

# PERSPECTIVES



## Genesee Intermediate School District

Compiled By: Becky Downing,  
Teacher Consultant for Autism  
Editor: Patti Dombrowski



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### The "Two Minute Linger Rule"

Thanks to the visitor who came up with the "Two Minute Linger Rule". They suggested that I put this on my site, so that is what I will do.

The "Two Minute Linger Rule" deals with going up to a large group of people. There is no real written rule, but let me sum up what this person was trying to say by creating a written rule below:

#### The Two Minute Linger Rule

*Whenever you go up to a group of people who are talking, do not do or say anything for two minutes. Do not ask about what they are talking about, and do not change the topic for two whole minutes.*

This rule is a good one to follow, because people do not like to be interrupted. They also do not like to repeat the same thing more than once. So the next time you go up to a group of people having a conversation, you should strongly consider following the "Two Minute Linger Rule".

Reprinted from <http://aspergerteens.com>

### In the movies...

Jerry Newport and his wife, who both have Asperger Syndrome, are the subjects of a full length feature film titled, "Mozart and the Whale."

The movie about Mary Meinel and Jerry Newport's romance is to be released next year, with actor Josh Hartnett playing Jerry. It's called Mozart and the Whale, after a costume party in the mid-1990s at which they met, where Meinel dressed as Mozart and Newport as a whale.

Newport's advice to parents dealing with Asperger Syndrome is simple: accept that your child is always going to be different. "If you condemn them to chasing the Holy Grail of normalcy...you're just setting them up for a lifetime of disappointment and misery."

Here are some tips from a teenager with Asperger Syndrome who shares what he has learned.

## Being Friendly

Who are the people that are popular? In High School it may be the captain of the football team, the cheerleader or the class president. Are these the only type of people who are popular? No. One excellent trick to earning friends is to be friendly.

At times it may seem like the meanest and unfriendliest people are the most popular. This is especially true in Junior High School. Does it mean that usually the nicest and friendliest people are the least popular? Absolutely not. People will always respect friendliness no matter what your age may be.

Imagine someone making fun of you. Imagine someone never talking to you or saying hi to you when they may see you. Are you going to be drawn towards that person? Now imagine someone talking with you, asking you how your life has been, and someone saying hi to you when they may see you. Are you going to be drawn towards that person? The chances are much more likely. Friendliness is a lifelong tool that is only going to keep benefiting you.

Does being friendly mean you have to be a chatterbox? No. In fact, a lot of people who are seen as friendly are those who remain quieter. So don't feel discouraged if you can't keep a conversation going with someone. If you initiate frequently, you will gain more respect as someone who is friendly in their eyes. Then the more you initiate, the more easier it will be to keep up a conversation.

One key to being more friendly is to focus the conversation on *them*. Not you. Is it okay to talk about yourself? Sure. Just make sure that you ask your share of questions about them - and make sure those questions are appropriate. For example it is okay to ask things such as "How are you?" "How was your weekend?" "What did you think of math class today?" It is inappropriate to say things such as, "What was your grade in science last quarter?" "How much do they pay you at your job?" or any other questions relating to their health, income, weight, height or things that don't seem appropriate to yourself. It is okay every once in a while to ask questions such as, "Have you ever played the video game \_\_\_\_\_" just keep in mind the person who you are talking to may not be as interested in the topic as you are. Mainly though, make an effort to ask appropriate questions about *them*.

What if you find that it is hard to initiate? The general rule is, there is nothing wrong with saying hello to anyone. If you find that difficult, try pacing yourself. Make a goal like "This week I'll say hi to \_\_\_\_ (this many) people." Then the next week make that number bigger.

If someone is talking to you, make sure you appear happy and glad to see that person. Don't frown and be upset when they're talking to you, otherwise they won't want to talk much with you again. Make sure you listen to them well, and answer the questions that they may ask you. Respond to what they may be telling you.

On top of all of this, there are things that you shouldn't do. There's no reason to ever insult

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people, regardless of what they have done to you. You also shouldn't ever ask personal questions (like I had said two paragraphs ago). You also shouldn't do anything else they may not like. Just remember the golden rule: *Treat people the way you would want to be treated.* Use that rule as a guideline towards acting friendly.

There is nothing wrong with being friendly. People will be attracted to you if you make an effort to be friendly. If you make an effort to say hi to people, you will be more friendly. If you make an effort to ask appropriate questions to the person you are talking to, you will be more friendly. If you make the focus of the conversation on *them*, you will be more friendly. Besides just gaining friends, isn't being friendly a good practice to follow? You have the opportunity to make this world filled with more nice and friendly people. Help out by being a nice and friendly person yourself.

Reprinted from <http://aspergerteens.com>

### **Study Will Examine If Diet Can Ease Autism Symptoms**

By Virginia Linn, Pittsburgh Post-Gazette

For years, parents of autistic children have seen a difference in how their kids behaved after they followed diets free of dairy and wheat products or that restricted their sugar intake.

Their children were more alert and had better eye contact, they claimed. There was more social interaction and interest in the world around them.

Whether there is any scientific basis to these claims will be tested in a three-year study beginning in November at Children's Hospital of Pittsburgh. It will look at the effectiveness of three alternative therapies: use of a supplement known as omega-3 fatty acid (the healthy oil found in some fish and flaxseed); a diet free of wheat and milk protein, and a diet that restricts sugar.

Dr. Michelle Zimmer, a pediatrician in the Child Development Unit at Children's, said there is no concrete biological evidence to show these diets have any impact on children with autism, a lifelong neurological and developmental disorder.

"But so many parents were coming in saying anecdotally that these were helpful," she said. "We wanted to find out more." The study, funded through the Emmerling Fund of the Pittsburgh Foundation, hopes to enroll 80 children between the ages of 30 and 54 months who recently have been diagnosed with autism.

Researchers sought input from psychiatrists, psychologists and parents as they planned the study.

One of those who helped shape the study was Laura Hewitson of Pine, a researcher at Magee-Womens Hospital who has a 5-year-old son with autism.

Shortly after Joshua's diagnosis at age 2, she jumped on the Internet to find out as much as she could about the disorder. Information about dietary and nutritional supplements kept popping up. Her son, she recalled, also had experienced a lot of colds, ear infections and diarrhea.

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"Our son at the time was addicted to cow's milk, cheese on toast, French fries and chicken nuggets," she said.

She and her husband, Dan Hollenbeck, decided to cut out the dairy to see if that would ease his digestive problems.

"There were really quite dramatic changes in him," she said. "He began looking with more purpose. He started to do basic puzzles. There was nothing miraculous, but it seemed almost like he was coming out of a fog."

Then they removed the wheat products and saw more improvements, including an easing of digestion problems. "For the first time he was looking at the environment and exploring." She believes there is a subset of children diagnosed with autism with compromised immune systems that make them sensitive to certain foods.

"It appears to be a common thread among a subset of children."

Hewitson, who founded the organization Fighting Autism, helped sponsor a presentation this past weekend at Magee on the Specific Carbohydrate Diet, an eating plan that goes beyond therapies being researched in the Children's study. It advocates removing most complex sugars and starches from the diet to ease a variety of ailments.

In the Children's study, participants will be assigned randomly to one or more of the various diets. Each patient would follow the special diets for three to six months. Their blood would be tested and behavior monitored to look for changes in language ability, eye contact, physical interaction and repetition of words or particular movements.

If improvements are tied to diet, researchers hope to seek federal funding to conduct a larger study.

"We're hoping it will help us understand autism better," Zimmer said.

Those interested in participating in the study should call 412-692-8404.

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

THE USE OF SOCIAL STORIES AS A PREVENTATIVE BEHAVIORAL INTERVENTION  
IN A HOME SETTING WITH A CHILD WITH AUTISM

P.A. Lorimer, R. Simpson, B. Smith-Myles and Jennifer B. Ganz, *Journal of Positive Behavior Interventions*, Winter 2002, Vol. 4, pp. 53-60

The purpose of this study was to determine the efficacy of a social story intervention implemented in a home setting to decrease precursors to tantrum behavior in a 5 year old boy with autism. Using an ABAB design, two social stories were presented and withdrawn while using an event recording procedure in which interrupting verbalizations, determined to be precursors to tantrum behavior, were tallied. Data revealed a decrease in interrupting verbalizations and tantrums when the social stories were available and an increase in these behaviors when the social stories were withdrawn.

## AUTISM THERAPIES

### **EVALUATING AUTISM THERAPIES:**

Once an individual receives a diagnosis of autism, the parent's first reaction may be to wonder: What can be done? Is there a treatment or a cure? You may have surmised from reading basic information on autism that currently there is no cure, but autism can be positively affected and treatments exist that may reduce or eliminate some of the behavior characteristics of the disability.

Autism is not a disease. There is not a single treatment such as a drug or therapy program that will work for all individuals. Treatment often comes in the form of individualized plans designed to meet all areas of need. Based on the major characteristics associated with autism, there are areas, which are important to look at when creating a plan: social skill development, communication, behavior, and sensory integration.

***Your next question may be:*** What treatment or treatments are most effective? Because of the spectrum nature of the disability, there is no one treatment, which is equally effective for every individual with autism. Some treatments have research studies that support their efficacy, others may not. Even for those with "scientific" proof, we recommend the family or caregiver read the research information offered and look for replication studies done by other professionals that also support their findings. Included at the end of this package are other suggestions to aide in your evaluation of treatment options.

Many professionals have agreed that individuals with autism respond well to highly structured, specialized education programs, tailored to the individual's needs. Programs sometimes include several treatment components coordinated to assist a person with autism. For example, one individual's program may consist of speech therapy, social skill development and the use of medication, all within a structured behavior program. Another's program may include music therapy, sensory integration and dietary interventions in addition to communication and behavioral therapy. No single program or service will fill the needs of everyone. Strategies to help a person with autism should be part of a comprehensive plan. Each family and individual with autism should learn about, and then select, the options they feel are most appropriate.

The following text will discuss treatment options available for individuals with autism. The particular treatments mentioned below are based on the most frequent inquiries received by the Autism Society of America national office and is not an exhaustive list. Furthermore, this is intended to provide a general overview of available options, not specific treatment recommendations.

Before we list various options you may wish to explore, we'd like to briefly discuss our use of the word "treatment". The word treatment is used only in a very limited sense. Meeting the challenges of autism can be better described as education rather than treatment.

The goal in providing this written material is to help families appropriately match up the unique need plus potential of each individual with autism to treatments or strategies which are likely to

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be effective in moving the person closer to normal functioning. We want to avoid giving the impression that a parent or care provider will be selecting just one item from this list and excluding the other options, or that all of these treatment options are equal to one another. Communication and social skills, for example, are likely to be at the core of all education plans and reflect the needs of most people with autism. The basis for choosing any treatment plan should be a thorough evaluation of the needs observed in the child.

### **Evaluation of Different Treatments**

To assist parents or care givers as they evaluate different treatments, we have included this list of guidelines created by Dr. B.J. Freeman in her paper *Diagnosis of the Syndrome of Autism: Questions Parents Ask*.

### **Principle of Evaluating Treatments of Autism**

1. Approach any new treatment with hopeful skepticism. Remember the goal of any treatment should be to help the person with autism become a fully functioning member of society.
2. BEWARE of any program or technique that is touted as effective or desirable for every person with autism.
3. BEWARE of any program that thwarts individualization and potentially results in harmful program decisions.
4. Be aware that any treatment represents one of several options for a person with autism.
5. Be aware that treatment should always depend on individual assessment information that points to it as an appropriate choice for a particular child.
6. Be aware that no new treatment should be implemented until its proponents can specify assessment procedures necessary to determine whether it will be appropriate for an individual with autism.
7. Be aware that debate over use of various techniques are often reduced to superficial arguments over who is right, moral and ethical and who is a true advocate for the children. This can lead to results that are directly opposite to those intended including impediments to maximizing programs.
8. Be aware that often-new treatments have not been validated scientifically.

### **Questions to ask regarding specific treatments:**

1. Will the treatment result in harm to the child?
2. How will failure of the treatment affect my child and family?
3. Has the treatment been validated scientifically?
4. Are there assessment procedures specified?
5. How will the treatment be integrated into the child's current program? Do not become so infatuated with a given treatment that functional curriculum, vocational life and social skills are ignored.

Autism Society of America,  
7910 Woodmont Ave, Suite 300,  
Bethesda, MD 20814-3015  
Tel: (800)-3AUTISM x 150  
(301)-657-0881  
Fax: (301)-657-0869

Reprinted from [http://www.bbautism.com/NEW\\_autism\\_therapies.htm](http://www.bbautism.com/NEW_autism_therapies.htm)

## Conferences


<u>Date</u>	<u>Title &amp; Location</u>	<u>Speakers</u>	<u>Fee</u>	<u>Contact Info</u>
Nov. 30, 2004	The New Development of Diagnosis & Treatment of Asperger Syndrome	Dr. Tsai	Vary	1-800-223-6722 www.autism-mi.org
Dec. 1, 2004	Individuals with Asperger Syndrome or High Functioning Autism	Glovak, Howlin, Burton-Hoyle, Tsai	\$289	(888) 678-5565 www.lorman.com

If you have information on upcoming conference or workshops in the area, please send the information to:

Becky Downing  
Phone: 591-4868  
E-mail: [bdowning@geneseeisd.org](mailto:bdowning@geneseeisd.org)  
Fax: 591-4548


For some parents, their children are in high school and thoughts turn to what is next. Many individuals on the autism spectrum do attend college. The following information may be helpful

### Books of Possible Interest

 Dawn Prince-Hughes, ed. (2002), *Aquamarine Blue 5: Personal Stories of College Students with Autism*, Swallow Press, ISBN: 080401544

"This is the first book to be written by autistic college students who have been diagnosed with Asperger's Syndrome or High Functioning Autism. It demonstrates their unique way of looking at and solving problems and the challenges they face.

*Aquamarine Blue 5* details the struggles of these highly sensitive students and shows that there are gifts specific to autistic students that enrich the university system, scholarship, and the world as a whole. "Her unusual approach to understanding human behavior leads to a powerfully clear analysis of the problems faced by people with Autism." -Foreward

 John Harpur, Marie Lawlor, Michael Fitzgerald (2004) *Succeeding in College with Asperger Syndrome*, Jessica Kinglsey Publishers, ISBN: 1843102013

College life is particularly stressful for students with Asperger Syndrome (AS) and the resources that colleges provide for such students are often inadequate. This much needed guide provides information to help these students prepare successfully for the rites and rituals of studying, interact with staff and fellow students, cope with expectations and pressures, and understand their academic and domestic responsibilities. How will I cope with the workload? What do I do if I feel ill? How do I make friends and initiate relationships with the opposite sex? Drawing on first hand interviews with AS students and direct clinical experience, the authors address these and many other questions thoughtfully and thoroughly, making practical recommendations.

*Succeeding in College with Asperger Syndrome* demystifies the range of college experiences for students with AS. It is a must for these students, their parents and counselors alike, providing benefits that will continue throughout the college years and beyond.

### **U.S. Autism Population Estimate**

10/26/2004  
6:50 a.m. PST  
(ages 3-22)  
**180,172**

**U.S. Annual Economic Cost**  
**\$5,405,184,195**

**Next Diagnosis**  
**4:28 mins**

Reprinted from  
[www.FightingAutism.org](http://www.FightingAutism.org)

Genesee Intermediate School District  
Special Education Services Center  
2413 West Maple Avenue  
Flint, Michigan 48507-3493

Phone: 810-591-4877  
Fax: 810-591-4548



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## ***Coming Up: Autism Spectrum Support Group***

*Coming Up: Autism Spectrum  
Support Group*



**Date:** Thursday, December 2, 2004

**Time:** 6:00 p.m.

**Place:** Genesee Intermediate School District

Special Education Services Center-North, GenNET classroom  
5075 Pilgrim Road, Flint 48507

(Pilgrim Road is south off of Maple Avenue, between VanSlyke and Torrey Roads. Parking is located in the front and side of the building. Enter through the front doors.)

The video *Crossing the Bridge* presents Asperger's Syndrome through the eyes of Dr. Liane Holliday Willey, and adult diagnosed with the disorder. Dr. Tony Attwood, one of the leading experts in the field, interviews Liane as they discuss her life-time experiences, struggles, and triumphs with Asperger's Syndrome. Together, Attwood and Willey make it clear that those diagnosed as "Aspies" are not defective individuals but rather different thinkers who have many wonderful traits to share with humanity.

**If you plan to attend or have questions, PLEASE CALL Becky Downing at 810-591-4868 and leave your name and phone number.**

Hope to see you there!

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