and neurobiological issues.

The clinical picture of AS in adults, the possible existence of subcategories and associated diagnostic concerns are topics broached by Digby Tantum, again backed up by real life examples, while Margaret Dewey extends this to include practical discussion of strategies to assist individuals with AS in daily living (eg. establishing a support system, learning to compromise).

Finally Francesca Happé offers a fascinating (although heavily worded) critique of selected writings by adults with AS. Both formal publications and informal letters are examined, including work by Temple Grandin. In addition to stressing the value of such accounts (through their content) in providing a window into the 'autistic experience', Happé makes the observation that further insight can be gained from analysing the writer's **style** (eg. use of pedantic language, tendency to be factual, lack of appreciation (empathy) of reader perspective) and by considering what the writer has left **unsaid** (eg. lack of/limited reference to social experiences).

Happé concludes by presenting a framework for understanding the communication difficulties central to autism/AS and touches on the relationship between social skills and intellect.

By drawing on the experience of a range of authors, **'Autism and Asperger Syndrome'** offers a refreshing and comprehensive discussion of these disorders across the lifespan. The strong use of personal accounts to illustrate clinical and theoretical issues results in an appealing and readable text, suitable for anyone with a personal, parental and/or professional interest in this fascinating area.

'Autism and Asperger Syndrome' is available in paperback through bookshop order, approx. price \$39.95).

Rachel Evans

Special Needs Forum

A forum was held in Devonport recently to discuss services for children with disabilities on the North West Coast. Chaired by Ms Di Hollister, MHA, the forum highlighted the lack of therapy services for all children with disabilities on the coast.

The forum was attended by approximately 80 people, a mixture of parents and professionals. The guest speakers included Ms Hollister, Mr Ray Baldock (State Liberal Candidate) and Mr Brenton Best (State Labor Candidate). Mrs Joyce Langmaid spoke as a parent of a young child with a disability and Ms Kris Plummer spoke from the point of view of having an older child. Ms Robyn Hull from the Australian Education Union also addressed the forum highlighting the difficulties for teachers in mainstream schools, particularly the lack of professional development for teachers and classroom sizes. Statements from the floor were also heard and this was an emotional time for parents.

Workshop sessions in the afternoon discussed topics such as therapy services, assessment and funding, parent support and parent involvement in programming, and other issues such as behaviour management problems.

The forum resolved to issue a directive to alert policy makers and professionals to the issues discussed in the workshop. These included smaller class sizes overall, concentrated and effective professional development for teachers in regular schools, a more consistent process of funding for children with disabilities considered in the mild to moderate range and an acknowledgement of parents as part of the process.

The organisers felt it was an extremely positive day and report excellent feedback. They hope similar forums will be held in the south and the north.

Lady Gowrie Tasmania Resource Service Burnie

Lady Gowrie Tasmania Resource Service recently opened an office in Burnie. It is available for families, students and professionals who care for children. Resources (books and videos) available for loan or purchase cover a comprehensive selection of items about parenting, early childhood education, child development etc.

The Burnie Resource Centre is located at 41 Cattley Street, Burnie and is open on Thursday 10:00 - 2:00, Friday 3:00 - 7:00 and Saturday 10:00 - 12:00, telephone (004) 322 009. The Hobart Resource Centre offers a statewide service and is located at 229 Campbell Street. Telephone (002) 369 257. There is also a Freecall Phone Number 1800 675 416.

"Living with a Rare Disorder"

Meniere's Australia Inc. has recently published a booklet titled "Living With a Rare Disorder". It is written by Dr Mark Flapan, a U.S. psychologist who himself has a rare disorder. The articles are general in nature addressing issues such as marital effects; easing the emotional effects on oneself, partner, children, friends and relatives, parents, doctor; relations with your doctor etc.

The booklet is \$10.00 which covers postage and handling and is available from Meniere's Australia Inc. P.O. Box 202 Moonah, Tasmania, 7009. The personal experiences and feelings Dr Flapan describes in his articles will not only be familiar to people with Meniere's disease but are written in such a way as to strike a chord with many people who have a rare disorder.

Also Available

RMIT have several publications available for sale focusing on independent living skills. All publications are produced in simple, clear, concise language. The brochure received by Autism Tasmania states they are "ideal for learning and teaching independent living skills programs, educational settings, community courses or in the home."

Available are "Easy Cook Books, Volumes 1, 2 and 3"; "One Step-at-a-Time" and "Easy Shop, Easy Nutrition". If you would like further information on these books, please contact Autism Tasmania.

**NATIONAL AUTISM
WEEK 1995**

MINIATURE RAILWAY

*The Minister for Community Services and Health
attended the launch of Autism Week in Devonport.*