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# ABIQ NEWS

June 2005

*Autism Behavioural Intervention Queensland (ABIQ) was formed to enhance the treatment of children with autism. It is the belief of ABIQ that children with autism are best treated by Applied Behavioural Analysis. This therapy gives children with autism a chance – a chance to grow, to live and to lead a fulfilling and independent life.*

## What's Inside?

President's Column	p.2
Leaves – a poem	p.3
Research – Gene Flaw May Link Autism, Vaccine Additive	p.4
ABIQ Charity Ball	p.6
Possible Specific Symptoms For Autism	p.7
Social Stories Workshop	p.8
The Good Mood Diet For Optimum Health	p.9
GFCF Info	p.10
Therapy Tips	p.10
25 Reasons To Use Visual Strategies	p.11
Support Groups	p.13
ABIQ Resources	p.13
Recent Resource Purchases	p.14
Your Stories	p.15
Toilet Training	p.15
What's On	p.16
Date Claimers	p.17

ABIQ presents

**Dr John McEachin  
Dr Tracee Parker  
(Autism Partnership, California USA)**

**Teaching children with autism –  
An intensive behavioural approach to  
education and socialisation**

Saturday 13<sup>th</sup> August 2005  
9:00am – 4:00pm  
QUT, Kelvin Grove Campus  
(Room to be advised upon registration)

Cost: ABIQ Members \$44  
Non-members \$77

Morning Tea and lunch provided

Parents and professionals welcome to attend.

For bookings, contact ABIQ  
Ph. (07) 3264 2582 or [enquiries@abiq.org](mailto:enquiries@abiq.org)  
Registration forms for this event are available on  
the ABIQ website.  
[www.abiq.org](http://www.abiq.org)

# President's Column

## by Michael Chan

Since the last newsletter, ABIQ has been active in organising educational services, raising awareness about early intervention and planning fund-raising events, such as the 2005 Charity Ball.

On 4 April, ABIQ repeated the Tony Attwood seminar targeting teachers and teacher aides who are supporting children with autism in schools. 450 people attended the seminar and we received very positive feedback about the event. Mrs Desley Scott MP, State Member for Woodridge, was in attendance to officially open the event. She is an ardent supporter of ABIQ and has been keen to learn more about autism.

In view of the overwhelming need for information on how to help children with autism in schools, Professor Attwood kindly gave permission for ABIQ to capture the seminar on video. Copies of the video (6 hours on 2 video cassettes) can be purchased at the not-for-profit price of \$27.50 (inclusive of GST and postage). The order form can be downloaded from ABIQ's website ([www.abiq.org](http://www.abiq.org)) ABIQ members can also borrow the videos by contacting the Secretary on (07) 3264 2582 or 1300 224 753 (from regional Queensland at the cost of a local call).

On 13 March, an "Applied Behaviour Analysis (ABA)" Information Day was held at QUT. Around 80 participants attended and the names of those who showed interest in working as teaching assistants in home-based ABA programs were added to the register. ABIQ members can gain access to the register through the ABIQ website. On behalf of ABIQ, I wish to thank Leslie Workmon, Kathleen Davey, Tracey Grose, Mogens Johansen, Chloe Chan and Belinda Harris for presenting at the workshop. Our next ABA Info Day is scheduled for October.

A "Generalisation and Play" Workshop was held on 17 April at the Queensland University of Technology (QUT) Kelvin Grove Campus. The presenters were Lesley Workmon, Kathleen Davey and Mogens Johansen. It was a fun-filled morning of information sharing and structured learning activities.

On 15 May, Lesley Workmon presented a rescheduled workshop on "The Effective Use of Reinforcement". Around 50 participants attended the workshop to learn about the importance of reinforcement in teaching skills and modifying behaviour.

*Lesley Workmon at the Reinforcement Workshop  
at QUT Kelvin Grove Campus on 15 May 2005*



On 12 June, Donna Williams presented two 3-hour workshops entitled "Addressing Anxiety – and steps in dealing with these fleas" and "Cat people and Dog people". These workshops were offered to ABIQ family members free of charge and at a highly subsidised rate for the rest of the autism community. It was a great opportunity to gain insight into the world of autism. If you missed the presentations, they were recorded on video tape and will be available for loan or purchase.

ABIQ has been fortunate to secure two international experts on autism to present a special seminar on 13 August 2005 in Brisbane. Dr John McEachin and Dr Tracee Parker (Autism Partnership, California USA) will share their knowledge and experience on "Teaching Children with Autism: An Intensive Behavioural Approach to Education and Socialization"

Dr. John McEachin is a Clinical Psychologist and Co-Director of Autism Partnership. He has been specialising in behavioural intervention for children with autism as well as adolescents and adults for over 25 years. Dr. McEachin lectures throughout the world and consults to numerous families and agencies. Dr. Tracee Parker is a behavioural psychologist who also specialises in the autism field. She is particularly well known for her work in social/sexual education and treatment for adolescents and adults with autism and other developmental disorders.

I want to express our appreciation to QUT for their very strong support of ABIQ's effort to provide educational services on autism. They have provided the venue on most of our seminars and workshops free of charge. Without their support, it would not be possible for us to offer the seminars and workshops at such reasonable rates.

During Autism Awareness Week (mid-May), I represented ABIQ by presenting at two autism seminars organized by Education Queensland. The first presentation was organized by Ms Natalie Swain at Education House and the other, by the Distance Education Unit at South Brisbane. Around 100 people, including Advisory Visiting Teachers (AVTs), parents and other professionals attended each of the events. Having presented at a number of such seminars, I get the feeling that intensive early intervention for children with autism is not well understood by the community. There is a definite need to continue to raise community awareness on the subject.

It is an opportune time for me to remind everyone about the Charity Ball to be held on 23 July 2005 at the Mercure, North Quay Brisbane. Under the leadership of Dee Brough, a very capable and dedicated group of people (mainly parents of children with autism) have been planning the event over the last few months. Corporate support for the event has been tremendous. There will be plenty of prizes to be won on the night and I am sure the Ball will be a most enjoyable and worthwhile event to attend.

As can be seen from the activities reported, everyone on the ABIQ committee has worked extremely hard. It is amazing that such a small team of volunteers is able to provide the extensive range of services. We have also received positive feedback about our many services and special fund-raising events. Personally, I derive enormous satisfaction from the opportunity to help other families cope with autism. Receiving such encouraging feedback is a bonus. I hope others working for ABIQ share the same sense of achievement and satisfaction. Keep up the great work!



## *Leaves*

*By Mia Brownrigg (aged 10)*

*14.04.05*

*Leaves are my world of play  
They fill up my lonely days.  
Friends are very hard to find  
Girls might be unkind.  
Hold the leaves close to my heart  
And God fills that empty part.  
He just lets the leaves fall  
And I pick them up and get them all.*

# Research

## Gene Flaw May Link Autism, Vaccine Additive

[By Bob Miller ~ Southeast Missourian.]

[http://www.semissourian.com/story.html\\$rec=152176](http://www.semissourian.com/story.html$rec=152176)

A study released today by an environmental organization offers support to the theory that a vaccine preservative called thimerosal may contribute to the cause of autism. The study has found a genetic flaw that sheds further light on how autistic children are metabolically different from healthy children. This may explain why autistic children may not be able to excrete mercury and other heavy metals. Because of this finding, some doctors also believe that a relatively simple mixture of nutritional supplements may provide a dramatic treatment for autistic children.

The new 18-month autism investigation was conducted by Dr. Jill James, a former Food and Drug Administration research scientist who now works at the University of Arkansas for Medical Sciences. Her report claims that autistic children have a severe deficiency in glutathione, which James said is the body's most important detoxifier.

The Environmental Working Group, a not-for-profit organization that investigates toxicity in the environment, is using James' study as a way to petition for further thimerosal research. Many parents and several researchers have speculated that thimerosal, which is 50 percent mercury by weight, is the culprit behind the exponential increase in autism cases over the last decade. Ten years ago, the American Academy of Pediatrics estimated an autism rate of one in 2,500 in the United States. Today, the rate is estimated as high as one in 166. As many as one in six children have neurological disorders. Many believe the rise in autism and the corresponding increase in the nation's vaccine schedule are not coincidental. Pharmaceutical companies removed thimerosal from required vaccines in 2002, but it still exists in most of the recommended influenza shots.

Autism theorists have for several years hypothesized that certain children are susceptible to heavy-metal toxicity, which poisons the brain. The reports shows that autistic children have 133 percent more "inactive" glutathione in their bodies than healthy children and 68 percent less "active" glutathione. The report also gives parents hope. Preliminary results have shown that certain supplements -- folic acid and methyl B12 -- can bring glutathione back to normal levels.

Dr. Elizabeth Mumper, the CEO for Advocates for Children and associate professor of clinical pediatrics at the University of Virginia Medical School, said she has seen dramatic improvements in some autistic children who have been taking the supplements. "I don't mean to imply that we can cure autism," she said. "But in this subset, some have moved out of the [autism] spectrum and gone to kindergarten without aid." She said the metabolic makeup of autistic adults will have to be studied, but she sees no reason why the nutritional aids won't help autistic adults as well.

'Closer and closer' News of such a breakthrough is exciting for Dena Petzoldt of Fruitland, whose son, Ben, is autistic. Tests have shown that Ben has high levels of heavy metals, including mercury, in his blood. The family has travelled to many states to try various remedies. "We're just getting closer and closer," she said. "There have to be answers out there because there are so many autistic kids out there. I'll definitely check into this."

James studied the metabolism of 20 autistic children. In a conference call with reporters, she explained she started with 10 plasma samples from autistic children. The results were "very, very striking," she said. They were so consistently abnormal that she added 10 more samples to her study, just to make sure they were accurate. They came back the same.

Autism is generally regarded as a genetic and environmental mixed bag. James said the genetic causes are complex. There could be 10 genes that contribute to autism. The new finding makes sense for a number of reasons, she said. Glutathione levels are naturally lower in males, which could help explain why 70 percent of autistic children are boys. Estrogen, found more predominantly in females, is an antioxidant like glutathione, so girls have more chemical weapons to fight against metal toxins. The glutathione discovery may also explain why so many autistic children have intestinal disorders. Glutathione, according to the study, is vital to proper functioning of the intestines.

The Environmental Working Group is waving James' study in the face of the Institute of Medicine. In May, the IOM -- an independent scientific group commissioned by the Centers for Disease Control and Prevention to delve into the thimerosal issue -- released a report which said there is no evidence suggesting a link between the preservative and autism. It based its findings on five epidemiology studies, including one from Denmark, which has a different vaccine schedule and thus different thimerosal exposure than the United States.

Epidemiology is a mathematical approach to science based on complicated statistics derived from medical databases. The IOM heard but did not accept the biological evidence, which was only theoretical, the committee said. The IOM also suggested that "further research to find the cause of autism should be directed toward other lines of inquiry."

Dr. David Weldon, a congressman from Florida, has been the leading government anti-thimerosal spokesman. "The work of Dr. James and other have continued with private support," Weldon said in a statement. "Unfortunately, the National Institutes of Health has not yet dedicated funding to better understand and develop interventions for the epidemic of children suffering from neurological development disorders, particularly those that have resulted from mercury exposures from childhood vaccines. "Today's study, along with several other recently published scientific studies, demonstrate clearly that the IOM overstated their conclusions."

'Didn't dismiss anything' Dr. Steve Goodman of Johns Hopkins University School of Medicine in Baltimore sat on the IOM committee that reviewed the evidence. He told the Southeast Missourian he couldn't speak for the IOM because the committee no longer exists, but he said there was a general feeling that thimerosal would be unlikely to turn out to be the cause of autism. However, he said some of the IOM's statements were misconstrued at the time. "First of all, we didn't dismiss anything," he said. "We simply stated the epidemiology evidence favored no relationship, which is true. At this point there is no increased risk to the general population. "What we did say is if you've got a fixed pot, don't spend huge amounts more on epidemiology. What we said was that resources would be better spent on understanding the biology."

For several years a certain segment of the scientific community has suspected that autistic children have a genetic susceptibility to mercury and that thimerosal could be the environmental trigger to autism. So why base a national report on five studies that don't address the theory? "That's what we're saying," Goodman said. He said unless the genetic flaws can be identified and a test group can be formed with the same flaws, there is no use for more epidemiology, which suggests no danger to the healthy population.

The anti-thimerosal groups have been making that same argument since May when the IOM report was released. The IOM did admit in its report that "the committee cannot rule out, based on the epidemiological evidence, the possibility that vaccines contribute to autism in some small subset or very unusual circumstance." Regardless, major television networks only reported the news of no link, followed by quotes from board members saying funding should be spent elsewhere. Many physicians at the time considered the thimerosal issue a closed book. And, according to a U.S. congressional source speaking on the condition of anonymity, perhaps the National Institutes of Health did too.

The National Institutes of Health has cited the IOM report when it has denied funding for biological research, the source said. Shortly after the IOM report came out, Columbia University researcher Dr. Mady Hornig published a study showing that mice with genetically susceptible immune systems displayed autistic-like behaviors when given thimerosal.

While the Environmental Working Group acknowledges that James' research doesn't prove a link, the organization says the findings should force the government to pick up the issue again. The epidemiology studies the IOM based its report on assumed that the children had equal toxin-fighting capabilities, the EWG says.

Goodman didn't want to comment specifically on the new study until he reads it. "This type of study could fit in a much bigger picture and enhance the understanding of autism and the immune system," he said. "It's a small piece of fabric of a theory which may or may not turn out to be true. But it doesn't mean that thimerosal causes autism. There are lots of fragments, pieces of biological evidence and theories. But those theories are still incomplete."

\*\*\*\*\*

**If you want to read further about the autism-mercury connection, the following sites offer information:**

<http://www.safeminds.org/>  
<http://www.generationrescue.org/>  
<http://www.autismresearchinstitute.org/>  
<http://www.taap.info/articles.asp>  
<http://www.unlockingautism.org/>  
<http://www.evidenceofharm.com>  
<http://www.nomercury.org>

**Also for the big Autism/ Mercury news in the USA, read**  
 Deadly Immunity: Rolling Stone Magazine Report by Robert F. Kennedy Jnr  
<http://tinyurl.com/dg6bm>

# **FACE AUTISM**

## **Autism Behavioural Intervention Qld Masked Charity Ball**



**23rd July 2005**



**Mercure Hotel - Brisbane**

**Only \$99 per person**

Includes 3 course dinner and drinks as provided  
Entertainment by  
Brisbane's Premier Music Group – 7<sup>th</sup> House  
& The Pavarotti Experience  
Tombola, Main and Silent Auctions, Prizes Galore

Some of the fabulous items on offer are:

- Original artwork by Qld Artist – Kendall Perkins
  - Sporting and Celebrity Memorabilia
  - Mercure Resort – Great Keppel Is Holiday
- Corporate Golf Day – North Lakes Resort Golf Course
  - Kingfisher Bay Resort Accommodation
  - Plus heaps more...

Join us for a fantastic night out whilst helping children with autism.

Contact Dee on 07 3879 9990 or [dee@abiq.org](mailto:dee@abiq.org)

\*Autism Tasmania asserts the right to the intellectual property of the concept, Face Autism

### **POSSIBLE SPECIFIC SYMPTOMS FOR AUTISM**

In the past (and even now), parents were usually told to wait until a child is three before a diagnosis is made. This is unacceptably late. Parents of children with autism can tell you that this wait is usually not beneficial for anyone especially the child. Precious time is lost during this early and critical period. Most early interventionists now agree that intervention should begin as early as possible even at eighteen months.

The Checklist for Autism in Toddlers or the [CHAT](#) was designed for use with children as young as 18 months old. Designed in the United Kingdom, researchers took a sample of 10,000 children and found some early predictors for autism. These are:

- A lack of pretend play – where toddler is unable to play;
- A lack of pointing – children usually point to indicate what they want, toddlers with autism, or signs of, tend not to point but will use an adult's hand instead;
- A lack of social interest – not interested or not aware of events happening around him or her;
- A lack of social play – does not seem interested in playing with other children or other siblings;
- A lack of joint-attention – will not show parents something or a toy of interest to them.

Some other possible signs and symptoms taken from The Importance of Early Diagnosis in Autism published by Autism Society Ontario for newborns to eighteen month olds with autism are:

#### **1. At 18 months, an infant with autism may:**

- Be late to smile or not smile;
- Not demonstrate attachment behaviour especially to his/her primary caregiver;
- Avoid people's gaze;
- Not reach out, even in anticipation of being picked up;
- Not seek comforting or may be difficult to soothe; Prefer to be alone;
- Not cuddle;
- Exhibit simple repeated actions with their body, such as flapping their hands or rocking;
- Exhibit simple repeated action with objects, such as spinning the wheels of a toy car;
- Have an intense dislike of any changes in routines or the surroundings, such as changes in the arrangement of the room;
- Show a lack of nonverbal communication:
  - No gestures to communicate
  - No response to body language
- Not copying facial expressions or gestures, such as pointing, clapping or waving

#### **2. At one and a half to four years old, children with autism may:**

- Prefer to be alone;
- Not come for comfort, even when ill, hurt or tired;
- Not imitate or have impaired imitation;
- Avoid people's gaze or has a lack of eye contact;
- Lack an awareness of other people's existence;
- An older child may exhibit a failure to greet people or take turns while playing or interacting;
- Have delayed or weak language development and comprehension;
- Fail to develop language for communication, e.g. the child does not use language to ask for something but will instead repeat what is said to him or her;
- Have unusual first words;
- Display an unusual manner of talking, e.g. with unusual tone, off-rhythm, squeaky, or sing-song voice;
- Strangely manipulate objects, e.g. spinning them or aligning them;
- Have unusual body movements, e.g. hand-flicking or hand twisting, spinning, head-banging, or whole body movements;
- Persistently preoccupied with parts of objects, such as looking at the wheels or details on a toy car;
- Show an attachment to unusual objects, for example empty boxes;

Show marked distress over changes in trivial aspects of the environment, such as taking a different route home;

Show an unreasonable insistence on following routines in precise detail;  
Have difficulty in toilet training;  
Have extreme fears

### 3. In children aged four years & older. Children with autism may:

Not imitate others;  
Treat people like objects;  
Lack an awareness of the existence or feelings of others;  
Not play with other children and has no interest in making friends;  
Lack or have unusual emotional responses; Be socially unresponsive;  
Be indifferent or respond negatively to physical affection;  
Not understand conventions of social interaction, such as turn-taking or initiating interaction;  
Be socially awkward;  
Have delayed language development for example has little speech;  
Rarely or never use appropriate gestures;  
Show improper use of pronouns, statements and questions, will say things like "Do you want to go to the toilet?" when they want to go to the toilet;  
Say strange things;  
Have unusual tone or rhythm of speech;  
Not use speech in a meaningful way;  
Repeat remarks made by others;  
Frequently make irrelevant remarks;  
Have great difficulty with abstract language;  
Be preoccupied with one or only a few narrow interests;  
Have an excessive need for sameness;  
Show an attachment to unusual objects;  
Show marked distress over changes in trivial aspects of the environment;  
Show unreasonable insistence on following routines in a particular and rigid way;  
Twirl sticks, or flap pieces of paper;  
Be fascinated with spinning objects;  
Be very good at rote memory tasks such as repeating lists of items or facts.

This article comes from Autistic Society

<http://www.autisticsociety.org/>

The URL for this story is:

<http://www.autisticsociety.org/modules.php?name=News&file=article&sid=137>

## What is a Social Story?

**A Social Story is a short story written from the child's perspective. It describes social situations and cues to help develop understanding and responses to situations that are challenging.**

**Most importantly... a social story is NOT a "what-to-do" story.**



Want to learn more?

Come along to a hands-on Social Stories Workshop

Sunday 7 August 2005

9:00am - 3:00pm

QUT, Kelvin Grove Campus

Presented by Jane Remington-Gurney

\*ABIQ Family members \$44 \*ABIQ Professional/School Members \$66

\*Non-Members \$88

# Food & Diet

Please note: Some of the foods listed in this article are not GFCF.

## What Your Children Should Eat The good mood diet for optimum health

<http://observer.guardian.co.uk/foodmonthly/story/0,,1453545,00.html>

### Essential fatty acids

**May help:** Depression, dyslexia, ADHD, dyspraxia, autism.

**Where they are found:** Oily fish (salmon, sardines, fresh tuna, mackerel), fish-oil supplements, seeds (flax, hemp, sunflower, pumpkin) or their cold-pressed oils. Tinned tuna is a poorer source but 'better than nothing', says Dr Alex Richardson, a research fellow at the University Laboratory of Physiology, Oxford.

**What they do:** These are the building blocks of good brain development, similar to the liquid fats - such as DHA and EPA - of which 65 per cent of the brain is composed. They keep the membrane flexible and allow brain cells to signal efficiently. The main group are the omega-3s (found in fish and seafood) followed by the omega-6s (seeds). 'We already have too much omega-6 in our diet,' Dr Richardson reveals, 'so with children, just get loads of omega-3s into them.'

### Complex carbohydrates

**May help:** Mood swings, extreme behaviour, hyperactivity.

**Where they are found:** Porridge oats, oat cakes, brown rice, whole grains (including wholegrain bread and pasta), beans, lentils, quinoa and most fruit. 'The ideal good-mood cereal is whole oats,' says nutritional therapist Deborah Colson, 'either as muesli or a porridge with fresh fruit added for variety. The next best would be wholegrain toast with an egg or some nut butter - protein food.'

**What they do:** When broken down by the body, these slow-burn carbohydrates produce an even dispersal of glucose through the system - without the highs and lows associated with refined carbohydrates (such as sugar and white flour).

### Tryptophan

**May help:** Depression, impulse control, appetite, low self-esteem, anxiety.

**Where it is found:** Turkey, chicken, meat, fish, eggs, nuts (especially walnuts), bananas, avocados, cottage cheese, beans, peas, lentils and soya.

**What it does:** This 'good mood protein' (an amino acid) is converted by the body into serotonin, a hormone that elevates mood. Some say the amounts are too small to have an effect, others that tryptophan only works on an empty stomach. Eating slow-acting carbs helps the body absorb tryptophan and convert it.

### Essential minerals

**May help:** ADHD, fidgeting, hyperactivity, violent and antisocial behaviour, poor attention span, irritability, insomnia, lowered IQ.

**Where they are found:** Green leafy vegetables, nuts and whole grains for magnesium (ADHD, fidgeting); lean meat, liver, offal and tinned oily fish for zinc and iron (nervous system, insulin production); dairy produce, canned bony fish, tofu, egg yolk, pulses and figs for calcium (nerves, cell membranes, sleep); Brazil nuts, wheat germ, molasses, liver, kidney, sunflower seeds, whole wheat bread for selenium (irritability, depression); unrefined grains, mushrooms, prunes, raisins, nuts and asparagus for chromium (blood sugar levels).

**What they do:** Among other things, they are linked to healthy brain development and IQ - which influence behaviour. Last month, the Government revealed that all 496 schools participating in a national healthy eating programme - with an emphasis on nutrition - achieved better results in English, maths and science.

### Essential vitamins

**May help:** Hyperactivity, aggression, depression, poor attention, low IQ.

**Where they are found:** Citrus fruits, berries and watercress for vitamin C; fresh raw or cooked Brussels sprouts, asparagus, spinach, kale, black-eye beans and yeast extract for B vitamins (folates), in which most school meals are deficient.

**What they do:** According to the Food and Mood Project, endorsed by the mental health charity Mind, vitamins C and B are 'good mood vitamins' essential for emotional and mental health. Studies have shown that deficiency in essential vitamins can lead to antisocial behaviour.

### Low-GI foods

**May help:** Mood swings, hyperactivity, restlessness, aggression.

**Where they are found:** Oats, ryebread, pumpernickel, pasta and noodles (ideally wholegrain), yams, carrots, baked beans, lentils, dried apricots and other stoned fruits, fruits from temperate climates (not exotics).

**What they do:** Like complex carbohydrates, they release glucose slowly into the bloodstream and do not exert a yo-yo effect on mood.

Anna's Healthy Treats  
Guilt Free and Delicious

Gluten and Dairy Free, Low Fat and Sugar, but still yummy  
Anna's ingredients are from organic sources where possible.

Available at the moment...  
Fruit and nut bites  
Carob Bliss Balls  
Choc Orange  
Banana Log

Plus more health treats to come...  
(Cost \$5 per dozen)  
To order please ring Noella on 3289 2606

10 Weeks to the  
GFCF Diet....

If you are having difficulty starting a GFCF diet with your child, there is a step by step plan available on the TACA (Talk About Curing Autism) website. Although some of the food suggestions may not be readily available in Australia, it does contain useful information about how to make the switch to GFCF. Read the article at [http://www.tacanow.com/gfcf\\_diet\\_10\\_weeks.htm](http://www.tacanow.com/gfcf_diet_10_weeks.htm)

## *Therapy Tips*

### **# Token Economy**

A token economy is a system in which an individual is awarded tokens for demonstrating target behaviours. Once a pre-determined number of tokens have been earned, they can be exchanged for a reinforcing item or activity. Common forms of tokens include stickers, stamps, plastic chips, ticks or stars.

The token economy system is one of the most frequently used behaviour management techniques, particularly with those who have autism, learning or behavioural difficulties. This token system works very much like an economic system in which we work for money. The paper has no value in and of itself, but because we can use it to buy items and activities that are valuable to us, we are willing to do a lot of work to obtain it.

To learn more about how to use a token economy and see examples, go to a newly developed website <http://www.token-rewards.com/>

### **#Teaching Play Skills to the school aged child**

Consider focusing on

- Increasing range of interests
- Leisure skills that will help to "fit in" with potential peer groups
- Leisure skills that are likely to acquire intrinsic reinforcing value
- Activities that will facilitate interactions with significant others
- Leisure skills likely to continue to be used in his adolescent and adult

Suggested activities and ideas:

- For leisure/ recreational skills

Physical games such as basketball, soccer, Frisbee,

Video and computer games – PBS Kids has a website filled with great games <http://pbskids.org/>

Companion websites for favourite movies eg. Disney

Construction sets – eg. Lego, Bionicles, K'nex, Magnetic Stix and Balls (if child has difficulty, adult or sibling can make something, have child put on last few pieces)

Collections – sports, movie memorabilia, dolls, animals, etc

- For turn-taking or cooperative play

Card games, trading cards

Board games, Connect 4, Chinese Checkers – modify rules to suit child's ability level

Memory – make own cards using photos of favourite things or things that are "cool" for age

- For constructive occupation of own time

Construct an activity book with 3-4 pages, each showing a different activity. After an activity is completed, child turns page and does the next activity. Reinforcer is earned at completion of the book.

Great ideas from the Verbal Behaviour Group <http://groups.yahoo.com/group/VerbalBehavior>

## **25 Reasons To Use Visual Strategies**

By Linda Hodgdon M. Ed., CCC-SLP

We use visual tools to accomplish a purpose. Perhaps we use something visual to help a student understand a situation. Maybe we provide a visual prompt so a student can accomplish a task more independently.

### **Think of the PURPOSE of a visual tool.**

Defining the student's NEEDS guides the decision about what kind of tool to use. Identifying the purpose of a visual tool helps us know how to use it.

Is your school or home environment set up to provide the visual support your students can benefit from?

How many of these functions are accomplished in your environment with visual tools? As you look at the list, count how many ways your students currently receive visual support.

**1. Establish attention**

Looking at something can help students establish attention better than just listening. Once they have focused their attention, the rest of the communication message can get in.

**2. Give information**

How do students get information to answer the who, what, why, where, when questions?

**3. Explain social situations**

The social world can be confusing. People are moving, changing & unpredictable. Giving social information by writing it down helps students understand.

**4. Give choices**

How do students know what the options are? What is available? What is not available?

**5. Give structure to the day**

Creating a schedule to tell what is happening or what is not happening. Giving students the big picture to reduce anxiety.

**6. Teach routines**

Following multiple steps in a routine will be easier when the student can SEE what they are. They will learn a routine faster when they are guided with visual supports so they don't make a lot of mistakes.

**7. Organize materials in the environment**

Where are the things we need? Is it clear where to put supplies away when it is clean up time?

**8. Organize the space in the environment**

Can the student identify his own space to work or play or sit? Which parts of the environment can he use and which parts are 'off limits'?

**9. Teach new skills**

Learning to operate a new toy or piece of equipment. Learning a new task or academic skill.

**10. Support transitions**

Stopping one activity to start another. Moving from one environment to another. Anything that involves a shift or change.

**11. Stay on task**

Remembering what the current activity is and staying involved with it until it is completed.

**12. Ignore distractions**

Helping students consciously focus their attention on desired activities or interactions.

**13. Manage time**

How long is 5 minutes or one hour? How much time is there before a transition in the schedule? Time is invisible. Timers and clocks turn time into something students can SEE.

**14. Communicate rules**

People presume students know the rules. That is often not true. Perhaps they don't remember. Or they don't understand. Or they get too impulsive. Etc., etc.

**15. Assist students in handling change**

Preparing for something that is going to change. Preparing students when something will be different from what they normally expect can prevent lots of problems.

**16. Guide self-management**

Students need to learn how to manage their behavior by making acceptable choices when they get anxious or encounter a problem.

**17. Aid memory**

Remembering what to do or when to do it. Remembering what something is called or what someone's name is. (Think about how many ways you provide cues for yourself!)

**18. Speed up slow thinking**

Some students have lots of information in their brains, but it takes them a very long time to access it. Visual cues can speed that process.

**19. Support language retrieval**

Did you ever have an experience where you know someone's name but you just can't remember it? Or you know what something is but can't recall the word? Once you hear it or see it you instantly remember. (The older we are, the worse it becomes!) Students can experience the same challenges in remembering.

**20. Provide structure**

Structure means organized and predictable. Strive for an environment that provides visual organization and information.

**21. Learn vocabulary**

Create a personal dictionary with pictures and words of important vocabulary: names of people, favorite toys or videos or activities or places. Students will learn that information when they can access it over and over.

**22. Communicate emotions**

Students demonstrate a variety of emotions with their actions. Translating those responses into pictures or written language gives an opportunity to explain, clarify or validate their experience.

**23. Clarify verbal information**

What I understood might not be what you meant. Making it visual helps clarify our conversation. It eliminates the confusion.

**24. Organize life information**

Think of phone numbers, calendars, cooking instructions, shopping lists, social security numbers, appointments, etc.

**25. Review & remember**

One of the greatest benefits of making something visual is that you can keep it. Verbal language flies away. It disappears. Keeping visual information to review over and over helps students remember and understand.

Giving information to students in a concrete visual form helps them handle the many happenings during a day that can cause confusion or frustration. It gives them the structure necessary to better handle situations that are difficult for them. Using visual strategies provides a way for students to participate more appropriately and independently in their life activities.

Linda Hodgdon is the author of the best seller, *Visual Strategies for Improving Communication*. She is featured in the award winning Visual Strategies Workshop-Video Program. To learn more or to sign up for her FREE E-newsletter, visit [www.UseVisualStrategies.com](http://www.UseVisualStrategies.com)

## ...A Word about ABIQ Support Groups...

ABIQ currently has 3 support groups operating in the Brisbane area. These get-togethers are held at member's homes on a regular basis at Brendale (north side), Rochedale (south side) and Fig Tree Pocket (west side). Any member is welcome to attend any of the support group get-togethers advertised. Bring a friend if you like. Support group is an opportunity to meet with other parents **informally** over a cuppa and talk about issues relating to autism. We share ideas, experiences, knowledge and seek comfort from others who know and understand first hand what it means to be the parent of a child with autism. There is usually no set agenda, so you can raise topics or ask questions that interest you. Support group get-togethers are also a great opportunity to browse through resources you may want to borrow and to ask questions about therapy, biomedical interventions or school placement. To find out when support groups are meeting, check date claimers on page 17 of this newsletter and watch out for email reminders. Love to see you there.....

## ABIQ Resources

Our current collection contains the following resource categories:

- **Reference Books, Manuals, Videos, DVDs** for parents and professionals located at ABIQ office (including videos of recent presentations by Professor Tony Attwood and Donna Williams)
- **ABA Resource Kits** located at both ABIQ office and Noah's Ark
- **Toys, teaching aids and equipment suitable for children in early intervention programs** located at Noah's Ark
- **Video Cameras** located at ABIQ office.

A list of resource items is available at the ABIQ website "members only" page. You must be a current financial member of ABIQ to borrow resources in our collection. Access to materials at Noah's Ark requires dual membership of Noah's Ark and ABIQ.

Please contact ABIQ to arrange collection of materials located at the ABIQ office. ABIQ mails resources to members in regional areas on the condition that the member pays return postage and items are dispatched by due date.

**ABIQ has recently purchased the following resources  
available for loan to members.**

<b>Title/ Author</b>	<b>Comments</b>
<b>Taking the Mystery Out of Medications in Autism/ Asperger Syndromes</b>  <b>Luke Tsai, M.D.</b>	A comprehensive guide for parents and non-medical professionals
<b>Teaching Children with Autism and Developmental Delay Using Flashcards: A Workbook for Parents and Teachers</b>  <b>Dr Felicity Adams</b>	Designed for use with Winning Connection flashcards. (These flashcards are contained in ABIQ beginner, intermediate and advanced resource kits.)
<b>Autism and PDD Adolescent Social Skills Lessons (set of 4 titles)</b>  <b>Pam Britton Reese Nena C. Challenner</b>	Titles include <ul style="list-style-type: none"> <li>➤ Managing Behaviour</li> <li>➤ Health and Hygiene</li> <li>➤ Interacting</li> <li>➤ Secondary Schools</li> </ul> Some really useful topics are covered in this series. Use of simple, direct language and visuals. Many of the lessons are suitable for primary school age group too.
<b>Pre-Schoolers with Autism: An Education and Skills Training Programme for Parents</b> <i>Manual for Parents + Manual for Clinicians</i>  <b>Avril V. Brereton Bruce J. Tonge</b>	This program is written specifically for parents and carers of young pre-school aged children who have recently been diagnosed with autism. <i>Manual for Parents</i> is written directly to the parent as reader. <i>Manual for Clinicians</i> is written specifically for the clinician running the program.
<b>Annette Joosten's Book of Cool Strategies A Personal Social Script Workbook for Australian Primary-age Students</b>  <b>Annette Joosten</b>	Social stories ready to personalise for your child or student. Titles include Saying Hello, Lining Up, Recess, Putting Up My Hand, Feeling Angry, Going to the Toilet, Listening to the Teacher. Total of 41 stories plus note to teachers.
<b>My Social Stories Book</b>  <b>Carol Gray Abbie Leigh White</b>	A collection of social stories for young children organised into three chapters, <i>Taking Care of Me, Home and Going Places</i> .  "A Social Story can inform, reassure, instruct, console, support, praise, and correct children with ASD and those who work on their behalf."
<b>Exploring Feelings</b> <b>Title 1: Cognitive Behaviour Therapy To Manage Anxiety</b> <b>Title 2: Cognitive Behaviour Therapy to Manage Anger</b>  <b>Dr Tony Attwood</b>	Cognitive Behaviour Therapy program designed to be highly structured, interesting and successful in encouraging the cognitive control of emotions  Each title contains notes and workbook for students.
<b>Title 1: Your Special Asperger Syndrome Gift</b> <b>Title 2: A Special Student</b> <b>Title 3: Special? What's all the fuss about?</b> <b>Title 4: A Special Grandchild</b>  <b>Josie Santomauro</b>	Great little books which help to explain AS to the child, family members, teachers and friends. Four new titles to add to the collection. <i>You are Special Too</i> and <i>The Mystery of a Special Kid</i> available also in the ABIQ resource collection.

## Your Stories

*We'd love to receive stories from members who have something to share with others. Email or mail stories to ABIQ and we will consider publishing them in ABIQ News.*

I thought I'd pass on some information that I happened upon by chance that has contributed to a massive improvement in development with our son.

The product is Acetyl L-Carnitine (we bought the Musashi brand) and is available in tablet/capsule form, liquid form and powdered form. As our son will not take tablets we bought the powdered form. To date the only thing that seems to mask the taste is cola products. I do not like giving him cola products but the benefit the carnitine has brought around far outweighs the "dietary sins of cola products". Acetyl L-Carnitine is sold in health stores as a sports supplement as it is also a fat metaboliser. Depending on where you go to purchase this item you will be looking at paying between \$50.00 and \$70.00 so shopping around is well worth it. If you buy via the internet you can find it as low as \$36.00.

Recent research has shown that when it has been given to people with Alzheimer's, various psychiatric disorders and people with ASD, they showed a dramatic improvement in cognitive functioning. The results were also frequently very quick to show up. We bought some thinking that it was worth a try. Within a few hours of the first dose our son lit up and you could see everything falling into place for his understanding of the world for the very first time. Over the next day or so he began speaking far more often than usual (he was essentially non verbal up to this point) and counting. His speech was quite clear. He has also been far happier since taking it than we have ever seen before (yes he was happy beforehand but also had many sad looking, quiet, reflective moments).

If someone could look further into this I feel that many other parents may want to hear about it. I stumbled on to this substance by chance thanks to an individual in my family who has a rare inborn metabolic dietary disorder who needs to take the substance and follow a very strict diet to be able to live a normal life.

Something else we thought we'd try out a while back was to buy our little man a pillow that had magnets inserted at strategic points throughout it. We bought the one we have from Avon for just under (\$40.00) but they are available from other places as well. Our little champion also showed a quick change with this little venture. He now sleeps a lot more soundly and thanks to him no longer having noisy one-person-parties until about 4am, so do we. He is focussing far better during the day and is greatly improving with his behaviour and schoolwork at special school. In time we will be getting a magnetic mattress protector/underlay for his bed but as yet can't afford it. After we've tried this out we will let you know if this brings forward anything positive or negative.

The magnetic pillow also warrants further attention and as a now well sleeping parent, I feel that other not-so-well-sleeping parents may wish to hear about this one.

These two things that we've tried may or may not work for everyone. They did work for our son. He still has ASD and always will. His development is still delayed. These two small things have made a big difference to his life, his understanding of the world, his well-being and (most importantly) his happiness.

(Name withheld by request)

## Looking for ideas to help with toilet training?

INTERNET: <http://www.tacanow.com/PTinfo.htm>

<http://www.teacch.com/toilet.htm>

BOOKS: " Toilet Training For Individuals with Autism and Related Disorders" is available in the ABIQ Resource Collection. Click below to view this resource.

<http://www.amazon.com/exec/obidos/ASIN/1885477457/002-3687700-2588853>

## Basic Facilitated Communication Training

1-Day Workshop Sunday, July 24  
10.00am – 4.00pm  
Darling Point Special School  
The Esplanade, Manly

**Presenters:** **Jane Remington-Gurney**  
(Director, Options Communication  
Therapy Centre)

**Simon Wright**  
(Principal Occupational Therapist  
FACE)

**Cost:** \$80.00 (BYO Lunch)

**For Information:** Ph: (07) 3285 5522  
Email: [optionstc@iprimus.com.au](mailto:optionstc@iprimus.com.au)

## Advanced Facilitated Communication Training

2- Day Split Workshop  
Sunday August 28  
Sunday September 11  
10.00am – 4.00pm  
Options Communication Therapy Centre  
Marsden Road, Kallangur

Participants are required to attend **both** days and attend all components of the course. Please note that there is an exam at the end of the course and an assignment between dates plus questionnaires throughout the training.

**Presenters:** **Jane Remington-Gurney**  
Director Options Communication  
Therapy Centre

**Simon Wright**  
Principal Occupational Therapist  
FACE

**Cost:** No cost. Course is funded.  
BYO Lunch

**For Information:** Ph: (07) 3285 5522  
Email: [optionstc@iprimus.com.au](mailto:optionstc@iprimus.com.au)

AUTISM SPECTRUM AUSTRALIA (ASPECT)  
presents  
**AUSTRALIAN AUTISM RESEARCH SYMPOSIUM  
2005**

International and national research initiatives on treatments  
for children and adults with autism spectrum disorders  
SATURDAY JULY 23 & SUNDAY JULY 24  
UNIVERSITY OF TECHNOLOGY, SYDNEY

### International Keynote Speaker

Dr Rita Jordan, PhD  
Professor in Autism Studies, School of Education, University  
of Birmingham, UK

### Guest Researchers

Verity Bottroff, PhD  
Avril Brereton, PhD  
Andrew Cashin, PhD  
Anne Chalfant, DClInPsych  
Trevor Clark, PhD  
Elaine Keane  
Deborah Keen, MAPS, PhD  
Jacqui Roberts, PhD  
Velencia Soutter MD  
Katrina Williams, PhD

For a full program and bookings, please visit  
<http://www.aspect.org.au/conferences/symposium2005.asp>

## Parents of Children with an Autistic Spectrum Disorder (Asperger's Disorder and Autism) needed for Parenting Program

The University of Queensland's Child and Family Clinic is asking parents of children (aged nine and under) with an Autistic Spectrum Disorder (including Classic Autism and Asperger's Disorder) to participate in an evaluation of the Stepping Stones Triple P Program for this population.

In participating in this study, parents will receive 8 sessions of Stepping Stones Triple P. The only cost to parents will be purchase of materials.

Sessions will be conducted at the University of Queensland St Lucia. It is anticipated that sessions will begin in August.

To participate, or for more information contact Koa Whittingham, email [k.whittingham@psy.uq.edu.au](mailto:k.whittingham@psy.uq.edu.au) telephone mobile 0409 260428, office 3365 7385

<b>Date Claimers</b>			
<b>DATE</b>	<b>TIME</b>	<b>EVENT</b>	<b>CONTACT</b>
Sat 23rd July 2005	7:00pm	ABIQ Face Autism Masked Charity Ball Mercure Hotel, Brisbane	Dee Brough 3879 9990
Friday 29 <sup>th</sup> July 2005	7:30pm	Westside Support Group 1 Spinkbrae St Fig Tree Pocket	Ruth 3878 3879
Friday 29 <sup>th</sup> July 2005	7:30pm	Northside Support Group 24 Currajon Street Brendale	Bianca 3264 3995
Friday 29 <sup>th</sup> July 2005	7:30pm	Southside Support Group 1 Albin Court Rosedale South	Maria 3341 8973
Sunday 7 <sup>th</sup> August 2005	9:00am – 3:00pm	Jane Remington-Gurney Social Stories Workshop  QUT, Kelvin Grove Campus	ABIQ (07) 3264 2582 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>  Places Available
Saturday 13 <sup>th</sup> August 2005	9:00am – 4:00pm	Dr John McEachin Dr Tracee Parker (Autism Partnership, California USA) “Teaching children with autism – An intensive behavioural approach to education and socialisation”  QUT, Kelvin Grove Campus	ABIQ (07) 3264 2582 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>  Places Available
Saturday 10 <sup>th</sup> September 2005	2:00pm	<b>ABIQ</b> <b>Annual General Meeting</b> <b>*All members receive notification of the AGM by mail.</b>	ABIQ (07) 3264 2582 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>
Sunday 2 <sup>nd</sup> October 2005	TBA	Applied Behavioural Analysis (ABA) Information Day  QUT, Kelvin Grove	ABIQ (07) 3264 2582 1300 224 753 (Regional Qld) <a href="mailto:enquiries@abiq.org">enquiries@abiq.org</a>

**DISCLAIMER:** This newsletter is intended to provide basic information on Autistic Disorder and Applied Behavioural Analysis. It is not intended to, nor does it, constitute medical or other advice. Readers are warned not to take any action with regard to medical treatment or otherwise based on the information in this newsletter without first consulting a physician. ABIQ does not necessarily endorse any of the information contained in this newsletter. The information contained in this newsletter is intended to be for your general education and information only and not for the use in pursuing any treatment or course of action. Ultimately, the course of action in treating a given patient must be individualised after a discussion with the patient's physician(s) and family.