UPDATE

Autism Aspergers Advocacy Australia

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Disability Employment Services Review

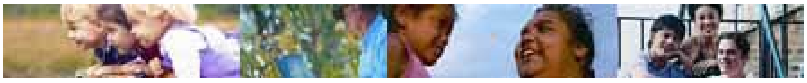
As part of its commitment to improve employment services, the Australian Government is reviewing disability employment services – Disability Employment Network (DEN) and Vocational Rehabilitation Services (VRS). This review is being undertaken within the broader context of the General Employment Services Review, the development of a National Mental Health and Disability Employment Strategy and the National Disability Strategy.

On 3 September 2008, the Hon Brendan O'Connor MP, Minister for Employment Participation, released a discussion paper relating to the review of disability employment services. The Minister called for comment from current and potential services providers and other stakeholders, seeking their views on the future direction of disability employment services.

If you have any interest in employment for people with ASD, please take a look at the discussion paper and send us your comments and suggestions. A4 needs your input. The website for the review is http://www.workplace.gov.au/workplace/Publications/PolicyReviews/DisabilityEmploymentServicesReview/

Inside this Issue

Disclaimer



Australian Rotary Health Research Fund

Applications for a Research Grant investigating AUTISM

Applications for a research grant, commencing in 2009, researching **Autism** are being called for by Australian Rotary Health Research Fund.

The value of the grant is $36,000 for one year only. The funds will be provided through the ARHRF Funding Partners Program and the Rotary Club of Dapto.

The research must be conducted at an appropriate University or Research Institute in Australia. Contact Kelly Anne Martinez at the ARHRF on (02) 8837 1900 for details.

Closing date for all applications is Friday 12th December 2008.

Application forms are available from the Fund or can be downloaded from our website www.arhrf.org.au

ARHRF's Goals

a) **To provide financial support to Research Projects within Australia which will enhance the Health of the Community;**

b) **To stimulate research activities within Australia by facilitating communication between participants in specified fields;**

c) **To encourage projects which may have a practical outcome capable of being applied by community groups**

Convenor's message

Dear member,

This month, I've been less well than I normally am. Unfortunately, that means I have less time to write than I would like. I apologise.

I enjoyed the ABIQ conference in Queensland at the end of last month. For the second time in the last two years, I heard Brenda Smith-Myles describe "The Hidden Curriculum". She gives an informative and often amusing talk about some of the things people with ASD need to be taught so they can function better, and more safely, in our community.

It seems to me that Ms Smith-Myles' version of *The Hidden Curriculum* is a little different from how the term is generally used. Wikipedia[1] says …

> ***Hidden curriculum***, in the most general terms, can be defined as "some of the outcomes or by-products of schools or of non-school settings, particularly those states which are learned but not openly intended."[2]

and

> The concept that the hidden curriculum expresses is the idea that schools do more than simply transmit knowledge, as laid down in the official curricula.

As I sat in the audience, being suitably entertained by a suitably proper woman giving an amusing (and somewhat simplified) interpretation of the rules of male public urinals, she convinced me that there is a less-than-obvious curriculum that children with ASD need to be taught. And that this curriculum is typically omitted from their education programs. The challenge for boys may be bigger as this curriculum is largely hidden from their mostly female teachers.

This curriculum can easily find its place in ASD-specific education. But most students with ASD do not experience ASD-specific education settings.

I found myself wondering just where these essential elements of comprehensive education for even the highest functioning males with ASD fit into fully inclusive education, the dominant dogma (paradigm?) of contemporary special education. Where does this material fit in the mainstream co-education classroom? When are the students of the mainstream class subject to the detailed discussion and practical work needed to learn these essential social lessons? I considered the needs of my 14 year old NT daughter and her friend … I conclude there is no place for those lessons in mainstream education.

So is Ms Smith-Myles wrong? Is her hidden curriculum for people with ASD unimportant and irrelevant?

Personally, I felt she made a good case. She is correct to point out, for example, that a young male with ASD should be taught not to choose the urinal adjacent to the unknown male in a public toilet (unless it is the only

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[1] http://en.wikipedia.org/wiki/Hidden_curriculum

[2] Martin, Jane. "What Should We Do with a Hidden Curriculum When We Find One?" The Hidden Curriculum and Moral Education. Ed. Giroux, Henry and David Purpel. Berkeley, California: McCutchan Publishing Corporation, 1983. 122-139.

remaining option). And he should not drop his pants to the ankles then seek to make eye contact and conversation with a complete stranger in a public toilet (apparently women behave differently in comparable situations).

These are crucial lessons. As this essential curriculum material has no place in the full-inclusion model, I conclude full-inclusion is flawed.

The good news is that this fundamental flaw in fully inclusive education can be fixed. Educators can recognise that some people's differences need to be addressed distinctly. Hopefully, distinct needs can be addressed in the least restrictive setting possible.

The big lesson here is that there is no silver bullet in special education. We should be especially wary of any offer of overly simple solutions like fully inclusive education. Expect that any simple solution ignores some essential needs, and expect to be chastised roundly if you raise concerns.

Back in July, I wrote to Mr Bartlett, the Premier of Tasmania, about his false and hurtful claims about families who choose for their child early intervention that national and international experts recognise has the best evidence (see http://www.a4.org.au/documents/Tas080708.doc).

Well he wrote back on the 27 August (see http://www.a4.org.au/documents/Tas080708response.tif … which is a multi-page TIF file and somewhat of a challenge for most software[3]) but he ignores the subject and raises irrelevant parts of the discussion. He mentions some "sanction based approach to [school] discipline" which is unrelated to what I wrote. He says "Tasmanian schools have been supported to adopt research based, whole school approaches" without saying what approaches or referring to specific research. If this were relevant, he would need to show which research reports positive outcomes for students with ASD. And he would need to show his 83 schools, which are not completely full of students with ASD, achieve equitable results for both NT and ASD students.

But this issue arose in relation to a student with ASD who is not at school because (the evidence shows) the school's behaviour management he claims is so effective does not work for this child (or, I have since learned, for quite a number of other Tasmanian students with ASD).

Several advocates in NSW contacted A4 about new draft policies, especially Draft Allocation of Places in Supported Accommodation policy and procedures - pdf and Draft Maintaining Respite Capacity Policy - pdf. These are available from the DADNHC website http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/People+with+a+disability/. You can download feedback form … or just write to whoever the relevant NSW minister is this week.

People are particularly concerned that

- Anyone overstaying in respite will be treated as a trespasser; and
- Supported accommodation will only be considered if all other support options have been exhausted (do they really mean you need to show you failed in homeless, hospital, prison, etc.?)

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[3] if you really want to read all the Premier's words of wisdom, then save the file to disk and open it with Microsoft's Windows picture and fax viewer; there is a control at the bottom that displays other pages.

Regards
Bob Buckley
27/9/2008

A4 website redevelopment

The A4 website is not working at the moment. I have not had the capacity to convert it to newer technology. It needs to be converted because Microsoft ceased support for Frontpage, the technology used to build the A4 website. Support for MS Frontpage on webhosting services is slowly declining.

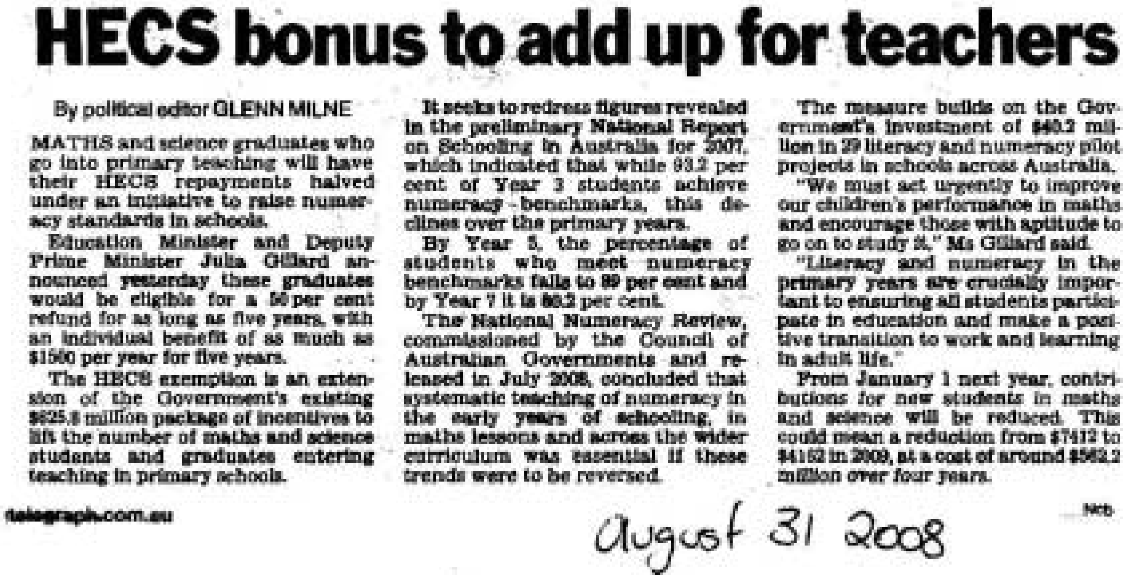
A4 will announce a new, more dynamic website soon. The new website will use a modern Content Management System.

Talking to parents about autism: action kit

Autism Speaks, the CDC and the Advertising Council in the US created a resource for early childhood educators that says …

> Today, 1 in 150 American children is diagnosed with autism. As an early childhood educator, *you* may be the first to notice when a child is not meeting typical developmental milestones. When this happens, you need to talk to the parents and urge them to have their child screened.
>
> Now there are materials available to help you prepare for this important conversation. The *Talking to Parents About Autism* Action Kit contains the tools you need to initiate this critical dialogue. Having this conversation with parents can make all the difference in a child's life!

The website is http://www.autismspeaks.org/whatisit/talking_to_parents_action_kit.php … perhaps someone will create an Australian version.



HECS bonus to add up for teachers

By political editor GLENN MILNE

MATHS and science graduates who go into primary teaching will have their HECS repayments halved under an initiative to raise numeracy standards in schools.

Education Minister and Deputy Prime Minister Julia Gillard announced yesterday these graduates would be eligible for a 50 per cent refund for as long as five years, with an individual benefit of as much as $1500 per year for five years.

The HECS exemption is an extension of the Government's existing $625.8 million package of incentives to lift the number of maths and science students and graduates entering teaching in primary schools.

It seeks to redress figures revealed in the preliminary National Report on Schooling in Australia for 2007, which indicated that while 93.2 per cent of Year 3 students achieve numeracy benchmarks, this declines over the primary years.

By Year 5, the percentage of students who meet numeracy benchmarks falls to 89 per cent and by Year 7 it is 80.2 per cent.

The National Numeracy Review, commissioned by the Council of Australian Governments and released in July 2008, concluded that systematic teaching of numeracy in the early years of schooling, in maths lessons and across the wider curriculum was essential if these trends were to be reversed.

The measure builds on the Government's investment of $40.2 million in 29 literacy and numeracy pilot projects in schools across Australia.

"We must act urgently to improve our children's performance in maths and encourage those with aptitude to go on to study it," Ms Gillard said.

"Literacy and numeracy in the primary years are crucially important to ensuring all students participate in education and make a positive transition to work and learning in adult life."

From January 1 next year, contributions for new students in maths and science will be reduced. This could mean a reduction from $7412 to $4162 in 2009, at a cost of around $562.2 million over four years.

telegraph.com.au

August 31 2008

This is a personal observation about the attached article that can be shot down in flames because the article is presenting the issue as a "primary teachers don't know enough maths to teach Year 3 and above well enough and we need to recruit 'real' maths teachers" … sounds ok? … but you have to ask yourself "why would a lover of maths want to teach primary level maths?"

Australia wide education departments have been struggling with the retention rates of their primary school teachers for a number of years. Teachers are getting older and older and education systems can't keep the younger ones in the profession. They are being asked to do a job that is outside of their knowledge base, their training, and their comfort zones.

I believe that what I said last time:

So it works like this … One adult:25 students = 1/25 of 6 hours for each child … say, 2 minutes per child per hour plus time for admin – eg. mark the roll, referee, … sounds possible? … (and then you add a couple of students on ILPs … many of whom have ASD)

is a serious factor in the retention issue. In primary school you have the same kids all day every day: in high school you only have the same group of kids 4 to 5 times a week ..... that's much more survivable.

The only things tested nationally with benchmarks are literacy and numeracy so they only know the failure rates in these areas. If they tested all the other subjects they'd probably get similar results.

Principals are also retiring as early as possible (in the ACT this has been exacerbated by the superannuation loophole that has given better pension options by leaving before they turn 55) because the pressures of the job have become overwhelming. Greater logistical difficulties in schools, increasing complexity in the classroom, business and financial management requirements and ever increasing levels of paperwork and accountability requirements from governments and education systems mean that workloads are unrealistic and corners have to be cut to survive. There is no formal training available/required for the myriad of business and management practices for the multi-million dollar businesses. The other side of this very difficult job is around human resources management - the PR, the staff and students, the families, the public image of the school. In a school of 600 students (medium size school) there would be approximately 60 staff, 500 + parents and endless external agencies to deal with. The sheer magnitude of running a business this size with no formal training in its various aspects is stressful, demanding and demoralising. The job of a Principal is often daunting and as the expectations of the role keep increasing many teachers are not seeing it as an attractive career choice. Not only is there a teacher shortage but the level of experienced Principals is also becoming a critical problem.

I wonder how many university students will be swayed by the $1500 - $3000 reduction in HECS fees?

Anonymous

More children with disability in school but still behind in jobs

This is from a recent media release by Jenny Macklin and Bill Shorten. The red text is my comments and questions about the media release.

http://www.jennymacklin.fahcsia.gov.au/internet/jennymacklin.nsf/content/disab_school_28aug08.htm

“The report (*Disability in Australia: trends in prevalence, education, employment and community living*) provides important insight into trends relating to people with disability over the past two decades, particularly in relation to education and employment.”

“Education:

The number of students with a disability attending school (I presume this means mainstream) increased by 93 per cent between 1981 and 2003

The number of students with a severe or profound limitations rose by 260 per cent rising from 40,000 in 1981 to 150,000 in 2003

In 2003, almost 115,000 students with severe disability attended mainstream schools rather than special schools, up from around 26,700 students in 1981.”

”Employment:

In 2003 the unemployment rate for people with disability was almost 9 per cent – significantly higher than people without disability at 5 per cent. (this does not indicate whether this is part-time or full-time work. Many people with a disability are only offered very limited work hours – 10? per week.)

In 2003 there were 21,200 fewer people with disability aged 15 to 64 with a severe or profound limitation in the workforce than in 1998

Between 1998 and 2003, the number of people with disability in the private sector grew 18 percent, compared to four per cent in the government sector

Between 1988 and 2003, there was no significant increase in participation in the labour force for people with severe disability “ (despite the 260% increase of students with severe or profound limitations being in mainstream schools)

“Community living:

Between 1981 and 2003 there was a trend towards more people with severe disability living in the community (does this mean outside the family home?), strongest in those aged 5 to 29” (is this the ASD increase which started about 20ish years ago? This group seems to be needing care outside the family home at ever younger ages.)

"While the increase in the number of children with disability attending school (What did she really mean? Is this just a population growth … ASD epidemic? Are there larger numbers of disabled kids in the population or larger numbers attending mainstream schools? Are the special school enrolments across Australia decreasing? It doesn’t seem to be the case in the ACT.) is encouraging (is this because it’s cheaper to have students in mainstream rather than special schools? Or do they really do better in mainstream?), more has to be done to close the significant gap in employment between people with disability and people without disability," Ms Macklin said. (This comment ignores the fact that unless the educational outcomes improve, they’re unemployable.)

How many of these students are in private schools? Has there been a corresponding increase in numbers going to private schools over this time?

How many of these young people leave school on the disability pension or went on the pension when they left school?

How many students went on to gain employment.....part or full time?

How long were they able to stay in the workforce?

Are there different outcomes and expectations for students with a disability who go to mainstream schools as opposed to those in special schools?

How many ASD kids are included in these figures? The A4 newsletter statistics say 25% of ASD kids are excluded from school on any given day. Is there similar information for other disabilities?

Of the students mentioned in the media release how many days did they not attend school (including part-time attendance)?

What educational standard did the students in the article reach on leaving school compared to their mainstream peers? Compared to their special school peers?

Do these figures count the special units in mainstream school as mainstream or special ed?

How many/what percentage of kids stay in mainstream classes as they move from primary to high school? How many go into dedicated special ed units or special schools? How many went through to the end of Year 12 in mainstream schools/colleges?

What did the parents feel about how their children survived mainstream school?

Anonymous

In the news

New tool to help diagnose autism earlier

August 29, 2008 - 8:25AM

A new diagnostic tool to help detect autism in young children is the focus of new research at Flinders University in Adelaide.

The new assessment tool has been designed to identify developmental and behavioural issues associated with autism in children less than 12 months old.

At present, autism is rarely diagnosed before a child is 18 months old.

"If we are able to detect signs of autism within the first year of life, parents will be able to immediately implement an early intervention plan, which has already been shown to significantly improve the prognosis of children with autism," said psychology PhD student and researcher Danielle Robson.

Ms Robson said the assessment tool included a questionnaire for parents, along with a structured play session to score the children on their responses to a number of specific tasks.

"During each session I assess a range of behaviours, including those that previous retrospective research has suggested are impaired in infants who later develop autism, such as eye contact, social and joint attention, sensory motor behaviours and temperament," she said.

"I also assess overall development, parental concern and closely monitor the infant's behaviour."

A group of 40 children, including 25 considered at risk because they had older siblings with autism, were taking part in the study at Flinders.

The study included an evaluation when they were as young as two weeks old, and assessments every two months during the next 18 months.

Follow-up reviews would also be performed at 24 and 36 months.

"So far I have identified at least six babies who are displaying behaviours or patterns of development that are of concern and may be indicative of autism," Ms Robson said.

"All of these infants are under 12 months of age, which is far younger than the current detection age of between 18 months to three years.

"This is very promising and suggests that autism may be able to be detected during infancy - much earlier than is currently occurring."

http://news.theage.com.au/national/new-tool-to-help-diagnose-autism-earlier-20080829-456g.html#

http://news.smh.com.au/national/new-tool-to-help-diagnose-autism-earlier-20080829-456g.html

Bipolar link to older fathers

September 2, 2008

Children born to older fathers face a greater chance of developing bipolar disorder, according to one of the largest studies linking mental illness with advanced paternal age.

Previous research has connected schizophrenia and autism with older dads, and a Danish study published last year added bipolar disorder to the list.

The new study, led by researchers at Sweden's Karolinska Institute, strengthens the evidence.

The leading theory is that older men's sperm may be more likely to develop mutations. Even so, the odds of a person becoming bipolar are so low the study's authors said it shouldn't dissuade older men from becoming fathers.

…

The age of the mothers didn't appear to be much of a factor.

…

While important for scientists, the study results shouldn't discourage older men from fathering children, said Emma Frans, the lead author.

She said the results suggest that similar mechanisms might contribute to risks for bipolar disorder, schizophrenia and autism. Each of these disorders is thought to have many causes including biological and outside factors.

Find the complete story at http://www.smh.com.au/news/health/bipolar-link-to-older-fathers/2008/09/02/1220121207616.html

Will she find a cure?

Annie Lawson, September 3, 2008

With autism on the rise, one Melbourne woman has been given $2 million to beat this cruel condition.

DR CHERYL Dissanayake's office is surprisingly modest for someone who was recently given $2 million. Nestled on the fourth floor of the brown-brick George Singer building at La Trobe University's Bundoora campus, her room is tiny, with unfashionably white exposed brick walls, shelving crammed with academic journals and a small corner desk.

That four beige filing cabinets are nestled along one wall makes you wonder how Dissanayake finds time to read all this material. Although neatly stacked, piles of papers and reports on autism occupy just about every surface, the subject having first captivated her imagination as an undergraduate psychology student at Monash University.

"A former senior lecturer, Professor Stella Crossley, at Monash gave a lecture on autism and it really fascinated me and never stopped engaging me. I think it is a disorder that challenges your understanding about how development occurs."

A cork board provides the only clue that this self-confessed workaholic actually has a personal life. On the left, near a strange flow chart with scientific jargon encircled in what looks like a Venn diagram, is a photo of her two children: an eight-year-old son and an 11-year-old daughter. Below is a picture of Dissanayake with Olga Tennison, the woman who donated $1 million for research into autism spectrum disorder and its causes.

Tennison pledged $500,000 to establish a research institute dedicated to the disorder last July, a figure matched by the university. When the Olga Tennison Autism Research Centre launched two months ago, the wife of the late journalist and Melbourne Press Club founder, Patrick Tennison, gave Dissanayake, the centre's director, another cheque for $500,000, just before her speech at the opening. Half-an-hour later, the university agreed once again to match the donation, bringing the total to $2 million. As Dissanayake observes, it was the most lucrative 30 minutes of her life.

"We have this joke because she entrusted me with this money after meeting me for a couple of hours, and my first response was, 'You don't know me; I could run off to the Bahamas.' Olga said that I wouldn't because she is a very good judge of character."

The pair formed an unlikely friendship, united by their passion about an enigmatic disorder that has affected their lives in different ways. A member of the Tennison family suffers autism, though Dissanayake won't reveal their identity. She is grateful that her own children aren't affected with the syndrome, which some believe has reached epidemic proportions.

"A dark side of me thinks it would be ironic if I had a child with autism - thank God I don't," she says.

One of her projects, funded by a Telstra community development fund grant, has helped train 241 maternal child health nurses in 17 local government districts to detect early signs of autism in babies at eight months, 12 months, 18 months and two years. These signs include a failure to respond to their name and the quality of their eye contact.

"Babies with autism smile, but they often don't look at you to share their affection, or sometimes they look through you rather than at you," Dissanayake says.

About 80% of children referred to her team of researchers for further testing had autism spectrum disorder, and the remaining children had language or developmental delay - with the exception of one who was just extremely shy.

"I'd like to promote intervention programs in infancy and toddlerhood, because when you intervene early, you are getting in before the syndrome is full blown."

She has found that children's social and communication skills can regress at the 18-month and 24-month marks, but believes the condition could be minimised if treated as early as possible.

The tantrums and meltdowns are not a symptom - rather they reflect the frustrations of children's inability to cope with the world. Teaching them early to communicate and helping them handle change and sensory-laden activities, such as going to the supermarket, minimises their frustrations.

When Dissanayake began researching autism as part of her PhD in 1984 at Monash, three to four in 10,000 children were affected. These days, the figure is about one in 160 children.

To label this an epidemic might be hyperbolic, but the sharp increase has baffled doctors and researchers.

"Partly it has increased because we have broadened what we call autism," says Dissanayake. "We have better community awareness and we are focused on early identification - all of that means we pick up more."

But does this explain a 15-fold jump in the number of reported cases?

The jury is still out, she says. MMR injections have been implicated in the disorder's rapid rise, but Dissanayake insists this is a myth. Recent research means that the immune system is also believed to have a role in the onset of autism.

Genetics are thought to be the biggest risk, given 90% of identical twins are likely to share an autism spectrum disorder. Siblings often share some of its features, and boys are four times more likely to have the syndrome than girls.

Up to a third have an exceptional skill across the spectrum from high-functioning individuals to those with intellectual disability, whether it be artistic, calendrical, mathematical or musical.

Autism remains a mystery - some researchers believe that the brain grows too fast in the first two years of life. Neural under-connectivity and over-connectivity have both been blamed, as has insufficient pruning of the brain's synaptic connections. Others suspect that parts of the brain fail to communicate effectively. This manifests itself in being unable to read social cues, language difficulties and obsessing over a subject utterly fascinating to a sufferer that others find tedious.

Increased paternal age is a risk, according to an Israeli study in 2006. Researchers analysed 1600 families from an Israeli military base and found that men aged 40 or over were six times more likely to father a child with autism than those 30 and under. Sperm quality declines with age, resulting in a greater risk of DNA errors.

"Over the past 20 years, marriage breakdowns are on the rise and more fathers are sponsoring second families late in life," Dissanayake says. "This coupled with parents having children at a later age may all work together to confer increased risk."

Autism was first identified by German psychiatrist Leo Kanner as a medical condition in 1943. He observed "extreme aloneness" and an intense desire for "the preservation of sameness".

In fact, Dissanayake challenged the theory that children with autism did not form attachments as part of her PhD at Monash in 1984. They had a bond with their care-givers but expressed attachment in more subtle ways. A post-doctoral fellowship at UCLA followed before she returned to Australia in 1996 to join the School of Psychological Sciences at La Trobe.

"When I got home, I started looking at whether high-functioning autism and Asperger's syndrome are one in the same condition," she says. "We looked at social and emotional behaviour, play behaviour, peer interaction, physical growth and even moral development and found no difference."

Children with Asperger's tend to have better language skills than those with full autism, yet Dissanayake says "it is odd". "The language is very formal and used to communicate needs - they don't feel the need to communicate."

Breaking the news to parents is difficult. About half already suspect their child may have autism but are still confronted by the diagnosis. "The minute your child has a diagnosis, you have to become an advocate for them because your lives have changed. But now with early identification and intervention, there is optimism for a better outcome."

http://www.theage.com.au/national/will-she-find-a-cure-20080902-47ym.html?page=-1

'*We laugh and giggle, I don't have a lot of grief*'

Annie Lawson September 3, 2008

Yvonne Hocking with her son Mitchell.
Photo: *Michelle Ferguson*

YVONNE Hocking naturally assumed her intuitive mothering skills were the reason her son, Mitchell Taylor, didn't cry for the first 10 months of his life.

But that he banged his feet repetitively, became upset with small changes such as a new picture on the wall and took longer than most babies to sit up aroused her suspicion that something was wrong. By 12 months, he stopped all eye contact.

Hocking, 40, blamed his unusual development on the fact that he was two months' premature. But by the time he was two, a maternal child health worker encouraged her to have his development assessed at La Trobe University. She was concerned about his inability to wave goodbye, that he played repetitively with blocks and flitted from one toy to another. "We put a lot of his differences down to his prematurity, because we were told he would be delayed for a while. I felt he was a long way from catching up," Hocking says.

She took her son, who is now three, to see Cheryl Dissanayake and twigged he may have autism when she saw a book on the disorder in the test room.

After a series of visual and aural tests, it was concluded that he had high-functioning autism, meaning he fell somewhere towards the top end of the autism spectrum. His lack of crying was a classic sign that he had not mastered communication.

However, the early diagnosis also meant he would respond well to early intervention, a preschool program that focuses on behaviour management issues and improving tolerance.

"I felt shocked and ill - I'd only ever associated autism with the film *Rainman*," says Hocking.

A year of speech therapy expanded her son's vocabulary from nothing to 100 words by the time he was three. Hocking placed him on a gluten-free diet, rich in omega 3 fatty acids, and cut down on processed foods, believing that autism makes it difficult for children's bodies to break down toxic metals.

This year, she enrolled her son in the Irabina specialist early childhood intervention service for autistic children in Bayswater. The weekly sessions also teach parents to cope with the disorder.

Hocking says she always prepares her son for supermarket outings, where many children have meltdowns due to sensory overload. She has a book containing photos of all his daily activities, including shopping, eating, playing with toys, dressing, bathing and pictures of people who might visit. She prepares him by placing various pictures on a board each day.

"When he was first diagnosed, I thought I wouldn't have those special moments with my child that other parents have," says Hocking. "But I do - my child runs to me and throws himself into my arms, he tells me he loves me - he is so affectionate, we laugh and giggle together and have lots of eye contact, so I don't have a lot of grief about it.

"I've stopped thinking about the future, because I have no idea where he's going to be at."

http://www.theage.com.au/national/we-laugh-and-giggle-i-dont-have-a-lot-of-grief-20080902-47yo.html?page=-1

Genetic link to men's relationship woes

September 3, 2008

Swedish researchers say they have found a link between a specific gene and the way men bond to their partners, which can explain why some men are more prone to problems in their love life.

…

The gene in question controls the production of a molecule receptor for vasopressin, a hormone that is found in most mammals.

The same gene has previously been linked to monogamous behaviour in male voles, a mouselike rodent.

The researchers said they hoped greater knowledge of the effect of vasopressin on human relations could also help understand the causes of diseases characterised by problems with social interaction, such as autism.

The results of the study were published in the US scientific journal Proceedings of the National Academy of Sciences (PNAS).

Read more … http://news.smh.com.au/world/genetic-link-to-mens-relationship-woes-20080903-48ec.html

Australia at bottom of education list

September 9, 2008

Australia's government spending on public education is the second lowest among developed nations, a new report has found.

…

In 2005, just 0.1 per cent of GDP was spent on pre-primary institutions, compared to the OECD average of 0.4 per cent, ranking Australia equal 24th out of 26 countries.

…

read more … http://au.news.yahoo.com/a/-/newshome/5002987

Editor's note: this situation disadvantages people with ASD disproportionately because Australian Governments expect the education system to deliver most of their outcomes. It is especially galling to find that Government spends just 25% of the average on "pre-primary institutions", the sector that purportedly provides the early intervention that is crucial for most children with ASD.

Early insights into autism hold promise of better lives

Sherrill Nixon, September 10, 2008

CHILDREN are being diagnosed with autism before their second birthday in a breakthrough trial that promises to save countless dollars and family heartache.

Using the expertise of child-health nurses to identify crucial developmental delays, the Melbourne study has significantly brought down the age at which children are first assessed for autism. The researchers want the program to be expanded immediately, saying the developmental, financial and emotional benefits of early intervention are enormous for the children, their families and the community.

The study's leader, Cheryl Dissanayake, who heads the Olga Tennison Autism Research Centre at La Trobe University, said the program was a relatively cheap and effective way of identifying signs of autistic behaviour through the routine infant check-ups by maternal and child health nurses.

Nurses at 184 centres checked the children at eight, 12, 18 and 24 months. They were trained to look out for symptoms including a lack of eye contact or response to their names, or failure to point, wave or clap.

From diagnosis to treatment ... Yvonne Hocking with her autistic son, Mitchell.
Photo: *Michelle Ferguson*

"These kinds of behaviours ... are evident from very early in development," Dr Dissanayake said. "They are focusing on children before they develop language and traditionally it's the failure to develop language that led children into the referral process."

Of 105 children referred for further testing by La Trobe University experts over the two-year study, 80 per cent had autism spectrum disorder and the remainder had language or developmental delays. Only one child - an extremely shy toddler - was incorrectly referred.

The early diagnosis - usually autism is not diagnosed until children are at least three - allows parents to enter specialised intervention programs before the disorder becomes more severe and secondary symptoms, such as aggressive behaviour, develop. But the program's funding, through a Telstra community development grant, runs out next month.

"We are over the moon - it's beyond our wildest dreams," Dr Dissanayake said about the success rate. "What we would like to do in the first instance is have the Victorian Government extend this across the state, and then I would like to see it spread much more across the nation."

Yvonne Hocking's son Mitchell was referred to Dr Dissanayake after a nurse at his two-year check-up noticed how he did not wave to her and changed activities erratically.

Ms Hocking had harboured concerns about her son's development since he was about six months old, but thought his unusual progress was due to his premature birth.

After the diagnosis of high-functioning autism, a year of speech therapy has expanded Mitchell's vocabulary from nothing to 100 words, his motor skills have developed dramatically and he is enrolled in a specialist service for autistic children that also teaches parents how to cope.

Ms Hocking helps her son, now aged 3½, by preparing "social stories" using photographs of him engaged in daily activities, such as going to the toilet, shopping or playing, to "pre-program his brain with what's meant to happen".

"When he was first diagnosed, I thought I won't have those special moments with my child ... but he comes up and tells me he loves me, he laughs, he cuddles me and kisses," Ms Hocking said. "I can't believe where we have come in a year."

http://www.smh.com.au/news/parenting/early-insights-into-autism-hold-promise-of-better-lives/2008/09/09/1220857547510.html

Debunking an Autism Theory

Here is another piece of apparently biased and overly simplistic reporting from the mainstream media ...http://www.nytimes.com/2008/09/09/opinion/09tue3.html

Letters

Dear Community;

Mindd Foundation will be hosting an International seminar in Melbourne on Saturday March 7, 2009 featuring world-renowned biomedical experts Paul Shattock and Dr. Woody McGinnis.

Integrative Solutions will feature lectures on effective treatment of childhood disorders and illness including; Autism, ADHD, allergies, asthma, learning delay, mood disorders and related auto-immune and neuro-biological issues.

Parents, carers, teachers, doctors and health professionals are invited to attend to learn what treatments and sequencing help to optimize a child’s ability to reach their full potential both mentally and physically.

The *Integrative Solutions* seminar will also feature 4 Australian experts in Childhood disorders. The seminar line-up is as follows;

- ***The Rational Use of Biomedical Treatments***, Paul Shattock
- ***Oxidative Stress; Symptoms & Treatments***, Dr. Woody McGinnis
- ***Infections, Dysbiosis & Mindd***, Robyn Cosford
- ***The Brain-Immuno-Gut Connection***, Jacques Duf
- ***Choosing The Right Diet***, Karen Wheelwrigh
- ***Neuro-Therapies***, Martha Mack

Mindd gratefully acknowledges the support of Bioconcepts for sponsoring our international lecturers. A 3-day Bioconcepts conference on Mental Health (for professionals) will run alongside the one-day Mindd seminar at the Sebel Hotel, with the aim of sharing speakers and information.

For more information or to register, please visit www.mindd.org/Events. Space is limited so please book well in advance.

Please spread the word so more children can benefit from an Integrative approach that prevents disease and helps them reach their full potential!

Health & Happiness!
The Mindd Team

New Council will Advise on the National Disability Strategy

The newly-formed National People with Disabilities and Carer Council will have a central role in guiding the development of the National Disability Strategy.

The Council, chaired by Rhonda Galbally AO, met for the first time yesterday at Parliament House Canberra. FaHCSIA Minister Jenny Macklin and Parliamentary Secretary Bill Shorten both attended the meeting.

The Government has appointed a diverse group of people to the Council, which collectively will provide advice drawn from experience in living with disability, in carer roles and service provision, and in business, media, academia, trade unions and politics. Among the prominent identities are CEO of Carnival Australia (P&O Cruises) Ann Sherry AO, broadcaster and comedian Wendy Harmer, University of Sydney Law Professor Ron McCallum AO and former Federal MP Graham Edwards. NDS's Ken Baker is a member. For a full list of members, click here.

The proposal for a National Disability Strategy arose from a recommendation of the Senate Inquiry into the CSTDA. The Strategy will aim to reduce the barriers to economic and social participation of people with disability and improve the disability support services available to them. It will necessarily require a 'whole of government' approach. Public consultation for the development of the Strategy will commence later this year.
Tony & Heather Tregale <vk3qq@optusnet.com.au>
4 September 2008

apac 09
Connecting Today
Inspiring Tomorrow

Asia Pacific Autism Conference 2009 (APAC 09)

Australian Advisory Board on
Autism Spectrum Disorders

autism spectrum
AUSTRALIA

Connecting Today: Inspiring Tomorrow

20 -22 August 2009, Sydney Convention and Exhibition Centre, Sydney 2009

APAC 09 is co-hosted by Autism Spectrum Australia and the Australian Advisory Board on Autism Spectrum Disorders.

Call for Papers

With its theme of **Connecting Today: Inspiring Tomorrow**, APAC 09 will bring together people with an autism spectrum disorder, families and carers, educators, researchers, service providers and practitioners from across Australia and the Asia Pacific region. It will inspire participants by providing opportunities to build relationships, explore intervention strategies, learn about new research developments and celebrate experiences and achievements and raise awareness about autism spectrum disorders in Australia and the Asia Pacific region.

Anyone with an interest in autism spectrum disorders may participate in APAC 09. The Conference Organising Committee particularly invites papers and participation from:

- academics and researchers
- people with an autism spectrum disorder
- families, carers and advocates
- autism spectrum support organisations
- clinicians, therapists and case managers
- teachers and educators
- accommodation, support and community participation services
- employment services
- recreation and leisure services
- policy makers

Key Dates

Abstract submission opens: August 2008

Abstract submission closes: **5 December 2008**

Author notification: 20 March 2009

Early Bird Registration Deadline: 29 May 09

For more information on the Call for Papers or to submit a paper, please visit ***www.apac09.org*** and go to the Program tab.

Conference Office:
Think Business Events
Level 1, 299 Elizabeth Street
Sydney, NSW 2000
Ph: 02 8251 0045
Fax: 02 8251 0097
Email: apac09@thinkbusinessevents.com.au

'Empowering children with Autism and their families through knowledge & support'

PO Box 52, FAIRFIELD NSW 1860 Phone 0421 245 839 or 0432 327 096
Email: info@aass.org.au Web: www.aass.org.au

AUTISM: THE GROWING EPIDEMIC
MEDICAL PROFESSIONALS CONFERENCE 18 OCTOBER 2008 - SYDNEY

Medical professionals will have the opportunity to participate in a one-day, information power-packed conference covering the plethora of issues affecting those individuals and families living with Autism Spectrum Disorders (ASDs).

More than 1 in 100 Australians have an autism spectrum disorder. This was 1 in 10,000 15 years ago.

Guest speakers include: Dr Jacqueline Roberts (Sydney Uni), Dr Roger Blackmore (SSWAHS), Dr John Criticos (MINDD), and parents of children with ASD.

Some of the issues surrounding ASD are:

- Some children are born with ASD some children regress between 18-24 months
- No two people are affected in exactly the same way *'To know someone with autism is not to know autism'*
- Many parents of children with ASD are on medication for depression
- 30% of children diagnosed with ASD develop epilepsy when they reach puberty
- For couples who have a child with an ASD over 80% end in separation or divorce

The conference is to be held for one day only at Rydges Parramatta on Saturday 18 October. It has been organised by Autism Advisory and Support Service (AASS), a not-for-profit group which was formed in 2007.

Who should attend: Medical professionals such as general practitioners (often the first port-of-call for families looking for answers), pediatricians, community nurses, pharmacists, speech pathologists, occupational therapists, psychologists and psychiatrists, case workers and university students studying in these fields.

The costs are $120 pp, ($70 early-bird registration pre 29 Aug) and $55 for students ($25 early-bird).

To register or for more details for participants call 0421 245 839 or 0432 327 096

Email: info@aass.org.au or visit www.aass.org.au

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.

Update team: editor-at-a4.org.au
Editing: Bob Buckley edited this edition …

Production: Helen Curtin (Qld) – proof-reading, Bob Buckley (ACT) – distribution.

A4 Steering Committee

Convenor: Bob Buckley (ACT)
cnvnr-at-a4.org.au

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treasurer-at-a4.org.au

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