

# PERSPECTIVES



**Genesee  
Intermediate  
School District**

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## Summer Camp Information

Summer is fast approaching. If you are looking for a summer camp here are some resources:

- ⊗ Camp-O-Rama, 800-274-7426, [www.matr.org](http://www.matr.org)
- ⊗ [www.michigancamps-aca.org](http://www.michigancamps-aca.org)
- ⊗ [www.campfishtales.org](http://www.campfishtales.org)
- ⊗ The American Youth Foundation's Camp Miniwanca  
Shore of Lake Michigan  
Challenged youth programs  
314-646-6133  
E-mail: [miniwanacacamps@ayf.com](mailto:miniwanacacamps@ayf.com)
- ⊗ Rainbow Rehabilitation Day Camp  
For children with brain injuries  
Farmington, MI  
1-800-968-6644
- ⊗ TimRo  
Summer program for special kids  
Camp for children with emotional, behavioral, language and communication disorders.  
Boys and girls ages 3 1/2 - 11  
Rochester Hills, MI  
248-642-2540
- ⊗ Grand Haven Attention Camp is a day treatment camp for families with school age children with ADHD.
- ⊗ Life Horse for the Kids, in Ortonville, helps terminally and chronically ill children under the age of 21 find happiness and companionship through emotional and spiritual healing using the horse.
- ⊗ Eric RicStar Winter Music Therapy Camp, in East Lansing, is a day camp for all persons with special needs and their siblings.
- ⊗ Camp Fowler has year round programs for handicapped children, teens, and adults starting at a long weekend to two weeks long. Contact: The Fowler Center, 2315 Harmon Lake Road, Mayville, MI 48744. Phone: 517-673-2050.

**Autism Awareness mini magnets are now available at Magnet America. Part of the proceeds go to the Autism Society of America. [www.magnetamerica.com](http://www.magnetamerica.com) or 1-877-887-0905.**

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## Recommended Resource

*An Asperger Dictionary of Everyday Expressions* by Ian Stuart-Hamilton, Jessica Kingsley Publishers, [www.jkp.com](http://www.jkp.com)



Everyone has at some point experienced the feeling that a spoken (or written) phrase, if taken literally, simply does not make sense (and for people with autism spectrum conditions, such confusion is habitual). This dictionary is here to help—giving definitions of common everyday phrases as well as a guide to their level of politeness (or impoliteness). Phrases are listed as they are spoken for ease and speed of usage. Explaining what people mean when they don't say what they mean, this book is for everyone who has ever wondered why someone who wants 'a word' always wants several, or why anyone would ever wish (or be able) to 'kill two birds with one stone.'

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## *Japanese Study*

A major Japanese study should dispel lingering fears from a 12-year-old scare that a multiple vaccine against measles, mumps and rubella (MMR) is to blame for a rise in autism, the British weekly *New Scientist* says.

The panic, unleashed in 1998, prompted tens of thousands of British parents to refuse the vaccine for their children. However, several big studies have failed to find any link between the vaccine and autism. Exactly a year ago, 10 of the 13 British doctors who authored the original research in *The Lancet* medical weekly retracted their findings.

A study into 31,426 children in the Japanese city of Yokohama "should put the final nail in the coffin" of the scare, *New Scientist* says in next Saturday's issue. Japan used the MMR vaccine for a number of years before withdrawing it in April 1993, responding to reports that the anti-mumps components may cause meningitis.

Hideo Honda of the Yokohama Rehabilitation Centre looked at children born between 1988 and 1996, a period that straddles the withdrawal date. The number of children diagnosed as autistic after the age of seven continued to rise after the vaccine had been withdrawn, he found.

In the years before 1993, incidence of autism ranged from 48 to 86 cases per 10,000 children. But after 1993, it rose, with cases ranging from 97 to 161 per 10,000. The study cannot rule out the possibility that MMR may trigger autism in a very small number of children. However, it confirms that there is no large-scale effect.

Honda's research appears in full in the *Journal of Child Psychology and Psychiatry*. Scientists are divided about why autism appears to be rising in developed countries. Some say there may be an environmental cause; others say that cases of autism are more likely to be detected and reported because the taboo surrounding this condition is receding.

The MMR scare was overwhelmingly centered on Britain. In some parts of that country, the proportion of children getting the vaccination has slumped to 60 percent, triggering outbreaks of measles, says *New Scientist*.

Reprinted from <http://www.autismtoday.com>

## When It Comes to Bullying, There Are No Boundaries Nations Try Various Strategies to Eradicate Such Behavior in Schools

Students with Aspergers are particularly prone to bullying. By Marianne D. Hurst

American policymakers have been urgently seeking solutions to school bullying and violence in recent years, but the issue had been receiving attention in many other countries long before it hit the U.S. spotlight.

"Bullying is a problem in every school in the world, which may seem like a simplistic answer, but it's true," said Andrew Mellor, the manager of the Anti-Bullying Network at the University of Edinburgh, an organization funded by the Scottish government to provide schools and students with information and support.

Most scholars generally accept the concept of bullying as an imbalance of power that exists over an extended period of time between two individuals, two groups, or a group and an individual in which the more powerful intimidate or belittle others. Bullying can be both physical and psychological, but physical bullying is not as common as the more subtle forms, such as social exclusion, name-calling, and gossip.

"Somehow, in the context of school, the way children experience victimization is common," said Ron Astor, an education professor at the University of Southern California who has been studying school bullying in Israel since 1997. "Bullying is germane to schools."

Most schools, he said, are introduced to the problem through an act of violence or suicide. In Scandinavia, researchers began the first significant push to understand the problem in the late 1960s. Still, it wasn't until 1982, after three Norwegian adolescents committed suicide as a result of being bullied, that Norway launched an aggressive national campaign to deal with the intimidation.

Norway encouraged schoolwide intervention policies, including classroom rules establishing limits to unacceptable behavior, the formation of teacher-development groups, class meetings with children on peer relations and behavior, and counseling for bullies, victims, and parents.

Studies showed a 50 percent decrease in school bullying by 1985. The country's parliament strengthened efforts in 2002 with passage of a manifesto that committed the central government, local authorities, and some parent and teacher groups to a program of action in the hope of quickly eliminating the practice.

The movement to curb bullying has since moved into many other countries, including Scotland and Australia, which set up government-supported organizations and Web sites-such as the Anti-Bullying Network and Australia's NoBully.com program-to help schools understand the issue and offer guidelines to establish effective school policies and teacher training.

Reprinted from <http://www.autismtoday.com>



# Top 5 Tax Tips for the Special Needs Family

## By Shannon King Nash, Esq.

For some parents, doing a tax return is about as much fun as childbirth. Thanks to the top five tax tips that follow, tax season will be far less painful and over before you know it.

### **1 Add Up Those Medical Expenses**

Medical expenses can only be deducted when they exceed 7.5% of your adjusted gross income. But when it's all added up, many parents of special needs kids have significant medical expenses. Keep in mind, medical expenses don't just mean doctors' visits and prescriptions: Be sure to include:

- Costs associated with special diets, (gluten-casein free diet)
- Expenses related to schooling and therapies like ABA, Lovaas, or Sonrise, speech, occupational, auditory integration, gymnastics, music, art, etc.
- Legal fees you incurred to get your child certain therapies.
- Mileage (12 cents per mile) for taking your child to appointments and therapies.
- Registration or admission fees and related travel (air/train/bus/car, not meals/lodging) for attending autism or special needs conferences.

### **2 Dig Up Your Daycare Expenses**

Parents may be able to take a child daycare credit for daycare expenses paid while working or looking for work. This credit runs from \$600 to \$1200 based on an IRS formula that looks at the amount of your daycare expenses. Special needs parents can take this credit regardless of their disabled child's age (even for an adult child). Note: If you already participate in your company's flexible spending account for daycare expenses, you may not be able to use this credit.

### **3 Get the Most of Your Volunteer Miles**

Many parents of special needs children are involved with local nonprofits—parents support groups, local chapters of national nonprofits. You can deduct mileage (14 cents per mile) to and from charity events, boards meetings, and other volunteer meetings.

### **4 Protect Your Child's Future (Special Needs Trusts)**

If you set up a Special Needs Trust for your child in 2004, a major portion of your costs probably came from tax planning and preparation. These costs may be deductible as a miscellaneous itemized deduction. Consult your trust advisor for the actual amount to use as a deduction. But keep in mind, miscellaneous itemized deductions (unreimbursed employee expenses and job hunting expenses) can only be deducted once they reach over 2% of your adjusted gross income.

### **5 Save for Your Child's Future**

Parents can invest anywhere from \$2,000 to \$55,000 per child using 529 Plans or Coverdall Education Savings Accounts for education expenses. The invested money grows tax-free and you even forgo the tax when the funds are taken out to cover education expenses. For special needs parents, these plans offer a very flexible way to save for a child's "education"—whether it be full-time or part-time, a 4-year college or vocational school. Also you can contribute to these plans even after your special needs child is 18 and use the money for educational expenses even after the child is 30. Finally, if you set up one of these plans in 2004, don't forget that the actual tax planning costs you paid your advisor to establish the plan may be deducted as a miscellaneous itemized deduction.

Shannon Nash, Esq., CPA. Visit her website at [www.nashgroup-usa.com](http://www.nashgroup-usa.com) or contact her at [snash@nashgroup.com](mailto:snash@nashgroup.com)

## RESEARCH UPDATE

### Identifying Biological Markers for Autism

By Nancy Monroe, MA., R.N., Shelly Steele, M.S. and John Sweeney, Ph.D.

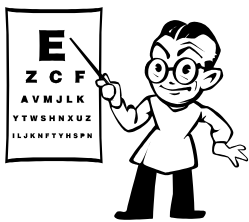
GENETIC FACTORS PLAY AN IMPORTANT ROLE IN AUTISM. Despite considerable advancements, much work remains to be done to identify the specific genes related to the development of autism. Progress in this critical area of research has been slow in part because of the lack of biomedical tests for diagnosing autism and identifying individuals carrying genes associated with the disorder. Furthermore, the absence of a biomedical test for autism limits early detection. Early intervention studies indicate that 75% of individuals with autism will show signs of improvement if interventions are received before the age of three. Because most children with autism are not diagnosed until three to four years of age, after social and language skills have failed to develop, treatment is typically not begun until after the key period in life when interventions can have the greatest benefit.



John A. Sweeney, Ph.D., (from the University of Illinois at Chicago, Center for Cognitive Medicine) in collaboration with Drs. Beatriz Luna and Nancy J. Minshew (from the University of Pittsburgh), are working together to identify specific biomedical markers associated with autism by studying cognitive abilities, eye movement activity, and brain anatomy and function. Their goal is to use these methods to better understand the nature of atypical brain mechanisms in autism, and to determine whether lesser variants of these abnormalities can be detected in family members of individuals with autism. These studies are designed to gain insights into the causes of autism, and potentially toward the development of novel approaches for early identification and treatment. All of the scientific methods used in these studies are noninvasive procedures.

### Studying Eye Movements to Learn about Brain Function

Subtle irregularities in how the eyes move can tell us if there are areas in the brain that are not functioning the way they should. Using these eye movement tasks, our lab researchers have identified multiple differences in the way individuals with autism process and respond to visual information. We have found that individuals with autism are less able to follow moving targets and to accurately shift gaze to objects of interest. Other investigators have observed that these abnormalities can occur in some unaffected family members of individuals with autism as well. Thus, careful laboratory measures of different types of eye movements may help identify brain disturbances related to autism, and may provide a biomedical marker of risk for the disorder that can help us pinpoint genetic characteristics related to autism.



### Understanding How People Think and Learn

While many individuals with autism may show significant deficits in cognitive functioning, they can also show unique areas of intact or even exceptional functioning. The exact cognitive domains of intact and impaired abilities that are most common in autism are still actively debated. Using neuropsychological tests that assess different cognitive domains including attention, memory, and language, we are working to further delineate the pattern of cognitive strengths and weaknesses in individuals with autism. Further, we are assessing whether a similar pattern can be seen in family

*(Continued on page 6)*

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members when a child in the family has autism.

### **Trying to Fit Pieces of the Puzzle Together Using Functional Brain Imaging**

Using a clinical MRI (Magnetic Resonance Imaging) scanner, we can now observe the brain in action as people perform mental tasks. MRI can measure how well different parts of the brain are working together to support cognitive abilities. We have found that individuals with autism use a part of the brain called the prefrontal cortex differently than do typically developing individuals. The prefrontal cortex supports many of the higher cognitive abilities that are often difficult for individuals with autism, such as controlling attention, planning, and inhibiting inappropriate behavior. Individuals with autism seem less able to use this brain area to support higher cognitive abilities; rather they use it to support elementary cognitive functions that should be performed by lower brain regions. This suggests a fundamental and specific disturbance in the development of prefrontal cortex that compromises cognitive functions and contributes to many functional disabilities associated with autism.

### **How You Can Help**

To continue to gain insights into the causes of autism, and to develop objective biomedical tests to allow early diagnosis and intervention, the participation of individuals with autism and their family members in our studies is crucial. There are no costs associated with any of the testing for these studies, and participants can be provided a research report of the diagnostic assessment and neuropsychological tests free of charge.

### **Study 1: Studies of Individuals with Autism**

We are looking for individuals who have been diagnosed with an autism spectrum disorder (autism, PDD, or Asperger's Syndrome) and are between the ages of 8 and 55. Participation involves several steps. Typically over three sessions, participants are given a diagnostic assessment (using the ADI and ADOS), and perform neuropsychological tests, eye movement tasks, and brain imaging studies.

### **Study 2: Family Studies**

We are looking for families that include one or more individuals with an autism spectrum disorder. Participation in this study involves a clinical evaluation of developmental progress, neuropsychological testing of mental abilities, laboratory studies of eye movements and sensory abilities, and a blood sample for genetic testing. These procedures are completed with each participating family member.

If you have any questions about our research study, or would like more information, please contact our project coordinator, Meg Kay via telephone 312-413-8736, fax: 312-413-8837, email: [mkay@psych.uic.edu](mailto:mkay@psych.uic.edu), or mail: University of Illinois at Chicago, Center for Cognitive Medicine, 912 South Wood, Suite 235 (M/C 913), Chicago, IL 60612. All questions and request for information will be kept confidential.

This research is part of a Program Project Grant awarded by the National Institute of Child Health and Human Development to Dr. Nancy J. Minshew, part of the NIH Collaborative Programs for Excellence in Autism. Additional funding has been provided by the National Alliance for Autism Research.

Reprinted from Autism • Asperger's Digest, March-April 2005

## Conferences

<u>Date</u>	<u>Title &amp; Location</u>	<u>Speakers</u>	<u>Fee</u>	<u>Contact Info</u>
May 12 & 13, 2005	Educational Strategies for Students w/ ASD Genesee ISD — Davis Center	Maureen Ziegler	Free	Linda Burroughs 810-760-1022 or lburroughs@flintschools.org

Autism Today at [www.autismtoday.com](http://www.autismtoday.com) offers online education with speakers such as Tony Attwood, Temple Grandin, Andy Bondy, and Stephen Shore. It is easy to use and costs less than actual conferences. Check it out!

The Autism Society of America has a FREE online autism course which takes about 30 minutes to complete.

### *Evidence of Harm - By David Kirby*

New York Times contributor David Kirby explores the chilling possibility that a vaccine additive may be fueling an apparent epidemic of autism, ADD, speech delay and other disorders in America's children.

In the 1990's, reported autism cases among American children began spiking, from about 1 in 10,000 in 1987 to a shocking 1 in 166 today. In this period, new shots containing a mercury-based preservative called Thimerosal were added to the nation's already crowded vaccination schedule. At the same time, some parents noticed that their healthy children were descending into silent, disturbed, and physically ill behavior after receiving vaccinations. In 1999, the FDA announced that children were being exposed to mercury at very young ages at levels far exceeding federal regulations, but the public health establishment failed to take parental concerns about the impact seriously. A radio interview with David Kirby is available online. Reprinted from <http://www.autismtoday.com>

**Excerpt from Cognitive Behavior Therapy  
By Tony Attwood**

Cognitive Behavior Therapy (CBT) has been developed and refined over several decades and, using rigorous scientific evaluations, proven to be effective in changing the way a person thinks about and responds to feelings such as anxiety, sadness, and anger. CBT focuses on aspects of cognitive deficiency in terms of the maturity, complexity, and efficacy of thinking about emotions, and cognitive distortion in terms of dysfunctional thinking and incorrect assumptions. Thus, it has direct applicability to children and adults with Asperger's syndrome who are known to have deficits and distortions in thinking about thoughts and feelings. The cognitive deficits can include an immaturity in the expression of emotions, especially affection and anger, a limited vocabulary of subtle emotional expressions and a lack of efficacy in terms of a range of appropriate emotional repair mechanisms. The cognitive distortion can include a misunderstanding of someone's intentions, especially whether an act was deliberate or accidental, a tendency to make a literal interpretation of what someone says or does, and dysfunctional reasoning.

**ALERT**



**EMERGENCY ALERT**  
Communication/Social Needs  
**PERSON**  
WITH  
**AUTISM**

IN VEHICLE

PLEASE READ INFORMATION  
FROM DRIVER

Zaryczny 2004

To order a window cling, please send \$1.00 for each to Didi Zaryczny, P.O. Box 1246, Bedford, VA. 24523. The proceeds from the sales will benefit the activities and projects of the Central Virginia Autism Action Group.

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Have a great  
summer! See you  
next year.

