Communication Options for the Offices of Autism South Africa

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Firstly, I would like to apologise that Autism South Africa was unable to produce an "Aut;Talk" in April of this year.

This past 12 months have been an exceptionally difficult time financially for Autism South Africa.

Sadly, the funding from the National Lottery Distribution Trust Fund (NLDTF) for Louise Taylor (who was the Editor of last November’s “Aut;Talk”) came to an end in December and we were unable to extend Louise’s contract with ASA. There were not enough human and fiscal resources in April for us to be able to compile an “Aut;Talk”, but although we are in a similar situation now, we will NOT let 2012 come to an end without compiling at least one “Aut;Talk”!

2012, for many reasons, has placed many “never-in-the-history of Autism South Africa” situations in our laps, which has been a result of the global economic down-turn. Despite the scary times we are going through, I believe as regards the development of independent services around South Africa, it has been a truly terrific year. I also feel that the comradeship amongst parents and professionals and the relationship between these parties and Autism South Africa, during 2012 was wonderful.

I do hope this edition of “Aut;Talk” will be interesting for you and that you will have time to browse through the magazine over the holiday period.

Have a safe and enjoyable time over the summer holidays.

Jill Stacey
we're here to lend
a hand & our hearts
Considering the global economic down-turn and the prevailing delays within the National Lotteries Board (NLB), I am delighted just to be able to report on the activities of Autism South Africa (ASA) over the past year. Despite a highly unfavourable year, financially, I am pleased to report that there has still been progressive implementation of services around the country.

Our Outreach and National Development Plan was chiefly funded by the NLB and sadly as a result of these funds being exhausted we were unable to renew the contracts of our National Development Officer, PRO and Awareness Officer, nor the Regional Development Officer (RDO) for Greater Johannesburg. In addition to which we have been unable to fill vacant RDO post in the North West.

The ASA staff now consists of the National Director, Resource Developer, Administrator, a part-time bookkeeper and the National Education Facilitator in the Johannesburg office with four RDOs operating in Mpumalanga, Free State, KwaZulu-Natal, Northern Cape and the Eastern Cape. At this point, I would like to pay tribute to the staff for their understanding during these trying times as well as their dedication and perseverance in providing autism specific guidance and support to families and communities in great need.

I am proud to report that despite being spread around the country there is a great camaraderie amongst the staff who are working as effectively as possible, despite the lack of regular face-to-face interaction. This is largely due to their passion and integrity, especially in the case of the RDOs who often have to work in isolation. Thank you all for making such a meaningful impact on the lives of people affected by autism.

Building on and optimising partnerships with other relevant organisations has also proved to be very positive. For instance, Bernadette Papakidis, our National Education Facilitator, has joined forces with the Children’s Disability Centre to implement the “Fish Bowl Course”, an intensive 2-week autism-specific training course being held at several sites around the country. Another organisation whose work is closely knit with ours is the “Ernie Els Centre for Autism” housed in our Johannesburg offices. The Centre focuses on up-skilling parents and caregivers to work with their children using the Applied Behaviour Analysis approach. This free service is directed at families who are unable to enrol their children in an appropriate ECD centre or school.

There are far too few doctors who are able to diagnose autism in young children which results in excessive delays in these children being diagnosed. I would therefore like to express my sincere appreciation to the doctors, clinicians and educators, who give freely of their time to regularly hold screening and assessment clinics at the ASA offices. In order to increase the number of doctors and clinicians able to diagnosis autism, ASA in association with SAACAPAP, has facilitated primary training in the gold standard diagnostic tool ADOS (Autism Diagnostic and Observation Schedule) for 50 professionals.

In addition to this, as a result of the dedication of Dr David Griessel and Professor Andre Venter, the first ever “Proudly South African” certificated course on the diagnosis and assessment of autism is now available.

ASA, as a member of the South African Disability Alliance and the National Coalition of Social Services, has been keeping a close eye on the Governments discussions and legislation pertaining to disabilities and NPOs. We have proactively lobbied for improved acknowledgement and services for children and adults with an Autism Spectrum Disorder. It is a very slow and an extremely frustrating process, but we believe we are slowly making inroads.

Over the past year literally thousands of our more than 20 brochures, covering various aspects of autism, have been distributed. Once again I would like to thank the UK National Autistic Society for providing us with the material for 12 of these brochures and for Toys R Us for providing funds for the printing of our brochures.

It is with heartfelt appreciation that I acknowledge and sincerely thank our exceptionally loyal benefactors. ASA has a really superb support base amongst the business community which continues to assist us despite the down turn in the economy. We have enjoyed a wonderful relationship with Toys R Us who has provided financial support over the past two years and much to our great excitement has committed to a further two-year period of support. The Concord Trust has been exceptionally generous and I cannot adequately express the significance of their loyal support over the years. Ram Hand-to-Hand Couriers has made a mammoth difference to our running costs by regularly delivering brochures all around the country, at no charge. Our sincere thanks and gratitude to Octagon Chartered Accountants for again this year, performing our annual audit on a Pro-Bono basis.

This year has seen the formation of more independent autism-specific services throughout South Africa. I believe the dedicated professionals and parents who have taken a leap of faith to increase the number of education or therapeutic services available to our children must be saluted. Adult services although scarce are also moving forward in a positive manner.
The two-year term of office of the current National Executive Committee (NEC) of ASA comes to an end in September this year. I would like to sincerely thank each and every one of the outgoing NEC for their valuable contribution to the success of ASA during their term of office.

In closing, on a personal level, I have been the Chairman of ASA for 12 of the past 13 years (having had a year off for good behaviour). Over this period ASA has gone from strength to strength and I sincerely believe it is making a positive difference to the lives of many people affected by autism. The success of ASA is not a result of my small contribution but is attributable to the effort of numerous people over the years. These wonderful people deserve much greater accolades than they have or will ever receive and none more so than Jill Stacey who is the driving force behind ASA. I am grateful for having had the opportunity to have been a part of what Jill and all the other NEC members have achieved over the years. Although I am standing for re-election, if successful, I only intend spending one more year on the NEC.

From the International Space Station, as it orbited the earth, on April 2nd 2012, Astronaut Dan Burbank’s message for people with autism and their families.

“From the International Space Station, I would like to send our warmest greetings to Autism Speaks and the global autism Community. It is a great pleasure to be speaking with the millions of people around the world who are celebrating World Autism Awareness Day through the Light it Up Blue Initiative, an incredible effort to illuminate iconic landmarks around the world in Blue.

Five years ago the United Nations designated April 2 as World Autism Awareness Day to shed light on the alarming prevalence of autism across all regions of the world. Like the global cooperation that we demonstrate every day up here on the International Space Station, World Autism Awareness Day celebrates working together to raise awareness of this disorder that affects children in every country in the world, irrespective of gender, race, or socio-economic status. Together we can inspire compassion, inclusion and hope.

On behalf of my fellow crew members, I salute Autism Speaks and everyone on Earth who is celebrating the fifth World Autism Awareness Day. Enjoy this historic day!

This is Dan Burbank on the International Space station signing out”

Watch the message on www.youtube.com/watch?v=yGeDej12aZE

A Very Special Thank You To The Following Benefactors Who Have Provided Ongoing Monthly Support to Autism South Africa For 3 Years.

Toys R Us has provided R500 000 to Autism South Africa over the period 2010 -2013

Ram Hand-to-Hand Couriers deliver our brochures and other items free-of-charge throughout South Africa.

Colour Corporate donated an industrial colour laser printer and provide cartridges as needed.
The new National Executive Members for Autism South Africa for the period 2012 – 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Role/Details</th>
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<tbody>
<tr>
<td>Dr David Griessel</td>
<td>Neuro-developmental paediatrician. Instrumental in developing 10 classes for children on the spectrum in the Free State &amp; the Northern Cape. Developed a “Certificate of competence” programme to train Doctors and Clinicians in assessment &amp; diagnosis of ASD. His vision for Autism specific services in South Africa is to focus on early identification and intervention and developing services for young adults.</td>
</tr>
<tr>
<td>Mr Craig Thompson</td>
<td>Adult with High Functioning Autism. Consultant for IDC Consultants. Undertaken extensive work in the field of Universal Access. Developed cultural &amp; interpretable material to take account of cognitive, sensory &amp; developmental diversity. Proficient in architectural design &amp; skills, costing and feasibility studies and research, as well as cultural engineering.</td>
</tr>
<tr>
<td>Mrs Nombusa Aretha Kausele</td>
<td>Mother of 5 year old son with an ASD. Presently employed as the Centre Co-ordinator at the Ernie Els for Autism Centre for Autism in Johannesburg. Enjoys supporting parents of children who have been newly diagnosed with an Autism Spectrum Disorder.</td>
</tr>
<tr>
<td>Mr Paul Pratt</td>
<td>Father of a young adult son with an ASD. Been Chairman of ASA for close to 15 years. Worked extensively on the SGB of Browns School in Durban to build up the autism unit at this school. Co-Founder of first support group in Durban (P.A.C.K.) before the formation of Action in Autism.</td>
</tr>
<tr>
<td>Mrs Petra Dillmann</td>
<td>Has a young adult son with an ASD. Founder of Autism and Asperger Namibia. Been extensively involved in the field of autism and special-needs for nearly 20 years. Has served on the NEC of ASA for close to 18 years. Presents at international conferences and has strong international networks. Works with the Namibian Government on issues pertaining to ASD.</td>
</tr>
<tr>
<td>Mrs Thando Makapela</td>
<td>Mother of 18 year old. Has worked within Government (Gauteng legislature as well as the Office of the President) and the Business sector in differing administration and managerial posts. Presently a Human Resources and Marketing Consultant. Experience in working with donor budgeting and reporting. Chairman of the the Johannesburg Hospital School SGB.</td>
</tr>
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The reason there are 7 members that have been elected instead of 6, is that 3 people tied on their number of votes.
Introduction
Parents with newly diagnosed young children with Autistic Spectrum Disorders are stressed not only in having to deal with behaviour that is difficult to understand, but are also faced with a multitude of wide-ranging treatment options. Multidisciplinary, early therapeutic intervention by occupational and speech and language therapists is regarded by experts as the cornerstone of treatment (Schaaf & Mulrooney, 2007), and results in substantially better outcomes for the individual’s integration into the society (Myers & Johnson, 2007).

The aim of this article is to enable parents, carers and professionals to understand what sensory integration dysfunction means; of the benefits of using a sensory integration framework in understanding their child’s behaviour; the basis of Occupational Therapy – Sensory Integration therapy (OT-SI), and tips that other parents have been found useful in providing sensory strategies to deal with difficult behaviour.

The typical occupations of children of pre-school age, which include play, activities of daily living (sleeping, feeding, toilet training, dressing) and peer interaction, that depend on sensorimotor foundations are affected in ASD. In children with ASD, individual differences in sensory processing result in limited exploration of their environments that affect the establishment of connections in the brain which in turn influence learning and social interaction.

Sensory integration is probably most complex aspect of autism to understand, but it is arguably the most critical, and will be one of the defining criteria in the diagnosis of ASD, to be published in the DSM V in 2012.

What does Sensory Integration Dysfunction mean?
Many children with autism experience unusual responses to sensory stimuli, or input. These responses are due to difficulty in processing and integrating sensory information. Vision, hearing, touch, smell, taste, the sense of movement (vestibular system) and the sense of position (proprioception) can all be affected. This means that while information is sensed normally, it may be perceived differently. Sometimes stimuli that seem “normal” to others can be experienced as painful, unpleasant or confusing by the child with Sensory Integration Dysfunction (SID), the clinical term for this characteristic. SID can involve hypersensitivity, also known as sensory defensiveness, or hyposensitivity. An example of hypersensitivity would be an inability to tolerate wearing clothing, being touched, or being in a room with normal lighting. Hyposensitivity might be apparent in a child’s increased tolerance for pain or a constant need for sensory stimulation. Treatment for Sensory Integration Dysfunction is usually addressed with occupational therapy and/or sensory integration therapy (Biel & Peske, 2009).

How does it feel?
“So what happens when sensory perceptions are disorganised?” It means that the ordinary sights, sounds, smells, tastes and touches of everyday that you may not even notice can be painful. The very environment in which we live often seems hostile.”

“I may appear withdrawn or belligerent to you but I am really just trying to defend myself. Here is why a “simple” trip to the shop may be hell for me: My hearing may be hyper-acute. Dozens of people are talking at once……The loudspeaker booms today's special…. Music whines from the sound system. Cash registers beep and cough, a coffee grinder is chugging……..The meat cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My brain can’t filter all the input and I’m in overload!”

“My sense of smell may be highly sensitive. The fish isn’t quite fresh, the man standing next to us hasn’t showered today….. the deli is handing out sausage samples, the baby in line ahead of us has a dirty nappy… they’re mopping up pickles on aisle 3 with ammonia….I can’t sort it all out. I am dangerously nauseated.”

“Because I am visually oriented, this may be my first sense to become over-stimulated. The fluorescent light is not only too bright, it buzzes and hums. The room seems to pulsate and it hurts my eyes. The pulsating light bounces off everything and distorts what I am seeing -- the space seems to be constantly changing. There’s glare from windows, too many items for me to be able to focus (I may compensate with “tunnel vision”), moving fans on the ceiling, so many bodies in constant motion.”
“All this affects my vestibular and proprioceptive senses, and now I can’t even tell where my body is in space.”

How to choose the appropriate combination of therapies?

The wide variation in presentation of the disorder and ever changing needs of the child with ASD make it challenging for parents to make informed decisions, making therapy choices over the child’s lifespan. Autism remains a complex disorder that impacts each child differently. However, many children with autism have made remarkable breakthrough with the right combination of therapies and interventions. Most parents would welcome a cure for their child, or a therapy that would alleviate all of the symptoms and challenges that make life difficult for them. Just as your child’s challenges can’t be summed up in one word, they can’t be remedied with one therapy. Each challenge must be addressed with an appropriate therapy. No single therapy works for every child. What works for one child may not work for another. What works for one child for a period of time may stop working. Some therapies are supported by research showing their efficacy, while others are not. The skill, experience, and style of the therapist are critical to the effectiveness of the intervention. Therapies are not always delivered in a “pure format.” Some intervention providers who work primarily in one format may use successful techniques from another format.

**Occupational Therapy (OT)**

Occupational Therapy is provided by qualified OT’s and focuses on cognitive, sensory and motor skills. The aim of OT is to enable the individual to gain independence and participate more fully in life. For a child with autism, the focus may be on appropriate play, learning, and basic life skills. An occupational therapist will evaluate the child’s development as well as the psychological, social and environmental factors that may be involved. The therapist will then prepare strategies and tactics for learning key tasks to practice at home, in school, and other settings. Occupational therapy is usually delivered in 30 minute to one hour sessions with the frequency determined by the needs of the child. Goals of an OT program might include independent dressing, feeding, grooming, and use of the toilet, as well as improved social, fine motor and visual perceptual skills.

**Sensory Integration (SI)**

Occupational Therapists who have completed postgraduate training under a registered training body like SAISI in South Africa, or completed a postgraduate programme at a University which includes Theory, Testing, Interpretation and Treatment can provide Sensory Integration Therapy. However caregivers and educators in daily contact with children with sensory processing disorders need to be part of the therapeutic team, so that SI principles can be applied across all environments where children live, learn and play. They assist the therapist to identify disruptions in the way the individual’s brain processes movement, touch, smell, sight and sound, and help him process these senses in a more productive way.

Occupational Therapy using a Sensory Integration frame of reference (OT-SI) concentrates on the sensory information processing and the resultant effect on functioning in all areas. OT-SI does not teach skills, but rather enhances sensory processing abilities, facilitating generalisation so the child is more able to acquire higher-level skills. Sensory Integration principles are useful in teaching caregivers how to read their child’s signals so, might be used to help calm your child, or to help with transitions between activities.

Therapists begin with an individual evaluation to determine your child’s sensory preferences; under and over sensitivities, and motor planning abilities or weaknesses. The therapist then plans an individualized program for the child, matching sensory stimulation with physical movement, to improve the way the brain processes and organizes sensory information, and facilitating adaptive responses. OT-SI therapy often includes equipment such as swings, trampolines and slides.

OT-SI deals with lifestyle change and occupational performance issues early in life. OT-SI has the capacity to change the developmental trajectory of individuals with ASD. This approach is more cost effective than funding intervention, welfare support or incarceration of people with disturbed or disrupted lives later (Parham, 2002).

How could Sensory Integration Therapy assist my child?

The outcomes of occupational therapy can be assessed in the improvement in the child and family’s quality of life. Providing rich sensory opportunities in a playful context, with the “just right challenge”, which facilitates “adaptive responses” (Ayres, 1972) and changes in brain functions and behaviour, has been identified as a basis for therapy with these children. (Parham, 2002).
Some children with ASD compensate for low sensory thresholds by having a narrow band (familiar predictable environment and people interaction) in which they cope and narrow interests on which they over-focus. Pre-occupation with parts of objects and perseveration are common. High fidelity visual memory and idiosyncratic language result from a tendency to over focus on visual and auditory stimuli.

By reducing movement and tactile sensitivity, children are able to engage better with people and objects in their environment. Children who had OT-SI demonstrated reduced tactile, taste-smell, visual-auditory and movement sensitivity, and improved auditory filtering. Improved intersensory integration results in an increased ability to regulate emotions and sleep-wake cycles (Wallace, 2010).

Increased tactile discrimination results in increased interoceptive awareness and readiness for toilet training (Wallace, 2010).

Repetitive stereotypical and apparently aimless behaviours related to sensory seeking can be reduced by OT-SI, which helped children to get more intense feedback into their muscles and joints through appropriate activities. Children whose needs for movement / proprioceptive and tactile input are met, demonstrate less sensory seeking behaviour and are thus better able to filter information from their distal visual and auditory senses. Teachers find that they concentrate better and become noticeably more confident in the playground, enjoying swinging, climbing and riding scooters and tricycles.

Early Intervention - How early is early enough?

As soon as a parent is concerned about their child’s development or behaviour, expert opinion from a qualified mental health professional is advisable. Fussy babies are at risk for developing a range of emotional and developmental disorders in the preschool years. Therapy that changes the way the brain processes information sets the stage for generalisation and thinking based learning, essential to optimise higher level brain development. Although there are windows of opportunity for learning certain tasks and it is never too late to start, but the earlier the better in addressing developmental challenges results in optimum results.

A Sensory Diet

Just as your child needs food throughout the course of the day, meeting his need for sensory input within the context of his daily routines will enable him to cope with the demands, stresses and strains of the challenges in a variety of environments. Each child has a unique set of sensory needs. Generally, a child whose nervous system is on “high trigger/too wired” needs more calming input, while the child who is more “sluggish/too tired” needs more arousing input. A qualified occupational therapist can use her advanced training and evaluation skills to develop a good sensory diet for your child—or you!—but it’s up to you and your child to implement it throughout the course of the day. The great news is that the effects of a sensory diet are usually immediate AND cumulative. Activities that perk up your child or calm him down are not only effective in the moment; they actually help to restructure your child’s nerv-
Imagine if…written by Valerie Foley

Imagine if...
You had a bee buzzing around your head
And someone asked you to say the alphabet backwards

Imagine if...
You were in the middle of a really loud rock concert
And someone wanted you to name all your aunts and uncles

Imagine if...
You were wearing three pairs of gloves
And someone told you to eat a box of sultanas one by one

That’s what things are like for me, a lot of the time.
I’m autistic.

Your brain is like the inside of a computer, full of connections and wires
With messages to your body whizzing around telling you what to do
My brain looks the same as yours, except some connections work really well, and some work really differently.
And my brain wires can get crossed really easily.

So, if I’m doing something a bit funny looking… try not to laugh at me.
It’s just one of my brain connections clearing itself out.
And if I tell you something over and over… just ask me to stop repeating.
It’s just one of my wires plugged into the wrong socket.
And, if I freak out at some sound that you think is really normal… maybe help me get away from the sound.
It’s just because my ears have their own unique volume control.
And, if you think I’m ignoring you… I’m not. I’m probably just focussed on something else, like a tiny spider on the ceiling on the other side of the room.

Autism is a different way of seeing the world.
And seeing things the way I see them is awesome, but it makes me really tired sometimes.

So, I might not always understand what’s going on.
And, I might need time by myself to thing things through.
Or, I might crash or jump or swing for a while to straighten myself out.
Don’t worry if I don’t always do things the way you do.
Try to imagine what it’s like inside my head, then you’ll see…

I’m not being rude. I’m not being naughty

I’m autistic
And I’m just being me.
2012 was the fourth year of the unique global initiative by Autism Speaks to help raise awareness about the growing public health concern as regards autism. Iconic landmarks around the world did “Light It Up Blue” to show their support on April 2, 2012 - World Autism Awareness Day.

This year, Autism South Africa encouraged people around the nation to join the other 48 countries who are part of the international “Light-it-Up Blue” campaign.

As a result of wonderful sponsorship from Dawood, we were able to light Table Mountain up blue for 5 nights.
Dressing It Up Blue for Autism!

Auckland Park Pre-Primary

Bambi Pre-Primary

The Blackie Family

Huguenot Pre-Primary School

Mitchell House School
Join us and Light It Up Blue and Dress It Up Blue for World Autism Awareness Day on 2\textsuperscript{nd} April 2013

Let us know your activities and send us photos!!
Pervasive Developmental Disorders (PDD) as defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) is a category of disorders incorporating extreme developmental abnormalities with onset in the first three years of life. Pervasive Developmental Disorder represents a distortion in basic development with characteristic features including:

* Severe and pervasive impairment in reciprocal social interaction;
* Severe and pervasive impairment in communication skills; and
* Presence of stereotyped behaviour, interests and activities.

"Basic psychological functions such as attention, mood, intellectual functioning and motor movement are affected at the same time, and to a severe degree." (Rapoport & Ismond, 1996)

Within the broad classification of PDD are five subtypes: Autistic Disorder, Asperger's Disorder, Rett's Disorder, Childhood Disintegrative Disorder and PDD-Not Otherwise Specified (PDD-NOS).

Autistic Disorder is the best studied of the PDD subtypes. To be diagnosed as autistic, children must display impairment in social interaction in at least two ways, impairment in communication in at least one way, and restricted, repetitive and stereotypical patterns of behaviour, interests and activities in at least one way.

Asperger's Disorder is characterized by severe and sustained impairment in social interaction combined with restricted, repetitive and stereotyped patterns of behaviour, interests and activities (DSM-IV, 1994). This disorder differs from autism in that "few clinically significant delays in language or cognitive development are apparent, and self-help and adaptive behaviours often appear normal." (Rapoport & Ismond, 1996)

Rett's Disorder is the only subtype of PDD which occurs exclusively in females. In this disorder, development seems normal through the first five months of life, followed by deceleration of head growth, loss of previously acquired purposeful hand skills with subsequent development of stereotyped hand movements, loss of social engagement, appearance of poorly coordinated gait or trunk movements, and severely impaired expressive and receptive language, (DSM-IV, 1994)

Childhood Disintegrative Disorder is characterized by development that appears normal through the first two years of life. Following this, abnormalities develop in at least two of the following areas: expressive or receptive language, social skills or adaptive behaviour, bowel or bladder control, play, and motor skills. (DSM-IV, 1994)

The category of PDD-NOS is used when there is severe and pervasive impairment in the development of reciprocal social interaction and verbal and nonverbal communication skills, or when stereotyped behaviour, interests and activities are present, but symptoms do not meet the criteria for other disorders. (DSM-IV, 1994)

Typically, Pervasive Developmental Disorders are extremely incapacitating, and their symptoms are chronic and lifelong (although this is less the case for Asperger's Disorder). "Factors considered most important for determining prognosis are IQ levels and development of social and language skills" (Rapoport & Ismond, 1996). Identification of variables that predict outcomes reliably continue to undergo intense study within the scientific community. Given the chronic nature of PDD, however, long-term treatment is typically required.

References/Definition of Autism

Please note this definition will be replaced around March 2013 through the publication of the DSM-V

Our own Spur in the class?

On Mondays we have a 4th year Occupational therapy student in the class and she has to assess one child and do social skills with the whole class. She had the bright idea to do a play theme in the class. The play theme she chose was: "Going to the RESTAURANT." Challenge accepted. We prepared the play theme by giving each child a role he/she had to play. We had a waiter, customers and a chef.

LIGHTS - CAMERA - ACTION, and it all started. The customers were greeted at the door and taken to their seats. The waiter came past giving them the menus and time was given for orders to be placed. (They could choose between a breakfast or a burger. Pictures were on standby for the children to point at.) The chef made the order and it was taken back to the customers to enjoy their ‘food’ and ‘drink’. After the table was cleaned, the bill was ready to be paid and a tip was given. What a wonderful session we had! Children, tutors and therapist all enjoyed it! Maybe our next outing will be to a real Spur…

Play themes in the class - Restaurant

Contact details of the Bloemfontein SNAP School:
Ilze Bester  084 701 7514  *  Liesl Smit  082 8566 618
86 Paul Kruger Avenue, Universitas, Bloemfontein, 9301
High functioning Autism spectrum disorder (ASD) together with Lennox Gastaut syndrome (LGS), the worst form of epilepsy, for which there is no known cure to date, … that’s what a group of highly renowned medical professors finally labelled my son’s condition(s) after weeks and weeks of intrusive medical tests that they felt necessary to run on Jess. It was a double blow for us. He was only 2-and-a-half years old at the time. I was baffled by this “Lennox” and “Autism” label that was about to deny him his life, his existence, his future, his ability, his potential, and more so, his reason for being. But finally, a bitter-sweet sigh of relief, it had a name at least, I thought to myself, while unsuccessfully trying to hold back the tears.

At the time Jess was having on average up to 40 seizures a day and it was escalating gradually as the days went by. His autistic traits were very noticeable. Running from pillar to post, the best words of comfort the doctors could eventually muster up amongst themselves, as a final conclusion was, “pray for a miracle”, I was told. “There was nothing we can do for him”, they concluded. The medical experts seemed exhausted and defeated. It was as if they had by then realised that they were fighting a losing battle and had no choice other than to surrender and bow out as gracefully as possible. The final blow came unceremoniously soon after that … “He also won’t make it to adulthood,” one doctor calmly said.

Tears now visibly streaming down my face I began fighting an emotional internal battle to try and stand as proud and as tall as possible as a first-time father and face the world renowned respected doctors with the conviction that their conclusion, opinion and defeatist attitude will not be my son’s fate or demise. I instinctively knew I was now Jess’s only hope. My survival instinct seemed to kick in soon after and as I slowly and painstakingly left the hospitals corridors with Jess walking by my side, I started praying. Not realising at the time that through the grace of God my miracle would eventually come true a few months later.

Jess’s reversal of both conditions came down to a diet based “remedy” that I started experimenting with. After months of “fine-tuning” his diet I eventually made a breakthrough. Not just some relief for my son (and myself), but unbelievable improvement, that I personally see as a full recovery from both conditions within a matter of days after I realised how to manipulate and modify the diet to best help him, and eventually many others in similar situations.

Who would have thought that a diet could make such a radical, almost miraculous reversal (as I am bold enough to call it) in these type of neurological conditions. But it was a “simple” but stringent diet that I have aptly named Jess’s diet. Jess today is not only a vibrant and super healthy child, but is doing exceptionally well academically. The diet has helped him in more ways that I could have ever have imagined. He has not only outgrown me physically, at the age of 15, but is also a very active and able sportsman.

I have now, after many years, decided to open up my home to anyone who seeks help in radically improving their child’s condition(s), especially Autism. I am in the process of converting my abode into a health home that can accommodate a number of children with an ASD. The home will be in operation seven days a week. With the help of other like-minded organisations I am very confident that we will truly be able to make a meaningful difference in giving your child a new lease on life.

I am also a published author of a book called “Walking in Wakefulness”. The book has been out for many years and is based on our journey of discovery. Included in the book is Jess’ diet and also the many successful stories of parents who I had the privilege of helping.

As Thomas Edison so rightfully said … “The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease”.

God Bless.
Gavin de Villiers

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144, 10th Ave Edenvale, 1610
Johannesburg 2000
R P Moodley School welcomed SPRING 2012 in great style. Learners and staff wore brightly coloured outfits, garlands and fancy hats which created a vibrant spring atmosphere. The corridors, classrooms, hall and assembly area were all decorated with beautiful art and craft. Our learners thoroughly enjoyed setting up the fruit and flower displays. They amazed us with their Spring songs, dance and modelling items. It reaffirmed that our learners with special needs have amazing talent.

You will be able to use this checklist, as a guideline, to determine if a child is functioning according to his/her age level or as a guideline for age-appropriate stimulation activities (for teachers, therapists or parents). This is not a standardized test. Only available in English.

Developmental Checklist = 76 pages
Age appropriate stimulation activities = 25 pages
Compilied by:
Carla Grobler:
Occupational Therapist

You can contact:
Carla Grobler: 084 581 0644/carla.grobler@vodamail.co.za/ carlavanaarde@hotmail.com/086 219 4325 (fax)
NOTHING COULD PREPARE ME FOR

how our lives
would change

When her son was diagnosed as autistic, Di Maitland embarked on an incredible journey. She tells Andrea Abbott her story.

Di Maitland, 48, and her accountant husband, Allan, 47, live in Durban North with their sons, Nick, 12, and Thomas, 16.

We were the textbook-perfect family: happy and financially stable. Our three-year-old Thomas was a contented bundle of energy and when Nick was born, we couldn’t have been more thrilled. Then our bubble burst. Nick didn’t suck properly, nor did he sleep, and he screamed almost incessantly. It wasn’t until much later that we learnt that low muscle tone impaired his sucking reflex. Nick was literally starving.

That early period is a blur in my mind. Sleep deprivation and stress took their toll. I was barely coping and, though I didn’t realise it then, deeply depressed. Allan was exhausted, too, and dragged himself through the days at work. I despaired for my child. He sucked for only a few seconds at a time and put on just 25g a week. It was only when he went onto solids at four months that he started gaining weight. If only I hadn’t waited that long.

When we took Nick for his one-year developmental check-up, the paediatrician noted he was lagging behind. He put it down to a general delay and recommended physiotherapy. Soon, Nick was doing occupational and speech, and language therapy, too. Nick wasn’t like other children his age. When we took him out, especially to unfamiliar places, he’d become distressed and cry. He’d use aggressive behaviour like pinching to let us know he was unsettled or frustrated. We realised he had major problems, but autism was the furthest thing from our minds.

As Nick approached three, we took him to an educational psychologist and came away with wads of information on autism – a complex condition that affects around one in 110 children. We knew little about the condition, but we decided that Nick wasn’t autistic and put the literature aside. The psychologist didn’t recommend any intervention beyond the three therapies Nick was already doing, so we continued with them, hoping he would simply ‘come right’. I realise now our denial was part of the grieving process. Just as you grieve the death of a loved one, so too do you grieve when you learn your child is disabled, for the loss of your hopes and dreams for him; for the loss of the promise of a normal life.

After Nick turned three, his symptoms became more pronounced, and Allan and I came to accept Nick was autistic. The symptoms and degree of autism vary considerably, but common to all who have it is the Triad of Impairments: impairment of language and communication, impairment of imagination and flexibility of thought, and impairment of social and emotional interaction. Nick had all three, and other problems, too.

Nothing can prepare you for the realities of autism – one of them being that our son would never grow up to be independent but would forever be a child. What a different journey we faced compared to the one we’d set out on in those early days when we were the ‘ideal family’!

Taking Nick out was incredibly stressful – even a simple trip to the supermarket was enough to cause a meltdown – so we became isolated as a family, preferring to stay home rather than go out for dinner. >>

This article is courtesy of woman&home magazine.
or visit friends. Our social life became tricky to navigate and that was difficult to explain to our friends. But over time I became more comfortable leaving Nick with a carer and we started stretching our wings again. In finally facing up to the situation we were in, we found we could begin to move forward and start finding the help that Nick needed to live a more normal life.

Early intervention and therapy are vital and some children make dramatic improvements. Physio, speech and language and occupational therapy have all played a large role in Nick’s development and progress. More recently, we’ve been involved in Relationship Development Intervention (RDI), a parent-based therapy that is a ‘do over’ of the developmental stages that a child has missed out on.

We wanted Nick to have contact with other children, so we sent him with facilitator Peta Gaines, a trained Montessori teacher, to a wonderfully accommodating pre-school housed at the Durban North Baptist Church in Maceykeurman Avenue. Peta’s role was to guide Nick in his daily activities and to encourage interaction with the other children. Unfortunately, the school had to close six months later because of dwindling numbers. We were devastated, especially when we discovered there were long waiting lists at the special-needs schools we approached.

Undaunted, Allan and I decided that if we were to help our son, we had to do something ourselves. We rented the church premises that the pre-school would soon be vacating and, in January 2006, Kids First opened with just two members – Nick and another boy. Peta and my friend Julia Schouw, who’d helped with Nick for years, came on board as teachers.

The creation of Kids First made a huge difference to Nick and me. Gone was the stress of not having anywhere to send him to be educated, and the small, one-to-one environment was exactly what he needed as he couldn’t cope with dynamic situations and group activities. And so we settled into a gentle existence, Nick becoming calmer and his anxiety lessening.

Two years later we hit another snag – the church needed the school room. I’d learnt by then that if one door closes, another always opens. Serendipity led us to a charming cottage for sale in Park Hill. Upon hearing our story, the owner accepted our offer on the spot. We’ve since gone from strength to strength and are at full capacity now – five children. Each child has a facilitator who provides guidance throughout the day and follows through on ‘homework’ set by external therapists, such as speech or occupational therapy. All our facilitators have a passion for special-needs children. Some are trained teachers; others are studying toward a degree. They all know the importance of giving their charges every opportunity to think independently.

We’re not purely autism-centred – one of our children has cerebral palsy. Ours is a proactive programme that introduces subtle challenges to develop communication, flexibility and resilience. Every step forward is a big achievement for us all. There’s no cut-off age when children have to leave and the school will keep going until there is no longer a need for it.

Kids First is the best thing I’ve ever done. Nick loves school and is learning all the time. These days he can communicate by typing words, showing us pictures and through sign language. He’s still non-verbal but his vocabulary is growing and he even makes up his own signs!

Having our own school is a lot of fun and it’s Allan’s and my way of giving something back. We’re very fortunate that we can afford to do this, and that we’ve had a team of excellent therapists for Nick. I’m fully involved with the school but, with experienced pre-school and Grade R teacher Judy Trusler now at the helm, my chief role is to give back-up and any training required. Outside of Kids First, I’m involved with the wider autism community, including Action in Autism, a KZN group that provides schooling and early intervention for families who are less fortunate. I also organise a support group for moms of special-needs children. We meet at a coffee shop four times a year, and it’s not about doom and gloom and shared miseries; it’s about getting moms to meet for coffee and a laugh, or to shed a tear. It’s important, as a parent of a child with a disability, to maintain a balanced life. It can become all-consuming to the point that you forget about yourself and the rest of your family. I ensure that I have ‘me-time’ each week, when I write my blog. It’s become my therapy.

It’s been a long road but Nick is now a much more resilient, well-adjusted 12-year-old boy. We know that everything we’ve done for him has paid off. Where once he had no interest in what was going on around him and simply couldn’t engage with people, he now interacts with us and enjoys spending time with his family. He still gets anxious when we go to places he hasn’t been before, but he’s a lot calmer. We bought him an iPad last year so he could use it to communicate and when he gets overwhelmed, he’ll turn it on and get lost in a game. It’s a way for him to switch off from everything around him.

Once a year, Allan, Thomas and I take a short holiday together to give us a chance to be a normal family and to do things that Nick can’t do. Nick stays with Judy who moves into our house with her husband, Clive, and their boys, Warrick, 14, and Bryce, 11, and we have great peace of mind knowing Nick’s in such good hands. We return home refreshed, and delighted to be back with our very special boy.  

2 April is Autism Awareness Day. For info on Action in Autism call Liza on 031207 4858. Or visit Di’s blog at brightsideoflifeasd.blogspot.
Recently I had a discussion with a mom whose six-year-old son is struggling emotionally and socially. An educational psychologist, who has done play therapy with him, claims it is not an Autism Spectrum Disorder, but the mom says: “I see so many of the Asperger’s traits in him. I know it might just be a label, but somehow it makes me feel better to have an ‘explanation’ as to the way he acts, which is so different compared to my eldest and my neighbour’s kids.”

Diagnosing an Autism Spectrum Disorder appears to be fraught with contradiction and confusion and - for a parent, teacher or other layperson - it can be difficult to make sense of it all. Even the statistics seem at odds with each other. Fairly recently the estimates for Asperger’s Syndrome ranged at 20-25 per 10,000 (Bauer), but the latest official figures* state that 1 in 88 children have an Autism Spectrum Disorder (ASD). Yet every year there seems to be a greater than that percentage of children diagnosed with Asperger’s in our mainstream school.

As a parent it feels a little like walking through an obstacle course with a blindfold on. Here are some reasons for the confusion and contradiction:

Subjectivity in the Diagnostic Processes

Experts agree that to come to a correct diagnosis of ASD requires various tools, such as observation, interviewing parents and clinical experiences, preferably done by a team of specialists. At a conference I attended recently, Dr. JC Lombard said that, in her experience, informal observation is more important than completing a formal checklist. There is therefore a degree of subjectivity in the diagnostic process.

I need to guard against the diagnosis becoming a label, which boxes her in and limits her potential, for as many people with Asperger’s have proven before her, Ashlyn and others on the Spectrum, are capable of great achievements.

*Centre for Disease Control, March 2012

Joan Campbell is a mother of a daughter with Asperger’s Syndrome.
Read more of her parenting adventures on www.joancampbell.co.za
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The World Autism Organisation (WAO)

The WAO was formally established in 1998. We have people with autism spectrum conditions, parents, professionals and friends as members in every continent. We work to improve the lives of people with autism and their families wherever they live and whatever their age and situation. We intend publishing information about our plans and activities in future editions of “Autism News” on a regular basis.


Applied Behavioural Analysis Specialist (Western Cape)

- Specialises in children on the autistic spectrum, Down syndrome, cerebral palsy, epilepsy and any other challenging behaviour.
- Trained in USA as a Clinical Supervisor for ABA programs.
- 7+ years experience in the field of Autism and related disorders
- Assessment and IEP (Individual Educational Plans)
- One on one Therapy with children on the autism spectrum and related disorders.
- Behavioural intervention plans for any challenging behaviour.
- Training in ABA (Applied Behavioural Analysis) for therapists, caretakers and educators.
- Supervision of programs and performance.
- School facilitations
- Facilitation training.

Karla Pretorius: 082 309 8400 / abaforafrica@gmail.com
www.helpingautism.com
It doesn’t seem quite right that a 41-year-old mom should know everything about a children’s book series called Ranger’s Apprentice, but I do. I know every title in this 11-part series by John Flanagan. I can recite character lists, the names of all the horses ever ridden by a Ranger (a kind of a medieval spy) and could probably even label a map of the nations surrounding Araluen, the setting of the books. I also know that there is a companion series called Brotherband Chronicles (Bravo Mr Flanagan!).

Where does this wealth of useful information come from, you ask? The source of all things “RA” is my 13 year old daughter, Ashlyn, who currently eats, drinks, breathes and dreams Ranger’s Apprentice. She speaks of little else and even manages to link completely unrelated topics of conversation to it. For instance, in taking a simple tally of who wants tea or coffee, we all end up knowing that coffee is the favourite drink of Rangers.

**A Common Trait of Aspergers**

This type of fixation is a common Aspergers (Autism Spectrum Disorder) trait. Besides the social and communication struggles a child with Aspergers might have, another defining characteristic of the disorder is a restricted range of interests and behaviours. This may involve “collecting things or having a fascination with a certain topic such as cars, trucks, trains, dinosaurs, computers, planets or science” (Dr Tony Attwood).

**Special Interest Areas have benefits**

There are benefits to this special interest characteristic of our children. Foremost, immersing themselves in their pet topic can help them relax. If Ashlyn is upset, all I have to do is ask her a question about Ranger’s Apprentice and she immediately switches over into her happy, animated RA mode. It can also be used as a motivation tool (Ashlyn just received book 9 as an incentive) or even to develop weak skill areas. An example of the latter might be a parent whose child loves cars teaching numeracy skills by counting cars.

**Drawing Attention to their Differences**

However, these narrow interest areas can also be problematic. Speaking endlessly on one topic to their classmates is one of the ways Aspergers kids set themselves apart and get labelled as ‘different’. As parents we need to coach them on when it is okay to expound on their interests. This needs to be repeated often (one book I read suggested that it take the form of clear, concise, written rules). Even then, it might prove difficult for the child to restrain themselves. I thought I had got the point of not bombarding friends with RA information across rather well, until I happened to chat to Ashlyn’s classmate and discovered that she also knew coffee was the ranger’s favourite drink!

**My struggles as an Aspergers Mom**

For me, this has been a rather challenging parenting area, and sometimes I feel that I don’t do all that well at it.

I struggle to maintain the balance of accepting and embracing Ashlyn and her passions, while at the same time trying to broaden her outlook and conversational topics.

Something that has worked fairly well in our house is the guideline that for every one thing Ashlyn says about Ranger’s Apprentice, she also has to tell us something else about her day. I also struggle to shield my older daughter from the constant RA barrage. Teenagers are not known for their endless patience reserves, especially for younger siblings who sound a bit like a stuck record. On certain days this can lead to frustration and conflict.

One thing is sure though. This special interest area is an important and unique part of our child and as parents we need to accept that, even as we try to manage some of the slightly negative behaviour. A quote by an Asperger’s teen drives this home: “Can you imagine having only a few things that interest you, and then having that forbidden from you?”

If any of you can think of a career related to Mr Flanagan’s book series please let me know!
Meeting the First Lady - Madame Tobeka Madiba-Zuma

When members of Autism Speaks’ Global Autism Public Health Initiative (GAPHI) were visiting South Africa, they arranged for themselves, Autism South Africa and a representative from the Developmental Disabilities Research Collaboration (Univ of KwaZulu-Natal) to meet with Madame Tobeka Madiba Zuma. It was a wonderful hour and we were most appreciative of the First Lady’s compassionate response on hearing of the plight of children with autism in South Africa.

Autism South Africa’s Assessment Services

This four-year old project has remained a vital part of the monthly calendar at the offices of Autism South Africa. One Saturday of most months, our wonderful team of doctors, educators and therapists, on a rotational basis, implement a thorough screening and assessment session for at least 3 children suspected of having autism. This service is chiefly aimed at parents who cannot afford a medical aid and although the majority are from Gauteng, we do also receive many applications from neighbouring provinces.

If the child will not come into the screening clinic, we go to them in the car park!

SCHOOL FOR CHILDREN WITH AUTISM

The DreamTree School for Children with Autism is situated on the picturesque campus of Somerset College, just off the R44 between Somerset West and Stellenbosch.

The DreamTree School is a private, independent school that serves children in our community who have been diagnosed with Autism Spectrum Disorder or related learning disorders. Our vision is to create a unique, autism-friendly, integrated, developmentally-focused and therapeutic educational environment in which the optimum growth of each learner can be achieved.

At The DreamTree School, learning takes place in a social classroom environment with a higher adult to child ratio. We offer opportunities for one-on-one instruction as well as small groups, large groups and community-based instruction. A comprehensive Individual Educational Developmental Programme (IEDP) is drawn up for each learner, ensuring that his/her unique scholastic, social and emotional needs are met within a group setting.

Constructive Social Activities, such as Kinder Kinetics, music, fantasy play and various forms of arts and crafts, also form part of our weekly schedule. During these activities we aim to create opportunities for spontaneous engagement among the learners and staff/volunteers in order to reinforce social interaction in a playful manner. Having access to some of Somerset College’s state of the art facilities such as the library, music department, sports fields and swimming pool enables us to develop a versatile weekly schedule for our learners.

We believe in a trans-disciplinary approach to intervention and welcome therapists and specialists from all the involved disciplines who would like to share their knowledge and expertise to improve the lives of our special learners. The DreamTree School should be seen as a stepping stone, enabling learners to reach their full potential, “...To be the best me I can be.”

CONTACT/INFORMATION: Janet du Bois (Director) on 082 444 6870 or info@thedreamtreeschool.co.za * www.thedreamtreeschool.co.za
Autism South Africa’s outreach efforts in 2011 went from strength to strength with 50 information sessions being delivered to over 2000 professionals and parents all over South Africa.

Whether it is rural, peri-urban or urban areas, we receive a great number of calls for skills upliftment from therapists, doctors, social workers, parents, nursing staff, social workers, teachers and tertiary education students.

The information sessions vary from very basic autism awareness, to more advanced sessions pertaining to specific methodologies (such as TEACCH, PECS, and ABA), practical advice on strategies for teaching, assessment and therapy. Experience and knowledge I have gleaned as a result of my work in different communities, has empowered me to quickly and satisfactorily adapt the information session material to formats relevant for a wide range of audiences and the feedback on these altered presentations has been very positive.

In partnership with Autism South Africa’s Regional Development Officers, our national outreach education and training programme has been the catalyst for a number of existing schools to take exceptionally significant and brave steps towards opening autism-specific classes within their existing Full Service or LSEN schools. For instance, we are exceptionally proud of the YWCA LSEN School, located within the town ship of Mandeni, Newcastle, that as a result of KwaZulu-Natal’s provincial Department of Education increasingly showing interest in accommodating and supporting learners with autism, YWCA LSEN School received the go-ahead from the Department to open three Autism-specific classes within their school. With our help and continuing support, the school’s entire staff has received adequate training to get them started on their journey.

This is one of several wonderful developments we have witnessed as a result of our national outreach work.

At the beginning of 2012, due to the global economic downturn, there was a decreased amount of funding available to enable our out-reach team to fully maintain the whirlwind momentum of 2011. This was extremely hard to accept as increasingly as a result of our rural awareness programme, we were receiving desperate calls for assistance from parents and professionals in areas that most of us probably do not even know exist.

We remained positive and planned carefully to do our utmost to meet South Africa’s ever-growing appetite for knowledge and training on autism. Adaptations were made using our experience and ever expanding knowledge of the communities in most need of support, a “First Aid Kit” was compiled for distribution to ECD centres, schools and parent groups until we are able to physically be present to assist. This kit consists of a simply written yet comprehensive manual providing sound tips, guidelines and related explanations, a Roll of Velco for Visual communication boards, Visual Schedule Pictures already compiled and printed, the book “It Costs Almost Nothing” (Beneficial indoor games and handicrafts from rubbish and re-cycled material), lamination pouches to protect visual schedules and this is all packed in a hardy box.

With the benefit of a year’s experience behind me, and with a better grasp of the needs of South African’s working in special needs, I was able to begin my second year with much improved knowledge and material with which to offer support and facilitation.

This year the ethos for outreach has been ‘supply on demand’, with a focus of adapting material to the specific needs of the audience, so that we would be correctly addressing the communities needs, not what we perceive to be their needs.

written by Bernadette Papadakis
The story is based on a true story of a child who was placed in Childline Gauteng’s Sunlight Safe House.

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Facebook - St Barts Academy Centre For Autism
Cellphone: 083 345 2179

“For the most part, fear is nothing but an illusion. When you share it with someone else, it tends to disappear.” Marilyn C Barrick

WHAT ST BARTS ACADEMY CAN OFFER YOU:
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- SPEECH THERAPY
- PHYSIO THERAPY

ACADEMY HOURS: 08H00 TO 14H00

Renewal of Membership to Autism South Africa
1st April 2012 – 31st March 2013
An extensive membership base is a powerful tool to use when lobbying Government and therefore may we appeal to parents and professionals related to the field of autism, as well as interested members of the public, to please complete a membership form to remain members of Autism South Africa.

Membership Fee is a donation of your choice. Group membership will remain at R 300 per annum.

Membership entitles you to (Applicable to Group Members as well as individual members donating over R50):
- Discounted rate for Workshops and Conferences
- 25% discount on advertising in the “Aut-Talk” newsletter and receive a hard copy of the “Aut-Talk”
- Distribution of your advertising material to the electronic database and information placed on the ASA web page.

Please email info@autismsouthafrica.org for a membership form
Antoinette Bruce-Alexander has directly assisted over a hundred families of either children or young adults with Autism this year. This excludes the countless phone calls and emails that she has received for assistance with information.

Antoinette has completed Lifeline’s Personal growth and Counselling course to ensure that she can offer professional counselling to parents of newly diagnosed children with autism.

A Support Group in Mthatha in 2012 has been created for the parents living in the more rural areas, but the parents face endless transport problems, but after many discussions and a fair amount of persuasion, the Nelson Mandela Hospital assists by offering these parents the use of their patient transport services.

Antoinette has arranged numerous, highly successful workshops in East London, King Williams Town and Idutywa/Butterworth for both parents and professionals, who prior to receiving this information hardly knew that the condition existed, let alone how to offer beneficial intervention. Talks at local churches have made a definite impact on increasing awareness and acceptance in the East London area.

The provincial support for children with autism in the Eastern Cape is exceptionally weak. Antoinette has spent a vast amount of time trying to secure meetings and hold the officials to their word, but meetings are cancelled at the last minute or just “forgotten”. This has left Antoinette being “responsible” for all the children with autism and their families in the East London surrounding rural areas.

The majority of the families with a child with autism are unaware that they can apply for special services. One such family whose 17 year old was not receiving a beneficial education, was given guidance on their rights and now their son has been placed in a mainstream school and is doing exceptionally well thanks to Antoinette’s broad knowledge.

The Master Artisan Academy in East London has been most helpful as regards adolescents with autism. After receiving training, a young man with Asperger’s Syndrome, now has a trade & a permanent job.

Antoinette spent many hours assisting a middle aged lady in East London seemingly with autism, though never officially diagnosed, who was living in horrific conditions. This lady so wanted to return to Durban, and needed full-time supervision and her health rebuilt. Antoinette did not give up and won! This lady is now receiving well deserved love & care in an old age home in Durban.
SENSORY OVERLOAD IN PEOPLE WITH AN AUTISM SPECTRUM DISORDER

“It is widely reported that autistic people have unusual (from non-autistic point of view) sensory-perceptual experiences. These experiences may involve hyper- or hyposensitivity, fluctuation between different ‘volumes’ of perception, difficulty interpreting a sense, etc. All these experiences are based on real experiences, like those of non-autistic people, but these experiences may look/sound/feel, etc. different, or they may be interpreted differently. We think about the world in a way we experience it and perceive it to be. Differences in perception lead to a different perceptual world that inevitably is interpreted differently”. (ref: different sensory experiences - different sensory worlds. by Olga Bogdashina)

Excerpt Taken from “The Great Mis-Understanding” by Tania Melnyczuk

What are the things that lead to sensory overload for you?

Certain fabrics that are itchy, loud sudden noises or loud ring tones, or loud music that I do not find soothing, people touching me/hugging me or people being in my space.

Too many questions. I am compelled to answer as accurately as possible which takes effort and concentration. The result is that I default to sarcasm as a way of deflecting the task.

What does sensory overload feel like?

Feels like a panic starting ... I can feel it welling up inside of me .... My thoughts begin to race .... I feel I have to get away to a quiet place ... it can manifest as me being angry, crying or sometimes even selectively mute.

What are the 3 things you wish people would understand about you when you experience sensory overload?

I need to recover from it .... Leave me alone in peace and I will be fine.

Don’t act likes it’s a big deal . . . if I am over a meltdown, do not bring it up, I may start to feel overloaded again.

It isn’t really anyone’s fault . . . don’t give me a guilt trip or pity party because it happened and .... DO NOT give me a hug!

What 3 things do you wish people would do for you when you experience sensory overload?

Leave me alone.

Ignore the fact I’m having a meltdown.

Do not touch me.
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 neuro-typical 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 comprehension 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 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
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 efficacy 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.
First time in EVER that special needs children will be representing South Africa at the World Championships.

Students from Journey School of Arts are heading to Germany on the 30th September, to the Paradance World Cup in Bochum.

It is the first time in EVER that special needs children will be representing South Africa at the World Championships.

Some of the students who have been chosen, have been with Journey since they opened Journey School, three years ago and have been lucky enough to see their incredible growth.

In the Journey Crew, who are a formation team, are six children, Jadyn Frederick (10 years), Sammi Rundle (15 years), James Drumgoole (17 years), Khonzi Belle (18 years), Evan Williams (18 years) and Phehello Masitha (20 years).

All have varying special needs, from Autistic to profoundly deaf.

These children have got to where they are simply because someone believed in them enough to allow them the time to flourish.

They work much harder than other children, because they know they have to, but they LOVE it.

This year, these children all passed their Trinity Guildhall Performing Arts exams with over 80% and all were in the musical SING IT at the Promusica Theatre in Roodepoort.

"Autism: Where the 'randomness of life' collides and clashes with an individual's need for the sameness"

Eileen Miller

(From left to right - Evan Williams, Jadyn Frederick, James Drumgoole, Khonzi Belle, Phehello Masitha, Sammi Rundle)
Report from ASA’s Regional Development Officer in KwaZulu-Natal

Rosemary Shezi has managed to successfully reach out to many diverse communities in this province, especially those less informed communities in the furthest and most remote corners. Rosemary has also made good progress as regards the destigmatisation of autism amongst the traditional healers and community leaders in KwaZulu-Natal.

Rosemary’s willingness to gather information on different cultures has helped her facilitate tense family and community situations that have arisen due to a stigma or lack of acceptance of the child with autism.

Rosemary has reached all districts but one, thereby enhancing awareness through formal or informal awareness and information sessions in UMgungundlovu, EThekwini, Amajuba, Thukela, UMzinyathi, UGu, ILeembe, UMkhanyakude, Zululand, Sisonke, UMsunduzi with only EMpangeni to still visit.

Rosemary has conducted more than fifty sessions for groups and individuals in a personal / family capacity or on behalf of organisations. Some per phone, electronic media and /or written material distribution. Utilisation of the media through print and radio interviews has enhanced awareness, as has Rosemary’s tireless visits to schools, church groups, concerned groups, disability sector, potential partners and / or potential benefactors.

Autism South Africa’s National Education Facilitator, Bernadette Papadakis has spent significant time with Rosemary presenting comprehensive and highly successful information sessions in 11 of the 12 districts in the province.

Partnerships formed with various social development service centres have helped ease and facilitate placements and grants allocations previously declined. In addition, developing a relationship with the office of the Premier KZN through the OSPD, as well as Rosemary joining the Provincial Disability Forum, has definitely improved the State’s acknowledgement of the needs of those with autism in KwaZulu-Natal.

A good network has been established in this province between neuro-developmental paediatricians, paediatric neurologists, paediatric psychiatrists, etc in the public and private sector. This has improved the number of assessments and diagnoses being undertaken. ADOS, a very effective diagnostic tool for autism was translated into isiZulu this year, which will have a positive effective for the more rural children suspected of having autism. It has been a truly significant year for autism in KZN as the provincial Department of Education has a joint initiative with “Action in Autism” to roll out of the “Provincial Autism Action” plan to ensure that all 70 special-needs schools open an Autism unit at their school by 2014. This initiative has resulted in Rosemary negotiating for training for educators, therapists, education officials and parents on different accredited ASD interventions and teaching practices.

Congratulations to Action in Autism for their wonderful work in KwaZulu-Natal
Mary Moeketsi has the unenviable task of being the Regional Development Officer for two provinces. Mary, herself a mother of a young adult with autism, as well as having a history of working with provincial departments, has made significant strides in attracting interest in autism across all departments in both these provinces. It is an exceptionally long hard path, but we now have a consultative process in place for autism and Mary is acknowledged as the reference and referral person for autism in these provinces, which is a significant step forward.

Parents in Limpopo have formed a Community-based Organisation called Autism Limpopo, which is commencing the process of becoming an NPO. In Mpumalanga, the clustering of parents and professionals has been chiefly led by professionals, with Mary encouraging greater involvement by the parents.

Due to decreased funding for the out-reach programme Mary has proactively hosted several information sessions to varying educators, health workers and social workers, encouraging them to take their new found knowledge into the deeper rural areas, with a significant goal of de-stigmatising autism. There is an urgent need to address the horrific stories of extremely unpleasant and often life-threatening rituals being performed on autistic children to “rid them of the devil” that Sangoma and religious leaders believe are the cause of their behaviour.

Mary utilises taxis for the bulk of her travelling through the two provinces and with the many calls she receives from parents and professionals asking for support, often when she completes a telephone conversation in the taxi, her fellow travellers ask her for an explanation on autism and some information! Mary has found this has resulted in many families contacting her who now begin to realise what may be wrong with their child. This is a route of awareness raising that we never thought of and will now be building upon!

What is needed urgently though is formal assessment of children who are suspected to have autism, especially those at LSEN, stimulation centres and those who are hidden away at home. It is important that correct assessment or diagnosis is made as early as possible in order to assure the correct provision of service for our children on the spectrum.

SUPPORT TO PARENTS
Giving support to parents is another issue that is very important and will always be appreciated. It is heart warming to see grandparents, aunts, uncles and friends rallying behind mothers and fathers of children with ASD.
As parents we are sometime seen to be taking too long to come to terms with the reality of what our child has. Just think about this for a while. You have been worried about your child, you don’t know what is wrong with him/her - all you know is that something is not right. But what could be wrong? You just do not know. You make an appointment with your doctor who eventually tells you that your child has autism. What is that, you ask?
You are told it is an extremely complex condition that appears to result from a genetic predisposition that is triggered by environmental factors. Again, as a parent, you want to know what all this means. Will the child ever recover from autism?

The answer is “it is not curable but can be treated”. The parent now wants to know where and how treatment can be obtained and is given a long list of what needs to be done to help the child – only to find that, especially in remote areas, this “help” in not easily accessible.

Now the question is, when the parents leave the doctor’s rooms, will they be saying, “fine our child has autism – that’s life and we are ok with it”? 
Of course not! Acceptance does not come overnight but this does not mean that the parents are necessarily in denial – somehow they have to try and make sense of what they are facing and come to terms with it.

Although today I have accepted that my son has Autism, it took me years to come to terms with the fact that his life and my life will not be easy, and boy it is not easy, simply because Autism is not understood and him being an Aperger makes things even worse.

Whilst writing this aut;talkers, I am reminded of a Setswana saying that goes, “Tsela kgopo ga e laste nageng” which means even if you chose the longest and bumpiest route instead of the shortest and smoothest, the former will still lead you there!

I am using this idiom to say to all our supporters, our mothers and fathers, aunts and uncles, sisters and brothers, that we are extremely grateful and appreciate what you do for us, but at the same time, please allow the parents of autistic children a chance to travel the longest, bumpiest route! They will eventually arrive at their destination which is acceptance. Please do not be impatient with them – just be there for them and keep cheering them on.

Until next time AUT-TALKERS we need your support. LOVE YOU LOTS. Signing Out. Mary Moeketsi.

Autism Limpopo’s newly elected committee (in front)
Ms Laila Maepa, treasurer, Mahlodi Motubatse, secretary, Betty Sebelebete, deputy chairperson and Mr Joshua Okumbor, deputy secretary. (At the back) Ms Zanele Okumbor, additional member, Mr Mabuela Mytute, chairperson, with young Thembani Makhubele in his arms and Dr Mabebe Phukuble.

The ABLE Centre, Richards Bay, KZN has officially opened its doors on 20 September ‘12

The Centre offers:
• High quality specialized services to accommodate children with Pervasive Developmental Disorders (PDD) and/or on the Autism Spectrum;
• An Early Intervention Centre for children aged 18 months to 6 years with 1:1 tutoring;
• An integrated programme with Occupational Therapy as well as Speech & Language Therapy services;
• School readiness, social integration and mainstream integration and facilitation;
• Training, support and information to parents;
• Training and capacity building for professionals;
• Awareness drives and support network throughout the wider community;
• Junior (Foundation) Phase school for Grade 0 to 3 for children on the Autism Spectrum/PDD (from January 2013).

Contact us: able.centre.rbay@gmail.com
www.ablecentre.org.za

Autism Treatment: Enabling our Children towards Independence
Online Registration Opens for the International Autism Conference
Dublin, Ireland, 3rd & 4th April 2013

The Irish Society for Autism is celebrating their 50th Anniversary. To mark this great occasion, and to celebrate World Autism Awareness Day, an International Autism Conference is being held in the Convention Centre Dublin.

The central theme of the conference will be "The Next Generation" focusing on enhanced legislation, increased awareness, autism specific education, early diagnosis and intervention. Online Registration is now open.

The conference will bring together some of the world's top professionals who, over a two day period, will deliver exciting plenary sessions, stimulating workshops and social exchanges.

Keynote speaker
Internationally renowned Professor of Animal Sciences Dr. Temple Grandin.

Other speakers include:
Ros Blackburn, an adult with autism and international lecturer on care and education
Hilde de Clerq, author and member of the International Associate Editors of ‘Good Autism Practice.’
Prof. Michael Fitzgerald, a Henry Marsh Professor of Child and Adolescent Psychiatry at Trinity College Dublin. Prof. Fitzgerald was the first Professor of Child Psychiatry in Ireland and has diagnosed over 2000 persons with autism since 1973.
Professor Rits Jordan, Autism Centre for Education & Research, University of Birmingham, UK
Theo Peeters, founder of the Opleidingscentrum Autism (Centre for Training in Autism) in Belgium
Paul Shatlock, OBE, President of the World Autism Organisation

About the Irish Society for Autism
The Irish Society for Autism is the longest autism specific service provider in Ireland. The society was formed with the goal of creating awareness of Autism and convincing the authorities that early diagnosis and specialised education would greatly enhance the quality of life for people with Autism. The Irish Society for Autism, when established in 1983, was the second autism organisation in the world.

Since then the Irish Society for Autism has been providing information on Autism for thousands of people, parents, families, educators, students and health care workers. It has also been successful in creating residential services for Adults with Autism in Dublin, Galway, Kildare, Meath, Westmeath and Wexford and creating the European Charter of Rights for People with Autism.

The Irish Society for Autism is a founder member of Autism Europe and the World Autism Organisation. The Executive Director, Dr. Pat Matthews, was the first President of the World Autism Organisation.
We have just moved into new, exciting premises in Sandton, central to Sandton City, Hyde Park, Randburg and Fourways.

We offer individual ABA and small group classes to children from 18 months with cognitive and developmental delays, autism, PDD, language delays, ADHD and ADD.

- We offer both full and half-day INDIVIDUAL ABA programs at the centre.
- New!! 8 week INTENSIVE ABA Program. Where children receive ABA therapy for 35 hours a week over 8 weeks.
- SOCIAL CLASSES offered every afternoon.
- COMMUNICATION CLINIC where we offer hourly ABA therapy to children that attend other schools.
- GROUP CLASSES include a Pre-school prep group, Autism ABA group and a group ABA class for older children.
- Individual and group speech, Physio and Occupational THERAPISTS work with our children on site.

We use the verbal behaviour approach where our main focus is to develop communication in a natural way while increasing academic, play, social and self-help skills.

HURLINGHAM MANOR, SANDTON
Contact Juliet Newberry, 083 6518886 or 011 0245306
Email: autismaid.sa@gmail.com

BENONI
Contact Angelique 0828570274
Email: info@specialkidsclubhouse.co.za

Dear All,

On Spectrum will no longer be hosting the monthly parent support group due to inconsistent attendance. I encourage parents to stay connected and to form their own support groups via the free Online Parent Support Forum - a secure forum in which you may share experiences, resources and insights.

To register, please visit http://www.onspectrum.co.za/

Kind Regards,
Chantal van Ginkel

Educational Consultant in Autism
Office & Fax: 021 5522 307
Mobile: 076 6357 994
http://www.onspectrum.co.za/
Ruth Blood, the Regional Development Officer for Free State and Northern Cape, says “Any interaction that I have with anybody is a highlight to me. The reason is that every time I talk to somebody about autism I feel that I have achieved a lot because it means that there is one more person who has gained knowledge about autism”.

As a result of losing the post for the Regional Development Officer (RDO) for the Northern Cape and North West, Ruth Blood as RDO for the Free State also took over the Southern section of the Northern Cape.

Ruth has put significant and rewarding time into upskilling frontline Social Workers at places like Phutaditshaba in the Free State as well as the Kimberley Child Welfare Society.

After regular visits and information sessions for health workers at hospitals such as Upington and Thebe Hospitals, it has been expressed by the Speech Therapists, Occupational Therapists, Doctors and Nurses who have attended these sessions, that there is a definite new and beneficial bond between the different professionals and the nervousness around autism, screening and referral for intervention is now significantly decreased.

Ruth’s work and extensive travels has meant that she has met a wide range of parents from very diverse settings and thus has to adapt her approach, awareness raising and de-stigmatisation of autism quite radically from community to community. The development of support groups that can run effectively in Ruth’s absence is a priority. Discussions between women within the communities have been proven to lead to enhanced awareness and detection; a beautiful example of the benefits of the “Bush Telegraph”!

Especially in the lower-resourced areas, Level 1 and 2 clinics tend to be the first place parents turn to when they have a concern as regards their child. Ruth has therefore focused a significant amount of her attention on delivering information on autism in differing languages to various clinics and local health services.

Ruth’s visits to ECD Centres for children with disabilities have been exceptionally memorable. In most cases the people who have started these centres are parents who themselves have children with disabilities. Many times after receiving information on autism they have been thrilled to understand and identify several children with autism. Ruth provides basic training on how to handle these children and optimise their learning opportunities at the ECD centre. Ruth has also visited several mainstream Day Care Centres, whose staff have now been upskilled in the “Red Flags” for possible autism, thus hopefully facilitating earlier detection of children with autism in their classes.

We are exceptionally grateful to an independent group of parents and professionals in the Free State, with phenomenal assistance from Dr David Griessel from the University of the Free State, who have, as a result of a lot of work and lobbying, facilitated the creation of 5 more autism-specific classes in the Free State.
Last year on 3rd December 2011, Disability Month was celebrated in Bloemfontein. Autism South Africa had a stall where we exhibited brochures and handed them out to people who attended the celebration. The highlight of the day was when the Honourable Minister and the Deputy Minister for the Department for Women, Children and Persons with Disabilities visited our stall and were educated on Autism Spectrum Disorders by Ruth! Autism South Africa Free State branch took part in the Autism Exhibition at the Waterfront in Bloemfontein. Ruth was very impressed by the messages of support from members of the public.

In August of this year, the University of Free State hosted the provincial Science Expo. Linmari Oberholzer, a learner at a local school invited Ruth to spend the day there with her an as her exhibition was on Autism.

A Message from Linmari Oberholzer

My naam is Linmari Oberholzer, ek is 13 jaar oud en in Graad 7. Ek het glad nie geweet wat is outisme totdat my mamma ‘n artikel in die koerant gelees het daaroor. Sy het my toe ‘n bietjie vertel wat outisme is. Ek het besluit om my jaarlike Wetenskap Expo oor outisme te doen. Ek het ook die projek gedaan om die maksimum blootstelling vir outisme te gee. Ek het ‘n opname tussentyd 111 volwassenes en kinders gedoen. Hiermee het ek agtergekom dat meeste van die volwassenes en kinders nie geweet het wat outisme is nie. Ek het ‘n onderhoud met, Dr David Griessel, ‘n spesialis op die gebied gevoer, hy het vir my baie inligting gegee oor outisme. Ek het ook onderhoude gevoer met ouers van outiste kinders. Ek het SNAP skool, Lettie Fouche skool, ‘n arbeidsterapeut by Lettie Fouche skool, Beudene en Oom Ettienne Kassimatis (perdeterapie) besoek. Ek het gesien hoe lewe outiste kinders, het ervaar hoe mense hulle onderrig en verstaan. en hoe hul verskil van ander mense.

Die arbeidsterapeut by Lettie Fouche skool het ‘n aktiwiteit met my gedoen wat sommige outiste kinders tot 6 maande kan neem om reg te kry, ek het dit reggekry in ‘n paar minute. Nou het ek verstaan hoekom so baie mense vir my gesê dat dit baie belangrik is om geduldig te wees met outiste mense. Ek het ook deelgeneem saam met my ouers en vriende van ons aan ‘n outisme stap by Lettie Fouche Skool.

Baie mense verstaan nie outiste mense en dis hoekom hul nie vir hulle ‘n plek in die samelewing gee nie. Ek het ook agtergekom dat ek nie hoef bang te wees vir gestremde mense nie. Outiste mense is iemand wat sukkel om te kommunikeer, nie verbeelding nèt nie, nie sosiaal aangepas nie, nie vreemd eet- en slaapgewoontes nie, en baie vrees vir gevaar het. Ek het ook die Expo die outisme wapentjie en die betekenis daarvan van reg vir die mense uitgedeel. My mamma het kontak gemaak met Tannie Ruth Blood oor die outisme strikkies. Die tannie het gesê sy sal baie graag die Expo wil byvoeg. Ek het verslag van sy sou kom nie en toe daag by Saterdagggend by my projek op. Sy was ook saam met my by die prysetallers. Eers was baie teleurgesteld omdat ek nie ‘n medalje gekry het nie, maar Tannie Ruth het my weer moed ingepraat. Tannie Ruth is ‘n kosbare juweel in my lewe. Ek gaan in my vakansietjie by Beudene gaan help en wil ook weer by Lettie Fouche skool gaan kyker om ‘n verskil te maak. Ek is volgende jaar in die hoërskool en wil dan aangaan met my LEGKAARTKIND projek. Ek dink ook daaraan om een dag Arbeidsterapie te studeer.
In November 2001 Dr. Leanne Scott, the parent of a man with autism, set up Hurdy Gurdy House as a permanent residential community home for people on the severe end of the autism spectrum. She was supported by professionals from the Cape Town schools for learners with autism and Autism Western Cape.

At the time, (and little has changed!) there were no facilities for learners with autism who had come to the end of their schooling. It is not generally understood that children with autism become adults with autism and those at the severe end who have problem behaviours are usually excluded from other types of residential facilities. The nature of autism means that a home has to be set up in an ‘autism specific’ way. This means that the environment has to focus on the strengths of the person with autism so that it is relevant and meaningful to them.

Research has shown that the preferred mode of learning for people with autism is ‘visual over verbal’. Thus the environment has to be structured in such a way that it is visually explicit. People with autism find change difficult but respond well to routines.

Visual schedules and visual work instructions tell them what is happening and when, using a selection of preferred and un-preferred activities and opportunities for choices.

The current policy of the state health and social services that is in line with international practices, is to de-institutionalise people with disabilities.

Research has indicated that the small group home model is able to provide an environment where people with autism can experience quality of life as well as take part in lifelong learning. Hurdy Gurdy presently caters for eight young men with autism, all needing high support, and its vision is to be a South African model of care that can inform Government and Service providers in order that similar services can be developed.

Hurdy Gurdy is the only facility of its kind and the only autism specific adult residential home in the Western Cape. In Gauteng, Lethabo le Khutso with a similar philosophy, offers 17 residential places. These two homes are the sum total of residential autism specific facilities in the Republic. Both these service providers rely on parents’ fees and donations for survival.

There is an urgent need for provision to be made for families who are unable to afford such fees. Ageing parents find it more and more difficult to cope with their adult children with severe autism and they live with the anxiety about “What will happen when I am gone?”.

Hurdy Gurdy has recently entered a new and exciting phase in its development. A Professional Management Committee (PMC) of highly experienced professionals now supports the manager and staff. This frees the parents from worrying about the day to day problems so that they are more able to focus on their own child.

A new manager who has worked in the field of autism and has international experience in training and support, has been appointed and the Hurdy Gurdy Vision looks set to become reality.
2012 survey results received thus far as regards the Non-Profit Organisations’ Funding and Survival Crisis (information taken from 604 responding NPOs)

NPO sector employed:
14 310 permanent staff
3038 contract staff
1557 part time staff
14 442 volunteers

The biggest sectors represented thus far are:
33.4% Care for vulnerable children
40.7% Child and youth development
40.3% Community development
37.6% education
28.1% skills and job training
25.4% HIV/AIDS & TB services
22.5% Welfare

Retrenchments of:
2968 permanent jobs
1 509 contract jobs
499 part time jobs
And 2165 volunteers.

44% report funding cuts of up to 50%
24% report funding cuts of up to 80%
11% report funding cuts in excess of 80%

17.5% say they have no funding
30% say enough funding to cover 1 months operating expenses
35.8% say enough funding to cover 6 months operating expenses
16.7% have more than 6 months operating expenses

The biggest funding cuts reported come from:
CSI and corporate donors – 39.4%
National Lottery – 42%
Individuals – 38.3%
45% report service cuts of up to 50%
14.5% report service cuts of up to 80%
8.6% report funding cuts of over 80%

Vacancy for resident – Hurdy Gurdy House (Penhill)
There is an immediate vacancy for an adult with Autism at Hurdy Gurdy House in Eerste River, a 24h residential facility. It is imperative that the fees of R5,600.00 per month will be paid for the prospective candidate. The successful applicant will also have to demonstrate his/her suitability for group living. Applications will be processed by professionals serving on the admissions committee.

Application forms are available at info@vera.co.za or can also be collected at 20 Anglesey Road Rondebosch-East, Cape Town.

Vacancy for resident – Sprigg Road (Rondebosch East)
There is an immediate vacancy for an adult with Autism Spectrum Disorder (ASD) at Sprigg Road House in Rondebosch-East, a 24h residential facility. It is imperative that the fees of R2,300.00 per month will be paid for the prospective candidate. The successful applicant will need to be employed during the day and have to demonstrate his/her suitability for group living with minimum support. Applications will be processed by professionals serving on the admissions committee.

Application forms are available at info@vera.co.za or can also be collected at 20 Anglesey Road Rondebosch-East Cape Town.
If you are a parent of a child with Autism. Written by Caz Collins and published in the Daily Mail Newspaper on April 2nd 2012.

If you are a parent of a child with Autism you realise pretty quickly that you will need two things; a thick skin and a lot of money. The money to start off is just to get through the visits to psychologists, paediatricians, paediatric neurologists, occupational therapists and speech therapists for assessments. Then if you are pointed in the right direction you will have to keep paying as your child goes through hours of behavioural therapy, OT, speech therapy, horse riding therapy, auditory integration therapy and you keep paying for the Gluten free and Casein free diet which costs about R30 just for a loaf of bread.

But you breathe deeply knowing it is for the good of your child’s progress. The thick skin part is needed in many arenas; dealing with friends and family who don’t understand and who think you are a bad parent; “In my day a child like this would do well to get a jolly good hiding…” you hear them say. The gymnastics club tells you to take your child to the Special Olympics because he doesn’t fit in and even still you take a deep breath, but when you have to fight just to get your child an education, that’s when the thick skin really needs to grow.

As a behavioural therapist, I work with children on the Autism spectrum. I encounter two types of parents: Group one has been told by Doctors and other professionals not to expect too much from their kids. They find some sort of care facility for their kids and are happy as long as the kids are happy. Then there is group two, the group that hasn’t believed the misinformation from the professionals and who know their children have potential, are capable of learning and who believe the South African Constitution which says every child has a right to an education.

Group two parents, of which I am one, having an 11 year old son with Autism, spend many hours hoping our children will be allowed to stay at the school he or she is in. “Will they allow us back next year?” We look for any gaps at school where our children may be falling behind and we work on these at home.

We lend the teachers books on ASD, we try not to rock the boat too much and we pray. Our kids are under the microscope. If a neurotypical child pours sand on another child in the sand pit the child gets a verbal reprimand and the day goes on. When our kids do the same thing we are told at pick up that day there was “an incident” and that other parents would not be happy with what our child has done. This is a mainstream school after all. Good thing for that thick skin.

The Government White paper 6 tells us that schools are moving towards inclusion and children with IQs average and above are entitled to attend mainstream schools. That teaching will be moving from “making a child fit in” to finding out the child’s learning style and helping him /her achieve the same goals as the rest of the class. It sounds good. Unfortunately, it’s not so easy to achieve. The teacher training curriculum doesn’t offer much in terms of Autism Spectrum Disorders and I recently saw a text book which incorrectly describes children with Autism as having “psychotic episodes” so clearly to mainstream our high functioning children with Autism we have a long way to go.

I attend many school meetings with my clients; parents of children with Autism. These parents, thick skin and all, have the following choices when their children reach grade R or grade 1: send their children to an expensive private school (just keep paying, just keep paying) with a personal facilitator (cha ching); send the child to 1 of 12 special needs schools in KZN which accept learners with Autism, (but don’t expect to get a matric); Home school, give up your job to do it and possibly limit neurotypical social interaction for the child; open your own school, to which other parents of children with ASD will flock due to the limited educational choices for their children or, of course hope to win the lotto and move to a country that has better services for children with ASD.
Some of my clients are in mainstream schools. There are the principals who continually upgrade their staff by means of training in the field of ASD, then there are others where teachers have been left exhausted, principals frustrated and parents of course are left feeling desperate at the thought of where to send their children since things don’t seem to be working out at the current school. I have been surprised at the responses of some of the schools who have turned down teacher training offered at the parent’s expense and have simply asked the parents to take the child out of the school. I have had the unfortunate experience of being turned down by several schools due to my son’s diagnosis; I have even had my neurotypical son refused entry into a school because of his brother’s Autism. Yes it’s true. Now make no mistake children with ASD are not always model students. They often have sensory issues and behavioural difficulties, but never the less they are South African and deserve an education.

Schools are often scared to accept (or keep as the case may be) high functioning children with Autism. There is much misunderstanding about the condition and low training available for the teachers. The principals and teachers understandably fear backlash from the parents of the neurotypical children. They have to answer to the school board and they feel the neurotypical children may not understand a child who is different. When my child first started in a mainstream school, I too feared the other parents; would they complain about my child? Could they influence the powers that be to have my child removed from the school? I kept his diagnosis a secret from other parents. One day I realised if I wanted any type of support I would have to come out of the Autism closet. And instead of angry parents who would feel sorry for me or would ostracise me, I found understanding. People who encouraged their children to help my son make friends, I found kids who were kind and helpful to my son and dare I say I let the thick skin drop for just a moment, long enough to have a glimmer of faith in mankind after all (I hear kumbaya playing at this point).

I honour those teachers, some which have taught my son, some which have taught my clients, who go the extra mile because they see the child, and not the limitations of Autism. The ones who emphasise the strengths of the child with Autism to build the child’s confidence and raise respect among the child’s classmates. The teachers who try harder, who never give up, who say at the end of the school year, “That was hard work” followed by “I have learned so much from this child and I am so glad he was in my class.”

Since it is considered that 1:88 children are affected by Autism I can only hope that South African schools will grow in awareness of Autism and will embrace these children who are different- no doubt- but not less.
Holding a Father’s day card is such a bittersweet moment. This card is a beautiful work of art that communicates “I love you Dad” so poignantly. You know that your child spent time and enormous effort to make a symbolic gift of their love for you, their Dad.

We appreciate our teachers and assistants facilitating an activity that requires focused attention and for our children expending a lot of emotional, mental and physical energy to operate the scissors, glue and writing a message. Moms add their special touches and gifts like a slab of chocolate. The card and handmade gifts take pride of place at our place of work. It symbolizes the reason why so many fathers work excessively hard. Our child has special needs and we have to provide the finances that enable creating a supportive environment. Moms work hard at this and we appreciate our beautiful partners anew. Cards from our other children complete the picture and it is indeed a time for brief reflection and contentment before the busyness of being a dad kicks in.

Dads are generally good at doing and making things. Joshua’s dad Kevin realised he could encourage his son’s special interest, bees, in a very concrete way – he added an observation window to his own beehive. Joshua is of course well protected in his suit. Kevin knows that his son has a special affinity and understanding of these amazing insects and he catalysed his interest by providing adapted tools for Joshua to safely engage with his special interest. Watching Joshua interact with the bees is quite astounding as he seems to understand “bee communication”. The spin off is a child that is immersed in their interest and the experiences enable him to communicate with other people. Developing these skills is essential and long term we may very well have a beekeeper of note.

Dads have an innate sense of adventure. My son Michael and I love swimming and we had such an adventure exploring a natural pool, with a waterfall, at Marettwane Bush School. We donned our goggles and marvelled at the aquatic environment below the surface. Seaside holidays are such fun in the sun with much laughter. Boogie boarding is a favourite fun activity we do together as a family.

Logan and Mike actively participate, when their busy schedules allow them, with their daughters, Deandra and Rebecca, who are friends during outings. These photos show them at a popular venue and the admiration of the daughters for their fathers is evident. Mike has a knack of baking cakes with all his daughters while Logan indulges his daughter’s music interest. Ntabiseng and Quintin spend a lot of quality time with their sons by playing ball sports, ranging from golf to soccer.

Quintin’s son Tristin plays golf at the Special Olympic Golf Tournament. Quintin plays golf with Tristin in his 4 ball at the Autism S.A. Golf Tournament.

I admire and respect the fathers I have encountered at my sons school and fortunate to have some as friends. Dads encourage our children to thrive on positive encouragement and quality time spent is priceless. Making our children feel safe, accepted and loved is a dad’s duty and privilege. Acknowledging the roles of moms and meeting the needs of siblings is part of the mix of being an awesome dad. That's why father’s day cards are special and appreciated.

“On the other hand, I think cats have Asperger’s. Like me, they’re very smart. And like me, sometimes they simply need to be left alone.”

Jodi Picoult, House Rules
There are many approaches used by people working with people with ASD to teach them social and self help skills. Unlike their neuro-typical counterparts who learn through ‘osmosis’, (learning unconsciously through observing and imitating others), people with autism have to be taught even the most basic of skills. Some of these skills include shopping, toilet training, feeding self, brushing teeth, communicating what they want or do not want, among others.

Teaching Learners With ASD How To Do Shopping

Shopping is an important part in our daily lives, hence the need to teach it to learners with ASD. When learners with autism go shopping it is not a fun trip, to the contrary it is an opportunity to teach them a wide range of skills, such as social skills, (greeting, asking for help, saying thank you, bidding farewell to shop attendants), identifying / matching items that they are buying, turn taking and waiting at the till, handling delays, managing frustrations such as carrying one’s favourite food but unable to eat it there and then. Therefore for the shopping to be meaningful and fruitful there has to be a systematic way of planning and doing it, as they usually say, ‘failing to plan is planning to fail’, this is very true, moreso to learners with ASD.

In the planning stages it is important that the teacher/therapist caters for each and every learner’s needs and ability. Planning in this case entails drawing up a shopping list for each of the learners, for example in the initial weeks the shopping list comprises items that learners like so that after doing their shopping they can then eat what they bought. If the learner is a reader then the item(s) that they will buy can be in text form, whilst those who are non-readers can use a pictorial representation of the items they will buy.

Once in the supermarket, the learners get either shopping baskets or trolleys which they will use during their shopping. Each learner will be given the support appropriate to them, some will only need to be shown the aisle where their item is, whilst others might need gestural prompting to help them identify, match or even pick the items they are buying.

During the first days or even months of introducing shopping it is essential that the learner/teacher ratio be as low as possible to enable teachers to help the learners as much as possible when shopping, until such time that the learners are used to the task. It also allows the teachers to deal with incidents or tantrums that may be a result of unfamiliar places, noises and/or other distractions that may upset some learners.

It is essential during shopping to incidentally teach some skills that learners struggle with, to enable them to learn them in the natural and therefore relevant setting, for example with the teacher’s help, a learner can approach a shop assistant, greet them and ask where a particular item (their favourite) is and thank them after being helped. This can be done even with non-verbal learners who can show the shop assistant a picture of what they want. Teachers therefore can create as many social interaction/communication chances for the learners as possible to enable them to appropriately interact with people.

Once every learner has done their shopping then they queue up and wait for their turn at the till point. Waiting and doing nothing is not a strong point for most people with autism, therefore this stage can be a battlefield for them, tantrums can manifest and to add to an already difficult equation, people will stare and pass comments. Once at the till learners can be helped to greet the till operators before they place their items on the counter. Those who can pay for their items, whilst the teacher can pay for those who cannot.

After that they pack away the basket or the trolley to the appropriate place, and then pack the items they bought into the plastic bags, with each learner getting help appropriate to them.

When all learners are done they thank the operator and bid them farewell (verbally or by waving). Each learner will carry their groceries to the bus, get in and buckle up, with each being given the support they need. Once they get back to school they can eat their favourite item that they bought.

Teaching learners with ASD to competently do shopping, and any other task for that matter, is a process not an event. Learners will be taught this activity over a long period of time; therefore there should be a designated time or day to do it, like the timetable for Mathematics and other subjects in the mainstream schools. As they become more independent with their shopping, the level of support is reduced and the expectations of them become higher.
I see people with Asperger's syndrome as a bright thread in the rich tapestry of life.

Tony Attwood

What is Context Blindness?
Context plays a critical role in the way the human brain processes information. This is especially true in the area of social information. Whenever we are in a situation, we take into consideration the who, what, where, when, and why of the many variables that surround us to determine what to say or do. Without even realizing it, we “set up” conversation using contextual parameters. “I was standing in line at the supermarket and you’ll never believe ……”

We assume students understand that behaviours appropriate on the playground (context) are not expected to be played out within the classroom (context). Being able to smoothly and effectively synthesize all the many variables in any given situation and relate them to the obvious and hidden rules is what context processing is all about. It is context that dictates whether our actions, reactions, our words or body language are perceived as warm and welcoming or weird and whacky.

In his latest book, Autism as Context Blindness, Belgium-based Peter Vermeulen, PhD, explains in a highly readable and accessible manner, the importance of context in our daily lives and in life success overall. He discusses how neurotypical people process context and how autism can be viewed as a form of “context blindness” — a lack of awareness of the context as it relates to observation, social interactions, communication and learning. He artfully, and often with humor, bridges the gap from research to practical treatment strategies, presenting information in an appealing folksy manner that is at the same time infused with pragmatic thinking. Together, this translates into a wonderful teaching tool for parents, educators, counsellors and clinicians interested in studying factors that contribute to the social learning and problem-solving challenges we observe in our students, clients, and/or children.

(Excerpt taken from www.socialthinking.com)

Publication: Autism (A practical guide to improving your child's life)
By: Jonathon & Polly Tommey

Two parents of a now high-functioning autistic teenager who were determined to discover as much as possible about autism, its causes, and potential treatments share what they've learned.

Jonathan and Polly Tommey’s eldest son, Billy, was diagnosed with severe autism at the age of two. Here, they show through their own experience how it is possible to improve the quality of life for children with autism.

The book will give parents the confidence and knowledge to tackle the problems they face and to find solutions, treatments, and educational options that will work for their child. In his quest to help his son,

Jonathan trained as a nutritional therapist and now supports many individuals with ASD at his Autism Clinic. His expertise forms an important part of this book. Areas covered include getting a diagnosis, the gut-brain connection, tests and treatments, the link with toxins, diet and nutrition, health and well-being, coping as a family, educational approaches, choosing a school, looking to the future, and a comprehensive resource section.

Practical and positive, this book provides much needed support, advice, and encouragement for parents of children on the autism spectrum.

"I see people with Asperger's syndrome as a bright thread in the rich tapestry of life."

Tony Attwood

Autism South Africa Calendar 2013

Each month an A4 sized rare and unique picture of the Namib Desert, as well as an A4 sized day-by-day monthly calendar.

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Letter to Kadin written by Robin & Trish Pearse

Kadin: “friend”. We named you before we knew you. When we knew only how much we wanted you. When we knew only that you moved in your mom’s tummy when I lay with her, her eyes closed, my eyes open, ready for you, reading Danny the Champion of the World to you, conjuring you up, summoning you into our family, into the world. Wondering who you’d be, wondering how we’d be, knowing you’d be our champion. Hoping you’d be a friend, have friends, wanting no more for you, or us. A friend.

You came, with difficulty in the end, lovelier than we could have dreamed, stranger than we could have imagined. We were not ready for you, could not have been. Like no baby we or anyone we know had known. So easy to love. So difficult to understand, to please. So hard to get to sleep, so soon to wake, so hard to get back to sleep, to feed, to dress, to touch, to make safe, to make feel safe. Pounding your back to keep you calm, lying on you to ease you to sleep, gazing at you in sleep to take you all in. Beautiful boy in all the world.

How would we find you? Where would we find you? How would we explain you? What could we say? Where would we begin? Where would it end?

Breast milk, warm water, plain rooibos tea. Nothing else.

Could you hear us? Did you know your name? So quirky – flapping your hands, sucking your teeth and sirenising your sounds.

So clever – knowing and using all the letters, all the colours, shapes, cars. Especially the cars – make, model and colour. Always right.

So shy – averting your eyes, leaving the room, staying in the car. Like the world was the worst: searing needles under your skin, in your eyes. Sometimes like we were the worst; sometimes like we were the best, the only.

So secretive – none of us could know what you knew, what you thought, how you felt, what you wanted. Afraid of what we dared to think. Afraid of what others dared to say.

Yet teaching us every day. How easy things had been. How simple things had seemed. How lucky we had been. How lucky we were, are. How strange the world. How confusing its rules. How alienating its joys: no juice; no chocolate; no ice-cream. Smiles for so few; hugs for even fewer. Slowly, carefully, your lovely words: “Hurry, daddy, we’re running out of late!” “Wow, can you hear that beautiful smell?” “I just need to open the light so my eyes can see what they’re doing.” “That’s fabricidulous!” “Wow, can you hear that beautiful smell?”

And your questions: the same ones, over and over. Like your answers to ours: “Playing, reading books, that’s all.”

The early mornings: before 05:00 each day, before 04:00 some days, starting your day: alive with words, questions; alert with things to do, to eat, to wear; organising your space; getting things ready. Taking us out of our world; leading us into your world; showing us worlds we had not seen, known. Remote, wild and lovely. Yellow: the joy of the colour. A yellow toy not put down. A yellow shirt not taken off – worn every day, worn almost to shreds, bitten to bits. Your teeth ground down; our arms streaked with scratches. Saying you’re sorry. Saying we’re sorry; we understand; we’re trying to understand; we’re trying to make sense.

The familiarity of a book: Where the Wild Things Are. Being a wild thing; dancing the wild rumpus. Every night, at bed time, forever and a day. The magic of the book never waning; the magic in you never dimming. Becoming, being characters on TV: Barney, High School Musical, Mama Mia, Master Chef. Wondering what would become of you, wondering at the wonder of you, wondering why we were – are – so lucky to have you.

Then a sister: calm, happy, easy. How you loved her, love her. How we love her. How she loves you. How she opened you up, opened up to you. How she let you touch her, hug her, kiss her. Say her name: Sophia, Boebies, My Little One, your friend, her friend, our friends. What you’ve taught each other; taught us; will teach us. How you understand each other, look out for each other, look after each other. How you hug; how you fight; how you laugh. The taste of bacon and toast, chips, popcorn, biltong, a sip of coke (warm). The smell of lamb chops with mint sauce. The sizzle of rump steak on a hot skillet, alive with anticipated flavour, finished to the fingertips.

How strong you’ve become – your high-fives stinging our palms, your hugs cracking our necks, your hands pounding our backs, our hearts exploding with the joy.

Diving in the pool for sticks (always holding the yellow one), leaping over soccer balls on the trampoline, racing up and down the jungle gym, hiding always in the same place during hide-and-seek.

The freedom of your bike, the fist-clench of a bowling strike, the whoop of a basketball hoop, the slight-s swagger of a straight drive or sunken putt (your dad bursting with pride), the thrill of driving a golf cart, the shy-smile of finishing a puzzle, of painting a picture, of writing the weekend’s news, of adding-up numbers, of playing with a classmate. Your friends, especially the neighbour’s domestic worker’s daughter – Cordie – older than you, wiser than her years, a big sister to you and Sophia, a daughter to us.
Little Chad Wilmot may have died more than a year ago but his memory lives on in the new playground at the Early Intervention Centre opened by Autism Eastern Cape in April this year and in the hearts of those who knew him. Chad’s Place is a playground in a fully-enclosed, secure garden with a jungle gym, slide, swings and a sandpit, designed for autistic pre-schoolers.

The new playground in Walmer, Port Elizabeth, opened thanks to generous sponsors and devoted parents, Natalie and Greg Wilmot, whose autistic son, Chad, died just two days after his sixth birthday in 2011.

Autism Eastern Cape committee member Natalie has worked tirelessly to raise funds and awareness for the organisation. Shortly after her son’s death, in a piece entitled “Life with Chad Wilmot”, she wrote that Chad, who also suffered from epilepsy, had taught the family so much.

“Our son taught us the importance of patience and the ability to see things from a very different perspective. He taught us never to waste a second of the day.”

“I believe Chad was given to us for a reason, to teach those he needed to teach and touch those he needed to touch and to educate us about autism and the different kinds of diagnosis – and misdiagnosis – so that we can work on creating awareness.”

Today, more than a year later, Natalie still feels strongly about these issues and managed to raise funds through contact with a benefactor, enabling the Early Intervention Centre and playground to come to life.

Autism Eastern Cape thanks AFB Asset Management in Westview Drive, Port Elizabeth, in particular. The financial and tax consultants were represented by Barney Massyn at the opening of Chad’s Place.

The former principal of Quest School for Autistic Learners, Joan Jorritsma, officially opened the playground on Friday, June 22, with a few words on the centre and its goals. She thanked the Wilmots for their ongoing support, and her message was particularly poignant for the friends and family present who had known and loved the little boy. However, well-wishers, staff, sponsors and guests present could all appreciate the moment.

As of October, there are now eight children enrolled at the AEC EIC. Already the centre in Walmer is a success story, giving hope to Port Elizabeth families looking for assessment, guidance and support for their autistic pre-schoolers. Natalie and Greg want to encourage parents to have their children assessed early if they think they may be autistic. The earlier the diagnosis, the better chance the child has to live their best life.

For further information on the centre, contact Autism Eastern Cape fieldworker Sandra Dunstan, (041) 581-0650, or e-mail: info@autismec.co.za
Pets and Aspergers Syndrome.
By Vincenzia Diedericks

Raticus Sniffels Pebbles Diedericks.

I was raised with pets, lots and lots of pets. So it would only seem natural that I would want Ruben to have pets of his own. But getting me to buy a hand-raised rat needed a lot of convincing to be quite honest with you.

The benefits of having a hand-raised pet rat, now after experiencing it myself, seems obvious to me, but for those of you who simply don’t get it, here are some of my reasons:

Raticus has helped Ruben gain a sense of independence, which has brought him one step closer on the path to becoming a more responsible individual. This is always a constant concern for a parent that is raising a child that happens to fall on the Autistic Spectrum, Aspergers syndrome to be exact.

When Raticus arrived in our home, I soon started noticing a difference in Ruben’s behavior. He started spending more time without me. He had a new “partner in crime”. Initially I found it very strange not to have a little individual hanging around me and would find myself checking up on him all the time. Later I started embracing my newly acquired the space and freedom Ruben learned the importance of responsibility by being Raticus’s friend, protector and caretaker.

Raticus’s arrival also presented me with the perfect opportunity to bond with Ruben on a different level. We spent hours doing research on pet rats on the internet. During this time we were operating as a team and not mom and son.

I loved showing Ruben what it means to be responsible for another creature’s survival and watching him learn important life lessons such as remembering to put her back in the cage. Patience when she didn’t want to “get with the program”. And then kindness and attentiveness when she became ill.

Ruben had hours of fun with Raticus and proudly showed her off to anyone that showed an even how remote interest in her. For people that weren’t that interested, he launched into a long explanation why hand-raised rats weren’t dirty, flea infested, germ carrying vermin, but instead kind, loving, clean, intelligent friends.

By adding Raticus to our family we were able to help prepare Ruben for real life scenarios as Ruben got first-hand exposure to routine veterinarian check-ups and the treatments for various ailments... and eventually the sad reality of death.

Raticus became Ruben’s most unlikely companion for one whole year. I will always be grateful for what she has meant to Ruben and me. I know we will miss her presence dearly.

R.I.P

Raticus Sniffels Pebbles Diedericks
Born: August 2010- Died: 19 August 2011

P.S Oh yes, for in case you haven’t noticed. I am completely converted; hand-raised rats are by far one of the coolest pets to have.

Celebrating Autism and Aspergers
By Vincenzia Diedericks

About 2 years ago, I embarked on a journaling “rampage” that is still part of my daily routine today, but thankfully a lot less consuming and obsessive. The biggest catalyst for this “rampage” was that I was tired of feeling judged by others and trying to explain, explain, and yes, explain.

If you are a parent with a child on the Autistic spectrum you know exactly what I’m talking about; the countless responses to the same annoying remarks and questions. In my journaling I started listing the 10 most frequent questions asked or remarks made with a carefully planned counter attack to follow. To say that I was angry with the world was the understatement of the century. I ended up emailing this journal entry to every poor soul that happened to cross my path.

This email became affectionately known as my “State of the Nation blog” by my few supporters. Here is the list of the top 10 annoying remarks;
1. He’s not autistic — he can talk! (Or smile, make eye contact, engage)
2. He needs more discipline and he’ll eventually get the message.
3. It’s because you didn’t bond with him when he was a baby.
4. You poor thing, it must be so upsetting to have a child with a disability.
5. Will he matriculate (or get married or hold down a job)?
7. He’s missing out on so much in life.
8. Don’t worry; you can always have another child.
6. I have a friend whose child was autistic, and she cured him!
7. If he can’t behave properly, you shouldn’t BRING him with!
10. You should make more time for yourself.

I then started listing my counter attack; all the gifts that are associated with Autism. This was my way to not only to let people know I was slightly annoyed with their ignorance, but seriously armed with defense ammunition if they so choose to “accidentally” push my buttons.

Here is the list.

| **1. People on the Autism Spectrum rarely lie.** |
| All we all claim to value the truth, but almost all of us tell little white lies. All, that is, except people on the autism spectrum. To them, truth is truth — and a good word from a person on the spectrum is the real deal. |

| **2. People on the Autism Spectrum Live in the Moment** |
| How often do typical people fail to notice what’s in front of their eyes because they’re distracted by social cues or random chitchat? People on the autism spectrum truly attend to the sensory input that surrounds them. |

| **3. People on the Autism Spectrum Rarely Judge Others** |
| Who’s smarter, fatter, richer? These distinctions hold much less importance for people on the spectrum. In fact, people on the spectrum most often see through surface appearances and discover the “true person”. They also seem to spot people who are “faking it” from a mile. |

| **4. People on the Autism Spectrum are Passionate** |
| Autistic people are truly passionate, from a very young age, about the things, ideas and people in their lives. How many “neuro-typical” people can say the same? |

| **5. People on the Autism Spectrum are Not Tied to Social Expectations** |
| If you’ve ever done something to fit in, you are probably very aware of how hard it is to be true to yourself. But it seems that for people on the spectrum, social expectations can be honestly irrelevant. What matters to them most are true liking, interest and passion — not keeping up with the Joneses. |

| **6. People on the Autism Spectrum Have Terrific Memories** |
| How often do typical people forget or not notice detail. People on the autism spectrum are often much more tuned in to noticing and remembering detail. |

| **7. People on the Autism Spectrum Are Less Materialistic** |
| Generally, people with autism are far less concerned with outward appearance and as a result, worry less about brand names, fashionable hairstyles and other expensive but unimportant externals than most folks do. To them it’s all about practicality and function! |

| **8. People on the Autism Spectrum Play Fewer Head Games** |
| Most autistic people don’t play games and are pretty straightforward. It’s a refreshing and wonderful change from the Peyton Place emotional roller coaster that mars too many typical relationships! |

| **10. People on the Autism Spectrum Open New Doors for Neurotypicals** |
| For some of us neuro-typicals, having an autistic person in our lives has had a profound positive impact on our perceptions, beliefs and expectations. My plan worked and people started backing off. I set a boundary and they respected it. Then two years later while reading through the comments of moms of Autistic children, I was struck by how many were struggling with exactly the same issues. On impulse I copied and pasted my “State of the Nation blog” to the form. I got numerous responses. But the one that tickled my fancy was from someone that thought it might be a good idea to send it in to a magazine. At first I was flattered but then after reading my Celebrating Autism blog again, I wasn’t so sure anymore. The truth is, whether their remarks are ignorant or well-meaning, today I don’t find that I care as much about what other people say to me about Ruben. Today I find myself more fully connected to my own truth. The reality is, I don’t have space in my life any more for entertaining the distorted versions of reality that used to cause me such heartache. Today, I’ve come to realize that the greatest gifts we can give ourselves, is to change our own thoughts and feelings ... not to take on the challenge of attempting to “change the world,” in tackling the thoughts and feelings of others. I still think that it is very important to educate people on Autism but I have chosen to leave the battlefield. Now I choose to share my life as a peaceful traveler and not a war hero. I am currently spending more time working on achieving a higher level of piece, kindness and empathy towards myself and others and less time fretting about nonsense. This is one of the ultimate gifts Ruben has given me and I will always be grateful to him. |

([http://metamotion.co.za](http://metamotion.co.za))
Myiesha, age 4 from Kenwyn in Cape Town, has suffered from seizures since 6 months of age. To date her neurologist has not been able to pinpoint the problem. She is currently on a special diet and on chronic medication for epilepsy 3 times a day.

Farah, age 8 from Cape Town, was entered into a school for special needs on a trial basis for 6 weeks. After 6 weeks the school turned her down telling her parents that they need to accept her the way she is and that she may never improve.

Heather, age 5 from Simons Town, has been a happy little girl from birth; she was always ready with a smile and a giggle. The frustration came as she got older and she was unable to express herself verbally. The guessing game between her and her family resulted in screaming fits and unpleasant tantrums. These are the stories of merely 3 of the estimated 270 000 children in South Africa living with autism spectrum disorder.

The Cape-based SNAP (Special Needs Adapted Programme) is an association operating for non-profit that offers countrywide services for children with autism as well as ADD, dyspraxia, specific learning problems and Asperger Syndrome. They present a unique, child-specific, one-on-one, integrated programme which recognizes the uniqueness of each child and is geared to addressing the needs of each individual child and their family.

Now almost 2 years later Farah is able to participate in almost everything the tutor instructs her to do and has her attention for the full 3 hours. She hums along to all the nursery rhymes and songs she has been taught. Her play habits have changed, she started interacting with other kids and is very eager to participate in the games they’re playing and patiently awaits her turn. She is able to sit still at restaurants and adheres to simple instructions given to her. Farah is able to eat by herself and undress herself and she is able to indicate to us when she needs or wants something.

Heather’s sessions at SNAP began in October 2011. Within the first month of these sessions her parents noticed a difference in her behaviour, her bodily control and she was developing quite a nice little vocabulary! “Now, I am having spontaneous conversations with her, she is stringing sentences together very well (4-5 words and more per sentence)”, says her mother. “In terms of other activities, she has also come along beautifully (puzzles, drawing, eating using a fork, etc.) I am forever grateful to SNAP and their dedicated facilitators for the difference they have made in Heather’s life.”

These mothers all have the same message:

“Never for one moment give up on your child and don’t let anyone tell you differently about them. As long as you believe in them, they will astound you and exceed your expectations. I am a proud parent of a special needs child who taught me the true meaning of patience, perseverance and belief.”

For more information of the SNAP program visit www.snap.org.za or contact 021 975 2774
Studio III Training Systems provides a non-aversive approach to challenging behaviour. We offer criterion-based training, working with staff to develop specific skills to meet the particular needs of the service user. It is essential that the background to the service user’s problems is understood by all staff and that this understanding is used to define the direction in which these problems may be addressed. Studio III is not a provider of generic physical intervention strategies as the majority of our work is designed to promote the management of challenging behaviour in a totally non-violent, gentle physical skills.

Accredited by the Health Professionals Council of South Africa (HPCSA) for 18 CPD points.

WILL BE HAPPY TO PRESENT A THREE DAY STUDIO III TRAINING COURSE IN YOUR AREA.
Booking for the course can be made by contacting Sandra Dunstan at Autism Eastern Cape: 041 581 0650 / 083 267 2973.
Countries invited to the first-ever meeting of the Global Leadership Advocacy Network (LAN) arranged and sponsored by Autism Speaks, New York, April 2012

Jill Stacey as National Director of Autism South Africa was fully sponsored to attend the event. David Griessel as a member of the National Executive Committee of Autism South Africa was sponsored to attend the event. David personally paid for his flight to and from New York.

As a result of discussions at this meeting, it was agreed that the members of the Global Leadership Autism Advocacy network would participate in and promote the 2012 World Focus on Autism Virtual Art Exhibition.

Albert De Kock (9 years)  Nicola Louw (9 years)  Alpha School Gold Class  Erin Roberts (5 years)

Chris Momberg (15 years)  Nicola Hobson (13 years)  Sasha-Lee Oosthuizen (17 years)  Menzi Mholongo (13 years)

Joshua Keshi (10 years)  Deqlan Higgins (5 years)  Khali Thom (9 years)  Raymond de Freitas (22 years)
The Unexpected Children And Or/People Who Come Into Our Very Own Life Time Span’s
written by Michael G. Macgregor

In my Fourth Book, I had made mention of the fact that when young people come into our very own Life Time Span in this world, it is usually because either they are genuinely concerned about us as Special Needs People, or maybe because they have a particular concern, love or compassion for us in a certain way, and I had made mention of the fact that when we push them away as I had done for so very many, many years, we are actually doing them a great and most unloving disservice indeed.

One of my Staff colleagues down at School has said that “IT IS USUALLY THAT OF FATE OR DESTINY THAT MAKES EITHER CHILDREN AND OR/ PEOPLE YOU NEVER EVER MET BEFORE TO JUST COME RIGHT UP TO YOU AND HOLD YOUR HAND”, OR TO GIVE YOU A SMILE OR EVEN A HUG FOR THAT MATTER.

I would like to illustrate this with just two examples that have since happened to me as of very recently.

The First One is that on my way down to School each and every day, there is a very, very special but really lovely Little Family who have just noticed me as of very recently, and when they see me from either their very own little “White Coloured VolksWagen Polo Hatchback Four Door Sedan Car” or their big “Fawny Brown Coloured big Volvo Station Wagon Car”, and each and every day this truly great and very special Little Family just must have their little wave out to me, both their Parents and their son and daughter as well.

The Second One that I would like to use here is that we have since had a little Coloured Boy start in at our School earlier back this last year who just loves me ever so much, and he stays at our very own local “Port Elizabeth City’s SOS Children’s Home” out at both Korsten and Schauderville, together with his older Brother and Three other Sisters, and each and every day when their own School Bus comes twice daily to both bring and collect this little boy to and from School, all of the other Children from the SOS Children’s Home just must have their big Five Hand Shake with me as well as they have so very often seen our Children from our School do it with me, they must do it with me as well too, and what a wonderful but very special and precious privilege this is for me personally as a Special Needs Person.

Some of these Children sadly of course, bearing very much out in mind the very bad backgrounds that they have come from are Special Needs Children with maybe certain intellectual Disabilities in one for or another, but also, some of these Children are also what is and has been described as that of being Special Needs Children Emotionally, and as someone has most quite rightly described them, they are very sadly that of “Throw Away Children”, and believe me, there is truly great joy in being very much more able to share your very own Life Time Span Story with others as well.

When one looks today at our whole Western Society by going right home to the by far much more later and greater tail end Years of this last Millennium Twentieth Century AD today, what with the whole Moral Ethic Breakdown today of so much, and where there is unfortunately just no real but solid commitment either to anything or to anybody, let alone to our very own South African Society for that matter, is it any real wonder to us all then, that so very many New Places of Safety are simply having to be built right around and across our own Country of South Africa, and more often than is not at the tax payers expense at that as well, and because why?

It is simply because unfortunately it is all about “Me, Myself and Mine”, and “Always the Bigger, the Better and the Best”, and because most people today unfortunately are just not satisfied or contented with either what they have received in Life or even to where they have been ever so fortunate enough to have got to in Life, due to a lack of commitment to what they have and where they have got to in Life, the end net result of all of this unfortunately is that “THERE IS JUST NO LOVE TO BE HAD ABSOLUTELY WHATSOEVER AT ALL”, and unfortunately, it is very, very sad to say the very least, because at the very end of the day, it is not the unloving selfish people that miss out, but it is our own South African Society that truly misses out on what we as unique individual human beings have to really offer and to share of which is totally unique to what maybe our very own Life Time Span Story has been all about in one special way or another that we can share both with other people and with Society generally as a whole, and very often due to our own selfishness which is so very deadly to say the very least.

So now I just want to end off this article now by challenging you all as Special Needs People, that the next time a young person comes into your very own Life Time Span, please I ask you, and I urge you, never ever push either him or her away, for you never ever know, they may want to take a real interest in you or to show Love, Compassion or Concern or even Help. Reach out to either him or her. It will most certainly be a plus transaction in your very own Personal Growth as well. God bless you all.
The Suggestions to try and calm a person with an Autism Spectrum Disorder. Submitted by Wellington Autism Centre, SA

Unfortunately there’s no such thing as anger-management classes specifically for ASD children – and you may find that not a week goes by without your youngster reaching Mach 4 on the rage and frustration scale.

Often times, this kind of aggression isn’t deliberate – it’s your Aspergers youngster’s way of asserting himself if he can’t find the right words to say how he’s feeling or what he wants. And anger is fine: we’re all entitled to feel it if things don’t go our way. But anger is a feeling, while aggression is a behavior – and your youngster has to learn that he can’t use it to solve his problems. You need to guide him in learning how to manage his emotions, control his impulses and express his anger with words. If you have an Aspergers youngster who has an “anger-control” problem, use these tips to (a) prevent anger outbursts and (b) help calm him down once he has launched into a rage or meltdown:

1. Allow the Aspergers youngster to use his energy in a fun way through jumping, spinning, running, climbing, swinging or other physical activities. Allow him to play-wrestle with pillows or other soft objects since agitated kids seek sensations inherent to the contact from tackling, bumping and crashing.

2. Allow the youngster to perform some heavy chores such as vacuuming, moving objects or cleaning windows and cabinet doors. This helps him focus on completing a necessary task while using his energy in a constructive way. Heavy chores or intense exercises allow kids to experience sensory input to different muscles and joints.

3. Give the youngster a creative outlet through playing with watercolor paints, drawing or colouring or moulding with clay or play dough.

4. If another youngster is upsetting the Aspergers child, find out why, then confront the other youngster and ask him or her to apologize. If you have any authority over the troublemaker, then give him/her a minor punishment (not watching TV that day, whatever).

5. Ask the Aspergers youngster to take several deep breaths and count to ten. This breathing and counting technique will help him to react not with impulsivity and anger, but in a calm way.

6. Be a good role model. Before you can calm down your kid’s anxiety, you must first learn to calm down your own first. Lead by example, because you can’t put out a fire with another fire.

7. Be positive! Aspergers kids pick up negative thoughts very quickly and will react and respond to them.

8. Brainstorm solutions. If your youngster doesn’t have the verbal skills to assert himself in a non-violent way, then teach him. Children love “pretend play” and you can use that to teach them how to react to the things that tend to trigger their rage. Role-play a situation that would normally have your youngster going into meltdown and work out how he can resolve it without his fists and feet flying.

9. Check your own stress levels, because Aspergers kids are often emotional barometers for their parents.

10. The repeated act of chewing and sucking provides agitated kids the necessary oral sensory input that helps them relax. This is why some kids will chew the inside of their mouth when they feel agitated. Replace this destructive habit by giving agitated kids food that requires repeated chewing, such as celery, carrots, lettuce and other crunchy vegetables. Kids can also chew gum or taffy to help them settle down. You can also give the youngster a smoothie to drink using a straw.

11. Create a calming home environment. Aspergers kids have difficulty remaining calm in a hectic environment. Clearing the clutter and taking a “less is more” approach to decorating can reduce the sensory overload on Aspergers kids. The Aspergers youngster's bedroom especially should be free of clutter. Use plastic bins to organize and store all those precious little plastic treasures (that we adults commonly refer to as “junk”) and small toys. Open the curtains to provide natural lighting. Keep posters and wall hangings to a minimum. Paint the youngster’s bedroom in calming muted colors instead of bright primary colors.

12. Have the Aspergers youngster wear a weighted belt. These therapeutic weight devices are designed to help agitated kids feel grounded by their core and thus more secure as they become aware of their body in relation to their surroundings. Weighted belts help with the youngster’s balance and motor skills. The deep pressure stimulates the youngster’s sense of positioning to help her refocus and reorganize herself when she is in an agitated state.

13. Allow the agitated youngster to sit in a beanbag chair. The feeling of being hugged helps to relax her when she is too agitated to receive the hug of a parent.
Fishbowl registration

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Training Dates 2013

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Please send proof of payment to kirsty@otcjhs.co.za or fax it to 011 484 5554.

Please note that the above fees does not include: lunch, transport or accommodation.

Course Authors

The Fishbowl project was written by Reinette Palmer and Kirsty Boltman. 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 a consultant for Autism South Africa and in her private practice. Kirsty is an educational specialist that 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 Kirsty Boltman for more information or to schedule a Fishbowl 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.

Background

The Fishbowl training project was developed due to the demand in South Africa for specialised Hands on Training for teachers, therapists and parents who work with children who require exceptional care and teaching with regards to their learning and development.

The project is aimed to empower teachers and therapists to identify the strengths of children with Autism Spectrum Disorder (ASD) and to offer intervention at the child’s level of understanding.

The project is a collaborative effort between the Children’s disability Centre (CDC) and the The Johannesburg Hospital School (JHS).

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 over Verbal.

Contact details:
The Children's Ability Centre

CPO: 102 Quaker Street, Box: BRAMFORD/0573/2013
Formerly known as The Able Centre, MERE POLOPONI, 2011
Tel: 011 484 1908
Cell: 082 499 7241 / 082 638 3269
Fax: 011 643 3050 / 011 484 1908
Email: info@otcjhs.co.za

Banking details

Name: Children's Disability Centre (Jnr)
Account number: 0 2 3 9 9 0 3 1
Account type: Cheque account
Branch code: 0 0 0 3 5 5
Please note that the above fees does not include: lunch, transport or accommodation.

Table: Fishbowl Training Dates 2012

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Contact Reinette Palmer or Kirsty McLean for more information or an application form.

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CDP points for all participants who is registered with the WPCS A

Content

Module 1

Day 1
1.1 Introduction to Autism Spectrum Disorder
1.2 Jaergen used in relation to ASD
1.3 Observation before intervention

Day 2
1.1 Observation continued
1.2 Writing an observation report
1.3 Write observation report

Day 3
1.1 Areas of difficulty
1.2 One-on-one
1.3 Group activity
1.4 Feedback

Day 4
1.1 Independent Learning
1.2 Observation
1.3 Task construction
1.4 Creating visual support

Day 5
1.1 Communication
1.2 Introduction to Makaton
1.3 Introduction to PECS
1.4 Creating communication folder

Content

Module 2

Day 1
1.1 Behavior
1.2 Hints and tips
1.3 ABC of behavior

Day 2
1.1 Social skills
1.2 Interviews
1.3 Social stories
1.4 Writing Social stories

Day 3
1.1 Sensory
1.2 Multi-sensory experience

Day 4
1.1 Curriculum
1.2 Techniques and adaptations
1.3 IEDP

Day 5
1.1 Play and leisure activities
1.2 Outing

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Red Flags for Autism

Warning Signs of Autism in Early Childhood

Parents should ask their child’s family doctor for referral to a developmental pediatrician for assessment if there are concerns with any of the following:

**Communication Red Flags**

- No babbling by 11 months of age
- No simple gestures by 12 months (e.g., waving bye-bye)
- No single words by 16 months
- No 2-word phrases by 24 months (noun + verb – e.g., “baby sleeping”)
- No response when name is called, causing concern about hearing
- Loss of any language or social skills at any age

**Behavioural Red Flags**

- Odd or repetitive ways of moving fingers or hands
- Oversensitive to certain textures, sounds or lights
- Lack of interest in toys, or plays with them in an unusual way (e.g., lining up, spinning, opening/closing parts rather than using the toy as a whole)
- Compulsions or rituals (has to perform activities in a special way or certain sequence; is prone to tantrums if rituals are interrupted)
- Preoccupations with unusual interests, such as light switches, doors, fans, wheels
- Unusual fears

**Social Red Flags**

- Rarely makes eye contact when interacting with people
- Does not play peek-a-boo
- Doesn’t point to show things he/she is interested in
- Rarely smiles socially
- More interested in looking at objects than at people’s faces
- Prefers to play alone
- Doesn’t make attempts to get parent’s attention; doesn’t follow/look when someone is pointing at something
- Seems to be “in his/her own world”
- Doesn’t respond to parent’s attempts to play, even if relaxed
- Avoids or ignores other children when they approach

**Autism is treatable.**

**Early intervention is critical.**

**Know the warning signs of autism in young children.**

**Act early.**

Material copied from: Autism Ontario - Durham Region. durham@autismontario.com