In 2010 Autism Speaks (USA) launched “Light It Up Blue” campaign. This initiative is intended to raise awareness of autism around the world and to show support for World Autism Awareness Day on April 2nd of each year. More and more countries are joining this wonderful campaign and in 2012 Autism South Africa will be doing its utmost to make it happen here in our country too!

Autism is considered to affect 1 in 110 children. Therefore in South Africa, every HOUR a child will be born that will develop autism.

Photos taken from www.Lightitupblue.org
Editor's Letter

Hello everyone and welcome to the November or ‘pre-summer holiday’ edition of “aut;talk”. It’s that time of the year again and boy has it come quickly! I am sure you are all looking forward to the summer break. It’s been a hectically busy year for the team at Autism South Africa and thanks to the hard work of the Regional Development Officers (RDO’s), major in-roads have been made in most provinces.

We had an overwhelming number of articles in response to our request for South African content for the magazine and as a result are able to publish some excellent articles, testimonials and short stories especially from children and adults with ASD which we decided to concentrate on in this edition. A special thanks to the children who bravely shared some inspirational stories and great creative writing. We apologise to those of you whose articles we were not able to publish. In the next edition we will try to focus more on academic submissions from doctors, therapists, educators and other people working in the field of autism. Thanks to all of you for your submissions! Well done and keep them coming.

Remember to visit our web site (www.autismsouthafrica.org) for up-coming events especially the WAAD walk in April 2012. Also visit our Facebook for recent photos and network with our friends.

The deadline for material for the April issue (edition 19) of the “aut;talk” is the end of February 2012. All submissions are welcome. Please ensure that all articles are in word doc format, max 2500 words with a photo of the author or picture(s) relevant to the article. Please send adverts in PDF format.

Have a fantastic summer holiday season. Travel safe and rest hard!

Louise Taylor

COMMUNICATION OPTIONS FOR THE OFFICES OF AUTISM SOUTH AFRICA

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Please regularly check our web page www.autismsouthafrica.org for the latest news, upcoming events, electronic brochures, etc.

Autism South Africa can also be found on Facebook (look for the above a;sa logo)

We would love to see you join us, benefit from the interactions on this Facebook site, as well as possibly contribute to the discussions!

Disclaimer

Information disseminated by Autism South Africa is for information purposes only. The onus rests with the reader to explore and investigate the relevant information and alternatives for each individual. Information sent out does not imply that Autism South Africa underwrites or endorses any particular therapy, intervention, method or medication. Autism South Africa assumes no responsibility for the use made of any information provided herein.

To Advertise in the next aut;talk

If you would like to advertise in the next edition of the aut;talk please contact Louise at the Autism South Africa Offices outreach@autismsouthafrica.org or +27 (0) 11 484 9909.

Full Page Advert R1500(incl. VAT)
Half Page Advert R800(incl. VAT)
Quarter Page R400(incl. VAT)
As a result of a very generous funding allocation from the National Lottery Distribution Trust Fund, 2011 has been one of the best years in the history of Autism South Africa with the opening of six branches of Autism South Africa working in 8 of the 9 provinces.

On the other hand 2011 has been one of the most difficult years in Autism South Africa’s history with the horrific decline in the availability of Corporate Social Investment funding.

We are aware that Autism South Africa is not alone in the funding desert, but this does not alleviate the extreme worry as to the future of our services in 2012 and the escalating call for urgent and vital assistance for children and adults with autism from all areas of South Africa and especially from those with minimal financial resources.

We are doing our utmost to remain positive and strong and we are determined to end the year “upbeat” and rest-up in December ready to tackle 2012.

I close by asking for your positive thoughts and prayers (and contact details of potential wealthy donors!) and wishing you and your family a safe, happy and relaxed period over the holiday season.

We look forward to being in contact with you in the New Year.

We bid farewell...

It is with great sadness that all those involved in the field of autism in South Africa will be bidding a very sad farewell to...

Fanie Minnaar who has been Principal of Vera School in Cape Town for the past 14 years.

Joan Jorritsma who has been Principal of Quest School in Port Elizabeth for 9 years.

Both will be sorely missed by the staff, children and parents related to their schools, but also all involved with Autism South Africa will truly miss these two highly skilled and passionate people who over many years have served on the National Executive Committee of ASA, on our Outreach Education and Training Committee and have also happily and unselfishly given many presentations at workshops or information sessions hosted by Autism South Africa.

Fanie and Joan, we wish you well, thank you so much for everything and hope you will keep in touch!

Kind regards
JILL STACEY
Autism South Africa hosts a Screening Clinic once a month on a Saturday for children between the ages of 2 and 14 years old to establish or eliminate the possibility that the child has an autism spectrum disorder. The assessment takes place at the offices of a;sa in Gauteng and is done voluntarily by professionals in the field e.g. doctors, therapists and educators.

Procedure by which to have your child assessed by the screening clinic at Autism South Africa: -
* First contact a;sa for a screening application form (you will at the same time be asked a few questions about your child and history e.g. age, behaviour, school, who referred you, and has your child been to a neurological clinic / neurologist / doctor, if you have not taken your child a;sa will refer you to one)
* The application form is to be completed by the parents or primary caregiver of the child and returned to a;sa together with medical therapy, and school reports of your child
* The returned report will be reviewed by the doctors which can take up to two weeks
* If the doctor suspects the child has autism, a;sa will contact the parent to schedule an appointment for the screening clinic or advise an alternative referral if autism is not considered to be the potential diagnosis
* When a full analysis of the screening is complete, a report with the results will be forwarded to the parents and recommendations for the way forward will be discussed

We at Autism South Africa would like to take this opportunity to thank these professionals: Professor Lorna Jacklin, Dr. Linda Kelly, Dr. Heather Thomson, Dr. Gillian de Vos, the therapists and various educators for donating their time, efforts, dedication and their expertise which is extremely valuable to mapping a beneficial intervention strategy for the parents to take away after their appointment at the clinic.

Assessment / Screening Clinic Team

Brochures made available to you by Autism South Africa

Autism South Africa has the following brochures available either as downloads from www.autismsouthafrica.org or members of a;sa may request hard copies from the a;sa office.

The material contained in booklets numbered 1 through to 12, was provided by UK National Autistic Society under a Memorandum of Understanding with Autism South Africa.

1. Early Years and Autism Spectrum Disorders.
   By Christine Deudney and Lynda Tucker.
   By Catriona Hauser
   By Patricia Thorpe.
   By Emma Jones.
   By Christine Deudney.
   By Prithvi Perepa.
7. Why does Chris do that? By Tony Attwood.
   By Anh Nguyen.
9. Asperger’s Syndrome from diagnosis to solutions – A guide for parents.
   By Tony Attwood.
10. Working with an Asperger pupil in secondary schools.
    By Judith Colley.
11. The sensory world of the autistic spectrum: a greater understanding.
    By Kate Wilkes.
    By Patricia Thorpe.
13. Asperger Syndrome. By Dr Cobie Lombard (Autism South Africa)
    (Autism South Africa)
15. Sexuality Brochure – “I’m growing up”.
    By Rebecca Johns. (Autism South Africa)
16. Thoughts of a young sibling.
    By Kim Stacey (Autism South Africa)
17. Dietary Intervention.
    By Paul Shattock and Paul Whitley. (Autism South Africa)
Autism South Africa would like to express their heartfelt gratitude to the most appreciated benefactors and friends listed below, who through donations of funding, volunteering, participating in our Golf Day, or discounted or donated product, have made a significant difference in the lives of our many children and adults with autism in South Africa.

- 1 Time Airlines
- 232 Celsius
- ABI Limited
- ADC Telecommunications
- Adega Restaurants
- Adidas South Africa
- Adriatic Ship Supply and Trading Co
- Artiq Supplies
- Bayete Day Spa
- Birdi Golf Apparel
- BMW Financial Services
- Body Revival
- Canon Midrand
- Cellular Trees
- Centurion Lake Hotel
- Chrinica Projects
- Colour Corporate
- Davmark Print
- Distell
- Els for Autism Foundation
- Ernie Els Wines
- Fairlawns Boutique & Spa
- First Cut
- Geodis Wilson South Africa
- Glenrand MIB
- Golden Era
- Grant Thornton
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- Hyatt Regency Oubaai Golf Resort & Spa
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- Jakes Jacobs & Associates
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- Lynn Phillips Consulting
- Mortimer OFFSET
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- Multiprint Litho
- Nandos SA
- Nashua Vaal
- Nedbank Business Banking North Rand
- Nu-World Industries
- Nyati
- Octagon Chartered Accountants
- Piccolo Mondo Restaurant
- Pick ’n Pay Douglasdale
- PR Connections
- Promanser
- ProShop Woodmead
- RAM Hand-to-hand Couriers
- Ramsay Media
- Retail Brands
- Rietvallei Wines
- Roma Manufacturing
- SA Tool
- Second Chance Golf
- Sela Brokers
- Southern Sun
- Spar Sunninghill
- Sportsmans Warehouse
- Sun City Complex
- Sun International Management Ltd
- Tecdraft
- Technical & General
- The Golfer’s Club
- The Michelangelo Hotel
- The South African Breweries Limited
- Toys K Us
- Trattoria Renato
- Trimasters
- Ultra-Litho
- Yanni Technologies

It is with heartfelt gratitude that the National Executive Committee of Autism South Africa sincerely thank the National Lottery Distribution Trust Fund for the exceptionally generous donation of R1 410 000.00 in September 2010.
Hello everyone!

Not too much from me to report in this edition as the Regional Development Officers (RDO’s) and Bernadette have compiled their reports per province. Financial pressures at the end of April forced us on a bit of a ‘go slow’ with regards to our outreach programme. We have had to resort to asking information seekers for assistance with travel and or accommodation costs wherever possible and somehow we have managed to keep our heads above water until now. Thanks for your understanding and generosity.

Staff News
We welcome Ruth Blood, Regional Development Officer - Free State and Northern Cape who started with us on the 1st May 2011, and Binwell Keshi who on 1st August, took over from Trishana Soni as the Regional Development Officer for the Greater Johannesburg area. Johannes Ramano – Regional Development Officer for Northern Cape and North West is no longer employed by Autism South Africa and our National Development Officer Lulama Sikakane is handling queries from North West for the time being.

In August we sadly bade farewell to the 2 “aut;angels” who were interns from UJ. We wish them good luck in their final exams and graduation.

The Regional Development Officers and Bernadette our National Education Facilitator, have done an amazing job and have been extremely busy this year with awareness and up-skilling of teachers and therapists, so we decided to shift my portfolio just a tad so that they will receive requests, plan and co-ordinate all information sessions and training directly. This will free me up for a more intensive outreach strategy by way of telephonic surveys, viz identifying schools that we have not yet reached. This will improve our resource database and facilitate increased autism awareness events. I would also like to focus more on services for adults with autism such as day and residential care, as well as putting greater attention into how we can increase the employment level of our young adults with autism, as this already is an area of great concern.

There is so much yet to be done!

If you would like any information on new parent support groups or events, or if you have any suggestions regarding social networking viz. meetings for children and teens with like interests eg gaming, movie, sports etc clubs or weekend camp outings in your area please contact the RDO’s directly, see contact details on the ‘Staff’ page. Also, don’t forget to visit our web page for up-coming events! If you are able to assist me with awareness initiatives and or events please don’t hesitate to call me, I will use and appreciate all the help I can get!

I wish you all a wonderful summer holiday and season’s greetings! Let us all get to and from our destinations safely, feeling rested and rejuvenated for the new and busy year that lies ahead.

Regards Louise Taylor - Outreach Development Officer (ODO)
Information Sessions:

**Gauteng:**
- Ekhuruleni Metropolitan – ECD Conference – 200 Educators
- Rosettenville – Lusito School – 15 Educators
- Vereeniging – Kopanong Hospital – 40 Therapists, Doctors and Nurses
- Germiston – ASD Awareness Day, Ekhuruleni Metropolitan – 100 Educators, Therapists, Nurses and Parents
- Daveyton (East Rand) – Khetiwe Stimulation Centre – 20 Educators and Department of Ed officials.
- Sophia Town – ECD Conference – 200 ECD practitioners, Educators, Therapists and Parents
- Ennerdale – Community Workshop “ASD first aid kit” – 40 Educators and Parents
- Kwa Thembu (East Rand) – Phelang School – 38 Educators
- Randfontein – Rainbow Day-care Centre – 27 Educators and Parents
- Sophia town – Dom Matera Lsen School – 26 Educators and Therapists
- Benoni – Stepping Stones Pre Primary – 22 Educators
- Johannesburg – Wits Pharmacy Students Awareness – 42 Pharmacy Students

**KZN:**
- Pinetown – Browns School – 51 Educators, Therapists and Teachers
- Newcastle – YWCA – 32 Educators and Therapists
- PMB – Thembalithu Trust – 19 Therapists, Social Workers and Parents
- PMB – Social Dev. – 8 Social workers
- Scottburgh – Schola Amoris – 90 Educators, Parents and Dep. of Ed. officials
- Malmouth – Social Dev. – 19 Social Workers
- Stanger – Stanger Training Centre – 42 Educators and Parents

**Northwest:**
- Rustenburg – Laerskool Protea Park – 150 Educators and Parents

**Northern Cape:**
- Lime Acres – Lime Acres Primary School – 150 – Educators and Parents
- Kimberley – Dep. Social Dev. – 42 Social Workers
- De Aar – Dep. Social Dev. – 20 Social Workers
- Upington – Dep. Social Dev. – 42 Social Workers
- Kuruman – Dep. Social Dev. – 28 Social Workers

**Limpopo:**
- Sekhukhune District: School Principals ASD Awareness 130 primary school principals

Mpumalanga:
- Middleburg / Dep. of Social Dev. – 24 Social Workers

Workshops:

**Eastern Cape:**
- Umthatha and East London – 120 Educators, Therapists and Parents

Training:

**Gauteng:**
- RDO Training

Total Delegates: 1737

Pending Outreach October 2011:

**Gauteng:**
- Tiba Services for the Blind
- Soweto – ECD Conference UJ.

Pending Outreach Nov 2011:

**Gauteng:**
- Kempton Park – Conamore School

**KZN:**
- Dep. Social Dev.
- Newcastle YWCA Lsen School

Outreach Activities by Dr Griessel, UFS

**Free State:**
- 28 and 29 September ADOS evaluation of 9 Children for Elizabeth Conradie School, Kimberley
- 28 september : Talk on Autism to 4 Paediatricians and 6 GPs in Kimberley
- 29 sept : Talk on autism Douglas ; 35 parents 4 Therapists, 2 GPs
- 30 September : Talk at inaugural meeting Autism assist , Kimberley ;70 people attended
I feel honoured to have been given the opportunity to work with Autism South Africa and be part of the team making a difference in the lives of children with autism. As a parent of an autistic child, I am aware of what other parents are going through and therefore bring to this position, my own personal experience of the problem.

Academically I hold a Bachelor of Arts degree and I am studying towards my Masters. I began my working career in 1995 as Hospital Manager and later joined CARE International where I worked with orphans and vulnerable children. While working with CARE I was privileged to attend a psychosocial support for orphaned children training held at Masiye Camp in Bulawayo, Zimbabwe. It was after participating in this camp that I developed the passion to work with children with special needs. Apart from other trainings, I also completed a Diploma course at RHEMA Bible College.

Other organisations I have worked with include “Doctors Without Borders” (MSF) and Standard Bank. While working with Doctors Without Borders, I was also privileged to spend some time in Juba, South Sudan. This further triggered my desire for humanitarian work. Between 2007 and 2010, I chaired the Executive Committee of the Children Disability Centre. This gave me the insight into the challenges and what is being done to alleviate the suffering of not only autistic children but their parents too. My greatest desire is to make a meaningful and professional contribution to the work of assisting autistic children.

One African adage says “It takes the whole village to raise a child”. Indeed this means that a child does not need to be your own in order for you to assist. It is important to acknowledge that not all children have the privilege of growing up without any challenges. A good number of them find themselves with one form of disability or another and that puts them at a disadvantage in comparison to other children if they are not supported and assisted. With help, we have seen that disability does not mean inability. In one of the first Intersectoral meetings I attended, it was very clear that most of the people present in that meeting knew very little about Autism. It was also evident that the lack of information about autism is much greater in smaller communities. This to me was a good starting point of what needed to be done. This meant that in my work more effort would be required in the area of awareness raising, advocacy, facilitating parent support groups and helping to establish many diagnostic and assessment facilities.

Awareness presentations have also been delivered at three schools in the greater Johannesburg area. We have hosted successful autism awareness exhibitions at the SA Medical Association Expo, Future Ed Expo as well as at the Disability and Trade and Lifestyle expo.

Parent Support Groups
The creation and ongoing guidance of Parent Support Groups (PSGs) to ensure assistance to parents and children with Autism is holistic. I am so humbled by the enthusiasm and determination shown by those involved with the Parent Support Groups I have visited. I have attended meetings of the following support groups; Charlotte Maxeke Hospital, Natalspruit Hospital, Fourways, Hurlingham and Auckland Park. Plans are underway to launch the Benoni, Springs and Roodepoort Parent Support Groups. All Support Groups emphasised the need to make the meetings relaxed, interesting and entertaining but to ensure a strong educational component. Thanks to Ann Janks, a well known Psychologist based in Norwood, who donated her time and shared her professional knowledge. We thoroughly enjoyed a presentation on Social Skills that although hosted by the Hurlingham PSG, was attended by parents from other support groups. At the Natalspruit Hospital parents enjoyed watching a movie on the life of Temple Grandin that shed a lot of light on how autistic children perceive and can react to the world.

A meeting is planned with teachers and health workers in Ekurhuleni District where we will share information on Autism and discuss how the two departments can work together in assisting children and their families. We have seen an increase in the number of parents requesting formal screening and assessments, which shows that our awareness campaigns have been successful, but sadly when it comes to finding these children beneficial educational placements, this can be a nightmare and an issue our National Educational Facilitator is working exceptionally hard with me to rectify.

My time with Autism South Africa has been very fulfilling. The few meetings I have had so far with parents and other key stakeholders have been very positive and I am so glad that we can work together to make a difference in children’s lives. May I also take this opportunity to thank all the staff at Autism South Africa for such a warm welcome and for all the support they have given me. With this kind of support I have no doubt that my contribution to children with autism will be meaningful.

Awareness Programmes
When Trishana handed me the reins, she was busy with the Soweto Awareness Project, a project that targeted 13 clinics in the area, only 3 of which had received a presentation on autism. Since July a further 4 autism awareness presentations have been completed, with the and the last three clinics of the Soweto Project awaiting attention.

“Avoid underestimate persons with autism, try to understand.”
Anonymous
Hi Aut; Talk Readers

Remember me? Mary Moeketsi. In April I introduced myself as the Regional Development Officer for Mpumalanga and Limpopo Provinces I was still getting my feet off the ground at that time. Now, I can report that I have settled in well and that since April I have been running, huffing, puffing and jiggling between the two provinces!

Awareness

In Polokwane at the end of April we had a mini Autism Awareness Walk. We walked around the SABC Park and had a five minute interview on iTshitsonga radio station which led to a follow-on interview at Thobela FM on the 4th of May.

I have given numerous Awareness Session presentations reaching about 450 people.

Below are some of the districts with which I have made good progress:

* Nkangala Witbank District - Social Workers
* Weltervrede Circuit - Department of Education
* Libangeni Circuit
* Madubaduba Cluster
* Nkangala District in Middleburg - Social Development

I have been to six LSEN schools in Sekhukhune District, three in Mopani District and two in Waterberg District. In all of the schools that I have visited their most urgent need is for training and formal assessment of the children with ASD. In Limpopo the Department of Education will be re-assessing all the children in the LSEN schools for showing signs of autism at the beginning of next year.

Future Training: Staff at Autism South Africa Head Office are compiling a “First Aid Kit” for teachers and therapists. This is literally a First Aid kit that provides professionals with immediate, simple and easy-to-initiate, hands-on intervention to assist children with autism in their classrooms.

I visited a home for children with special needs in Bela Bela, Waterberg District. I was asked to visit the home by the Provincial social worker co-ordinator who had heard that a little boy with autism was about to be thrown out of the Centre because the managers and care givers were not equipped to manage his aggression (later established – poor response to his meds). I managed to enlist the help of Dr Mabeba who referred the boy to Giyani Hospital where he was admitted for observation. I am happy to report that with a change in meds and a little autism awareness the boy has since been discharged and is doing much better though the social worker now feel that he would do much better in an ASD friendly environment, so we are searching for a suitable LSEN school to accept this young boy as we up-skill the staff on autism.

Parent Support Groups

We have a parent support group in Polokwane and we are about to set one up in Thabazimbi. For more information about operating parent support groups, or if you feel you would like to assist me in any way, please contact me by phone or mail.

Goodbye and happy holidays!

Awareness Sessions
Boshof Clinic
Kottiefontein Clinic
Aramela Combined School & Boshof intermediate school, Social Workers of Phutaditshaba and Bethlehem

Educational Services
* Boitumelong School started two classes for learners with ASD.
* Johan Slabbert School in Kroonstad will be establishing a class next year.
* Leboneng School in Welkom are also in the process of establishing a class next year.

Awareness
* Distribution of pamphlets to DR’s surgeries

* The PSG at Boitumelong had a public awareness campaign on the 22 September

Parent Support Groups
* Boitumelong School at Thaba Nchu started a support group.

We look forward to starting support groups in Welkom and Kroonstad in the near future.

In conclusion, I would like to thank the OT’s, teachers, the Department of Social Development, parents and everybody who has made it so rewarding to work in the Free State. Your passion for autism really drives me to do more.

Thanks!
Hello again from the beautiful Eastern Cape.

It is becoming well known that Autism South Africa has an office in the Eastern Cape and I am getting a LOT of phone calls from parents and professionals alike requesting information. I have counselled parents and care-givers for 27 children diagnosed with ASD / Asperger’s Syndrome referred to me by their GP’s, Paediatricians or professionals working with the children.

I, in turn, have built up a large number of contacts in the Eastern Cape where I can refer parents for diagnoses or therapy for their children.

In May 2011, I started contacting the Department of Education for a meeting to discuss the shortage of educational facilities for children with ASD in the Eastern Cape. Finally, in September, I was able to meet with Mr. Ngwanya, Director for East London District to discuss the issue. He promised to motivate a proposal for more educating staff and classrooms and to stress the importance of a dedicated school for ASD learners in East London in the future (2013/2014).

The Autism South Africa brochures and information pamphlets that I hand out at Awareness Sessions are very well received and attendees are always very complimentary about the quality of all the information that we hand out. I have never presented an Awareness Session at any school or organisation and NOT had heads nodding in recognition of some or most of the signs or symptoms relating to one or more of the children at their school or organisation.

**Awareness**

In the last 6 months I have done a lot of Awareness Sessions with schools, District Offices of the Department of Health (Clinics), Traditional Doctors, numerous NGO’s, the Department of Health, Sub District King Williams Town - 15 people attended.
Stutterheim Primary School, Stutterheim High School, Nomathemba Primary School, Mlungisi Primary School, Sikulule Primary School and Zamukhanyo Primary School from the Stutterheim, Mlungisi, Kubusi and Kolgha Districts - 12 delegates.
At the Stutterheim High School - 42 delegates.
At Gonubie Primary School - 25 delegates.
Seven Key’s Private school - 15 delegates.
Stepping stones Pre-school - 8 delegates.
Arcadia Remedial Special School - 25 delegates.
Gonubie High School, 18 people reached.
CHOC / CANSA East London - 10 delegates.
Lifeline East London - 30 delegates.
Frere Hospital, East London Hospital Complex - 25 delegates.
Fort Hare University, Psychology Department - 10 delegates.

**Information Session**

The Information Sessions held in Mthatha and East London, as part of the Eastern Cape Tour of Autism South Africa to promote awareness and bring much needed information to the Eastern Cape, were very well attended and my special thanks to Bernadette Papadakis and Louise Taylor for their valuable work done during the tour. My thanks also go to our presenters in Mthatha; Mr Shadrach Govender and Dr Makrexeni, and in East London, Vanessa Ruiters and Penny Bartlett. A special thank you to those who most kindly arranged the venues for the Information Sessions and accommodation for the Autism South Africa ladies. The outcome of our Information Session in Mthatha is that the staff at the Nelson Mandela Academic Hospital will have a meeting and start a Diagnostic Team in Mthatha so that patients will not have to travel so far for diagnoses and therapy sessions!

**New Contacts**

* Micky Mouse Pre-school. Buffalo City College, Health and Welfare, Miss Finlayson.
* Disabled People of South Africa. REHAB SA, East London office. FAMSA.
* SANASE meeting on the 07/09, ASA is already affiliated, Department of Education, Sterkspruit District and Butterworth District.
* George Randell Primary School and Kuswag Laerskool a combined meeting is to be set up in the near future.
* Nelson Mandela Academic Hospital, Mthatha Hospital Complex for future information sessions and the proposed diagnostic team.

**Parent Support Groups**

Our support groups in the Eastern Cape are still running strongly and we are hoping to expand on our numbers of groups soon. I have recently made contact with a few young adults with Asperger’s Syndrome and High Functioning Autism and would like to introduce a Support Group for these people. A big problem is also trying to find employment for the older teens and school leavers who cannot function in a normal work situation. I am looking at the possibilities available in the Eastern Cape but there does not seem to be a lot of sheltered employment.
opportunities available. If anyone can assist, please contact me. I am thrilled to say that the Master Artisans Academy, German Craftsmen in Action, does help find skilled employment for young people with ASD and Asperger’s Syndrome. They will teach hand skills and welding and electronic skills that will increase their chance of finding employment.

As the months go by, the Autism South Africa Eastern Cape office is getting busier and busier. I will continue with the task of promoting awareness, understanding and acceptance of autism in my province that Autism South Africa has set up and I keep sourcing valuable contacts that will help the children and adults with ASD in the Eastern Cape.

On a personal note, my son Daniel who has autism, has started golf lessons and it is the most wonderful thing for him to do. It is a precision sport and an “alone” sport, not a team sport, where he only has to compete against himself. He is doing very well and his instructor, Algy Kietzmann, is a real STAR!!! Daniel shows real potential!

Keep well until next time...

Let’s Unite for Autism!

Parent Support Groups

Gauteng
RDO Greater Johannesburg: Binwell Keshi - 011 484 6448
Johannesburg
Hurlingham: Frances Cowen - 076 0376023
Baragwanath Hospital: Marium (S.T.) - 011 933 9265
Natalspruit Hospital: Kenneth Khoza - 072 398 7179 or Phindile Nkosi - 011 905 1592
Charlotte Maxeke Hospital: Katherine Smith - 011 488 42 93/6
Genius Specialised Education: Hugo Mendes - 082 459 2311
Fourways: Zelda Pringle - 011 462 4886
Benoni: Pat Cannon - 082 214 7008 or Tammy Spandiel - 082 886 9822
Roodepoort: Monika Croll – Monika.Croll@ferring.com
Daveyton: Joana Ndelele - 072 735 0587
Springs/Nigel: Chantel Starak - 011 737 9719
Soweto: Neo’s Hope Daycare and Stimulation Centre, Dube Village, Lindi Motloung - 072 866 3553

Vanderbijlpark
Wings for Life: Margaret Dippenaar - 083 254 0632

Mpumalanga & Limpopo
RDO: Mary Moeketsi - 071 360 6535
Polokwane
Mary Moeketsi (Thabazimbi - TBA)
Witbank
Lisel Rhom - 083 613 0225
Johannes Vermeulen - 083 335 9804

Free State
RDO: Ruth Blood - 071 473 4293
Bloemfontein
Perto Vrooman - 082 534 4516
Ilse Van Eck - 073 660 7797
Thaba Nchu
Boitumeleng School: 051 874 1380 (Kroonstad & Welkom - TBA)

KwaZulu-Natal
RDO: Rosemary Shezi – 071 360 4034

Durban
Di Maitland - 083 443 8383
Action in Autism: Liza Aziz - 083 777 4468
Allingham Primary School, Phoenix: Sheraine Reddy - 013 563 5052

Eastern Cape
RDO: Antoinette Bruce-Alexander - 072 678 2452
East London
Autism Sinethemba : Antoinette Bruce-Alexander - 043 748 3992 / Patricia Marsh - 071 301 6132

Western Cape
Cape Town
Autism Western Cape: Helen Heyes 021 5573573

Asperger’s Support Groups

Pretoria
Asperger Support Group: Loren Schreppele - 083 309 8654
The Adult Aspie Social Group: Tanya Carter at tanyasc100@gmail.com or Tania Melnychuc at news-editor@magazine.co.za or join the group on Facebook: Ascape
Youth Group: Natasha van Zyl at tasha@sibusisiwe.org.za
ASCON : Avril Meaker – 021 715 5255/083 666 2157 / ameaker@telkomsa.net or Jana Forrester-084 513 1333 / janator@telkomsa.net / Facebook: Asperger’s Connections – ASCON Support Group
If you run a parent support and or social group and you would like to be listed on this page, please forward your details to Louise Taylor- 011 484 9909 / outreach@autismsouthafrica.org
If you would like to be part of a parent support group in the Greater Johannesburg area please contact Binwell Keshi 011- 484 6448 / autismjhb@autismsouthafrica.org
If like Emma (see “My Life”), you would like to suggest or initiate special outings or networks of similar interests e.g. a gaming or movies etc., please contact your local support group or RDO with your ideas.
Hello to everyone...

I am a mother of a lovely boy who is 9 years old who was diagnosed with Autism at the age of 3 and ever since I have embarked on a journey with autism. I am not a Lone Ranger though in this journey, my husband is an equal patron with overwhelming support from our family, much credit to my matured parents who have so much zeal and enthusiasm for my son. My two sisters are doing ongoing research on the spectrum and are looking for best opportunities available and have attend sessions or workshops on autism to gain more insight. Being parents of a child on the autism spectrum gives a different perspective to life as a whole. I must say challenging as it may be, our son’s condition has created a greater bond in our family and the love he displays for us all and his brilliant smile is even more rewarding. Our son, Hlumelo (aka Pheliphele) is our inspiration.

I have visited a number of special schools in the province around Pietermaritzburg, Durban, Ladysmith, Newcastle, and Stanger to gather information on how ‘Autism friendly’ schools are and determine the information requirements of educators and staff on the subject of ASD. I provide ongoing support to schools with regard to reading material and referrals to other professionals in the field of autism. Early Childhood Development centres also find the Awareness Sessions very helpful. I have facilitated the assessment and admission of four learners in PMB., Pinetown and Richards Bay.

Awareness
Visits to The Office of The Premier of KwaZulu Natal through the Human rights sector, Camperdown Disability Forum, Sunny Lee pre-school, Little Lambs, The Brown’s School, Zamani Pre-school and day care centre, Ethan House Class at NCF church (Pmb), Horizon Farm Trust (Horse Riding and respite care), Thembalethu Trust (Pmb), Valley Trust, Diakonia Council of churches, Epilepsy SA (Pmb), UKZN Child and Family Centre (Pmb), UKZN school of Psychology (Howard College) (both campuses offer assessments and ongoing support to families and educators). KSAD (UKZN), Nelson R. Mandela Campus, CREATE, YWCA (Madadeni), Phakamisa in the Pinetown Methodist church - groups of supervisors of ECDs, orphanages and crisis centres, Dep. of Health - Ethekwini Municipality, Doctors in the DoH, public hospitals & private prac (for clinical assessments & diagnosis) and finally the Disability section of Department of Social Development. With November being disability month the department has committed to helping raise more awareness about ASD.

Support Groups
Stanger: The Stanger Training Centre (Mr Hira) has made the school hall available for meetings. The Mayor of KwaDukuza Councillor Mthembu supported the launch and sent a message of support with his wife who gave the key note address on the day and a personal donation to help start up the group. Amazing!

Ladysmith: Inkanyezi Special school, Irene Clayton (parent and educator) helped to get the group started.

Pietermaritzburg: We Thanks Ramola and Rubin Gannesen (parents) who generously run these meetings, and the following professionals who have visited the group, free of charge, to share valuable knowledge and expertise with everyone present. We welcome the Mental Health support group who merged with us recently. Arshad Ameer & Dave Prentice (C.A) from Hilton who gave the group information on Tax and correct procedures to follow when completing Income Tax claims. Dave, on behalf of the group, also generously took it upon himself to enquire with SARS and the Medical Aid Board issues not clearly defined for people affected by ASD. TRIAD Behaviour Consultants from Pinetown also paid a visit to the capital city at no cost to give a talk on behaviour management in the home, at school and in social arenas for parents. They also informed of the programs available to help families and care givers. In August TRIAD ran a free parent training home program for parents in Pinetown and they keep in touch with families to monitor progress and one care giver who came from Margate is stunned with the changes she sees in her brother’s behaviour from that training. Thanks to Paola and her team.

A mobile or more flexible spouse support group is to be launched in PMB in November; this should make things a little more accessible to busy spouses.

In conclusion, this province opened at a crucial period. The Department of Education - KZN, has embarked on a mission to ensure that every Special needs school caters for learners with Autism and for learners who require High Levels of Support. WOW!! I have never seen a department so committed, no wonder the 8th DPI World Assembly was hosted in Durban.KZN Department of Education, CONGRATULATIONS!! We, all the parents and educators, thank you for hearing the voices of so many desperate people.

I applaud the parents and pioneers who drive wagons through unchartered mountains and valleys in the name of ASD, for their determination and perseverance! Parents from Action in Autism!

LET US COMMUNICATE AND BUILD AN EVEN STRONGER FRONT TO BREAK THE BARRIERS AND BEAT THE OBSTACLES AND IGNORANCE TOWARDS AUTISM AS A UNITED PROVINCE!!

Love and cheerfulness will pull us through.

HAVE A BLESSED AND PEACEFUL FESTIVE SEASON WITH OUR ‘ANGELS’, TILL NEXT YEAR!

PEACE .....

For the full four-page report or any other information you would like made available to you, please contact me. Maam Rosemary Nomalanga Shezi (AKA Ma Autism)
Our attention was drawn this July to the beautiful lush province of KZN. Rosemary Shezi, (KZN Regional Development Officer) had worked hard generating contacts and making plans to secure Autism South Africa two weeks of action packed information sessions that took us from the windy beaches of Scottburgh all the way to the rolling green mountains of Zululand. Five two-day sessions and five one-day sessions were to be delivered in eight destinations across the province. We shared information with parents, teachers and therapists. Together Rosemary and I embarked on this ambitious trip in the ‘mouse car’ (our hired Kia Picanto) which took us safely, albeit slowly to each of our destinations.

Kicking off our trip was a one day information session at Browns School for children with Autism in Pinetown, the school being kind enough to let us use their hall for the day. After a small technical glitch involving projectors and the last minute hiring of one, we were under way!

Despite very unkind weather and freezing conditions in the hall, our first day was a great success, and as we made for our second destination we felt elated and ready for more. A long drive and many hours later we arrived in Newcastle, at the YWCA school for learners with Special Educational Needs, our home for the next two days.

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I was delighted to learn in Newcastle that there are many people aside from our family here at ASA who are working hard to raise the profile of Autism in their areas across South Africa. We shared two joyful days at the YWCA discussing early identification and the diagnostic hallmarks of Autism Spectrum Disorders. In November we will be returning there for a follow up session of more practical classroom strategies. To our great delight, the YWCA have now received the go ahead and the means to open an Autism unit at their school, which will comprise of two classes and a sensory room.

Over the following 10 days we journeyed through PMB, Malmouth, Chatsworth, Scottburgh and Stanger and in each place we were received with warmth and open arms. Every destination held a unique appeal, but friends were made in all, and lasting ones at that. This trip afforded me yet another opportunity to learn, meet wonderful people, and become an active participant in the fight for improved lives of people with Autism in South Africa. KZN has implanted itself firmly within my mind as a province filled with loving people, beautiful trees, and mountains that takes one’s breath away. I cannot wait to return in November when Rosemary and I will take Ladysmith by storm, and return for a second visit with our friends in Newcastle. Put on the kettle YWCA, we are on our way!
**Northern Cape Social Development Tour August 2011**


On this action packed four day trip we visited social workers in Kimberley, De Aar, Upington and Kuruman. This vast, beautiful, sometimes desolate province of South Africa is in dire need of more information and services regarding Autism, and the sheer distances between cities can in itself become a barrier in spreading awareness and creating accessible services. In our time there we met 132 social workers, and shared with them the warning signs for autism, the core areas of impairment and some information about intervention. We discussed in depth the role of the social worker in the lives of families affected by autism, and our delegates said they felt more prepared now to spread awareness and direct families to the appropriate services.

A real necessity in the Northern Cape is the creation of more qualified teams who can diagnose autism outside of Kimberley, and thus be more accessible to those families who are unable to travel the distance. We will continue to work with the Department of Social Development with whom we have formed a good relationship, and we hope to follow up with everyone soon.

**Eastern Cape Tour August 2011**


Re-visiting the Eastern Cape held certain nostalgia for me. As a child this was the home of family friends, and the lushness, humid air and dune beaches made me feel 8 years old again! Unlike when I was 8 years old however, on this trip I was due to present material to 120 educators, therapists, nurses and doctors. With the ASA team by my side, we set off for the Nelson Mandela Hospital in Mthatha.

With the help of Shadrach, head OT at the hospital, we hosted a wonderful day of information sharing. Thank you to our guest speakers, Shadrach Govender and Doctor Makrexeni, who enriched our discussions with their expertise and knowledge. Future plans include the setting up of a diagnostic team at the hospital, fabulous! East London was our next stop, where we were beautifully hosted by the wonderful people of Intsikizi Lodge, who not only fed and housed us, but also lent us their conference room. The turnout here was phenomenal, and we had chairs virtually bursting out the doors! Nevertheless, a fantastic day of information sharing and discussion took place, and we left Antoinette with more than her fair share of follow up work to do! Big thanks to our guest speakers Vanessa Ruiters and Penny Bartlett! We hope to visit three schools early next year who had representatives at our workshop.

Thanks Eastern cape for a wonderful trip!
Autism Diagnostic and Observation Schedule (ADOS)

Prior to the SA ACAPAP Congress on the 18 July there was much excitement amongst clinicians from around South Africa who through Autism South Africa, that had motivated and received a generous donation from the National Lottery Distribution Trust Fund (NLDTF), were able to receive sponsored training in ADOS.

We were exceptionally honoured to have Dr Petrus de Vries and Mrs Loraine Cuff implement the training for 48 delegates for two-day clinical training session on the 15 & 16 July and for 8 delegates who undertook the intense research training on the 17th and 18th.

We were fortunate to have a number of delegates from most of the provinces as well as some keen players from Namibia and even Kenya. The training was intensive, fast-paced and a lot of fun. Acknowledgment must also be made to Professor Lorna Jacklin and Dr Lynda Albertyn for all their assistance as well as to the children and their families who offered their time to be involved in the practical aspect of the training.

Another truly wonderful aspect of this project is that Professor Catherine Lord, co-author of this Gold Standard Diagnostic tool, donated 11 ADOS kits for distribution over the next 2 years, to clinicians working in State services, thereby making a significant difference to children with ASD from lower-resourced families and communities.

Picture Exchange Communication System (PECS)

When we first negotiated bringing PECS out to South Africa, our biggest concern was that we would not receive the required minimum number of delegates...Boy did we underestimate the interest!

In the end we were forced to close registration early to avoid a shortage of training manuals already in transit from the UK.

Over 100 people from different disciplines country wide, including a few from Namibia and Swaziland, registered for the 2 day training. A few, so impressed with the two days, insisted on staying for the advanced training where the initial cut off was 85 delegates.

Lori Frost and Andy Bondy who delivered the training, are the co-founders of Pyramid Educational Consultants so we were extremely fortunate to have it right from the horse’s mouth...so to speak. We were pleased to hear that both Lori and Andy were hugely impressed with the turn out, the quality of the audience and we are pleased to report that they will return in the future. It was Andy’s birthday during the training and so a birthday surprise, songs and gifts were arranged through the delegates generously. Andy was quite emotional and extremely grateful, so again, thank you all!
The Ernie Els Centre for Autism believes that every child with autism can learn and deserves access to effective education. We recognize that every parent and family member plays an important role in helping their child reach his or her fullest potential; therefore we provide families of children on the autism spectrum with comprehensive training on how to use best practices in education and autism treatment to teach their child. All participants receive free access to an online treatment tool called Rethink Autism as well as monthly group and one-on-one consultations with a trained facilitator. Consultations compromise of the following: child assessment, training, and curriculum development.

We are currently availing over sixty families of children on the spectrum with access to best therapeutic practices via our multi-faceted digital learning programme. Over the past six-months, we have seen a steady increase in the number of lessons mastered by children benefiting from our programme. In addition, results from a recent parent survey conclude that parents not only see significant progress in their child’s skills, but also feel more confident in regards to managing challenging behaviours, communicating with their child, and feeling more confident about their child’s future. With research on our effectiveness continuing to increase steadily, Els for Autism plans to open additional Centre’s around South Africa in the near future so that more children can have access to beneficial treatment.

A big thank you to Robin Millerd and Stephen Fish for raising R70,000 for EEC4A at the Mahone Masters.

Joy Morotolo-Sejake, proud parent of Kamohelo, reviews video-lessons from her child’s customized curriculum.

Fentse Latha, daughter of Cynthia Latha, practices her newly mastered skill of imitating gross motor movements with Director, Kerri-Lyn Kelly.

Sumari Breetzke joins staff at the Ernie Els Centre for Autism as our new Head Facilitator. Sumari has over three years of ABA experience working with children on the spectrum. She is currently completing her PH.D.
On Recovery

About 18 months ago, I attended a national conference on autism in Providence, Rhode Island. One of the keynote speakers was a well-known researcher who gave an eloquent presentation about the dangerous effects of toxins on child health and development. She made a clear and convincing argument about the importance of funding research to examine the relationships between toxins and chemicals in our environment and foods, and the increase in neurodevelopmental disorders such as autism. Sprinkled throughout her presentation were comments that implied that we are at the precipice of being able to “reverse the course of autism”; “resolve the toxic influences that cause autism”; and yes, “recover children from autism”. Knowing that approximately one-half of the audience of 800 was comprised of parents, I immediately began to reflect on what they were likely taking away from this presentation, and my discomfort increased. There was a strong implication that nutritional and biomedical interventions were the only hope for the future.

Immediately after the presentation, a few parents of older children who I had known for many years came up to me and said, “Here we go again; lots of promises with no accountability. We’ve been down this road too many times”. No one thought that the talk was unimportant. The concern of these “veteran” parents was the message that would be taken away by parents new to autism.

Spurred on by the concern of these parents, I approached the speaker and respectfully asked her to expand on how she defined and would measure “recovery”, and “reversing the course of autism”. After quizzing me on my credentials, she brusquely stated, “Yes, I guess we need to consider this issue. My colleagues and I intend to have further discussions about this”. Quite frankly, I was dumbfounded. Although she felt free to use the term, this renowned researcher had not yet operationally defined recovery, a concept that most parents and practitioners would agree not only requires, but actually begs for clarity, since the idea of recovery is arguably one of the greatest areas of debate and divisiveness in the field of autism today. Specifically, should we continue to consider autism to be a lifelong developmental disability for the majority of affected individuals, as it is currently defined, or should we consider recovery a realistic goal to strive for? My true concern about this presentation was its lack of balance, given that the speaker clearly implied that all hope lies within biomedical approaches; whereas educational approaches (by clear omission during the presentation) offered little hope.

The Controversy Surrounding the Term Recovery

Now why should the issue of recovery even be controversial? Certainly, the great majority of professionals and parents, and many individuals with autism, would welcome and even celebrate breakthroughs that reduce or eliminate the great challenges and stressors associated with autism. However, the language we use does make a difference, and there is growing evidence, albeit mostly anecdotal, that setting unrealistic expectations (and in the worst case, making unsubstantiated promises to parents), can have a profound, detrimental impact on families and children.

Let’s start with the issue of the language that is used. Many phrases have been tossed around loosely over the past few decades regarding progress that we hope to see in children and older individuals with autism. The word cure has been used infrequently over the years, but as many neurologists have noted, to cure a neurologically-based condition: 1) the specific nature and site of impairment must be identified; and, 2) it must be demonstrated that the impairment or damage is no longer present following treatment. Neither of these criteria has been met regarding individuals with autism. The controversy surrounding the term recovery is arguably one of the greatest areas of debate and divisiveness in the field of autism today. Specifically, should we continue to consider autism to be a lifelong developmental disability for the majority of affected individuals, as it is currently defined, or should we consider recovery a realistic goal to strive for? My true concern about this presentation was its lack of balance, given that the speaker clearly implied that all hope lies within biomedical approaches; whereas educational approaches (by clear omission during the presentation) offered little hope.

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Barry M. Prizant, Ph.D., CCC-SLP

The controversy surrounding the term recovery...
...setting unrealistic expectations (and in the worst case, making unsubstantiated promises to parents), can have a profound, detrimental impact on families and children.

to the wiring itself. As a replacement for the word cure, the term recovery has become increasingly popular (although given how it is currently used, one would be hard-pressed to define the difference between the two!) Indeed, recovery is the preferred term today, and has been used in various versions such as, making progress towards recovery; recovery from autism; and on the road to recovery. Coming from an educational and therapeutic perspective, I’ve come to wonder how these terms are different from descriptors I have used, and that have been used commonly by colleagues and parents in reference to so many children over the past 30 years, such as, she is making excellent progress; is doing really well; appears to be overcoming many of his challenges; and so forth. The answer is obvious: The descriptors that are becoming increasingly popular today focus on the destination (i.e., recovery), while the terms educators and therapists continue to use focus on the journey (i.e., progress).

Defining Recovery
A related issue is how we define recovery. Here are some possibilities:

He no longer “looks autistic”, but now looks “normal”; her behavior “no longer meets DSM-IV criteria for ASD”; he is “indistinguishable from his peers”; she is “no longer in a world of her own”; he is “quite independent and no longer needs 1:1 support”; and so forth. When this term is used in regards to neurological conditions with a later onset, such as “recovery from a stroke”, the phrase “degree of recovery” is often used. This refers to the progress a person makes following a stroke resulting in improvement that approximates the pre-stroke functioning of that individual in language, motor skills and so forth. However, this seems to be less appropriate for children with a developmental disability such as autism. With more time, we could give much attention to how the definition of recovery can be quite elusive. We have had a number of examples in recent years of parents who have written books or have gone public, sometimes on television, about “recovering” their children from autism, who in subsequent interviews, or in less public forums, have backed off to say, “Oh, he is a child with autism who is high-functioning”, or, “I didn’t mean to say he has recovered, rather he is on the road to recovery”. I have known children who meet many, if not all of the “criteria for recovery” noted above, but still have clear vulnerabilities that require attention and support. In some of these cases, parents do not wish to abandon the label of autism, as they are aware of their child’s vulnerabilities and the importance of keeping supports in place, and educating others. Nevertheless, it is reasonable to ask those who continue to use the term recovery to be clear about what they mean by it, so that this information may be used in evaluating treatments and in setting appropriate expectations for families.

The Downside of “Recovery”
At this point, we must consider the potential detrimental effects of overly focusing on the destination of recovery, as opposed to focusing on the journey of progress. To be honest, I feel a bit uneasy about raising this issue, since questioning the concept of recovery as anything but hopeful and positive feels akin to criticizing apple pie, motherhood, and the Stars and Stripes! However, my experience—and the experience of many valued colleagues and parents—indicate that the picture is not as clear as it may seem, and that there is a clear downside to an extreme focus on recovery.

Before considering this other side of recovery further, it is important to recognize that this issue is far more than an objective exercise in semantics. We are talking about one of the most sensitive issues for any parent—the
my experience—and the experience of many valued colleagues and parents—indicate that the picture is not as clear as it may seem, and that there is a clear downside to an extreme focus on recovery.

Primal and deeply personal desire that one’s child have a happy and healthy life, as well as all of the opportunities in life afforded to any child. Above all else, this is what parents live for, and our individual self-assessments of our parenting skills are largely based on how successful we are with our kids. Indeed, it may very well be that an extreme focus on recovery exploits these primal desires, and may also interfere with the processes of adaptation and coping through which all parents of children with special needs must navigate. With this in mind, let’s reflect on this darker side of “recovery”.

An excessive preoccupation with recovery may be problematic for the following reasons:

1. **Current research does not support the likelihood of recovery for the majority of individuals with autism.** In fact, many of the most successful people with autism still experience residual challenges and do not refer to themselves as “recovered”. Additionally, some see autism as such an inseparable part of who they are that they do not wish to be “recovered from” autism. Dena Gassner, a woman with autism who is a social worker, told me at a recent conference that, “People don’t recover from autism; they recover into autism.” In other words, those individuals that she knows who have the best outcomes and quality of life are those who have a greater understanding of their autism and how it impacts them, so that they may be able to anticipate and learn to cope with their challenges, and grow and evolve as individuals.

2. **Speculation about, or promises of “recovery” most often come from professionals who have a vested interest in disseminating and promoting their particular treatment, whether behavioral, educational, or biomedical.** Their intentions may be honorable; however, emotional or fiscal investment always muddies the waters of intention. When the term recovery is used in association with, and/or as a justification for selling services or treatments, there are serious ethical considerations. In fact, some claims about recovery may actually be in violation of the code of ethics of some professional organizations, since many of these typically require a minimal level of research prior to making claims about anticipated treatment outcomes.

3. **When parents overly invest (fiscally and/or emotionally) in the destination of recovery, it may result in an insinuated focus on the child “who could be”, as opposed to the child “who is”.** Following a talk I gave at a recent conference, four mothers approached me and introduced themselves as “Moms Who Are Recovering from Trying to Recover Their Children”. One went on to say:

   I was taught to be so focused on training skills, extinguishing and controlling behavior, and ‘curing’ autism that I lost sight of who my child was. We are still working hard to support his development, but I now celebrate the child that he is rather than wait for the child he could be.

4. **It is a well-known and sad fact that the divorce rate in marriages where there is a child with autism is close to 80%. There is a virtual absence of research examining the factors that contribute to this rate; however, differences in attitudes between spouses about treatment and recovery may very well play an important role.** At our annual weekend parent retreat, the discussion inevitably comes around to the importance of taking care of the marital relationship, as well as each parent taking care of him- or herself, since doing so ultimately benefits the child. At our most recent retreat, one parent in our closing circle talked about how she finds herself falling back into the “recovery mission” (which entails staying up until two a.m. every morning on-line to explore new treatments), resulting in her being exhausted, neglecting her husband, and being less available emotionally for her child. She stated, “It’s all about finding THE answer for my child, but I must remember that I need to take care of myself and my marriage as well.”

5. **A culture of divisiveness has developed around the issue of recovery, dividing groups of professionals as well as parents into “believers” and “non-believers”.** For example, in my role as a school consultant, I recently visited a family with two young children with autism in preparation for transition from early intervention to school services. Following the end of a positive and productive meeting, the mother turned to me and said, “Barry, we are looking forward to working with you and the school, but I need to ask you one question. Another mother I spoke to said that you don’t believe in recovery. Is that true?” I asked her what she meant by
recovery to which she responded “Good question, I haven’t given that much thought. I guess I want my children to be happy and to be in the mainstream as much as possible”. When I told her of so many children I’ve known over the years who currently meet that description despite their challenges, and even a few “who have moved off the spectrum”, she seemed to feel better, but remained unsure, since one parent had told her that she should be suspicious of me because I do not use the word recovery in my presentations or publications. It was as if by my belief or lack of belief in recovery was being used as a “litmus test”. This divisiveness is currently happening among parents, medical professionals, as well as educators and therapists. Given the obvious negative effects on parent-professional relationships, I believe it is fair to ask: Is a belief in recovery and a willingness to use that term (however it may be defined) a prerequisite for professionals to provide the best quality services? (I believe it is not.) Is a belief in recovery a requirement for parents to do the best they can to support their child’s development and quality of life? (My experience says no.) Is it possible for parents and professionals to pursue and be involved with educational, nutritional, and biomedical interventions, without holding up recovery as the primary standard of success? (I believe it is possible.) Is recovery the only “destination” that provides hope? (I do not think so.)

6. Most importantly, an inordinate focus on recovery may interfere with the process of preparing for the long-term journey, for both the child and the family. When a parent embraces the notion that with X number of sessions, or so many hours a week of a particular type of treatment, there is a great likelihood that his or her child will “recover”, the hard work and necessary process of grieving and adapting may be deferred, since the expectation is that the child will someday no longer “be autistic”. Recalibrating dreams and expectations, as part of the process of coping and adaptation is a gut-wrenching task, but when the journey starts earlier, the process may not be as paralyzing as when it occurs later, when hope for recovery appears lost, and there is little energy left. In my experience with parents who are overly focused on the destination of recovery, grief appears as a one-two punch over time: First there is the initial trauma of hearing that your child has autism, followed by the loss of the dream of recovery a few years later.

To be sure, all parents respond in unique and individualized ways, and their responses change over time. In my experience, however, for those parents highly focused on recovery, there seems to be an increase in anxiety, depression, and despair as their child approaches the end of the period (typically 5-7 years of age) by which time recovery should have been achieved. In contrast, so many other parents who have not taken on the task of “recovering” their children seem to derive greater enjoyment from the small gains and daily progress that their children make, precisely because they are more focused on the journey, and the small steps of progress along the way, rather than the destination.

Parting Thoughts

My intention in putting this very tough issue of recovery on the table for discussion is to keep the discussion civil, and to further the dialogue about this critically important topic. We need more “Straight Talk” about this issue, both from a research and professional perspective, as well as from the everyday experiences of families. We all hope and pray for breakthroughs that will result in a better quality of life for children and older persons with autism, but at the same time, we must acknowledge the unintended and unwanted consequences that come from too much of a focus on the destination of recovery, especially considering the current state of knowledge and research. To be clear, it is essential that we keep hope alive, for as Maya Angelou has said, “In order to survive, all human beings must live in a home furnished with hope”. But we also must do so in a responsible manner so that we do no harm.
My Life:

My name is Emma Hunt (I am using my dad's PC), I am 10 yrs old and I am a video gamer. I have aspergers syndrome, I can't make friends because of my screaming and then they look at me like I am a freak.

I do a lot of art but I can't get the sketch work right. I luv drawing but go through so much paper because I get frustrated when it doesn't look right. I am going to draw a picture and send it to you.

I like Pokemon, mythology and technology. The Pokemon man Satoshi has aspergers like me and others. I like to play Pokemon on my DS but get frustrated and then my mom says I can't play anymore.

When I talk while people are doing stuff they just go "sssssssshhhhhhhhh" or "I am working" or "ssshhh, my programmes on" or "I am trying to go to sleep".

I have a brother (annoying Brother) So he's 17 and devours everything (food like) so stew, before I can have a bit more its already gone all of it, good for nothing brother.

I have had certain days where I feel so stress that I have to twirl around and pull a blanket over.

I luv camps and I luv all animals but my school wont let me go to Roselands without my dad. I wish there was a camp for children with Aspergers where we can be taught music and how to communicate properly and look straight at people. The camp should have animals that we can hold like goats, bearded dragons and rats and computers for everyone. I would like to have a holiday there as well where you sleep over for holidays. I like stairs but not escalators and elevators. Car parks in shopping centres scare me, the cars always sound like they're going to fast.

I don't like waking up and I don't like to sleep. I DO NOT LIKE PANTIES! I do not like the sound of the brush it sounds like its ripping my hair and hurts my scalp. I like my pet rats and dogs. I like showing off my rats and take them to school, but I'm not always allowed to. I like to walk my dogs and play with them when I get home from school.

When I was little my teachers thought I was too eccentric. The one reason I get mad is because people shake their heads and I don't know if it is yes or no. I like telling the truth but sometimes this gets me into trouble which I don't understand.

My medicine I think is cruel because sometimes it makes me more grumpy and sometimes it makes me more sleepy. I have to take medicine everynight and when I don't feel much, much, much more grumpy which I don't really understand.

I luv coffee milkshake, I like oranges but suck them, I don't like the feel of the whitestuff covering the orange. I luv orange juice though, I don't like the little strings in it. I luv pies, I luv sausage rolls, I luv pastries. I got mad with the tuckshop lady because she wouldn't sell me a pie at break time. We are only allowed pies after school at my school. I luv my moms mushroom sauce but sometimes eat too much and feel sick.

I have sores on my arms and tummy because when I stress I scratch them even in my sleep. I don't like it when people ask me about them, like the man who sells samoosas at the shop.

I don't like some smells but love the smell of crushed garlic and onions cooking. I have strange smelling habits. I don't like going upstairs on my own especially when its dark and my mom, dad and brother get irritated because they have to come with me to the toilet and they are busy.

School LIFE:

My School life is sad. Sometimes I feel like an outcast. I get bullied by T W (school bully) and when I hit him I get detention.

In English last term I got shouted at like "Emma, Wheres your book!" and I said "In my desk why?" I don't understand why I am getting shouted at its not fair! I wish that people would let everyone fit in and people would let people with aspergers be.

I wish schools could try and understand. I would like it if there was a school just for asperger kids like me because at school the normal kids don't understand me and the teachers don't understand me, they want me to be like the other kids. I think it would be easier if there was an asperger school then all the teachers would know how to teach us and they would let me not be like the normal kids. I also take care of my class marigolds and the class strawberries. If you need a gardener I will be glad to help.

What do you get between a porcupine and a giraffe? A very big toothbrush!

I want to tell you this joke

Thank you for all the work that you do for people with different types of autism.

And thank you for listening to me.
My son's Creative Writing!
written by Caz and Malachi Collins

If you are a parent of a child with Autism you’ll be no stranger to tears. If you don’t let them show, for sure they are sitting there behind the lower eye lid struggling to stay hidden, like the 2 year old hiding behind the lounge curtain thinking no one can see her. Then there is the lump in the throat and cracking voice, being passed over as “I think I’m getting sick” and “There is something in my eye” Other times the battle is lost and the flood is unstoppable. Today though; I have the silent slow trickle from one eye. I am overwhelmed, relieved and heck yeah, very proud.

My son Malachi is 10 and Autism has broken my heart many times, today however I am the victor. His Grade 5 teacher spoke to me this morning ... I take a breath, what is it this time? I wonder. “It’s about his creative writing” Oh the challenges of developing the imagination of a child with ASD. Expecting another narrative on Dinosaurs or the Hammerhead shark, I get instead how he has achieved the highest mark in the class for his short story on his experiences as a R5 coin! here comes the story and another tear...

My Adventures as a R5 coin
By Malachi Collins age 10

Someone found me and put me in their wallet-That someone is you. Speaking of which you’re probably wondering: “Who am I?”
The real question is “What am I?”
I am an average R5 coin. In your wallet I met a R1, R2, 5c, 10c, 20c and 50c coin club which I joined. My name is R5 and I thought some great adventure soon. You took me and the club to your house and that’s when my club’s adventures started.

On our own our values remained the same but together our value is R8,85. Like they say when more work together they’re stronger than one. Our first adventure was in your house. You showed your family you new discovery: me. You even showed me to your dog. R1 had a bad feeling that I would be eaten but luckily I survived.

Our final adventure was at a grocery store where we met some mean bank notes who were named R10, R20, R50, R100 and R200. All of them thought we were useless. All you needed to buy was an expensive box of “Corn Flakes” worth R288,85. The bank notes thought it would never be bought but you took it anyway. The bank notes were surprised when you bought the box. You used me, my club and the bank notes. The bank notes said they were sorry for calling us useless but we forgave them and let the bank notes join the club and we all lived happily ever after.

Thomas the Tank Engine’s Help!
written by Heather Witherow

Our son Jake will celebrate his tenth birthday this year. He can’t wait! And like most kids, Jake is focused on the food, fun, and presents. However, unlike most kids, Jake will celebrate his birthday once again with his favorite friend, Thomas the Tank Engine. I’ve lost count really, but I think this will be Jake’s fifth or sixth Thomas themed birthday. And that’s quite all right. While other kids Jake’s age have long since moved on to another favorite this or that, our Jake has remained loyal and true. Just like Thomas. Jake is an awesome track builder. Check out the layout he built all by himself! Jake is a great Thomas story teller and Jake loves to recite favorite Thomas phrases. So in honour of Jake’s tenth birthday, I thought I’d identify ten lessons we’ve learned from the little blue engine over the years.

It’s important to stay on the track. Thomas and his friends have lots of jobs to do on the island of Sodor. They won’t complete their runs unless they stay on the track, make their engine stops, and then get to their final destination of the day.

Little engines can do big things. It doesn’t matter what the size of the engine is on the island of Sodor. Every engine has an important role to play.

Puff with care. Taking one’s time is essential to do what’s been asked and to do the job well.

Accidents happen. Everybody makes mistakes. Everybody.

You’re a Really Useful Engine. Everybody matters and has a useful purpose that benefits the island of Sodor community; whether big or little or old or young.

We all need help. The engines and other island vehicles need each other’s help to do the really big jobs.

Cinders and ashes! Bad news happens.

Pride runs you off the track. When an engine gets too prideful or too smug, in time, his pride literally runs him off the track because he failed to get help from his friends or failed to care for others.

Thanks for being my friend. A good friendship makes all the difference in the world.

There is a Master Controller. He helps guide all of the Sodor Island Community of engines, vehicles, and people. He helps set things right and keeps things under control.

We Love You, Jake! Your loyalty, honesty, and loving nature are a joy to us and all that know you. Wishing you another great year of staying on the tracks!
Hi, my name is Beth Giani, and I’m twenty-eight years old. I have a degree (B. Mus.) and am thinking of doing my Honours in 2012. I can play both the violin and cello, and am currently learning to play a Chinese instrument (the Pi-Pa).

The reason I’m writing this article is because I want people to hear my testimony and to give others hope. I was born on the 21st February, 1983, in Humansdorp. It was a difficult birth, because the doctor had to turn me inside the womb, and I was pulled out with instruments. There were other small complications, which I won’t go into now.

Right from birth, my mother noticed that I was different from other children; I didn’t put things in my mouth like other toddlers, I didn’t make eye contact or smile socially, and I would throw frantic tantrums if there was any change in my routine. My tantrums (or meltdowns) included self-injury, such as scratching myself on my arms to the point of drawing blood, and biting myself on the wrist without feeling pain. I also would bang my head or my whole body on the wall. I also didn’t speak my own words; I just echoed what I heard. My sensory difficulties were also present; I had (and still have today) sensitivity to noise and bright lights, and I didn’t eat very much because some food textures didn’t feel good inside my mouth.

My mother was very concerned about me, so she took me to an occupational therapist when I was three years old, and I was diagnosed with autism. That occupational therapist helped me a lot: she helped me learn concentration, to answer to my name, to initiate eye contact when we were interacting, as well as overcoming my fear of being touched and hugged. She also helped me with coping skills, and to learn everything a child needs to be able to function.

I started Grade 1 when I was eight years old, instead of the usual seven; my parents got special permission from the Education Department for me to start when I was eight so that I could work on my difficulties with the help of God, therapists and my mother and father. I started at Browns’ School, which is a school for children with special needs. I was very happy there, because no one judged me because of my condition; they accepted my quirks and difficulties and helped me in all areas of my life. I left there at the end of my Grade 5 year. From Grade 6 until Matric I was mainstreamed. When I was around twelve or thirteen years old, I began to realise that I’m different from the others in my class; some of them had physical difficulties, while others had spelling, math, writing, speech, as well as behavioural difficulties, with none of the behaviours I was experiencing. As an eight-year-old, I thought nothing of it, but as I got older, I began to realise it, and to ques-

tion myself. In other words, I became aware that all my behaviours, communication and sensory difficulties had a name: autism.

From thirteen years to seventeen years, I was having a really hard time (and still do now as an adult). There was nothing wrong with me physically; my body was developing at the right times, and my hormones were present as well, even though I was always skinny. But I had a really hard time mentally and emotionally, because I was very depressed; sometimes it was so severe that I even contemplated suicide. I also was being bullied in high school, and I responded with fists most of the time, because I couldn’t talk back. My parents always taught me that violence isn’t the answer, but I was allowed to defend myself. I once hit a boy in the face and he had a nosebleed; one day I couldn’t take the bullying from the boys in my class anymore, and threw a chair at them. It felt really weird, because I don’t remember to this day what happened after I threw the chair; I experienced a sensory overload that day. It also was very weird, because I wasn’t taking any strong medication or drinking alcohol.

A sensory overload is like a blackout; you don’t remember what happened to you, you just go through the motions. It can last for an hour or several hours. For me, a sensory overload can last an hour or several days, especially when I am traumatised emotionally or mentally. I entered university in 2006, when I was twenty-three years old. I have always loved music, so I signed up for a B. Mus. degree. The university where I studied (UOVS) had (and still has) a disability unit, which catered for a wide range of disabilities. I could go write my tests and exams there, because I’d get distracted by the other students moving around the room, and the lights weren’t too bright. It was hard to adjust at first; I had to have a time-table, which helped me a lot, but I failed a subject and didn’t have to do it again. The rest of the time I spent there was good, because I passed every subject I had, some of which I got a distinction.

I finished my degree in 2009, but the actual graduation ceremony was in 2010. My graduation was on the 21st May 2010. I had bought the gown, mortarboard and degree band beforehand so that I didn’t have to hire them. My grandparents also came, which meant a lot to me. Afterwards, I had my family picture taken. It turned out
beautifully; I even made a copy for my grandparents so they could have it in their house. If it weren’t for God’s hand on me, and Him helping me to live with my autism, I’d probably have been in an institution; I wouldn’t be writing this article or have been able to achieve anything.

A Mother’s Thoughts
written by Tersia Giani

Although I am an English teacher, I have never felt the need to write down my experience as the mom of a child on the autism spectrum. I feel that there are probably enough “success” stories out there, and I also prefer to answer questions and tell things about us verbally. Be that as it may, Beth’s story is nothing short of a miracle, and we are very, very proud of her.

People look at her today and say, “She was not diagnosed correctly, but I can assure you that she has some quirks that are still very “Aspie-ish” even now. Every child is unique. Therefore I think that every child with autism will be unique as well, and we cannot compare one autistic child with another. We can, however, learn from each other and take comfort in the fact that we are not alone.

Autism in a family can be a very isolating thing because we tend to want to protect the autistic person as much as possible and the family would stop going out. Siblings are scared of bringing friends home because their friends would “judge” them and even call them names, such as “retard’s brother” or “your family is stupid,” etc.

Today I would like to highlight only two things. The first thing is medication. Beth was one of the few who did not respond well to medication. I instinctively knew this, and whenever a doctor offered medication, “to calm her down”, I refused. Although this meant a lot of anguish on our part, especially at night when we had to lock her into her room so that she would not escape into the streets, I feel that this was right for Beth. (I know that parents of autistic “escape artists” would agree that locking her room was the only thing we could do).

The second thing is what I like to call “owning your autism.” When I knew that Beth could understand me, I explained to her that she was autistic. I then explained that I was not and, therefore, did not understand her; that she needed to explain or show things to me. Whenever I could not understand and saw a “meltdown” coming, I tried to tell her to explain to me. At the beginning it was difficult and “meltdowns” happened often, but as she began to understand that I did not experience her autism as she did, she began to explain to me when she started feeling “bad” about a change in routine or food she did not enjoy, we would work out what to do.

There is obviously still a lot to say about our family, and I would love to share a lot of experiences with you all. Remember to see the autism rather as a blessing from God to you. God has used Beth to bring all the best things in our lives to our family. She has taught us so much, especially about honesty and innocence.

I wanted to share this, it’s a poem I wrote for my son, who is now 11 and was diagnosed with ‘late-onset’ autism at age 6. One morning I felt like I needed to take all these conflicted emotions and put them on paper...

LOST...??

“How could I ever try express the feelings deep inside? The overflowing joy and how you filled my heart with pride... Those days I went to wake you, and you sat up and you smiled, each day a new adventure, for my happy, busy child.... You never ceased to amaze, with your eagerness to explore... Why did this awful thing, have to come in through our door....?

Why did it have to steal that precious part of you, that made our special bond so invaluable to you? I used to love those games that we played together too, and how your brown eyes always seemed to laugh along with you... Hide and seek and tickle time, and riding bikeys too, I'll never stop longing for that special interaction with you....

Why did it have to steal that connection that we had? The way you came to hug me when you saw that I was sad? My love & hugs and words, would always comfort you... So even if you had been bad, you knew who to come to!

But... we shall not allow it to steal any more precious years. I know your soul is so much bigger, and that's all that calms my fears.... It cannot steal the time we have together on this earth, it cannot erase my memories, or your spirit or self-worth.

I've never ceased to love you, from the moment of your birth, and will press on, praying, waiting, trusting, as long as we're on Earth.....’

written by Cindy Jagger
As a child I was in and out of hospital all the time. I had epilepsy, asthma and earache. I have Aspergers Syndrome, ADHD and Bipolar Disorder. Doctors told my parents that I wasn’t ready for school. By the time I was 7, my parents decided to ignore the doctors’ advice and put me in school anyway. From grade 1 to grade 3 I went to a special school in Durban called Open Air. The classes were very small, about 10 pupils, and I prospered in the nurturing environment. Since all of the pupils knew they were there because they had a problem, we all generally accepted each other. After I finished standard 1, the school psychiatrist told my parents that I was too intelligent to stay there and they should put me in mainstream school. That was when most my problems started. From the start, I was treated as an outcast. The other pupils noticed that I was different. They intimidated, bullied, and harassed me all my school years. I soon found out that I was not welcome, I wasn’t at liberty to be myself, and it was best to make myself invisible as much as I could. When I told teachers that I was being bullied, they didn’t take action. They usually told me to ignore it. That never helped, because the bullies would simply follow me. No one in my grade would let me sit with them at break time. They would either refuse me verbally, or walk off as soon as I approached them. So I ended up sitting by myself at break in Matric. One day at break when I was trying to fit in with some girls I liked, we approached a group of boys to sit with. As soon as the boys saw me coming towards them, they got up and walked off. I never understood why the other pupils treated me badly or avoided me.

I lost friends easily. I never understood why until I was diagnosed. People would suddenly cut me off from their lives and leave me hanging, wondering what I had done wrong. It stressed me out and made me depressed. I’d often say something with good intentions but the other person would be offended. Every now and then I don’t want to make friends anymore, because friendship always causes me pain or frustration that I struggle to deal with. In those times I feel like living on an island by myself or with one close friend. Relationships are too complicated for me. My family life has always been dysfunctional, partly because my parents never understood why I behaved the way I did. They thought I was a rebellious, normal kid, and they didn’t know how to deal with me. They interpreted a lot of my symptoms as character flaws. Both of them abused me physically and verbally in their anger. I didn’t know what I was doing wrong, and I still don’t know. The physical abuse stopped after I was diagnosed. For two weeks when I was in Grade 11, my parents forced me to go to a bridging home for rebellious kids and drug addicts. I developed a low self-confidence. When I reached adolescents, I figured out that there was definitely something wrong with me mentally. I knew I didn’t think on the same wave length as everyone else did, and I never got anything right no matter how I tried. I went into depression and gave up trying to fit in. Up to Grade 9, I was too embarrassed to do sport. My poor motor coordination frustrated me because the ball would never go where I wanted it to go. I’d get teased for it. Since I’ve been out of school I have always loved exercise for the high it gives me, especially running and cycling. I’m also an adrenalin freak, which is from the ADHD. I also enjoy the pressure and strength I feel from using weights. I have ADHD and I get restless on a normal day if I don’t exercise. I have too much energy and drive. Exercise is one of the main tools I use to de-stress and control my anxiety. Listening to music, singing or dancing are my other tools, none of which I can do when I’m sick. Like most people with ASD, rocking really soothes me. I’ve tried relaxation exercises but they don’t make any difference for me! I’ve found Risperidone really helps me control my stress levels.

I was diagnosed late in life compared to most Aspies. At the end of 2003 when I finished Grade 11, my psychologist diagnosed me with Aspergers Syndrome (AS). She had been seeing me for 5 years already, but she had only just learnt about the syndrome. She gave me a book to read about AS, which explained my whole way of thinking and behaving. I was shocked but also very relieved. I finally had an answer for why I had been treated as an outcast all my life. It gave me a framework to see my past experiences. It told me that my ‘bad’ behaviour was not from a lack of character, as many people accused me of, but from the way my brain was wired. I realised that I wasn’t stupid, useless or rude after all. I then understood that most of my struggles were not my fault but stemmed from something I could not control. Once I had processed this new information, I struggled to decide who I should tell about my syndrome.

My psychologist helped me a lot with my Matric work. I did Drama as one of my subjects and I struggled with the group work. I was performing far below my potential and getting low marks. She got special permission for me to do my Drama practicals by myself, and she had a meeting with all my teachers. I was then allowed to choose my own teacher for Maths to help me pass. Since that intervention, I went from a D to a B symbol for Drama, and from an F to a D symbol for Maths. I process information much slower than the average person, and I can only focus on one thing at a time. I also cannot work under stress. If I am very stressed, my brain shuts down and I can’t think properly. It’s like I go blank and lose grip on reality. Nearly every break I was at.
I struggled in university. I had to work longer to get average marks, and sometimes I couldn’t go out even on a Friday night. I hardly got a chance to spend time with my friends. I had to work on one assignment little by little every day in order to think clearly and give my best. Since I cannot function under stress, I had to watch myself very carefully and plan things far in advance.

In my first year at Rhodes, I applied for extra time for exams. I was refused, on the grounds that the university “does not cater for an array of emotional conditions”. I was very angry, because they had misunderstood my syndrome and denied me of achieving the marks I deserved. The Dean of Humanities was wonderful to me. When my lecturers refused to give me the extra time I needed for my assignments, he sent my lecturers a letter, ordering them to give me extra time as much as the syllabus allowed them to. I had learnt from as early as high school to make friends with people in high places, so that when the inevitable discrimination came against me, I had backup. My psychologist also wrote a letter asking for me to get extra time for my assignments. If it wasn’t for that letter, I would not have my degree today. I took an extra year to do my degree, which gave me the extra time I needed to work on each of my subjects.

As for my health, allergies contribute to my low immune system. I have rhinitis and I’m intolerant to gluten and dairy. I also have Irritable Bowel Syndrome. I have learnt that a diet which does not combine complex protein with complex carbohydrate help control IBS. So I have a very restrictive diet. I can’t go to most fast food restaurants, and I have to bring my own food wherever I go. I get tired of having to constantly explain myself to every potential friend I meet about my syndrome and my diet. My lifestyle goes against the average person’s lifestyle. People don’t understand me until they understand all the complex, intricate web of my neurological, emotional and physical aspects that direct my needs. When my needs get in the way of someone else’s plans, I’m usually seen as selfish, insensitive or rude. It causes a lot of conflict wherever I live.

But as Joan Osbourne says in her song, “It’s not the way I like it. It’s just the way I need it day after day.” My first priority is to maintain my sanity, and I’ll do whatever it takes, even if people do not like it. Aspergers has not only affected social relationships but also my romantic life. I have sensory integration disorder and part of my problem with that is being tactile defensive. But I’ve still had a lot of boyfriends, with two long term relationships.

I’ve always been auditory sensitive. Lately it has become more acute. I have to carry ear plugs with me wherever I go. I have to use them in church and pubs/clubs. If a car hoots at the shopping centre or a door screeches as it closes, it freaks me out and I get a melt down. I become aggressive and start swearing from the trauma it causes me. I can’t tolerate babies and children crying loudly or screaming. If someone shouts at me in anger it hurts my ears. My mood swings, irritability and lack of social skills prevent me from doing jobs which involve a lot of interaction with people. I get physically sick so often that it prevents me from keeping a job. I’ve lost many jobs because I became sick and could no longer perform. So I’ve been trying freelance writing and editing. However, most of my time is taken up by my activism for autism and mental disabilities. I do talks for schools and the government.

In March I was a speaker at the autism conference hosted by the Association for Autism. I felt like I was in a dream because I had dreamed of speaking at a conference. It was an honour for me to present my story to the plus minus 200 professionals and parents. I was the only delegate there on
the autistic spectrum. I was showered with love, attention, appreciation, kindness and friendliness the whole time. I felt like I belonged. In fact, they made me feel like a hero in a movie. It felt good to finally get my message across and be respected for it. I have earned a lot of respect both locally and nationally from the autistic community and the government. The Education Department in my municipality asks me to do autism talks for them. They have put me on their autism task force. In total I have already done over 10 autism talks. All this helps me not become suicidal when I am depressed, because I know that I am making a difference and my life has direction.

The pain I’ve been through because of AS is worth it if I can help other people who are affected by AS, and if I prove myself to the people who thought I was inferior. I’m finally getting the respect I lacked growing up. It’s worth the pain if I can use my experiences and knowledge to decrease the stigma, and make life easier for Aspies in society. I’ve found a circle of people or a network where I can be myself without fear, where I’m made to feel like family. If I can inspire people to take action about the things that they think are wrong, I will be achieving one of my goals. It’s all about looking past differences and accepting diversity. Like every person with a disability, Aspies should pursue their talents and show the world that despite their limitations, there is a lot we CAN do. If Aspies hide away from society or pretend to be normal, they allow the stigma against mental disabilities to defeat them. Unlike their more autistic counterparts, they have the ability to speak for themselves. They should use this advantage.

When I gave a talk at a meeting for people with mental disabilities and was able to ask them questions, I found out how people with disabilities are terribly afraid of doing disability awareness campaigns because of the stigma they experience. This fear imprisons them. Many do not want to be seen in public. But I have this to say to them: They are only making the situation worse by keeping quiet. The very thing they fear is made stronger by their silence. By talking about their disabilities, they will expose disabilities to society and gradually make people realise that it is normal. People with disabilities must take the focus off themselves individually and think about what will be good for the greater community of those with disabilities. If each of us contributes to public awareness of disabilities, people will eventually stop perceiving us as stupid, retarded and helpless. They will realise that there is great diversity among us and they cannot categorise every person who has a mental condition. We all have varying levels of intelligence and abilities. People will realise we have our own opinions and we have a voice. We can speak for ourselves if we want to. Please, friends with disabilities, I’m begging you: look beyond yourself and see how your actions can make life better or worse for the rest of us with disabilities. Expose yourself to society, stand up for yourself and make your voice heard.

If you have any questions or comments, please email me at dbntomboy@yahoo.com
Earlier on this last Year, on both the day and the date of Thursday, May 12th, 2011, I was exceptionally very privileged to be invited by a “Mrs. Benita. Steenakamp” who is both a fully Trained Teacher as well as that of a fully trained and qualified Nursing Sister as well from our local Life Care Frail Center just outside Port Elizabeth at a place called “BETHELSDORP”, and where also one could get a splendid view from the main Road of the Eastern Cape Province Mountain Chain of Ranges right out over inland towards Uitenhage to give a short Presentation on as to how the great “NURSING PROFESSION” had really helped me as a Special Needs Person, and without going into too much detail, I was very much more able to take them right the way home just a short way back to those by far much more later and greater tail end Years of this last Millennium Twentieth Century AD but of course of which you can pick up from my Four Books from Autism South Africa. It was in deed a most successful Presentation and it was truly enjoyed by all who had attended.

As I had pointed out in my Fourth Book, and that is that whilst it can be truly great fun by going right the way home to the great memories of those by far much more later and greater tail end Years today, yet it is even that much more greater fun in being very much more able to go forwards in later forthcoming years and because why? It is because you just don’t quite know what kind of great Opportunities or Possibilities, or Advantages or Challenges that could very well come your own way in later years, let alone of course the kind of People, both younger and older people alike who could very well come into your own Life Time Span and cross your very own path and make such a huge difference in your Life so that your very own Life Time Span is never ever the same again.

What we also have to realize here as well is and that is that the more we keep on going right the way back home to our very own much more later tail end years today to our own Past in this world and where we allow the memories of the Past to chain us back to the Past, and that is that not only do we put on the brakes as it were to our very own Personal Rich Golden Growth within every way, but we also lose much greater contact with Reality in terms of where we are in the here and now and because why? It is simply because we are simply just not in touch with where we are within the here and now as of today very much more so in terms of where our Lord God Almighty has truly planted us to truly grow and to blossom for his much greater glory, and the true facts are that if we are not open to anything at all, we just won’t ever move on and if we haven’t ever left the Past behind, then the chances obviously are that we never ever will. Victor Hugo always said that the Future is the most ideal place for the most valiant and thoughtful person, and as a Charles W. Kettering had also said that we should always be concerned about our own Future because it is where we are going to spend the rest of our entire Lives both now and in Eternity as is yet to come.

For instance, as was in my very own case when our Lord God Almighty had called us out here to South Africa, when one leaves one’s very own Home Country behind either by birth or by Naturilization and Adoption and makes another Country their very own Home Country in the same very, very special way in which South Africa as a Country has most certainly and most definitely done for me as a Special Needs Person by taking out Citizenship both my Naturilization and Adoption, most certainly yes, one does has to leave and to truly break all ties with the Past behind at all times and to make one’s new Home Country their whole major point of focus at all times, and we have to keep moving onwards and upwards all the time, bearing very much out in mind that our Lord God Almighty just always loves to keep continually stretching the Old directly into the New at all times, and obviously of course, depending on what our Attitudes are will eventually determine the final outcome as to what our own Acceptance and Approach of things are at the very end of the day.

Two such examples in my very own Life Time Span now is that first and foremost Point Number 1). on my very Special brand new Computer at Home which originally had the Windows XP Program on it, I now have now been given as a gift the Windows 7 Program fitted to it, together with lovely speakers for great Music to listen to while I am working on my Computer, obviously of course together with the great Autism South Africa Computer Password which is the “AKK” Computer Password together of course with the “Five Very Highly Confidential Numbers That Go Directly With It”, which is the very special Computer Password for both of my Computers for both the major log on Password and the Screen Saver Password as well and of which is the great story about the most amazing young hero in the Western Cape Province ten years ago now at her Family’s Farm just outside of Stellenbosch who had enabled me to bridge the gap of getting over the fear of young people, and it is because of her and her great ministry to me personally that I now have so very many young people coming into my Life now and of course you can read all about her in both my Second and in my Fourth Books; & that Secondly Point Number 2). The other very interesting thing that has since happened to me as of recently is that I now have contact with the “LITTLE LEAPS SCHOOL” up in Gauteng Province in Pretoria City where I now have regular contact with a “Teacher there by the name of that of a “MRS. CANDICE. HAYWARD”. I have always said that I believe very firmly believe that a School, of whatever nature, is and can be a really terrific Place of
Employment for a Special Needs Person only in as much that you are giving something back to Society in terms of what your very own Life Time Span Story is and has really been all about as well.

Where I also do go right home to those later tail end Years today with such untold Joy in my Heart is that I can look right home to those later Years today to see not only what I came from and from where I had come from originally, but also too, where today I do have indeed very definitive ideas as to most certainly what needs to be brought right back to our whole Western Society as that of regarding certain Ethical as well as both Moralistic, Social and Spiritual Issues that has not only launched, secured and guaranteed the wonderful God given Life Time Span ordained Destiny and Future that I have now as of today where very sadly indeed, a great many of these Children and or/ People simply just don’t ever have absolutely no Destiny and Future at all, let alone not having any thing exciting to Dream about, but it has also truly enabled me as it were, the Ability of being very much able to Function and Cope in Society and to be really able to Serve Society and from being very much more able to benefiting from Learning Experiences as well, and also most importantly as well, where it has truly enabled me to take the very, very high stand that I do take for our Lord God Almighty today which has been the major Hall Mark if you like, to the point of my becoming the true inspiration and major Hall Mark if you like, to the point of what your very own Life Time Span is and has really been all about as well.

I just want to end off this article here by just saying in conclusion that as I go right home to those by far much more later and greater tail end Years today, and that is that I firmly believe that if it wasn’t for my being endowed with my gifted Autism Disability, not only would I most certainly have the very rich Life Time Span that I have now as of today, but that also I very firmly believe that the Divine Miracle is now where I am today out here in South Africa my New Home Country and now very much the Promised Land for me as well. God bless you all.

Michael G.F. MacGregor

I0 Great Activities for Autistic Children

- **Singing** - autistic children gain a number of benefits from singing. Children who are non-verbal can hum, make sounds, or play musical instruments such as whistles, tambourines, drums, kazoos, or small keyboards. Repeating sounds, making up new tunes, or even learning educational lyrics can be very useful for helping kids to learn and may also provide them some much-needed sensory stimulation - the same they would get from yelling, only more pleasing to the parental ear! Mimicking one another’s notes and tunes can be an important social experience that encourages interaction. Experiment with different sounds and different types of music to find the ones your child enjoys and responds best to.

- **Funny Sounds** - making and mimicking funny sounds can be a laughter-filled social learning experience for autistic kids and their parents. Children enjoy the sensory outlet and repetition element of this game. You can try writing down a number of different animals or items on different pieces of paper and whichever you choose you have to make the appropriate noise.

- **Castles** - building castles out of just about anything can be a great deal of fun. The type of building “blocks” depends on the motor skills of the child. It can range from plastic or wooden alphabet blocks to large “Lego” or “Duplo” style blocks, or even playing cards if they’re manually dexterous.

- **Safe Emergencies** - these games are educational based but can also be fun to. They involve enacting the right procedures for what to do in an emergency event. This includes what to do in case of fire and other urgent situations. The important part of these games is to build a calm routine around them.

- **Simple Board Games** - Begin with simple or basic board games and increase the difficulty level as your child gets older and learns how to work with the rules of the games. Many board games are enjoyable activities for autistic kids because they are relatively predictable and provide a routine. They also encourage turn taking, but make sure losing is never a big deal, it’s just an outcome. Otherwise they may associate negative emotions with the game and refuse to play.

- **Simple Childhood Games** - think back to your childhood and the games you used to play. For many children there’s no reason why they can’t take part in basic childhood games. As long as they are not too socially complex, many autistic children can have a lot of fun playing games such as tag or follow the leader. Keep in mind that the best activities for autistic children don’t require them to keep close or extended physical contact with other people. You may want to make sure that you stick to games that focus on your child’s unique skills to add comfort and confidence to the playing.

- **Organized Sports** - many children enjoy taking part in organized sports like any other children their age. Aim for sports that allow them to take part without too much sensory stimulation and that doesn’t require lots of equipment. Golf and baseball are good activities for autistic kids, whereas sports such as tackle football may not suit.

- **Water Balloons** - autistic children can often benefit from various sensory stimulators and water balloons can fit the bill. Tossing them about, or holding and squishing them can be lots of fun. This also encourages children to play with others when it comes to games such as “hot potato” - tossing the water filled balloon to one another pretending it’s a hot potato.

- **Skipping Rocks** - if you are fortunate enough to live near water and your child is responsible around water, skipping rocks can be a great way to have fun and use arm muscles, encouraging the development of motor skills. If you have a swimming pool that is large enough, you can try skipping plastic floating disks instead.

- **I Spy** - whether trying to pass the time in the car or sitting in the yard, this game is a great way to learn colors socially interact with others.
“Education without values, as useful as it is, seems rather to make man a more clever devil.”
by C.S Lewis

This saying highlights so much of what we as parents battle with in the process of raising our little, or not so little, Auties. We all know that considering the shambles of South Africa’s education system, the possibility of educating our children, especially in a mainstream setting is not a right, nor a given; but an answer to a prayer and tantamount to winning the lotto, when and if, it happens. Yet, we as parents use every resource that we have to make it happen or to find an alternative, because our children ARE deserving. I also have empathy that teachers feel inadequate to teach our children because they lack knowledge, resources and also because our children are not always seen as capable of “fitting in” into a class of 25 to 35 children.

The second part of that saying is trickier. On Facebook I often hear mothers comment that their children are not naughty but have a disability – they wish for a world that will be more tolerant, more accommodating and more forgiving. They find it particularly hard because autism is “a hidden disability”. They take offence (and sometimes quite rightly so) at comments – at best insensitive at worst based on ignorance and arrogance. Here in South Africa are things any different?

I recall taking my little one to a mass at Marian hill Monastery. Now let me explain, this child is disciplined and she sits through mass regularly once a week – our priest even commented once, when he found me in the back room (I thought that she might be tired and might play up); that her behaviour is nothing but astounding and that he felt I should not deprive her (or myself) of the beauty of the mass by isolating either one of us. So we didn’t and she was a cherub (pun intended). Not so on this particular day at Marian hill. Why that day was different I have no idea- was it the larger pipe organ, was it the long isle that was just exciting? She ran up and down and the more I tried to calm her to sit still; the more vocal she became – so in the end I took her outside – well THAT just sent her totally over the edge. She screamed. With that a woman of my own age came out and told me off. “How inconsiderate I am, how useless I am as a mother and how she had three boys and none of them ever behaved like that”. I stood there, praying – I am not certain for what, but I am sure that it was that God would send an angel down and smite the broom pilot there and then. (Good thing that God does not answer our prayers at times). I ended up in my car, sobbing my heart out with a little girl sitting in the back saying “sorry mommy, sorry mommy” in this angelic voice. Friends found me and took me to the tea garden and their support was what got me back into a fit state to drive back to Durban. (Perhaps The Man did send angels after all?)

I tell you this story because that day I realised that not even in a cathedral where one would expect charity, tolerance and love - not even in that situation does the world accommodate, tolerate or cut our children a little bit of slack. So, if that be the case, then one of things that we as parents need to learn and accept is that the world will not change, we have to give our children the means and the skills (to the best of their potential) to fit in. The FIPO principle applies. (Fit in or Push Off).

Temple Grandin refers to her “50’s upbringing” of routine and discipline as her saving grace. She says that it taught her self-discipline and that there are expectations that she had to meet. She comments on how it astounds her that children are allowed to run around in a store, grabbing goods off the shelves and generally behaving in a raucous manner. That got me thinking. What would we as parents, and our friends or family need of our little one to be incorporated into a constructive and meaningful interaction? It also made me think what we would have to do to achieve that? There was more than one moment when I thought that it would be just so much easier to get a sitter and to leave her at home. After all, life is harder for her, she is disabled and she deserves our protection more than anything else.

Then the BIG questions: If she was neurotypical, would I have the same apprehension or negative expectation about teaching her social skills and appropriate behaviour? If I never take the plunge and lead her down this difficult road, will she ever learn and if she does not will it make her life harder or easier? And lastly: Is my resistance to exposing her to as much as she can tolerate and to desensitise her to that which she cannot, maybe because it is actually easier for me? After all, it is hard to have to explain to the well-meaning lady in the Vet’s reception room (while my mauled dog is bleeding over my favourite jeans) that she is autistic and that is why she is...
It is easier for me to enjoy a plate of food without her being in the restaurant where I have to help her hold her fork, use a serviette and encourage her to drink from a straw because she has Hypotonia and all of these things are harder for her and takes us longer.

I remember the days when she would insist on sitting on my lap in the restaurant because she was nervous and that was where she felt safe. You try to eat Spaghetti Napolitano (her choice) with a 4 year old on your lap – who by the way learns through modelling so she is trying to copy you as you do so. I cannot remember when last I had a hot cup of coffee or tea – because I was so scared that I would burn her that I would let hot drinks cool down before I stretched across her shoulder to sip my cappuccino. But all this paid off dividends because she learned that we have to wait for our food order, we have to greet the waitress, say please and thank you and eventually she learned that she has to sit on her own chair, use her utensils, use a serviette (aka a tissue), that we have to pay for our food, that we cannot drink out of just one cup but that we have to use the cutlery, crockery and glasses provided by the restaurant – and no, we cannot take our own. Mostly she learned that when other people are having a conversation that we listen and do not interrupt with shrieks and throwing things.

Socialisation and learning values is like riding a bicycle – you have to do them in a natural setting to learn them.

How do we do this? We start in the safe environment of our home, her haven. There she learns and establishes the skill basis of that which we apply and practice outside our home with Applied Behavioural Analysis (ABA). I say “we” because as parents, we learn how to model, teach, encourage and help our little one not only to develop, but also how to discipline positively. Parenting auties is different to parenting neurotypicals. Often (in our case definitely so) Auties learn through repetition, once they know that they have mastered a skill the joy is in applying that skill (just like any other child in the world); and once they experience this joy they want to learn more. Now, a year and a bit later I look at my child’s behaviour and I know, she is actually better behaved and that she has a gentle, respectful way to other living things, that she is at times more “in the know” of how to behave than many neurotypicals. And she has manners – she is a pleasure to have around.

I know education is not just possible it is essential, but I also know that if I do not instil good values in her – respect, tolerance, gentleness, kindness, and manners – well then I would only be using her disability as an excuse not to do my job as a parent but most importantly I would be cheating her out of her abilities. A BIG thank you to those who help us: her therapists, her teachers, our support system, and those parents who step out of their own comfort zone to involve and accept our little one in their midst. Your values are helping us educate our child.

This is dedicated to my son Kyle Muller

written by Coral Sinclair

When I felt you kick for the first time the joy and excitement I had inside was out of this world, to know I had a little miracle growing inside of me was phenomenal and precious.

When you were born and I held you for the first time the tears overwhelmed me, with joy and pride that I had had you.

Growing up and watching you experience the world was breathtaking, but it came with a price. You see you started acting strange around 8 months old. When I took you to the doctors they ordered lots of tests on you and I was backwards and forwards to various doctors at the hospital to see what was wrong, and more tests were done. At that time I was also going through my own emotional situation of anger, hurt and pain; you see your dad was also in hospital after having been shot.

My world was ripped and turned inside out. You were just a baby at the time going through your own emotional trauma which I only discovered after your father passed away. I felt so detached from the world, afraid and alone after your dad’s death, and to be true to myself, and to you, I was so scared of what I now faced alone with you as the doctors discovered a difference in you.

The doctors called it autism and mental retardation; well, you could have blown me away right there and then, it was like a foreign language coming right out of their mouths and oops, did I forget to put the cherry on our cake... temporal lobe epilepsy as well. For all I knew then they could have been swearing me and I wouldn’t have known. I can recall them saying that you have a child that is going to have special needs. I remember laughing to myself in my head saying special needs, yes he is special not hearing the needs part. I thought “clearly they didn’t know what they were talking about”.

Coral and her son, Kyle
They sat me down obviously seeing that look on my face to explain in depth what was going on and as things became clear I understood to a degree. I can still recall the swirl of emotions that started as soon as they were finished. I was filled with heartache, sadness, anger, fear and disbelief. When I say disbelief I say it loosely because I looked into your eyes and saw my beautiful boy. All these things the doctors were saying were not you, never, it couldn’t be, and you were an innocent child, my child. Growing up I realised you were different from other children. All I wanted to do was protect you, hold you and cocoon you from the outside world. You see growing up, people used to shunt me away as well, autism was a taboo thing and I guess people feared it was a disease that they might catch, but my son, it was just their ignorance.

Growing up you were a little limited verbally, always pointing to the things you wanted or needed. I guess I was also ignorant and scared, as you were my first child. I wanted to learn so much about your needs and back then they found it very hard to grasp or understand the things you had to go through on a daily basis. I was always wondering what was going on in your head, how you perceived our world, it was scary, so many questions and yet so little answers.

I remember watching you play outside one day, with your ball, you were so fixated with it for hours, it was days like that which I really wished I could see the world from your eyes if only for a minute. Days went by as I watched you grow knowing in my heart that there was nothing I could do to change your situation, all I could do was be your mother, nurture you and protect you where I could.

I remember the first day like it was yesterday when you started school, you looked so handsome standing therein your yellow golf shirt and navy blue shorts, it took my breath away to realise that indeed you were growing up right in front of my eyes, that day was sure one of the proudest days a mom could ask for. As I stood at the classroom door waving to you, I don’t know who was more afraid, me or you, I could feel the tears build up in my eyes and the lump in my throat became bigger, what you did not know was that when you had gone in and you could not see mom anymore, I sobbed my heart out in excitement and fear of your first day of school. I made very sure that, that afternoon, I was one of the first moms to meet you as you came out that classroom door, oh boy, was I happy to see you just as you were to see me.

I want nothing more in this world than to help you reach your full potential, for you to know happiness, to know love and to be able to love in return.

To go back to when I was seeing all the doctors and psychologist with you, I can still recall it so vividly, telling me that - if by 15 years old you could write your name... that would be an achievement - well boy..... Don’t we have news for them?

Watching you grow up has had its ups and downs and was very difficult for me to accept that life for you would never be completely normal. But hey, look on the bright upside; you have made it this far in my crazy world, so I think YOU deserve the trophy Kyle, not me!

I want you to know how proud I am of you and how far you have come and what you have achieved this far in your life. I want you to know that the road ahead of you might be hard and frustrating and rocky for you at times, but I need and want you to know that my love for you is unconditional.

To remember our motto “I KNOW I CAN”

Thank you Kyle for making my life more meaningful, more rewarding, more inspirational. Thank you for turning my world upside down and inside out, for making me open my eyes and appreciate what life is really all about. Thank you for making me embark on the road I am about to travel and explore, without you touching me in so many ways, this would not have been possible.

To you Kyle, I salute you and say I love you with all my heart and being.

To you my son I say “I found my real hero, he stands before me each and every day!”

Thank you for being mommy’s hero.

This is dedicated to the real hero in my life, my son Kyle Marius Muller.

To the special needs moms out there; don’t look too far away for the hero’s in your life.

Madame Tobeka Madiba-Zuma, the First Lady of South Africa is introduced to autism!

An international delegation concerned with enhancing services for children and adults with autism, had a wonderful awareness meeting with Madame Tobeka Madiba-Zuma, the First Lady of South Africa.

From left to right: Michael Rosanoff (Associate Director of Research, Autism Speaks, USA). Professor Ezra Susser (Professor of Epidemiology, Mailman School of Public Health, Columbia University, USA). Jill Stacey (National Director – Autism South Africa). Madame Tobeka Madiba-Zuma (First Lady of South Africa). Professor Sabiha Essack (Dean - Faculty of Health Sciences, University of KwaZulu-Natal).
Most parents of children with autism first begin to be concerned about their child’s development when early delay or regression occurs in the development of speech and language. The time between diagnosis and intervention is often a very difficult time for parents and starting appropriate treatment as soon as possible after diagnosis is important. It is often only once the therapeutic process has begun and some progress is seen that parents feel some relief from this often very distressing time. Management of communication difficulties often results in improved relationships and behaviour and empowers parents to make a difference to their child’s development. Parents of children with autism are vital to the therapeutic process and essential members or directors of the team providing intervention. Therapists and teachers will come and go but the parent is the constant in a child’s life. Different therapists have different styles of working and it is the parents who must decide on the therapy they want for their child. It is important for the parent to feel comfortable with those who work with their child. All people involved with the child need to work together for carry-over and generalisation of learned skills.

Children with autism often have severe auditory processing difficulties combined with sensory integration and emotional difficulties. Difficulty with meaning and making sense of the world makes communication very hard and it often takes repeated practice of the use of utterances in different contexts with different conversational partners to develop basic verbal communication. The level of communicative competence achieved by people with autism is closely related to the development of social behaviour and cognitive ability.

People with autism need empathy, structure and predictability, visual aids and a particular style of intervention. Their thought processes are often picture-based rather than language-based, and they need to be made aware of the power of language by using motivating activities. Language teaching in autism is often extremely slow and repetitive, one-to-one intervention is essential and tasks need to be broken down into their smallest parts. Every new skill that is taught also needs to be generalised to different contexts. Important starting points are to engage the child and to develop motivation and imitation. Motivating factors vary and may be objects, pictures, activities or sensory input. Obsessions or particular interests can be strongly motivating and can facilitate communication and social interaction.

Speech therapy needs to focus on the various components of language: the form, content and use. We work on various areas – oral sensory, articulation, language and vocabulary, auditory processing, pragmatics (the use of language) and prosody (the intonation and rhythm of speech). It is important to reduce linguistic complexity as children with autism often say more than they understand.

We should avoid verbal overload, irrespective of the person’s apparent level of language ability and speak gently but in a firm, clear manner. We need to keep our sentences short and clear, allowing time for processing of information. It is important to allow extra time for formulation of verbal utterances.

Visual and auditory distractions should be minimised as children often tend to become over-involved in visual stimuli or objects. Provide structure and prepare the child for changes in routine to decrease anxiety and try to maintain sameness in the child’s environment and a predictable routine where possible.

We need to use visual cues and prompts such as gestures, signs, pictures or schedules by providing simple concrete guides to the world such as picture timetables or placing activities in a sequence. Intervention should focus on functional communication as gains in communication skills can reduce challenging behaviour.

Encourage the child’s strengths, which are usually visual skills and rote learning and be aware of the difficulties with processing and formulating verbal utterances, understanding of relations that exist between objects and events and providing their own structure and organization. A child with ASD may take longer to learn new skills. Introduce new activities gradually, practise skills in different contexts and keep repeating at the child’s level. Treat each child individually and persevere.

We need to observe and find the specific pattern of responses each child shows as we see different clusters of symptoms in different children. Ongoing evaluation should be part of treatment and should involve observations of responses to sensory and general environmental stimuli that often change over time. We need to get to know the child and find what motivates and what bothers him so that therapy can be adapted to be more effective. What works successfully for one child may not always work for another.

Autism is treatable. Identification, intervention, parent support, knowledge and understanding can improve the quality of life for all people with autism and their families.
Autism is a complex spectrum of disorders. Parents of children with an autism spectrum disorder (ASD) have many mountains to climb. Initially, the parents are concerned with determining why their children behave like they do. We have found that frequently during the diagnosis process families are bounced from pillar to post. Finding a medical professional with the skills to recognise and effectively diagnose ASD is often problematic. This difficulty tends to be exacerbated if families have to rely on the government sector for assessment and treatment of their child. This is typically related to long waiting lists, limited qualified professionals in the field of ASD and poor referral systems.

Once the family has been through the process of receiving a diagnosis, the next mountain to navigate is, what next? For neurotypical children, pre-school and formal schooling is the natural progression. For a child with ASD who has poor social abilities, delayed and often absent communication, sensory difficulties and rigid thinking, as well as a general lack of awareness of ASD by educators, schooling may be a nightmare. Even with the new policies related to inclusion, lack of awareness amongst educators and minimal training in dealing with children with ASD, integration into mainstream and non-specific special schools is often an unrealistic solution.

Once an education setting with a suitable autism specific learning environment is found, families may still have many hills to be navigated. It is the role of the school, and in part the therapy department, to support the family in their journey into ASD. As a therapy department, not yet three years old and supporting a large number of families, the challenges initially appeared insurmountable. Next to a lack of human resources, one of the biggest challenges faced by a new therapy department in a government school for learners with ASD, is the assessment process. This was particularly noted with regards to children between the ages of three and six years. The current gold standard for the diagnosis of ASD is the Autism Diagnostic Observation Schedule (ADOS).

Although this assessment is efficient in diagnosing ASD, it does not provide comprehensive information into the child's communication, sensory, motor, behaviour and learning abilities. Therefore, this assessment is useful as an adjunct to a therapeutic and cognitive assessment but not as a replacement.

From a therapeutic point of view, there are no comprehensive formal assessments and the guidelines for informal assessment are lacking. Assessments based on observation of the child tend to be more effective as the child often struggles to follow verbal instructions. Standardised assessment tools were found to be unreliable as a consequence. In terms of occupational therapy the following assessments were found to be useful:

- Sensory Processing Measure: Parham & Ecker
- Sensory Profile: Winnie Dunn
- Visual Motor Integration: Beery
- Developmental Test of Visual Perceptions 2nd edition: Frostig
- Clinical Observations as per Jean Ayres
- Developmental Scales: Stewart-Lord, University of the Witwatersrand (1998)

In terms of speech therapy there are many assessments that consider one element of development such as receptive or expressive language. However, the most comprehensive overall development scale was found to be the Rossetti Infant Toddler Language Scale although this is only suitable for children up until 36 months of age. Therefore, as a department with speech and occupational therapy it was felt that due to time constraints, limited resources and a high number of children requiring assessment as well as inappropriate referrals we needed to streamline the assessment process.

Over the course of a six month period, Occupational and Speech Therapists within an ASD specific education setting analysed the core components of development required for assessment that would provide them with the most useful information for therapy, education and home based intervention. From a child-based point of view, it was found
to be essential that therapists from different disciplines combine their knowledge in order to create a holistic profile of each and every child. This was determined to further allow for the creation of comprehensive, meaningful and agreed upon aims and goals for therapy, the classroom and home environment.

From the discussions and planning the following areas were highlighted as being essential for assessment:

* Sensory processing and modulation
* Pre-requisite skills for communication and learning
* Postural stability and motor skills
* Functional communication
* Behaviour
* Skills of daily living
* Cognitive processing skills

It was found that from a holistic point of view a child can neither be assessed nor have intervention provided in isolation; as the systems rely heavily on each other one aspect many influence performance in another. For example, a child with a hyper-responsive system may become easily frustrated by communication difficulties. These often result in challenging behaviour that when addressed may further heighten the child’s sensory response and if not managed appropriately this may tend to become a spiralling cycle of events.

It is therefore recommended that the assessment of a child with ASD should not only include all the above-mentioned aspects of development, but should also take a joint diagnostic intervention role. This allows for strategies to be implemented during the assessment to determine their efficiency and possible affect on the child. An example of this would be the occupational therapist implementing sensory integration strategies in order to optimise the child’s level of arousal. This in turn affects the child’s engagement and pre-requisite skills including attention and interaction. In addition the speech therapist is able to implement augmentative and alternative communication strategies to determine what communication system may be most beneficial to the child. Providing a child with communication may positively influence the behaviour and sensory processing. Assessment without considering these factors may provide an inaccurate profile of the child’s abilities. In addition to this, introducing intervention strategies during the assessment process may allow for more effective and early implementation of intervention strategies in the home and school environment.

A joint occupational and speech therapy assessment is recommended as it may allow the therapists to bounce ideas off each other and integrate the assessment information gained into a holistic picture of the child. A joint assessment provides the therapists the opportunity to observe the child’s abilities and behaviour in different situations. There is furthermore improved efficiency in terms of note-taking and the opportunity for a combined therapy report to be written; whereby influencing factors, such as behaviour and pre-requisite skills may be easily explained. Furthermore, a joint assessment provides improved generalisation of skills between therapy sessions, therapy into the classroom and classroom into the home.

In terms of goal setting the ideal is for each and every child to have an Individual Education Developmental Profile (IEDP). However, as a result of time constraints and the high number of children in government educational settings this is an unrealistic ideal. Therefore in our setting we found that setting combined Specific Measurable Attainable Realistic Time-based (SMART) goals were effective. These goals were created in conjunction with the parents, therapy team, educators and other team members involved with the child. In our setting we created six month goals for each and every child. The goals should be holistic, meaningful and functional to the individual child.

Following the multi-disciplinary assessment, therapy is the natural progression. In our setting we have found that a child with complex sensory and communication needs, a programme where the child receives occupational therapy and then speech therapy immediately afterwards was the most successful. For a child who requires a focus on pre-requisite skills, we have found that a joint therapy session is most effective. It was found that combined sessions not only optimise learning for the child but also provide improved carry-over of skills into multiple environments and allow for a more holistic therapy approach where more developmental areas are addressed in a shorter period of time. These joint sessions also appeared to influence the child’s long term outcome for example, sensory integration may improve development of pre-requisite skills, which improves communication and in turn minimises challenging behaviours and encourages learning.

In conclusion, as a new therapy department still climbing mountains these are our thoughts for navigating ASD in a government education setting:

* Get to know the medical professionals working within the field of ASD this may assist in improving the referral system and encourages dialogue between all parties
* Have a good understanding of ASD and the co-morbid conditions that may be associated with ASD
* Find a support system regardless of whether you are a parent or professional
* Good understanding of multi-disciplinary skills and each disciplines respective skills
* Joint assessment and diagnostic intervention process as well as the use of multiple assessment tools
* Meeting with parents to discuss the findings from the assessment and create joint goals and determine the parent’s expectations with regards to the child’s progress
* Multi-team creation of SMART goals
* Prioritise the intervention plan required for each individual child
* Encourage active parent involvement and close collaboration to encourage carry-over into the home environment.

For all parents, educators and therapists working in the field of autism these are our thoughts. We hope in some way we are able to help you and the children with whom you work. Have a safe journey and enjoy the adventures.
Hi-tech, Lo-tech or No-tech?

written by Sophie Kerr

The world of Augmentative and Alternative Communication systems is in a constant state of flux. The most recent additions to this ever expanding set of tools are the iPod/iPhone apps. Some apps focus on building sentences to be shown to a listener, others function as speech generating devices (SGD). The question for parents then becomes ‘What is the best option for my child?’ And some of you may be asking ‘In a world of high and low tech gadgets, where does PECS, now categorised as a ‘no-tech’ system, fit in?’

The development of PECS began in 1985. In the 25 years since this time, numerous research papers have concluded that PECS and the protocols used to teach it are effective. PECS truly is an evidence-based system, with proven outcomes. Using PECS has improved communication skills, increased independence and decreased inappropriate behaviours in students of all ages across the world. Many students who use PECS eventually transition to using speech as their primary mode of communication. When this is the case, investment in a high-tech device may not be warranted until other options have been explored.

For those considering use of high and low tech devices individuals must consider, weight, size, transportability, battery life, button size, voice output options, vocabulary size, communicative functions, cost and more. The beauty of the iPod/iPhone system is that it provides a light weight, transportable, low-cost option. With the development of applications like Grace App, it is clear that personalising the system is possible with some technical know-how. However, as with any communication system, there are a range of other issues to consider.

One of the clear advantages of PECS is that with no batteries or microchips, charging and breakdowns are not a consideration. It is often recommended that PECS is the starting point for students who will eventually transition to using a SGD. Beginning with PECS allows students to learn about communication more quickly, as the pre-requisite skills are far fewer. When this is the case students will have the ability to develop a functional communication more quickly. For students who have learned PECS prior to SGD use, they also have ready access to a communication system if their high-tech device breaks down or runs out of charge.

Setting up a no-tech communication system like PECS is often far easier than setting up a high-tech device. One of the most important considerations when providing a communication system is how quickly the student will be able to use it. If the lead in includes having to program or modify a device, the student may have an extended period without a functional communication system. In addition, a pre-requisite to using this type of picture point system, is that the student can discriminate pictures. This again increases the time until the student is able to functionally communicate.

When considering a communication system always think back to the definition of communication. Communication involves approaching a communication partner and delivering a message. While it is possible to teach both of these skills using high-tech devices (most effectively done through the use of techniques from the PECS protocol), it is often easier to teach these skills using a no-tech system like PECS. With no voice output, the PECS user must approach their communication partner to deliver their message, thus ensuring the skill of social approach is required.

On the whole, whether choosing a no-tech, low-tech or high-tech communication system, it is essential that communication systems are customised to best suit the individual student. When doing so, always consider what is being taught and how it will be taught. The Pyramid Approach to Education and PECS protocol provide a strong base for teaching any communication system. A focus on no-tech systems can provide a functional communication system with very little lead in. Consider starting with a no-tech system and transitioning to a high-tech system if the individual does not develop speech. This will also allow time for the newest editions to high-tech communication systems to be further developed and made more user friendly.

For more information on PECS and current and upcoming apps, visit: www.pecs.com

Andy Bondy and Lori Frost, co-founders of Pyramid Education Consultants
Noluthando Autism Unit is a wonderful example of collaboration and team building over the last five years. What started as a solution to a learner from a disadvantage background has grown into a purpose designed unit for four classes of learners with ASD. In 1996 the Principal of Vera School realised how difficult it was to get transport for learners from a disadvantaged background in Khayalitsha and he negotiated with the Principal of Noluthando and the Western Cape Department of Education to find ways of setting up a class for learners with ASD. The WCED gave a grant of R40,000 and the class was established. Vera School has continued to support this growing facility with four meetings a year and training. Autism South Africa sponsored me as an Educational Consultant to support the staff and assist with curriculum development. The teachers are highly trained and experienced and are delivering high quality autism specific education. It is hoped that eventually they will be able to assist with outreach and training in the Xhosa community.
AAC (Augmentative and Alternative Communication) is used to facilitate communication. In this case PECS (Picture Exchange Communication System) ensures the learner is able to request his food.

Learners with severe communication problems are helped to work independently on skills already mastered.

Thabo relating to his bear. Great eye contact!

Having Fun! Social interaction, turn taking and play is encouraged by the use of novelty toys.

At break time the children develop their gross motor skills and spatial perception.

The Relaxation corner.

---

**2012’s Fundraising Events**

Please keep up to date with the coming events for 2012 by checking our website for all information regarding next years fundraising events!! [www.autismsouthafrica.org](http://www.autismsouthafrica.org)

Keep an eye out for:

- Walk for Autism (April 2012)
- Bilal Jazz Concert
- Annual Autism South Africa Golf Day (July 2012)
- Annual Comedy for Autism (October 2012)
2011’s Fundraising Events

Golf Day 2011

It was great to have two people with autism playing in the Golf Day!

Thank you to Albie and Mome Morkel for joining Rob Dalton’s Sun International fourball and thereby making our day, just that more special!

Desperation resulted in this golfer going down on knees begging the ball to go into the hole!

We are extremely grateful to the most generous benefactors who provided a superb range of prizes for our golfers.

Our wonderful honorary auditors — Octagon Chartered Accountants, joined us for the day. They probably told the staff at the office that they thought they had better check up on ASA!!!

A massive “thank you” to all our wonderful golfers and benefactors who contributed towards making our 2011 Golf Day the wonderful success that it was!
Bilal Sayeed Oliver is an American neo soul/Jazz singer-song writer, musician and producer, as well as father of Bashir, a 9yr old boy with autism. In August Bilal visited South Africa for two concerts as part of his world tour to raise awareness for autism. Although on a very tight schedule he and his band were able to squeeze in a visit to the offices of Autism South Africa where naturally we shared with him what we do and discussed the numerous barriers we face in our country. He was saddened by the cultural barriers and lack of resources, but most excited about the work we are doing in South Africa and especially impressed that we are able to do so much on a ‘shoe-string’ budget. We exchanged ideas and plans for awareness in the future and currently we are in negotiations with Bilal’s promoter about the possibilities of another autism awareness concert in South Africa next year.

A few weeks ago Bilal released a video to the song “Little Ones” - a loving ode to his sons, which appears on his latest album, ‘Airtight’s Revenge’. Bilal used the accompanying video as an opportunity to address an issue that is dear to his heart; Autism. His oldest son Bashir was diagnosed with autism when he was around four years old and Bilal has been very active in the movement to raise awareness. See “You Tube” to watch the video!

On the 5 October 2011 we hosted our second annual Comedy evening at “Parker’s Comedy and Jive” at Montecasino. It was well attended and a huge success! Two of the comedians, Magicman and Chris Forrest gave a pro-bono performance. Long-time friends of Autism South Africa, “AlterIrving” provided the musical entertainment for the evening at no charge. The MC for the evening was Joe Parker, again, a pro-bono performance. We would like to thank all the sponsors of the prizes donated for the raffle especially City Lodge for the main prize of a weekend for 2 anywhere in South Africa. But most of all, we would like to thank YOU for your support at this fun-filled evening!

A great evening was had by all!

Magicman’s performance was hugely popular and enjoyed by everyone who attended!

Comedy for Autism 2011

AlterIrving started off the evening with some music to get everyone in a great mood.

You can see from the turnout that the evening was, once again, a great success!
We are proud to introduce The DreamTree School for Children with Autism. It is definitely a dream come true for Paul and Henriette Hubers, founders of De DroomBoom School for Children with Autism in the Netherlands in 2006 and trustees of the Cape Autism Charity Trust. Their dream was to build a school for their son, Thom, and other children who, like him, are living with Autism Spectrum Disorder (ASD).

This brand new autism-friendly school is being built on the picturesque campus of Somerset College, in the heart of the Cape Winelands. The DreamTree School for Children with Autism is going to be a private, independent school that will serve children in our community who have been diagnosed with Autism Spectrum Disorder or related learning disorders.

Contact:
Janet du Bois (Director)
+27 (0) 82 444 6870
Bredell Road, Somerset West, Somerset College Campus
info@thedreamtreeschool.co.za

Limited Edition
2012 Wildlife Calendar
Autism South Africa

ONLY R110
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Postal Address:
Tel No:
Proof of payment

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2207 312 33
Cheque Account

Toys R Us has made a brand new friend
www.toysrus.co.za
www.autism.co.za

Toys R Us and Autism SA are working together to provide care and support for parents with differently-abled children

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Toys R Us and Autism SA are working together to provide care and support for parents with differently-abled children
**Book Reviews**

**A friend like Ben by Julia Romp**

Julia is a single parent who discovers after a long struggle that her little boy, George has Autism. Julia not only struggled with finding the correct services for her son, but also to communicate with her little boy. After what felt like a lifetime of not being able to do so, a stray cat came into their lives and helped Julia and George more to communicate with each other and George to be more open to communicate with other family members and the teachers and children at school. He also developed more appropriate social skills and contact with others around him. All this was made possible by the love that Julia felt for her son and the love of George for the little stray cat called Ben. Then Ben went missing... Read how Julia refused to accept that their cat was lost or worse and how very necessary it was for her to find their friend.

By Antoinette Bruce-Alexander

**Autism educational and Therapeutic Approaches by Efrosini Kalyva**

Intended as both a text book and a layman’s read, this is a fantastic resource for parents, academics, educators and anybody else who is trying to navigate the vast and often baffling arena of autism intervention options. This book is a rare find that brings many popular approaches together into the same space, providing a more than decent summary of each that can be easily understood by all. With an easy writing style and expert knowledge of autism, Kalyva guides readers through over twenty intervention methods; From Applied Behaviour Analysis to TEACCH, Miller Method to PECS, Music Therapy to Pharmacotherapy, and many more in-between! Each approach is described in terms of its theoretical foundations, practical applications and importantly, is critiqued in terms of its efficacy and validity for today’s population of people with Autism. In providing detailed information regarding the scientific evidence behind these methods, it encourages a “healthy scepticism” and critical thinking when making decisions about intervention. A great one for the bookshelf, not to be missed!

By Bernadette Papadakis

**Recommended Websites / Movies / Books**

- **http://www.circleoffriends.org**
  An inclusion program for teens and young adults with disabilities, brings the understanding and acceptance of differences on school campuses and within the community, making a significant social impact
  - [www.bendelsconsulting.co.za](http://www.bendelsconsulting.co.za)
  - Find out all about SARS and Disability Tax
  - [www.aspergersafrica.com](http://www.aspergersafrica.com)
  - Niki van Velden is helping parents approach the school and DOE to arrange matric assistance/exemption for their children with autism spectrum disorder
  - [www.jkp.com](http://www.jkp.com)
  - Keeps you updated on the latest books regarding children and teens on the autism spectrum
  - [www.surfershealing.org](http://www.surfershealing.org)
  - Information on how surfing and the sea can calm people with ASD
  - [Just Add Water-Clay Marzo](http://gillianwaysmith.com)
    - Documentary about a 21 year old with Aspergers Syndrome, who has a “special intrest” in surfing
  - [The Horse Boy](http://gillianwaysmith.com)
    - An autistic boy and his parents travel the vast, wild landscape of Mongolia returning inspired and at peace

- **Autism the Musical**
  Follows five autistic children as they work together to create and perform a live musical production (www.autismthe musical.com)

- **The IEP from A to Z**
  Provides up-to-date, user friendly advice for writing goals and objectives consistent with child specific education law (www.Josseybass.com)

  by Temple Grandin & Sean Barron(www.asperger.net)

- **Nobody Nowhere and Somebody Somewhere**
  www.donnawilliams.net

- **My Friend Sam by Liz Hannah**
  Introducing a child with autism to a nusery school (National Autistic Society mail: nas@nas.org.uk)

- **My Brother is different by Louise Gorrod**
  (National Autistic Society mail: nas@nas.org.uk)
Autism Spectrum Quarterly Magazine
Available in South Africa

Autism South Africa is acting as a local distributor for a wonderful magazine from America called Autism Spectrum Quarterly. We need your urgent response should you wish to receive copies.

Diane Twachtman-Cullen, Ph.D., Editor-in-Chief, Liane Holliday Willey, Ed.D., Senior Editor. ASQ is described as “THE AUTISM MEGAJOURNAL™” to underscore that it combines the readability and interest of a high-level magazine with the substance and depth of a professional journal. It is this combined focus that distinguishes ASQ from other publications of its type, and creates an important niche in the world of autism publications that has previously has been lacking. Each issue features a line of research and commentary aimed at helping parents, teachers, and clinicians to translate this research into practice.

Included in every issue of Autism Spectrum Quarterly
• Articles by, for, and about individuals with ASD
• A focus on families and family issues
• Book and product reviews and recommended resources
• Contributions by outstanding professionals in the ASD field
• Spotlight on Best Practices to highlight an educator, clinician, or paraprofessional support person whose work on behalf of those with ASD has been exemplary
• Tips and strategies to translate research into practice
• User-friendly, cutting-edge information from the world of research.

Due to the financial implications, we will need potential South African subscribers to sign up, commit and pay up front for the period of a year.

We have been offered the wonderful price of R70 per magazine (incl shipping from the USA). Therefore for a year’s subscription, with local postage it will cost you only R280 per year to receive 4 copies of this magazine. Please deposit an amount of R280 into our bank account, before placing the order with us and ensure you write your surname in the reference block followed by the letters ASQ.

Banking Details:
Autism South Africa, Standard Bank Sandton Branch
Branch Code: 019205
Acc. No: 2207 312 33

This is the cost price. Autism South Africa is merely the facilitator. Please email or fax a copy of your proof of payment with the below details:

NAME:
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E-MAIL:
CELL NO:

Show your support and purchase a;sa merchandise!!!!

* Adult T-shirts                R75
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* A6 Stickers                R10

To order go to www.autismsouthafrica.org or phone 011 484 9909
Fish bowl Autism Spectrum Disorders

Fish bowl Autism Spectrum Disorders

Participant registration

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Training dates 2012

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Please send proof of payment to kirsty@joehs.co.za or fax it to 011 484 5654

Vision

Providing quality, relevant and practical ASD training that is accessible to all.

Mission

Empower teachers, therapists and parents to make a significant difference in the lives of children with ASD.

Encourage teachers, therapists and parents to acknowledge a highly individual approach to ASD intervention.

Excite teachers, therapists and parents about the endless possibilities of ASD intervention.

Enforce the concept of Visual Verbal.

Course Authors

The Fish bowl project was written by Reinette Palmer and Kirsty McLean. Reinette is a remedial educator with Autism specific experience. She has worked with hundreds of children with ASD at both the Key School, the Johannesburg Hospital School, as consultant for Autism South Africa and in her private practice. Kirsty is an educational specialist who has worked in the United Kingdom, The Key school, the Johannesburg Hospital school and as a consultant for Autism South Africa.

Reinette and Kirsty regularly lecture at schools, colleges and universities. They remain active students and attend meetings, seminars and conferences regularly. They keep abreast of the latest literature, research, articles, reports and publications in the field of ASD.

Contact Reinette Palmer or Kirsty McLean for more information or to schedule a Fish bowl in your province.

Spaces are limited. This is an intensive course and only 18 participants can be registered.

Participants will receive a course manual and will take home a toolkit with a selection of resources.

Participants will receive a Certificate of Attendance that acknowledges the Content covered.

Module 1 required before registering for Module 2

Module 2

<table>
<thead>
<tr>
<th>Date</th>
<th>Content</th>
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<tr>
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<td>1.2 Jargon used in relation to ASD</td>
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<td>1.3 Observation before intervention</td>
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<td>1.4 Observation continued</td>
<td>Day 2</td>
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<td>1.2 Writing an observation report</td>
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<td>1.3 Write observation report</td>
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<td>1.1 Areas of difficulty</td>
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<td>1.2 One-on-one</td>
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<td>1.3 Group activity</td>
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<td>1.1 Independent Learning</td>
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<td>1.2 Observation</td>
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<td>1.1 Communication</td>
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<td>1.2 Introduction to Makaton</td>
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<td>1.3 Introduction to PECS</td>
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<td>1.4 Creating communication folder</td>
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Parent Register

Please help us lobby government by ensuring as many parents of children with autism as possible complete this form and return it to Autism South Africa.

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<td>After diagnosis, how long did it take to find the correct school placement?</td>
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Membership to Autism South Africa

An extensive membership base is a powerful tool to use when lobbying Government and therefore may we appeal to ALL parents and professionals related to the field of autism, as well as interested members of the public, to please complete the below membership form and become members of Autism South Africa.

It has been decided by the National Executive Committee of Autism South Africa, that to ensure all people regardless of their financial status can become members of Autism South Africa, that there will no longer be a set individual membership fee, but the person wanting to become a member, may pay whatever they feel they would like or are able. (Group membership will remain at R 300 per annum).

NAME: ____________________________________________________________

INVOLVEMENT WITH AUTISM: ______________________________________

POSTAL ADDRESS: __________________________________________________

TEL: _______________________________ FAX: ______________________________

EMAIL: ________________________________

DONATION FOR MEMBERSHIP: _______________________________________

Communication from Autism South Africa

Due to the present economic climate and the difficulty in raising funding for services for people with autism in South Africa, we will have to limit our future postal and faxing correspondence. It is therefore ESSENTIAL that you please ensure we have an email address for you where possible.

Membership entitles you to (Applicable to Group Members as well as individual members donating over R50):

- 10% reduction on all Information Sessions and Workshops (excl when there are international speakers)
- 25% discount on advertising in the “Aut-Talk” newsletter
- Distribution of your advertising material to the electronic database.

Please remember to check the web page once a week!

www.autismsouthafrica.org

and join us on Facebook.


** PLEASE WRITE INITIAL AND SURNAME IN THE REFERENCE BLOCK **