



THE AUTISM COUNCIL OF AUSTRALIA LTD

A.C.N. 085 018 408

Mr Tim Tench
Director - Carer Section
Office of Disability
Department of Family and Community Services
Box 7788
Canberra Mail Centre
ACT 2610

Dear Mr Tench

Re: Lists of Recognised Disabilities Review

Submission from the Autism Council of Australia (ACA)

Please find attached a submission from the Autism Council of Australia to the Lists of Recognised Disabilities Review.

It is the view of the Autism Council of Australia that if a child has been diagnosed, according to established and internationally accepted criteria such as ICD-10 or DSM-IV, as having autism, Asperger Syndrome, Atypical autism or PDD-NOS, then that child has, in virtue of meeting the criteria for diagnosis, a severe tending to profound disability of an intellectual and psychiatric nature. The diagnostic criteria are clear: to receive a diagnosis, a child must have severe to profound disabilities in a specified range of areas.

The ACA submission recommends that:

- (a) Autism **remain** on the list of recognised disabilities; and
- (b) Asperger Syndrome (also known as Asperger Disorder) be **added** to the list of the list of recognised disabilities.
- (c) PDD-NOS and Atypical autism be **added** to the list of recognised disabilities.

Offer of additional assistance for the review/reference group from the ACA

The Autism Council of Australia would be pleased to provide any assistance that the reference group for the review may need, including a briefing by highly experienced experts on autism, Asperger Syndrome and Autism Spectrum Disorders generally.

Composition of reference group

We note the composition of the reference group. Ideally, the Autism Council of Australia would like to be represented on the reference group. However, the ACA would suggest that the reference group be at least broadened to include:

- A representative from the Australian Psychological Society, who is a senior clinical or developmental psychologist with a recognised background in child development or disability
- A person experienced in early childhood development
- A paediatrician experienced in developmental paediatrics with experience in ASDs
- A person experienced in special education, preferably at senior consultant / senior officer level.

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The ACA sets out its reasons later in this submission.

Do not hesitate to contact me should you require any additional information, or if the reference group would like a briefing from an expert in this field.

Yours sincerely

A handwritten signature in black ink, appearing to read 'a brien', with a flourish at the end.

Dr Andrew Brien

President

5 December, 2003

Lists of Recognised Disabilities Review

Submission from the Autism Council of Australia (ACA)

This submission may be published.

Autism, Asperger Syndrome, PDD-NOS and Atypical autism are life-long developmental disabilities that prevent individuals from properly understanding and interacting with the world around them.¹ These conditions are typified by severe problems of social relationships, communication, and behaviour. The conditions are also consistently associated with moderate, severe or profound disability of an intellectual or psychiatric, and sometimes physical, nature.² Autism, Asperger Syndrome, PDD-NOS and Atypical autism are often collectively referred to as Autism Spectrum Disorders (ASD) or Autism Spectrum Conditions (ASC).

Autism

The condition is consistently associated with moderate, severe, or profound disability of an intellectual, physical, or psychiatric nature;

The essential features of autism, as defined by the American Psychiatric Association *Diagnostic and Statistical Manual, 4th Ed TR* (DSM-IVTR)³, are the presence of markedly abnormal or impaired development in social interaction, communication and a markedly restricted repertoire of activity and interests. The DSM-IVTR specifies that the impairments in reciprocal social interaction are gross and sustained. Although manifestations of the disorder vary greatly depending on the developmental level and chronological age of the individual each individual will have markedly abnormal or impaired development in social interaction and communication and a markedly restricted repertoire of activity and interests.⁴

The DSM-IVTR specifies that individuals who have autism also typically display marked impairment in the use of multiple nonverbal behaviours (e.g., eye-to-eye gaze, facial expression, body postures and gestures) to regulate social interaction and communication.

The impairment in communication is also marked and sustained and affects both verbal and nonverbal skills. Individuals who have autism display delay in or total lack of, the development of spoken language.⁵

¹ See American Psychiatric Association, *Diagnostic and Statistical Manual, 4th Ed TR* (DSM-IV TR): 299: Pervasive Developmental Disorders; World Health Organisation, *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*: F84: Pervasive Developmental Disorders.

² Manijiviona, J.; Prior, M., "Neuropsychological profiles of children with Asperger Syndrome and autism", *Autism* 3(1999), pp. 327-356; Kim, J. A.; Szatmari, P.; Bryson, S. E.; Streiner, D. L., and Wilson, S.J., "The prevalence of anxiety and mood problems among children with autism and Asperger Syndrome", *Autism*, 4 (2000), pp. 117-132; Tonge, B.J.; Brereton, A.V.; Gray, K. M.; Einfield, S.L., "Behavioural and emotional disturbance in high-functioning autism and Asperger Syndrome", *Autism* 2 (1999), pp. 117-130; Rinehart, N.J.; Bradshaw, J.L.; Brereton, A.V.; Tonge, B.J., "A clinical and neurobehavioural review of high-functioning autism and Asperger Disorder", *Australian and New Zealand Journal of Psychiatry* 36(2002), pp. 762-770.

³ And reflected in all other generally accepted diagnostic protocols, such as ICD-10.

⁴ See DSM-IV TR, 299: Autistic Disorder, p. 70.

⁵ See DSM-IV TR, 299: Autistic Disorder, p. 70.

Autism is therefore, a disability that is defined by the way it affects a person across a range of areas: intellectual and cognitive functioning and psychological attributes and psychiatric state. Cognitive impairments are evident in two thirds of cases of autism.⁶

The degree of severity of characteristics differs from person to person, but are typified by the following:

Severe delays in speech & language development & communication skills

The impairment in communication is marked and sustained and affects both verbal and nonverbal skills, receptive, expressive and the pragmatics of communication. Language is slow to develop, if it develops at all: a significant number of children who have autism do not learn to speak.⁷ Children who have autism have severe impairments in receptive and expressive language. Many children who have autism have echolalia, repeating something that was said to them. The repeated words might be said right away or at a later time.

For those individuals who do speak, there is a marked impairment in the ability to initiate or sustain a conversation with others; or they may display a stereotyped and repetitive use of language or idiosyncratic language. Individuals with autism typically display peculiar speech patterns or the use of words without attachment to their normal meaning. Furthermore, the pitch, intonation, rate, rhythm, or stress may be abnormal in individuals who have autism (e.g., tone of voice may be monotonous, or contain question like rises at ends of statements).⁸

A child who has autism displays severe, and in many cases, profound, impairments in his or her capacity to engage in meaningful communication.

Severe impairments in understanding and participating in social relationships and exercising social skills.

Autism is also typified by a lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level. People who have autism do not interact with others the way most people do. The child who has autism often avoids eye contact, resists being picked up, and seems to “tune out” the world around him. This results in a lack of cooperative play with peers, an impaired ability to develop friendships, and an inability to understand other people’s feelings or talking about their own feelings. People who have autism have a severely impaired capacity to understand and develop social relationships. As a result, a child who has autism may not be interested in other people at all.

Children who have autism may not like to be held or cuddled, or might cuddle only when they want to. Some children who have autism might not seem to notice when other people try to talk to them. Others might be very interested in people, but not know how to talk, play, or relate to them.

Inconsistent patterns of sensory responses.

The child who has autism at times may appear to be deaf and fail to respond to words or other sounds. At other times, the same child may be extremely distressed by an everyday noise such as a vacuum cleaner or a barking dog. The child also may show an apparent insensitivity to pain and a lack of responsiveness to cold or heat, or may over-react to any of these.

⁶ E Fombonne, The Prevalence of Autism, *Journal of the American Medical Association*, 1(289), January, 2003, pp. 87 - 89.

⁷ Centers for Disease Control, <http://www.cdc.gov/ncbddd/dd/aic/about/default.htm>

⁸ See DSM-IV TR, 299: Autistic Disorder, p. 70.

Uneven patterns of intellectual functioning.

The individual may have peak skills - scattered skills performed well in relation to overall functioning - such as drawing, music, math computations, or memorization of facts with no regard to the meaning, importance or analysis of those facts.

Marked restriction of activity and interests / Repeated behaviours and routines.

Autism is typified by an encompassing preoccupation with one or more stereotyped and restricted patterns of behaviour, interest and activities that are abnormal either in intensity or focus; an inflexible adherence to specific, non-functional routines or rituals; stereotyped and repetitive motor mannerisms; or a persistent preoccupation with parts of objects.

For example, there is often an attachment to non-functional routines or rituals or an unreasonable insistence on following routines. Such attachment can involve taking exactly the same route to school every day, or arranging the vegetables on a plate by colour or shape. Individuals with autism may insist on sameness and show resistance to or distress over trivial changes in routines (e.g., a younger child may have a catastrophic reactions to a minor change in the environment such as a new set of curtains or a change in place at the dinner table).

Stereotyped or repetitive body movements include the hands (clapping, finger flicking, flapping) or whole body (rocking, dipping, and swaying) or repetitive movements (such as twirling string, or repeatedly stretching an elastic band). Abnormalities of posture (e.g., walking on tiptoe, odd hand movements and body postures and facial expressions) may also be present. These individuals show a persistent preoccupation with parts of objects (buttons, parts of the body). There may also be a fascination with movement (e.g., the spinning wheels of toys, the opening and closing of doors, light switches, washing machines, an electric fan or some other rapidly revolving object). The person may be highly attached to some inanimate object (e.g., a piece of string or rubber band). Individuals with autism display a markedly restricted range of interests and are often preoccupied with one narrow interest (e.g., with amassing facts about meteorology or trains).⁹

The condition is consistently associated with a disability that is permanent or likely to be permanent;

There is no known cure for autism and it is considered to be lifelong. Each person who has autism, despite skills they he or she may develop, remains intellectually, cognitively, psychologically and socially disabled for life.

There are clear diagnostic criteria for the condition which are widely accepted; and

Autism is identified by assessment using established diagnostic criteria. These include:

- ICD-10
- DSM-IV

The condition is reasonably prevalent to the extent that justifies its inclusion on what is intended to be a concise list.

The United States Centers for Disease Control [CDC] reports that studies done in Europe and Asia since 1985 have found that as many as 6 of every 1,000 children have at least one ASD.¹⁰ The CDC also studied how common ASDs were in Brick

⁹ See DSM-IV TR, 299.0: Autistic Disorder, p. 70.

¹⁰ <http://www.cdc.gov/ncbddd/dd/aic/about/default.htm>

Township, New Jersey, in 1998. The CDC found that 6.7 of every 1,000 children three to ten years of age had at least one ASD.¹¹

E Fombonne reported a study funded by the CDC which indicated a rate of 34 per 10,000 three to ten year old children in metropolitan Atlanta.¹² However, Fombonne states in the same article, that the rate revealed in the Atlanta study is likely to be an underestimate and suggests that a rate of 41 – 45 per 10,000 for three to eight year olds is more likely closer to the actual rate of prevalence. Additionally, Fombonne states, three recent surveys have revealed a rate of about 60 per 10,000.¹³

Fombonne's analysis has been supported by a study undertaken in Cambridgeshire in the United Kingdom¹⁴, which reported a prevalence of Autism Spectrum Disorders (ASD) in the age-group 5-11 yrs of almost 0.6% (57 in 10,000). Additionally, the United Kingdom Medical Research Council reported that ASDs affect many more people than has generally been recognised – approximately 60 per 10,000 children under eight.¹⁵

The so-called “Brick Township Study” indicated that the prevalence of all ASDs combined was 6.7 cases per 1000 children. The prevalence for children whose condition met full diagnostic criteria for autism was 4.0 cases per 1000 children.¹⁶

The Western Australia *Register for Autism Spectrum Disorders*, reported that in 2001 autism accounted for 75% of the diagnoses of autism spectrum disorders. Overall, the Register reported, between 1999 and 2001, 70% of cases diagnosed as having an ASD, had autism.¹⁷ These figures were supported by the Western Australia *Register for Autism Spectrum Disorders*, 2002 study.¹⁸

Autism is ten times more common than cystic fibrosis and muscular dystrophy combined, and it is more common than multiple sclerosis, Down Syndrome and childhood cancer.

The conclusion to be drawn is that autism is prevalent to the extent that justifies its inclusion on what is intended to be a concise list.

¹¹ <http://www.cdc.gov/ncbddd/dd/aic/about/default.htm>

¹² E Fombonne, The Prevalence of Autism, *Journal of the American Medical Association*, 1(289), January, 2003, pp. 87 - 89.

¹³ E Fombonne, The Prevalence of Autism, *Journal of the American Medical Association*, 1(289), January, 2003, pp. 87 - 89.

¹⁴ Fiona J. Scott, Simon Baron-Cohen, Patrick Bolton, and Carol Brayne, *Brief Report: Prevalence of Autism Spectrum Conditions in Children Aged 5 – 11 Years in Cambridgeshire*, UK, Autism Research Centre, University of Cambridge, Departments of Psychiatry and Experimental Psychology, Douglas House, 18b Trumpington Road, Cambridge CB2 2AH, February 2001.

¹⁵ Medical Research Council, *Review of Autism Research – Epidemiology and Causes*, December, 2001; http://www.mrc.ac.uk/PDFs/autism_report.pdf.

¹⁶ Jacquelyn Bertrand, Audrey Mars, Coleen Boyle, Frank Bove, Marshalyn Yeargin-Allsopp, and Pierre Decoufle, “Prevalence of Autism in a United States Population: The Brick Township, New Jersey, Investigation”, *Pediatrics*, 5 (108) November 2001, pp. 1155-1161.

¹⁷ *Western Australia Register for Autism Spectrum Disorders, 2001*, funded by the Western Australia Disability Services Commission and the Australian Rotary Health Research Fund; <http://www.autismwa.org.au/>.

¹⁸ *Western Australia Register for Autism Spectrum Disorders, 2002*, <http://www.autismwa.org.au/>.

Recommendation:

In view of the foregoing, the ACA recommends that autism **remain** on the list of the list of recognised disabilities.

2. Asperger Syndrome, PDD-NOS and Atypical Autism

The condition is consistently associated with moderate, severe, or profound disability of an intellectual, physical, or psychiatric nature;

The essential features of Asperger Syndrome, PDD-NOS and Atypical autism, as defined by the American Psychiatric Association *Diagnostic and Statistical Manual, 4th Ed TR* (DSM-IVTR)¹⁹, are that these conditions are life-long developmental disabilities that prevent individuals from properly understanding and interacting with the world around them. These conditions are typified by severe to profound problems of social relationships, communication, and behaviour. The conditions are also consistently associated with moderate, severe or profound disability of a physical or psychiatric nature.²⁰

Asperger Syndrome and Atypical autism and PDD-NOS are **NOT** mild forms of autism as is sometimes asserted, but are diagnostically distinct conditions that are **by their nature** consistently associated with moderate, severe, or profound disability of an intellectual, physical, or psychiatric nature.²¹

In order to receive a diagnosis of Asperger Syndrome and Atypical autism or PDD-NOS using DSM-IV or ICD-10 a person must be assessed as having significant impairments that are, **at a minimum**, severely disabling.

Asperger Syndrome

The diagnostically essential features of Asperger Syndrome are severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behaviour, interests, and activities. **Asperger Syndrome causes clinically significant impairment in social, occupational, or other important areas of functioning that are similar to, and are as severe as, those displayed by a child who meets the diagnostic criteria for autism.**

In contrast to autism, however, in Asperger Syndrome there are no clinically significant delays in language development or significant delays in intellectual development. Nevertheless, a child who has Asperger Syndrome, while being able to speak, typically lacks understanding or the ability to use (expressive and receptive) language in socially appropriate ways. Therefore, such children, while being able to make words, cannot communicate in a socially age appropriate manner and typically

¹⁹ And reflected in all other generally accepted diagnostic protocols, such as ICD-10.

²⁰ Manijiviona, J.; Prior, M., "Neuropsychological profiles of children with Asperger Syndrome and autism", *Autism* 3(1999), pp. 327-356; Kim, J. A.; Szatmari, P.; Bryson, S. E.; Streiner, D. L., and Wilson, S.J., "The prevalence of anxiety and mood problems among children with autism and Asperger Syndrome", *Autism*, 4 (2000), pp. 117-132; Tonge, B.J.; Brereton, A.V.; Gray, K. M.; Einfield, S.L., "Behavioural and emotional disturbance in high-functioning autism and Asperger Syndrome", *Autism* 2 (1999), pp. 117-130; Rinehart, N.J.; Bradshaw, J.L.; Brereton, A.V.; Tonge, B.J., "A clinical and neurobehavioural review of high-functioning autism and Asperger disorder", *Australian and New Zealand Journal of Psychiatry* 36(2002), pp. 762-770.

²¹ See DSM-IVTR and ICD-10

have a severely impaired understanding of the social world around them. These children struggle with the social aspects of language and nonverbal communication and have all the other attendant problems of autism.²² A person will not receive a diagnosis of Asperger Syndrome unless he or she has a severe and pervasive impairment.

Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS) / Atypical autism

Pervasive Developmental Disorder - Not Otherwise Specified (PDD-NOS) which includes Atypical autism involves, by its nature, a severe and pervasive impairment in the development of reciprocal social interaction associated with impairment in either verbal and nonverbal communication skills. PDD-NOS and Atypical autism are also typified by the presence of stereotyped behaviour, interests, and activities, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder.²³ A person will not receive a diagnosis of PDD-NOS or Atypical autism unless he or she has a severe and pervasive impairment and the impairments exhibited are of the same type as those that must be exhibited in order to receive a diagnosis of autism. That is to say, the person exhibits a severe and sustained impairment in social interaction or verbal and nonverbal communication skills and the development of restricted, repetitive patterns of behaviour, interests, and activities.

The condition is consistently associated with a disability that is permanent or likely to be permanent;

There is no known cure for Asperger Syndrome, Atypical autism (or PDD-NOS) and they are considered life long. Each person who has Asperger Syndrome, Atypical autism and PDD-NOS, despite the skills they he or she may develop, remains intellectually, cognitively and in many cases physically disabled for life.

There are clear diagnostic criteria for the condition which are widely accepted; and

Asperger Syndrome, Atypical autism and PDD-NOS have established diagnostic criteria:

- ICD-10
- DSM-IV

The condition is reasonably prevalent to the extent that justifies its inclusion on what is intended to be a concise List.

The Western Australia Register for Autism Spectrum Disorders, reported that in 2001, of autism spectrum disorders diagnosed, PDD-NOS accounted for 22.5% and Asperger Syndrome 2.5%. Overall, the Register reported, between 1999 and 2001, of all cases of ASD diagnosed, 25% had PDD-NOS or Atypical autism, and 5% had Asperger Syndrome.²⁴ These figures were supported by the Western Australia Register

²² See DSM-IV TR, 299.80: Asperger Disorder – Diagnostic Features, p. 80

²³ See DSM-IV TR, 299.80: Pervasive Developmental Disorder Not Otherwise Specified (Including Atypical Autism), p. 84.

²⁴ *Western Australia Register for Autism Spectrum Disorders, 2001*, funded by the Western Australia Disability Services Commission and the Australian Rotary Health Research Fund; <http://www.autismwa.org.au/>.

for Autism Spectrum Disorders, 2002 study.²⁵

The “Brick Township Study” indicated that the prevalence children whose condition met full diagnostic criteria for PDD-NOS, Atypical autism, and Asperger Syndrome was 2.7 cases per 1000 children (or 40% of all children diagnosed with an ASD).²⁶ An earlier 1993 study by Ehlers and Gillberg, reported a prevalence rate of 3.6 per 1000 children, 7 – 16 years of age, for Asperger Syndrome alone.²⁷

Asperger Syndrome, PDD-NOS and Atypical autism are more common than cystic fibrosis and muscular dystrophy and more common than multiple sclerosis, Down Syndrome and childhood cancer.

The conclusion to be drawn is that the prevalence for PDD-NOS, Atypical autism and Asperger Syndrome is such that these conditions justify their inclusion on what is intended to be a concise list.

Recommendation:

In view of the foregoing, the ACA recommends that Asperger Syndrome, PDD-NOS and Atypical autism) **be added** to the list of recognised disabilities.

3. Expanding the membership of the reference group

The ACA **recommends** that the membership of the reference group be expanded to include:

- A representative from the Australian Psychological Society, who is a senior clinical or developmental psychologist with a recognised background in child development or disability
- A person experienced in early childhood development
- A paediatrician experienced in developmental paediatrics with experience in ASDs
- A person experienced in special education, preferably at senior consultant / senior officer level.

Justification

First, the existing reference group does not contain the spread of expertise required to assess the nature of disabilities that are complex and heterogeneous. Autism and Asperger Syndrome, PDD-NOS and Atypical autism are such disabilities.

To properly assess these complex and heterogeneous disabilities, a person should have direct experience of working with people who have such disabilities. This is especially important when considering the final criterion:

“Consideration should be given to whether the provision of significant levels of skilled

²⁵ *Western Australia Register for Autism Spectrum Disorders, 2002*, <http://www.autismwa.org.au/>.

²⁶ Jacquelyn Bertrand, Audrey Mars, Coleen Boyle, Frank Bove, Marshalyn Yeargin-Allsopp, and Pierre Decoufle, “Prevalence of Autism in a United States Population: The Brick Township, New Jersey, Investigation”, *Pediatrics*, 5 (108) November 2001, pp. 1155-1161. Precip can be found at: <http://pediatrics.aappublications.org/cgi/content/abstract/108/5/1155>.

²⁷ S Ehlers and C Gillberg, The Epidemiology of Asperger Syndrome: A Total Population Study, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 34 (1993), pp. 1327-1350.

personal care can prevent the onset of functional disability. Where this is thought to be so the listing of the condition or disability should be considered.”

The professional best placed to do this are: psychologists, with specific training in the assessment of autism and Asperger Syndrome conditions, early childhood experts and special education experts.

Second, although autism and Asperger Syndrome typically have associated with them mental health issues, autism, Asperger, and PDD-NOS and Atypical autism are not primarily mental health issues.

Third, the current members on the review reference group are unlikely to have a clear understanding of the most recent research relating to autism and Asperger Syndrome, or more generally the autism spectrum disorders and the profoundly disabling nature of these lifelong disabilities.

Fourth, as a matter of practice, many children are diagnosed by a psychologist (who may or may not be part of a specialist multidisciplinary team), rather than a psychiatrist. The current members on the review reference group do not include a representative of the very profession that does much of the diagnostic work.

Recommendation:

For these reasons, the Autism Council of Australia urges that the reference group be expanded to include:

- A representative from the Australian Psychological Society, who is a senior clinical or developmental psychologist with a recognised background in child development or disability
- A person experienced in early childhood development
- A paediatrician experienced in developmental paediatrics with experience in ASDs
- A person experienced in special education, preferably at senior consultant / senior officer level.

4. The revised criteria for recognised disabilities

Although unrelated to the present review, the ACA wishes to make some comments about the current criteria for recognised disabilities. The ACA believes that the requirement as to who is permitted to do a diagnosis of autism, Asperger Syndrome or any of the pervasive developmental disorders, should reflect the reality found in the community. Some children are diagnosed by multidisciplinary teams; others by a psychologist and others by a psychiatrist. In the overwhelming majority of cases, psychologists are centrally involved rather than psychiatrists.

The ACA believes that diagnosis should be permitted by psychologists, provided they are experienced in diagnosing autism, Asperger Syndrome or any of the pervasive developmental disorders.

Moreover, there are a number of diagnostic tools that work as well as, if not better than, the DSM-IV or the ICD-10 in identifying the sufferers of these conditions.

The ACA believes that the criteria for recognised disability should reflect the world that parents of disabled children encounter and that reliable diagnostic tools should be listed as acceptable, after consideration by a panel of suitably experienced and trained experts.

Recommendation:

The ACA therefore urges that the criteria for recognised disability, in respect of autism, Asperger Syndrome, and PDD-NOS or Atypical autism, to be modified this way:

4. Autism or Asperger or Syndrome diagnosed by:

- (a) a specialist multidisciplinary team; or
- (b) a psychiatrist using the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) or ICD-10, or other diagnostic tool recognised by the Department of Family and Community Services and who is experienced in the diagnosis of autism or Asperger Syndrome; or
- (c) a psychologist using the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) or ICD-10, or other diagnostic tool recognised by the Department of Family and Community Services and who is experienced in the diagnosis of autism or Asperger Syndrome.

About the Autism Council of Australia

The Autism Council of Australia is the national peak body representing people who have an autism spectrum disorder, their families, carers and helpers.

Through its members, the ACA represents over 12,000 people who live with an autism spectrum disorder and who are members of, or who obtain services from, the ACA's member organisations. There are many more people who have an autism spectrum disorder (often accompanying other conditions) but whose needs are met either privately or through other disability programs.

The focus of the ACA is working with governments to develop appropriate policies for people who have an autism spectrum condition, their families and carers, disseminating information about ASDs and working with the Australian ASD community to build skills.