Solving the Autism Puzzle

Program & Abstracts

Lafayette, Louisiana

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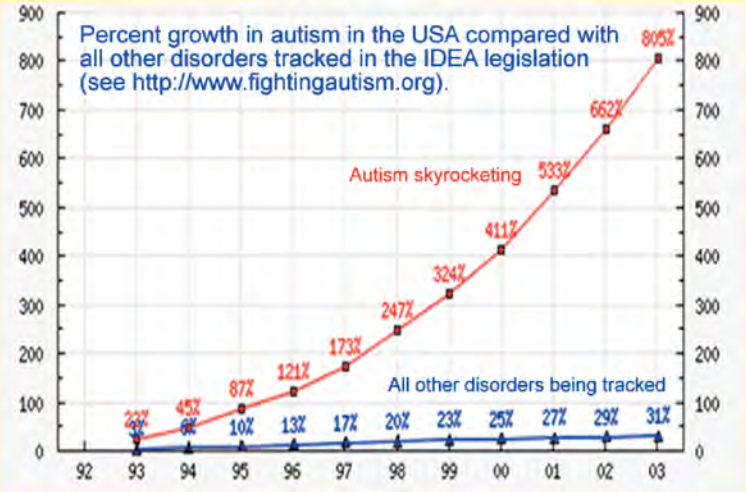
Approved Continuing Education Provider
American Speech-Language Hearing Association

Sertoma International Conference on Autism Spectrum Disorders



Why is the number of new severe diagnoses still skyrocketing?

It can't be all genetic. Human genes don't change that fast. Childhood autism is now more common than spina bifida, cancer, Down syndrome, or any other childhood disorder (Muhle, et al., 2004, *Pediatrics 113*). The graph shows data through 2003 but the CDC reported February 9, 2007 that the red line of autism is still climbing in 2007. About 40% of the new cases are severe and criteria for those cases have hardly changed in 50 years.

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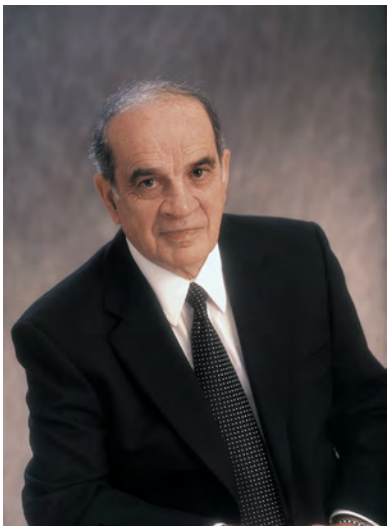
Contents

Foreword



Dr. Ray Authement, President of UL Lafayette welcomes participants to Autism07.

The autism puzzle is among the most troubling of today's world. Severe autism robs parent and child of a normal relation with each other. Jon Shestack, the producer of *Father of the Bride* and other Hollywood motion pictures, is father of a boy with autism and the Founder of the California based organization *Cure Autism Now* (cureautismnow.org). He quoted a mom saying, "It's as if someone came in the middle of the night and stole your child's mind and personality leaving his bewildered body behind." As one dad put it, he hopes that someday he will hear his son, who is now seven and still nonverbal, just say, "Hi dad." Why is it so difficult for individuals with severe autism to acquire language and speech and to form normal social relations? Why do children with autism commonly have digestive problems? And why is the number of children being diagnosed with autism still increasing? How can we explain the large numbers of children being diagnosed with severe autism for which the criteria have not changed in more than half a century? Could these nonverbal individuals have gone unnoticed in the past or do more children today have severe autism?

A week after I approved the ad for this conference for the *Autism Advocate*, CBS, NBC, and Fox News all released stories concerning the fact that diagnoses of autism are still rising. The very next day, the headline in *USA Today* was "**Autism Estimates Increase Sharply**." When Dr. Oller gave the opening keynote at the International Clinical Linguistics and Phonetics meeting here in Lafayette, authoritative epidemiologists were then estimating the prevalence of autism at 1/500. Nine weeks ago, on February 8, 2007, the CDC officially adjusted the estimate to 1/150. The increase in the number of children being diagnosed with autism is notable. Because of this increase, on the order of 333% in just a few years, autism is being studied more intensively than ever before. If we look back a few decades, when the estimated prevalence was less than 1/30,000, the increase in diagnoses is staggering, more than 20,000%. No wonder, in 2003 Jon Shestack called the autism problem a "national emergency."

The question is, *what is causing the huge increase in the diagnosis of autism spectrum disorders and what can be done about it?* This conference addresses that critical question along with questions about the diagnosis and treatment of autism and related disorders. Autism07 has received the highest possible rating for continuing education from the American Medical Association. Qualified participants can receive up to 13.25 *AMA PRA Category 1 Credits*^{TM}. Continuing education is also available to dentists, nurses, behavior analysts, psychologists, hygienists, social workers, occupational therapists, teachers, and physical therapists. For speech-language pathologists the conference is accredited for continuing education by the American Speech-Language-Hearing Association. Consistent with the dynamic of the Lafayette community and the University of Louisiana at Lafayette which forms an important part of the economic base, Autism07 is the first of its kind in Lafayette and the first ever to cross disciplinary boundaries that have traditionally separated medicine, speech-language pathology, dentistry, occupational therapy, social work, etc. Autism07 brings the professionals diagnosing, treating, and researching the autism puzzle together with parents and community representatives at the Cajundome Convention Center.

Autism07 offers a well-balanced program dealing with known or suspected causal factors followed by discussions and workshops on treatment and diagnosis. Judging theories of causation and telling whether any given treatment is working requires accurate diagnosis and the tracking of changes over time. Thank you to the sponsors, especially the Sertoma Club of Lafayette and the Acadian Society for Autistic Citizens who have joined with the University of Louisiana at Lafayette in putting on this international conference. Thank you also to the accrediting agencies and to the financial partners who have helped bring parents and professionals to this meeting. Finally, thank you to the participants, parents, and professionals who have come to Lafayette to help solve the autism puzzle. The University of Louisiana at Lafayette is proud to join with the Acadian Society for Autistic Citizens, and the Sertoma Club of Lafayette in welcoming you to the Sertoma International Conference on Autism Spectrum Disorders.

Ray Authement

President, UL Lafayette

Acknowledgments by Sertoma

The story of Autism07 began before the Sertoma Cajun Air Festival of 2004 which provided seed money for it. In 1963 Sertoma International, and local clubs around the world, took on the mission of serving children and others with speech-language-hearing disorders. That year, the Sertoma Club of Lafayette immunized 80,000 Citizens against polio. There has not been a case in Acadiana since then. The name, Sertoma, comes from "SERvice TO MAnkind." In 1986, the club put on the first Sertoma Cajun Air Festival— a fundraiser for projects like Autism07. The Club was chartered in 1959 and two charter members, Gordon Keller and Gerald Domingue, are still active.

When it became known that autism had become more common than childhood cancer, spina bifida, Down syndrome, or any other childhood disorder, funds were set aside from the Cajun Air Festival 2004 to host an international conference on autism spectrum disorders. It was clear that autism had become the top priority among communication disorders. Autism07 is the result.

The Sertoma Club of Lafayette especially thanks its primary partners in Autism07: the University of Louisiana and Dr. Ray Authement along with the Acadian Society for Autistic Citizens. The latter organization has now become an official affiliate of Sertoma International, in helping us to put on this conference. We also thank Sertoma International Foundation for funding a matching grant to John Oller the present Club Secretary and Organizer of Autism07, to support research and treatment of autism. Autism07 and that matching grant are the first projects that we know of that have been funded by Sertoma to address the world-wide puzzle of autism.

We are glad to be involved in these first efforts. Some of the folks who have helped us must be named: Ronald Carriere, Steve Carriere, and Murphy Carriere of Bodemuller the Printer in Opelousas for our brochures and this Program; Dale Ziegler of Impressions Print Design and Marketing in Breaux Bridge for help with the design of our first brochure; the Cajundome Convention Center staff, especially Pat Wright and Sharlene Chiasson for going the extra mile in adjusting setups etc.; Jim Clark for help with the audiovisual requirements and exhibits; Taylor Toce of Toce Media for our DVDs; Mr. Pat LaCorte of New Hope Travel for handling registrations and speaker travel.

We also thank our speakers, poster presenters, advertisers, and exhibitors, especially those who have come long distances to participate in Autism07. In addition we thank all of the Planning and Organizing Committee (see the copyright page above); and every one of our individual partners (donors) who have helped to pay stipends offered to participants. We must thank the agencies that have worked with us in accreditation of continuing education for this conference: the Louisiana State Medical Society for medical accreditation; Dr. Vincent Liberto, Head of Pediatric Dentistry at the Louisiana State University School of Medicine for dental; R. Cassidy Seminars for (http://www.rcassidy.com) for continuing education for professional psychologists and nurses; the American Speech-Language-Hearing Association, and especially, Ms. Renae Colwick, CCC-SLP, and President of the Louisiana branch (LaSHA); the Louisiana organizations that have approved accreditation for social workers, occupational therapists, and physical therapists; and Dr. Vincent Carbone, an approved provider of continuing education units for the Behavior Analyst Certification Board.

Most importantly, we thank all of the people who have registered for the conference. If you were not here, there would be no Autism07. We hope you will be repaid many times over in the coming months and years for the effort and expense to be here. Please visit the exhibits, review the posters, and take full advantage of all the resources at this meeting. If you are interested in Sertoma as a potential member or in any other capacity, please visit the Sertoma Booth on the first floor in the registration area.

Welcome to Autism07,

Steven J. Broussard
Chairman of the Board of the Lafayette Sertoma Club

Disclosure Statement:

The only source of remuneration for any talk at this conference is from the Sertoma Club of Lafayette. The presenter in each and every case has declared in writing that he or she has no "relevant financial relationships with any commercial interests" to slant the talk in any particular direction. It is understood that no commercial supporter other than the Sertoma Club of Lafayette is making any payment to any physician or speaker.

Purpose of Autism07

This international conference focuses on the etiology, diagnosis, and treatment of autism spectrum disorders. It is research-based, theory-intensive, and practice-oriented. Autism07 is possibly the most widely accredited international conference of its kind in the history of the study of autism. As Dr. Authement has noted in his preface, continuing education hours are available for physicians, dentists, psychologists, nurses, speech-language pathologists, audiologists, occupational therapists, physical therapists, dental hygienists, certified behavior analysts, teachers, and social workers. We believe the high level and wide-ranging cross-discipline accreditations were granted on account of the well-documented fact that the number of diagnoses of cases of autism spectrum disorders are still rising. As a result, every area of health care, social service, and educational program is impacted.

The primary goal of Autism07 is to consider the most likely causes of the skyrocketing increase in numbers of diagnoses of autism spectrum disorders (Muhle, Trentacoste, & Rapin, 2004; also see the CDC *Morbidity and Mortality Weekly Report* 56, MMWR 2007;56, No. SS-1 released February 9, 2007). In about 6 decades this class of disorders has gone from a rate of fewer than 1/30,000 to 1/150. The organizers and planners of this conference are convinced that some of the popular theories that have been proposed to explain the increasing numbers of diagnoses cannot account for the known facts. In particular, the increasing number of severe cases are unexplained by some of the most commonly proposed theories. A central question underlying all of the theories is, ***What is causing the increase and what can be done to halt it?*** Of almost equal importance is the question, ***What can be done to help the persons already directly or indirectly affected by autism and related disorders?***

Completing the Partial Theories

No one denies that the numbers are on the rise. To explain this fact, various theories have been proposed. Each one, by itself, as we will see is almost certainly incomplete. For example, there is the recent proposal that autism is harmless, as proposed by Gernsbacher, et al. (2006). This theory is appealing to consider for the mildest cases of Asperger syndrome and high-functioning savantism, but it does not work for cases of severe autism where digestive problems bring severe pain and neurological impairments. It does not work for children and their loved ones who are prevented from forming normal social relationships.

One goal of Autism07 is to complete the picture. We seek a solution to the puzzle that will make sense of the whole picture. The solution should not be based on vested interests, pet theories, single cases, or speculative opinions. We should seek every possible means of refuting every idea put forward until we achieve a coherent understanding that is consistent with all the known data. We require a theory that is, as Einstein put it according to journalist George F. Wills (1979, p. 100), "as simple as possible, but no simpler."

Five credible, but we believe, incomplete theories have been published in professional outlets to explain the accelerating number of diagnoses of autism spectrum disorders. These include: (1) the **broadened criteria theory**, (2) the **public awareness theory**, (3) the **follow-the-money theory**, (4) the **genetic theory**, and (5) the **toxic stress theory**. Let's take each of these one-by-one and critically examine it. Oller, Oller, & Badon (2006) have reviewed much of the relevant evidence for the discussion to follow in *Milestones* (pp. 27-28 and also pp. 369-396). Here is an update:

(1) It is true that the criteria for the diagnosis of autism were broadened in 1994 to embrace what are now called the "autism spectrum" disorders. This broadening has been proposed by some as the best explanation for the growth in numbers of persons diagnosed with autism. This is the **broadened criteria theory**. Some have argued that it is the best explanation for the increased numbers of diagnoses (see Fombonne et al., 2006). However, if that theory were correct, we should find a spike or sudden upsurge in the growth curve after 1994, leveling off as the wider criteria are understood. But we do not see a sudden spurt of growth followed by leveling off. Instead, we see a steadily accelerating curve that is still going up. The figures recently released by the Centers for Disease Control do not support the idea that the increase has peaked (see http://www.cdc.gov/od/oc/media/pressrel/2007/f070208.htm visited on March 2, 2007).

More importantly, the broadened criteria theory cannot account for the increase in the number of severe cases where the individual affected cannot talk, does not form normal social relations, and is apt to engage in stereotypical repetitive behaviors such as hand-flapping and rocking. The criteria for diagnosing such severe cases of infantile autism have hardly changed at all since 1943 when Leo Kanner diagnosed the first cases. As a result, the broadened criteria theory is incomplete. It does not point to the driving force behind the growth curve that continues to accelerate upward. In particular, it cannot explain the vast increase in the cases of the severe kind. These cases are increasing quite independently of the broadened criteria because the criteria for the severe cases are still just about exactly as they have always been ever since 1943.

(2) Another proposal is that public awareness has increased and that this has caused the increase in the

number of children being diagnosed with autism. With the release of films such as *Rain Man*, *Mercury Rising*, and so on, certainly public awareness of autism has risen. It is difficult these days to pick up a newspaper, turn on the TV, or read headlines on the internet without finding a story on autism popping up. So, the **public awareness theory** has merit. Surely it contains some truth. Some cases of Asperger syndrome and high-functioning autism that were previously unnoticed have recently been diagnosed because of increased public awareness. But can the change in public awareness account for the rising number of diagnoses of children with severe autism? Could children who never speak, who do not form normal social relations, and who perform stereotyped behaviors such as hand-flapping have gone unnoticed in the past?

Or is the increasing public awareness about autism because of the fact that there has been a real increase in the numbers of individuals who have autism? The increase in public awareness may be caused in part by the fact that there are more cases of autism to be aware of than ever before. If public awareness were causing the increase seen in the graph on the front of this program, the curve should level off after the public awareness reaches a point of saturation — the point where nearly everyone knows about autism. When that point is reached the numbers should level off, but this has not happened. Also, like the broadened criteria theory, the public awareness theory fails to account for the huge increase seen in cases of the severe kind. It does not require a lot of public awareness for a school-age person who cannot speak, does not recognize other persons, and who performs stereotyped repetitive behaviors such as hand-flapping to be noticed. The public awareness theory does not account for the rise in numbers of persons with severe autism.

(3) Then there is the **follow-the-money theory**. It says that people have changed the diagnosis of large numbers of children and adults because there is more money for autism than for other disorders (along this line see Shattuck, 2006). This theory certainly seems plausible and may be correct for some cases. However, health insurance policies often exclude treatment for autism while other disorders are covered. Also, it is difficult to imagine how the small and inadequate funding for treatments of any aspect of autism would cause a parent or teacher to want to diagnose a child as autistic. In fact, in many cases, autism is excluded by insurance companies so that there is actually more money available for mental retardation of the Downs kind, for instance, than for a diagnosis of autism. So why would school personnel, doctors, or least of all parents prefer a diagnosis of autism on account of money? The follow-the-money theory falls short. It especially fails to account for the increasing numbers of severe cases. No one could give any parent enough money to get them to want their child to be diagnosed as severely autistic. There isn't enough money in the world to make that happen.

(4) Perhaps the most agreed on theory is that autism is caused in part by genetic factors. This may be called the **genetic theory**. The Children's Hospital of Philadelphia (www.chop.edu/consumer/jsp/division/generic.jsp?id=75751) claims that autism is like sickle-cell anemia, cystic fibrosis, Tay-Sacks syndrome, and other known genetic disorders and diseases. In view of the recent work by Campbell et al. (2006; also see Hagerman, 2006), the fact that genetic components are critically involved in autism spectrum disorders is undeniable. But how can genetic factors change fast enough in human beings, with our slow rates of reproduction, to produce an accelerating growth curve starting at less than 1/30,000 around 1950 and ending with 1/150 today (CDC http://www.cdc.gov/ncbddd/autism/)? Humans do not reproduce fast enough for genetic change to produce the accelerating increase in autism diagnoses. So there must be other factors besides the genetic ones.

The genetic theory needs assistance to be completed. As Jon Shestack pointed out in his talk in 2003 (click 9:30 am at http://www.tvworldwide.com/events/nimh/031119/agenda.cfm, last visited March 17, 2007, to hear his talk), "There is no such thing as a genetic epidemic." The "genetic epidemic" theory fails because the rise in diagnoses of autism has occurred far too rapidly. Genetic changes in the human race cannot occur fast enough to account for the red line rising in the graph shown on the front cover of this Program. In view of the fact that humans do not reproduce at the rate of bacteria or even fruit flies, the genetic epidemic theory fails to account for the whole picture. There must be other factors besides genetics to explain the increase in autism spectrum diagnoses. No one denies that autism is linked to certain genetic elements that make some families and individuals more susceptible (see Hornig et al, 2004; also Campbell et al., 2006), but these facts alone have no power to account for the skyrocketing increase in the number of diagnoses. Genetic factors alone cannot cause the increase being observed. One or more additional driving forces must be present.

(5) Toxins are almost certainly involved as factors either in causing or exacerbating the autism spectrum disorders and other neurological and neurodegenerative conditions. So we come to the **toxic stress theory**. An increase in toxic exposure actually could cause the sort of accelerating growth curve seen in the graph on the front cover of this Program. Although some groups and individuals have rejected the idea that neurotoxins such as the mercury in certain medical preservatives and in the so-called "silver" (actually mostly mercury) dental fillings can cause autism and other neurodegenerative conditions, the research shows that the mercury in dental amalgam is linked to all sorts of neurodegenerative conditions (see Mutter et al., 2005). The claims in publications from various medical groups supporting the use of mercury as a preservative agent in vaccines (e.g., see the statement by

the American Academy of Pediatrics at http://www.cispimmunize.org/pro/pdf/Geiersummary.pdf visited March 17, 2007; also Parker et al., 2004) and in dental fillings (see Clarkson & Magos, 2006; and http://www.ada.org/public/topics/fillings_faq.asp visited March 17, 2007) are not only without factual foundation, they are plainly false. There is no need for additional research to reject these claims that mercury is safe, or that there is insufficient evidence to show that it does harm. The toxicology research refuting those claims is ubiquitous, unambiguous, and uncontroversial. It shows that mercury (whether in its ethyl, thimerosal, form, or in the methyl, amalgam, form) is highly toxic and sometimes fatal in parts per million. In parts per billion is still harmful. Also, there is positive and irrefutable evidence that ridding the body of mercury is beneficial and that it specifically reduces symptoms associated with neurological degenerative disorders (Geier & Geier, 2006a; Wojcik et al., 2006).

It is known that toxins, particularly the sort found in ethyl and methyl variants of mercury, cause toxic (poison) stress in all mammals and they make neurodegenerative conditions in animals and humans worse (see the many references listed at http://www.whale.to/d/biblio.html also see Hahn et al., 1989; Mutter et al., 2004; Rode, 2006). Such toxins can only make autism worse even if they should eventually turn out not to be the primary causal agents. It is not doubtful or controversial that mercury is a highly potent neurotoxin. To see how potent, view the video *How Mercury Damages Nerve Fibrils* (view the video at http://commons.ucalgary.ca/mercury/ and see Leong, Syed, & Lorscheider, 2001). The experimental toxicology research plainly supports the toxic stress theory. As Bernard et al. (2001; also Blaxill et al, 2004) pointed out thimerosal — the mercury laced preservative used in certain vaccines and in certain medicines such as Rhogam (though mercury free variants are available now; see http://www.rhogam.com/ visited March 17, 2007) — is one of the key sources of the neurotoxicity commonly found in individuals with autism. The denial that mercury poisoning can cause the symptoms of autism refuted by the vast research findings reviewed by Bernard et al. Also see the medical research compiled by Dr. Amy Holmes, MD (at www.healing-arts.org/children/metal-metabolism.htm). To say that there is insufficient evidence to make the call that mercury should NOT be used in medicines or dental fillings is to make a false claim. No number of negative research studies or additional failed experimental designs along the lines of the recent JAMA article can vindicate the use of mercury in fillings placed in children's mouths (see Bellinger et al., 2006). No such study could possibly erase what we know about the neurotoxicity of mercury.

A crucial logical problem with the arguments from failed experiments and null outcomes — those claiming to have found no relation between mercury in vaccines, medicines, and dental amalgam with neurological disorders and degenerative conditions — is that they are all predicated on the false premise that rational conclusions can be drawn from the absence of evidence in particular instances. This is always untrue in every case. It does not matter how many times investigators fail to find the fingerprints of a perpetrator on the scene of a crime. A single positive instance is sufficient to overturn hundreds of failed searches for evidence. In the neurological problems at hand, the neurotoxicity of mercury is undeniable. There are hundreds of studies showing that it causes symptoms of neurodegeneration, genetic damage, cell damage, etc. No number of studies failing to find associations could overturn these known facts.

Mercury is known to be a powerful toxin. It is neurotoxic, genotoxic, cytotoxic, and in general biotoxic. It damages nerves, chromosomes, bodily cells, tissues, organs, and organisms. A search of the terms ((thimerosal OR thiomersal OR mercury OR merthiolate) AND (disease OR disorder OR degenerative OR toxin OR poison OR damage OR toxic OR toxicology OR toxicant OR intoxication)) on the Web of Science turned up 3,792 results on February 22, 2007 at 11 PM. Of these results, hundreds of empirical research studies show the neurological damage done by mercury in both ethyl and methyl forms. Groups and organizations that claim that no harm by mercury was found in certain instances of exposure are trying to prove a false theory by the absence of results in certain specific cases. This is like arguing that there is no uranium on the earth because a few shovels full of dirt do not contain any measurable quantity of it. It is like arguing that a certain criminal should be exonerated because his fingerprints were only found in a few places at the crime scene but that there were many places where his fingerprints were not found. It only takes one demonstration of the toxicity of mercury to show that it is toxic. There are actually hundreds of such demonstrations already on record.

It is interesting that the first cases of autism were noticed beginning in 1937 just a few years after Eli Lilly introduced the preservative thimerosal into certain vaccines. Thimerosal is also known as thiomersal by the Brits, and as merthiolate in its commercial form as a topical disinfectant. Since 1973, and even before that, research studies have demonstrated again and again that mercury is neurotoxic in both its ethyl and methyl varieties. It damages nerves, germ cells, and cells in general. It is neurotoxic, genotoxic, and cytotoxic. These results are uncontroversial in the empirical research on mercury as a toxin. Although some defenders of mercury in medical applications have split hairs over the impact of ethyl versus methyl mercury, both are known to be highly neurotoxic (e.g., see Geier & Geier, 2006; also Walker et al., 2006).

This conference focuses primary attention on research

bearing on the causes of autism because until the causes are known, treatment protocols must operate somewhat in the dark. A secondary emphasis is diagnosis. Without adequate diagnostic procedures, it will be difficult to impossible to tell whether or not a given treatment protocol is producing the desired results. So diagnosis is also very important and is one of the areas where we have focused considerable attention in our own work for some years (Oller & Rascón, 1999; Badon et al., 2005). All of the information concerning causes and diagnosis feeds into the determination of effective treatment protocols. We are interested in protocols that can halt the advance of, or possibly reverse the damage done in some cases, and move us closer to understanding and conquering the mysteries of the autism spectrum disorders. To the extent that this can be accomplished, it can be expected that contributions will also be made to improved understanding of other neurological and neurodegenerative disorders as well.

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Welcome to Autism07,

John W. Oller, Jr., Ph.D., Hawthorne Regents Professor & Organizer of Autism07

Continuing Education Credit

To qualify for continuing education credit in any of the categories provided — physicians, family practitioners, pediatric neurologists, pediatric dentists, dentists, psychologists, certified behavior analysts, dental hygienists, nurses, speech-language pathologists, audiologists, occupational therapists, physical therapists, social workers, special education teachers, and teachers — you must complete two evaluation procedures.

First, obtain and fill out an evaluation form on site for each of the sessions attended for continuing education credit. This evaluation form assures us of your attendance at the session. It must be handed in to one of the proctors at the end of the session in question.

Second, after the conference, at autism07.com download and fill out the evaluation form where you will be asked to evaluate the entire conference. You will verify attendance and comment on each of the sessions you attended. This second evaluation process is essential if you are to receive continuing education credits. It not only assures the accrediting agency of your attendance but it also provides important information about the benefits received from the conference.

Louisiana State Medical Society Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Louisiana State Medical Society through the joint sponsorship of the LSMS Educational and Research Foundation, University of Louisiana at Lafayette, Sertoma & Acadian Society of Autistic Citizens. The LSMS ERF is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians. Designation Statement The LSMS Educational and Research Foundation designates this educational activity for a maximum of 13.25 AMA PRA Category 1 Credits ™. Physicians should claim credit commensurate with the extent of their participation in the activity. ADA Statement The LSMS Educational and Research Foundation fully complies with the legal requirements of the ADA and the rules and regulations thereof. If any participant is in need of accommodation, please do not hesitate to contact Rachel Alonzo at 800-375-9508.

ASHA Accreditation Statement

For SLPs and audiologists the Louisiana Speech-Language-Hear-ing Association (LSHA) is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. This program, the Sertoma International Conference on Autism Spectrum Disorders, is offered for 13 continuing education hours or 1.3 CEUs (intermediate level; professional area).

ASHA CE Provider approval does not imply endorsement of course content, specific products, or clinical procedures. An annual ASHA CE Registry Fee is required to register for ASHA CEUs and is re paid by the participant directly to the ASHA national office. Contact the ASHA CE staff at 800-498-2071, ext. 4219 for CE Registry Fee subscription information. There is a $30.00 processing fee for non-LSHA members. This $30.00 fee is charged by LSHA, not by ASHA, for the purpose of processing non-member CEU forms and reporting this information to ASHA. This fee must be paid at the time of the activity. LSHA members receive complimentary ASHA CEU processing as a benefit of membership. The Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA) accepts continuing education activities sponsored by LSHA for licensure renewal.

APPROVED CONTINUING EDUCATION PROVIDER
AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

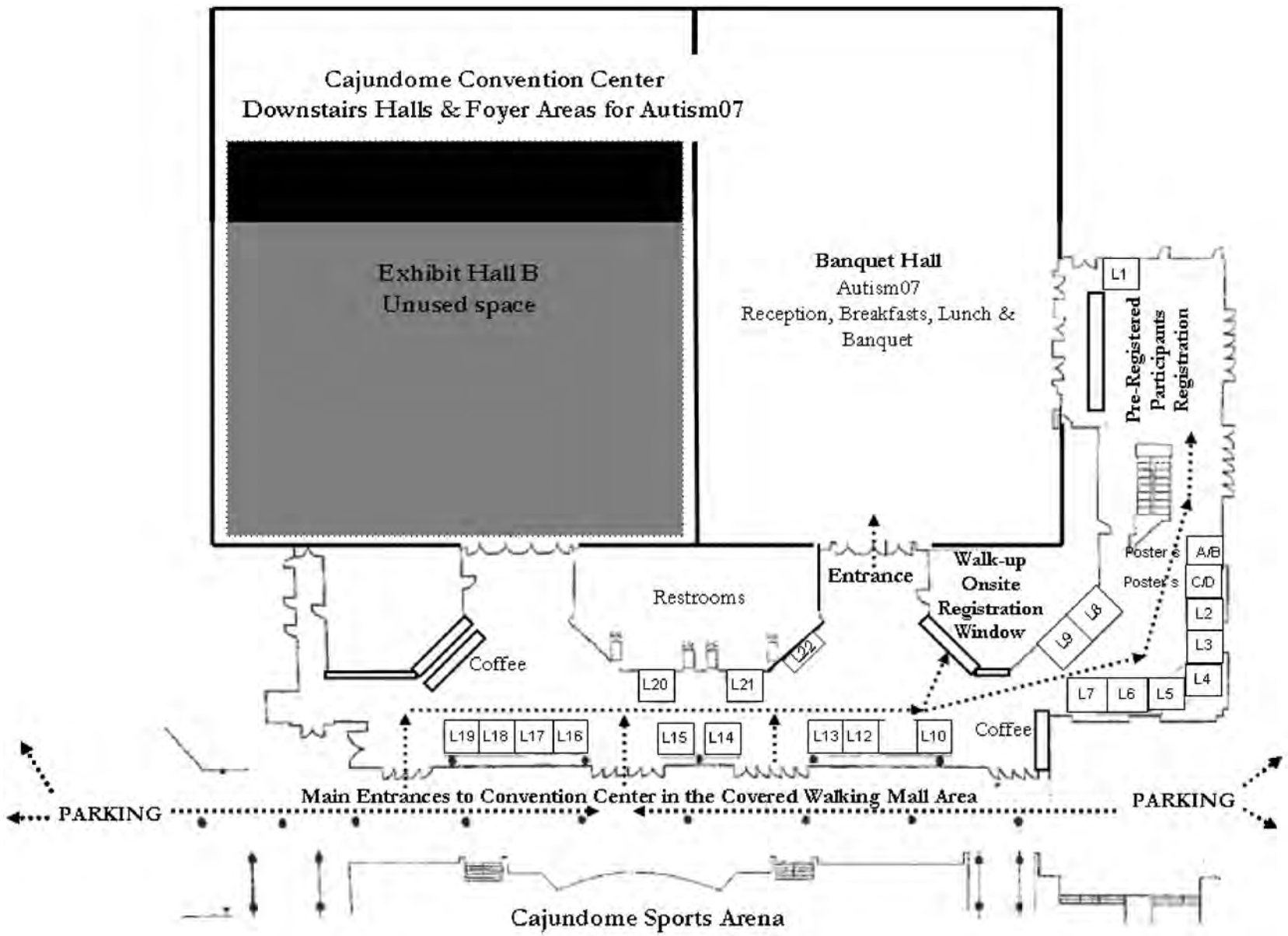
Other Providers of Accredited Continuing Education Units

In addition to the foregoing accreditations, continuing education hours are available for dentists and dental hygienists through the Louisiana State University School of Medicine; National Association of Social Workers, Louisiana Chapter; Louisiana State Board of Physical Therapy Examiners; through Dr. Vincent Carbone for the Behavior Analysis Certification Board; and through R. Cassidy Seminars for nurses and psychologists.

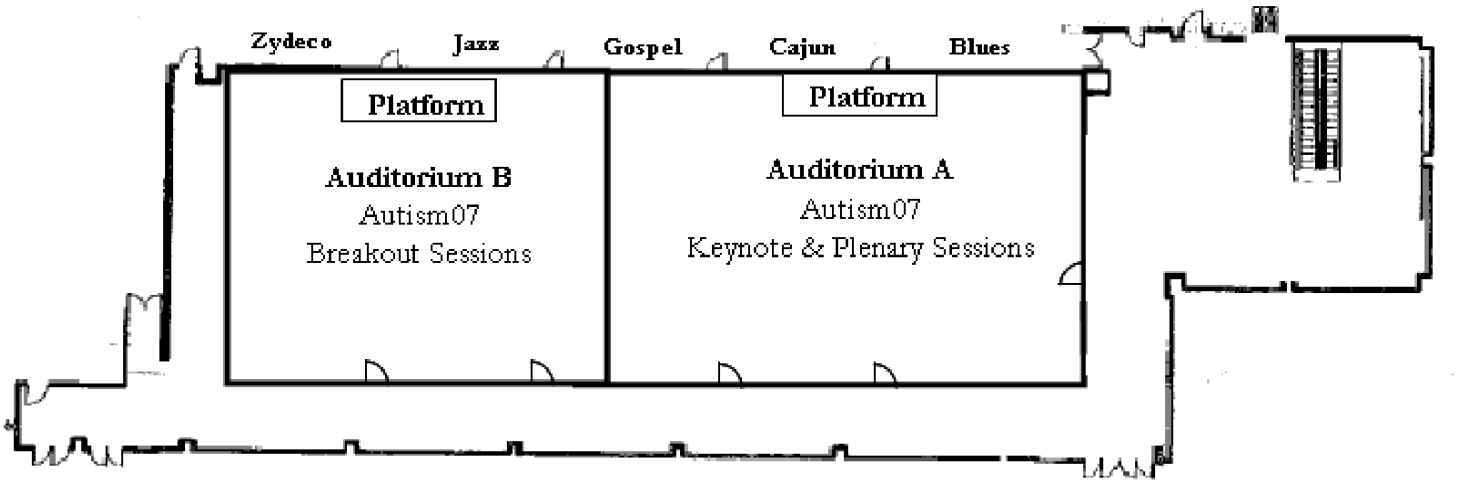
Thursday

10 am - 10 pm Exhibitor's set up.

12 Noon - 7 pm Registration in the Foyer area of the Cajundome Convention Center



Cajundome Convention Center
Upstairs Halls



7 - 8 pm Keynote Mercury, Vaccines & Autism: Is There a Link? by Mr. David Kirby in Auditorium A.

David Kirby (keynote speaker) is author of the critically acclaimed best-selling book *Evidence of Harm, Mercury in Vaccines and the Autism Epidemic — A Medical Controversy* (St. Martin's Press - 2005). The book opened at number 27 on *The New York Times* bestseller list and has sparked a national debate in private homes, leading universities and the halls of Congress. Mr. Kirby has appeared on *Meet the Press*, *The Today Show*, *Imus in the Morning*, *Montel Williams*, *Air America*, and dozens of local radio and television stations. Kirby has also been interviewed by -- or reviewed in -- *The New York Times, Washington Post, USA Today, Associated Press, Financial Times, Bloomberg, Newsday, The Lancet,* and www.salon.com. Kirby's book won the Investigative Reporters and Editors Book Award. He has been a professional journalist for over 15 years, and has written extensively for *The New York Times* where he covered public health, along with other topics. From 1990-1993, Kirby was Director of Public Information at the American Foundation for AIDS Research (AmFAR), where he acted as press spokesman and witnessed first-hand the inner workings of Congress, the White House and powerful Federal agencies like the FDA, CDC and NIH. Kirby also ran his own public relations agency in New York for four years, from 1993 through 1996, with clients that included the National Cancer Institute, and others. Although Mr. Kirby joins us in urging you to visit the exhibits on both floors of the Cajundome Convention Center, he has no commercial interests to declare other than his interest in the book *Evidence of Harm* which is on sale and for which he will be available to sign copies after tonight's presentation.

Abstract David Kirby will discuss issues raised in his award winning book, *Evidence of Harm – Mercury in Vaccines and the Autism Epidemic, A Medical Controversy*. The book details the raging controversy over whether the use of mercury in vaccines, as well as exposure from the environment and dental amalgam, has contributed to the autism epidemic in America. The number of children affected is now estimated at 1/150 with some form of the disorder. He will discuss recent developments in the media, on Capitol Hill, and scientific news out of some of the most prominent research universities in the world.

8 - 8:30 pm Panel Discussion of David Kirby's Keynote Address with Dr. Stephanie Cave, MD, Mr. Jeff Sell, Esq., & Dr. Andrew Wakefield, MD. (Mr. Kirby will also participate in panel discussions of plenary talks by Dr. Cave and Dr. Wakefield as noted below on Friday, April 13, 2007.)

8:30 - 9:30 pm Reception with Cash Bar, Cajun Food, Music by Terry Huval & Jambalaya, Dancing

Friday

7:30 - 8 am Continental Breakfast (pick it up in the Banquet Hall & browse the Exhibits)

7:30 - 6 pm Registration

8 - 8:40 am Plenary, Biomedical Approaches to the Treatment of Autism by Dr. Stephanie Cave, MD in Auditorium A

Dr. Stephanie Cave, MS, MD, FAAFP is on the clinical faculty of Louisiana State University Medical School. She maintains a private medical practice in Baton Rouge, Louisiana and is board certified in Family Medicine. Since 1996, she has treated 4500+ children in the autism spectrum. She testified before Congress in 2000 about the toxicity of the mercury in vaccines and is the author of *What Your Doctor May Not Tell You About Children's Vaccinations*. She is now treating 2000+ individuals, mostly children, on the autism spectrum. Dr. Cave lectures on autism, heavy metal toxicity, and vaccines. Her current research concerns the efficacy of medical interventions in the treatment of autism spectrum disorders.

Abstract The realization that autism is a biomedical problem has opened the door to effective treatment for thousands of children in the spectrum. The discovery by Reichelt (Norway) that these children circulate morphine peptides in their blood has led to the elimination of casein and gluten, foods that bind to morphine in the circulatory system. This has resulted in the recovery of speech and calming of behavior for many children. James (Arkansas) has published on the genetic problems with methylation that render the children unable to recover heavy metals through liver detoxification. Treatment of cellular nutrient deficiencies and heavy metal toxicity have given many children another chance for a normal life.

8:40 - 9 am Panel Discussion of Dr. Cave's Plenary Talk with Mr. David Kirby, Mr. Jeff Sell, Esq., & Dr. Andrew Wakefield, in Auditorium A

Concurrent Sessions 9-10:30 am	**Auditorium A** Dr. Stephanie Cave, MD, Vaccine Safety Issues and the Metabolic Treatment of Autism (Part ½	**Auditorium B** Dr. Vincent Carbone Applied Behavioral Intervention (Part 1/4)	**Exhibits** in the main concourse downstairs outside the Banquet Hall	**Poster Session 1** takes place by the escalator (throughout the morning and through the morning coffee break; presenters are available at their posters during the coffee break)

9 -10:30 am Breakout Workshop in Auditorium A (for professionals in medicine, psychology, and related areas, parents caregivers, and others also welcome) Vaccine Safety Issues and the Metabolic Treatment of Autism: Part 1 by Dr. Stephanie Cave, MD (see Dr. Cave's bio above; this is a two part workshop of 3 hours)

Abstract This workshop for professionals in medicine and closely allied areas deals with medical and dietary interventions. Dr. Cave discusses how vaccines have been instrumental in eliminating the morbidity from many childhood diseases. There are safety issues, however, that should be addressed if we are concerned with the integrity of the immune systems of the children that are receiving vaccinations. Questions have arisen about how it is possible to manufacture a safe, uncontaminated live viral vaccine or a vaccine without dangerous heavy metals or environmental poisons in the base material. Autism became an epidemic in the early 1990's when children inadvertently received 125 times the safe EPA level of mercury with aluminum through the infant vaccines. What has arisen is a large group of children who are metabolically ill. Many of the families are "nonmethylators" who cannot effect the detoxification of heavy metals and other toxins in the liver. Knowledge of this genetic

abnormality has enabled clinical treatment of these children from a metabolic standpoint, bringing many to a normal or near normal status in areas of speech, processing, and socialization. This workshop is aimed at professionals but effort is made to use language that is accessible to parents and interested persons who are following the fast accumulating medical and biological research in this area of study.

9 - 10:30 am Breakout Workshop in the Auditorium B upstairs (for speech-language pathologists, occupational therapists, physical therapists, social workers, and parents) Teaching Communication Skills to Children with Autism and Other Developmental Disabilities: Part 1 by Dr. Vincent Carbone (this is a 4 part workshop of 6 hours)

Dr. Vincent Carbone, EdD, is a Board Certified Behavior Analyst with over 30 years of experience designing learning environments for persons with autism and development disabilities. He received his graduate training in applied behavior analysis (ABA) at Drake University, Des Moines, Iowa. He has served on the Florida Peer Review Committee which monitors and guides the provision of behavior analysis services for persons with autism and related developmental disabilities in Florida. He has served as an adjunct faculty member at Penn State University, Florida Institute of Technology, and is currently visiting professor in the Behavioral Education doctoral program at Simmons College in Boston, Massachusetts. His teaching responsibilities include courses in Applied Behavior Analysis and Verbal Behavior. His behavior analytic research has been published in peer-reviewed journals including *School Application of Learning Theory*, *Education and Treatment of Children*, *Journal of Special Education Technology*, and *Journal of Corrective and Social Psychiatry*. Dr. Carbone currently serves on the editorial review board of the *Journal of Early Intensive Behavioral Intervention*. He is frequently an invited speaker at professional workshops and conferences. He has provided the preparatory training and clinical consultation to hundreds of Certified Behavior Analysts in several states. He is the developer and presenter of a series of workshops on teaching verbal behavior to children with autism based upon B.F. Skinner's analysis of verbal behavior. He and his clinic staff are currently working with several school districts, agencies and families throughout the United States and are presently providing services to persons in Canada, United Kingdom, and Germany. He is the director of a center-based clinic for children with autism in Rockland County, N.Y. The clinic provides consultation, training and therapeutic services to children, their families and instructional teams. Other than his own workshops, Dr. Carbone has no interests to disclose in any pharmaceutical companies involved in the medical treatment of autism spectrum disorders. (Dr. Carbone is also a panelist for plenaries by Mr. Kirby and Dr. Cave.)

Abstract Applied Behavior Analysis (ABA) methodology is one of the most widely used and one of the most effective forms of treatment for children with autism. This method involves the application of science-based procedures to the learning needs of children. The application of these behavioral principles to the development of language was thoroughly described in a book tilted *Verbal Behavior* written by B.F. Skinner in 1957. During the last 25 years a line of research that tests Skinner's basic assumptions about language development has been conducted with persons with developmental disabilities and autism. As a result of this research a technology for teaching verbal behavior to persons who do not acquire it typically is emerging. The purpose of this presentation is to provide an overview of this approach and to provide rationales for including this analysis in programs for children with autism. Video illustrations of the benefits of the approach will be provided. A substantial number of children with autism do not develop functional vocal verbal behavior. For these individuals alternative methods of communication are often taught in the form of manual sign language or picture/ icon selection or exchange systems. This workshop will first provide a behavioral analysis of alternative methods of communication. The issue of selection and topography based verbal behavior will be discussed. Science based methods for increasing vocal responding will be presented along with video demonstrations of clinical applications of these procedures.

9 -10:30 am Participants invited to visit Exhibits in the main concourse outside Banquet Hall

9 -10:30 am Posters available for review near the escalator outside the Banquet Hall

10:30 - 11:15 am Coffee Break in downstairs

Concurrent Sessions 11:45-12:45 pm	**Auditorium A** Dr. Stephanie Cave, MD, Vaccine Safety Issues and the Metabolic Treatment of Autism (Part 2/2	**Auditorium B** Dr. Vincent Carbone Applied Behavioral Intervention (Part 2/4)	**Exhibits** in the main concourse downstairs outside the Banquet Hall	**Poster Session 1** still ongoing by the escalator

11:15 am - 12:45 pm Breakout Workshop in Auditorium A (for professionals in medicine, psychology, and related areas, parents caregivers, and others also welcome) Vaccine Safety Issues and the Metabolic Treatment of Autism: Part 2 by Dr. Stephanie Cave, MD (see Dr. Cave's bio above; this is a two part workshop of 3 hours)

11:15 am - 12:45 pm Breakout Workshop in Auditorium B upstairs (for speech-language pathologists, occupational therapists, physical therapists, social workers, and parents) Teaching Communication Skills to Children with Autism and Other Developmental Disabilities: Part 2 by Dr. Vincent Carbone (this is a 4 part workshop of 6 hours)

11:15 am - 12:45 pm Participants invited to visit Exhibits in the main concourse outside Banquet Hall

11:15 am - 12:45 pm Posters available for review near the escalator outside the Banquet Hall

12:45 - 2 pm Buffet Lunch (Banquet Hall)

2 - 2:40 pm Plenary Talk, Listening to Parents of Children with Autism: Viruses, vaccines and regressive autism by Dr. Andrew Wakefield, MD in Auditorium A

Dr. Andrew Wakefield, MB, BS, FRCS, FRCPath, is Executive Director of Thoughtful House, and an academic gastroenterologist. He graduated in Medicine from St. Mary's Hospital, part of the University of London, in 1981, and pursued a career in gastrointestinal surgery with a specific interest in inflammatory bowel disease. He qualified as Fellow of the Royal College of Surgeons in 1985 and in 1996 he was awarded a Welcome Trust Traveling Fellowship to study small intestinal transplantation in Toronto, Canada. Dr. Wakefield is a British citizen and the winner of awards for his research including, the Toronto General Hospital Resident's Research Prize 1987, the Basic Science, Mount Sinai Hospital Department of Medicine Award 1988, the NVIC Courage in Science Award 2000. He has been a reviewer for research published in *Lancet, American Journal of Gastroenterology, Gastroenterology, Gut, Digestive Diseases and Sciences, European Journal of Gastroenterology and Hepatology, and Alimentary Pharmacology and Therapeutics*. Dr. Wakefield has published 132 original scientific articles, book chapters, and invited scientific commentaries, and was awarded the Fellowship of the Royal College of Pathologists in 2001. He is medical advisor to the United Kingdom charity, Visceral, and sits on the board of the U.S. charity, Medical Interventions for Autism.

Abstract It is important to derive clues present in the clinical history, as told to you by the parent, and from what you find upon examination of the child. I am a gastroenterologist, so I'm going to give you my perspective on this problem from the gastroenterological point of view. The clinical history that I first started hearing in 1995 was of children who had developed normally--acquired skills, social interaction, language--and had then regressed into autism. At the same time, they had an onset of neurological and gastrointestinal symptoms. Some started bumping into things. They used to walk, but now they

wanted to sit down. They didn't want to climb up the stairs anymore. They had diarrhea 12 times a day, abdominal bloating, pain or posturing, exacerbation of their behavioral symptoms when it came time to go the bathroom. Ultimately the question for today is, "How do we use the knowledge that has been gained to recover children?" How do we take the elements of the history, the physical examination, and pathologic findings, and put these together in order to unravel the health problems in these children? And how do we prevent disease? Viruses, vaccines and regressive autism will discuss the possible role of viruses and childhood vaccines in autism causation. The evidence for and against such an association will be critically reviewed. Topics include: * Atypical patterns of exposure to childhood infection as a risk for chronic neuroimmune disease * Evidence for and against atypical infectious exposures causing autism * Synergy and interference between environmental exposures and the risk of adverse outcomes * Implications for future research, treatment options and public health policy.

2:40 - 3 pm Panel Discussion of Dr. Wakefield's Plenary with Dr. Stephanie Cave, MD, Dr. David Kennedy, DDS, Mr. David Kirby, & Jeff Sell, Esq. in Auditorium A

Concurrent Sessions 3-4:30 pm	**Auditorium A** Dr. A. Wakefield, MD, The Gastroenterology of Autism Spectrum Disorders (Part ½)	**Auditorium B** Dr. Vincent Carbone Applied Behavioral Intervention (Part 3/4)	**Exhibits** in the main concourse downstairs outside the Banquet Hall	**Poster Session 2** by the escalator (through afternoon & coffee break; presenter available at poster during the coffee break)

3 - 4:30 pm Breakout Workshop in Auditorium A (for professionals in medicine, psychology, & related areas including parents, caregivers, & others) The gut-brain axis in childhood developmental disorder: Part 1 by Dr. Wakefield (of a 2 part workshop of 3 hours)

Abstract * A new medical model of autism and related developmental disorders is emerging, based upon the recognition that many affected children have an underlying intestinal inflammation.

* Symptoms of inflammation: children suffer abdominal discomfort, cramping, diarrhea, constipation (often alternating constipation and diarrhea), and malodorous stools containing undigested food. Abdominal pain can often manifest as nighttime waking, distress, self-injury, and irritability.

* Nature of the inflammation: the inflammation in the intestine is novel (unlike other diseases such as Crohn's disease and ulcerative colitis). It has features of a chronic viral infection.

* Silent GI disease: it is evident that, from our knowledge of occult celiac disease (allergic sensitivity to wheat gluten) and inflammatory bowel diseases such as Crohn's and ulcerative colitis, the absence of obvious GI symptoms does not mean absence of GI disease. Many patients with celiac disease have no GI symptoms. It is likely that the GI inflammation in children with autism affects many more children than is clinically evident from their symptoms.

* Secondary activation of the immune system in the brain: a recent study has demonstrated activation of immune cells resident in the brain of affected individuals with autism. This activation appears to be a secondary response to inflammation arising outside the brain, potentially in the intestine.

* The innate and adaptive immune systems: the inflammatory response in the intestine and that in the brain of affected individuals is different. The brain shows activation of the innate immune response with lymphocyte proliferation, lymphocyte inflammation, and deposition of antibody in the inflamed tissue.

* The gut-brain axis: the emerging picture is of primary inflammation in the intestine and secondary inflammation and tissue damage in the brain. In parallel with the emergent epidemic of childhood developmental disorders is the observation of (i) a high frequency of gastrointestinal symptoms in affected children and (ii) inflammatory disease of the gastrointestinal mucosa accompanying these symptoms. Investigation of the enterocolitis and the associated immunologic abnormalities that accompany it, indicate the presence of an apparently novel pathology that is consistent with a viral or other infectious cause. Confirmation of the presence of a similar enterocolitis in different populations of children with regressive autism around the world, suggests a shared environment trigger, or a relatively novel and consistent pathologic response to more than one environmental trigger. This talk explores the possibility that for some children with autism, the disease starts outside the central nervous system, being initiated from an infection of the mucosal lymphoid tissue of the intestine that leads indirectly to neurotoxicity, neuroimmune activation and injury to the developing brain. Parallels are drawn with Pediatric Autoimmune

Neuropsychiatric Disorder associated with Streptococcus (PANDAS).

* Treatment possibilities: It stands to reason that treatment of the intestinal inflammation and its local consequences may have a beneficial impact upon the behavioral and developmental aspects of the disease.

3 - 4:30 pm Breakout Workshop in Auditorium B (for professionals and parents) Teaching Communication Skills to Children with Autism and Other Developmental Disabilities: Part 3 of a 4 part workshop by Dr. Vincent Carbone.

3 - 4:30 pm Participants invited to visit the Exhibits outside the Banquet Hall

3 - 4:30 pm Posters available for review downstairs near escalator outside the Banquet Hall

4:30 - 5:15 pm Coffee Break

Concurrent Sessions 5:15-6:45 pm	**Auditorium A** Dr. A. Wakefield, MD, The Gastroenterology of Autism Spectrum Disorders (Part 2/2)	**Auditorium B** Dr. Vincent Carbone Applied Behavioral Intervention (Part 4/4)	**Exhibits** in the main concourse downstairs outside the Banquet Hall	**Poster Session 2** ongoing by the escalator

5:15 - 6:45 pm Breakout Workshop in Auditorium A (for professionals in medicine, psychology, and related areas including parents, caregivers, and others) The gut-brain axis in childhood developmental disorder: Part 2 of a 2 part workshop by Dr. Andrew Wakefield

5:15 - 6:45 pm Breakout Workshop in Auditorium B, Teaching Communication Skills to Children with Autism and Other Developmental Disabilities: Part 4 of a 4 part workshop by Dr. Vincent Carbone

5:15 - 6:45 pm Participants invited to visit Exhibits in the main concourse outside Banquet Hall

5:15 - 6:45 pm Posters available for review downstairs near the escalator outside Banquet Hall

6:45 - 8 pm No scheduled activities (kick back, network, have a tasty beverage)

8 - 9:30 pm Mardi Gras Banquet with Les Amies Louisianaises singing Cajun songs in French, Kent Gonsoulin, award winning humorist in the Banquet Hall, Gerald Domingue as MC

Saturday

7:45 - 8:30 am Continental Breakfast with coffee, pastries, bananas, & apples (pick it up in the Banquet Hall and take it with you to browse the Exhibits)

8:30 - 9:10 am Plenary Talk in Auditorium A, Mercury in Our Mouths: A Factor in the Autism Epidemic by David C. Kennedy, DDS

Dr. David C. Kennedy, DDS, has practiced dentistry for more than 30 years. He is the Past President of the International Academy of Oral Medicine and Toxicology, formed to review, support, and disseminate research on the suitability of materials and methodologies used in the dental practice. Dr. Kennedy is currently the Information Officer for the International Academy of Oral Medicine and Toxicology. He has lectured to dentists, physicians and other health professionals all over the world on the subjects of preventive dental health, mercury toxicity, and fluoride. He is the author of *How To Save Your Teeth* with toxic free preventive dentistry for both professionals and the layman.

Abstract Mercury is a damaging poison (toxin). It harms vital organs but especially the body's nerves and brain. Mercury is attracted to sulfur and the brain and neurons are rich in sulfur. Different sources of mercury have different degrees of toxicity depending on amounts and route of exposure. Mercury vapor is among the most damaging when inhaled. Exposure to a developing baby in the womb is often devastating to the brain of the baby even when the birth mother appears unaffected. Many infants died of Pink's disease or Acrodynia. It was linked in 1945 with mercury chloride (calomel) used in teething powders and skin creams. It is known that autism spectrum disorder is owed in part to non-lethal dosing of mercury in vulnerable populations. This talk reviews evidence of mercury exposure from dental amalgams and discusses patient/staff protection protocols approved by the International Academy of Oral Medicine and Toxicology.

9:10 - 9:30 am Panel Discussion of Dr. Kennedy's Plenary Talk with Dr. Stephanie Cave, MD, Mr. Jeff Sell, Esq., & Dr. Andrew Wakefield, MD, in Auditorium A

Concurrent Sessions 9:30-11 am	**Auditorium A** Dr. David Kennedy, DDS, Research on Mercury in Teeth and Brain	**Auditorium B** Dr. Stephen von Tetzchner augmentative and alternative communication	**Exhibits** in the main concourse downstairs outside the Banquet Hall	**Poster Session 3** takes place by the escalator (throughout the morning and through the morning coffee break; presenter available at poster during the coffee break)

9:30 - 11 am Breakout Workshop in Auditorium A (for professionals in medicine, dentistry, psychology, and related areas, parents caregivers, and others welcome) Research on Mercury in Teeth & Brain: Safe Removal from Teeth by Dr. David Kennedy, DDS (see Dr. Kennedy's bio above; this is a workshop of 1.5 hours)

Abstract Does anyone believe that a large bolus dose of mercury is totally safe? This presentation will review the sources of bolus doses of elemental mercury vapor and respirable particles that patients are exposed to during many common dental procedures. Subsets of the population are exceptionally vulnerable to the toxic effects of mercury and these include males who are genetically predisposed to accumulate mercury inside the blood brain barrier. These subsets have been identified along with another subset that forms an abnormal porphyrin after exposure to mercury. Treatments that remove mercury and reestablishes normal porphyrin patterns have been shown effective in reducing the damage done by mercury. No treatment of mercury poisoning can be successful unless all sources of exposure are identified and eliminated. This presentation will help professionals understand the hidden sources of mercury and how to reduce exposure to improve functioning while at the same time maintaining optimum oral health. In addition the International Academy of Oral Medicine and Toxicology's

protocols for cleanings, and amalgam removal that avoid a bolus dose of mercury will be discussed along with adjunctive medical therapy that can be instituted at the time of dental treatment to capture mercury that is liberated in this process.

9:30 - 11 am Breakout Workshop in Auditorium B (for speech-language pathologists, occupational therapists, physical therapists, social workers, and parents) Alternative Communication with Individuals with Autism by Dr. Stephen von Tetzchner (this is a workshop of 1.5 hours)

Dr. Stephen von Tetzchner, PhD, is a world-renowned expert in augmentative and alternative communication (see his textbook on this subject with Martinsen cited in the abstract that follows). He is professor of developmental psychology at the University of Oslo.

Abstract Dr. . von Tetzchner will discuss communication and language in severely impaired individuals with autism, especially those who also have intellectual impairments. During three decades of intervention, manual and graphic communication systems have proved important for promoting the development of communication, language and social functioning and reducing behavior problems in this group, but the approaches used have differed considerable. The workshop will discuss different intervention strategies and present practical examples based on a communication approach rather than a behavioral approach. von Tetzchner will also discuss the basis for including children who use alternative means of communication in ordinary preschools and school. The potential positive effects of being part of an inclusive setting will depend on whether the language environment is sufficiently adapted to the abilities and limitations of the children. Information about this approach to augmentative and alternative communication may be found in: Stephen von Tetzchner & Harald Martinsen (2000). *Introduction to augmentative and alternative communication*, Second edition. New York: Wiley.

9:30 - 11 am Participants invited to visit Exhibits in the main concourse outside Banquet Hall
9:30 - 11 am Posters downstairs near escalator just outside Banquet Hall
11 - 11:45 am Coffee Break
11:45 am - 12:30 pm Plenary Presentation in Auditorium A, Autism: Current Legislation and the On-going Litigation, by Mr. Jeff Z. Sell, Esq.

Mr. Jeff Z. Sell, Esq., and his wife of 19 years, Paula Marie Sell, have been blessed with four children, Natalie (14), Ben and Joe (12 year-old twins with autism), and Gracie (9). Jeff earned a BS degree from Lamar University in Beaumont, Texas and obtained his law degree from South Texas College of Law. He started his trial practice with Taylor & Cire representing injured people in courts throughout the State. Jeff was a Senior Trial Attorney with Archer, Shrode and Soule' where he first chaired over 60 trials to a jury verdict.

Jeff is presently the Director of Chapters & Membership for the Autism Society of America and has served as the 1st Vice Chairman of the ASA's Board of Directors and the Chairman of ASA's Government Relation Committee. He has also served as the 1st and 2nd Vice-President of ASA and he has been active on many committees as well. Jeff is a co-founder and Past Vice President of Autism Resource Konnection ("ARK"), a non-profit organization dedicated to increasing public awareness of autism, he is a member of the governing bureau of the World Autism Organization, he serves on the Professional Advisory Boards of New York Families for Autistic Children ("NYFAC"), Developmental Delay Resources ("DDR") and the Law Enforcement Awareness Network ("L.E.A.N."). Jeff is a member of several professional legal organizations - Houston Bar Association, Texas Bar Association, America Trial Lawyers Association, Texas Trial Lawyers Association, Board of Directors--Houston Trial Lawyers Association, United States Court of Federal Claims Bar Association, Northwest Harris County Bar Association and the American Bar Association, to mention a few. His practice areas include Vaccine Litigation, Toxic Tort Litigation, Public Policy Development and Mediation. (Jeff will also serve as an expert panelist, on panels for Kirby, Cave, Wakefield, and Kennedy.)

Abstract Mr. Sell will speak as a father, a lawyer, and an advocate for persons with autism. He has been involved in advising congressional committees on the subject of autism and legislation and will give an update on legislation and litigation.

12:30 - 1 pm Panel Discussion of Mr. Sell's Plenary Talk with Dr. Stephanie Cave, MD, Dr. David Kennedy, DDS, Dr. Stephen von Tetzchner, & Dr. Andrew Wakefield in Auditorium A

Poster Session 1: Friday 9:30 am - 12:45 pm

(presenters are asked to be present during coffee break at 10:30 am - 11:15 am by the escalator)

Poster Board A: The growth of lexical diversity in children with autism

Liang Chen, Ph.D. and Katie Coleman
University of Georgia chen@uga.edu

Introduction: Lexical input affects the growth of lexical diversity of normally developing children (Hoff & Naigles, 2002). However, the lexical development in children with autism has been very little researched (Perkins, Dobbinson, Boucher, Bol, & Bloom, 2006). **Method:** Lexical diversity was calculated from a corpus of conversational autistic language using three measures: type-token ratio, number of different words, and D (a measure that allows for comparisons across samples of varying lengths). The corpus consists of transcripts of spontaneous conversation between six autistic children and their mothers, who were followed over a period of between 12 and 26 months (Tager-Flusberg, Calkins, Nolin, Baumberger, Anderson & Chadwick-Dias,1990; MacWhinney, 2000). **Results:** Results indicate significant variation in lexical diversity among these children with autism, even though their lexicons were all gradually increasing in size. The correlation between the growth of lexical diversity in autistic children and the lexical diversity of the mothers was found to be significant ($r=0.547$, $p< .01$). **Conclusions**: Patterns of growth of lexical diversity in autistic children are similar to those in typical children (e.g., Hart & Risley, 1992). Parents may increase their children's oral vocabulary through rich and focused input.

Hart B, & Risley TR (1992). American parenting of language-learning children - persisting differences in family child interactions observed in natural home environments. *Developmental Psychology 28*(6), 1096-1105.
Hoff E, & Naigles L (2002) How children use input to acquire a lexicon. *Child Development 73* (2): 418-433.
MacWhinney B (2000). Emergence from what? Comments on Sabbagh & Gelman. *Journal of Child Language 27*(3), 727-733.
Perkins MR, Dobbinson S, Boucher J, Bol S, & Bloom P (2006) Lexical knowledge and lexical use in autism. *Journal of Autism and Developmental Disorders 36* (6): 795-805.
Tager-Flusberg H, Calkins S, Nolin T, Baumberger T, Anderson M, Chadwick-Dias A (1990). A longitudinal study of language acquisition in autistic and Downs syndrome children. *Journal of Autism and Developmental Disorders 20*, 1–21

Poster Board B: An fMRI study of category specific feature search in Autism Spectrum Disorder

Michael F. Glabus1, Sandra L. Miller1, Ryan T. Simpson1, Nanette Massey2, Michael McGill2, James C Patterson II1, M. Anne Springer3, Eduardo C. Gonzalez-Toledo4, David L. Irwin3
Departments of Psychiatry1, Children's Center2, Pediatrics3, Radiology4, Louisiana State University Health Sciences Center, Shreveport, LA. Mglabu@lsuhsc.edu

Introduction. Functional neuroimaging studies have revealed the neurobiological correlates of performance deficits in Theory of Mind tasks for individuals with ASD. The Amygdala Theory of Autism might explain these deficits. Weak Central Coherence lends an advantage to the same individuals, who solve embedded figures tasks with improved performance. The neural networks engaged in these different categories of task overlap, and the source of the apparent performance dissociation might lie in the dorsal visual processing stream, which is abnormal in ASD. **Methods**. An fMRI study examined feature search in a controlled study of Asperger Syndrome using two different tasks, each with a puzzle-solving element: one used abstract figures, the other, human faces. Results. Individuals with ASD showed performance deficits in the identification of facial features. Errors were most pronounced related to the eyes. The performance of the ASD subjects on the embedded figures task was better than in controls. Activation during face feature search revealed hyperactivation at a number of face processing sites in individuals with ASD, including the superior temporal sulcus and amygdala. **Conclusion**. Category specific feature searching tasks that show performance dissociation in ASD may provide new insights into the neurobiological substrate of communication deficits in ASD.

Poster Board C: Noticeable Points in the Differential Diagnosis of Autism and Attention Deficit Hyperactivity Disorder (ADHD)

Kountouris Dimitrios, Bougioukou Aggeliki, Koutsobelis Konstantinos, Karachristou Konstantina
Neurological Diagnostic Center, Michalakopoulou 66, 115 28, Athens, Greece abougioukou@bioneurologics.gr

Purposes. Attention Deficit Hyperactivity Disorder (ADHD) and Autism are two disorders commonly first observed in childhood. Although they are diagnosed in children, some symptoms may persist into adulthood. Some behaviors are seen in both disorders, but there are many behaviors that indicate that these disorders are completely separate from one another. So, it is really important for the right diagnosis to set. In this study we tried to find the differential diagnostic clues with reference to the two child disorders. **Methods**. We examined seven children, five boys and two girls, aged between seven and fourteen years old, whose parents complained about inattentiveness and hyperactivity. The seven children were submitted to a complete neurological, neurophysiological (24-hours EEG registration), neuroradiological (MRI scan) and psychometrical (Autism Social Skills Profile-ASSP for autism and Attention-Deficit/Hyperactivity Disorder Test-ADHDT for ADHD) examinations. The results were recorded, evaluated and compared between them. **Results**. The ASSP and ADHD tests showed that six of the children had ADHD and only one of them was autistic. These results corresponded to DSM-IV classification for the two disorders. The EEG findings of children diagnosed with autism according to ASSP were pathological. The EEG findings were pathological. The EEG in children with ADHD showed no serious abnormalities, but there were significant differences compared to healthy children EEG. There were observed high theta and alpha wave activity in EEG of children with ADHD. According to previous researches there is a decrease in the metabolic activity in the right frontal lobe, but also in an area known as the basal ganglia of ADHD children. The MRI in ADHD children showed that the disturbances in prefrontal cortices are localized to more inferior aspects of prefrontal regions and are presented bilaterally. Also, ADHD children seemed to have reduced brain size in anterior temporal areas, again on both sides of their brains. According to MRI, the autistic children had reduced global grey matter volumes and increased CSF volumes. **Conclusions**. According to our results, we can assume that differential diagnosis between ADHD and autism is necessary to set up, before a therapeutic scheme is given. 24-hours EEG registration proves to be a really helpful diagnostic tool, and as it is painless and blood-free it can be used for the follow-up of disorders, and to watch the therapy effectiveness. Also, MRI scan is a quite accurate neuroimaging method that provides us a functional imaging of brain showing the existence of a malformation or other damage that relates to ADHD or autism.

Poster Session 2: Friday 3:00 pm - 6:45 pm

(presenters are asked to be present during the coffee break from 4:30 pm - 5:15 pm by the escalator)

Poster Board A: Practitioners Issues and Strategies for Helping Students with Asperger Syndrome

Rachel Mathews, Ed. D., Professor of Special Education at Longwood University
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Abstract. The presentation will be based on the results of a study conducted by interviewing 22 teachers of students with Asperger syndrome employed in elementary, middle, and high schools in Central Virginia and South Eastern Ohio. Themes emerging from the narratives revealed a detailed understanding of the stresses and challenges that teachers face in educating students with Asperger syndrome. The results also point to techniques that have been successfully applied in improving academic skills and socialization of students with Asperger syndrome. The purpose of the poster will be to disseminate field based information gained through the survey showing the frustrations of teachers, the challenging behaviors they must cope with in teaching students with Asperger syndrome in their inclusive classrooms, and the teaching strategies they have found successful. The presentation will address:
1. Concerns of teachers in teaching students with Asperger syndrome; 2. Services provided to the students with Asperger syndrome; 4. Transition plans provided by the schools; 5. Strategies used and found successful; 6. Implications of the study for intervention. Participants will be invited to comment and react to the findings.

Poster Board B: Training of Clinicians Providing Service to Individuals with ASDs

Stephen D. Oller, Ph.D., Dawn Gentry, Ana Jaime, & Julie Whiteneck; Texas A& M, Kingsville stephen.oller@tamuk.edu

Purposes. Service delivery to clients with Autism Spectrum Disorders (ASDs) presents unique challenges, particularly to speech-language pathologists who have often had mainly textbook exposure to the disorders. The present study assesses the

quality and extent of training received by clinicians who provide services to persons with ASDs. Through interviews and by examining curricula and course work provided to speech-language pathologists, this presentation aims to contribute better understanding of the graduate training needed by clinicians who provide therapy for clients with ASDs. **Methods**. Interviews are conducted with about 20 clinicians in Coastal Bend and Houston (Texas). A qualitative research method similar to ones described by Bajaj, Hodson, and Westby (2005) and Corcoran and Stewart (1998) was used to determine common problems encountered in working with ASDs. Also, 240 curricula in the programs linked on the Council of Academic Programs Communication Sciences and Disorders web site were examined to determine the extent and nature of course work (where provided) to train clinicians to deal with ASDs. **Results**. Clinicians report that they are not well prepared to deal with the self-stimulating behaviors, the extremely limited verbal skills, and the common lack of responsiveness exhibited by many clients with severe ASDs to traditional therapeutic interventions. The review of 240 curricula at US universities and around the world is consistent with these observations. Despite some textbook exposure, the first encounters are shocking. Clinicians believe that they need clinical and/or video exposure to cases and effective therapies (e.g., applied behavior analysis) beforehand. They are generally unprepared and ill-equipped to provide the kind of intensive therapies crucial in adjusting to severe autistic behaviors. It is generally agreed that more work is required in understanding medical interventions and that externships working with real autistic individuals is needed. There is agreement that textbook descriptions are insufficient preparation and that firsthand experience and video demonstrations with cases of severe autism are required.. Course work dedicated to pervasive developmental disorders and to ASDs in particular should be required in the ASHA curriculum.

Bajaj A, Hodson B, & Westby C (2005). Communicative ability conceptions among children who stutter and their fluent peers: A qualitative exploration. *Journal of Fluency Disorders 30*(1), 41-64.

Corcoran JA, Stewart M (1998). Stories of stuttering: A qualitative analysis of interview narratives. *Journal of Fluency Disorders 23* (4), 247-264.

Poster Board C: Relationship Development Intervention: Access to Better Communication

Vicky Poston Roy, Ph.D. CCC-SLP, RDI Program Certified Consultant Speech-Language Pathologist, Baton Rouge, Louisiana
vposton22@hotmail.com

Relationship Development Intervention (RDI®) is a cognitive-developmental treatment program that guides parents to facilitate their child's desire and success in genuine give-and-take relationships while addressing experience-sharing communication, emotional regulation, episodic memory, rapid attention-shifting, self-awareness, executive functioning, flexible thinking and creative problem-solving. RDI empowers families and other primary caregivers who care for and educate a child with a diagnosis of autism. The bulk of resources are invested in preparing caregivers to act as participant guides, creating daily opportunities for the child to respond in more flexible, thoughtful ways to novel, challenging and increasingly unpredictable settings and problems. The caregiver guides the child in capturing and stockpiling critical memories that build an experiential repository of success in gradually more complex environments. Caregivers are taught to re-think their daily lifestyle, structuring activities throughout the day to provide safe, but challenging opportunities for discovery. This poster presentation will provide answers to five basic questions regarding RDI. 1) What is RDI? 2) Who does RDI? 3) When do you do RDI? 4) How do you do RDI? 5) Why do you do RDI? Vicky Roy has her PhD in early language and literacy development. She is an RDI Certified Consultant and speech-language pathologist.

Poster Session 3: Saturday 9:30 am - 12:30 pm

(presenters are asked to be present during the coffee break from 11:00 am - 11:45 am by the escalator):

Poster Board A: Treatment/Intervention: Discrete Trial Training and Natural Environment Training Case Studies

Kathy A. Whipple, Ph.D. and Ms. Lacy Peterson, Baylor University Kathy_Whipple@baylor.edu

Dr. Vincent Carbone has developed a unique "errorless" teaching method utilizing both Discrete Trial Training (DTT) and Natural Environment Training (NET). The DTT-NET method attempts to use naturally occurring activities and consequences in a behaviorally programmed way. In addition, cues and prompts are used in increasing intensity if the child does not respond to the stimulus immediately. These prompts and cues are faded, as the child no longer requires them.

The purpose of this poster session is to demonstrate the effectiveness of using this method with two severely autistic children. The results of the process, as shown in appropriate graphs, indicate that the DTT-NET was effective in making

changes in the performance of two severely autistic children over an eight-week period for one child and over a four-month period for the other.

Poster Board B: Promoting Turn-Taking Skills in a 15-Year-Old Boy with Autism and Multiple Disabilities: A Case Study

Ruixia Yan, ABD
University of Louisiana at Lafayette
rxy3093@louisiana.edu

Abstract. This case study was based on observations made of an institutionalized boy with autism and other disabilities. The observations took place once a week over a period of two months for a total of ten visits. The primary goal of the observations was to explore strategies used to develop his turn-taking skills. His status at the time when the observations were begun at age 15 involved the classification of autism with multiple disabilities (for school evaluation purposes). He had suffered significant hearing loss in the past and was wearing bilateral hearing aids. He also had a trachea in place. His ambulation difficulties and decreased use of his right arm and hand were attributed to one or more strokes. Apparently because of his severe disabilities, his communicative behavior is difficult to follow. His speech seems idiosyncratically and narrowly focused on pretty girls, their clothing, jewelry, and colors. Based on Vygotsky semiotic mediation theory and the concept of the zone of proximal development (ZPD), it was hypothesized that his turn-taking skills might be enhanced by using augmentative communication strategies including: (1) Building up awareness/responsibility by shaping a turn at every opportunity and to strengthen his awareness of turn-taking; (2) using a communication book (along the lines of picture exchange systems) featuring things he liked to talk about but suitable for topical shifts in new territory; and (3) instructing facilitators so they could learn to elicit and engage the boy in greater participation in communicating about daily activities. The object of this poster is to provide information about enhancing turn-taking skills in a case of autism with multiple disabilities.

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www.accesstobettercommunication.com, vposton22@hotmail.com

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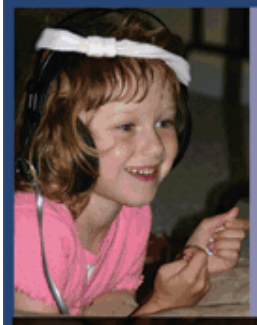

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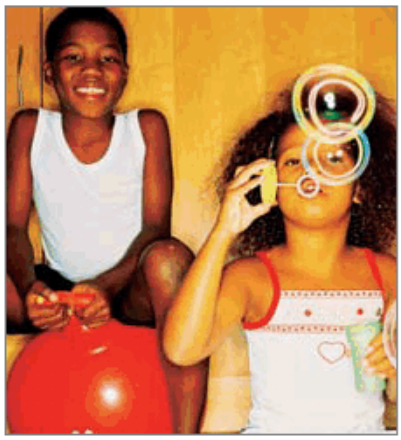

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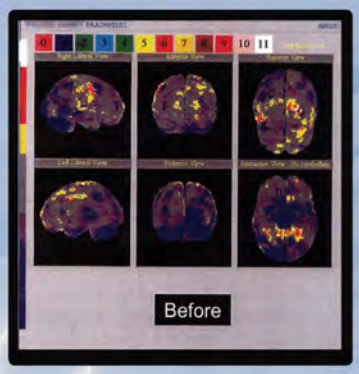

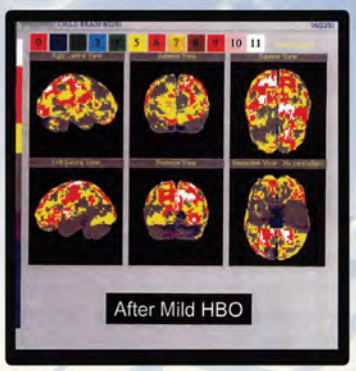

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MEET THE EXPERTS...

Dan Rossignol, MD is the father of two children with autism and a Defeat Autism Now (DAN!) physician. One of his clinical interests is the use of hyperbaric oxygen therapy (HBOT) in neurodevelopment disorders, including autism. He has authored several papers on the use of HBOT in autism and is actively involved in research on HBOT.

Giuseppina Feingold, MD is a board certified pediatrician and specialist in Hyperbaric and Emergency Medicine. She has treated hundreds of children suffering from the effects of Autism using traditional and non-traditional modalities, including Oxygenation.

Dr. James Neubrander, MD is board certified in Environmental Medicine, specializing in heavy metals and B-12 biochemistry. His practice helps patients seeking the Defeat Autism Now! approach to autism. As an international conference speaker, he has contributed to the well-being of children in the autism community as the virtual "father" of methylcobalamin – also known as M-B-12 – therapy.

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For information on support meetings in Opelousas contact Bambi Polotzola at (337) 945-0979.

For information on support meetings in New Iberia contact Anne Porche at AspieMom51294@yahoo.com or Darrel Thibodeaux at (337) 577-0986.

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