



ASES e - NEWS

DATE: OCTOBER 2009

Hello Everyone,

Term 4 already! This term there will be half day workshops and a whole day workshop In Werribee.

Many of you will be preparing for 2010. Preparing for the future or needing information now, I hope you enjoy the articles I have collected.

Cristina

WORKSHOPS TERM 4

METRO

- **EAST: Half day workshop:** *Thursday October 8 at Maroondah Sports Club*
Intro to ASD: Positive behaviour Support
- **WEST: Whole day workshop:** *Friday October 16 at The Italian sports Club of Werribee*
Positive Behaviour support and Learning and Social Success with Visuals
- **South: Half day workshop:** *Wednesday October 21 at Noble Park football Social club*
Intro to ASD: Positive behaviour Support
- **North: HALF day workshop:** *Wednesday October 28 at Parkside Inn Motel Bundoora*
"Learning and Social Success with Visuals" presented by Julie Stott

Available for Professional learning sessions at your school or organization.

- *For more details email: asd_cris@yahoo.com.au*

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POSITIVE STRATEGIES OR ACTIVITIES FROM PARTICIPANTS WHO ATTENDED MY WORKSHOPS.

- Organise passive play areas: Friendship stop, techno club, chess club , origami club.
- Limit distractions
- Repetition: predictable lesson pattern for one on one tutoring.
- Put Velcro strip on ruler. Arrange pictures along the ruler showing what subjects or activities are happening through the day in chronological order.
- Explain and demonstrate routines and changes in advance.
- Positives: Fantastic ! Awesome! When the child has achieved success “ Great writing” be specific.
- Talk about their special interest. Relate most everything back to special interest.
- Need a break cards: 3 per day, each equals 10 minutes . Student uses whenever needs a break.
- Basket with activities in, that we can use when child becomes restless or inattentive, to give him down time before rejoining the group.
- Vertical daily task board. Removable laminated pieces that go into a finish envelope as task is completed.
- Using sensory items, such as squishy ball during group activities to maintain focus.
- We use levels for how he is feeling: 1. Very happy 2. Happy 3. Ok 4. Getting mad 5. Mad We took photos of him when he was at different stages. We have found it helps him to explain how he is feeling.
- Make sure child knows exactly what is required of him/her, then leave them to complete (checking briefly now and then) so they do not feel pressured.
- I find listening to my student who has ASD and relating similarities with him is a great way to be able to communicate.
- Managing meltdowns; favourite book/magazines related to obsession)in quiet corner
- Explain what will happen in their day when not at school. Have a schedule but explain that the order can change sometimes.
- Allow time to process instructions or to achieve task without interruption.
- At the end of school day help relieve anxiety with a calming activity before Mum comes to pick him up.
- Break down instructions into steps.
- Compromise: Ask him to do something to me then he can do what he wants.
- Friendship issue: Anxious about making friends and joining play.
 1. Few slow breaths to calm self.
 2. Short “script’ sentences to approach person & join group.
 3. “My name is....” “Hi, how are you?” etc



Autism - The Way I See It

by Temple Grandin

<http://www.templegrandin.com/templegrandinart.html>

Different Types of Thinking in Autism

Recent studies on the brain, and especially the brains of people diagnosed with autism spectrum disorders (ASD), are shedding light on the physiological underpinnings of our thoughts and emotions. We are gaining a better understanding of how neuropathways are formed and the extent to which biology influences behavior.

When I was much younger, I assumed that everybody perceived the world the same way I did, that everybody thought in pictures. Early in my professional career I got into a heated verbal argument with an engineer at a meat-packing plant when I told him he was stupid. He had designed a piece of equipment that had obvious flaws to me. My visual thinking gives me the ability to 'test-run' in my head a piece of equipment I've designed, just like a virtual reality computer system. Mistakes can be found prior to construction when I do this. Now I realize his problem was not stupidity; it was a lack of visual thinking. It took me years to learn that the majority of people cannot do this, and that visualization skills in some people are almost nonexistent.

All minds of the autism spectrum are detail-oriented, but how they specialize varies. By questioning many people both on and off the spectrum, I have learned that there are three different types of specialized thinking:

- 1. Visual thinking - Thinking in Pictures, like mine**
- 2. Music and Math thinking**
- 3. Verbal logic thinking**

Since autism is so variable, there may be mixtures of the different types. The importance of understanding these three ways of thinking comes into play when trying to teach children with ASDs. Strategies that build on the child's area of strength and appeal to their thinking patterns will be most effective. This is most likely to become evident between the ages of five and eight. In children younger than five, it is often difficult to identify their strengths yet, unless savant skills are unfolding.

VISUAL THINKERS

These children often love art and building blocks, such as Legos. They get easily immersed in projects. Math concepts such as adding and subtracting need to be taught starting with concrete objects the child can touch. Drawing and other art skills should be encouraged. If a child only draws one thing, such as airplanes, encourage him to draw other related objects, such as the airport runways, or the hangers, or cars going to the airport. Broadening emerging skills helps the child to be more flexible in his thinking patterns. Keep in mind that verbal responses can take longer to form, as each request has to be translated from words to pictures before it can be processed, and then the response needs to be translated from pictures into words before it is spoken.

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MUSIC AND MATH THINKERS

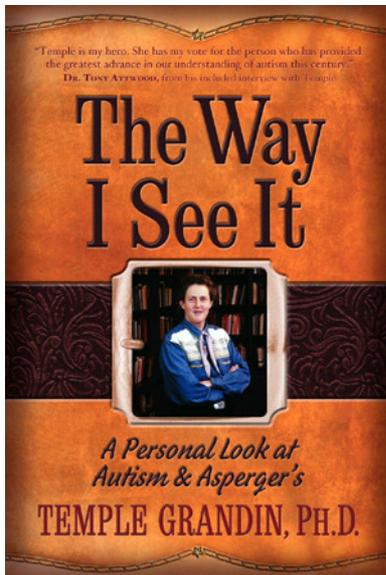
Patterns instead of pictures dominate the thinking processes of these children. Both music and math is a world of patterns, and children who think this way can have strong associative abilities. They like finding relationships between numbers or musical notes; some children may have savant-type calculation skills or be able to play a piece of music after hearing it just once. Musical talent often emerges without formal instruction. Many of these children can teach themselves if keyboards and other instruments are available.

VERBAL LOGIC THINKERS

These children love lists and numbers. Often they will memorize bus timetables and events in history. Interest areas often include history, geography, weather and sports statistics. Parents and teachers can use these interests and talents as motivation for learning less-interesting parts of academics. Some verbal logic thinkers are whizzes at learning many different foreign languages.

The thinking patterns of individuals with ASD are markedly different from the way in which 'normal' people think. Because of this, too much emphasis is placed on what they 'can't do.' While impairments and challenges do exist, greater progress can be made teaching these individuals when parents and teachers work on building the child's strengths and teach in a manner that is aligned with their basic pattern of thinking.

Temple Grandin authors "*Autism The Way I See It*"



In this innovative book, Dr. Temple Grandin gets down to the REAL issues of autism, the ones parents, teachers, and individuals on the spectrum face every day. Temple offers helpful do's and don'ts, practical strategies, and try-it-now tips, all based on her "insider" perspective and a great deal of research.

These are just some of the specific topics Temple delves into:

- How and Why People with Autism Think Differently
- Economical Early Intervention Programs that Work
- How Sensory Sensitivities Affect Learning
- Behaviors Caused by a Disability vs. Just Bad Behaviors
- Teaching People with Autism to Live in an Unpredictable World
- Alternative Medicine vs. Conventional Medicine

· Employment Ideas for Adults with Autism

And many more!

PLUS—an exclusive interview between world-renowned psychologist Dr. Tony Attwood and Temple Grandin!



DYSGRAPHIA (PROBLEMS WITH WRITING)

<http://www.autism-help.org/index.htm>

Dysgraphia is a difficulty writing coherently, if at all, regardless of ability to read. People with dysgraphia often can write, and may have a higher than average IQ, but lack co-ordination, and may find other fine motor tasks such as tying shoes difficult, although it often does not affect all fine motor skills. They can also lack basic spelling skills (having difficulties with p,q,b,d), and often will write the wrong word when trying to formulate thoughts (on paper).

In children, the disorder generally emerges when they are first introduced to writing. They make inappropriately sized and spaced letters, or write wrong or misspelled words despite thorough instruction. Children with the disorder may have other learning disabilities; however, they usually have no social or other academic problems. Cases of dysgraphia in adults generally occur after some neurological trauma or it might be diagnosed in a person with autism, Asperger's Syndrome, [Tourette syndrome](#) or [ADHD](#).

The DSM IV identifies dysgraphia as a "Disorder of Written Expression" as "writing skills (that) ...are substantially below those expected given the person's ...age, measured intelligence, and age-appropriate education".

Types of dysgraphia

Dyslexic dysgraphia With dyslexic dysgraphia, spontaneously written work is illegible, copied work is fairly good, and spelling is bad. Finger tapping speed (a method for identifying fine motor problems) is normal, indicating the deficit does not likely stem from cerebellar damage. A Dyslexic Dysgrapher does not necessarily have [dyslexia](#) (dyslexia and dysgraphia appear to be unrelated).

Motor dysgraphia Dysgraphia is due to deficient fine motor skills, poor dexterity, poor muscle tone, and/or unspecified motor clumsiness. Generally, written work is poor to illegible, even if copied by sight from another document. Letter formation may be acceptable in very short samples of writing, but this requires extreme effort and an unreasonable amount of time to accomplish, and cannot be sustained for a significant length of time. Spelling skills are not impaired. Finger tapping speed results are below normal.

Spatial dysgraphia Dysgraphia due to a defect in the understanding of space has illegible spontaneously written work, illegible copied work, normal spelling, but normal tapping speed. Some children may have a combination of any two or all three of these. Symptoms in actuality may vary in presentation from what is listed here.



Symptoms of dysgraphia A mixture of upper/lower case letters, irregular letter sizes and shapes, unfinished letters, struggle to use writing as a communications tool, odd writing grip, many spelling mistakes (sometimes), pain when writing, decreased or increased speed of writing and copying, talks to self while writing, and general illegibility. Reluctance or refusal to complete writing tasks.

Many people who are dysgraphic will experience pain while writing. The pain usually starts in the center of the forearm and then spreads along the nervous system to the entire body. This pain can get worse or even appear when a dysgraphic is stressed. Few people who do not have dysgraphia know about this, because many with dysgraphia will not mention it to anyone. This may be because they think pain is normal when writing, or that people won't believe them.

Treatment of dysgraphia

Treatment for dysgraphia varies and may include treatment for motor disorders to help control writing movements. Other treatments may address impaired memory or other neurological problems. Some physicians recommend that individuals with dysgraphia use computers to avoid the problems of handwriting.

Occupational therapy should be considered to correct an inefficient pencil grasp, strengthen muscle tone, improve dexterity, and evaluate eye-hand coordination. Dysgraphic children should also be evaluated for ambidexterity, which can delay fine motor skills in early childhood.

Vision therapy

People who struggle with symptoms of dysgraphia usually benefit from vision therapy. Seventy percent of what a child learns in school is processed through the visual system. Even a minor visual processing problem will interfere with a child or adult performing to their potential and could cause symptoms of dysgraphia.

Symptoms of vision problems include:

- Avoidance of near work
- Frequent loss of place
- Omission, insertion, or rereading of letters and words
- Confusion with similar looking words
- Failure to recognize the same word in the next sentence.

Any struggling student should have a complete evaluation by a behavioral optometrist. Testing should be done at distance and near point to assure that both eyes are working together as a team. Vision is more than clarity, and is a complex combination of learned skills, including tracking, fixation, focus change, binocular fusion and visualization. When all of these are well developed, children and adults can sustain attention, read and write without careless errors, give meaning to what they hear and see, and rely less on movement to stay alert.



Getting to Know an Autistic Teen

<http://teenautism.com/2009/04/05/getting-to-know-an-autistic-teen/#comments>

Tanya Savko.

How do you get to know an autistic teen? Your approach should depend somewhat on the teen's communication ability. If you're wanting to get to know a non-verbal autistic teen, your best bet is to contact the parents or caregiver first to find out what you can about the teen: likes, dislikes, things that might upset them. They might communicate with PECS or writing, or some other method. The important thing to remember is that, regardless of how they communicate, their receptive communication is usually much greater than their expressive, and autistic teens understand a lot more than people realize.

The following is a list of guidelines for getting to know an autistic teen:

- Find out their interests, which may or may not include computers, Lego, science, history, movies, superheroes, movies about superheroes, Star Wars, Indiana Jones, etc. (Fellow parents, feel free to add to this list of interests in the comments!)
- Don't expect eye contact, handshakes, or hugs. At least not for a long time, in most cases.
- Don't use [figures of speech](#), which tend to be confusing for [literal-minded](#) autistic teens.
- Do expect many verbal autistic teens to speak in a monotone voice - it doesn't mean they aren't interested or are being rude. This type of voice is just a common trait of autistic teens.
- Don't expect terms of politeness. Autistic teens often forget to say thank you when you give them something, whether it's a compliment or a gift or a piece of gum. If you ask "How are you?" they might say "Fine" but not reciprocate by asking the same of you. Conversational niceties are difficult for autistic teens to remember because most do not understand the purpose. Many try to remember to say them anyway.
- Do be patient. Sometimes it takes a moment for the autistic teen to formulate a response.
- Don't expect them to talk for long periods of time in a conversational manner. You know how when someone trips a little, a friend might jokingly say, "Been walking long?" Well, some autistic teens haven't been "talking long." Mastering the art of conversation is something that many of them are still working on, and will continue to. They might likely end the conversation by bluntly saying, "I'm done talking now. Bye." Again, they don't mean to be rude. Don't take it personally.
- Do be aware, especially if talking outside, that autistic teens may react wildly to an insect that flies near them or to a sound that startles them or a sudden bright light in their eyes. Just accept that it's part of who they are, and know that they can't help it and they deal with it as best as they can.
- Don't feel slighted if you say hi to them in passing and they don't respond. They're so busy filtering all the sensory input of wherever they are and trying to organize their brain that a passing hello often won't register until after you've passed them. Again, don't take it personally. Really - they cannot help it. Many autistic teens also contend with [face-blindness](#).
- Do realize that even though an autistic teen may not show many facial expressions while interacting, most of them still want friends, and all of them have feelings. They probably really appreciate that you're taking the time to get to know them and understand them, but they don't know how to tell you that. Be persistent but respectful. They are worth it! And so are you. Take it from a parent of an autistic teen - we appreciate you more than words can say.

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The Importance of Being Perfect

<http://www.annatullemans.com/perfect.htm>

Anna Tullemans

Students with Autism Spectrum Disorder (ASD) can, and usually have a problem with perfection and everything being perfect, that is perfection as perceived by them.

Due to their literal thinking styles and unconventional ways of problem solving, their concept of something being perfect is very different from ours. This can lead to many problems at home and especially at school. In the school situation this manifests itself in their refusal to attempt new concepts and activities such as in Physical Education and Sport. Apart from the fact that they are usually uncoordinated and don't like change, they need to know that they can do it well before they will attempt the activity.

They will usually watch this new activity from the sidelines (pretending not to watch). They will watch other student's attempts, successes and failures and try to pattern themselves on this behaviour. If they perceive they cannot do this activity perfectly they will not attempt it.

Sport

It's important to teach them each individual step leading up to a new activity so they can see for themselves that they can actually do it. For instance if tennis is the sport for the term then while others are actually playing games choose one student who is good at tennis and ask him to hit the ball back and forth with the ASD student until he can master hitting and returning a short volley.

Assignments

Some students will not attempt assignments as they seem like such a huge task and it can't be finished perfectly. When handing out assignments show examples of "A" and "C" grades. This way they can literally see what the 'perfect' assignment looks like. The task then becomes more tangible and visual and the idea of perfection has some good parameters.

Making Mistakes (role modelling) - Teachers, it's OK to make a mistake!

As a teacher it's important to 'make' mistakes in front of the student and to show how you cope with making that mistake. For example: when writing on the blackboard make a mistake in spelling. Say "Oh... I've made a mistake" loudly, in a matter of fact voice and to the whole class. Make a point of crossing out the word and continue your lesson. You are modelling how to neatly cross out a mistake at the same time (instead of the scribble that would normally appear).



It is important that this is done in a matter of fact tone of voice to reinforce that:

- Mistakes happen.
- We fix the mistake.
- We then move on.
- Everyone can and does make mistakes.

Doing this several times a week reinforces that you don't have to be perfect all the time and that it's OK to make mistakes.

Parents (role modelling)

Parents, it's OK to make a mistake!

As parents we can reinforce the idea that:

- Mistakes are OK.
- They are just a part of life.
- We move on from them and learn something all at the same time.

Successful Strategy

A good opportunity to model reactions may be when driving to a destination, make a deliberate wrong turn. Acknowledge out loud that you made the wrong turn. "Oh! I've turned right instead of left. Oh well, I'll fix that mistake by doing a "U" turn at the next intersection".

Reinforce with:

"Luckily, no-one is perfect. We all make mistakes"

This is just one example. Remember to be creative and use what works best in your classroom or your family.

Go ahead and try and if it doesn't work the first time remember:

"Luckily, no-one is perfect all the time"

The Essential Guide to Successful Secondary School



Visual Processing 'Hinders Ability' To Read Body Language: Autism Study

<http://www.medicalnewstoday.com/articles/159878.php>

05 Aug 2009

The way people with autism see and process the body language of others could be preventing them from gauging people's feelings, according to new research.

With around half a million people in the UK affected by autism, the Durham University study suggests visual processing problems could be contributing to their day-to-day difficulties with social interaction.

The research showed that adults with autism spectrum disorder (ASD) found it difficult to identify emotions, such as anger or happiness, from short video clips of body movements without seeing faces or hearing sound.

Those adults who struggled most with this task also performed poorly when asked to detect the direction in which a group of dots moved coherently on a screen, thought to be due to visual processing problems.

People with autism often have difficulty in attributing mental states to others and this is thought to be one of the main causes of their struggle to know how other people feel. The Durham study, published in the academic journal *Neuropsychologia*, suggests visual processing problems may also be a contributing factor.

The findings of the study indicate that one of these visual processing problems is a difficulty in perceiving certain sorts of motion, particularly the movement of spatially separate elements spread over a relatively wide area that nevertheless move in the same direction, which is consistent with most previous findings.

The strong link between performances on the tests within the study suggests people with autism have trouble reading body movements because they process some basic visual information differently, according to Dr Anthony Atkinson from Durham University's Psychology Department.



The typically developing adults - those without autism - in the study generally performed well in both tests.

Dr Atkinson, who led the study, says his findings help to further understand the underlying causes of social interaction problems experienced by people with autism.

Dr Atkinson said: "The way people move their bodies tells us a lot about their feelings or intentions, and we use this information on a daily basis to communicate with each other. We use others' body movements and postures, as well as people's faces and voices, to gauge their feelings. People with autism are less able to use these cues to make accurate judgements about how others are feeling. Our research attempts to find out why.

"Our findings point to a difficulty in perceiving or attending to motion as a contributor to the problem of gauging people's emotions. We now need to look further to see how exactly this happens and how this may combine with potential difficulties in attention."

Thirteen adults with ASD and 16 typically developing adults with the same age and IQ were studied. For the motion coherence test, participants were shown a number of dots on a computer screen with a certain number moving either left or right. The test had various difficulty levels depending on the percentage of dots moving coherently in one direction. This task taps one's ability to see the moving wood as distinct from the individual moving trees, says the author.

For the second test, the study participants were shown two sets of short video clips of people's body movements and had to identify the emotion expressed by those movements. In one set of video clips the whole body and head but not the face could be seen. The other set contained identical sequences of body movements but all that could be seen was reflective patches attached to the major joints.

Based on gestures and movements acted out in the videos, such as waving fists, stamping feet, and skipping, the study participants were asked to assign one of the basic human emotions to it: anger, disgust, sadness, fear or happiness. The individuals with autism were less accurate than the typically developing individuals in judging the emotions in both sets of video clips.

Dr Gina Gómez De La Cuesta, Action Research Leader at the National Autistic Society said: "This is an interesting study which supports the suggestion that people with autism may well process visual information differently to their peers.



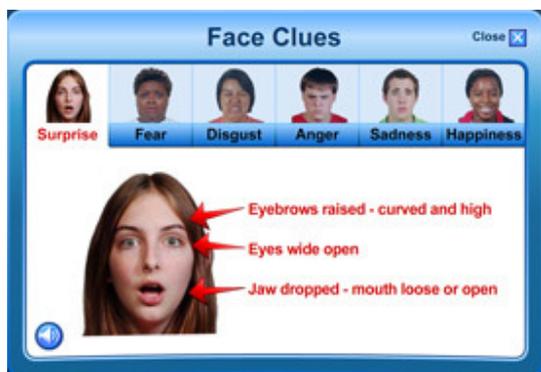
<http://www.donjohnston.com/products/autism/faceland/>

Most of us begin the complex process of learning to recognize facial expression of emotions in infancy. From the faces of parents, siblings, grandparents, or other caregivers, we develop a considerable amount of expertise in this aspect of socialization at an early age. For some children with Autism, Asperger's, or other developmental deficiencies, this is often not the case. Since skill in recognizing facial expression of emotions is important to functioning in a social environment, there is value in helping children develop this skill. But, what if it doesn't develop normally?

FACELAND uses an Amusement Park theme to engage and motivate. 6 "Schools" introduce concepts as "clues" and 11 game-like activities offer practice that is fun!

FACELAND "Schools" are based on the hypothesis that some children will build skill in facial recognition of emotion by:

- Breaking them down into smaller pieces (clues)
- Promoting clue acquisition via spaced repetition
- Checking for understanding of clues using new examples
- Combining clues for "part to whole" learning
- Utilizing instruction that incorporates photos, mirror mimic sessions, and varied interaction



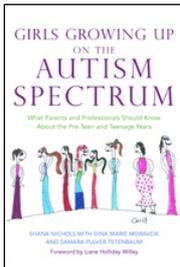
FACELAND "Games" motivate practice and skill acquisition. The program uses a diverse range of subjects to aid generalization/transfer of recognition skills to real life situations

Surprise, Anger, Fear, Disgust, Sadness, and Happiness were the emotions selected because they are the most basic of human emotions. These emotions are expressed in cultures throughout the world. FACELAND is based on a portion of Paul Ekman's research, the leading psychologist in the study of facial expression of emotions.

- Easy-to-use progress tracking provides data about correct and incorrect responses for each emotion and activity. This data helps teachers understand the specific expressions that a user struggles with and helps target remediation efforts. FACELAND reports "time on task" and assignments can be individualized. Student reports can be printed out for inclusion in portfolio progress evaluation and IEPs.



BOOKS



Girls Growing Up on the Autism Spectrum

What Parents and Professionals Should Know About the Pre-Teen and Teenage Years

Shana Nichols

With Gina Marie Moravcik and Samara Pulver Tetenbaum

.. "This book is not only reassuring; it is inspiring, and bursting with ideas and achievable strategies. The authors write with authority and conviction, and tackle even the most difficult and delicate of topics. If ever you needed to be convinced that girls with ASD can overcome the difficulties and challenges of puberty and adolescence, have successful friendships and relationships and enjoy a healthy sexuality, then take the time to read this book-it is a must-have for families, teachers and therapists alike."
 -Sarah Attwood, author of Making Sense of Sex: A Forthright Guide to Puberty, Sex and Relationships for People with Asperger's Syndrome

MOTIVATE TO COMMUNICATE

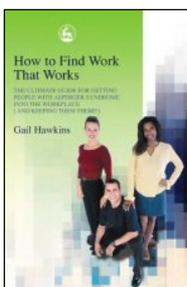


300 Games and Activities for Your Child with Autism

Simone Griffin and Dianne Sandler



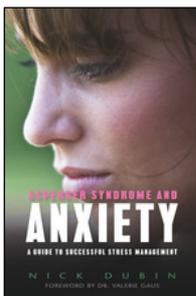
This practical resource is brimming with exciting ideas and guidance for motivating children with autism and other communication difficulties. The clear, user-friendly format enables quick access to over 300 practical, fun-filled games and activities for developing your child's communication skills.



How to Find Work that Works for People with Asperger Syndrome

The Ultimate Guide for Getting People with Asperger Syndrome into the Workplace (and keeping them there!)

Gail Hawkins



Asperger Syndrome and Anxiety:

A Guide to Successful Stress Management

Nick Dubin

Foreword by Valerie Gaus

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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 053](http://www.autismvictoria.org.au)

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*.