A4 Autism Aspergers Advocacy Australia

UPDATE

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Alternatives to Suspension

Geraldine Robertson

For many parents of students who have autism spectrum diagnoses, the new school year is not one of anticipation of achievement and progress. Instead they hope desperately that this year there will be respite from phone calls to remove their child from the school. We all understand that principals have a responsibility to provide a safe working and learning environment for all members of the school community. Additionally, principals have an obligation to ensure that students have the right to an education which is enhanced, not compromised by the inclusion of students with significant differences. Frequently, suspension and exclusion from school are strategies used to promote these ideals. However, we know that exclusion rarely brings about changes in behaviour and therefore is not an effective agent for promoting our schools as safe learning environments.

Some schools are now using the principles of positive behaviour support to assist those students who experience ongoing incidents requiring discipline and/or suspension. In order to address these concerns, teachers are looking for consequences and strategies which do not limit the student's academic progress and which are more effective in bringing about changes in behaviour. The following is a summary of the article "10 alternatives to suspension" by Reece Peterson and may be useful for parents when advocating for alternative supports for students who experience severe behavioural challenges.

- Problem solving contracts remind the student to follow a problem-solving process. The contract includes reinforcement for success and agreed consequences for continuing problem behaviours.

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Disclaimer

- Restitution permits the student to help to restore or improve the school environment either by repairing the results of misbehaviour or by improving the school environment in some other way.
- Mini-courses or skill modules can be designed to increase student awareness or knowledge about the problem behaviour. Study methods would be varied and appropriate to the level of student functioning eg videos/readings, digital presentations/oral report. Topics would address the specific behaviour and could include drug abuse, social skills, anger management etc.
- Parent involvement/supervision. Parents should be invited to brainstorm strategies that could improve their involvement in their child's education.
- Counselling from trained helping professionals e.g. school psychologist may focus on personal issues interfering with learning.
- Community service programs in which the student is supervised in for specified amounts of time can be created.
- Behaviour self-monitoring. Self-charting of behaviours and feedback for the student can form the basis of reward programs for improved behaviour.
- Coordinated behaviour plans, which are based on the results of a functional behaviour analysis of the reason for the target, should be created. The purpose of the plan is to increase desirable behaviours and replace inappropriate behaviours.
- Alternative programming may include scheduling or curriculum content changes, opportunities for independent study or work experience programs. Alternative programs must be developed with reference to IEP goals and outcomes.
- In-school suspension should include academic tutoring, skill development which targets the behaviour problem (e.g., social skills). In-school suspension should also include a clearly defined procedure for returning to class which includes achievable behavioural goals. It is important to examine the learning environment for factors which will result in the student using in-school suspension as a way to avoid attending classes.

Reece L. Peterson is a professor in the Department of Special Education and Communication Disorders, University of Nebraska, Lincoln. The complete article can be found at.

http://ici.umn.edu/products/impact/182/over5.html

Questions to consider asking when choosing a school for your son or daughter.

1: What models of support currently exist within the school for students with disabilities? e.g: Does the school have a special class? Does the school withdraw some students for help in some lessons? Does the school provide support in the class during some subjects and/or lessons for certain students in that subject/lesson? Does the school provide someone who can assist students with a disability during practical lessons (e.g. tech studies)?

2: What support can the school provide next year for my child?

3: Does the school have a special education teacher and/or coordinator? Who is the special education contact in the school? What is the school counsellor's involvement in special education in the school? Is the special education teacher represented at senior management level meetings?

4: Does the school have a "Students with Disabilities Policy"? Has it been accepted at a full staff meeting and by the school council?

5: Has the staff recently undergone any training and development about students with disabilities or students with learning difficulties?

6: Is there a person responsible for ensuring that all my child's subject teachers realise the implications of my child's special needs? Who will be responsible for assisting my child makes appropriate subject choices? Is there a person who takes on the responsibility of nominating subject teachers for students with disabilities if necessary? How many teachers will my child have to relate to?

7: Who will be responsible for ensuring that my child will know his or her way around the school and learn school routines during those first days at high school? Will special provision be made for my child?

8: Is there a Negotiated Curriculum Plan process in place in the school? How regularly does the team meet to assess my child's progress?

9: Does the high school have currently in place: A peer support program? A "buddy" system? An "ice breaker" social activity (e.g. camp, excursion)?

10: Does the high school have adequate facilities for students who are physically disabled? Can these facilities be provided if necessary?

11: Is there a responsible, trained and willing person in the school to administer medication and handle emergencies if necessary?

12: Is the high school located near medical facilities if necessary?

13: Is the high school easy for the student to reach from home?

14: Will support be available for my child to go on excursions and camps? Will my child need to miss out on "normal" school activities because of his or her special needs? (NB: It may be illegal in some States in Australia in some cases to exclude a child from activities on the grounds of a disability) Will my child have access to tech studies, art, music, home economics, computer, after school support?

15: Does the school have individualised programs for student with special needs? Are they in writing? Will my child be expected to complete the same amount of work as everyone else in every subject?

16: Is there somewhere/someone my child can go to where they will be received with understanding at recess / lunchtime / before school?

17: If my child goes to a special class at high school: Where is this special class located? Will my child be with the same group of students for every lesson or is it possible for my child to go into mainstream classes for some subjects?

18: What behaviour management processes does the school have in place for students with disabilities? Are they different to normal behaviour management processes?

19: Would agency support for my child be welcomed into the school if necessary?

20: What is the school's policy on parent participation?

21: Does the Student Representative Council enable the participation of students with disabilities?

http://members.ozemail.com.au/~rbmitch/Asperger.htm

Convenor’s message

Dear A4 member

Welcome to 2008, a new year, and we have a new federal Government.

As yet A4 has not met with the new ministers.

Implementation of the Government's *Helping Children with Autism* package[1] continues. A significant discussion centres on the biggest element of the plan, the part called "*Increased access to early intervention programs for children with autism spectrum disorders*"[2]. This is $116.1 million of the $190 million for "children with ASD up to the age of six years". There are four parts to this … from the FaHCSIA website.

- up to 200 new autism specific **playgroups** across Australia, providing access for more than 8,000 children with autism by 2012;
- access for around 4,000 eligible children of up to $8,000 in services over two years for more structured and intensive **early intervention services**, including one-on-one intensive activities, behavioural therapies and tailored group and individual programmes; and
- for children with severe ASD, up to $20,000 of **individual assistance** over two years, to contribute to the costs of intensive early intervention services.
- Funding for new **childhood autism advisors** located across Australia will also assist parents and carers to find the best services available to meet the particular needs of their child.

From this, it seems, the plan is that some children will only get access to a "playgroup". Note that playgroups are not listed as evidence-based in the advice to government[3]. Nor does the advice/review indicate that children who are newly diagnosed with ASD can be divided into 3 levels for service delivery (playgroup only, $8,000 package or $20,000 package … from the federal government).

I do not know whether a child can access just one of these levels or whether some children can get one — or both — of the packages and also attend a playgroup.

The Government sought advice but chose approaches that are not based on the advice it received. For example, the advice it got does not mention playgroups. So why are playgroups a significant feature of the package?

Please understand that I am not against playgroups … but I am against using playgroup as an isolated or total "solution" for a child with ASD. I think a playgroup can be an important, often crucial, program element for many children with ASD … but the government was advised that children with ASD need intensive ASD-specific early intervention that prepares them to practice key skills in settings such as a playgroup. The Government's package, as described so far, does not prepare children with ASD for success in a playgroup setting.

As yet, we do not know what services the various states will offer. Nor do we know whether a new (seriously overdue) Commonwealth State and Territory Disability Agreement (CSTDA) will offer services that are appropriate for people with ASD.

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[1] http://www.facsia.gov.au/internet/facsinternet.nsf/disabilities/services-help_child_autism.htm

[2] http://www.facsia.gov.au/internet/facsinternet.nsf/disabilities/services-help_child_autism_increased_access.htm

[3] see http://www.health.gov.au/autism that says …"In March 2006 the department contracted Dr Jacqueline Roberts and Professor Margo Prior to undertake the review which was completed in November 2006.

The outcomes of the project are

- a comprehensive research review: A review of the research to identify the most effective models of practice in early intervention for children with autism spectrum disorders and
- a brochure for parents: Early intervention for children with autism spectrum disorders: Guidelines for best practice

The review report builds on an earlier review: A review of the research to identify the most effective models of practice in early intervention for children with autism spectrum disorders, April 2004"

Hopefully, we will be able to convince Government that children with ASD need ASD-specific early intervention … that playgroups can/should be part of a child's early intervention; but that a playgroup alone is not a sufficient service for a child with autism/ASD.

These packages are not the only federal funding for young children with ASD. It should be possible, under the FaHCSIA ISS program, to include a young child with ASD in a childcare setting with up to $20,000 per year of support for up to 25 hours per week. It should be possible to integrate ISS support into an individual program that helping a child with ASD to develop crucial communication, social and behaviour skills. FaHCSIA will review its ISS at the end of 2008 so let's make it work well for our kids so there is a good case for continuing and improving it.

I envisage a significant problem with the role of "**childhood autism advisors**". At present, I am unaware of anyone who would be generally accepted as offering impartial advice on services for children with ASD. This is a major problem with the whole initiative: the problem needs to be recognised and addressed.

The advice to Government does not suggest that 5 days of teacher training is an appropriate approach, yet the Government has already called for tenders. The federal Education department took a shortcut: it hopes that it can address ASD-related issues with a clone of some other teacher-training scheme. Again, bureaucrats have not heeded the consistent and vehement advice that ASD is distinct and children with ASD have distinct needs.

There will be people and organisations who will respond to the tender process and try to fit services to the Government's model. And the Government will award tenders to some of those who offer their services.

In my view, Education authorities in Australia, as in the UK, are doomed to fail many children with ASD … until they realise clinical aspects of ASD manifest in the classroom require clinical attention … just as the clinical aspects of ASD encountered in homes and other settings deserve clinical attention.

There is no evidence that service models that expect parents and teachers to meet the clinical needs of children with ASD are successful. Some parents and teachers do surprisingly well … but even the best of them benefit from quality professional support. The best ASD clinicians use peer support and review extensively.

So far, the Government's plans for addressing the needs of children with ASD do not involve/require direct pathways to appropriate clinical and professional input to early intervention and education. In my view, the Government's plans are missing an element that is essential for success.

The Government is starting to address the needs of some children with ASD. We all have a lot to learn. I hope we learn as much as we can quickly.

Sincerely
Bob Buckley

8/1/2008

End to "Ransom Notes"

Hello everyone,

I am pleased to inform you that this afternoon the NYU Child Study Centre announced that they will be ending the "Ransom Notes" ad campaign[4] in response to widespread public pressure from the disability community. The thousands of people with disabilities, family

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[4] Information about the campaign and specific objections to it are available at http://www.autisticadvocacy.org/modules/smartsection/item.php?itemid=21

members, professionals and others who have written, called, e-mailed and signed our petition have been heard. Today is a historic day for the disability community. Furthermore, having spoken directly with Dr. Harold Koplewicz, Director of the NYU Child Study Centre, I have obtained a commitment to pursue real dialogue in the creation of any further ad campaign depicting individuals with disabilities. We applaud the NYU Child Study Centre for hearing the voice of the disability community and withdrawing the "Ransom Notes" ad campaign.

Twenty-two disability rights organizations came together to ensure the withdrawal of this advertising campaign. Our response to this campaign stretched continents, with e-mails, letters and phone calls coming from as far away as Israel, Britain and Australia. The disability community acted with a unity and decisiveness that has rarely been heard before and we are seeing the results of our strength today. Our success sends an inescapable message: if you wish to depict people with disabilities, you must consult us and seek our approval. Anything less will guarantee that we will make our voices heard. We are willing to help anyone and any group that seeks to raise awareness of disability issues, but those efforts must be done with us, not against us. This is a victory for inclusion, for respect and for the strength and unity of people with disabilities across the world. It is that message that has carried the day in our successful response to this campaign. Furthermore, we intend to build on this progress, not only by continuing a dialogue with the NYU Child Study Centre and using this momentum to ensure self-advocate representation at other institutions as well, but also by building on the broad and powerful alliance that secured the withdrawal of these ads in the first place. We are strongest when we stand together, as a community, as a culture and as a people.

Thank you to all of you who have made this victory possible. Remember: "Nothing About Us, Without Us!"

Regards,
Ari Ne'eman
The Autistic Self Advocacy Network, President
http://www.autisticadvocacy.org
info@autisticadvocacy.org

The Response

When we launched our "Ransom Notes" public awareness campaign two weeks ago, our goal was to call attention to the millions of children with untreated psychiatric and learning disorders. We wanted a campaign that would grab people’s attention, break through the clutter, and serve as a wake up call to what we believe is America’s last silent public health crisis. We felt something dramatic was needed to call attention to the dire outlook for children with untreated disorders: higher risk for academic failure, school dropout, substance abuse, suicide, unemployment, and imprisonment.

The campaign succeeded in getting people’s attention and sparking dialogue, but much of the debate centered on the ads instead of the issues. We’ve received thousands of calls and letters from parents, mental health professionals, educators, advocates, and concerned third parties, all of whom are passionate about helping children. While many people praised the campaign and urged us to stay the course, others were troubled by it.

Though we meant well, we've come to realize that we unintentionally hurt and offended some people. We’ve read all the emails, both pro and con, listened to phone calls, and have spoken with many parents who are working day and night to get their children the help they need. We have decided to conclude this phase of our campaign today because the debate over the ads is taking away from the pressing day-to-day work we need to do to help children and their families. They are and remain our first concern.

Our goal was to start a national dialogue. Now that we have the public’s attention, we need your help. We would like to move forward and harness the energy that this campaign has generated to work together so that we do not lose one more day in the lives of these children. We hope you will partner with us to bring the issues surrounding child and adolescent mental health to the top of America's agenda. Work with us as we fight to give children and their families equal access to health insurance, remove the stigma that the term "psychiatric disorder" so clearly still elicits, and, most importantly, support the drive to make research and science-based treatment a national priority.

We invite all of you to continue this conversation online at a “town hall” meeting that we will hold early next year as we plan the next phase of our national public awareness campaign on child mental health. Look for details on our web site www.AboutOurKids.org.

Sincerely,

Harold S. Koplewicz, M.D.
Founder and Director, New York University Child Study Center

http://www.aboutourkids.org/about_us/public_awareness

Helping children with autism - DEEWR components

Dear all

This email is to advise you that the tender for the provision of services related to the components of the *Helping children with autism* package being implemented by the Department of Education, Employment and Workplace Relations is now open. The Request for Tender was advertised in all major Australian newspapers on **Saturday 15 December.**

The tender documentation is available on http://www.dest.gov.au/tenders . The closing date for this tender is **Friday 31 January 2008.**

An update on implementation of the *Helping children with autism* components is also available through www.dest.gov.au/schools/autism.

Please feel free to circulate this email among your networks. Apologies if you have already received this email alert. We are trying to reach as many stakeholders as possible.

Articles in the news.

A chance to learn in corrections and outcomes

Bob Buckley 20/12/2007

The story below leaves me asking so many questions. In my time as an academic I knew nothing of Asperger's disorders. I wonder how many students I could have taught (and helped) more effectively if I had known of the autism spectrum … had I known how I could better support students and who to refer them to for support. How many Chandlers am I responsible for?

Chandler probably dropped out of University around 15 years ago, before the DSM-IV (offering Asperger's as a possible diagnosis) was published, and just before I left my job in academia. At the time we didn't know … but we no longer have that excuse.

Looking forward, what is the likely outcome of placing Chandler, who "had" (and presumably still has) "an IQ in 'the very superior range'", in 15 years of "correctional services"? Prison's effect will not be neutral. The possible outcomes are either rehabilitation or hardened criminality. His successful rehabilitation depends on recognising and addressing his Asperger's appropriately. Since the managers and senior clinicians (if there are any) in "correctional services" were trained when PDDs were on Axis II (often interpreted as untreatable and largely irrelevant) in the DSM-III (before the DSM-IV was published) they are not prepared to decide and advise appropriately.

There is a bigger picture too. The community needs to consider its priorities: compare the cost of its "correctional services" to savings through minimising early intervention and ongoing support for people with this so-called "mild" disability. What does this "mild" disability cost us all? Plenty in this case ... so we must include people with this alleged-mild disability. Success is necessary, it is not an option.

Chandler's story is a chance for government and the community to learn. In the light of this case, our leaders must review what they want for people diagnosed with "severe and pervasive impairment" but who government and the community describe as having "mild" disability.

http://www.theage.com.au/news/national/chemistry-fan-jailed-over-drug-haul/2007/12/18/1197740272688.html

Chemistry fan jailed over drug haul

Kate Hagan December 19, 2007

COOKING amphetamines in one of Victoria's biggest backyard laboratories was an outlet for a man with Asperger's syndrome who was obsessed with chemistry, a court has heard.

Mark Donald Chandler, 35, of Mount Waverley, was sentenced to 15 years and three months' jail yesterday after pleading guilty in the County Court to three charges that included trafficking a large commercial quantity of methylamphetamine.

Police seized 13 kilograms of drugs with a street value of more than $30 million when they raided the laboratory at a rented house in Ashburton on September 15, 2003.

They described the operation, run by Chandler, Oscar Simsek and Caner Paksoy, as sophisticated.

Simsek has since died, and Paksoy, 40, of Mentone, was yesterday sentenced to 14 years' jail for his role as a labourer.

Judge Jane Campton said Chandler, who studied part of a science degree majoring in chemistry, had an IQ in "the very superior range" and suffered Asperger's syndrome, a mild form of autism.

"He was obsessed with chemical processes, and making drugs provided an outlet for him (while) assisting his life-long friend Simsek," she said.

Police found the laboratory stocked with chemistry texts and notebooks containing detailed records of the trio's drug manufacturing.

Challenge of 24/7 vigilance

In relation to children with autism.

http://www.theage.com.au/news/national/smoke-alarm-saves-young-mother-and-two-sons/2007/12/25/1198345010231.html

It also illustrates the lack of suitable emergency support for people with ASD, the burden on siblings.

For little ones, it's anything but brain food

Peter Hawkins and Kate Benson SMH January 7, 2008
http://www.smh.com.au/news/national/for-little-ones-its-anything-but-brain-food/2008/01/06/1199554485301.html

Previously, I expressed concerns that the classic symptoms of mercury poisoning could be diagnosed as autism/ASD when testing is incomplete. Well here is evidence that mercury poisoning can fool the best of them. The children in this story are not "at risk of developing severe learning and behavioural difficulties that could lead to autism". Yes: they have similar symptoms. But these children have mercury poisoning and mercury poisoning is not autism/ASD.

As yet we don't know what autism/ASD is ... but we do know autism is not mercury poisoning. Nor do we know whether a level of mercury "triggers" ASD in infants whose genetics put them at risk of becoming autistic.

Other links

From Kerri Waldron

I came across this site. It's a good overview of some of the studies into autism's pathology.

http://overcomingcandida.com/candida_and_autism_2.htm

Also, a good site for the reasons behind the protocols we use in autism

http://overcomingcandida.com/autism_heavy_metal.htm

How PDD-NOS is Diagnosed ?

Shabi Guptha December 5, 2007

PDD-NOS (Persuasive Developmental Disorder Not Otherwise Specified) is a diagnosis given when a child does not meet all the criteria for Autism, but they show several of the signs. PDD-NOS or Persuasive Developmental Disorder Not Otherwise Specified is diagnosed with several different types of assessments. We will look at these different types of assessments needed for PDD-NOS.

Medical Assessment The medical assessment will examine the child completely to rule out any health conditions that could be causing the symptoms the child is experiencing. Some health conditions can cause similar symptoms as those in Persuasive Developmental Disorder Not Otherwise Specified.

Educational Assessment The child will be tested in several different educational areas. They will be assessed on what skills they have appropriate for their age. They will be assessed on daily living skills. These skills include dressing, bathing, eating, etc. These skills can be assessed by testing, or interviewing the parents and teachers.

Interviews with Child's Parents, Teachers Children with Persuasive Developmental Disorder Not Otherwise Specified can have different symptoms at different times or places. Interviewing the child's parents and teachers gives a better picture of the child. A child in school is with the teachers for several hours a day. They can add very important information to the child's assessment. The same can be said for anyone that spends a lot of time with the child. This might be a daycare provider, or grandma.

Psychological Assessment The child will be assessed by a Psychologist to rule out any mental disorders that could be causing the problems. The child will be examined for delays in several areas like cognitive, or social. They will be evaluated for anxiety, or problems with depression.

Behaviour Observation Assessment The doctor assessing the child for PDD-NOS might want to observe the child in a natural setting. This can be done in the child's home. This gives the doctor a better view of symptoms a child is having. They can see how the child acts with their family.

Communication Assessment The child will have their communication skills tested. This will be done with testing and by talking to the child's parents. The child will be assessed for their ability to understand others, and their ability to use their words. The doctor will want to know if the child understands body language, and facial expressions.

Occupational Assessment The occupational assessment will check how well the child can use their fine motor skills. They will also check for any sensory issues the child may be dealing with. An example of a sensory issue would be a child that only likes certain textures. This can make choosing clothing difficult.

After all of the assessments are complete the team will meet and decide if the child has met the criteria for a diagnosis of Persuasive Developmental Disorder Not Otherwise Specified. If the child is found to have PDD-NOS a treatment plan will be created. Getting treatment for the child is very important. The treatments can help a child with Persuasive Developmental Disorder Not Otherwise Specified to be able to communicate better. They can learn how to act in social settings. Overall treatment can make their life easier.

http://www.americanchronicle.com/articles/viewArticle.asp?articleID=44769

Autism: the Musical

(Documentary)

http://www.variety.com/review/VE1117933474.html?categoryid=31&cs=1

Eloquently attesting to the transformative power of theatre, "Autism: The Musical," an upbeat documentary about putting on a musical for, with and by autistic children, proves as riveting as it is revelatory. With diagnosed cases of the disease rapidly escalating in America throughout the last decade, this documentary's exploration of alternative methods of treatment seems opportune, not to mention downright joyous at times. Moving, dramatic, therapeutic and unburdened by reliance on talking heads, uplifting "Musical" could claim a real shot at limited arthouse distribution before it finds a home on the small screen.

Like Scott Kennedy's "OT: Our Town," about a socially disadvantaged group of kids mounting an amateur theatrical production against all odds, Tricia Regan's film skillfully weaves the lives of its subjects around progressive stages of rehearsals over a period of six months -- creating an organic arc that allows for a tremendous degree of information to be dispensed within the evolving storyline.

Each time the camera returns to a new run-through, the viewer has been granted increased familiarity and greater identification with the kids and their parents. As the film concerns a process of socialization whereby isolated figures onstage learn to relate to one another, so the film's unfolding structure effects a process of socialization for the audience.

Pic has virtually no exposition per se. It is the parents who serve as the conduits to their children and, in amazingly candid one-on-ones with helmer-lenser Regan, lay bare the difficulties and rewards of dealing with an autistic child. The parents also provide a startling amount of camcorder footage that illustrates their testimony, as homemovies show their offspring in seemingly normal infancy before gradually exhibiting more erratic behavior. Even the film's central figure, innovative educator and children's acting coach Elaine Hall, is herself the mother of an autistic child who appears in the play-within-the-film.

As the documentary makes blindingly clear, autism is rightly understood as an umbrella term that encompasses an astonishing range of symptoms; not only is each child very different, but so is his or her disease. Supposedly normal ways of evaluating subjects' individual capacities can quickly become invalid. In one of the picture's most surprising moments, Elaine's son Neal, a severely autistic kid who does not speak, manages to focus long enough to utilize a keyboarded voicebox, unexpectedly revealing an almost sardonic control of language.

Regan primarily focuses on five children and their parents, and not the least of the picture's accomplishments is that all five kids' one-of-a-kind quirks and temperaments are fully experienced without excessive reference to medical terminology or anything extrinsic. By the time it's revealed that one of the fathers is Stephen Stills, the information seems entirely secondary to his son's unique personality and encyclopedic knowledge of dinosaurs. With nary a throbbing violin (though one boy plays the cello), picture manifests each child's value, minimizing neither their undoubted potential nor their very real problems.

Documentary's feeling of intimacy is greatly enhanced by Regan's ability to do her own lensing and by one particular girl's smiling, out-of-the-corner-of-her-eye complicity with the camera.

International Asperger's Day

Celebrations will be held at Parliamentary Annexe, Qld Parliament House, George St, Brisbane on Sunday 17 February 2008, 9.00am to 3.00pm. ASA Members: 1 adult $40, 2 adults $70, Non-Members: 1 adult $60, 2 adults $115, Children under 16 free. Morning Tea and Lunch included.

Guest Speaker: Professor Tony Attwood (his presentation will be web streamed from 11.00 to 1.00 pm)

Mr Colin Webber, M. Mus, (Composition) (Lecturer in Music Technology, Intermedia, Music, Education & Research Design), Mr Michael Katona, Autism Queensland (Spec Ed Teacher), Mr Travis Mitchell (Artist), Pixie Kenny, 11 year old nationally acclaimed sculptor & painter. Speakers Panel included.

Exciting news for our Rural Friends you can now join us celebrating the day in the comfort of your home. Disability Services Queensland – Building Supportive Communities Grants 2008, has made it possible to web stream part of the day's program to our rural friends throughout Queensland. If you have access to the Internet and want to participate please contact Stefanie on 07 3865 2911 email: stef@asperger.asn.au for more information.

http://services.choruscall.com/links/aspergers080217.html

Adelaide Fringe Happenings

E_Move, ASPIE LIVE! Double Bill presented by Autism SA

An exciting Double Bill by Adelaide's only Autistic Theatre Company. E_Move explores autistic emotion through movement and dance. ASPIE LIVE! a Rove-esque talk-show exploring the perspectives of those living with Asperger syndrome. A side splitting deconstruction of popular culture through ASPIE eyes. Only 4 shows - don't miss out!!

http://tix.adelaidefringe.com.au/ticketing/EventDetails.aspx?EventGuid=771dd885-22d0-4fb6-b491-462768ce0dd1

Spectrum Art Exhibition

The 'Spectrum Art Exhibition' is an opportunity for the general public to view art created by a group of young artists from Autism SA. The Opening Night and Exhibition completes a series of artist workshops that have looked into the aspects that are considered in order to organise an exhibition.
http://tix.adelaidefringe.com.au/ticketing/EventDetails.aspx?EventGuid=a5f076c3-62d6-486a-af88-afe09ff436f5

Minister's Disability Advisory Committee

A4 SC Committee Member Katharine Annear elected to South Australia's Minister's Disability Advisory Committee. Press release http://www.premier.sa.gov.au/news.php?id=2517

If you are in SA and would like to discuss the possibility of being involved in MDAC consultations please contact Katharine at katharine_annear@dodo.com.au

Autism Behavioural Intervention Queensland (ABIQ) presents

The ARMS Global Autism Conference

Brisbane Convention & Exhibition Centre
29 & 30 August 2008

Announcement and Call for Papers

Autism Behavioural Intervention Queensland (ABIQ) is organising a conference to be held in Brisbane, Australia. The venue will be Brisbane Convention and Exhibition Centre, South Bank. Keynote speakers confirmed to date include:

- **Professor Tony Attwood** – An international expert in ASD. Professor Attwood has specialised in autism spectrum disorders since qualifying as a clinical psychologist in England in 1975.
- **Brenda Smith Myles** – An associate professor at the University of Kansas. She writes and speaks internationally on Asperger Syndrome and autism.
- **Dr Bobby Newman** - An internationally known licensed clinical psychologist dedicated to humanistic behaviour therapy. He is the award-winning author of several books on humanistic growth and behaviour change.
- **Dr Jeff Bradstreet** – Dr. Bradstreet is founder of and a physician at the International Child Development Resource Center in Florida where he treats children from around the world.

The conference organisers are calling for papers under one of the following streams:

- Behavioural Approaches
- Communication
- Approaches to Learning
- Growth and Changes
- Socialization
- Therapies
- Diagnosis
- Life Skills
- Transitions
- Parenting
- Biomedical Treatments
- Diet
- Alternative Therapies
- Other Autism related topics

Each session will be 40 minutes in duration including 5 minutes of question time. If interested in presenting for a longer duration, please consider submitting papers in two parts.

To submit a paper for the forthcoming conference, please complete the application form below and return with your presentation abstract and biographical details no later than Friday 29th February 2008. Submission by email to enquiries@abiq.org would be appreciated.

Further enquiries may be directed to the ABIQ office on 07 38811868. The ARMS Global Group, a credit management specialist, is a Platinum Sponsor for the conference.

Please complete the information below and submit to ABIQ before 29 February 2008.
Email: enquiries@abiq.org Fax: 07 3881 1868 Postal Address: PO Box 7053, Brendale Q 4500

Title: ______ First Name: ______________________ Surname: ______________________________

Postal Address: ____

Occupation: ________________________________ Phone: __________________________________

Email: Address: ______________________________ Mob. Phone: ______________________________

I have attached my 300 word abstract: YES / NO
I have attached my 200 word biography: YES / NO

A4 Contacts

A4 is a grassroots organisation. All A4 activity, such as publishing the Updates (newsletters), is done by volunteers. Please understand that A4 volunteers may have no training or qualifications for their various roles. They do the best they can for people with ASD, their families and associates. A4 welcomes assistance and constructive criticism.

Anti-spam: change -at- to @ in email addresses.

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