



ASES e - NEWS

DATE: JULY 2009

Hello Everyone,

Term 3 will be very exciting for me as I will be launching the whole day workshop with a fellow parent Julie Stott who is also a Special education teacher:

Intro to ASD: Positive Behaviour support and Learning and Social success with Visuals

I know from consistent feedback some past participants felt my half day was too packed so finally the new whole day workshop is ready. I will be continuing with half day workshops as well.

As I travel around Melbourne and regional Victoria there are so many dedicated and enthusiastic integration aides, teachers, parents and support people. It is great to meet so many positive people.

Cristina

WORKSHOPS TERM 2

METRO

- **WEST:** Launch of whole day workshop.

Positive Behaviour support and Learning and Social Success with Visuals

The CLUB Caroline Springs. Only a few places left.

- **North: Whole day workshop**

Friday August 7: Greensborough RSL 111 Main St Greensborough, VIC 3088

- **South: Whole day workshop**

Monday August 17: Mornington Golf Club Tallis drive MORNINGTON

- **EAST: Whole day workshop**

Tuesday August 25; Waverley Golf Club Bergins road ROWVILLE

- ***For more details email: asd_cris@yahoo.com.au and I will forward you the registration form***

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POSITIVE STRATEGIES OR ACTIVITIES FROM PARTICIPANTS WHO ATTENDED MY WORKSHOPS.

- Working on motor skills through ball skills improve finger and hand strength
- Keeping a consistent and positive Approach
- Visual timetable
- Taking time to really listen
- Use of humour where possible
- Allow 5 minutes computer time. Helps him calm down
- Encouragement to try new things and praise for trying.
- Bulletin board of each day's activities.
- Being consistent with home and school where possible
- Lunchtime "time out" club. Students feeling overwhelmed in the yard can come into the library for quiet games. Always someone in library to supervise
- When ANGRY: Change activity, take a walk outside and shoot some basketball goals, withdraw from class play soft music and speak softly but firmly giving specific directions.
- Cushion to sit on, helps reduce rocking or fidgeting. Fiddling squishy ball or ribbon to hold.
- Quiet area to work when she wants to work away from noise.
- Squishy ball to fiddle with on the floor so she doesn't touch others and it helps her concentrate.
- Allow him to talk about his special interest at specified times throughout the day as a reward for not talking about it during class time.
- Set up **time away** area in classroom. In this area have tactile items & visuals. Make it comfortable.
- Providing or modifying a task so that it is understandable and achievable- to have success
- Calm with music
- Reward system for remembering to bring locker key to school everyday.
- Give him a sense of responsibility. He thrives on it.
- Give him a job related to his special interest- eg things related to computers.
- Let him do his long jump to learn spelling words.
- Use of bubbles to get child's attention.
- Bounces ball to learn Maths.
- Modified Transition program Year 6-7. Small group sessions including extra transition visit to Secondary school.
- I've found reading short children's meditation to my child helps him relax before bed, when he cannot switch off.
- Help child label emotions. Having language to describe more feelings, less out of control.
- Warning of changes to routine ahead of time: for example assemblies.
- Try to disarm the child's behaviour by attempting to engage with them with a game, song or a hug.
- Let him play with a ball to learn Maths.



PERSONAL SPACE

The Gray Center for Social Learning and Understanding

Understanding personal space is one area of difficulty for many individuals with autism spectrum disorders (ASD). Frequently, this leads to social problems, as they sit or stand too close to someone, touch another person inappropriately, and even react unexpectedly or harshly to an invasion of their own personal space. Parents, teachers, and caregivers note additional difficulties when teaching about personal space, including how to deal with a child's inappropriate touching of his or her own body while in public.

One important concept to teach is "**comfortable distance**." When helping a child to understand comfortable distance or personal space, it may be helpful to provide visual and concrete examples. One analogy that can be used as a bridge between the abstract concept of "comfortable distance" and its practical application is an inner-tube or "hoola-hoop."



An adult can place the circular object around his or her own waist to show the child where the boundaries of personal space lie.

Another inner tube placed around the child's waist can provide an opportunity to demonstrate the proper distance to maintain when sitting next to another person, can also be taught (and later, prompted) to remember to keep an elbow's distance from other people. Photos can be taken of the child standing an appropriate distance from another person, sitting next to—but not touching—a classmate, etc., which can be referred to later as a visual prompt.

Teaching the concept of personal space is complicated by the fact that most people adjust their own perceptions of personal space—and acceptable touch-- depending on their location and the people with whom they are interacting, or their "social context." For example, they may accept a smaller personal space and more invasions of that space on a crowded sidewalk or while sharing an armrest with a stranger in a movie theatre, or snuggling with a loved one, bumping up against teammates, etc. If a child has difficulty understanding or anticipating times or situations when less personal space or more intimate touch is indicated, he or she can be taught to ask permission to enter another person's space. For example, the child may ask, "May I sit here by you?" or even, "May I give you a hug?" However, the fact remains that many of the "invasions" of their own personal space will be unexpected, coming without warning. (For children, these episodes tend to happen more frequently, due to both the unpredictability—and high activity level-- of children, as well as the tendency of adults to touch children—tapping them on the head, ruffling their hair, putting an arm around them, etc.) Instead, children need to be prepared to "expect the unexpected" and how to respond effectively.



Besides using concrete visual examples to teach the concept of personal space, many children will benefit from Carol Gray's Social Stories(TM), which help to provide the "missing pieces of the puzzle," as they struggle to understand how and when they should touch – or avoid touching— other people. For example, a Social Story could describe how the inner tubes help some children learn about personal space, and how we try to imagine that amount of space to decide where to sit or stand so everyone feels comfortable. Some Story examples related to personal space can be found at http://www.thegraycenter.org/store/index.cfm?fuseaction=page.display&page_id=77 (along with a longer version of this SUN News article, with additional suggestions). Remember that these Social Stories may need to be adapted to suit the abilities and age of the child, as well as the cultural or familial attitudes that apply to that child. A Comic Strip Conversation could also show a child what others may think or feel when someone stands too close, in contrast to when someone stands at a comfortable distance.

Of course, the child with ASD is only one half of the "personal space equation." Parents, teachers, and caregivers can help to protect the personal space of the child with ASD. It may be helpful to ensure that classmates do not sit so close to the child that unnecessary "bumps" are going to occur, and that they understand that some people have a harder time understanding personal space than others. The child can be allowed to stand at the back of the line, where the only personal space she needs to be concerned about lies directly in front of her (or if the child cannot handle being in the back, he or she can be placed alongside a line of children while they are learning about personal space and developing strategies to adapt effectively to more or less personal space).

Parents and professionals can also model their own corrections of personal space "errors" by verbalizing, "Oops! I'm getting a little too close to all of you"...and then, after moving away slightly, "There, this is more comfortable for me, and you, too, I'll bet!" This helps to illustrate the fact that we all make mistakes sometimes, and that there are choices we can make to correct those.

As with most concepts, it is important to approach "Personal Space" through a variety of ways, helping the child with ASD to understand a complicated social phenomenon that many people take for granted.

Laurel Falvo, Executive Director
The Gray Center for Social Learning and Understanding
www.thegraycenter.org



Substitute Teachers: *Anna Tullemans*

Most students with ASD have difficulty accepting changes in the daily schedule and a substitute teacher is one of those changes.

When change is about to happen it is important to notify particular teachers and staff so they are aware of the difficulties that this student will face and be able to look for signs of anxiety.

There are two reasons why students find having a substitute teacher difficult.

These are:

- Not the substitute teacher but the reactions from the other students in the class.
- The “pushing the limits to see how far we can go” that comes from having a new teacher.
- The emotional arousal that comes from the other students. The ASD student has no idea what to do with the emotion that he is feeling or how to cope with it.
- The spontaneous change of having someone new in the class.

Successful Strategies

- Introduce the teacher to the student before class begins.
 - Take a few minutes before class and explain to the student that his regular teacher is away and that Mr/s _____ has taken his place for today.
 - If this is not possible then tell the student in advance of the day that there will be some changes to staffing just for this day.
 - Set up a strategy at the beginning of the year for giving some advance notice for this change.
 - Provide a support person or safety person who will be available for that student.
 - Allow him to join the class of a teacher he knows well and gets along with well for this period.
 - Allow the student to go to the library.
 - Allow the student to go to the computer room to catch up on work.

These strategies help the ASD student to adjust to classroom and teacher expectations, deal with the unexpected, and enable him to participate in class with his peers. This extra effort will most likely help prevent some of the difficult behaviour that can arise when the student is put in an unfamiliar situation.



Dork or intellectual - or something else entirely

Below is a link to a video interview with Daniel.

<http://www.abc.net.au/local/videos/2009/01/13/2464909.htm>

When he was growing up, Daniel Giles says people stereotyped him as anything from 'dork' to 'superintelligent'. That happens when you have autism; people make decisions about you based on what they think they know.

But Daniel says he wishes that people would realise that autism is not so easy to pin down and says it's a 'wide and varied disorder'. Many of his 'readers' are parents of autistic children.

Doctors diagnosed Daniel with autism when he was two years old and he says early intervention and therapy helped him develop into the person he is today.

While he started school at Bendigo Special Development School, he eventually wound up in mainstream education with only minimal support. Mainstream schooling, combined with experiences like Outward Bound, helped him work out the nature of teamwork and cooperation, leading to him being able to take on leadership roles. That, in turn, led to him being named Bendigo's Young Citizen of the Year in 2008.

As Daniel's changed through the years so, he says, have attitudes towards autism. These days, he says he sees people with autism being more accepted and less excluded. Daniel's now a graphic design student at La Trobe University, and says the course suits his 'visual' style of thinking.

He says he had problems at school when it came to taking in information presented in an auditory format, like a teacher reading aloud or speaking to the class. If he can see what's happening, such as notes on a whiteboard, he says it's easier for him to comprehend.

When he's completed his studies, Daniel says he plans to use his skills to benefit community organisations.



Michelle Garcia Winner's Update on Social Thinking

GIFTED AT HOME NOT AT SCHOOL:

Bright kids who have social-learning difficulties often (or usually!) experience a "home/school paradox." This question from a parent describes this well:

I have an 8-year old Aspie son mainstreamed in a high-performing public school who is, according to IQ, Raven's and state tests, gifted, but he only performs above average in class, unlike his typical gifted peers who get selected for GATE programs because of their superior classroom performance. At home, he does amazing things, but not in class. Is it a lack of motivation -- his own or the teacher's? Is it simply a "Hidden Curriculum" issue?

Here's my take:

Classroom participation is *very* different from learning at home. When kids learn at home they choose what they want to devote their attention to, so they are motivated to pursue their own learning and therefore can be incredible learners and incredibly creative with what they are learning. They are self-directed and self-paced, not forced to focus on something that doesn't interest them or to move at anyone's speed but their own!

Consider the contrast: When sitting in a class they learn through a larger group, moving at that group's pace. They are asked to use their internal motivation to learn something that is not necessarily of interest to them. Often students who are creative writers at home can't put together a sentence when appointed the subject they are to write about. They must learn, however, to take the perspective of the larger group and the class, and to accept that their unique ideas and creative solutions are not topics that can always be explored or shared in the group dynamics of a classroom. For these students, this type of learning couldn't be more different from the self-motivated, self-directed, self-paced learning that so often happens at home. As a result, many students with social-learning problems who are bright struggle to find the same enthusiasm for learning in the group environment.

Many also have serious organizational skill problems that make managing the load of classroom information and materials an extra burden.

Recognizing how much a child with AS needs to learn related to their weaknesses (that are not measured well by any of our tests) is a challenge of parents and professionals as they assess that child's social cognition, executive-functioning skills, mental-health coping strategies, personality, etc., and then develop reasonable treatment plans for that child to advance through the school years -- and beyond!

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The large social dynamics of classrooms impede the "bright" child with Asperger syndrome, making them not as "bright" in the classroom setting. In fact, *this* is what they really need to learn in the classroom: how to work with other students and attend as part of a group.

The reality is that standardized intelligence tests only evaluate a subset of overall intelligence. They don't account for how a child learns in socially complex environments. The solution is not to pull the child out of these complex environments! Schooling prepares students for living with increasing independence of the adult years and the adult world will continually present them with even more complex and dynamic social environments

FINE MOTOR SKILLS: Sue Larkey

For our children diagnosed with ASD, fine motor skill development is essential to reduce frustration, stress and meltdowns.

I have known many children with autism who have difficulty with key life and educational skills such as opening lunch boxes, doing up buttons, zippers, cutting, writing or picking up pictures to communicate.

So let's briefly discuss what we can do to encourage these skills for our children specifically:

- 1. How to encourage writing.**
- 2. How to develop thumb strength (A thumb workout!)**
- 3. How to develop 'pincer grip' (Pincer grip 'boot camp')**

Over the years I have found I need to use different activities to APPEAL TO THE CHILD'S INTERESTS to encourage them to practice fine motor activities and most importantly develop strength in their fingers.

SENSORY TOYS ARE MORE MOTIVATING THEN TRADITIONAL FINE MOTOR DEVICES

Students find the sensory toys much more motivating than play dough (the 'feel/texture' can cause problems) or traditional activities to develop fine motor skills and motor planning.

1. HOW TO ENCOURAGING WRITING

Firstly, writing for children with ASD can be hard work because of two factors:

1. Lack of fine motor control and strength.
2. Excessive energy and focus required.

Anything we can do to improve fine motor control, build strength and reduce the frustration of the child is essential. Children frustrated by lack of control of their pencil will start to avoid writing and start using inappropriate behaviour to 'get out of' doing their work.



Pencil Grips reduce the stress of writing

The Pencil Grip is a sought after range of ergonomic designed writing aids suitable for any user or writing instrument, whether for right or left handed use, these grips position the fingers comfortably and correctly position for easy writing. And they are flexible enough to go over a range of sized pens or pencils.

Many children with an ASD find handwriting particularly challenging and this has a lot to do with the awkward way many of them hold their pens - but with The Pencil Grip fingers naturally slot into the correct position. Incorrect handwriting positions are very difficult to correct once habits have been formed. The Pencil Grip is so fantastic at teaching correct handwriting positions that I think EVERY child learning to write should have one!

To see and order these pencil grips go to the website at www.suelarkey.com

2. HOW TO BUILD PINCER GRIP & THUMB STRENGTH

Fundamental to fine motor skill success is a strong thumb & pincer grip. Here are some great FUN MOTIVATING ways to develop these:

STACKABLE STAMPS: These are great for developing motor planning and strength in fingers. The child needs to pull the stamp apart and then stamp on page, then put back together. There are 3 different stamps in one which requires the child to pull apart. Once they can stamp on page, I like to draw boxes the child has to stamp in.

THUMB STRENGTH WORKOUT!

LIGHT UP PENS! These are hours of fun. They are nice fat pen which are easier to hold and write with, however to make them even more exciting the Meteor pens light up and vibrate when you put the handle down. The skills required to hold the handle down helps develop strength in thumbs, and what a reward when the top of the pen lights up and whizzes around! The lights and movement motivate the students to use the pen.

PINCER GRIP "BOOT CAMP"

SPINNING TOPS are hours of fun and develop a pincer grip and strength in the fingers. I like seeing how many the children can get going at the same time, and keep going. This is great for **WARMING** up their fingers before a writing task. Just 5 minutes of spinning tops seems to really help get the fingers ready for writing.



Heightened Level Of Amygdala Activity May Cause Social Deficits In Autism

20 Mar 2009

Something strange is going on in the amygdala an almond-shaped structure deep in the human brain among people with autism.

Researchers at the University of Washington have discovered an increased pattern of brain activity in the amygdalas of adults with autism that may be linked to the social deficits that typically are associated with the disorder. Previous research at the UW and elsewhere has shown that abnormal growth patterns in the amygdala are commonly found among young children diagnosed with autism.

The amygdala is popularly associated with the "fight-or-flight response" in dangerous situations. But it has other functions, including identifying faces and situations and evaluating social information such as emotions.

The new research shows that brain activation in adults with autism remains elevated long after similar brain regions of typically developed adults have stopped being activated when exposed to a series of pictures of human faces. A decrease in activation over time to the same type of information is called neural habituation and is connected with learning, according to Natalia Kleinhans, lead author of the new study and a UW research assistant professor of radiology.

"What we are seeing is hyperexcitability or overarousal of the amygdala, which suggests that neurons in the amygdala are firing more than expected," said Kleinhans, who is associated with the UW Autism Center.

"If you consider that habituation reflects learning in as simple a task as looking at a face, slowness to habituate in people with autism may contribute even more markedly to difficulty with more complex social interactions and social cognition.

If the brain is not reacting typically to a static face with a neutral expression, you can imagine how difficult it may be for someone with autism to pick up more subtle social cues."

The National Institute of Child Health and Human Development and the National Institute of Mental Health funded the research, which appears in the online edition of *The American Journal of Psychiatry*.

The UW researchers used functional magnetic resonance imaging to examine brain activation in 19 individuals with autism and in a comparison group of 20 healthy adults. The subjects ranged in age from 18 to 44 and the two groups were matched for IQs in the low-normal range. Both groups had their brains scanned while they looked at series of faces with neutral expressions. Each face appeared on a screen for

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three seconds and occasionally a face would be repeated two consecutive times. When that happened subjects were instructed to push a button.

The scientists were interested in what happened in two brain regions, the amygdala and the fusiform gyrus, when the subjects viewed the faces. It turned out that the fusiform gyrus, which helps determine what kind of object a person is looking at a face or a house, for example showed no habituation in either group. But the differences were striking when it came to the amygdala.

"The differences we found were in the amygdala and specific to the amygdala," said Kleinhans. "They originated there and did not go across the brain."

She said one theory about autism is that when this hyperarousal occurs an individual misses important information. Those individuals with autism who had the most social impairment exhibited the highest levels of amygdala arousal.

"This is another piece of evidence that there is something wrong with the amygdala in autism that contributes to social impairment. These results help refine our understanding of functional abnormalities in autism and are a new way of thinking about social dysfunction in autism," said Kleinhans.

Co-authors of the paper, who are all associated with the UW's Autism Center, the radiology department or department of psychosocial and community health, are L. Clark Johnson, Todd Richards, Roderick Mahurin, Jessica Greenson and Elizabeth Aylward. Geraldine Dawson, founding director of the Autism Center who is now the chief scientific officer of Autism Speaks, also contributed to the paper.

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Autism Advisors: EARLY INTERVENTION FUNDING

A national program of up to 40 autism advisors will be available across Australia to provide information and advice to families and carers of children who are diagnosed with an Autism Spectrum Disorder.

The Autism Advisors will:

- provide a link between the clinical diagnosis and access to early intervention programs and support services
- assist eligible families to access the Australian Government's funding package for early intervention services
- support families from rural and remote areas to apply for funding and receive payment.
- [**Autism Victoria Inc: \(03\) 9885 0533**](#)



BOOKS

- **First Steps in Intervention with Your Child with Autism. Frameworks for Communication.** Phil Christie, Elizabeth Newson, Wendy Prevezer and Susie Chandler.
First Steps in Intervention With Your Child With Autism is perfect for parents looking to understand their child better and, in turn, help improve their child's development and communication. This will also be a useful reference for all professionals working to support families with a child on the autism spectrum.
- **How to Live with Autism and Asperger Syndrome: Practical Strategies for Parents and Professionals.** Chris Williams and Barry Wright.
- **Asperger's Syndrome: Diagnosis and Support.** Tony Attwood.
- **Kids in the Syndrome Mix of ADHD, LD, Asperger's, Tourette's, Bipolar, and More!: The one stop guide for parents, teachers, and other professionals.** Martin Kutscher.
- **Playing, Laughing and Learning with Children on the Autism Spectrum** Julia Moor A Practical Resource of Play Ideas for Parents and Carers.

INTERNET



- <http://www.senteacher.org/Home/> SEN Teacher provides cost-free teaching & learning resources for students with special needs and learning disabilities. All the resources available or listed here are free for use in schools, colleges and at home.
- <http://www.senseabilities.com.au/> SenseAbilities is committed to the provision of equipment and resources designed to assist with the sensory motor development of children.
- <http://www.difflearn.com/> Founded in 1995 by the mother of a child diagnosed with Autism, Different Roads to Learning carries over 350 products carefully selected to support the Autism Community. Everything from basic flashcards, books and timers to advanced social skills tools to support you at every step of your program.
- <http://www.fairadvice.org.uk/fmindex.htm> FAIR Multimedia publishes a range of health leaflets specifically designed for people with learning disabilities. They include topics such as Keeping clean, Looking after your Teeth and a series on cancer. In addition we have a range of audio disks and interactive CD's.
- <http://www.edupics.com/> This site provides free educational photos, color pictures and crafts. Everything is placed in categories that are used frequently in primary school.
- <http://www.vcehelp.com.au/> VCE resources for VCE students, parents and teachers.



New Medicare Items for Diagnosis and Early Intervention for Children with ASD



An outline of the various package components follows:

1. Medicare Items – under the Department of Health and Ageing (DoHA)

New Medicare Items have been announced that are designed to support diagnosis and early intervention **for children with Autism up to 12 years of age**. \$20.7 million have been allocated over five years to introduce the new items. There are three levels of these items, namely:

- Diagnostic items – for Paediatricians and Psychiatrists; for diagnosis and development of treatment plan;
- Allied Health Provider Assessment – for Speech Pathologists, Developmental Psychologists and Occupational Therapists (4 sessions in total);
- Allied Health Provider Intervention – for Speech Pathologists, Developmental Psychologists and Occupational Therapists (20 sessions in total). Therapy up to 15 years old.

MEDICARE AND YOU

The Australian Medicare scheme can be quite difficult for parents to wrap their mind around - below you'll find a brief guide as to how Medicare may assist you with our Allied Health Therapies of Occupational Therapy, Speech Therapy and Psychology / Counselling.

1/ Enhanced Primary Care - (EPC) allows up to 5 partially subsidized sessions for OT and Speech Therapy within a calendar year. For example you may choose 2 OT sessions and 3 speech therapy sessions for your EPC plan. Your doctor must organise a referral through Medicare for you to access the EPC.

<http://www.health.gov.au/epc>

2/ Mental Health Care Plan for OT (20 sessions) and Psychology only - (MHCP) allows up to 12 subsidized sessions annually. The 12 sessions must be obtained in two six session blocks - each requiring a referral from your GP or Paediatrician. The OT must be registered as a Mental Health OT. The MHCP is only eligible for a select group of children, commonly with a diagnosis of: Autism Spectrum, Anxiety Disorder, ADD & ADHD amongst others*.



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