

ADULT AUTISM ISSUES IN WATERLOO-WELLINGTON

Joint newsletter of Guelph Services for the Autistic (GSA) and Waterloo-Wellington Autism Services (WWAS)
Newsletter No. 8, August 2000

Everyone is invited to visit the Ontario Adult Autism Research and Support Network website at <http://www.ont-autism.uoguelph.ca> It offers a rich and rapidly expanding collection of up-to-date information and communication tools that can put you in touch with other individuals with autism, parents, caregivers and concerned professionals. We can all benefit from the opportunities for mutual support, encouragement and information sharing.

We believe that providing access to more and better information can help to improve the quality of life of adults who have been described among "the most vulnerable members of society." Families and friends of autistic adults can also feel less isolated and more empowered to support their loved ones in the most effective ways.

Even if you do not own a personal computer or are not used to exploring the World Wide Web, it's possible to use Internet terminals in public libraries, for example. You need only type in our URL to reach the main page; then follow site navigation tips to reach all features from live keys on the main page. Our Search feature allows you to type a term or topic, click on Search, and be guided to relevant resources.

Some people who could find our website most useful may feel afraid of the Internet and computers. Please take heart by reading Lucie Milne's story of how she began to use the Internet through her interest in OAARSN—on the back age.

SEE INSIDE:

| | |
|------------------------------|-----|
| Sensory Integration | p.2 |
| Bulletin Board | p.3 |
| Books on the Autism Spectrum | p.4 |
| Planned Lifetime Networks | p.6 |
| The Seattle 2000 Declaration | p.7 |
| Overcoming E-fear | p.8 |

AUTISM AWARENESS

For the autism cause, late July 2000 has not been just the "dog days" of summer. For one thing, we who live with autism (or other severe disabilities) can never quite relax. But autism awareness has surely been raised during the past week, with the feature issue of **Newsweek** and various associated stories. And for once, autism in Canada is in the news, with an important legal judgement in British Columbia.

Newsweek's Cover Story: Understanding Autism dated 31 July 2000, and on newsstands during the previous week, reached an estimated 25 million readers. It includes the following articles:

- The cover story is based on the experience of the family of Rick Rollens, autism advocate, co-founder of FEAT and the M.I.N.D.Institute
- One mother's story by Catherine Johnson, who has two autistic sons, is the coauthor with John Ratey of *Shadow Syndromes*, and is also an associate editor of the FEAT Daily Newsletter.
- Is the MMR vaccine to blame for an autism epidemic?
- Interview with Temple Grandin, recovering autistic savant
- How autistic people experience the world (animated graphic)

This feature issue of Newsweek has been among the largest selling in the magazine's history. It was ranked Number 1 on the MSNBC's Top 10 list, 13 days in a row. Letters to the Editor, faxes, and phone calls to Newsweek on the autism edition have been "overwhelming", "astonishing", "the highest volume, most intense and sustained response to any story we have ever seen".

Landmark Legal Victory in British Columbia

Supreme Court Justice Marion Allen has ruled that children with autism are "the victims of government's failure to accommodate them" by its lack of funding for the treatment for autism. However, it's not yet clear how the ruling will change what services will be provided. The judge won't decide on whether the province should be forced to pay for past and future ABA-DTT treatment until another hearing, likely in the fall. The province may appeal to the Supreme Court of Canada. The ruling only has effect in British Columbia, and would not apply to the rest of the country unless ruled on by the Supreme Court of Canada.

News items like these and links to the full stories are posted in OAARSN's Autism in the News each weekend. Look up the Bulletin Board in the Communications area of the website or use URL

http://www.ont-autism.uoguelph.ca/bulletinboard_new.shtml#autism

Let us know by email at gbloomfi@uoguelph.ca if you would like to be on the OAARSN Listserv to receive weekly email bulletins alerting you to the news and other features added to the site.

SENSORY INTEGRATION:

An Approach to Help with Self-Regulation and Skill Development

Sensory integration is a neurological process, which occurs in all of us. It allows us to take in sensory information, sort it, shape it and then use the information to help us interact with our environment with ease and comfort. The theory of sensory integration was developed by occupational therapist Dr. A Jean Ayres based on her research into the neurosciences and related fields. The theory is applied to observable human behaviors. Occupational therapists have become increasingly involved with individuals with autism over the past twenty years mainly because of the theory of sensory integration. The neurobiological research by Dr. Margaret Bauman as well as the detailed experiences of individuals with autism offers support of the theory of sensory integration and its application to daily living.

Our senses can be defined as both overt and hidden. The senses that are most obvious are those of sight, hearing, touch, taste and smell. The hidden senses are those of movement (vestibular) and of body position sense (proprioception). These hidden senses are primitive and very powerful regulators of our nervous system and help to build the foundation for purposeful movement.

The process of sensory integration is complex. First we register a sensory event e.g. I feel something touching me. Then we orient to the sensation. Sensation needs to be at a certain threshold in order to be perceived. Thresholds vary through the day as well as with your emotions and stress levels. Here the brain decides whether to inhibit or facilitate the sensation – this is called modulation. This helps us to determine what sensations to pay attention to and what not to. We could not possibly pay attention to all sensory input. Individuals with autism usually have some modulation difficulties. In such cases, a person is too much aware of certain sensations and not as aware of others and can have difficulty switching attention to different sensations. For example, an individual may focus on the feel of their clothing instead of the sound of a voice.

Next our nervous system interprets the information and determines whether the sensation is

harmful. This interpretation is based on previous emotional and language experiences and our memories. If the sensation is perceived as harmful, the nervous system quickly acts to protect our body from harm and responds by going into a “red alert” state. This response is labeled as the fight – flight – fright reaction. Our body responds by fighting to protect itself, running away or becoming very fearful. Many individuals with autism constantly operate in this state of over-alertness, hypervigilance and increased anxiety. Just being in this state, lowers sensory registration thresholds.

Once we have perceived and interpreted the sensation, we then organize a response. Our response may be either physical, cognitive or emotional. For example, “I like that touch. It makes me feel safe. I will continue to shake his hand”. The final step in the process is the execution of the physical, cognitive or emotional response. If there is a physical response, adequate motor planning is required – an area that is a concern with most individuals with autism.

Implications of Dysfunctional Sensory Integration in Autism

Individuals who are hyper- or hypo-responsive to touch, movement, vision, hearing, taste and smell sensations can experience an increased amount of anxiety and a decreased ability to orient, interpret and respond to sensation functionally. This will also affect the ability to self-regulate arousal states. Adequate sensory integration is also necessary for motor planning. Motor planning is our ability to plan, initiate, execute, change and stop motor sequences.

Currently, sensory integration principles are most often applied in the format of a sensory diet. Specific activities are tailored to each individual in a prescribed fashion and applied in a functional manner. Sometimes an individual may benefit from direct treatment approaches, depending on the nature of their difficulties.

A sample sensory diet may include activities containing proprioceptive input. (For the purpose of this article, only examples in this system will be used.) This input can be used as a strategy and can easily be applied into a daily schedule. In self-care

....continued from page 2

routines and fine motor activities, the use of vibration, or weighted cuffs for the wrists can increase body awareness and motor accuracy. Personal massage units, foot massagers, or shower head massagers during hygiene activities can facilitate calm. The Wilbarger pressure brushing protocol can help decrease sensory defensiveness to clothing. Wearing weighted vests, hats, or walking with a heavy knapsack can help during stressful activities or when focus is required. In leisure time, proprioceptive activities can include hiking over rough and steep terrain, horseback riding, clay craft or small carpentry projects. Work-related tasks, such as mixing batter by hand, kneading bread, vacuuming or pushing a lawnmower, have proprioceptive elements.

In essence, a sensory diet is much like a nutritional diet and is based on unique individual needs. Use of specific activities can help regulate nervous system alertness to lower anxiety levels, and enhance response and attention to tasks. Application of sensory integration theory is an important part of a holistic approach to help promote self-regulation and motor learning in individuals with autism, thereby increasing functional daily living skills and independence.

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This article is also on the OAARSN website at <http://www.ont-autism.uoguelph.ca/pdf/SI.PDF>
See links to other SI resources also at <http://www.ont-autism.uoguelph.ca/se.shtml>

BULLETIN BOARD

WATERLOO-WELLINGTON AUTISM SERVICES

(WWAS) held its Annual General Meeting on Wednesday 7th June 2000. In his president's report, Dr Roger Hollingsworth, noted that WWAS is particularly concerned with its bursary program, begun in 1996. WWAS is pleased to be associated with the new website. WWAS is on the alert for opportunities to fulfil its original goal of a residential program for vulnerable adults with autism. Discussion topics included plans for a new adult needs survey, and the move to incorporate a local charitable organization modelled on Planned Lifetime Advocacy Networks (PLAN) of British Columbia.

WWAS information may be found at <http://www.ont-autism.uoguelph.ca/wwasinfo.shtml>

Information and application form for a WWAS Bursary are at <http://www.ont-autism.uoguelph.ca/wwasbursary.shtml>

Please show your interest in and support for adults with autism and their families and caregivers.

- a) Become a member or renew your membership of WWAS. Cheques of \$25 or more qualify for tax-creditable receipts. As a member, you have opportunities to share concerns, ideas and hopes about issues relevant to people with autism and their caregivers. You are eligible to vote at general meetings and to be elected to serve on the WWAS board of directors. You also receive AAIWW.
- b) A subscription to AAIWW is \$5 a year, towards production and postage costs.

Make cheques payable to WWAS and send with a note of your name, full address and phone number, to William Barnes, 26 Yellow Birch Drive, Kitchener, N2N 2M2.

For more information, call our answering machine at (519) 742 1414, leave your name, number and message. WWAS thanks Jane Forgay who monitors and responds to the phone messages as a volunteer.

GUELPH SERVICES FOR THE AUTISTIC is a charitable non-profit corporation, formed in August 1980, which functions as a housing trust for people with autism.

The goal is to allow adults with autism to live more fulfilling, happier and more productive lives in homes of their own. Adults with autism can become active members of GSA. GSA helps them to make informed choices about their lives, and in particular with decisions about with whom they will spend their time and share their homes.

GSA has taken on this role in response to the move toward personalized planning and individualized funding, both of which are attempts to improve the quality of life for people with disabilities while making the best possible use of community.

For more information, see GSA pages on the OAARSN website:

http://www.ont-autism.uoguelph.ca/gsa/gsainfo_new.shtml

http://www.ont-autism.uoguelph.ca/gsa/gsafaq_new.shtml

GSA also welcomes new members, volunteers and donors. Guelph Services for the Autistic, P.O. Box 23016, Root Plaza Postal Outlet, GUELPH, Ontario, N1H 8H9

BOOKS ON THE AUTISM SPECTRUM

OAARSN launched a new feature in July 2000—on books about autism, especially adult issues. There are lists of “best books” about autism; notes on specialty publishers of books about autism; some advice on how to order such books; a topically organized bibliography with links to reviews or summaries of each title; featured reviews. Look it up at URL: <http://www.ont-autism.uoguelph.ca/books.shtml> Here we feature: **Adults with Autism: A Guide to Theory and Practice**. By Hugh Morgan, with invited contributors. Cambridge University Press, 1996

This is an important study of issues involved in effective support of adults with autism. As suggested by its subtitle, it relates the theoretical underpinnings to specific projects and practices.

Adults with Autism is distinctive in several ways. First is the focus on adulthood, still very rare in the autism literature. Second is its assertion of the need to move beyond the “increasingly tired rhetoric of generic ideology and practice” so that those who plan and deliver services can “demonstrate understanding of the unconventional patterns of learning of people with autism.” Another is the emphasis of the third attribute, often neglected, of the Triad of Impairments in autism spectrum disorders. Impairments in communication and socialization are more often usually, but the inflexibility in thinking and behaviour is shown to be critical in designing daily living programmes and support strategies. Fourth is the wealth of detail about particular individuals (whose real names are not used), practices and projects. This book contains so much that an outline of chapters is useful.

Adults with autism do not fit neatly into existing systems.

Chapter One presents an international perspective on services for adults with autism, with evidence from many parts of the world. Progress just about everywhere is found to be slow and no country provides a full range of services sufficient to meet the needs of all adults with autism.

Chapter Two is a critique of “underpinning philosophy” and of “global values related to specific practice” including normalisation, quality of life, quality of relationships, teaching strategies, and independence. Hugh Morgan concludes that “the success or failure of individual adults with autism in society will depend more on the skilled networks of support... which accept and understand [their] specific perceptual difficulties ... and create the

environments in which they can learn and experience everyday activities... Clearly normal practice by itself is not good enough for people with autism” (p.47).

Chapter Three describes the Autism Quality Audit and Accreditation program of the National Autistic Society (UK) in relation to the more than 70 local regional autism societies, most of which by the early 1990s had started or planned to start practical services. By 1995, at least 1,200 people were living in services registered under the NAS audit program.

Chapter Four is particularly interesting in its concern with encouraging flexibility in adults with autism to address their difficulties with change, lack of spontaneity and initiative, and difficulties with creativity and imagination, as well as their stereotypical thought and behaviour. Strategies include creating anxiety-free situations, and teaching understanding and awareness so that adults can learn to attend to relevant meanings, and develop memory strategies and abilities to make choices. The authors of this chapter conclude that “we are not dealing with wilful stubborn behaviour (though it can sometimes appear like that), but with a core difficulty in having access to and reflecting on one’s own thinking”

“The real difficulty is in being aware of one’s own thinking and behaviour and thus being able to plan actions, monitor them, and adapt them according to their effectiveness... and remember and apply them in new situations... We need to respect the fact that... they are doing the best they can within their own understanding and the resources available to them” (p. 87).

Chapter Five explores the significance of attachment and loss, and the direct and adverse influences of lack of imagination on how an adult with autism can cope with any process of change. Caregivers and staff “need to understand how and why attachments are formed, to plan the timing and sequencing of transitions.” In addition, “people with autism usually have only a very limited number of close relationships and the loss of one of these may be catastrophic” (p.111).

Chapter Seven presents a model for supporting adults with autism to attend colleges of further education, while Chapter Eight report on the first three years of an innovative employment scheme in a rural area. Chapter Nine considers the physical health concerns of adults with autism, including the distress caused by malaise and medical examinations and procedures, as well as emotional disorders to which they are more subject than the general population. Chapter Ten is concerned with psychiatric and behavioural problems and pharmacological treatments.

In Chapter Eleven, Hugh Morgan appraises some of the shortcomings of traditional intervention strategies for tending to respond to symptomatic behaviour rather than appreciating the style of learning of people with autism as the basis for intervention. It is argued that we should help to enable people with autism to make sense of their world, recognizing their greatly restricted capacity to understand the social and communication rules of mainstream society. “Signposting” and alternative forms of communication are advocated. Practical guidelines are also offered for anticipating and responding to immediate challenging behaviour.

Chapter Twelve investigates the training needs of “practitioners” who work with adults with autism. Too often such staff are poorly supported, “leading to a particularly vulnerable client group.” Training for practitioners in both residential and day centre settings should be planned strategically and focus on two levels of good care practice and autism-specific practice. Various initiatives for providing autism-specific training are outlined.

Finally, in the epilogue, some future trends in practice within the UK are noted—including support to families and to high-functioning adults with autism, influencing the public sector, respite services, practitioner training, “miracle cures,” and the use

new technologies to make the world more understandable.

“The success or failure of individual adults with autism in society will depend more on the skilled networks of support... which accept and understand [their] specific perceptual difficulties ... and create the environments in which they can learn and experience everyday activities.”

For a current summary by the author of the underlying approach and main strategies needed in training practitioners who support adults with autism: <http://trainland.tripod.com/hugh.htm>

OAARSN’s featured book in July 2000 was important but far from an easy or comforting read. ***Fighting for Darla: Challenges for Family Care and Professional Responsibility: The Case of a Pregnant Adolescent with Autism.*** By Ellen A. Brantlinger, Susan M. Klein and Samuel L. Guskin. New York and London: Teachers’ College Press, Columbia University, 1994. ISBN: 0-8077-3356-3 For our review <http://www.ont-autism.uoguelph.ca/rev1.html>

HELP WANTED!

Ontario Adult Autism Research and Support Network (OAARSN) seeks associate editor(s) to maintain the new feature, BOOKS ON THE AUTISM SPECTRUM. This involves being on the lookout for books to review and/or tracking down web-based reviews and summaries.

We also welcome help with AUTISM IN THE NEWS, our weekly summary of headlines about autism. Internet access and the ability to send and receive documents by email are needed.

Like everything on OAARSN, AAIWW, GSA and WWAS, the roles are voluntary! Please email ebloomfi@uoguelph.ca Or leave a phone message at (519) 821-7424.

PLANNED LIFETIME NETWORKS come to our community

"When you are the parent of a child with disabilities, your responsibility does not stop when you die, it stops when he dies."

- *Inspired and haunted by the truth of that thought, a group of older parents established a new kind of organization in 1989 in Burnaby, British Columbia. They called it PLAN, acronym for Planned Lifetime Advocacy Networks.*
- *All parents and friends of persons with disabilities can now benefit from a decade of their persistent caring and creative research--expressed in two tremendous books, **Safe and Secure**, and **A Good Life for you and your relative with a disability** (published this year). Both are intended to motivate, inspire and challenge readers and are organized as workbooks with steps that every parent should work through.*
- *PLAN has a wonderful website at www.PLAN.ca and publishes the quarterly **goodlife times** and **PLANfacts**.*
- *PLAN has been so successful that groups of parents all over North America want to follow its example. PLAN has responded in generously sharing its experience and documentation and providing every encouragement. There are new or budding organizations modeled on the original PLAN in Victoria, Halifax, Montreal, Ottawa-Carleton, Toronto and, now, Waterloo-Wellington and environs.*
- *A steering group of about ten people is working to incorporate **PLANNED LIFETIME NETWORKS (Waterloo Wellington-Oxford)**. For more information about this new forward-looking organization in our region:*
 - a) *In Waterloo Region, phone Roz or Lynne at (519) 746-7950 or email rvincent@sympatico.ca*
 - b) *In Guelph-Wellington County phone Elizabeth at (519) 821-7424 or email ebloomfi@uoguelph.ca*

Essential Principles of PLAN and Affiliates:

1. *Each organization is based in a local community or region and managed by and for families who form a majority of directors and active members.*
2. *Relationships with caring friends are the best guarantee of the long term quality of life, safety and security of our loved ones who have disabilities, so creation and maintenance of a personal network for each vulnerable disabled person is the key function of PLAN affiliates.*
3. *PLAN and its affiliates accept no government funding for their work, though individuals and families of course may need and receive government funding for disability supports and services. Families pay a significant share of costs, and funds are also requested from foundations and corporations (who have proved very interested).*
4. *PLAN helps families to ensure a lifetime commitment, staying involved after the death of parents, and keeping updated on changes in laws re trusts, estates and taxes etc.*

Personal networks ensure a safe future and contribute to quality of life by:

- *Keeping key players well informed*
- *Advocating on behalf of the focus person*
- *Providing links to others in the community*
- *Securing and monitoring supports and services*
- *Providing a forum for Network members to support one another*
- *Acting as a resource for executors and trustees*
- *Providing potential executors and trustees*
- *Acting as representative in supported decision-making*
- *Spending time with the focus person*
- *Planning, dreaming, and having fun*

PLAN's commitment and services to lifetime members include:

- *Lifetime involvement with the focus person, monitoring and advocating for supports and services*
 - *Advisory role for executors and trustees*
 - *Maintenance of Personal Network*
 - *Monitoring of guardianship agreements*
 - *A personal future plan, with ten hours of consultation*
 - *Quarterly newsletters, information bulletins, workshops*
- Associate membership is possible for families who would like to keep informed, as a basis for future action.*

REPORT OF THE FIRST INTERNATIONAL CONFERENCE ON SELF-DETERMINATION & INDIVIDUALIZED FUNDING, SEATTLE, WASHINGTON, U.S.A. JULY 29-31, 2000

Over a thousand people from around the world took part in this groundbreaking conference. During the past decade individualized funding (also known as direct payments or individualized budgets) and self-determination has become a focal point for the worldwide disability movement. Individualized funding is now recognized as a fundamental requirement for self-determination, enabling people to purchase, and therefore gain control over, the supports needed to enjoy meaningful lives in the community.

This conference provided a forum for:

- sharing experiences and lessons learned from demonstration projects and research initiatives;
- discussing critical political, policy and implementation issues;
- participating in international consensus building activities to arrive at a shared view of the fundamental principles and critical components of individualized funding and self-determination;
- building collaborative partnerships that will energize the international movement in the new millennium.

THE SEATTLE 2000 DECLARATION:

Preamble

- This conference has been founded on the certainty that people with disabilities have the same rights as other citizens to freedom, equality, equal protection under the law, and control over their own lives. These rights must be honoured if people who have disabilities are to be fully included as valued citizens in the relationships and opportunities of community life. Many people require personal supports or other services to ensure their full citizenship and inclusion. These supports and services must be funded and provided at a level and in ways that uphold the rights of the individual.
- This conference is no less certain that these rights have often been disregarded. Citizens who have disabilities experience oppression in many aspects of their lives. The causes of oppression include poverty, other people's attitudes, and the systems of publicly and privately funded support services, comprising

- Laws, policies and regulations;
- State and private sector funding bodies;
- Agencies which provide services.
- These systems operate in ways that deny control to those they are intended to serve. Without accountability to those who require their assistance, these systems decide how, where and with whom people shall live and spend their days. While this situation persists, people of many nations will not be able to exercise their rights or fully participate in their communities.
- For these reasons, this conference calls on policy makers in all countries, at all levels of government, and on agencies which provide support, to ensure that the assistance made available to all citizens is based on the following principles [and factors,.....*set out in the full declaration posted on OAARSN*]:

Roles and Responsibilities in Achieving Progress:

- All people, including individuals with disabilities, have rights and responsibilities to live as full citizens and we must eliminate barriers that stand in the way.
- Governments must make funding contingent on providing individualized self-determination based supports. This requires innovation, a focus on results, and employing persons with disabilities and their families.
- Service providers and organizations, in an expanded organizational role, will deliver supports to minimize dependency and strengthen partnerships with the larger community to address barriers to freedom and opportunity.
- Fellow citizens accept that people with disabilities are entitled to access, accommodation or supports, and that Individualized funding is the best way to target supports that meet people's needs.

The full text of the declaration may be found at the OAARSN website, on the Bulletin Board, under Disabilities News. We thank our special correspondent Martha Leary for this express report.

OVERCOMING E-FEAR

By Lucie Milne

I thought I did not like machines, including computers. I like face to face, eye to eye and ear to ear contact. The human touch. Ear to ear? Take the phone. That ring at supper time when you are certain to be in. "Hellooo. How are you today. . . This is a recording." It is not a friend calling, but I cannot do without my friends when they are the ones who do call. Phones are machines, even computerized. Well, those are fine to have.

Eye to eye? Books. Newspapers. Computerized machines print those out. And when I was ill in hospital computerized machines fed me, examined me - kept me alive. Banking, shopping, recreation, I have had to face it that I live in a computerized world. Okay, but only as long as I don't have to run any of these machines, other than press a few buttons, now and then.

But then my daughter insisted I buy a computer to do my writing, to communicate with my friends who seem now to have writer's cramp. The mailbox has become lean these past years, it is true. Besides, my daughter persists, your typewriter is obsolete. I am obsolete, I mutter to myself. I am a senior and I like the slow pace now. Are not computers for the fast-paced young? But then there is the writing. No more messy carbons or rewriting pages and pages. And the machine corrects spelling, too. I said I would try it, just that part of the computer. Nothing else. And so I write as I am doing now and it is just fine.

And my printer will chug out the neat pages. I survived this entry into the computer world.

Of course e-mail had to follow. That led to several hysterical moments and long distance calls for help. Wrong steps taken. Some key hit by accident. But now I write letters and better still I receive them, even a photo from half way around the world. A friend sent me his sister's autobiography, an attachment to his letter, and I sent my recent book to several friends to read. . . I like e-mail.

Go for the Internet, a friend encouraged me. I decided firmly that I would never get that straight. Besides, who needs more information than libraries and bookstores give, except that they don't have it all. Then an e-mail came, telling me to click on the address in coloured letters: <http://www.ont-autism.uoguelph.ca>. That I could do. I clicked. And a new experience began for me... I discovered stories, up to date information, week by week news that comes quickly about adults with autism. And there is the HELP part. I need help with. . . What are others doing? And the positive responses that say, Your help works.

I have entered other web sites but the ONTARIO ADULT AUTISM NETWORK (OAARSN) gets my weekly visit. I think now, I would not want to miss information that would help me better understand autism, and I could pick up an item or two that will address someone else's concern in the area of adults with

autism. I guess I have to say that I am grateful for my computer. It has become friendly to me, or maybe it is I who has become friendly to it. I was not too old to learn how to run the machine, either.

You may be directly involved with an adult who has autism. You may be only acquainted with an individual who has autism. Or you may know little or nothing about the subject of autism. To click on to <http://www.ont-autism.uoguelph.ca> is a way to understand and to care for and about another human being. OAARSN, a click away, needs a visit from you.

HOW MANY PEOPLE HAVE AUTISM?

Autism spectrum disorders (including Asperger's Syndrome) are now estimated to affect 91 persons in every 10,000, nearly one per cent of the total population. In Canada, that means more than a quarter of a million families are touched by autism spectrum disorders to some degree—over 100,000 of them in Ontario. Throughout the world, it means that 48 million people have some form of autism.

Look up the OAARSN website for such information, especially about adult autism issues.