

December 2004
Issue 4

Aut-Talk



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

Symposia 2004

We would like to take this opportunity to thank you all for your support during 2004. We had an overwhelming response to each and every symposia held throughout the year. In total we had 15 symposia and 1 training workshop. We hope to be able to host more symposia next year and will keep you all updated.

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‘Special’ Special Child

You are my little special child,
My funny valentine,
An accident of providence?
Or are you by design?

It matters not the answer,
For you are here with me
That you’re not like the other kids
Is mightily plain to see

But you are a worthy person
Who has come a long, long way
Helping you has helped me grow
Two where I am today.
There’s something I must tell you
Though the words are nothing
new
They’ve been sung so many times,
I say them now to you

‘Is your figure less than Greek?’
Is your mouth a little weak
When you open it to speak?
Are you smart?

Though other folks may think
you odd,
You’re my favourite work of art
My funny little valentine,
You’ve slipped into my heart.

Taken from *Laughing and Loving with Autism* – Claudreen Jackson.

Many young people with autism have impressive ‘splinter’ skills; an ability to do something in an exceptional way that a normal person could never do. This story is about a rather unusual ‘skill’.

Mike is a good-looking young man. A casual observer would never know he had such a severe disability as autism. This is a blessing – and sometimes not such a blessing. As with most of these children, he always had something perseverant on, and at the age of 12 he caught bees. Remarkably, he could spot one yards away and would race to catch it in flight! He would hold it by its wings, observe it for a while, and then release it to fly away. Mike never got stung and rarely hurt the bee. One day our doorbell rang and it was the neighbour from down the street who had just moved in with his wife and mother-in-law. He said, ‘I don’t know about that son of yours!’ I responded ‘I don’t either, but what has he done now?’. He fumed that Mike had been peeking in their windows and had really upset his mother-in-law. I looked toward his house and immediately understood. The hedge across the front of his house was in full bloom!. I explained that Mike only wanted to catch the bees on the man’s flowers and wasn’t at all interested in what or who was in the house. Our new neighbour walked away with a puzzled look on his face –probably thinking there were not just one, but two, strange people living here.

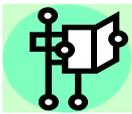
Monica Moran – Texas
Laughing and loving with autism.



Autism South Africa sincerely thanks the National Lottery Distribution Trust Fund for their ongoing support.

Autism is a state of being, it is looking but not seeing
It is touching but not feeling, it is wanting but not asking
It is needing but not knowing, it is loving but not saying –
At least not with words.

Melodie Burrington.



Checklist for Autism in Toddlers (CHAT)

The checklist for autism in toddlers (CHAT) is a brief screening instrument that is intended to detect possible autism in toddlers. Since it is a screening test, the CHAT provides a first level of evaluation leading to a yes/no decision that, at the current time, autism is either unlikely or is possible (and requires further evaluation). The CHAT was published in 1992 (Baron-Cohen, et.al., 1992). The CHAT takes only about five to ten minutes to administer and score. Specific training is not required, and it can be administered by a variety of individuals. The CHAT is designed to be used with toddlers as young as 18 months of age.

The chat consists of nine yes/no questions to be answered by the child's parent. These questions ask if the child exhibits specific behaviours, including; social play, social interest in other children, pretend play, joint attention, pointing to ask for something, pointing to indicate interest in something, rough and tumble play, motor development, and functional play. The CHAT also includes observations of five brief interactions between the child and the examiner, which enable the clinician to compare the child's actual behaviour with the parental reports.

Recommendations

It is important to identify children with autism as early as possible. The CHAT is a useful first-level screening method for children from 18 to 36 months of age in which there is any level of concern about possible autism.

If screening using the CHAT suggests possible autism, further assessment is needed to determine a diagnosis.

If screening using the CHAT suggests autism is unlikely, it is still important to:

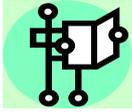
Assess the child for other developmental or medical problems that may have caused the initial concern.

Continue regular periodic surveillance for problems that may be related to the cause of the initial concern.

It is important to remember that not all children with autism can be identified early.

Because the time of onset and severity of symptoms vary, it is recommended that screening be repeated at various age levels when concerns for autism persist.

The CHAT – to be used by GPs or Health visitors during the 18 month developmental check-up.		
Section A: Ask Parent		
Does your child enjoy being swung, bounced on your knee, etc?	YES	NO
Does your child take an interest in other children?	YES	NO
Does your child like climbing on things, such as up stairs?	YES	NO
Does your child enjoy playing peek-a-boo/hide-and-seek?	YES	NO
Does your child ever PRETEND, for example, to make a cup of tea using a toy cup and teapot, or pretend other things?	YES	NO
Does your child ever use his/her index fingers to point, to ASK for something?	YES	NO
Does your child ever use his/her index finger to point, to indicate INTEREST in something?	YES	NO
Can your child play properly with small toys (e.g. Cars or bricks) without just mouthing, fiddling or dropping them?	YES	NO
Does your child ever bring objects over to you (parent) to SHOW you something?	YES	NO
Section B: Gp Or Hv Observation:		
During the appointment, has the child made eye contact with you?	YES	NO
* Get the child's attention, then point across the room at an interesting object and say 'Oh look! There's a (name of toy)!'. Watch the child's face. Does the child look across to see what you are pointing at?	YES	NO
** Get the child's attention, then give the child a miniature toy cup and teapot and say 'Can you make a cup of tea?'. Does the child pretend to pour out tea, drink it, etc?	YES	NO
*** Say to the child 'Where's the light?', or 'Show me the light'. Does the child POINT with his/her index finger at the light?	YES	NO
Can the child build a tower of bricks? (If so how many?) (Number of bricks)	YES	NO
* to record YES on this item, ensure the child has not simply looked at your hand, but has actually looked at the object you are pointing at)		
** (if you can elicit an example of pretending in some other game, score a YES on this item)		
*** (Repeat this with 'Where's the teddy?' or some other unreachable object, if the child does not understand the word 'light'. To record YES on this item the child must have looked up at your face around the time of pointing.)		



Autism – by Christopher

www. Taken from Teens First for Health

My name is Christopher and I am ten-and-a-half years old; a student in fourth grade. I go to the same school as my neighbours and my little sister Hilary. When I'm in school I have a teaching assistant working with me. That's because I find it hard to sit still and listen to the teacher. You see, I was born with a problem called autism. Autism also makes it tough for me to understand and follow instructions. It makes printing letters difficult for me too, but luckily I can use a keyboard for that. Worst off all, this problem makes it difficult for me to know how to talk with people, particularly other kids.

I know first-hand about having autism. My sister knows a little bit, but only from my parents and me, since she doesn't have it herself. She does know why I am different than her, though which is very good. Though in some ways we are different, in other ways we're very much alike. For instance, we both have blue eyes and blonde hair, and we both have the same mom and dad. We both like music, swimming at the beach, going to the park and the library, and eating at McDonalds. Hilary has more friends than I do but that's okay.

Sometimes they play with me when they come over to visit. Of course there are times when Hilary is angry with me, but even then I know she still likes me. She hugs me when I am sad or hurt. It's great to have her for a sister!

There are some things that I especially enjoy. For example, I work really hard with my teachers and I am good at writing stories on my keyboard. I love to tell my classmates about things that interest me like trains, construction equipment and airplanes. I know a lot about them, too. I also like to play with my Tonka trucks in sandpits and to watch videos and to play on the computer. I am getting really good with the computer, particularly with science, math and creative writing games. Maybe some day I'll get a job working with computers. I understand them better than people and they don't get mad at me.

I find school hard, and as I've mentioned, I don't make friends easily. Sometimes kids are mean to me. Especially the big kids. They call me stupid and retard and weirdo and it makes me feel bad. Wouldn't it make you feel bad, too? My mom and teachers explain to my classmates that I am the same as they are in many ways but different in how I learn and how my brain thinks. They tell them what autism is and explain that I was born this way and make sure that they know that my having it is definitely not my fault.

I want people to treat me like everyone else and not to be scared of me. I want to have friends. Though I still have trouble knowing what to do with the other kids, I am learning how to play with them. Sometimes they read with me or play on the computer with me. They remind me about the playground and lunchroom rules when I forget, and best of all, they buddy with me to learn new things.

Sometimes too much noise or too many things happening all at once which makes me really upset. When that happens, I cry and run to get away from everything. I wish I could explain just what it's like to you. At least when I feel that way, my teachers and my classmates help me calm down. Because my brain can't block out the noise and the activity, it is hard for me. The good news is that I've been learning to help myself calm down, and I don't get upset nearly as often as I used to. I found out that classical music really helps me to relax. So do my ear protectors, when the noise seems too loud to me.

My mom helps me learn to express how I feel. When I am mad or lonely she works with me to talk about how I feel. She also comes to the class to talk to my friends about how they can help me. Mom tells me she loves me and I am special. I think so too.

HELPING THOSE WITH

AUTISM

TREE OF LIGHT

at Parkview Golf Club

Please buy a light,
to help the plight

of children and adults with autism.

Contact Autism South Africa

Tel: 011-486-3696/4037

Banking details:

Bank: Standard Bank
Branch: Benmore Gardens
Branch code: 012005
Account name: Autism South Africa
Account number: 2207 312 33

R 50 per light



I

Wish to buy a light to help the plight of children and adults with autism.

1 Direct Deposit

Bank: Standard Bank, Branch: Benmore Gardens, Branch
Code: 012005, Acc: 2207 312 33. Use initials and
surname as reference.

2. Cheque / Postal Order Accompanying This Pledge Form

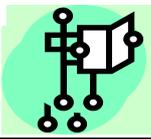
Autism South Africa, PO Box 84209, Greenside, 2034

PLEASE POST MY RECEIPT TO THE FOLLOWING ADDRESS:

Please add my name to the role of support

Please tick appropriate box.

Please do not add my name to the role of support



Inappropriate (sexual) behaviour and the child with Asperger Syndrome

Taken from www.oasis.co.uk

Adolescents with Asperger Syndrome are not always aware that their behaviour is inappropriate. This can become a distressing issue for parents when their son or daughter begins to exhibit what parents often see as ‘disturbing tendencies’, or overtly sexual behaviour.

What you see as promiscuous, forward, sexual behaviour, your son or daughter may be copying because they have seen others do the same, and they think it is ‘good-friend’ behaviour.

Ask your child: What do you want to happen if you do that? Did you see someone else do it? These questions may give you a clue as to what your child was really trying to achieve by his behaviour.

It is wise to try to stop any and all inappropriate behaviour whenever it occurs. In a calm, steady voice tell your child that whatever he did was inappropriate – “now you are 12 you are too grown up to do that” or something similar. It is essential to suggest what they can do instead, for example the shoulder-to-shoulder hug instead of the bear-hug, the count-to-two kiss on the cheek.

Keep in mind what you want your child to do when he is 20 – and start training NOW.

Tell your child whenever he does something inappropriate each time it occurs. Show him what is inappropriate about it: “I did not like you doing that to...” “This is what was inappropriate” or “I did not feel comfortable when you ...” and physically demonstrate what was wrong – the arm – or breast-stroke, the too tight a cuddle, etc.

Explain that when people grow up and become adult, there are certain rules we have to keep to make life easier and safer for everyone, including him. Here are some:

- When dressing and undressing we should do it in the privacy of our bedroom, bathroom or changing room with the door closed, and we don’t come out until we have finished changing clothes.
- When we kiss someone hello or goodbye we do so on the cheek, with mouth closed.
- When we kiss someone hello or goodbye we do it for a count of two.
- Boys who are grown up should shake hands with an adult person who is not a close member of his family – not kiss or hug.
- When listening to or talking with people, we sit next to them, not on their laps.
- When talking with or listening to a younger child, they sit next to us, not on our laps
- If we want to give a young child a hug, we give a ‘shoulder-to-shoulder’ hug, not full-body bear-hug.
- Now we are grown up, we sleep in our own bedroom, in our own bed, by ourselves.
- Some subjects are very private, and are only for talking about in the right place, at the right time and with the right person.

Teach your child ‘stranger-danger’ – if someone they do not know does or tries to do something to them which they do not like or they feel uncomfortable with, tell them:

- To say **NO**, loudly and firmly
 - To have a serious expression on their face
 - To put out their hand to keep the person away
 - To run away if the person persists
- They must tell someone they trust – their mother, father, teacher – if something they did not like has happened or they had to stop it happening.
- If an adult who is not a close family member wants to hug/cuddle/kiss, tell your child that this is not appropriate, except in some circumstances; such as a teacher offering praise or congratulations (passing exam, or other important test), or team-mates (scoring a goal, winning match etc)
 - Even a very young child should be aware of what is and is not acceptable. He too can learn to greet adults with a hand-shake, to walk holding hands or with arms linked rather than clinging to a parent/friend of the opposite sex. He must learn ‘stranger-danger’ signs and how to say NO loudly.

Remember: whatever you say or do must be consistent – do not give mixed or confusing messages.

Remember: always praise appropriate behaviour every time it happens as children / young adults with Asperger Syndrome will not remember from one time to the next what they should do unless reminded constantly during their learning period. If you have Asperger Syndrome you do not always remember what you know.

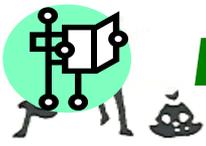
Remember: good teaching in appropriate social skills from a very early age will pay dividends later. Some Community Health Nurses have expertise in supporting parents and children on sexual matters – they can be contacted via the family GP.

Remember Information needs to be:

- Simple
- Factual
- Direct
- Use role-play, video and other appropriate resources.

Teach in

- Small groups
- Individually focussed
- Staff should be trained
- Each session should be thoroughly planned.



Autism Talk

Touching Getting close “Adam seems to live in a world of his own. He doesn’t take any notice of other people, especially children”.

What to look out for:

- Some children with autism may seem aloof, or very isolated and lonely.
- They may avoid other children, either ignoring them or walking over them as if they are not there.
- Others hit or push children, for no obvious reason.
- Sometimes it may seem that they treat everyone the same way, not even making a difference for their mother or father.

Things to try:

- Use touching more than then would be usual for his age, even if to start with he shows no signs of enjoying it.
- Use a range of movements while lifting or carrying him around the house swaying, dancing, swinging, lowering and lifting, pausing and starting again. Stop if he objects, or if you see signs of distress. Then try it again later on.
- Introduce games which involve holding and cuddling, and try to get some pleasure from them yourself.
- Because Adam does not take any notice of you, make sure you don’t ignore him. When approaching him, or sitting alongside him, treat him as if he is aware that you are there, and may react to your presence at any time.

Hurt and comfort: making things safe:

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“We never know if Reena is happy or sad. She rarely shows pleasure or pain. Even when she hurts herself badly she doesn’t come for comfort or let us try to comfort her”.



What to look for:

- Some children with autism do not seem to react to pain. They may not cry when they are hurt, and may show little interest in seeking comfort.
- Often they show little or no awareness of danger.
- Watch out for Reena hurting herself. Perhaps she gives unusual signals such as a particular sound or word.
- Identify the danger points in each room (e.g. The fireplace, electric sockets, sharp corners etc).

Things to Try

- It may be possible to teach Reena how to avoid danger. If she is about to touch something dangerous, physically stop her with a short ‘No’ and perhaps with an intake of breath.
- When she is a little older, or when you think she is understanding, try drawing barrier lines in chalk or tape on the floor, around a heater for example. Teach her not to step over the line and praise or cuddle her for not doing so.
- If you think she has been hurt, behave as if she has felt pain and offer cuddles, reassurance and comfort even if she seems indifferent. Find other ways to comfort her, for example by bringing a favourite blanket or toy and cuddling it together, or by sitting alongside and stroking her arm while talking or singing in a soothing tone.



Learning to Share - with other

Children – Simon lets me play alongside him but he won’t allow his little sister anywhere near him”.

What to look out for:

- Often a child with autism plays with objects in order to cut other people out. Sometimes the child just does not seem to be aware of the existence of other people.
- He may allow others to play alongside and may even notice them from time to time; but may reject any attempt by another child to play with him.
- When he does involve others in play, it may be very much on his terms. He may want them to take part in a very limited and repetitive way.
- Children with autism often find being with people quite stressful. They may need time to be alone after any session where you have tried to encourage sharing.

Things to try:

- Set up a play situation in a large space where both children can use the equipment, but be apart from each other. A playground might be a good place to start.
- When you find something Simon really likes, see if you can move his sister closer, for example on a roundabout. You could start by sitting the children opposite each other. Then move them side by side for a short time, maybe just for one quick spin to start with.
- Encourage Simon’s sister to copy what he is doing without actually playing with him. Tell her, “It’s a copying game”.

Knowing What Comes Next. – “Michael goes on and on, asking about when are we going to do this, when are we going to-do that. It doesn’t matter how many times I answer.



What to look out for:

- Some children with autism develop routines. These may involve repetitive physical activities or a determination to do things in a set way.
- Some children talk or ask repeatedly about particular topics.
- Some become very anxious about events that aren’t part of familiar routines and will ask again and again about what is going to happen. The actual questioning, and the answers, can turn into another ritual.

Things to try:

- Begin by building up a sense of the immediate future for Michael. Talk to him about what is going to happen. You could say, “First, and then”
- Michael’s day can be made much more meaningful if you link the main activities to a photo or some sort of symbol. He can be helped to understand what is going to happen next, by being shown an object or picture.
- Once Michael connects a few symbols or pictures with what is about to happen next, design a simple timetable showing the symbols for the next two activities and then through time build up your timetable.

Wheat



The gluten-free diet is widely recommended and a lot of families with autistic children found it very helpful. Let us have a look at wheat as a whole with gluten or without it. Virtually nobody buys wheat as a grain and cooks it at home. We buy foods made of wheat flour. The flour arrives to bakeries in pre-packaged mixes for different kinds of breads, biscuits and pastries. These mixtures are already processed with the best nutrients lost. Then they are ‘enriched’ with preservatives, pesticides to keep the insects away, chemical substances to prevent it absorbing moisture, colour and flavour improvisers, softeners, just to mention a few. Then the bakery makes breads, pastries, cakes biscuits, etc out of these chemical cocktails for us to eat. The producer is quite happy to take the gluten out of these mixtures and make gluten-free products. So, you will get all the processed carbohydrate with all the chemical additives in it, but this time without gluten. Once swallowed, a piece of white bread turns into a glue-like mass, which feeds parasites and pathogenic bacteria and fungi in the gut, contributing to the general toxic overload, your child already has. I strongly believe, that autistic children should not have wheat in any shape or form. Being a staple in the western world, wheat is also a number one cause of food allergies and intolerances.

Sugar



Sugar and anything made with it. Sugar was once called a ‘white death’. It deserves this title. The consumption of sugar in the world has grown to enormous proportions in the last century. It is estimated that an average western person consumes about 160 – 200 pounds of this unnatural substance per year. Sugar is everywhere and it is hard to find any processed food without it. Apart from causing the blood glucose roller-coaster and having a detrimental effect on the gut flora, it has been shown to have a direct damaging effect on the immune system (which is already compromised in our children). On top of that, to deal with the sugar onslaught, the body has to use available minerals, vitamins and enzymes at an alarming rate, finishing up being depleted of these vital substances. An autistic child should not have sugar in any form. Cakes, sweets, and other confectioneries are made with sugar and wheat, as the main ingredients, plus lots of chemicals like colours, preservatives, flavourings, etc. It goes without saying that they should be out of your child’s diet (with or without gluten). For birthdays and other rare occasions home made cakes with honey instead of sugar and ground almonds (or other ground nuts) can be made.

Soft Drinks



Soft drinks are a major source of sugar in children’s diets, not to mention all the chemical additives. Fruit juices are full of processed fruit sugars and moulds. Unless freshly pressed, they should not be in your child’s diet either. Aspartame, a sugar replacement in many drinks, was found to be carcinogenic and should be avoided. It turns into methanol and its derivatives in the body. Methanol is a well know poison. Bottled mineral or filtered water with a slice of fresh lemon is the best drink for our children. Drinking chlorinated tap water will further damage your child’s gut flora, since the chlorine is there to kill bacteria in the first place.

Processed foods



To summarise, a child with autism should have no processed foods at all in his/her diet. All foods should be as close to the way Nature made them as possible. Fresh fish, crayfish, fresh meats (not preserved), eggs, fresh vegetables and fruit, nuts and seeds, garlic and cold pressed virgin olive oil, buckwheat, millet all should be prepared at home from fresh supplies. I have deliberately repeated the word fresh four times.

Fruit and Vegetables.



Fruit and vegetables should be eaten raw as much as possible in the form of salads, ‘sticks’, slices, etc. Fresh fruit and vegetables are not just a good source of various vitamins, minerals, antioxidants and other nutrients, but they are an excellent source of vital enzymes, which children with autism are lacking. Those enzymes are essential in detoxification of the body. Eating raw vegetables with meals will assist in the digestion of meats and cereals. Cooked vegetables and fruit lose a lot of their nutritional value: enzymes and vitamins are destroyed, carbohydrates change their structure. Carrots, cucumber, peppers, cauliflower, broccoli, celery are delicious in the forms of sticks or rosettes with a dip (mayonnaise; avocado, mashed with plenty of cold pressed virgin olive oil and a dash of lemon juice, with a choice of fish and onions or garlic and tomato). Avocado is a wonderfully nutritious fruit and should be a regular part of your child’s diet. Half an avocado with prawns and mayonnaise or any meat or fish makes a quick and delicious meal.

The Browns' School

Early intervention is essential for children with aphasia, autism, cerebral palsy & developmental language disorders and specific learning disabilities. A specialized school such as The Browns' school Provides An integrated educational and therapeutic programme which enables learners to achieve optimal educational, social, emotional and physical development. Learners in the Pre-Primary and Autistic unit may be enrolled from 3yrs of age. At present The Browns School is the only school in KZN with an established autistic unit, for learners diagnosed with autistic spectrum disorder (ASD). Autistic learners from throughout the Province are admitted into this unit after an initial screening process, an extended period of observation and assessment and a psychiatric diagnosis. The Browns' School Autistic Unit now consists of five phases with up to nine learners in each phase. Learners are accepted from the age of three after screening by a transprofessional team consisting of medical staff, psychologists, an occupational therapist, speech therapist and teachers from the autistic unit. If a child is thought to be a possible candidate and there is a vacancy in the appropriate phase the child has an extended period of observation in the class and an assessment by the transprofessional team. The extended assessment tries to predict whether the autistic has the potential to develop functional literacy and numeracy skills. These skills are essential for them to cope with the programme from phase 1 to phase 5 (pre-vocational class).

All members of the transprofessional team have a special interest in autists and consult together with the learners' parents in making informed decisions in the pupils best interests. During the first two phases, communication, socialization and basic learning concepts and skills are emphasized. Visual alternative, augmentative communication systems (AAC) are used extensively to assist learning in the early phases. Audio-visual aids such as computer games and videos are tools which are also successfully integrated into the programme. The academic curriculae for grades R upwards are introduced from phase II onward and these are tailored to the special needs of autistic learners. Life Skills programmes form a vital part of their daily routine and develop according to the learner's special interests and aptitudes into prevocational training during the fifth phase. The learners are prepared as far as possible for life after Browns' School, but parents are encouraged to play a major role in this process.

In addition to their educational programmes each learner has access to a programme of individual therapies catering to their own needs.

Extra-curricular activities include: steel-drum band; Movers and Shakers Dance group; swimming; athletics and outings. Autistic learners are encouraged to integrate as far as possible with the rest of the school during playtime; assemblies and school functions, in order to promote their socialization and foster acceptance and understanding of them by others. Staff continually read up on Autism and attend courses where possible. They have recently attended a series of symposia hosted by ASA and led by professionals from the Autism Training Centre in Antwerp, Belgium. The Autistic Screening Clinic operates regularly on Tuesdays from 12h30 – 14h30 by appointment.

Referrals may be received from hospitals, social workers, medical practitioners and other referral agencies, as well as parents requesting advice.

Tours of the school and the Autistic Unit run on Wednesdays between 9h00 and 10h00 by appointment only.

Contact details are as follows:

The Browns School

Private Bag X04 Ashwood 3605

Tel: 031-700 3535 Fax: 031-700 3112

E-mail: browns@brownsschool.co.za

Teeth Brushing / Hair washing and cutting.

taken from 'It can get better' – The National Autistic Society. (ISBN.1 899280 030)

Some children really dislike having their teeth cleaned. If this is a problem and you have tried various types of toothbrushes and toothpaste, then take a deep breath, use a small brush and brush the teeth very quickly, rewarding the child immediately after with bubbles or some other non food treat. You could also try using a timer that rings after a few seconds. When your child is used to waiting for the ring and accepts a few seconds of tooth brushing, add a couple more seconds. Or break it down into small steps, using your finger to brush the teeth quickly with water, then when that is accepted add a tiny, tiny bit of toothpaste and gradually build up from there. There are no easy answers to this problem, and a quick daily battle even if your child really screams may be better than rotten teeth. Your child's resistance will pass and although you may find it exhausting and upsetting at the time, it is important to keep trying so that your child can develop independence and self confidence.

The same applies to hair washing, although sting-free shampoo and lots of bubbles may make the task more pleasant. Use your child's interests to introduce distractions and rewards. Encourage them to wet their own hair in the bath, make foamy bubbles, or wash your hair as well as their own. Success in all these activities often comes when a child accepts them as part of the daily routine. And although it is difficult to keep calm when your child is distressed, if you can keep a sense of humour and be very matter of fact about it, you are already half way there. Less frequent talks such as nail cutting and hair cutting can also call for imaginative solutions. Parents often cut their children's hair while they are asleep. It may not be a very good haircut, it is better than having a struggle with a pair of scissors or hair clippers. One parent (and others, no doubt) used to cut her son's finger and toes nails by biting them, because he was terrified of the scissors. He will now accept nail clippers as his fears have diminished over time. –

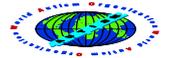
Contact details

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



World autism congress. Cape town

Oct 30th – Nov 2nd 2006



The World Autism Congress and Autism South Africa are going to be actively seeking sponsorship so that the attendance fee for delegates from Africa is offered at a 50% discount. Please find below the fee structure for Africa.

Professionals		Parents and People with ASD	
Normal	Early Bird	Normal	Early Bird
R 2 900	R 2 500	R 1 900	R 1 600

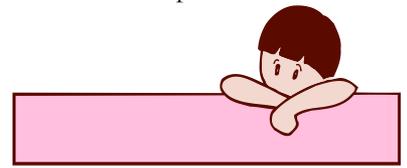
For more information, please visit www.autismcongress.com

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Funding

We would like to send out our Business Plan to companies who would like to get involved with sponsorship or funding for Autism South Africa. Please let us know if perhaps your friends or family members would be willing to submit our information.



Autism Information Sheet.

We are desperately looking for someone to help us translate our two page Autism Information Sheet.

We would like to translate from English into the following:

- IsiNdebele
- IsiZulu
- Northern Sotho (Sepedi)
- Setswana
- SiSwati
- Tshvenda
- Xitsongo
- isiXhosa
- Sesotho



If you are able to help with any of the above languages, please email Jill at autismsa@iafrica.com or Pauline at psautism@iafrica.com.



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