

March 2005
Issue 5

Aut-Talk



Newsletter from Autism South Africa - the National Body for people with autism in South Africa Symposia 2005

As mentioned in Edition 4 of Aut-Talk, we are in the process of sourcing speakers for 2005. We promise to be in touch with you all once everything has been finalised.

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When negotiating with Government concerning services and facilities for people with autism, we are always asked as to the number of registered members on our records. Please help us to strengthen our case by becoming a member of Autism South Africa.

I _____ wish to become a member of Autism South Africa.
Please find enclosed my cheque/postal order for R 30 (tick)

OR I PREFER TO
directly deposit R30 and fax the deposit slip along with my membership application to: 011-486-2619 (tick)

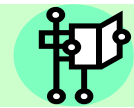
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Saved! Miracle in the Swamps - taken from *The Personality* - 1997

They said it couldn't happen ... a missing, mentally handicapped boy found swimming with alligators and playing with killer bears in the Florida swamps. But was there another explanation for Taylor Touchstone's survival? Did his handicap actually protect him from the predators that roam the wilderness? Daniel Jeffrey's pieces together the amazing story that has intrigued the world.

For five days and nights they searched the tropical swamplands of Florida and then they abandoned hope. In their hearts they knew the 10-year-old boy must be dead. How could he have survived? If he had not succumbed first to the thick, sucking mud, the stifling heat, the rapacious current, then the creatures of the swamp – snakes, black bears, alligators, black widow spiders – would have killed him. It was not simply that he was a small boy alone and unprotected in the most hostile region in America; little Taylor Touchstone was a boy with autism. Taylor's parents Ray and Suzanne, weak with fatigue and worry, resigned themselves to the inevitable. But then, when their last hope had faded, a miracle happened. Word came that Taylor had survived. Not only was he alive, but extraordinarily, he was also unharmed. "The little boy had a guardian angel", said Deputy Johnny Eubanks of the sheriff's department that led the search for Taylor. And perhaps he did. The truly intriguing point of this story is the tantalising theory, corroborated by experts, that Taylor Touchstone did not survive in spite of his autism, but actually because of it.

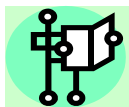
It is believed Taylor's autism gave him a Tarzan like ability to cope in the wild. He swam with the alligators because he knew no fear, and the obsessive behaviour that characterises his condition would have kept him mind focused on the task ahead, in this case: the simple act of swimming. There are suggestions too, that Taylor met with black bears – an encounter which few have survived. Yet, if the theory is correct, it seems that Taylor's fearlessness protected him again.

The story began, innocuously enough, on a stifling hot August afternoon. Taylor, his sister Jayne (12) and their mother Suzanne had set out from their home in Fort Walton to swim in the cool waters of a tranquil freshwater pool on the fringes of the swamp. With them went a friend of Suzanne and three of Jayne's friends. Suzanne had often taken Taylor to the isolated spot in the forest clearing where the water from Turtle Creek opened out into the pool, conscious that in such a remote place, other children would not be there to tease him. Taylor had been schooled not to venture beyond the safe confines of the pool. He had a routine; he would get into the water by a little bridge, then wade or swim downstream to a clearing where the stream opened into the pool. That's where he would get out. Then he'd walk back and do the same thing, over and over again. Such programmed behaviour is characteristic of autism. But on that day, after making half a dozen circuits like this, Taylor decided to keep going round the bend and into the heartland of the steaming swamp. He was not missed at first, and by the time Suzanne realised he had ventured beyond the pool, he was already out of sight. A woman on the bank said she had seen him pass her 30 minutes earlier. Suzanne screamed her son's name, then threw herself into the river and swam downstream. As she turned the corner away from the clearing, the swampy terrain closed in on her menacingly. "The water was darker and trees dipped deep into the stream" she recalls. "I swam downstream for half an hour calling Taylor's name until I was hoarse. I pulled myself along using branches and tree stumps until my strength started to ebb away. I realised then that someone else would have to find Taylor". The swamp beyond Turtle Creek is one of the thickest and most hazardous in America. Armed forces train there because of its resemblance to a tropical jungle. Elite commandos have been lost in it; four died there last year, a few kilometres from the spot where Taylor disappeared. Alligators infest in the water; black bears roam the swamp fringes hunting for food; the trees teem with killer brown recluse spiders. During four of the five days Taylor Touchstone spent alone in this swamp, the humid air was rent by terrific, incessant thunderstorms.

So how on earth did he emerge from this awful adventure with no more than a few scratches? Taylor, who possesses only halting, staccato powers of speech, cannot articulate the story of his ordeal. But the intriguing answer to his survival lies at the heart of his handicap; quite simply, Taylor Touchstone was shielded by his condition. A person with autism – portrayed so memorably by Dustin Hoffman in the film *Rainman* – does not feel fear. One theory is that Taylor's body would not have given off the chemical signal (the scent of fear) that would attract predator's attention. Normally, a child would panic and thereby provoke an attack. But all the evidence suggests that Taylor remained in the water, travelling some 40 kilometres along the stream blissfully unaware of any of the hazards that surrounded him.

Taylor's mother also believes that her son, a strong swimmer, possesses an almost intuitive empathy with water; "Two weeks earlier, we'd been swimming in the ocean" she recalls. "We got a little far out and the current changed. I tried to swim back against it and I was scared. But Taylor knew just what to do. He relaxed and crabbed sideways. He had this natural sense that you must relax and let the current bring you in. He has a connection with water and its moods. He can sense things we don't tune into because we are too busy trying to go with what we've been taught".

continued on page 3.



Saved! Miracle in the Swamps - continued

Within hours of Taylor’s disappearance, search planes were mobilised in the hunt for him. By nightfall they had fruitlessly criss-crossed an area of 75 square kilometres. On the first night the weather was good, but by the second day electric storms erupted. Very often a person with autism is compensated for his handicap by almost preternatural gifts and skills. In Taylor’s case, his communication difficulties are offset by a prodigious, almost photographic memory, coupled with an obsessional adherence to rituals. His mother tells how he knows instantly if a coloured crayon is missing from a tub of 60. He has taken the labels off each of his 200 videos, but can identify every one precisely from its position in the drawer. He spends hours repeating the same actions. Experts believe Taylor turned his experience into a ritual. Dr David Nathanson, a Florida doctor who specialises in the treatment of children with autism says “I think he went into a series of repetitive behaviours. The dominant one would have been the drive to keep swimming in one direction. To get out of the stream would have broken the ritual”. Suzanne Touchstone, who is separated from her husband, had given up hope that her son was alive after four days. “By day four, when we thought he was dead, I was beginning to come to terms with it because so much of raising Taylor and loving him is accepting that you have no control over the condition and that there are no answers,” she says “You can kill yourself looking for answers. By the fifth day I was at peace. I knew I’d given him the freedom to have the best possible life. “I was making coffee when the phone rang. It was Ray (the boy’s father). He told me Taylor had been found. I went numb. It seemed completely surreal”.

The little boy had been picked up at an isolated spot by a fisherman, who took him aboard his boat and gave him a can of cool drink. Suzanne was at the hospital before Taylor arrived on a stretcher; his face sunburnt and a few deep scratches on his body, but otherwise unscathed. Taylor was in hospital for four days. After this psychiatrists, together with teachers from the special school he attends, worked with him to try to re-create his ordeal. What they discovered was quite remarkable. They assembled 25 flash cards, each bearing a different photograph. They gave them to Taylor. Six times he sorted through them wordlessly. Then he picked out just five and put them side by side. The five he selected were an alligator, a stream, a fish, a helicopter and a soft drink can. Dr Nathanson firmly believes that Taylor must have had close contact with all five items depicted – including the soft drink given to him by the fisherman who rescued him. “I would bet good money he spent time with the alligators, who for some reason were not threatened by him” he says. The psychiatrists deliberately left out photographs of bears. What happened next is extraordinary; Taylor, having picked out his five pictures, became agitated. “At first he wouldn’t say why. Then he said ‘Need bear’, ‘ Find bear.’ He goes mad, like he does when one of his cars goes missing. Eventually he went to the other side of the room and brought back a plastic bear, which he put on top of the five cards’, says his mother. “I’d say he had a close encounter with a bear” says Nathanson. “His behaviour is consistent with that and, like most children with autism, he has a natural rapport with animals”

Suzanne tells another anecdote, which resonates with significance. On recent visits to a friend of hers Taylor has gravitated towards a toy black bear. He hugs it, enacts a dialogue in which he wishes it goodnight and the bear replies, and then pretends to settle down to sleep next to it. Coincidental childhood fantasy or re-enactment of an extraordinary Mowgli-type encounter? We can never be certain. But given the fantastic nature of Taylor’s survival , could it not be possible that the bears actually protected him? Frustratingly, the full details of Taylor Touchstone’s amazing journey will remain forever locked in his uncomprehending mind; a fractured picture will emerge only from the few tantalising clues he gives. None of this diminishes the extraordinary nature of his adventure or the miracle of his survival.

Now that the ordeal is over, Suzanne Touchstone has resolved that her son’s life will go on the way it always did; unfettered and unrestricted. “If I curb his freedom and give him more supervision, his life would not be worth living. And neither would mine” she says. “We try to keep him from hard, but we are not going to deny him the chance of a normal childhood. We’ve even been back swimming in Turtle Creek”.

In Defence of my Son

Written by Stephanie

Taken from: The Autism Experience – edited and compiled by Karn Simmons and Murray Hoke

I am trying to understand your point of view
But I still think it was ignorant of you

You made me explain why my little boy cries.
Couldn't you have just complimented his beautiful eyes?

You're thinking to yourself, "What a spoilt brat"
And I'm explaining he isn't that

He was born with a disorder that wasn't his fault
Why do you assume all kids can talk?

Yet, you still feel no compassion for him
Or the awkward position your words put me in

You only had to listen to him for a few minutes today
You were able to leave and be on your way.

I am now home loving my son
And thanking God I was the lucky one.

He knew what he was doing giving him to me
If my child was yours, I am afraid to think of where he would be.



Toilet Training **Taken from The National Autistic Society – UK** www.nas.org.uk

How do I know if my child is ready to be toilet trained?

Children on the autistic spectrum may be delayed in learning toileting skills. Even the most able child may have difficulties recognising the sensations of needing to go to the toilet. The developmental level of the child may also be a factor in whether the child is ready to be toilet trained. Some literature on toilet training suggests waiting to start any programme until your child is at least four years old before attempting to train him or her to wee, and four and a half to poo in the toilet.

The first sign that a child might be ready to start toilet training is when they start to become aware of needing to go to the toilet, for example this may be displayed by changes in behaviour patterns, appearing distracted or fidgeting. Or they may become aware when they have done a wee or poo in their nappy and may inform their parents/carers after this has happened. In terms of the physical level of readiness it is suggested that a good indicator would be whether a child is able to remain clean for one to two hours at a time and during naps. If not it is unlikely that they are physically ready yet.

When thinking about developing a toilet training programme it is important that the child is able to associate toileting with toilet/bathroom especially as many will have difficulties with transferring information from one situation to another. Even prior to developing a programme, changing your child's nappy in the bathroom can help the child to identify that this is where all toileting happens. When introducing a potty, try to ensure that the use of this take place in the bathroom too.

Identifying at what time your child goes to the toilet

Observe your child over a few days or a week to see when he/she does a poo or wee. It is quite usual for a fairly regular pattern to emerge especially if mealtimes and drinks are provided at about the same time every day. Identifying the times can help to establish when to take your child to the toilet or put them on the potty with an increased likelihood of them doing a wee or poo leading to positive reinforcement.

Developing a Programme

When developing a programme, if possible, increase your child's liquid and fibre intake to increase opportunity. Once you have identified the specific times of day when it is more likely that your child will need the toilet, developing the programme can be relatively straight forward. The idea is to take the child to the toilet prior to the time when they will usually need the toilet. So if your child usually goes to the toilet at 9.00am, 11.15am and 1.00pm etc, taking them to the toilet or sitting them on the potty five or ten minutes earlier and allowing them to sit for a set period of time can help to increase success. It can also be helpful to provide a drink 10-15 minutes prior to carrying out the toileting routine to increase likelihood of them doing a poo.

The bathroom needs to be a friendly environment for a child with an autistic spectrum disorder (ASD). Think about what textures, toys etc. Providing your child with something to do while they are on the toilet can help to increase concentration and relaxation e.g. Giving them a favourite book to toy to play with. Using timing devices such as an alarm clock or egg timer can help your child to identify when they have sat for the required length of time.

Rewarding is essential. Only you as parents will know what your child will feel is a reward. For some children it may be a favourite sweet, for others it may be five minutes playing with the water in the sink, it is up to you to decide. If your child is able to sit on the toilet for the set amount of time, rewarding this behaviour will increase their confidence and co-operation. It is also essential to reward your child after he/she has done a poo. Once toileting routine is being established, gradually reducing the rewards will be necessary, but don't withdraw them too suddenly as this may cause regression. Any toileting programme that is established can be supported with the use of visual information. This is particularly relevant to children who are on the autistic spectrum as they are often more able to learn from visual stimuli. This applies to even the most able of children. Picture Symbols can be helpful and to find out more information about these go to www.nas.org.uk/factsheet/pictures.pdf. There are also some good examples of such symbols on the TEACCH programme on toilet training at www.teacch.com/toilet.htm as well as www.do2Learn.com.

What is a toilet training programme?

Toilet training is a structured programme designed around your child's specific toileting habits. Some children will learn to be toilet trained through habit. They may ultimately be able to take themselves to the toilet and have good toileting skills but it is not something they are able to do as and when they feel the need. This might be a more successful and appropriate programme for those with more severe learning disabilities or who are unaware of the need to go to the toilet. But for others it can be used as a step towards independent and spontaneous toileting. Whatever your child's level of ability, toileting is a difficult skill to learn and it may take time, imagination and patience. Any programme that is developed needs to be used consistently in different settings, for example at home, school, grandparents and supermarkets to be successful.

Toilet Training continued

Symbols can include pictures of the following:

Pants:		Trousers and pants down to ankles
Toilet paper:		After doing a poo use the toilet paper to wipe and put it into the toilet bowl
Pants		Pull pants up
Trousers		Pull trousers up and refasten
Flush:		Flush the toilet once
Wash hands:		Use soap and water and dry hands on towel after
Play		Time to play

Each aspect of toileting may require further explanation for some children for example when adjusting clothing to go to the toilet they may need information on:

1. Undoing buttons or zips on trousers / pulling up skirts or dresses.
2. Pulling underwear down towards knees
3. Sitting on the toilet.

It is therefore important to ensure that your child knows exactly what is expected of them at each stage. Remember children on the autistic spectrum often have a literal interpretation of the world around them and therefore are unable to fill in the gaps between pieces of information e.g. after going to the toilet they will need to pull up their pants and refasten their trousers.

Communication

Finding a way in which your child can communicate to you and you to them, the need to go to the toilet is vital in working towards establishing toileting independence. A Makaton sign (for further information go to www.makaton.org or the use of a picture card) may be helpful for those without language. Accompanying any alternative form of communication with appropriate language encourages the children to understand the terminology as well as the visual signals. Given the difficulties children with ASD may have transferring information, use vocabulary which is going to be as relevant at the age of 20 as it is at 4 eg. Telling someone you are going for a 'pee pee' when at college is inappropriate.

Toilet Training - Troubleshooting

My child will go to the toilet anywhere but in the toilet.

This could be a case of the child not being aware of the right place to go. Certainly developing a toilet training programme which ensures all toileting activities occur in the toilet/bathroom can help the child to associate that as the place to go. If your child is still in nappies, changing and cleaning should occur in this room. If initially this is too much of a change, then move the potty or changing equipment closer to that particular room gradually. Once regular toileting times have been identified keeping the nappy on and encouraging sitting on the toilet with it on still can also increase awareness of the right place to go. Gradually removing the nappy altogether or if this is too much at once, changing to training pants or cutting holes in the nappy can help.

Irrational fear of the toilet and flushing.

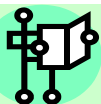
Many children with autistic spectrum disorders are hypersensitive to certain sounds and toilet flushing may be one of them. If your child finds music relaxing, play some whilst he/she is in the room could help and then reward them if they are able to at least remain in the room for a certain amount of time without any of the pressure of teaching toileting skills. Give warnings when you are about to flush or encourage your child to do the flushing themselves. If they want to leave the room at the time of the flush, suggest they stand nearby eg. In the doorway or just outside the toilet and gradually encourage them in to do it for themselves. Reward them if they are able to stay closer each time.

My child is fully toilet trained at home but refuses to use the toilet anywhere else.

Children on the autistic spectrum can have difficulties in transferring information from one situation to another. When visiting new places it can be useful to show your child where the toilets are. Ensure that the same toileting routine used at home is continued in the other environments. Where possible take a look at the toilets in new places together and if picture symbols are used, ensure they are shown as a pre-teaching strategy. If your child has a particular book or toy or other item that comforts them when on the toilet, have that with you too.

My child smears their poo after going to the toilet.

This is possibly one of the most challenging behaviours for parents to come to terms with. There are a number of reasons why a child may do this. First of all you need to ensure there are no physical reasons for this behaviour. If a child is experiencing painful constipation or diarrhoea, then this may increase their tendency to touch the product of their pain. It may be that they haven't understood the process of wiping properly involves the use of toilet paper. Reinforcing the routine with pictures might be helpful. The toilet paper may be too harsh for some children who are very sensitive. This could be resolved by using an alternative such as wet wipes. Some children may only smear at certain times eg. if they poo whilst in nappies at night. Altering their physical access to the nappy is a direct way of stopping the smearing i.e. putting them in an all-in-one outfit that doesn't allow easy access to that region. When cleaning up after children have smeared or wet themselves, ensure that they are not seeing this as a reward. If they particularly like having time in water e.g. bath or shower and this is what happens every time they do this, then it is likely to encourage them. If they are receiving lots of attention and interaction from their carer even if you are reprimanding them, this may also be seen as reinforcement. Use minimal interaction and alternative clean up methods such as baby wipes or a tepid shower. Obviously if a good toileting routine is maintained, rewarding them with a warm bath and lots of interaction is a positive reinforcer.



Toilet Training continued – Troubleshooting

My child used to be toilet trained but has started soiling again.

There can be many reasons why a child will seem to regress in their toileting abilities. Many children on the autistic spectrum struggle to cope with change and they may have difficulties in toileting at times when there are changes occurring whether related to home or school, medication, sleep patterns or whatever. If they are ill it may mean that they can't focus their attention or they are physically unable to recognise the signs of needing to go to the toilet. If regression does occur try not to make an issue out of it and go back to using the toileting programme that was used previously, rewarding all positive toileting skills.

For Siblings of the Autistic, a Burdened Youth

By Jane Gross – New York Times (Published: December 10, 2004)

ORADELL, N.J. – When Mark Plage, 15, forgets to padlock the door of his bedroom, his 13-year-old autistic brother Derek barges in and leaves the place a shambles. When Mark tries to toss a football with Derek, the boy turns his back and walks away.

Mark's mother, by her own admission, used to scream at him for the smallest thing, unable to contain her frustration with Derek. Mark often wished she would come to his ice hockey games with his father. But Debi Plage had to stay home with her disabled son.

Mark recounts these experiences without reproach and with insight well beyond his years. When Derek "messes something up," Mark said, "I just fix it." As for his brother's inability to play, he said, "I know that it's not that he won't do it, but that he can't." His mother's rages were "harder to deal with," Mark said, but "after a while I realised she wasn't really yelling at me." He can even brush aside her occasional threats to leave home and never come back. "I knew in the back of my mind she'd never do it," Mark said. "She was just saying stuff because she was really upset."

Siblings of children with any disability carry the burden of extra responsibility and worry for the future, though they are also enriched by early lessons in compassion and familial love.

But autism, a brain disorder that affects communication and social interaction, is in a class by itself in the heavy toll it takes on siblings, according to educators, therapists and a dozen scientific studies. With rare exceptions, no disability claims more parental time and energy than autism because teaching a child with autism can be indifferent to loving overtures, which is painful to siblings, some of whom must literally show a brother or sister how to hug. Finally, some children with autism have raging tantrums, destroy the belongings of others and behave in peculiar ways, which can be frightening or embarrassing to siblings and create an environment of unpredictability similar to that in families with an alcoholic member.

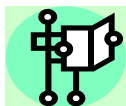
There is bound to be resentment when the emotional and financial resources are all wrapped up in one kid," said Don Meyer, director of the Sibling Support Project, run by ARC, formerly the Association for Retarded Citizens. "It's Johnny this Johnny that, the United States of Johnny. Johnny is the sun in the family's solar system."

Much has changed since Mr. Meyer's first support group, in 1990 when most of the children in it had siblings with Down Syndrome or Cerebral Palsy. Now, the siblings of children with autism dominate ARC's 160 sibling support groups nationwide. And groups just for siblings of children with autism are spreading.

The focus has changed partly because of the spike in diagnoses of autism, experts say. But it is also because of the recent acknowledgement of the impact on other children in the household, said Dr. Sandra L. Harris, founder of the Douglass Developmental Disabilities Centre at Rutgers University, one of the nation's first schools for autistic children and a leader in research and programming for siblings.

Among Dr. Harris's innovations is formal training for siblings so they can engage an autistic brother or sister in play, using techniques widely considered the most effective in the classroom. Dr. Harris encourages parents to discipline autistic children, say with a timeout, to make a statement about fairness to other children. She also urges families not to take togetherness to extremes. A normal child's school play or birthday celebration, for instance need not be upstaged by the outburst of an autistic sibling, who might better be left at home.

Dr. Harris has made the sibling groups a regular part of her school's curriculum. These groups generally include recreational and therapeutic activities, including art therapy, conversation guided by facilitators, the enticement of pizza or other children-friendly snacks and no parents listening.



Pre-Schoolers with Autism An Education and Skills Training Programme for parents

Manual for Clinicians – Avril V. Brereton & Bruce J. Tonge
ISBN 1843103419
Jessica Kingsley Publishers Ltd
www.jkp.com
£ 35.00- (± R 380)

This ground-breaking training programme has been developed in response to a real need for early interventions for very young autistic children. Authoritative and extensively tried and tested, it helps both parents and carers to understand autism and how it affects child development. The programme aims to reduce the severity of emotional / behavioural difficulties by managing a child's particular problems and encouraging effective collaboration between professionals and parents.

Structured as a series of individual and small group sessions, the programme is designed to run for 20 weeks and covers key areas such as understanding and managing difficult behaviour; changing / encouraging new behaviours; communication problems in verbal and non-verbal children; social problems; and how to work and play together.

The manual for Clinicians explains the purpose and content of each training session and includes notes for discussion and teaching, a checklist of 'things to do' and photocopyable task sheets for distribution and discussion. It also includes a reference version of the Manual for Parents, which should be purchased separately for parents. This features tasks, exercises and discussion points for group sessions, and complements these training materials with engaging personal accounts, an introduction to the history of autism, information about approaches to treatment, and a list of useful websites and further reading. This manual provides clinicians with all the information, support and resources needed to run the programme successfully in conjunction with the Manual for Parents.

Pre-Schoolers with Autism An Education and Skills Training Programme for parents

Manual for Parents - Avril V. Brereton & Bruce J. Tonge
ISBN 1843103427
Jessica Kingsley Publishers Ltd
www.jkp.com
£ 13.95 – (± R 150)

This manual provides all the information, support and resources needed to participate in a ground-breaking training programme that has been developed to help parents implement early interventions for very young autistic children.

Extensively tried and tested, the programme helps both parents and carers to understand autism and how it affects child development. The programme aims to reduce the severity of emotional / behavioural difficulties by managing a child's particular problems and encouraging effective collaboration between professionals and parents.

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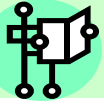
Program brings help for Autism carers.

A Monash University training program for parents and carers of children with autism has helped reduce symptoms in the children resulted in major improvements in the emotional health of the parents.

Professor Bruce Tonge, Head of Department of Psychological Medicine, and Dr Avril Brereton, Senior Research Fellow in the Centre for Development Psychiatry and Psychology, with Associate Professor Neville King from the Faculty of Education, developed and assessed a 20-week education and skills training program. The project was funded by a grant from the National Health and Medical Research Council. Dr Brereton said the program was designed to help parents of young children with autism understand the condition and how it affected the children's development, play, behaviour, communication skills and ability to socialise.

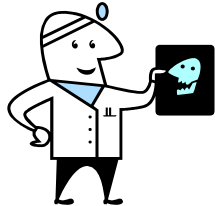
It aimed at those parents who have autistic children aged between three and five years and who have been diagnosed in the previous 12 months. Professor Tonge said parents of children with autism were generally more affected by stress than parents of children with other disabilities. "They tend to be stressed by their children's dependency, cognitive impairment, limits on family opportunity and the prospect of the need for life-long care" he said.

"The training program helps them deal with these issues and also helps them address the behaviour problems associated with autism". The training comprised 10 individual and 10 group sessions of up to five families and addressed the nature of autism, how it was manifested in young children, understanding and managing behaviour, communication and social problems, goal – setting techniques, changing existing behaviour and encouraging new behaviour and teaching children new skills. Results showed parents who had attended the program reported lower levels of stress and grief and improved mental health for up to two years after the program ended. The training also led to improved daily living communication and social skills in the children and reduced symptoms of autism.



Aut-Talk Buzz Page

Please let us know should any of your contact details change, so we can update our database.



Please let us know the contact details of

your GP, Paediatrician and we will send a brochure to enhance the understanding of autism and thus improve the chances of early detection.

ABSA Rewards

If you bank with ABSA, you can apply for a “Rewards” Credit Card and you can then accumulate points as you use your credit card. These points are then “cashed in” to purchase something from their extensive list of products.

The Rewards Company who manage this promotion have selected **Autism South Africa** as one of three beneficiaries to receive “Rewards” points that people would like to give to charity.

For those of you who bank with ABSA, please consider helping **Autism South Africa** through ensuring that you have a “Rewards” Credit Card and then if you do not want to utilise the points you accumulate, please consider donating them to **Autism South Africa**.

We use these points to purchase items such as printers, TVs, video recorders etc for the schools around the country.

For more information on the ABSA “Rewards” system, please phone **0800 600 059** or visit their web page: www.absa.co.za

Thank you for your consideration.

Affordable Accommodation In Cape Town Vera School For Autistic Learners

20 Angelsey Road, Rondebosch East, Cape Town

We offer accommodation during school holidays and long weekends at very reasonable rates.

Groups of up to 60 guests can be accommodated.
We will also quote for touring groups, with the option of meals included.

Type of accommodation:

- Self-catering
- Fully equipped kitchen
- Lounge/dining room area
- Braai facilities
- Swimming pool
- Parking on site
- Single bedroom @ R65 per person per night – share bathrooms with other guests
- Double bedroom (2 – 4 people) @ R65 p.p.p. night – share bathrooms with other guests
- En-suite bedroom for 2 @ R75 p.p.p. night
- Flat with own bathroom (2 – 6 people) @ R75 p.p.p. night

THESE ARE NOT YOUR TYPICAL SCHOOL HOSTELS – WE ARE IN A CLASS OF OUR OWN!

Phone or e-mail Anita Reed at:

Tel: 021 696 2844 Fax: 021 696 4877 Cell: 082 442-8894
e-mail: verafund@absamail.co.za

Calm –Me - Quilt



Does your child have special needs? Have they been diagnosed with Autism, ADD/ADHD or Sensory Integration Dysfunction?

Have you tried using a weighted blanket to help calm and quieten your child?

Weighted blankets have been used for many years as an aid for children with autism, ADHD and other sensory disorders. Its steady and consistent pressure is helpful in interrupting the cycle of a meltdown caused by a sensory overload. Calm-me-quilts can be used at every occasion – sleeping, watching TV, studying, eating and even on long car trips or visits to the dentist! The lap blanket can be used during the school day and help your child calm down and better integrate sensory information.

As a result of using a weighted blanket, your child may become more organised, and improve on their ability to concentrate on play, learning and eating.

The blankets have also proven effective in assisting the elderly and insomniacs.

For more information on the benefits of using these blankets, or to order, visit our website www.calm-me-quilt.co.za or phone 083-561-7163

DISCLAIMER

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