

December 2005
Issue 10

Convenor's message

Dear A4 member

Please join me in welcoming our new team of editors: Vicki McKay, Gabrielle Bryden and Juanita Dawson. If you find something you think others would be interested in, please send it to them, or send them your own opinions. edit@a4.org.au

Are you a member of another Autism Spectrum Disorder (ASD) group? No matter how small the group, please get your organisation to complete the Australian Council of Social Service (ACOSS) survey at <http://203.213.39.158/survey8/>, (follow the link from www.acoss.org.au) or you could ask them to let you complete the survey for them. It is crucial that awareness of ASD increases in the disability and welfare sectors. The survey deadline is 8 December. Some of the questions will be tricky or impossible to answer. Please do the best you can.

I am concerned about the effect the Government's Welfare-to-Work reforms will have on some of our members. Personally, I know sole carers who have to maintain constant vigilance over a school-aged child with ASD. In some cases, their child sleeps very little so the carer's sleep is often interrupted and irregular. Finding a suitable respite placement for their child is difficult or impossible. After-school care is out of the question. For these carers, their main respite is when their child is at school; and these children may be the subject of reduced school attendance and/or frequent suspension from school.

Inside this Issue

Convenor's message	1
Private Trusts for People with Disabilities	4
Childcare plan for the child with autism	4
Letter to Ms Louise Asher	5
Mark this: Schools Fail	7
Pivotal Response Training	8
Supernanny vs Autism: A Review	9
AAFCD and National NoticeBoard	9
Arms Global Autism Conference	10
Autism Spectrum Disorder Conference	10
The Pfeiffer Center USA to Sydney	11
Letters / Emails	11
A4 Contacts	12

Disclaimer

While we have made every effort to ensure that information is free from error, A4 does not warrant the accuracy, adequacy or completeness of the information, graphics and materials in the A4 Update. A4 does not guarantee that A4 Updates will be free from viruses.

A4 is not responsible for the results of any action taken or not taken on the basis of any information in the A4 Update, nor for any error or omission in that information. A4 expressly disclaims all and any liability and responsibility in respect of anything done consequent on the whole or any part of the information in the A4 Update. A4 shall not be liable for any loss, damage, liability, expense, cost or personal injury, whether direct or indirect, consequential or incidental, which you suffer, incur or are liable for, howsoever caused (whether due to A4's negligence or otherwise), arising from or in connection with your use of A4 Updates.

These carers are “on duty” for up to 18 hours each day Monday to Friday and 24 hours on weekends.

Now the government wants these carers to work in a job while their child is at school. Simply, this would rarely be realistic. Employers do not want sleep deprived workers who are likely to be called away regularly at short notice and have very limited and inflexible work hours. After all, that is the argument for industrial relations reform.

Judi Moylan MP was on ABC-TV Lateline the other night (transcript at www.abc.net.au/lateline/content/2005/s1521258.htm). She seems sympathetic.

If you know a person, who is likely to be affected by the Welfare to Work changes please write to:

- The Hon Peter Dutton MP (Peter.Dutton.MP@aph.gov.au), Minister for Workforce Participation;
- The Hon Kevin Andrews MP (Kevin.Andrews.MP@aph.gov.au), Minister for Employment and Workplace Relations;
- Judi Moylan MP (J.Moylan.MP@aph.gov.au);
- Please let A4 know (convenor@a4.org.au).

In Victoria “Over the past few years there have been concerns raised by service providers, clinicians, carers, the Office of the Public Advocate, police, magistrates and others regarding the difficulty in providing services to a group of people who have multiple and complex needs.” A project Responding to people with multiple and complex needs (see www.dhs.vic.gov.au/complexclients/) released two reports:

- Individual profile data and case studies report (672kb, PDF) www.dhs.vic.gov.au/complexclients/downloads/complex_clients_casestudies.pdf
- Phase one report July 2003 (302kb, PDF) www.dhs.vic.gov.au/complexclients/downloads/complex_clients_phase1_rep.pdf

They found 247 people who cost the state of Victoria an estimated average of \$248,000 each per year (combined, \$61,256,000 per year). A significant (but unknown) proportion of these people have been diagnosed with ASD. There is no indication that any of them received early intervention that was appropriate to or known to be effective for their ASD. Over half were described as extremely socially isolated. They display chronic levels of challenging behaviours.

There is a bias towards young people. 24.5% were between 12 and 17 years of age. A further 19.2% were aged 18 to 25 years. Overall, 68% were males but there are more males among the younger people in the group.

This data is consistent with the possibility that an increasing numbers of young people with untreated ASD are growing up to develop extreme needs.

The Victorian Human Services (Complex Needs) Act 2003 appears to be an outcome all this very depressing material. I am not aware of similar efforts in other states. Victoria may be the first state to close the stable door after the horse has bolted; ¹ and Victoria gets credit as the first state to notice the horse ² is absent.

¹ If people try to fix something after the problem has occurred, they are trying to close the stable door after the horse has bolted.

² The absence of a “horse” is a metaphor for the opportunities missed to ensure a person with ASD learns essential life and social skills that help avoid challenging behaviour emerging.

There is some more positive news.

This month saw a major milestone in autism research. Sallows & Graupner published research [G. O. Sallows & T. D. Graupner (Nov 2005), Intensive Behavioral Treatment for Children with Autism: Four-Year Outcome and Predictors, AJMR, 110, 6, pp417–438] that replicates and confirms Lovaas's results published in 1987. No doubt reactions to this news will be mixed.

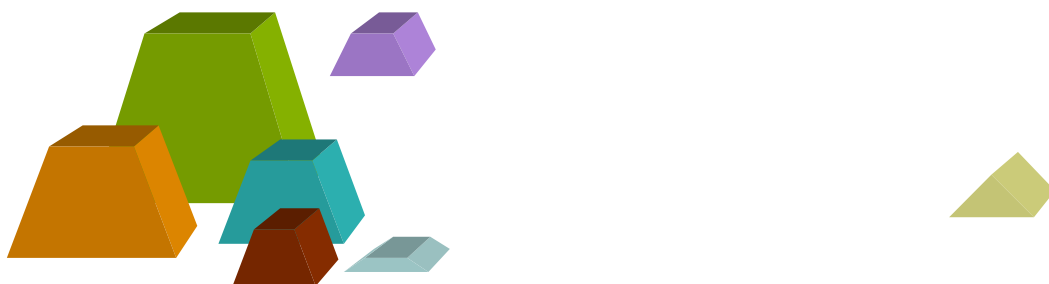
Irrespective of how people feel about behavioural intervention, we can all appreciate that this research confirms that a method exists that can prepare many children who are severely affected by autistic disorder to succeed in mainstream school without specialist support (as yet, this type of “best outcomes” are seen in just under ½ of those treated). Since such a positive outcome is possible for some, we should be encouraged to expect other effective methods for achieving comparable outcomes are possible for the other half of those who are disabled by their ASD.

These results cast doubt on the view that people diagnosed with ASD will necessarily experience life-long dysfunction that is severe and pervasive.

Researchers face many remaining challenges. Now we can see the destinations more clearly, but there is still a long way to go. As I see it, some on-going research goals are to:

- find methods that remediate most if not all the dysfunction people with ASD experience;
- improve how we amplify the positive aspects of ASD;
- improve autism interventions so a) all clients make major gains, b) more than ½ of those treated reach “best outcomes”, and c) best known results can be achieved consistently with less effort and resources; and
- show strong evidence that other methods also achieve pervasive and lasting remediation of ASD-related dysfunction.

At times, I come into contact with various disability peak bodies. Recent encounters prompted me to produce the following image:



Disability groups and a peak body

As the annual long holiday period looms ever closer, let me wish you all the best for your summer season and the coming year. I hope you and your family endure the extended interruption to routine. I hope your plans unfold better than expected.

Regards
Bob Buckley

Private Trusts for People with Disabilities

Media Release from the Prime Minister, The Hon John Howard, MP
13 October 2005

www.pm.gov.au/news/media_releases/media_Release1627.html

Today at the launch of Carers Week 2005 I am pleased to announce a \$200 million package which will make it easier for parents of people with severe disabilities to establish private trusts for the future care of their children.

From September 2006, parents or other immediate family members of a person with a severe disability will be able to establish a private trust worth up to \$500,000 for the future care of that person without being affected by social security income tests and gifting rules.

That means that income from the trust will not affect the person's Disability Support Pension. Gifts to the trust from the parents or immediate family members will not affect the donor's Age Pension or Department of Veterans' Affairs Service Pension. The \$500,000 limit will be increased annually in line with the Consumer Price Index.

The capacity to establish such trusts will greatly improve families' peace of mind about the future care of their children with severe disabilities, particularly as parents get older.

Information packages will be developed to assist parents in establishing these trusts. Direct assistance in the form of counselling and mediation services will be available for families who may be at risk of conflict through the process of establishing such a trust.

I congratulate the Minister for Family and Community Services, Senator the Hon Kay Patterson, and the Minister for Ageing, the Hon Julie Bishop MP, for helping to develop this package. Senator Patterson will establish an expert advisory group, including financial and disability experts, to advise on the implementation of the package.

The carers of people with disabilities and older Australians provide an invaluable, and often unheralded, role in our society. The Australian Government continues to look for ways to assist carers in this important role.

Childcare plan for the child with autism

AEIOU (Autism Early Intervention Outcomes Unit) has the opportunity to significantly expand its service as soon as next year following a ground breaking agreement with childcare provider ABC Learning.

The agreement is expected to lead to ABC Learning establishing facilities for AEIOU centres at new childcare centres being built throughout Queensland. The first of the new facilities are likely to be established in Brisbane and Townsville and will be operated by AEIOU, Queensland's only full-time early intervention provider for children with autism. AEIOU operates as a charitable organisation, funded largely by parents' fees, fundraising and donations.

The Australian, Patricia Karvelas, November 15, 2005

www.theaustralian.news.com.au/common/story_page/0,5744,17248837%255E23289,00.html

A NATIONAL chain of childcare centres for the autistic could be integrated into ABC Learning Centres under a proposal to help parents cope with the disorder.

If the plan is endorsed, parents paying up to \$60,000 a year to get in-home care for their autistic children will be able to pay the kinds of childcare fees other parents pay.

James Morton, who founded the AEIOU Centre, the only full-time childcare program for young children with autism, has developed the plan and won support from the publicly listed ABC to roll it out nationally.

Autistic children suffer from a range of learning difficulties including poor concentration and communication skills. The numbers of sufferers has been rising in recent years, placing additional strain on limited facilities.

At the moment, Dr Morton runs a centre in Brisbane with annual fees of \$14,000.

Dr Morton said ABC chief executive Eddy Groves had offered to share free of charge the listed company's premises with the AEIOU.

He said under the proposal, AEIOU would run the program, pay specialist childcare workers with skills in autism and collect fees from parents on a not-for-profit basis. ABC would pay for the premises and overheads.

"Parents would pay a childcare fee and the federal Government would supply the extra funding so that their fees were kept low," Dr Morton said.

"ABC would provide the space and the overheads for free."

ABC Learning Centres chief executive officer for education Le Neve Groves said the benefits of providing early intervention programs for autistic children were immense and said ABC was proud to be able to provide facilities to assist.

"Autism Spectrum Disorder is diagnosed in at least one in every 300 children aged between two and five years of age and represents more than 50 per cent of children with learning difficulties," Dr Groves said.

A spokesman for Family and Community Services Minister Kay Patterson said the Government was considering the issue.

"A proposal has recently been put to the Government. It is quite a complex matter and the minister is waiting for advice from her department," he said.

Letter to Ms Louise Asher

Liberal Member, Brighton Electorate, VIC

Thank you for your November Newsletter in which you ask for our most important issues.

I draw your attention to the desperate need for financial support for parents of autistic children, or in modern parlance, children with Autistic Spectrum Disorder. This ranges from severely autistic, through to Pervasive Development Disorder (PDD), to Aspergers Syndrome.

In case you are not aware, the classic symptoms of autism are:

1. repetitive behaviour/obsessive interests
2. lack of speech and general communication skills
3. lack of social skills

As yet there is no clearly defined cause for this range of disorders, though there has been much research in the last 10-15 years which indicates that there are genetic, and possibly environmental factors involved. Boys are 4-5 times more likely to suffer from the condition than girls.

As grandparents of an autistic child, my wife and I are attending an ABIA (Applied Behavioural Intervention Association) series of talks on autism, and we are very concerned about the difficulties for many parents in obtaining good medical and financial support in Victoria. We continually hear from various people that the best states for bringing up autistic children are WA and QLD.

My understanding is that many parents:

1. are unaware that there are definite metabolic reasons for their child's condition;
2. cannot afford to get their children's metabolism tested, in terms of hair, blood, urine, stool analysis.

In fact I have a feeling there are few doctors who would be up to speed on the latest research into the condition, and the opportunities for some remedial interventions being available. Family doctors may not even recognise autism when evaluating a child with difficult behaviour or allergies, which tend to be additional features of the condition. How many times have we heard the family doctor dismissing the symptoms as being those of a late developer? In such cases, children can go a year or more being misdiagnosed, during which time the opportunity for getting the condition under control tends to slip away, with unfortunate results for the child and the family.

It is crucial that an early understanding of a child's metabolism be obtained, so that an appropriate regime of nutrition and/or nutritional supplements can be administered. The abovementioned tests need to be carried out as soon as autism is suspected, which is generally from the age of approximately 18 months onwards. They need to be done by expert analytical laboratories, and there appear to be few, if any, which are available in Victoria which are able to do these tests satisfactorily. Those parents that are aware of the tests and can afford it tend to send off specimens to the USA. The trouble is that when the results are received back here there are very few paediatricians who are confident enough to design a programme for alleviating the symptoms. The full battery of tests can cost up to US\$1500/child and apparently there is no means of recovering this money through the present healthcare system.

As yet, there is no pharmaceutical developed for the treatment of ASD, so the treatment cost to the State and Commonwealth is minimal, given that the present remedies suggested in the literature are mainly of a nutritional/supplement nature. All the literature on the subject of ASD indicates that it is important to initiate treatment (whether it is metabolic or purely therapeutic - though preferably a combination of both), as early as possible. This will reduce the amount of money required for the provision of services and assistance (eg unemployment benefits) later in life.

In addition to the metabolic aspects of the condition, there are other therapies of a psychological nature which are known and proven to bring some relief to the child and hence to the stressed out parents. The key therapy is Applied Behaviour Analysis, or ABA, which originated in the USA and which has statistically produced improvement in those that have been treated. This is an expensive, "one to one" type therapy, which helps the child to break out of its autistic (self-centred) habits. An excellent article on this was written in The Weekend Australian 8-9 October and it indicates that the cost of the therapy can be as much as \$60,000/year for 40 yrs a week, all of which is after tax and non refundable. This is of course, well beyond the reach of the average, or even well-off, family.

The incidence of ASD in Victoria is unknown (as far as I am aware through my own research on the Web), but in WA and NSW, a study carried out in 1999/2000 showed that in WA there were 252 cases of children between the age of 0-14 yrs and 1064 in NSW. It is therefore reasonable to expect that there are probably about 1000 children in Victoria with ASD, (and incidentally at least 2000 parents and relatives whose lives are seriously affected). As ASD may be related to ADD (Attention Deficit Disorder), and similar disorders, it is likely that the total population which may benefit from the abovementioned treatments could be double or more than this number.

What Victoria Needs:

1. A register for Autism Spectrum Disorders to collect all existing and newly diagnosed cases of ASD. [As a subset, data should also be collected on children with ADD and similar conditions].

2. A training programme for GP's and paediatricians to help them with early diagnosis of ASD, and to provide suitable treatment regimes in the light of current medical research.
3. Refunds on expenses incurred in obtaining metabolic data (there is no reason why ASD should be treated any differently to having an X-ray, or a blood test)
4. Financial assistance to parents for ABA therapy
5. Training of sufficient professional ABA therapists (There are plenty of well meaning and competent amateurs, but they still cost money!)
6. A Centre of Excellence in the treatment (both metabolically and therapeutically) of ASD which will serve not just Victoria but Australia as a whole.
7. Better education for expectant mothers and the fathers as well as healthcare workers on the symptoms of ASD.

I trust the above information is of use and look forward to hearing from you with regard to your endeavours in raising the profile of ASD in the community.

Yours sincerely, Dennis Crowley

Bob Buckley, Convenor: *Thanks to Dennis Crowley for grabbing an ASD awareness opportunity, for advocating on behalf of people with ASD and for sending us a copy of his letter. Grassroots support like this is crucial to improving services and outcomes for people with ASD. And if you live in Victoria it would be good to write to the Hon. Ms Louise Asher, Liberal Member, Brighton Electorate, VIC louise.asher@parliament.vic.gov.au and back Dennis up.*

Mark this: Schools Fail

Press Release Wednesday, November 23, 2005

Kate Reynolds, Australian Democrat member of the Legislative Council in South Australia.
www.sa.democrats.org.au/html/modules.php?op=modload&name=News&file=index&catid=4

The South Australian Democrats want an immediate autism policy in State Schools – before the next State election.

“Schools have failed to provide adequate, safe education for children with autism but the blame falls squarely on Education Minister Jane Lomax-Smith,” Ms Reynolds said.

“The schools are not responsible for the mess. The Minister is.”

Ms Reynolds was hosting the release of the State’s most comprehensive survey ever dealing with autism in schools today.

“South Australian schools have got a FAIL mark against them,” Ms Reynolds said.

The survey was conducted by the S.A. Autism Spectrum Disorder Parents’ Education Committee and coordinated by Dr Georgina McAuliff and Ms Breige Byrne.

“The results are worse than anyone imagined,” Ms Reynolds said.

“It shows kids are bullied, suspended when they shouldn’t be, don’t feel safe, and need more support.

“These kids are the very ones who need protection most. We need a specific policy to deal with autism.”

“Students have a right to be protected from bullying. They deserve to feel safe at school, and they shouldn’t be suspended just because proper behaviour management specialists aren’t available, and they deserve every opportunity to reach their full and special potential,” she said.

The CEO of Autism SA, Jon Martin, the organisation's president and Dean of Disability Studies at Flinders University, Verity Botroff, doctors, parents, and children with autism attended the launch.

Pivotal Response Training

Geraldine Robertson

Recently I was pleased to see that Supernanny was about to help a family who had a child diagnosed with autism. I had often thought that her behaviour management methods would be disastrous for a child with autism so it was interesting to see that she had asked Dr Lynn Kern Koegel to work with her. Several years ago I came across a parent training manual for Pivotal Response Training (PRT) and tried the strategy as a means of effective communication by peers in an inclusive classroom. The results were excellent and fully supported the program provided by the speech pathologist. An added benefit was the rapid development of play skills in a child who had previously demonstrated little interest in peer interaction.

Pivotal behaviours are those that are central to a number of areas of learning e.g. intrinsic motivation and being responsive to cues. PRT is a behavioural intervention with much in common with Applied Behaviour Analysis (ABA), e.g. discrete trial teaching. It also has significant differences. PRT is focussed on the child and his/her interests as motivators. Because the motivator is something which the child desires, he is highly motivated to learn and achieve his reward. People only change if they perceive a benefit to themselves. The child sees verbal communication as useful. This is one of the basic principles of encouraging people to change their behaviours. This contrasts with ABA in which learning tasks are determined by adults and reinforcers are often external to the result of the learning. Learning to communicate with PRT is a very natural, enjoyable process in which the tutor joins the child in play. The children learn across a range of real life situations. If classroom peers are tutors too, the number of natural communication opportunities far exceeds those which can be provided by a teacher, even on a one to one basis. I found that opportunities to speak were varied therefore generalization began to occur rapidly with increasing frequency. Stress levels dropped and the children began to seek the company of others.

A crucial part of the process is the reward of instant feedback for even small approximations of the desired language in the early stages. It does not take long for children to understand that the appropriate use of oral language is an effective means of having needs and wants met. Autistic children are often excellent mimics. Pivotal response uses this strength to develop vocabulary and to support a developing understanding of language conventions e.g. sentence structure. In addition, the pivotal nature of behaviours supports the development of an understanding of the pragmatics of language eg turn taking and positive, nonverbal responses to interactions.

While my experience of PRT is purely for incidental communication, there is also a role for a therapist to develop a thoroughly documented, data based program with strong similarities to the objectivity and focus of ABA. I believe that PRT combines the strengths of behaviourist approaches to learning with Vygotsky, who describes the importance of social interaction in developing cognition.

PRT, as I used the technique, was limited in application; however it proved to be very effective in promoting positive interactions amongst a diverse group of students. I believe that educating classmates in effective communication strategies will help to minimize the loneliness and bullying experienced by many children in mainstream classrooms. I think if we are attempting to provide inclusive school communities, we need to accept that not only do autistic students need to learn to communicate with their classmates, but there needs to be a reciprocal effort in which classmates learn to communicate with their peers. I believe that Pivotal Response Training as described by the Koegels, has a major part to play in effective inclusion of many children with Autism Spectrum Differences. I see it as having great

potential within families as it empowers parents without requiring great expense or a lifestyle commitment to one family member.

Some internet resources:

- www.users.qwest.net/~tbharris/prt.htm
- www.brookespublishing.com/autism/interview.htm

Supernanny vs Autism: A Review

Bob Buckley

Did you watch the episode of Supernanny on 14 November? It seems to me that the episode reflected a situation similar to that of many Australian families with a child with autism: there is no discernible treatment for the child's clinical diagnosis, the family is isolated and at or near crisis point, and there is no support in sight.

Jo Frost, Supernanny, recognised that autism is a distinct clinical disorder; that it is not like the behaviour of the children she usually works with. Much to her credit Jo called in reinforcements, a specialist professional clinician to address the child's autism. She recognises that autism requires expert professional treatment.

Dr Lynn Koegel (see www.education.ucsb.edu/autism/) showed how effective autism-specific one-on-one techniques are for a young child with autism. She quickly taught Deirdre, Tristan's mum, how to engage her son. It brought tears to my eyes to see how Deirdre lit up with her success. We should be convinced great outcomes are possible.

In the show, we saw a short-term demonstration. I am concerned about the demands we saw Dr Koegel place on the mother to treat her son's autism: demands to provide hours of intense intervention each day as well as being mother around the clock to all her children. We saw she was given guidance that would last a week or two. And we saw how easily it fell apart.

On their own, very few families can sustain the intense effort a child like Tristan needs, usually over years, if he is to realise his potential. Mothers mostly are expected to continue program intensity over the long term. Tristan's program needs people from outside his family to deliver the intensity his program requires and he needs ongoing autism-specific professional supervision to progress his development.

For me, this story also raised concerns that parents could develop depression or other mental illness. Parents in such a situation might visit www.beyondblue.org.au and especially the depression checklist www.beyondblue.org.au/index.aspx?link_id=1.236. Carers need care too, especially those who are on the edge. Carers could try insisting on help from their GP.

The TV program showed quick results can be achieved for a child with autism using an approach that targets autism specifically. But the TV program did not address the long-term burden communities inflict on the family of a child with autism.

AAFCD and National NoticeBoard

The Australian Association for Families of Children with a Disability (AAFCD) is a national self-help organisation for families of children and young adults with any type of disability across Australia.

AAFCD is a non-profit organisation run by families, for families. All AAFCD members are parents/carers, siblings or extended family of children or young adults with a disability or young people with a disability themselves.

Their bi-monthly magazine National NoticeBoard includes parent stories and up-to-date news on national disability issues.

AAFCD is active in advocating for improvements to government policies, and raising community awareness of the realities of life for families of children and young adults with

disability. AAFCD also encourages families to join other disability self-help groups and aims to work together on issues that reach across all disabilities.

For more information and to get on the membership list to receive National NoticeBoard, contact AAFCD on 1800 222 660 or see www.aafcd.org.au

AAFCD membership is FREE for families. Service providers, organisations and other concerned persons/community supporters are not eligible to be members of AAFCD but are encouraged to subscribe to National NoticeBoard at an annual fee of \$15 (GST Inc) and/or make a donation.

AAFCD Postcard: Disability does Count

AAFCD also have postcards available to send to Local, State and Federal MP's informing them that Disability does Count when it comes to elections and voting. Postcards can also be a tool to utilise when lobbying over certain issues ie: ASD research, Funding for Students with ASD in the Education System, Respite and Social Support for children with ASD etc.

Arms Global Autism Conference

Announcement regarding the Autism Behavioural Intervention Queensland (ABIQ), Arms Global Autism Conference, Brisbane QLD, 6-7 October 2006. An expo will be held in conjunction with the conference.

ABIQ are seeking Expressions of Interest (by 31 December 2005) to provide papers on services, issues or research under one of the following streams:

- Biomedical treatments
- Diet
- Sensory Integration
- Communication
- Visual Strategies
- Socialisation
- Behavioural approaches
- Growth and Changes
- Approaches to learning
- Strategies for supporting and living with a child with ASD
- Alternative therapies
- Diagnosis
- Other autism related topics.

For more information, please contact ABIQ on email: enquiries@abiq.org

Autism Spectrum Disorder Conference

Coming to Mackay, QLD

Friday 24 March 2006 - Donna Williams and Sue Larkey

Saturday 25 March 2006 - Dr Tony Attwood

Brought to you by Parent to Parent QLD Inc (www.parent2parentqld.org.au)

Phone: 0428 741726 Linda / 49 546403 Fax 49 423076

Email: ptopmackay@dodo.com.au

The Pfeiffer Center USA to Sydney

The Pfeiffer Center, Illinois, USA (www.hriptc.org) will be conducting a conference and outreach clinic in Sydney, NSW in February 2006.

Suzanne Speckman R.Ph - Executive Director Pfeiffer Illinois

Bill Walsh PhD - Chief Research Scientist - Pfeiffer Illinois

Allen Lewis MD - Medical Director Pfeiffer Illinois

Woody McGinnis MD

Pfeiffer Conference

The Pfeiffer Conference will be held 11 February 2006, 7:30-10pm, North Shore Christian Centre, Chatswood Business Park, 382 Eastern Valley Way, Chatswood, Sydney. Cost: \$50 per person, pre-booking essential (no ticket sales at door).

If you are interested in attending the conference, please contact Marion Redstone (02) 9716 6615 or email Mazzared@bigpond.net.au

Pfeiffer ASD Biomedical Outreach

This outreach provides a rare opportunity for Australasian patients and their doctors to benefit from the expertise of these World Leaders in the treatment of Mental Health without the need to travel to the USA with its inconvenience and high cost

The first Pfeiffer Sydney outreach in April 2005 was a resounding success with many patients keen to come back in 2006.

Many of those attending the first outreach have expressed their delight in results seen from implementing the Pfeiffer Protocol. The Pfeiffer Center, Illinois, USA (www.hriptc.org) has been developing these unique protocols for the different manifestations of mental health disorders over the last 30 years. The protocols are worked out on an individual basis after examining specialized test results and patient history.

A blood test, urine sample, hair analysis test is required prior to assessment by the Pfeiffer doctors. These tests will be arranged by your local doctor.

Dr Bill Walsh will assess: Schizophrenia/Bi-Polar/Depression/ADD/ADHD/Behavioural Disorders.

Dr Allen Lewis and Dr Woody McGinnis will assess: Autism.

The cost per patient is \$900, this is not claimable on Medicare, however a receipt will be given for tax purposes.

If you are interested in attending the outreach, please contact Marion Redstone ASAP (02) 9716 6615 or email Mazzared@bigpond.net.au

Letters / Emails

Please send letters to edit@a4.org.au. Letters sent to the editor may be published unless they are clearly marked "not for publication". Normally, they will appear with your full name and state unless you mark them clearly "anonymous" or "first name only".

Re: Media release

This link to a recent media release might be of interest to the A4 membership;
www.pm.gov.au/news/media_releases/media_Release1627.html

Wendy

Editor note: See article - *Private Trusts for People with Disabilities* above.

Re: The Melbourne's Child Article

I believe all members should bombard this publication with letters to the Editor expressing their views on Michael Gourlay's comments.

Some years back its sister publication Sydney's Child published what I - and many others judging by the number of letters to the editor - believed to be quite a disgusting account of life with an autistic child.

I spoke to the then-editor who urged me to write to her and express my views. I believe anyone who feels strongly on this issue should do the same. These publications have a huge readership so you will be heard.

Below are the details for contact:

Letters to the Editor,
Melbourne's Child
Copeland Publishing Pty Ltd
PO Box 370
Canterbury VIC 3126

A long time ago there was a view that autism was a result of parenting. This has long since gone out the door, along with the other view that autism was childhood schizophrenia.

We should not allow so-called 'experts' to take us back to those dark ages and undo so much good work that has been done in demystifying the stigma of autism.

Amanda Sheppard, A4 Member

Re: Dept of Ed have no Autism placements this year

I just wanted to thank you for all your help. A Current Affair came and filmed yesterday and it will go to air tonight. Thanks again, it's good to know someone's in our corner to back us up.

Jenny Gordon

Editor note: A Current Affair website www.aca.ninemsn.com.au

A4 Contacts

A4 is a grassroots organisation. All A4 activity, such as publishing the Updates (newsletters), is done by volunteers. Please understand that A4 volunteers may have no training or qualifications for their various roles. They do the best they can for people with ASD, their families and associates. A4 welcomes assistance and constructive criticism.

Update team: edit@a4.org.au

Editing team: Vicki McKay (VIC), Gabrielle Bryden (QLD), Juanita Dawson (NSW)

Reporting team: we currently have vacancies in all states

Production team: Helen Curtin - proof-reading (Qld), Bob Buckley - distribution (ACT).

A4 Convenor: Bob Buckley, ACT
convenor@a4.org.au

Treasurer (donations): Cathy Ryan, Vic.
treasurer@a4.org.au

Steering Committee:

Alistair Campbell, Dr Andrew Brien, Geraldine Robertson, Dr Guy Hibbins, Judy Brewer Fischer, Karen Mackie, Kelley Harris, Lionel Evans, Mary Gebert, Meredith Ward, Michael Miles, Paul Davies, Stephen Courbet, Vern Hughes, Wendy Kiefel