

January 2004
Issue 1

Aut-Talk



Newsletter from Autism South Africa – the National Body for people with autism in South Africa

Brief History of Autism South Africa

Autism South Africa was founded in 1989 by a group of concerned parents and professionals as a result of the totally inadequate provision for the needs of those affected by autism in South Africa.

This body originally was a liaising and government lobby organisation, but due to the increasing call for support and assistance for the

families and care givers of people with autism, full-time offices were established in 1997.

Mission Statement

Autism South Africa strives to fulfil the educational, psychological and physical needs of children and adults with autism, as well as supporting the families, care providers and the communities of which they are part.

Services Provided by ASA

- ✿ Provide parent, sibling and extended family support and guidance.
- ✿ Provide matching grants for regional schools and bodies.
- ✿ Produce and distribute informative brochures on autism.
- ✿ Provide information and lectures to medical and educational training centres.
- ✿ Encourage appropriate and beneficial early intervention.
- ✿ Support home-based educational programmes.
- ✿ Sponsor and host biennial national symposia on autism.
- ✿ Create a national accreditation / registration programme to ensure quality education and care.
- ✿ Through knowledge, empower parents to protect their child's rights.
- ✿ Support bodies lobbying government for people with disabilities.
- ✿ Attend Government and other workshops pertinent to autism and related issues.
- ✿ Attend relevant local and international symposia on autism.

- ✿ Maintain a seat on the Council of Administration of the World Autism Organisation of which Autism South Africa is a founding member.
- ✿ Provide detailed information on autism for employers of IWA.
- ✿ Create sustainable relationships with organisations that work in the disability sector.
- ✿ Enhance the awareness and understanding of autism amongst not only the general public, but more specifically amongst the related educational and medical professions.
- ✿ Be fully aware of related issues and be able to offer information and guidelines.
- ✿ Provide appropriate information on autism to the media and regulate where possible, any external information on autism that is utilised by the media.
- ✿ Raise funding to enable ASA to carry out its objectives.
- ✿ Promote and assist with the provision of varying services / facilities that will cater for IWA regardless of their ability or financial status.

Contact Details for Autism South Africa

P.O. Box 84209

Greenside. 2034

Tel: (011) 486 3696

Fax: (011) 486 2619

E-mail:

autismsa@iafrica.com

Web Page:

www.autism-sa.org

NEWSFLASH

"AUTISM SAFARI"

**CAPE
CONVENTION
CENTRE**

NOVEMBER 2006

**WE BRING THE
EXPERTS TO
YOU!**

**SEE PAGE 9 FOR
FURTHER
DETAILS**

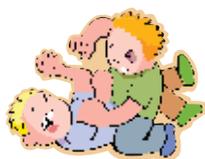




Children with Autism – Aggression & Destructiveness

Taken from the Autism Awareness Association of Australia

Written by Murray and Belinda Scott



If we look at these behaviours from the point of view of the child with autism we may see a very different picture than the one that we tend to create (Ellis, 1990; Howlin, 1997)



“If such behaviours are adequately understood then maybe these will be viewed, not as maladaptive or challenging, but as the individuals only effective means of making sense of, or controlling a world that is unpredictable, confusing and rejecting.” (Howlin, 1997:1)



“I’m Scared!”

A child with autism may be aggressive or destructive, including hurting others, damaging property or hurting themselves in an attempt to express their needs and feelings (Attwood, 1998). “A minority of children in the autistic continuum are quiet and amenable, but most present some kind of challenging behaviour”. (Ellis, 1990:0

You will need to watch closely and think carefully about the times when your child acts this way to ‘decode’ their behaviour. The best response to your child’s behaviour is to be calm but firm! Act quickly every time your child is being aggressive or destructive. Show them a better way to interact and reward them when they play gently! Sadly, medication is rarely effective in reducing this behaviour, but as your child matures they become calmer.

‘I’m scared!’

Ordinary experiences can often be very frightening for a child with autism. The things that most children love (eg. kids concerts, crowded beaches, busy playgrounds, and shopping centres) can be totally overwhelming and terrifying for an autistic child. Their sensory system works in a different way to ours and as a result everyday noises, smells and other sensations can be painfully intense. They may know of no other way to express their feelings of fear than being aggressive or destructive. Their sensory system is overloaded and this behaviour is their way of saying ‘Help me!?’

‘I want to play!’

It may be an attempt to engage others in play and autistic children rarely understand the need to use words to say what they want. If they are interested in socialising they often interact in inappropriate ways which include being aggressive. “Often young children with autism have so few appropriate social skills that they may attempt to make contact with others simply by hitting them, or taking their belongings.”?

‘Leave me alone!’

Aggressive behaviour is often used to get time by themselves, or keep other people away from them. When in unavoidable proximity to other children, autistic children may be aggressive to ensure that they are left alone.

‘I can’t wait!’

Waiting is almost impossible for autistic children if they don’t understand the reason for the wait. Waiting is doing nothing. They need something to happen NOW, anything!!

‘You hurt my feelings!’

Children with autism are very vulnerable to being bullied or teased by other people. And despite outward appearances “...he will very, very seldom successfully stand up for himself with the offender. Therefore hurt feelings tend to build up over time and get ‘acted out’ as aggressive or destructive behaviour to release the tension.

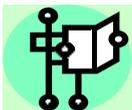
‘I’m bored.’

These challenging behaviours can emerge when the child is in need of something else to do. Autistic kids don’t know what to do next, so they may hurt someone so you will come and give them something to do. Similarly, free-play situations (eg. at the park) are often problematic as there are few planned activities, lots of movement and noise. The autistic child can find this type of environment very unsettling and over stimulating and is unable to find something to do!

‘I wonder what happens if...’

This behaviour may be an attempt to explore the world. Children with Autism born scientists and love to experiment, some children bite, scratch, pull hair or hit just to see what happens. Hurting almost always gets a reaction and this may accidentally reward your child and make the problem likely to occur again. For example in a child that tends to bite things, to explore the world and to them biting a person is no different to biting a toy.

More to follow in the next issue



- How common is Autism?** Internationally, autism is now considered to affect 1 per 158 children under the age of 6.
- Who is affected with Autism?** Autism is distributed throughout the world among all races, nationalities, and social classes affecting 4 times as many boys as girls.
- What is the most common problem in Autism?** Individuals with autism have extreme difficulty in learning language, social skills as regards relating to people.
- How does Autism affect behaviour?** In addition to severe language and socialization problems, people with autism often display hyperactivity or unusual passivity in relating to parents, family members, and other people.
- How severe are behaviour problems in people with Autism?** Behaviour problems range from very severe to mild. Severe behaviour problems take the form of highly unusual, aggressive, and in some cases, even self-injurious behaviour. These behaviours may persist and be difficult to change.
- In its milder form., autism resembles a learning disability. However, even people who are only mildly affected are substantially handicapped due to deficits in the areas of communication and socialization.
- Does Autism occur in conjunction with other disabilities?** Autism can occur by itself or in association with other developmental disorders such as intellectual impairment, learning disabilities, epilepsy, etc.
- Autism is best considered as a disability on a continuum from mild to severe. The number of handicaps and degree of mental retardation will determine the location on that continuum.
- What is the difference between Autism and Intellectually Impaired?** Most people with intellectual impairment show relatively even skill development, while individuals with autism typically show uneven skill development with deficits in certain areas - most frequently in their ability to communicate and relate to others - and distinct skills in other areas.
- It is important to distinguish autism from intellectual impairment or other disorders since diagnostic confusion may result in referral to inappropriate and ineffective treatment techniques.
- Can people with Autism be helped?** Studies show that people who have autism can improve significantly with proper instruction. Many individuals with autism eventually become more responsive to others as they learn to understand the world around them.
- How can persons with Autism learn best?** Through specially trained teachers, using specially structured programs that emphasize individual instruction, persons with autism can learn to function at home and in the community. Some can lead nearly normal lives.
- What kinds of jobs can individuals with Autism do?** In general, individuals with autism perform best at jobs which are structured and involve a degree of repetition. Some people who have autism are working as artists, piano tuners, painters, farm workers, office workers, computer operators, engineers, dishwashers, assembly line workers, or competent employees of sheltered workshops.
- What leisure activities do person with Autism enjoy?** Individuals who have autism often enjoy the same recreational activities as their non-handicapped peers. They usually like music, swimming, hiking, camping, working puzzles, playing table games, etc. Team sports are generally not enjoyed by people with Autism.





“Perspectives” by Maggie Hutchinson 2003

“I would never let my child behave like that.” The words, spoken with a biting tone that stung as much as if the woman had struck me, rang in my ears. My face flushed, burned. My heart was thumping. I snapped my head in the direction of the voice. Two women stood together, staring my way, shoulder to shoulder, a smug superiority written in their stance as they gazed on in judgment. *I would never let my child behave like that.* At my feet, my son, Jack, laid kicking and screaming, his voice echoing through the Wal-Mart with a shrill, piercing pitch. Impossible to ignore. The two women leaned in to further discuss the scene before them, their voices now inaudible but the slight shake of a head unmistakable. No decent parent would let their child behave like this in public.

Let. Let? If they only knew. I wanted to cry, to yell, to scream at them. Let?

Instead, I turned away, taking a deep, shaking breath, and gazed at Jack. He was quiet now, for the moment, tired from the exertion. His 4-year-old face was flushed and his dark hair damp with sweat against his forehead. His eyebrows furrowed as he glared not at me but just past me. The fury might be past, or the respite might be temporary. I switched my own gaze to a spot on the floor next to him, not making eye contact but still watching him, waiting.

My own ire burned deep in my chest. I wanted to confront those women, those nameless moral adjudicators of my family, of my life, of my child. But I felt frozen, torn, knowing that my main concern was Jack. They had moved on, anyway, bored with the scene but satisfied, knowing that I had heard them. Their message had been communicated, along with the implication that they were the superior parents.

Jack appeared to be calming. His breaths were slower, his face less tense. It would be temporary, I knew, however. But I had no choice. My greatest desire was to escape, to just get out of that wide open department store where everyone would look at us and see the surface reflection: a 4-year-old boy, normal by all appearances, who had learned that throwing a tantrum would get him what he wanted. A spoiled child with weak parents. It was always the parents. If they would just apply a little discipline, bother to teach their child, this would never happen.

Fives minutes earlier Jack had been the content, typical child, trailing behind his mother as we shopped for clothes in the Wal-Mart. The selection of items that we needed was slung across my arm now, soon to be discarded because I knew that getting through a check-out line would be impossible, unless I wanted to face more accusing stares. No, the clothes would have to wait now. A shiny, red, die-cast semi-truck had seen to that. We had just about finished; all I had needed was a package of socks. Heading towards the shoe and sock area, we had gone around the baby row. Jack was trailing behind just slightly, a small, well-worn, Matchbox fire truck held eye level as he walked. Somehow, he was able to follow me while moving the toy back and forth across his line of sight, his gaze fixed on the visual patterns it created. We walked into the main aisle where a display of replica vehicles had been erected. Nowhere near the toy aisle. I had thought we were safe from such distractions, had purposefully avoided them. But I couldn't contend with randomly placed displays.

He almost walked right past, unaware, lost in his own thoughts, yet still able to navigate after me. Almost. Then the bright red truck caught his eye. He stopped, staring at it, transfixed. I felt my adrenaline pump because I knew what was next. And knew of no way to avoid it. A moment of silence dominated while I awaited the inevitable.

"Truck." He stared at it, arms at his side, the fire engine forgotten now.

"Truck. Truck, truck, truck." He pointed to it and gazed at me. "Truck."

There was the slightest edge to his tone now.

"We need to go," I had said quietly, starting to move on.

"Truck, truck!" His voice was louder, more insistent.

I motioned for him to follow and kept walking, slowly. A glance at the sign atop the display revealed the price to \$14.99. Ouch. Too expensive, way too expensive. And not an option, anyway. To give in would be the easy way out and would set the expectation. But had I simply purchased the truck, we could have moved on, the quiet preserved, safe in our own world with no intruding stares passing judgment on us. One day. One day, in a year or two, Jack would be able to see such a display of vehicles and be able to pause, admire them, hold them, and then walk on by. But not now, not at this age, not at this time in his life when bright red semi-trucks were more precious than anything to him. They were his world. He held them, admired them, lined them up in long, straight rows on the floor, studied them. He would hold one at eye level to examine the tires and marvel at the image formed when he moved one in and out of his peripheral vision. He could ride for hours in a car when we went on vacations, staring transfixed out the car window, hands shooting up to press against his ears at the sound as the big semis roared by but gazing in rapture at them. He never complained that he was bored, never asked about when we would arrive, never whined about how long the trip was, even when we drove all day. He was content because the highway presented an endless supply of semi-trucks, trains in the distance, campers, and cars for him to watch.



Perspectives - continued

One day, but not this day.

I took a deep breath and put my hand on his arm. "Let's go," I said quietly.

"No!" The word pierced the quiet of the store and shattered our privacy." No, no, no!"

"Come," I said, pulling on his arm. But he resisted, yanked his arm, and finally flopped downward. His arm slid from my grasp.

"No!" he screamed. He kicked and stomped his feet on the floor, banged his fists, and proceeded to wail in a high, ear-splitting screech.

He paused for a breath every half minute, or so, before continuing to flail and scream. In the momentary silence, the words hit me.

I would never let my child behave like that.

Let? Let? How dare they stand in judgment of a situation about which they knew nothing. They saw before them only the reflection of their normal world and normal lives, lives that followed the rules of the normal society. Children do not yell and scream in public.

But our world, our life was not "normal." It was different, it was challenging yet special. A life of extremes, where one moment was filled by the joyful, careful examination of a ladybug, marvelling at nature's little work of art, the next racked with frustration and turmoil as one small boy tried to make sense of an overwhelming world.

One small, special child, who had changed our lives forever and had taken us down a different path than that of most parents. This path was uneven and rough, not neatly paved and straight. It twisted and turned, climbing and descending so that the end was never clearly in sight. It was marked with uncertainty and fears. But it also led through moments of wonder and gave us a new perspective on life.

Jack was sitting now, calmer, but I could still read the determination in his eyes; he was not finished with this battle. He was watching me and awaiting my next move. I took a deep breath to calm my trembling nerves. Had I the time, I might have marched up to those two women and asked them the question that was burning in my mind. But my feelings of anger and injustice were secondary. Getting out of the store and letting the situation diffuse itself was paramount.

I bent down to catch Jack's eye, to know that he was listening. "It's time to go," I stated as calmly as possible, yet not quite keeping the edge off my voice. I closed my eyes and steeled myself, knowing that the next moment would bring another small explosion, another loud, public display.

Eventually, after enough time had passed, once we were away from the irresistible object, life would return to our version of normal. And another small step would be taken in the learning process for him.

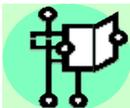
That moment in time would stay with me for a long time, burned into my memory by those critical words. Yet, I would not change our life or our child. He has so many beautiful qualities to balance out the difficulties. I would not change him. I would, however, challenge others to view our life from a different perspective. After we got home, after the screaming had died, the kicking stopped, the calm restored, I sat down at our computer. Jack was on the floor playing with his huge collection of cars and trucks, lining them up in a straight row, bumper to bumper, and then lying with his face pressed against the hard kitchen floor to put himself at eye level with the tires, enveloped in the images and patterns he saw. Quiet, happy.

At the computer, I typed up several business-sized cards and printed them out to put in my wallet. Each contained one question, the one that had burned in my mind early. Next time, if someone presumed to evaluate my life, I intended to walk up to them and hand them one of these cards, and then walk away to deal with whatever the situation might be. Then, they could either choose to think twice or ignore my message, but, at least, they would have the opportunity to learn and grow beyond their view of what was "normal" and "acceptable."

The card would say:

"DO YOU KNOW WHAT AUTISM IS?"





Brain Overgrowth in the First Year of Life in Autism

Children with Autism appear to have accelerated brain growth well before any behavioural indicators appear, an American study has found. Dr Eric Courchesne, professor of neurosciences at the University of California-San Diego and director of the Center for Autism Research has found that more than half of children with Autism have an enlarged brain by the time they reach 14 months. This is the first time a potential early warning sign for autism has been identified.

Autism begins very early in life, but is not usually identified until a child shows behavioural signs and symptoms beginning at two or three > years of age. The study looked at the medical records of 48 children with autism spectrum disorder aged two to five years. The researchers compared head measurements of children with autistic disorder with those from two databases that describe normal growth patterns in infants.

They found that the children with autistic disorder had a rapid and excessive increase in head circumference measurements, beginning several months after birth. The findings appear in the July 16, 2003 issue of the Journal of the American Medical Association. For a copy of this paper, contact Autism South Africa for an e-mailed copy.

Autism, Puberty and the Possibility of Seizures

Distributed by: www.AutismToday.com

About one in four individuals with Autism begin to have seizures during puberty. The exact reason for the onset of seizures is not known, but it is likely that the seizure activity may be due to hormonal changes in the body. Sometimes these seizures are noticeable. (i.e. associated with convulsions): but for many, they are small, sub clinical seizures, and are typically not detected by simple observation.

Some possible signs of sub clinical seizure activity include:

- Exhibiting behaviour problems, such as aggression, self-injury, and severe tantrums.
- Making little or no academic gains after doing well during childhood and pre-teen years.
- Losing some behavioural and or cognitive gains

There are cases where the individual with Autism was considered high-functioning prior to puberty. During puberty they experienced seizures which were not treated. By their late teens, they were considered however as low functioning. Some parents have an EEG performed to see if their child shows any seizure activity. However, even if the EEG does not detect abnormal activity during the testing period, one cannot conclude that the person does not have seizures. To increase the likelihood of detection, some individuals are assessed with an EEG for 24 to 48 hours.

Vitamin B6 with magnesium as well as dimethylglycine (DMG) are considered to reduce or eliminate seizure activity in some individuals, even in cases where seizure drugs are ineffective.

Parents of children with Autism should be aware of the possible positive and negative changes that can occur with puberty. Of particular importance is the need for parents to be cognizant of the fact that about 25% of individuals with Autism may experience clinical or sub clinical seizures which, if left untreated, can lead to deteriorious effects.

The Autism Research Institute distributes an information packet on seizures/epilepsy. Be sure to check out the latest news updates on autism at www.autismtoday.com





Book Corner

Parent to Parent

**Information and Inspiration for Parents
Dealing with Autism and Asperger's Syndrome**
Ann Boush y

May 2004 176 pages.
ISBN 1 84310 774 0

Selling Points

- **User-friendly language**
- **Suggested questions** parents should ask their doctor
- Packed with **useful references**
- Written from a **personal perspective**

Market: Parents, professionals working with people with autism, social workers, teachers, counsellors

Subject: Parenting, Special Needs

When a child is diagnosed with autism or Asperger's Syndrome, what a parent needs most is information and inspiration. After her son Jon was diagnosed with high-functioning autism in kindergarten, Ann Boush y learned that, for her, knowledge brings peace. Providing important information, which will empower other parents to research their child's diagnosis, she also explains their rights in mapping out their child's care.

Ann Boush y shares encourages parents in the day-to-day challenges they face in parenting a child with autism or Asperger's Syndrome. With short vignettes called "Chicken Nuggets for the Soul" at the end of each chapter, she succeeds in making the reader feel like sitting down with her, *Parent to Parent*, over a cup of coffee. After reading this book, parents will come away feeling that they are not alone, while professionals will gain a valuable insight into the world of parenting a child on the autism spectrum.

Calling the Shots

Childhood Vaccination – One Family's Journey
- Mary Alexander

ISBN 1 84310 133 5

Calling the Shots is the story of Florence, a healthy two-year-old girl until 36 hours after her Meningitis C vaccination, when she suffered the first of many terrifying convulsions. Driven by the fear of witnessing Florence suffer months of subsequent illness and the frustration of not being given a cause of the convulsions, her mother, Mary Alexander, began to research the history of inoculation.

Strange World

**About Autism, Asperger's Syndrome and PDD-NOS
For Parents, Partners, Professional Carers, and the
Persons Themselves**

Martine F. Delfos

May 2004 256 pages
ISBN 1 84310 255 2

Selling Points

- **Diverse** - Theoretical and Practical
- **New Perspective** - A new scientific model
- **Extensively researched** – Encompasses all previous research
- **Educational** – Increases understanding of the subject

Market: Parents, autism professionals, child psychologists and psychiatrists, academics, and therapists

Subject: Child Psychology, Special Education

A *Strange World* is an intriguing study that presents a thorough guide to the autistic spectrum disorders. Delfos uses a new biopsychological model, providing a strong theoretical analysis of what autism is and what problems it can cause. She offers practical advice on how to approach dealing with these problems from the perspectives of autistic children, adolescents and adults, as well as parents of autistic children.

Delfos addresses interesting issues such as the differences between men and women with autism, and what is normal, illustrating its points with real life examples. *A Strange World* is accessible enough to be a valuable resource for parents and detailed enough to be an important textbook for students and professionals.

Brothers and Sisters of Disabled Children - Peter Burke

ISBN 1 84310 043 6

Examining the overlooked subject of non-disabled siblings in families where there is a disabled child, *Brothers and Sisters of Disabled Children* details the experiences of these children and explores what it means to them to have a disabled brother or sister.





Wounded Bird of Paradise

Mary Essinger

May 2004 144 pages

ISBN 1 84310 256 0

Selling Points

- **Great read** – A well-written book that captivates the reader. Well-developed characters and plot.
- **Useful** – Can help Asperger sufferers understand their own problems.
- **Practical** – Could help employers understand potential Asperger employees.
- **Well-researched** – Technical information about horticulture included.

Market: Adults and adolescents with Asperger Syndrome interested in employment. Teachers. Social Workers. Employee

Subject; Fictio, Careers

Carlos is a young man with Asperger Syndrome struggling to fit into an intimidating world. Mabelline is a woman who reluctantly takes a journey that ends up changing her life. This unlikely pair takes us on an emotional journey that warms the heart whilst illustrating the difficulties someone with Asperger Syndrome undergoes trying to hold down a job in a nursery, make friends, talk to girls, and cope with life.

Wounded Bird of Paradise is an engaging story filled with the highs and lows of real life. The author deals with the serious issue of how confusing a workplace can be for anyone with Asperger Syndrome and how daily life can be fraught with complications, but also tackles very ordinary emotions of love, loss and responsibility without losing a sharply funny edge. This book will prove an engrossing read for all, and of particular value to anyone concerned with Asperger Syndrome and settling in to work.

How to Live with Autism

Practical Strategies for Parents
Christine Williams and Barry Wright
Illustrated by Olive Young

May 2004 224 pages

ISBN 1 84310 184 X

Selling Points

- **Accessible** – short chapters with clear, jargon-free language.
- **Experienced authors** – over 10 years experience working with children with autism and their families
- **Detailed and informative** – easy to use, problem-solving approach.



Developing Good Practice in Children's Services

Edited by Vicky White and John Harris

May 2004 192 pages

ISBN 1 84310 150 5

Selling Points

- **Real case studies** – drawn from the childcare social work field.
- **Topical** – promotes inter-agency collaboration in line with current policy.
- **Textbook potential** for the many social care students who are training for work with children.

Market: Social work practitioners, managers and p working with children and young people; youth work family placement officers.

Subject: Social Studies

In response to the sustained period of changes to services for children and their families, the contributors to this book chart the implementation of these new initiatives and consider the implications for the legislative and policy framework.

The real-life material on which the book draws can be used as a source of case studies by students undertaking qualifying programmes in health and social work, and by more experienced professionals to reflect on their own practice. The book includes subjects such as analysing risk in child protection, assessing children in need, intervening with children and young people with sexual behaviour difficulties, and training foster carers.

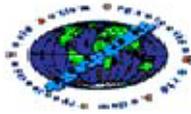
Market: Parents and extended family of children with autism and Asperger Syndrome; professionals working with these families.

Subject: Parenting, Special Education

This accessible introduction to caring for a child with autism is an ideal resource for teachers and immediate and extended family members of a child with autism. In clear and simple language, with many illustrations, the authors tackle common problems experienced in everyday routines such as eating, sleeping and going to the toilet, as well as how to cope with aggression and tantrums, preoccupations and compulsions and how to enable better communication and socialising. Based on up-to-date research and using many case examples, the authors consider step-by-step why each problem may be happening and suggest a number of solutions.



WORLD AUTISM ORGANISATION COMES TO SOUTH AFRICA IN NOVEMBER 2006



AUTISM SAFARI

Autism Congress. This will take place in Cape Town from 27th till 30th November 2006. We will keep you fully informed of all progress in this regard, but in the meantime, please diarise this event and put all those spare pennies away, you have three years to save!! Please note that this is an international conference and thus the registration fee will be higher than we have been able to charge for our smaller symposia.

2004

WORKSHOP PROGRAMME LED BY MR THEO PEETERS AND MS HILDE DE CLERCQ

Monday and Tuesday 9th and 10th
February 2004 PRETORIA
2nd Half of Basic Theory
Theo Peeters and Hilde De Clercq

Thursday and Friday 12th and 13th
February 2004 CAPE TOWN
2nd Half of Basic Theory
Theo Peeters and Hilde De Clercq

Monday and Tuesday 24th and 25th
May 2004 JOHANNESBURG
Diagnosis and Biological/Medical
Aspects
Dr Jean Steyaerts

Thursday and Friday 27th and 28th
May 2004 CAPE TOWN
Diagnosis and Biological/Medical
Aspects
Dr Jean Steyaerts

Monday and Tuesday 16th and 17th
August 2004 PRETORIA
Communication
Theo Peeters and Hilde De Clercq

Thursday and Friday 19th and 20th
August 2004 CAPE TOWN
Communication
Theo Peeters and Hilde De Clercq

Monday and Tuesday 18th and 19th
October 2004 JOHANNESBURG
Asperger Syndrome
Theo Peeters and Hilde De Clercq

Thursday and Friday 21st and 22nd
October 2004 CAPE TOWN
Asperger Syndrome
Theo Peeters and Hilde De Clercq

REGISTRATION FORMS WILL SENT TO YOU PRIOR TO EACH COURSE.





Aut-Talk Ad - Page

WEIGHTED BLANKETS, VESTS AND OTHER ITEMS.

Cozi Cots was started as a suggestion by a desperate Mum who's child was diagnosed with "Sensory Integration Disorder". She, in turn had made a blanket for her son out of printed material with a sand filling. The only place she had seen a blanket advertised was on the internet at a price of 250 U S dollars.

No garment or blanket is made without prior consultation with the occupational therapist or physiotherapist treating the specific patient as," Cozi Cots " elcro the detriment that an incorrect application may cause.

PRODUCTS AVAILABLE

1. Weighted blankets - manufactured from cotton, denim, and towelling. Filled with crystals either in the form of grit or heat retaining crystal. Unfortunately these crystals cannot be removed for washing but the whole blanket can be washed and either dried flat or hung on the line. It cannot be washed in a washing machine or tumbled as its weight would break the machine. Sizes vary from 1'5 x 1'25 meters which more or less covers a single bed, 1 x 1 meter and 75 x 75 cm.
2. Weighted vest - usually made of cotton or mixture of cotton and denim. Weights made up elcro ely . These weights can be removed for different applications and for washing. The sides are adjustable to allow for growth or use on different age groups in a therapy practice.
3. Weighted collar – this is also made of cotton or cotton / denim mixed. Weights can be removed as for vest.
4. Weighted armbands or legbands – these have metal weights which are sewn into the band. The band is secured with Velcro. Weights are not removable however the bands can be washed by hand and air dried or dried on a window ledge in the sun.
5. Cushions made into animal shapes or normal shapes are also available. These can be filled with any filler required (other than feathers) to help the patient and parents deal with the child's situation.

CONTACT: Gill Clark. 9 Mimosa Ave. Bethal. 2310. Mpumalanga. Tel: 017 647 4780 / 083 390 3792

GLUTEN FREE PRODUCTS

Substitutes for grains containing gluten

Rice

White rice, brown rice, rice cakes, rice flour, Chinese rice noodles and rice crispie.

Potatoes

Whole potatoes, potato flour, sweet potatoes, oven chips, plain salted crisps

Mealies

Mealies on the cob , frozen / tinned corn kernels, sweetcorn, home made popcorn, Maziena (cornflour), mealie meal, Kreemy meal porridge, cornflakes, Pronutro – (not the whole-wheat or toddler varieties), Malta Bella porridge, sago, Soya flour, pea flour.

Pick 'n Pay's in-store bakeries will bake gluten-free bread and muffins for you on request. Please speak to your Customer Service Manager for more details if you are interested.

To follow are the barcodes, product and manufacturer / brand name of some gluten-free products which you can request from your Pick 'n Pay store:

Barcode	Product	Manufacturer
6001640150081	Rice Flour	Pouyokas Foods
6001640155147	Potato Flour	Pouyokas Foods
6001640150203	Millet Bread	Pouyokas Foods
6001640150227	Chocolate Cookie	Pouyokas Foods
6001640150241	Magic Muffin	Pouyokas Foods
6001640150234	Rice Bread Mix	Pouyokas Foods
6001640850974	Roasted Corn	
6009611720592	Gluten-free fettucine	Pasta Regalo
6009611720745	Gluten-free spaghetti	Pasta Regalo
6001464127504	Rice Cakes	Vital Health Foods
6002908000063	Rice Cakes	Bakali
6001655001132	Fettuccine Pasta	FG La Pasta
6006362009006	Assorted Cookies	The Cookie Jar
6007712000025	Chocolate rice cakes	K2 (4 variants)
9322969000015	Assorted corn thins	Real Foods

Please visit the Pick n Pay website for more Gluten Free Products and information at www.picknpay.co.za



CONTACT DETAILS FOR AFFILIATED REGIONAL BODIES AND SCHOOLS REPRESENTING PEOPLE WITH AUTISM IN SOUTH AFRICA

AUTISM SOUTH AFRICA

JILL STACEY
PAULINE SHELVER
P.O. Box 84209
GREENSIDE. 2034
Tel: (011) 486 3696 / 0122
Fax: (011) 486 2619
E-Mail: autismsa@iafrica.com

ALPHA SCHOOL

NERINA KEARNS
PRINCIPAL
P.O. Box 48
Woodstock.7915
Tel: (021) 447 1212/3
Fax: (021) 448 0405

AUTISM WESTERN CAPE

JULIE TRELOAR
P.O. Box 60375
Table View. 7439
Tel: (021) 557 3573
info@autismwesterncape.org.za

VERA SCHOOL

FANIE MINNAAR
PRINCIPAL
Private Bag X 4
Clareinch. 7440
Tel: (021) 696 2844
Fax: (021) 696 4877
E-mail: vera@vera.wcape.school.za

SOCIETY FOR CHILDREN AND ADULTS WITH

AUTISM (Johannesburg)

THE KEY SCHOOL
P.O. Box 84611
Greenside. 2034
Tel: (011) 726 2445
Fax: (011) 726 7901
E-mail: keyschool@iafrica.com

ASSOCIATION FOR AUTISM

(PRETORIA)

ANNA ATKINS
P.O. Box 35833.
Menlo Park. 0102
Tel: (012) 329 1423 / 3627
Fax: (012) 329 1899
E-mail: afautism@iafrica.com

UNICA SCHOOL

CHRISTINE KOUDSTAAL.
PRINCIPAL
P.O. Box 35182.
Menlo Park. 0102
Tel 012 460 6539.
Fax 012 460 6324
E-mail: autism@mweb.co.za

E.C.A.A (Eastern Cape Association for Autism)

JOAN JORRITSMA
Principal Quest School
P.O. Box 2948
Riebeeckhoogte. Uitenhage. 6231
Tel: (041) 581 0964
Fax: (041) 581 0488
E-mail: quest3@freemail.absa.co.za

P.A.C.K (Parents of Autistic Children

Kwazulu Natal)

PAUL PRATT
(Chairman of Autism SA and P.A.C.K)
P.O. Box 10424
Ashwood. 3605
Tel: (031) 701 0355
Fax: (031) 701 7830
E-mail: paulpratt@mweb.co.za

MICHAEL MACGREGOR

Adult with Autism
Co-opted Member
P.O. Box 2948
Riebeeckhoogte.
Uitenhage. 6231
Cell: 083 993 4590
Tel: (041) 581 0964
Fax: (041) 581 7788
E-Mail: davemac@wol.co.za

AUTISM NAMIBIA

PETRA DILLMANN
Vice Chairman Autism SA
P.O. Box 5043
WINDHOEK. NAMIBIA
TEL: 092 6461 224561/2
FAX: 092 6461 22 8255
E-mail: petaut@africaonline.com.na





Aut-Talk Buzz Page

BOOKS

The information pertaining to the 5 new books listed previously were sent to us by **Jessica Kingsley Publishers**: - 116 Pentonville Road, London N1 9JB, UK Tel: 0944 20 7833 2307 Fax: 0944 20 7837 2917. E-mail post@jkip.com Website www.jkip.com. Distributed by Marston Book Services Ltd, Po Box 269, Abingdon, OX14 4YN, UK Tel: 0944 1235 465521 Fax: 0944 1235465555

INTERESTING WEBSITE TO VISIT

www.autismndi.com is a wonderful website dedicated to helping parents implement gluten and casein-free diets for over five years. This website is for open discussion and free exchange of ideas, mutual support for practitioners, parents and caregivers utilizing advanced dietary interventions for children with Autism.

If you are getting started with GF/CF diet, you are welcome, but we would suggest you that also join the list at www.gfcfdiet.com, where most basic GF /CF questions are discussed and are covered in the archives. To join the ANDI-ADI list, please go to <http://health.groups.yahoo.com/group/ANDI-ADI>

If you are interested in the biochemical aspect of autism, consider subscribing to:

The Autism File
PO Box 144
Hampton
Middlesex
TW12 2FF
United Kingdom
www.autismfile.com
Tel:+44(0)20 8979 2525
Fax:+44(0)20 8979 9665



If you would like to receive this newsletter on an ongoing basis, please complete our membership application and return it to Autism South Africa. with your cheque.

Diana's Munchies

The search for 100% guaranteed gluten free products is over! With Diana herself critically allergic to gluten, her home and kitchen is guaranteed to be a safe environment for the manufacture of treats for the whole family. The product range is: biscuits, carob chocolate, honey, ginger, rusks, sweet and savoury muffins. Diana's muesli contains organic honey or molasses, organic raisins and nuts. Fresh products are available in Cape Town and Durban. Distribution opportunities exist for buyers in Johannesburg, Port Elizabeth etc.

Call Diana on 082-293-3168
or e-mail: dianaswales@xsinet.co.za

BROCHURES AVAILABLE FROM ASA

- Parents Brochure R 8.00 ea
- Doctors Brochure R 5.00 ea
- Teachers Brochure R 5.00 ea
- Asperger Brochure R5.00 ea
- Sibling Brochure R 5.00 ea
- Dietary Intervention R 5.00 ea
- I am autistic – M MacGregor R 6.00 ea

We do hope you found our first Newsletter interesting and we know it has been a long time coming! Autism South Africa is a very small operation due to lack of government assistance and as you can well imagine, our workload is vast, but we will endeavour to send our Newsletter on a more regular basis.

Name : _____

Surname : _____

Occupation : _____

Tel No : _____

Fax No : _____

E-mail address : _____

Postal Address : _____

Province : _____

Postal Code : _____

I _____ wish to become a member of **Autism South Africa**, and enclose a cheque for R 25.00 membership fee.

Signature _____

**We wish you a safe and happy holiday
See you all at the symposia next year.
Take care and very best wishes.**