

All About Autistic Spectrum Disorders

A booklet for parents and carers

Autism Cymru

and Ceredigion Child and
Family Support Team



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Introduction

This booklet has been written primarily for parents, carers and other family members when a child has been diagnosed as having an autistic spectrum disorder. It will also be of interest to those who are professionally involved, such as teachers, GPs, speech and language therapists and health visitors. This booklet gives information on some of the most common questions, suggests further publications and gives the addresses of useful organisations.

Acknowledgments

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What is an autistic spectrum disorder?



Autistic spectrum disorder is a relatively new term used to describe individuals who have features in common.

They are affected in their ability to:

- understand and use non-verbal and verbal communication
- interpret social behaviour which in turn affects their ability to interact with children and adults
- think and behave flexibly (i.e. to know how to adapt their behaviour to suit specific situations).

They may also be quite different from each other, in their abilities and areas of strength and weakness.

Different sub-groups within the spectrum have been described, for example:

- Asperger syndrome
- high functioning autism
- classical autism
- Kanner's syndrome.

Children may also be described as having autistic traits or features, although it is more useful to consider such children as having an autistic spectrum disorder. The term 'autistic tendencies' is not helpful since it implies uncertainty in the diagnosis. Children in all these sub-groups experience difficulties in the three areas described on page 1, which are commonly referred to as the 'triad of impairments'.

There is evidence - that at least in some cases, their perception of sounds, sights, smell, touch and taste may be different, which in turn affects their response to these. Children of all levels of ability can have an autistic spectrum disorder and it can occur in conjunction with other disorders (e.g. with sensory loss, language impairment and Down's syndrome).

People with an autistic spectrum disorder have a different perspective and experience of the world from ours. It is important to value and develop their particular interests and activities and not to focus solely on trying to change them (to become like us), which they will find difficult and which they will not necessarily want to do. We need to 'get into their shoes' and try to see situations from their point of view. This will add to our own insights and understandings. In turn, they will be more relaxed in our company.

The three areas which are affected in autistic spectrum disorders

Non-verbal and verbal communication

We often do not mean exactly what we say. Children with an autistic spectrum disorder find this very confusing and may take us literally. If you say, 'Can you get your coat?' your child may simply answer 'Yes', but then not act on this. A teacher's instruction to 'Drop your hands' may cause real consternation. In reading or listening to a story, a child may have an excellent memory for the details, but have problems with understanding the gist or the main points.

They may repeat what you say (echolalia) which may serve a function in helping them to work out the meaning or to reduce anxiety.

Many children are delayed in learning to speak and some do not develop speech. Others with speech have difficulties in using this effectively to communicate.

You will probably need to teach your child the purpose of communication, a means to communicate that suits them (using pictures, photos, gestures, spoken or written words) and how to communicate.

Social understanding and social behaviour

Your child will have difficulty in understanding your behaviour and 'reading' your intentions. We develop this understanding without being taught and do this fairly easily.

Our behaviour is very much influenced by what we think others might think of us. For the child with an autistic spectrum disorder though, other people's opinions may have little or no influence and he/she may say and do exactly as he/she wants.

They will find it hard to play and communicate effectively with other children who may be confused by the child's behaviour and avoid or tease him/her. You and others will need to help your child and other children to work and play together successfully.

Adults who do not know your child or who do not understand autism, may misunderstand their behaviour and view it as naughty, difficult or lazy, when in fact, the child did not understand the situation or task or did not read the adult's intentions or mood correctly.

Thinking and behaving flexibly according to the situation

Children with an autistic spectrum disorder often do not play with toys in the conventional way, but instead spin or flap objects or watch moving parts of toys or machinery for long periods and with intense interest. Their play tends to be isolated or alongside others.

They may imitate certain scenes they have observed and more able children do play imaginatively, but they may not share in imaginative play with others (e.g. they may play at being Batman, but find it difficult to play with a friend at being Batman and Robin).

Some children develop an obsessional interest in a topic or hobby.



They may also show an extreme reaction to change in routines which have become familiar to them or when something they rely on is changed.

Learning tends to be tied to the situation in which it was taught and they need specific help to generalise skills or adapt them to new situations.

Sensory perception and responses

From accounts of adults with an autistic spectrum disorder, it is evident that some children are over-sensitive to certain sounds, sights and textures.

This has implications for your child's home and school environment and may explain their response to changing clothes or food, and their response to noise.

In addition, your child may not make appropriate eye contact, looking too briefly or staring at others.

In the past, there has been a focus on teaching the child to look, when communicating, but your child may not be able to talk and look at you at the same time.

A shared problem

Social encounters and communication, by definition, require more than one person. We often refer to a child with an autistic spectrum disorder as having a social or communication impairment. This is misleading and unfair as it suggests the problem rests solely with the child. In reality, the social and communication impairments are shared and you and others will hold more than half the solution. By understanding your child's perspective and skills, you can alter how you communicate and give them a means to communicate effectively and so lessen the problems you both experience.

What are your child's strengths?

Their strengths include the ability to:

- focus on detail or to see the world in unusual (and often enriching) ways (in art, music or poetry, for example)
- concentrate for long periods on a single activity, if it is of interest to them
- process visual information better than that given purely in spoken form
- give their sole attention to a task and therefore achieve a high level of skill or work on tasks way beyond the point at which we would have tired of it
- succeed if they are more able, in academic areas that do not require high degrees of social understanding and where the language used is technical or mathematical (e.g. science, engineering, music, information technology).



What is Asperger syndrome?

This is a sub-group within the autistic spectrum which was identified by a psychiatrist, Hans Asperger, in 1944. Lorna Wing was the first person to coin the term, Asperger syndrome in the early 1980s.

It is used to describe those with autism who are of average or above average ability and have good spoken language, even though the ability to use it for communication is still affected. The term 'high-functioning' has also been given to this group of individuals.

Some professionals argue that there are important differences between those with Asperger's syndrome and those who are termed high-functioning.

They say that those who have Asperger syndrome are also likely to be clumsy, more socially interested and more likely to have obsessional interests and those who are high functioning to have been delayed in developing speech and language.

Others argue that there is no difference between the two terms and that they can be used interchangeably.

Diagnosis

Most children with an autistic spectrum disorder will have developed the condition during the first three years of life.

It is possible to recognise and diagnose an autistic spectrum disorder by the age of 18 months but, in practice, the diagnosis is rarely made until after the age of 24 months.

For children whose other skills develop at the usual age or who are in advance of their peers in some areas (e.g. maths, reading accuracy, memory for facts), the autistic spectrum disorder may not be recognised and so the diagnosis may not be made until the child is attending school.

In some cases, children are not diagnosed until after the age of 11, as staff and others have failed to recognise it.

There are currently many adults without a diagnosis or who were only diagnosed as having an autistic spectrum disorder in adulthood.

The kind of behaviours professionals look for in diagnosing an autistic spectrum disorder.

- Delay or absence of spoken language (but not true for all children).
- Unusual uses of language (e.g. pronoun reversal saying 'you' instead of 'I') prolonged echolalia (i.e. repeating others' words beyond the usual age); 'playing' with sounds.
- Difficulties in playing with other children.
- Inappropriate eye contact with others.
- Unusual play activities and interests.
- Failure to point with their index finger to communicate.
- Failure to share interest with others.
- Unusual response to certain sounds, sights and textures.
- Resistance to changes in familiar routines.

In practice, a diagnosis of an autistic spectrum disorder might be given to parents by a paediatrician, a psychiatrist, a speech and language therapist, a clinical or educational psychologist, or a GP. Others who see the child and family regularly such as pre-school staff and teachers may already have suspected the child has an autistic spectrum disorder and referred them for further assessment.

As there is no conclusive diagnostic test, it is quite common for professionals to disagree with the diagnosis given to a particular child which adds to the parents distress. In some areas, there is a policy that the diagnosis should only be given by one particular professional group.

To make a diagnosis, detailed observations are needed of the child at home and in other situations, together with a good account of the child's early history from the family about the pregnancy and up to the present day. Other investigations should be made to check whether the child has any additional disorders (e.g. epilepsy; learning disabilities; hearing or visual problems).

Difficulties in diagnosis

- There is, as yet, no test for an autistic spectrum disorder (e.g. from a blood sample or by studying the physical features of the child).
- Other childhood disorders or experiences can affect communication, language development and social behaviour so that it can be difficult for professionals to decide whether a child has this or some other condition.
- Some professionals who see the children (e.g. GPs, health visitors, teachers) may have little experience or knowledge and may therefore not recognise the autistic spectrum disorder.
- Many children with an autistic spectrum disorder have other difficulties (e.g. learning disabilities) which can confuse the diagnosis.

Is the diagnosis important?

Having a diagnosis has the potential to help your child and the family in a number of important ways. It will allow you to read the relevant literature, to talk to other parents and professionals and to investigate useful forms of support.

Knowing the underlying reasons for your child's behaviour is very important in devising strategies to help and support your child, rather than merely reacting to and speculating on the causes of a behaviour as it occurs.

It is important though, that the autistic spectrum disorder is seen as just one of the factors involved in determining behaviour. Other factors which will influence your child's development include his/her personality, the environment, family characteristics and your child's strengths and interests, which all need to be taken into account.

How to tell your child

You need to think very carefully about how and when you discuss the diagnosis with your child. The approach will depend on their level of ability and you will need to judge when they will find it most helpful. There are books which you can use to explain the diagnosis to your child and their brothers and sisters. See page 30 for details.

How common are autistic spectrum disorders?

It is difficult to know exactly how many people have an autistic spectrum disorder as it is not always easy to identify and some individuals have not been diagnosed.

As our knowledge, understanding and awareness increase, more children are being identified. Estimates suggest there may be about 1 in 200 people with an autistic spectrum disorder and many will also have a learning disability.



There are some professionals who think that the number of children with the condition is growing. It is difficult to assess this given the accompanying increase in awareness and the growth in numbers of professionals able to diagnose.

However, the growth in numbers of young children in the UK (and elsewhere) is occurring in situations where good diagnostic systems have been available for many years and this gives cause to try to discover the reasons for such a change.

About four times as many boys as girls have an autistic spectrum disorder in the group with learning disabilities and it is thought that there may be ten times as many boys as girls in the high ability group.

Causes of autistic spectrum disorders

Is it inherited?

Genetic (inherited) factors are important. There are several genes which act together and lead to autism, but it is not yet known which these are. It is likely that these genes interact with the environment to trigger the condition.

Are environmental factors involved?

There are several triggers being studied, although none has as yet been scientifically validated. These include illness during pregnancy, childhood illness, food intolerances and reactions to vaccination. It is often difficult to disentangle real causes from events (like vaccination) which occur co-incidentally at the same time as the child's difficulties become most apparent.

Is it caused by illness or damage to the brain?

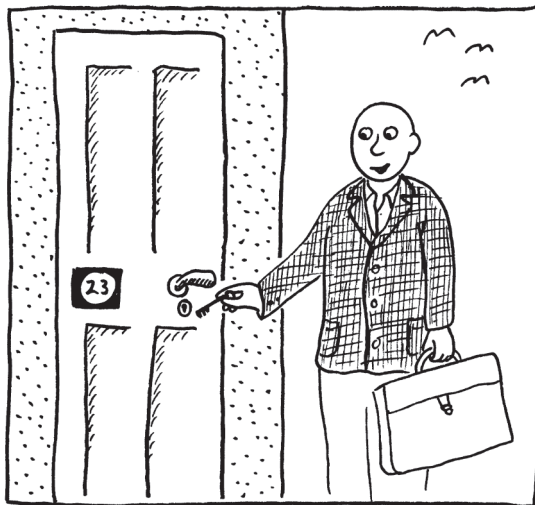
It is likely that the brain of those with an autistic spectrum disorder functions differently from those without, although this may be a matter of degree rather than a complete difference. Studies on the brain using scanning techniques have given mixed and sometimes conflicting results. Some research suggests parts of the brain are larger or smaller than usual and that head size is larger in some of those who are high functioning. Studies are being done to detect which parts of the brain are used for particular tasks to determine whether those with an autistic spectrum disorder use different areas of the brain from people without for particular activities.

Do children grow out of their autistic spectrum disorder?

There have been claims that some children have recovered and that their autistic spectrum disorder is no longer evident, but long-term studies suggest that the great majority will continue to experience the features associated with an autistic spectrum disorder throughout their lives.

As children grow older, their understanding and use of communication and appropriate social behaviour increase and their skills improve, through appropriate teaching and support.

This progress continues throughout their adulthood, so that an autistic spectrum disorder may be much harder to detect than when they were younger.



Some adults live independently, may have a partner and children and are employed, often in jobs which do not involve a high level of social understanding. Others may live on their own, semi-independently, with support from their own families or services.

Many will continue to live with their family or in supported living environments and attend a range of educational, employment and leisure facilities. They are not protected from developing other mental health problems, especially depression, and they will need appropriate help with these difficulties as they arise.

It needs to be remembered also that those adults who are doing well may undergo much stress in maintaining their 'conformity' and will continue to need support and help in developing coping strategies.

Can medication help?

There are no drugs, which are specifically for autism.

A number of adults have reported on the benefits of taking anxiety-reducing medication in very small doses. This enables them to function in a confusing and anxiety-provoking social world. As with any medication, it is important that you know what the side-effects are and to monitor these effects very carefully.

Medication can be over-prescribed and misused as a means of controlling behaviour, often with serious short-term and long-term side effects (e.g. weight loss or gain, sinus problems, sleep disorder, nausea, and tremors), so great caution is needed and alternative methods of reducing anxiety and managing behaviour should be used first in preference to medication.

Can diet help?

There is increasing evidence that the way in which some children with an autistic spectrum disorder break down their food in the stomach and gut is different. Substances which should be excreted may enter the blood stream and affect behaviour.

It is possible that for some children, milk products (casein) or wheat (gluten) is the trigger for some of the behaviours seen. Other foodstuffs which may affect behaviour include bananas, citrus fruits, colourings and preservatives.

There is not enough evidence yet to know which children might be helped by a change of diet and sticking to a diet can be very difficult. There can also be dangers, for some children whose diet may already be very limited, because they have strong likes and dislikes.

It is very important that any decision to alter your child's diet is discussed with your GP or with a qualified dietician.

How can parents help?



You need to be reassured that the autistic spectrum disorder was not caused by something you or another family member did or did not do. In fact, you and your family are in an important position to help your child as you will spend more time with the child than anyone else.

As for any child, the nature of the support and love from their parents and other family members is vitally important. How your child is cared for, understood, valued and managed within the family is crucial.

Seeing autism as only a part of your child, rather than the main feature is important. Your child has the same physical and emotional needs as the other children in the family (e.g. to receive affection; attention; food; approval; and respect for their interests and skills). However, you may need to adapt your approach more in the way you express your love and concern, to fit in with the child's needs and perspective.

Although you may not have heard of autism before, you already have a lot of the skills required to help your child. You will quickly develop the extra skills required in living with your child by watching how she/he responds to situations, changing things which seem to cause difficulties for him/her and helping your child to develop skills.

However, because your child is different from other children in some ways, you should seek advice in developing strategies that work with your child. There is no single approach that works for all children and you need to choose ways which fit in with family life and suit your personal style.

Your ideas can be shared with other parents and with the professionals you meet. Many parents benefit from belonging to a parent support group. You can ask at your public library or contact Autism Cymru or the National Autistic Society about local groups.

In many areas of the UK, workshops and programmes are being set up specifically for parents to provide advice and information. These focus on developing communication, understanding behaviour, developing attention, work and play skills. Your local autistic society, health visitor, health authority or trust or education department can be starting points for finding out about these.

Pre-school children

It is important that you and your family get information and advice early on to make sense of how your child behaves and so that your child is helped to understand others and to communicate. This information and advice should immediately follow diagnosis.

In spite of the publicity for different interventions, no single approach has been found to be the most effective, although there is evidence that early intervention, working on communication and involving parents are beneficial.



Priorities for helping your child

- Creating a secure, predictable, structured environment.
- Teaching your child a means of communication to get his/her needs met.
- Managing his/her behaviour by giving instructions and prompts to show him/her what to do rather than what not to do.
- Finding ways of having fun (e.g. rough and tumble; with music; or computer).

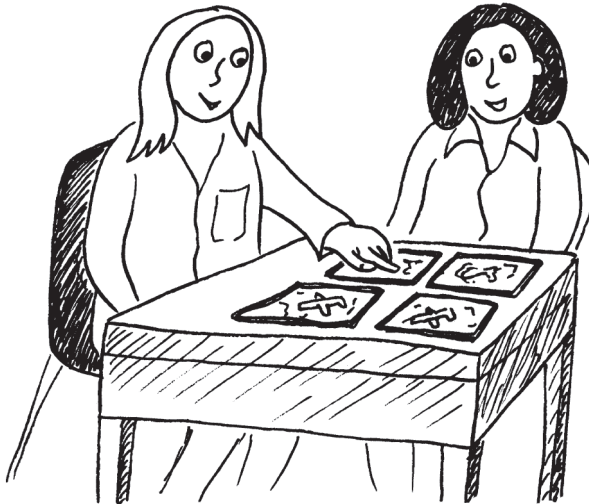
In communicating with your child, it is important to:

- say your child's name first before you give the instruction
- speak in short phrases using keywords and use pictures, photos or gestures to give further clues as to what you want (e.g. get coat; jumper off)
- give enough time to respond
- have a calm, quiet manner and voice to reduce your child's anxiety
- offer fixed choices (this or that) to avoid confrontation (e.g. do you want the train or the book?)
- use incentives to encourage your child to do what you want, but try to make these natural consequences (e.g. if you put on your coat, we will go to the swings)
- distract into another activity when she/he is upset
- give a clear idea of what is going to happen during the day, using picture charts or lists as reminders
- give a warning when something is going to stop or change (e.g. one more song and then light off).

How can schools help?

Your child may attend an ordinary mainstream school or a special unit or school for children with learning disabilities or autism.

The policy and provision within local education authorities vary and the specific educational needs of these children are different, so that a detailed assessment of the individual child is necessary to determine which school is most appropriate.



The majority of children will be recognised within the school as having additional or different needs from their peer group and they should have an Individual Education Plan.

Some may require more support than is usually provided from within a school's resources and may need a formal statutory assessment, leading to a Statement or Record of Needs, which will specify their main needs and the provision to meet these.

The likely steps to a Statement or Record of Needs would be:

- Your child's teacher would first discuss the need for a statutory assessment with the school's special educational needs coordinator (SENCo) and yourself, usually at a school review of your child's progress.
- Other professionals would have been involved in assessing your child and in planning programmes and their views would have been sought.
- If all are agreed that a formal assessment would be useful, a request is sent to the education authority setting out the reasons for this.
- If this is agreed, your child would be assessed and reports written by a range of professionals (e.g. teaching staff, school medical officer, educational psychologist, speech and language therapist) and by yourselves.
- On the basis of these reports, recommendations would be made on how to meet your child's needs within the school or in an alternative school.
- These are written in a Statement or Record of Needs.
- Sometimes the formal assessment procedure is started before the age of five, when a professional in contact with the family proposes this to the education authority.

For additional information on statementing see Michael Imperato's section on www.awares.org

Whatever school your child attends, it should be possible for the staff to meet his/her needs, in collaboration with you and other professionals.

Staff will need to gain knowledge on the implications of autistic spectrum disorders for teaching and learning and be willing to modify the school environment and how the curriculum is delivered, for the placement to succeed.

There are aspects of school life and the curriculum which require special attention, whatever the type of school and whatever the nature of a child's difficulties. If staff are not aware of the ways a child is affected, then the child might be seen as naughty, lazy or non-compliant.

It might be useful to share some of the material in this booklet with your child's teacher. All schools have a teacher called a SENCo who is responsible for making sure that children with special educational needs receive appropriate support in school. Schools can also contact their educational psychology service for advice.

There are a number of publications written to guide teaching staff on how they might best work with a child with an autistic spectrum disorder. Details of these are given in the back of this booklet.

Current interventions and approaches to autistic spectrum disorders

No intervention has been proved to be the most effective.

Services and schools in the UK often use a number of different approaches, reflecting the diversity of children within the spectrum and the skills and areas of development which need to be addressed.

In spite of the lack of research evidence in favour of any one approach, there are principles underlying those approaches that have some research base.

Parents need information on the underlying ideas and practice in the various approaches and also the evidence on which they are based. In addition, they need to consider the likely effects on their child and the family in following a particular approach. Some of the named approaches used in the UK are briefly discussed below. Many schools have also developed their own ways of working, often using some the same principles as these approaches

ABA (Applied Behavioural Analysis)

Behavioural approaches have been used for many years to teach children with autistic spectrum disorders new skills and to modify behaviours.

In recent years, a number of intensive intervention programmes have been developed using a systematic behavioural approach, often referred to as applied behavioural analysis (ABA).

The most commonly known ABA approach is that developed by Lovaas. These programmes involve presenting a stimulus (i.e. a task which requires a response) and giving a reinforcing consequence each time the child responds correctly (e.g. a sweet, verbal praise, a hug).

The three main elements of an intensive behavioural programme are:

- systematic use of behavioural techniques
- intensive direct instruction by a therapist, usually on a one-to-one basis (often for a minimum of 20 hours a week)
- extensive parent training so that parents can provide additional hours of intervention.

Some researchers have reservations about Lovaas's claims about the success of this approach and further research is needed.

Many professionals in the UK question the methods used in ABA, particularly in the area of communication and language development.

DLT (Daily Life Therapy)

This approach based on daily aerobic and focused activity, self-help skills, drilling of responses and certain arts (especially music) originated in Japan (Kitahara, 1984), and was further developed in America in a school in Boston. It is this approach that has had an impact in the UK. Currently, two schools have been set up in the UK following these principles, one more directly, the other in the context of several approaches. Other schools in the UK have taken elements from DLT and incorporated them into their own curricula. Daily aerobic exercise, as a way of reducing stress and challenging behaviour, has been supported by research. DLT has not been evaluated yet.

Interactive approaches

A number of interactive approaches have been developed in the UK, including, intensive interaction (Hewett and Nind, 1998) based on early non-verbal communication and Christie has developed musical interaction (Christie et al., 1992). These focus on developing a relationship between the child and the adult which serves as a basis for developing communication and social understanding.

There are also two approaches from North America which have had influenced practice in the UK. One is the Option approach (Kaufman, 1976) which is very intensive and usually child-led and usually home-based.

The other programme is the Hanen approach (Girolametto and Greenberg, 1986). This was developed for speech and language therapists to use with parents of language disordered children, but has been adapted for children with autistic spectrum disorders.

In the UK, the format of using video recorded sessions with parents as a way of encouraging reflection on their way of interacting with their children has been used in two programmes. One of these programmes was set up by the National Autistic Society as the Early Bird programme. The other has been developed by a child development team in the North East of England and is currently being evaluated within Wales.

PECS (Picture Exchange Communication System)

PECS was developed in the USA by Bondy and Frost (1994). The child is taught to give another person a picture in exchange for what he/she wants. The focus is on encouraging the child to initiate communication and can lead the child into using sentences to comment, as well as to request.

Research has shown that children using the system often start to use speech. PECS is becoming established in the UK through training courses and regional interest groups.

TEACCH (Treatment and Education of Autistic and Communication Handicapped Children)

TEACCH is an approach based on principles of structured teaching that aim to provide a child with a supportive environment using the child's visual strengths and addressing their need to understand what is required in a given situation (Schopler and Mesibov, 1995). TEACCH has its own assessment techniques that identify emerging skills which help to make the approach both positive and successful as progress can be observed. The National Autistic Society has adopted many of the TEACCH ideas and incorporated them into its own adapted SPELL (Structure; Positive; Empathy; Learning; Links) approach.

Characteristics of a good service for children with autistic spectrum disorders

- Early 'specialist' intervention.
- The involvement of parents and carers.
- A programme with a focus on communication, regardless of the language ability of the child.
- A programme which involves social interaction and play skills.
- Access to the academic curriculum in ways that do not depend on social or communicative skills.
- An approach to managing behaviour which involves assessing the function of a behaviour and teaching an acceptable alternative to achieve the same result.

Where to get help?

Health

Health professionals may be the first to hear your concerns, e.g. your GP or health visitor and so they have a vital role in listening to you and following these up.

They may also refer your child for specialist therapy and interventions, particularly in the pre-school years. For example you may be put in touch with a speech and language therapist, who will usually work on non-verbal communication.

Your child may need (and receive) some individual one-to-one therapy from a speech and language therapist, but usually it is more beneficial if most of the therapist's work is with the people who are in daily contact with your child (e.g. yourself; the class teacher; or classroom support assistant).

The role of the therapist will be to assess, devise and monitor the programme and act as a consultant to you and relevant professionals.

Social services

Social services may provide respite, short-term care or befrienders for your child and assess your family's need for other support services. It is hard to leave your child with someone else, but you may need to recharge your batteries and also to have some time for your partner and any other children.

Respite care may be provided by another family that has been approved and trained and/or in a unit. You can check first that you are happy with the way that care is provided and talk about your child's needs.

It is often helpful for a family to plan for and try to obtain respite care on a regular, planned basis in an environment where staff or another family know the child, rather than waiting for a crisis when the provision available may not be ideal and neither the child or the family are able to make the most of the opportunity.

Professionals in social services may be involved in accessing financial allowances for your child (e.g. Disabled Living Allowance). You can also inquire about these from your local benefits agency or your Citizens Advice Bureau.

Voluntary organisations

There are several 'autism' charities operating in Wales. These include the national (Welsh) charity Autism Cymru; the UK wide charity, the National Autistic Society; and local charities such as the Gwent Autistic Society. Useful address and web-sites are given on page 33 of this booklet.

Conclusion

Our knowledge and understanding of autistic spectrum disorders is constantly growing. Many effective ways have been developed to help these children manage their anxieties and to maximise their strengths and interests. It is important that we appreciate the difficulties the children have in understanding and living in our world. We need to modify our demands and alter the environment we create to enable them to function happily and successfully.

Further reading

For parents and professionals

Attwood, T (1997) **Asperger's syndrome: a guide for parents and professionals**, London: Jessica Kingsley

Howlin, P (1998) **Children with autism and Asperger's syndrome**, London: Wiley

Leicestershire City Council and Leicestershire County Council (1998) **Autism: how to help your young child**, London: NAS

Mental Health Foundation (2001) **Learning Disabilities The Fundamental Facts**, London, The Mental Health Foundation

Morgan, H, Jones, G and Jones, R (2001) **A Guide for Children with Autistic Spectrum Disorders for Commissioners and Providers**, London, The Mental Health Foundation

Peeters, T and Gillberg, C (1999) **Autism: medical and educational aspects**, London: Whurr Publishers

Wing, L (1996) **The autistic spectrum**, London: Constable

For teachers

Cumine, V Leach, J and Stevenson, G (1998) **Asperger's syndrome: a practical guide for teachers**, London: Fulton

Jordan, R and Powell, S (1995) **Understanding and teaching children with autism**, Chichester: Wiley

Jordan, R and Jones, G (1999) **Meeting the needs of children with an autistic spectrum disorder**, London: David Fulton

Leicestershire City Council and Leicestershire County Council (1998) **Asperger's syndrome: practical strategies for the classroom**, London: NAS

For the child or the child's brothers and sisters

Davies, J (1995) **Children with autism: a booklet for brothers and sisters**

Davies, J (1995) **Children with Asperger's syndrome: a booklet for brothers and sisters**

both available from the Early Years Centre, 272 Longdale Lane, Ravenshead, Nottinghamshire, NG15 9AH

On current approaches

Jordan, R, Jones, G and Murray, D (1998) **Educational interventions for children with autism: a literature review of recent and current research**, Sudbury: DfEE publications, Report 77

Bondy, A and Frost, L (1994) The Delaware autistic program, in SL Harris and JS Handleman (Eds.) **Preschool education programs for children with autism**, Austin: Pro-Ed

Christie, P, Newson, E, Newson, J and Prevezer, W (1992) An interactive approach to language and communication for non-speaking children, in D. Lane and A. Miller (Eds.) **Child and adolescent therapy**, Open University Press

Girolametto, LE and Greenberg, J (1986) Developing dialogue skills: the Hanen early language parent program, **Seminars in speech and language**, 7, 4, 367-82

Hewett, D and Nind, M (1998) **Interaction in action**, London: Fulton

Kaufman, B (1976) **To love is to be happy with**, London: Souvenir Press

Kitahara, K (1984) **Daily Life Therapy**, Volumes 1, 2 and 3 Boston, MA: Nimrod Press

Lovaas, OI (1987) Behavioral treatment and normal intellectual and educational functioning in autistic children, **Survival of Consulting and Clinical Psychology**, 55, 3-9

Schopler, E and Mesibov, G (1995) Structured teaching in the TEACCH approach, in E. Schopler and G. Mesibov (Eds.) **Learning and cognition in autism**, New York: Plenum Press

Useful addresses in Wales

Autism Cymru

National Office, 6 Great Darkgate St, Aberystwyth, Ceredigion
SY23 1DE
Tel 01970 625256

National Autistic Society

Suite 11, William Knox House, Brittanic Way, Neath, Port Talbot
Tel 01792 815915

Gwent Autistic Society

Chairman, 14 Corelli Street, Newport, Gwent NP19 7AR

Anglesey & Gwynedd Asperger & Autism Support Group

6 Ffordd Crwys, Penrhosgarnedd, Bangor, Gwynedd LL57 2NT

SNAP Cymru

Special Needs Advisory Project – Wales
10 Coopers Yard, Curran Road, Cardiff CF10 5NB
Tel 029 2038 8776

Mencap Cymru

31 Lambourne Crescent,
Cardiff Business Park, Llanishen, Cardiff CF14 5GF

Afasic Cymru

The Exchange Building, Mount Stuart Square, Cardiff CF10 5EB

ACCAC

Qualifications, Curriculum and Assessment Authority for Wales
Castle Buildings
Womanby Street, Cardiff CF10 1SX

Useful Websites

All Wales Autism Resource	www.awares.org
Autism Connect	www.autismconnect.org
Autism Cymru	www.autismcymru.org
National Autistic Society	www.nas.org.uk
Foundation for People with Learning Disabilities	www.learningdisabilities.org.uk

The original publisher of this booklet, the Mental Health Foundation, is the UK's leading charity working for the needs of people with mental health problems and those with learning disabilities. We aim to improve people's lives, reduce stigma surrounding the issues and to promote understanding. We fund research and help develop community services. We provide information for the general public and health and social care professionals. We aim to maximise expertise and resources by creating partnerships between ourselves and others, including service users, Government, health and social services. Since October 1998, the Foundation's work with people with learning disabilities has been carried out under the name, the Foundation for People with Learning Disabilities. It remains part of the Mental Health Foundation.