

# INDEPENDENCE IN SELF CARE ROUTINES

**A Curriculum for Professionals and Parents of  
Children with Autism and Developmental Conditions**



## OVERVIEW

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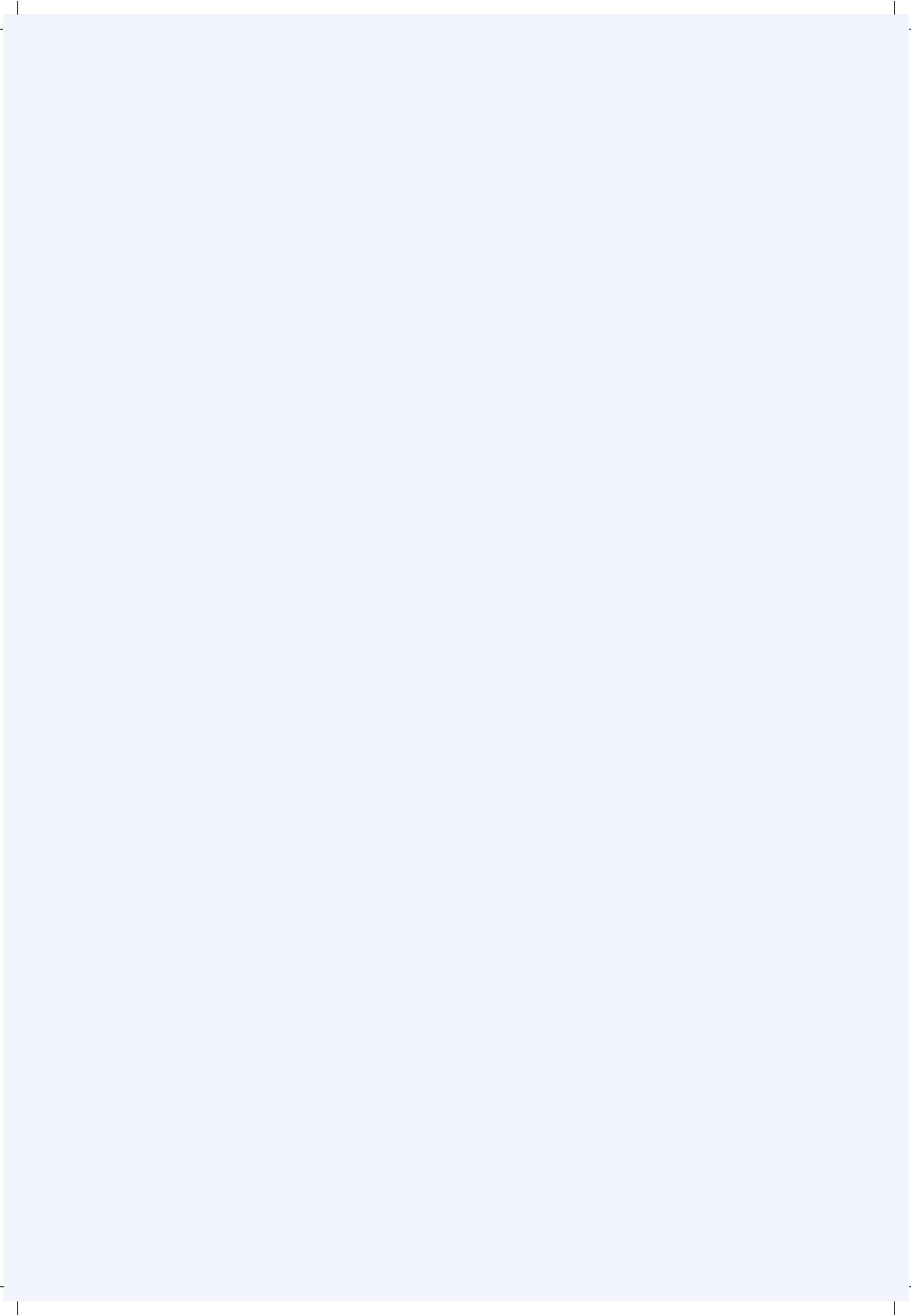
A Curriculum for Professionals and Parents of  
Children with Autism and Developmental Conditions



**Nidhi Singhal, PhD**

## OVERVIEW





## ACKNOWLEDGEMENTS

On behalf of the autism community, Action For Autism extends its gratitude to everyone involved in the development of this curriculum for their valuable contribution.

This has been possible with support from Science for Equity Empowerment and Development, Division of Department of Science and Technology, Government of India, and their commitment towards creating meaningful and practical solutions that add value to the everyday lives of people. The guidance and the mentoring we received from the different experts have been an enormous learning experience.

We also wish to acknowledge the support of A Guha, Aditya Chatterjee, Deepali Taneja, Moushumi Chatterjee, and the many parents, professionals and persons on the autism spectrum who generously contributed their time and expertise to help develop relevant and applicable content for this curriculum and for their consistent feedback to help improve the quality of the final curriculum. Our deepest appreciation for our star performers Dipanshu Kumar, Maham Khan, and Yuvaan Malhotra, who, along with Indrani Basu, Merry Barua, Preeti Siwach, Rakshanda Khan, Riya, Sudhanshu Grover and Sujata Bannerji, enthusiastically and smilingly offered precious time for their friends with autism.

Finally, we are honoured to receive the Foreword from Dr Wenn Lawson. An autistic advocate, a psychologist and a lecturer, Dr Wenn Lawson is a well-respected and highly knowledgeable expert on autism who has authored fifteen books and numerous papers, and regularly delivers keynote speeches and trainings at international events. Currently, Dr Lawson is a Teaching Fellow with Birmingham University's online Masters autism course. He is on the board of and an advisor to several educational and research councils in Australia. He has also been running his own business for more than 20 years now.

*Thank You!*

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The resources in this book are provided for informational purposes and are not meant to replace the judgement and training of parents and professionals.

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# FOREWORD

*I am an autistic adult now, but once I was an autistic child. Today, I am married and have an autistic wife, three autistic adult offspring and three autistic grandchildren. In our family being autistic is normal and usual for us.*

*But, within the wider world that we all live in, autism isn't understood and is most often seen as something odd and very disabling. Of course, for many individuals, autism is a disability, especially when autistic individuals are not supported to gain the skills they need to 'survive' in the bigger world outside of home and family life. It is very tempting to 'leave us to our own devices' when we can be so difficult to work with. At times we fail to recognise the help that is on offer. We fear change and resist attempts to do things that are difficult for us. And sometimes, we do not see a reason for doing what we are asked.*

*I remember even as a child, how much I disliked being told what to do, even when I really needed the information being offered to me. I was a very independent child who liked to do things my way. But, I often lacked the skills to a) dress myself in appropriate clothing (e.g. bed clothes, day clothes); b) eat the right foods at the times my family or school set (morning tea menu, lunch menu, dinner etc); c) use the toilet for the right reasons (e.g. I was fascinated by water so used the toilet to play in not to use for the right reasons); d) wait (e.g. I was very literal in my understanding so being taught to say 'excuse me' when I wanted my Mother or Teacher to notice me meant they should respond immediately, because I had said 'excuse me'); e) ask (e.g. I believed if I had*

*thought it, then my Mother knew it too, so I didn't need to ask for a drink or any other thing I needed). Instead I used to hit Mother at times, or pull on her clothing. It took a long time to unlearn some of the skills I had, because they were not corrected. Then, in later years, when people were upset with me or tried to get me to change the way I did something, I was angry. No one explained or showed me! Of course, I did eventually learn the right ways to do some things. But, it would have been so helpful if these 'skills' had been practiced with me from a much younger age.*

*Instead, people around me thought and my school reports said things like 'Wenn is incapable of doing as he is told' and 'Wenn is lazy and needs to try harder'. Neither of those statements were actually true, but, this is how I appeared to other people who didn't understand autism or my behaviour. I was only those things because I was unaware of how to be anything else. If teachers and family had assisted me to build the skills I needed, with using my interests to motivate me, I could have learned those skills at a younger age. When I talk about motivation, I don't just mean as a reward if I do something the way I'm being told to. I mean incorporating my interest into the actual activity to help me learn. I needed my passions and interests included in the process of skill acquisition. When we build interest into our daily routine it makes it easier to motivate us towards doing those everyday things, that we find hard. For instance, the usual skills of hygiene, getting dressed, eating our food and so on, we avoid learning these because they don't really matter to us.*

*This curriculum offers four different modules to help each of us learn the best way to help our children learn some of the basic skills that lead to being less dependent on others. Being able to take charge of your own personal hygiene, to know how to request something you need and how to build towards a more*

*autonomous life is every person's right. These are all skills that are easy to take for granted, but for us, as autistic individuals we need more support to achieve these everyday skills. Otherwise, we might stay dependent upon others and even develop a state of learned helplessness, where we might resist trying to help ourselves due to the expectation that others will always do it for us.*

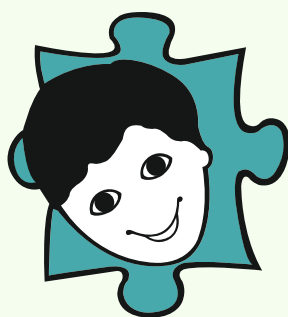
*That reminds me of a young man who wouldn't put his seat belt on in the car. When asked why he didn't put his belt on he said: '...the lady worker who helps Mum always does it for me. So, I can't do it myself'. The driver of the car answered him: 'If you want to go in the car to buy your Lego model you must first connect up your seat belt around your waist, by yourself, like I'm doing. Otherwise we cannot go'. The boy did up his seat belt!*

*Of course, some of us will need more support than others and will not take charge of our everyday needs in ways that others can, but we should be encouraged towards doing those things we can do. For all of us, we may always need support in some areas of our lives, this is usual and part of mutual sharing in a caring community.*

*Dr. Wenn B. Lawson, CPsych.*







## ACTION FOR AUTISM

Action For Autism (AFA) is a not-for-profit organisation that has pioneered the autism movement in South Asia. Our work is based on the premise that autism is a different and valid way of being, often difficult and challenging, but nonetheless, as valid as the non-autistic. Instead of viewing autism as a terrible or tragic condition, we view it as a different way of being. Hence, the objective of all our efforts is towards informing and changing society to adapt to autistic individuals as much as they have to learn skills to negotiate the social world. Therefore, all our efforts are directed towards creating an environment that respects diversity, views the interdependence of people of every ability as valuable and enriching, seeks to provide equal opportunities for all, and enables everyone to live as fully participating members of the community.

AFA began as a parent support group in the late 80s to advocate for individuals with autism, when there was little awareness about autism in India. Advocating for rights is meaningless when there are no services that can help to actualise those rights. Hence, AFA came to be an advocacy organisation that is as involved in service provision across the lifespan. We firmly believe that right kind of support and services are essential for the growth and development of the persons with autism to enable each of them to reach their full potential.

Keeping this in mind, we provide lifespan services, some of them pioneered at AFA, to individuals across ages from under two-year-olds to people in their sixties and more from different social, economic, and cultural backgrounds across India as well as our neighbouring countries. Our services are designed as models for replication, thereby reaching out to far larger numbers than would otherwise be possible. Through specialised training programs, we create a pool of trained professionals and facilitate start-up of new organizations across India and South Asia, facilitate empowerment of individuals, parents, and families, and advocate for rights of persons with autism. Through our research, awareness, and advocacy activities we have also impacted policy and legislation. Through various direct services and via indirect reach, AFA impacts approximately 45,000 lives annually. Since 1991, we have been privileged to touch several hundred thousand lives and trained many thousands. The indirect impact through the ripple effect is considerably more.

For its contentious efforts of bringing autism to the map of India and South East Asia, AFA has come to be recognized as a centre of excellence that has pioneered the autism movement across India and South Asia. We have received many national and international awards and accolades including the National Award 2011 in *Best Service Institution* category for outstanding performance in the field of empowerment of persons with disabilities.

A brief overview of our activities is as follows.

## CLINICAL SERVICES

We respect the unique learning styles of all individuals and approach with understanding and acceptance to empower the person with autism so he or she can lead a dignified and productive life. We firmly believe that regardless of the degree of their support needs or age, all individuals progress when

provided with a learning environment that considers their specific needs. Our programs incorporate internationally recognized, evidence-based practices that are adapted to suit the Indian context.

**Assessments** for people with autism start with early screening at 16 months of age and through adulthood:

- ✓ Diagnostic Assessment
- ✓ Assessment of Functional and Adaptive Skills
- ✓ Assessment of Occupational and Sensory Needs
- ✓ Speech and Language Assessment
- ✓ Psychological Assessments

**Parent Child Training Program** is a 14-16-week, early intervention program that empowers parents so they can learn along with their child under the guidance of experienced educators. The program is based on the belief that parents can become advocates and changemakers for not just their child, but for the autism sector.

**Open Door Day Program** provides a positive and accepting learning environment to enable children develop social, communication, adaptive and pre-vocational skills that can prepare them for integrated and inclusive setups as well as smooth transition into adolescence and adulthood.

**Work and Employment Programs** for young adults to provide necessary training and support that fosters independence at workplace.

- ✓ *Employment Readiness Program* focus on skilling young people with soft skills, life skills and job-related skills necessary to be employed and function independently.

- ✓ *Aadhaar Vocational Centre* is the first sheltered workplace in the country employing autistic adults.
- ✓ *Supported Employment Program* to provide extensive, ongoing support to autistic individuals and their employers to enable new and diverse work environments.

**Ananda, Assisted Living Program** provides a home to individuals with autism and developmental conditions to live with dignity and respect, away from their families, and answer parents' critical question, "What after us?"

**Individual and Small Group Interventions** with educators, speech therapists, occupational therapists and psychologists. These are individually tailored and may be accessed regularly or intermittently, by those living in Delhi or outside. Key focus areas include:

- ✓ *Early Intervention for School Readiness*
- ✓ *Academic Support* for children pursuing primary, secondary education through mainstream schools and NIOS programs; and those completing higher studies through universities or professional programs
- ✓ *Functional and Adaptive Skills*
- ✓ *Communication and Social Skills*
- ✓ *Occupational and Sensory Integration Therapy*
- ✓ *Speech and Language Therapy*
- ✓ *Self Advocacy* to help children, adolescents, and adults get a better understanding of their own self, and the non-autistic world, develop a positive sense of self, and articulate their thoughts and emotions.

- ✓ Counselling for Autistic Individuals to build effective skills and strategies to interact with their environment, relationships with peers, colleagues, parents, spouse, and children and address physical and mental health concerns.
- ✓ *Family Support Services* including counselling and respite services for parents and caregivers.

## TRAININGS

To ensure an ever-growing body of professionals delivering effective autism-specific interventions, AFA provides a range of practical, hands-on, autism-specific training programs designed for parents, professionals and students.

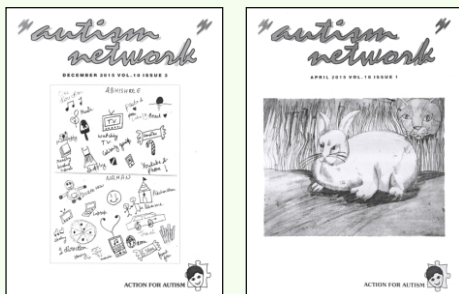
- ✓ *Bachelors in Education Special Education (Autism)* is a two-year training program for graduates. Affiliated with the Guru Gobind Singh Indraprastha University (GGSIPU), the program is recognised by the Government of India.
- ✓ *Diploma in Education Special Education (Autism)* is a two-year program for those who have completed their school education. The program is conducted in affiliation with the National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) and recognised by the Government of India.
- ✓ *Certificate Programs and Continuing Credits Programs.*
- ✓ *Capacity building conferences, seminars, workshops and training programs.*
- ✓ *Customised trainings* for individuals, parents, schools, universities, corporates and businesses, civic bodies (including Delhi Metro and CISF) and other organisations.

- ✓ *Facilitate start up* of schools, and organisations across India and South Asia.
- ✓ *Customised Training* opportunities are available for hands-on, supervised training at AFA campus.

## RESEARCH

AFA has a longstanding commitment to research. We believe that applicable research is key to understanding the phenomenology and interventions for people with autism, and build upon existing services. AFA conducts research studies, both independently and in collaboration with Indian and international researchers and institutes. AFA also supports Indian and overseas students and research scholars, and is a training ground for budding professionals.

## PUBLICATIONS



AFA is committed to disseminating information and resources about autism to parents, family members, and professionals in India and South Asia. Written in English, Hindi, and other Indian languages, the AFA team

has published books and book chapters, written articles for newspapers, magazines, and published in peer-reviewed Indian and international scientific journals. Since 1994, we have also been publishing Autism Network, a quarterly journal circulated to 15,000 individuals annually. The resource centre at AFA holds an extensive collection of books, journals, and other materials on autism in India and is available to parents, professionals and students.

## AWARENESS AND ADVOCACY

AFA has played a pioneering and path-breaking role in securing the rights of people with autism. The focus has been to generate awareness and demystify the condition through ceaseless advocacy and various awareness drives. This has helped establish some effective policies and legislation. AFA team members serve on various committees and expert groups with governmental and non-governmental agencies to draft, review and/or amend legislation and policies impacting different aspects of functioning including education, travel, and development of resource people. Our efforts have been instrumental in getting autism included in the National Trust Act and the rights of Persons with Disabilities Act. AFA continues to actively raise awareness in the community through platforms like print media, electronic media, and social media. The first autism web page in India, the AFA website [www.autism-india.org](http://www.autism-india.org) continues to be an excellent source of reliable information on autism.

For more information, get in touch with us at:

Action For Autism

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## ABOUT THE CURRICULUM

THE CURRICULUM is designed for use by parents and professionals in India to teach children with autism and development conditions, independence in self-care routines. The curriculum addresses the specific needs of children with autism, between the ages of 2-6 years, across the spectrum of abilities and socio-economics and across geographical and cultural boundaries.

The purpose of this curriculum is to provide the tools required to teach children with autism independence in self-care routines. Just like cognitive and academic skills, children with autism benefit from planned teaching of self-care skills. The curriculum therefore outlines comprehensive information on challenges met, the strategies, and necessary supports when teaching self-care routines to children with autism. The content will enable users to teach in ways that facilitates early learning and long-term independence for the child.

To make it widely accessible, the curriculum is written in simple, jargon-free language. The curriculum serves as a resource to parents as well as to those who may or may not have professional training in special needs education. An increasing number of children with developmental conditions now have access to creches, inclusive and special needs schools, day care and early intervention centres, resource centres or other learning centres. Alongside, many also receive intervention in clinics, hospitals, and other similar setups. This curriculum is an equally useful resource for educators, occupational

therapists, psychologists, rehabilitation professionals, community-based workers and other service providers working with children with autism and other developmental conditions. It is for use by people who directly interact with children with autism; those who interact and educate parents of children with developmental conditions; and those who work alongside and train other professionals and caregivers.

Self-care routines are sometimes thought of as skills to be taught only in the home environment. So, it is useful for parents to learn ways to teach self-care skills to their child at home as a part of their everyday routine. Additionally, many skills can also be learnt and practiced at schools, creches and other learning environments. Having consistent routines across different environments strengthens the learning process. Consider the number of times a child may use a toilet. Each of these are opportunities for the child to learn the toileting routines and personal hygiene. Similarly, snack times, birthday parties, visits to relatives or other events are opportunities to learn mealtime skills. Likewise, being able to indicate hurt or pain, ask for help or to use the bathroom are equally applicable across any environments. Educators therefore can play an important role in teaching self-care skills to children as well as to train other team members including caregivers, ayahs or didis who also interact with children.

Alongside the many similarities, there is the inherently individual nature of autism spectrum, and the broad range and combination of abilities. In addition, there are differing family lifestyles and social contexts. This necessitates thoughtful individualisation. While it may not be possible to cover every aspect of diversity, this curriculum makes specific suggestions and provides a broader framework when teaching independence in self-care routines. Considerations for effective teaching are provided in a logical and meaningful order to help make informed decisions on ways to individualise the curriculum.

While the curriculum is intended for early learners and young children in India, it may be applicable to older children with autism, and in other South Asian countries with similar cultures such as Nepal, Bangladesh, and Pakistan. Discretion is strongly advised.

This curriculum has been organised in a set of 10 books as follows:

Overview

Module 1: Toileting Skills

Module 2: Personal Care Skills

Volume 1: Basic Hygiene

Volume 2: Bathing

Volume 3: Grooming and Health Care

Module 3: Dressing Skills

Module 4: Mealtime Skills

Activity Illustrations:

Volume 1: Overview and Toileting Skills

Volume 2: Personal Care Skills

Volume 3: Dressing Skills



**Overview** provides the foundation for teaching skills given in the four modules. It offers insight into the sensory and communication related challenges that come in the way of learning of self-care routines and the different strategies to address them. Different teaching techniques and strategies that facilitate sequential learning and build independence have been discussed and are illustrated with examples. Finally, suggestions are provided to facilitate the user to prioritize skills to teach, and make learning motivating for the child. We recommend all users begin with this section and intermittently refer to it as necessary.

The users can thereafter navigate between the other modules, focusing on a total of 45 self-care skills. Some self-care routines may be perceived as more relevant to some users. Parents may gauge relevance from the perspective of their own child. For instance, eating with fork and knife is not a common practice in many families and some parents may decide to not focus on the activity at all. Likewise, professionals working with different children may find some things are more applicable to certain students or in certain setups. For instance, teaching to take a bath may not be possible in a school setup. So, the school curriculum may focus on talking about personal hygiene rather than teaching the steps. Similarly, each child will be at a different level. Some children may need to learn to sit on a toilet to relieve themselves, while others may not, and may need to only learn to clean themselves. Depending on each child's strengths, needs and the teaching environment, the user can decide the skill areas to focus on and prioritise accordingly. While it is not necessary to read from beginning to end or in order, we recommend reading each module in its entirety since wherever applicable, the activities have been organised in a progressive manner within each module.

Each **module** starts with an introduction that provides insight into the commonly experienced challenges, and strategies applicable while teaching

the different activities in the specific module. Wherever possible, illustrations are provided for teaching materials or adaptations that may be made. The activities provide a functional approach to teaching, demonstrating why and how to teach an activity to achieve independence. As required, refer to relevant activities in other modules. For instance, washing hands (*Personal Care Skills*) or learning to take off and wear pants (*Dressing Skills*) are all an integral part of achieving independence in a toileting routine. Each module ends with ‘**Next Steps**’ that provide suggestions about additional activities that the child can learn after achieving independence in the given self-care routines as he or she grows older. Therefore, users will find it useful to be familiar with most components of this curriculum and the different factors that contribute to independence in self-care routines.

Each **activity** is described as follows:

- ✓ *Getting Started* provides suggestions about things to do, ways to organize the space, and things that the user may need when starting an activity.
- ✓ *Suggested Sequence to Teach* states the sequence of ‘what’ to teach and the order of teaching. Some (not all) skills have a natural progression in terms of the difficulty level. For instance, taking off a garment is always easier than wearing it; or some children benefit from learning to drink with a small mouth cup before learning to use a glass. At such times, we want to start with simple actions before building on the more complex actions. Wherever applicable, this section gives the order or progression within an activity. The user can decide which step to start from. For instance, if the child is already independent in the first step, start from the second step and so on.

- ✓ *Suggested Words to Use* gives the specific words that may be used at each step when teaching the child to be independent in that skill. These are examples that can be adapted to the local language and vocabulary used in the child's immediate environment. It serves an additional purpose. It provides a framework about how to break down an activity into smaller steps. The same process may be used when teaching skills beyond the scope of this curriculum.
- ✓ *Teaching the Sequence* provides information about 'how' to teach – the teaching strategies that may be used when teaching that specific activity. The strategies themselves are detailed in the *Overview* and wherever relevant, contextualised in the activity. Users may find it useful to refer to *Overview* when reading this section.
- ✓ *Things to Keep in Mind* are thoughts and ideas relevant to a specific activity. These are in addition to the suggestions given in the introduction to each module as well as the curriculum *Overview*.

Since children with autism benefit from visual supports, wherever relevant, activities end with a set of **activity illustrations**. The illustrations are designed to represent the varied Indian contexts and allow for a great degree of individualisation. For instance, depending on the child's environment, users may choose from floor style or commode style toilet; bucket bath or showers, range of clothes for boys and girls and across different seasons and so on.

Parents and professionals can use these illustrations to help build familiarity and better understanding of the situation and the expectations from the child. The illustrations may be used in different ways to talk about a skill, for instance in a social story. The illustrations can also be used to provide a visual reminder that facilitates independence. For instance, to recall the

sequence of steps to complete one specific activity (e.g. taking a bath) or the sequence of activities (e.g. use the toilet, brush teeth, and take bath in the morning).

The illustrations given after an activity follows the text and sequence given in *Suggested Words to Use*. All illustrations related to a step are given together and the user may select the one most applicable to the child. For instance, *Pull Up/Down Clothes* has images for a boy and a girl that the user may choose from.

For easy access in everyday use, illustrations from all the modules have been organized in the volume, **Activity Illustrations**. To ensure consistency in teaching, we recommend: a) writing the specific word/phrase below each illustration; and b) numbering the illustrations as per the individual sequence. Writing the number on the reverse, will ensure that a child focuses on the image and the text and not the number.

Users will find that the ideas, teaching strategies and the teaching resources given in the curriculum are just as applicable and can be extended to teaching other skills as well.





# CURRICULUM CONTENTS

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## MODULE 1: TOILETING SKILLS

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Toileting Skills

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Expressing Need to Use the Toilet

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Relieving in the Toilet

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Sitting or Squatting to Urinate

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Standing to Urinate

---

Defecating

---

Cleaning Up

---

**Next Steps**

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## MODULE 2: PERSONAL CARE SKILLS

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### VOLUME 1: BASIC HYGIENE

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Personal Care

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**Basic Hygiene**

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Washing Hands

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Washing Face

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Brushing Teeth

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### VOLUME 2: BATHING

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**Bathing**

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Taking a Bath

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Applying Soap

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Rinsing

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Drying with a Towel

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Washing Hair

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## **VOLUME 3: GROOMING AND HEALTH CARE**

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### **Grooming**

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Combing Hair

---

Getting a Haircut

---

Getting Nails Cut

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### **Health Care**

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Blowing Nose

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Covering Mouth to Cough or Sneeze

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Expressing Hurt and Pain

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### **Next Steps**

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## **MODULE 3: DRESSING SKILLS**

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### **Dressing**

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#### **Fasteners**

---

Velcro

---

Zippers

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Hooks

---

Snap Style Buttons

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Buttons

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Buckles

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String Fasteners

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#### **Clothes**

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Lower Garments

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Upper Garments – Front Closed

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Upper Garments – Front Open

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#### **Footwear**

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Shoes and Sandals

---

Socks

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### **Next Steps**

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## MODULE 4: MEALTIME SKILLS

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### Mealtime Skills

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#### Drinking

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Drinking from a Glass

---

Using a Straw

---

Pouring from a Bottle

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#### Eating Neatly

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Sitting and Eating a Meal

---

Eating One Bite at a Time

---

Wiping Hands & Mouth

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#### Using Cutlery

---

Eating with a Spoon

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Eating with a Toothpick

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Eating with a Fork

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Eating with a Knife & Fork

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#### Eating Meals

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Eating a Rice-Like Meal

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Eating a Roti-Like Meal

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Eating from a Tiffin Box

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#### Next Steps

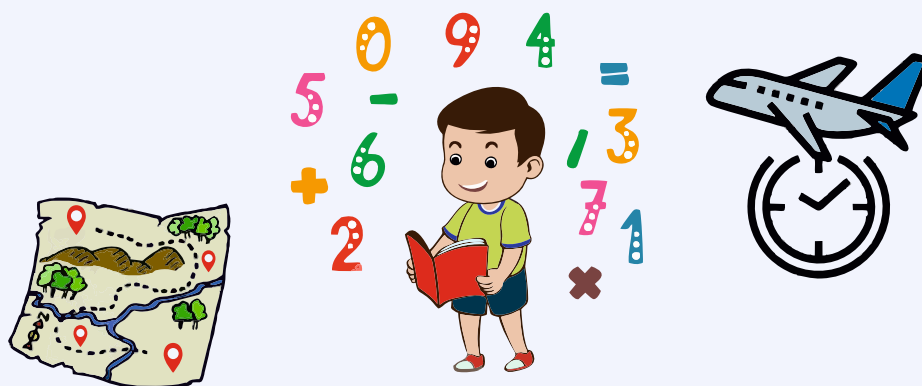
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# OVERVIEW





## OVERVIEW

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AUTISM IS a complex, lifelong condition that impacts an individual's style of communication and social interactions, as well as the way an individual processes information from his or her surroundings.

A spectrum condition, autism impacts each person differently in ways they perceive, communicate, and interact with their surroundings.

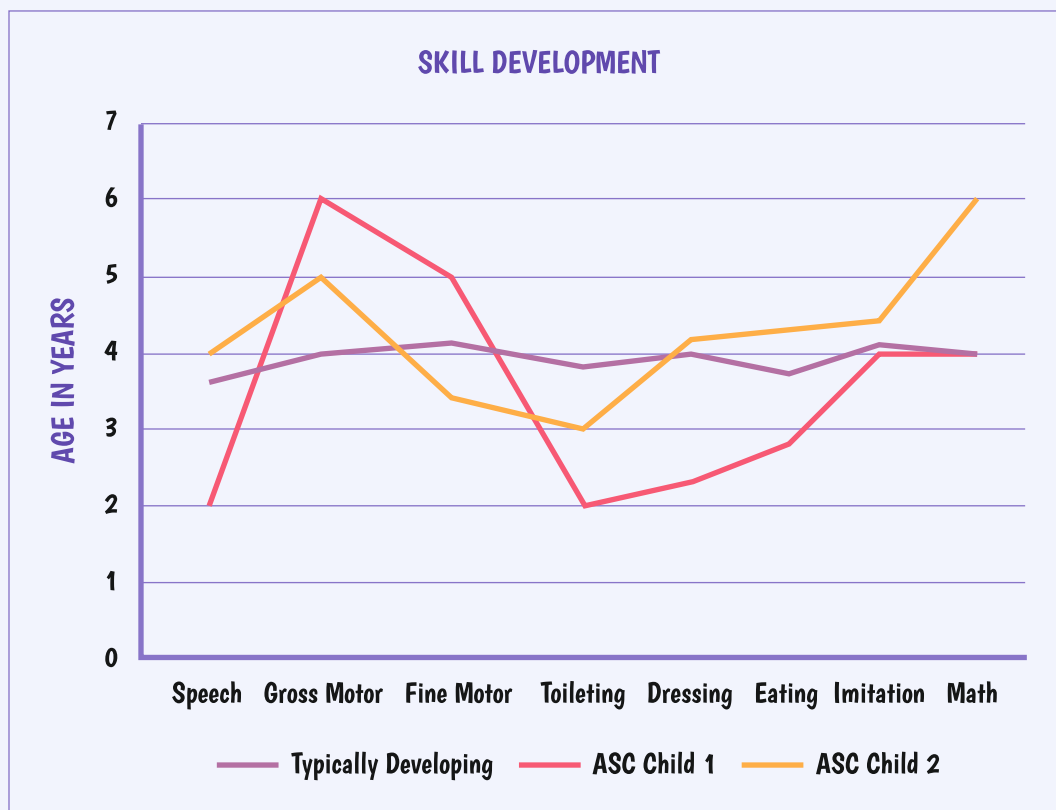
There are differences within the intellectual abilities, communication skills, levels of attention, sensory and motor skills, and social skills.

Some individuals on the spectrum are completely non-verbal while others have advanced language ability; some face significant challenges in social functioning, while many go through a 'typical life' perceived as quiet, reserved, odd, or socially awkward. Some have exceptional skills in reading, mathematics; or extraordinary memory for facts such as maps or routes, train or flight timetables and such trivia. Others need support to take care of their daily needs.

Autism results in a qualitative difference i.e. skills are present – not absent – but may develop differently. So, different skills develop at different pace in different people with autism. This uneven skill development is one of the most confusing features of autism.



For instance, as shown in *Skill Development* (See Figure below), a four-year old child is expected to acquire skills in different areas fairly evenly, with some variation. An autistic four-year old child, however, may have significant variations. So, a four-year old child may use spoken language like a two-year old, have gross motor skills of a six-year old, fine motor skills of a five-year old, and toileting skills of a two-year child and so on. Consequently, a child may know the alphabet, numbers and nursery rhymes because receptive skills, rote skills, memory etc. are age appropriate, yet the child may not be able to ask or tell his/her needs or desires or have toilet accidents, because of his expressive skill development. So, the child is likely to be misunderstood and labelled as being naughty or disobedient. Further, different autistic children have different pace of acquiring skills. So, as



indicated, another four-year old child with autism (child 2) may have his or her unique trajectory of acquiring skills, learning pace, strengths and interests, and will have a different personality. No two people on the autistic spectrum look or behave the same and their unique needs will need to be factored.

Recent Indian and international statistics estimate that more than 18 million people in India have autism, many of whom may be living with a mis-diagnosis or no diagnosis at all. This is across geographical, caste, creed, religious and socio-economic boundaries. But despite such large numbers, there is little understanding about autism, and myths and misconceptions are far more prevalent. One reason for this is that autism is an invisible condition with no physical markers. There is nothing that visibly informs the observer of the challenges that the person with autism faces. So, most non-autistic people cannot comprehend what the autistic experience could be like and feel little empathy for an individual who 'looks like any other' but behaves 'strange'.

In recent years, autism has been much researched and written about. Additionally, many more autistic people – both verbal and non-verbal – creatively share their lived experiences. Many talk about their life experiences at conferences and training events, publish articles and books, host websites, write blogs and are active on social media, and express art forms such as paintings, photography, poems etc. This is leading to a shift in the understanding of autism. Around the world, people are beginning to understand and refer to autism as a spectrum condition as opposed to a disorder, as the recognition is

that autism is not a disorder, but a difference. It is becoming increasingly clear that the primary limiting factor in autism, is the environment which, with reasonable adaptations, enables people with autism to strive for their maximum potential. An important outcome is the shift in the minds of all involved, especially the parents and educators, who can begin to review the experience of caretaking and focus on supporting young people towards independence.

In India too, there has been a welcome increase in services for children with autism, both of schools and centres of learning that try to address the learning needs of this population. Most programs for children with autism focus on development of communication, cognitive skills, and academic skills of learning, reading, and writing. Without a doubt, these are all very essential. However, there is nearly not enough focus in early intervention programs on teaching a child on the autism spectrum to be independent in everyday self-care activities such as eating a meal, meeting toileting needs, maintaining



general hygiene, dressing up and taking care of personal appearance and so on. With an extensive list of things to focus on, teaching communication or cognitive skills often take precedence over teaching self-care skills. It seems relatively simpler and faster to dress the child than it is to teach the child to dress up. Oftentimes, the perception is also that the child is too young or the belief is that in time the child will 'pick up' the skill. And some children do.

For many others however, these everyday tasks continue to be challenging. Most self-care activities require a range of additional skills such as fine and gross motor skills to hold a toothbrush, or tear a roti and scoop up vegetables; maintain body balance as required to take off or wear clothes; motor planning and coordination to complete actions such as taking the spoon to mouth; imitation skills to observe and learn from others; executive function to plan an activity, memorise the steps and sequence and so on. Not all, but some children with autism may have difficulties in one or more of these areas. This may make it harder for them to learn the skill or to complete an activity even when they know it. Some others may have more-than-usually strong preferences and aversions to smells, flavours and textures in the food they eat or the clothes they wear. All these factors significantly impact learning especially in the early years when a child is 'learning to learn' and appropriate support early on can hugely enhance a child's self-care skills.

An important aspect of learning self-care skills is social motivation. Most non-autistic people are intuitively aware of how other people think. They make a conscious effort to present themselves in ways that make them 'look good' in every way possible - appearance, possessions, as well as abilities. They are aware of how people will view them if they were to go into a restaurant in unwashed or crumpled clothes or with uncombed hair. So, people make an extra effort to clean up and dress well. The tendency will be to try and do like others to be accepted and liked by others. In fact, a significant amount of learning, including everyday self-help skills, are picked up incidentally from the environment, observing and imitating those

around us. And even when they are little, when children learn something new, they want other people to know and appreciate them for it. Non-autistic people are driven to learn everyday skills because what other people think matters. They seek the approval of others around them. This social acceptance is an important motivator for non-autistic people.

People with autism on the other hand may have difficulty in understanding perspectives, and social expectations. Many may not pick on the subtle unspoken social rules that come with each social situation. Many find it challenging to 'read people's minds' and may not intuitively understand thoughts, views, and feelings of other people or anticipate what other people think and believe of them. They may not always be driven by this social motivation.

Their strength lies in learning a sequence of steps or a routine. Dividing up an activity into smaller steps and teaching them as a sequence or a routine can facilitate learning. Till the routine is well-



internalised, a child will of course need support to be able to remember the different steps, and also the order or sequence of those steps. For instance, to wash hair, first we wet hair, then put soap or shampoo in hair, make lather and then rinse. So, there are several steps to the routine and they have to be carried out in that sequence for the activity to be successfully completed.

An important implication of this is that if a child loses attention in the middle of a task or pause the routine for any reason, then some may want to go back and restart with the first step of the routine. So, if a child puts on his vest and t-shirt, then notices that his shirt was on inside out, he may take off his shirt as well as his vest and put them back on again to remember the sequence of steps. Another thing to bear in mind is that unless we plan and build in flexibility early on, modifying established routines can become harder over the years. For example, it is fairly common for little children to come out of the bathroom wearing only their underpants and sometimes unclad. When grown-ups respond with a "shame-shame", the non-autistic child picks up on the social expectation and learns in time that coming out unclad or semi-clad is not acceptable. By the time a non-autistic child is three or four years old they understand abstractions like 'shame', feel shy and seek a private space to dress or undress.

On the other hand, many individuals with autism are likely to continue walking out of the bathroom in their undergarments even at age 15 and beyond. This can be because of one or more of the reasons mentioned earlier, and the reasons may vary for each child on the spectrum. Since following a sequence of steps and routines is a great strength of autistic people, unless taught afresh, some are likely to continue to follow the sequence learnt in childhood into their youth and adulthood, not aware that there is a different expectation of them. Given their difficulty in understanding subtle social rules and with understanding how other people think, children may find it hard to understand why something that they have been doing all these years is now being frowned upon. Some others,

despite understanding the social expectation, may need support to change the routine they have been following all these years.

So, what seems cute and benign in childhood, can become seriously inappropriate as children get older. And this is what makes it critical to teach children with autism the right routines in self-care as early as possible. With so many different things to learn, it is best to set in desirable habits that will be applicable at age 5, at age 15 and also at age 25 and thereafter. And it ideal to start early and instead of 'doing it' for the child, use that time to teach the child.

So, when planning a child's curriculum either as a parent or as a professional, know that without having to explicitly teach, everyday routines can be a great way to practice communication, motor and imitation skills, carry out tasks with multiple steps, and for the child to learn more about his or her environment. For instance, to apply the concept of numbers, know more about colours, fruits and vegetables, things around the house (e.g. plates, toothbrush, soap, towels), understand flavours (e.g. sweet, salty, spicy etc.) and textures (e.g.



rough-smooth), movements and directions (left-right, pull-push, up-down, front-back), concepts (e.g. big-small, edible vs inedible), seasons and occasions such as festivals and weddings. Everyday routines can be used as opportunities for the child to become aware of their own body – the different parts of the body and the accompanying sensations (e.g. hungry, thirsty, need to urinate or defecate);

understand personal preferences, likes and dislikes; begin making decisions (e.g. what to wear); learn about personal belongings and what belongs to others; hygiene and appearances, and about privacy. Finally, teaching self-care routines also provide opportunities for the child to become better organised, more flexible and adaptable to changes, and learn to 'learn from the context'.

These are all critical skills that significantly impact an individual's quality of life and participation within family, with peers, at school and in other social and community activities. Such independence works wonders for their own sense of achievement and self-esteem and contributes to the overall development of a happy, and confident young child who grows up to be an independent adult. Independence in daily self-care routines is a vital component of their being able to lead self-reliant and dignified lives as adults.

All children, whether children with autism or other developmental conditions, can learn. It is neither too early nor too late to start supporting a child in self-care routines in ways that facilitate independence. Each child learns at his or her own pace. While there is a wide variability across individuals on the spectrum, there are certain common social, communication and sensory experiences that impacts their learning styles in predictable ways. Hence there are common teaching techniques that can be effectively implemented with some degree of individualisation. Some important aspects to consider have been given in the following sections:







## ADDRESS SENSORY NEEDS

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SENSORY PROCESSING is our body's ability to take in, sort out, and give meaning to the information from our environment. For instance, we sense the temperature walking into a room and reach for the fan switch if it feels warm; our mouth salivates at the burst of rich sweetness when we bite into a sweet rasgulla; we take a deep breath on getting the aroma of blooming roses when we approach the plant in a garden; or our arms shoot out if we step on a slippery patch as we come down a slope. Our body takes in information through our senses of touch, movement, sight, smell, taste, sound etc. and then responds to the situation we are experiencing in a purposeful manner. This happens unconsciously, without our being aware of it. We do not have to think about it, we respond automatically. To make sense of and learn from our environment, we use our senses to focus on relevant aspects and block out additional information in the environment.

Many autistic individuals experience the world differently. The senses constantly send information to the brain about the surroundings and people. Sometimes senses collect too much information (hyper-sensitive or over-responsive) and overwhelms the brain. At other times senses are unable to collect enough information (hypo-sensitive or under-responsive) making the world a very confusing place.

Individuals with hypersensitivities find it hard to 'just ignore' the information that their senses collect. They may instead try to avoid the overwhelming situation and prefer an environment with reduced sensory inputs. As an adult, the goal is to provide an environment that can calm a hyperactive system and desensitise i.e. gradually reduce the sensitivity of the senses through exposure for brief durations. On the other hand, individuals with hyposensitivities try to compensate by seeking stimulation from the environment to alert their system. Thus, the goal for the adult is to add 'just the right amount' of stimulation that can alert the child without compromising the safety or wellbeing of the child. This is especially important for several reasons: a) many hyposensitive children can take a lot of stimulation that may lead to an injury (e.g. very deep pressure); b) the child may not be able to indicate when to stop; and c) overuse of a strategy can render it ineffective over time. Most people have a combination of hypo and hyper-sensitivities. This means that a person may be hypersensitive in some ways (e.g. is unable to bear loud noise) but be hyposensitive in others (e.g. tight hugs have a calming effect).

As a result, individuals with autism often engage in self-stimulatory behaviours such as rocking, spinning, flapping hands, tapping, or spinning things. From a non-autistic perspective these may appear as strange, 'abnormal' and annoying. For people with autism, these are much needed strategies that they use to cope with unwelcome, and often painful, stimulation or to get additional sensory stimulation from outside to 'wake up' their nervous system. The same behaviour can serve very different purposes, at different times, for different children. For instance, Ankit may hum to block unpleasant sounds

(hypersensitive), while Rani seeks additional stimulation by humming (hyposensitive). It is also possible that the same activity may serve different objectives. So, it is possible that listening to music on their headphones calms down both Ankit and Rani despite the difference in their needs. And it is also possible that since the objectives are different, the execution of the same activity may be different. For instance, the choice of music for Ankit and Rani may differ. Ankit may benefit from soothing and calming music while Rani may need music with stronger beats such as drums.

Consequently, it is critical to observe the child, understand the sensory needs, and how they interfere in the child's life, and intervene accordingly. Designing the environment in ways that will meet the child's sensory needs will make it more likely for the child to engage with and learn naturally from the everyday environment.

We briefly discuss here some of the sensory challenges experienced and ways to address the sensitivities in the five external senses of sight, hearing, touch, smell and taste, and the three internal or hidden senses viz vestibular, proprioception, and interoception. Additional recommendations relevant to the specific self-care routines have also been provided in the introduction to the respective modules.



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## Visual System

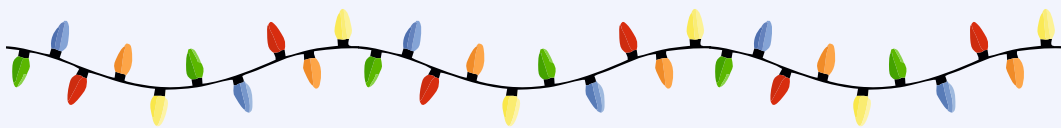
This system allows us to focus and clearly see things around us; move our eyes without turning our heads (tracking); coordinate our movements such as when we write, play with a ball, button a shirt; discriminate between like objects such as between 'b' and 'd', or 'p' and 'q', and to make visual sense of the world around us. Amongst other things, challenges in visual processing leads to difficulties in maintaining eye contact, tracking written text on a blackboard, or keeping place when reading a book.

Individuals with *hypersensitive* visual systems have a very acute vision and may notice the tiniest pieces of fluff on the carpet, be visually overwhelmed by bright or fluorescent lights, need to look down or away most of the time, and may be startled by sharp flashes of light. Consequently, having too many things in a teaching environment is likely to interfere in learning and the goal would be to minimise things, keeping only relevant, task related things. Simple things can help reduce visual clutter and make it less overwhelming for the child. For instance, where possible, store things in boxes, behind curtains or in closed cupboards so that they are out of sight. Have solid colours instead of patterns on walls, curtains, floor rugs or mats, table and bed linen, and on child's personal belongings such as clothes, towels,

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toys etc. Have dim, soft lights, or have the child wear dark glasses or a cap with a visor to deal with bright lights. If possible, have the child sit with back to doors and windows, or towards the front of a classroom.

Individuals with *hyposensitive* visual systems may experience trouble figuring out objects as they may not see the whole object and only see outlines, hence they may need to walk around objects running their hand around the edges so they can recognize what it is. Their hyposensitivity may make them seek visual stimulation, so that some are attracted to bright lights and bright coloured objects and a fascination with reflections, some may spend hours moving fingers or objects in front of the eyes or observe things from the corners of their eyes (peripheral view). Bright colours, patterns, and 'movement' in their environment, such as having twinkling, fairy lights in the room; attractive colours or patterns on their belongings like clothes or bed sheets; and activities involving water, bubbles, or sand timers will help children with visual hyposensitivity engage better with their environment.



### Auditory System

This system enables us to organize, interpret, and remember auditory input and helps facilitate communication, determine where sounds are coming from, differentiate between sounds, filter out unwanted background sounds and focus on what is required. Challenges in the auditory system can make it difficult to filter out background noises and make one acutely sensitive to simple sounds in the environment.

Children with *hypersensitive* auditory system get distracted and even bothered by everyday background noises and find it hard to focus on what people are saying or asking of them. While others in the same room may be unaware of any disturbing sounds, some children cover their ears, while others may make repetitive, comforting (to them) noises to block out sounds that bother them. This could be the sound of a whirring fan or humming of an air conditioner, opening or closing of a door, sound from a television, people talking in an adjoining room, a bird chirping at the window sill, and even sounds from vehicles or traffic on the road or a construction site close by. Some may avoid relieving in a bathroom because of the sudden loud sound of a flushing toilet or hate taking a bath because of the sound of water filling an empty bucket. Some may be troubled by the sudden, loud 'clangs' of metal pans in the kitchen, or whistle of a pressure cooker or milk boiler, or the sound of a mixer-grinder. School environments can be difficult because of the noisy chatter of other students during



break times or in a playground, or even the sound of bell ringing. Both, the volume and the 'suddenness' of some of these sounds, can be especially distressing.

Many children therefore seem to be exceptionally light sleepers, many dislike going to loud or crowded places such as a busy market, a mall, or going for a movie, or even getting a haircut because of the sound of the scissors cutting their hair. Some children learn to put hand over their ears or putting a finger in their ears to block sounds. We can also teach a child to cover their ears. Wearing ear plugs and headphones muffle a lot of everyday sounds, making it easier to concentrate only on the voice of another person. Listening to music using headphones

or earplugs can further block sounds of a thunderstorm on a rainy day; or the sounds of bursting crackers, loud music and general festivities during parties, weddings, festivals, or other occasions.

Children with *hyposensitive* hearing seek out sounds and are comfortable in noisy places at home like the kitchen and other noisy and crowded places. Many may create sounds by banging or tapping things, humming, or tearing or crumpling paper but with the objective of stimulating their hearing. Some may even press their ear against the gadget or the speaker when listening to music or watching television. Being able to listen to music, or play a musical instrument is often helpful. Many children pay better attention when spoken to in a loud or a sing-song voice.



Many children with hyper and hypo sensitivities benefit from listening to different sounds in the natural environment and on electronic devices. The choice of sounds is based on the individual needs of the child. These may include nature sounds such as a rainstorm, or waves at the beach, or birds chirping; or instrumental music such as flutes, or piano and/or sounds from everyday life such as traffic sounds, horns beeping, and school bell ringing. Depending on the way they are introduced to the child, listening to these can help stimulate the auditory system, and when done gradually, can also help desensitize sounds that may bother a child. Several audio resources are now available online and in the market that can be used.

// **Many children dislike going to loud or crowded places such as a busy market, a mall, or going for a movie, or even getting a haircut ...**



## Tactile System

This system works through receptors in the skin covering our body and also inner skin linings such as inside the mouth. The receptors provide information about temperature, pressure, touch, and pain that alert us about our environment. Amongst other things, difficulties in discriminating tactile information significantly impacts the food we eat, clothes we wear as well as the fine motor tasks such as holding a pencil, using scissors, or opening containers etc. thereby significantly impacting all personal care routines.

Children with a *hypersensitive* tactile system are extremely sensitive to touch. Amongst other things, many children have strong preferences for fabrics of clothes they wear, textures of the food they eat, and the activities they may like to participate in. Some are bothered by tags in clothing, or wearing socks or shoes. Some are overly sensitive to heat, cold and pain or particularly sensitive to touching of face, neck, abdomen, hair, and scalp. Many individuals prefer firm rather than a light touch, and may find washing face and hair or cutting hair or nails especially distressing. Many avoid getting 'messy' and dislike eating food like dal-chawal with hand or activities such as finger painting or using glue or clay. Many have strong preferences for texture in their food such as some enjoy soft food like dal-chawal and avoid crunchy things like chips. To avoid being touched, some pull away when people try to hug them. It is therefore best to approach a child from front (rather than from behind) so s/he can see us first and inform him or her before touching. This can help a child be more relaxed around other people. To help the child get desensitized, it is important to not

force a child and instead gradually introduce different tactile experiences for brief durations. These are best introduced as fun activities. For instance, the child may be amenable to dress up like a favourite cartoon character or a super hero and try out different fabrics or apply a tattoo sticker, use make up on face, or apply henna on hands, arms, or feet. We can ask the child to help mix batter to make *pakodas* if the child enjoys them, or eat a popsicle of a preferred colour or flavour or favourite fruit or vegetable in frozen form.

On the other hand, children with a *hyposensitive* tactile system, 'feel less' and therefore, actively seek out to feel different textures and are constantly touching and mouthing things. Some have high tolerance for extreme temperature and pain; they are comfortable in a t-shirt on a cold winter day and may under-react to a serious injury or seek stimulus by biting their hand or banging their head. Children with hypo-tactility like wearing tight clothes and may like wearing a tight vest under loose garments. Some enjoy the deep pressure from a tight hug, or crawling under heavy blankets, pillows, or rugs. Fine motor activities such as using pencils, or scissors, brushing teeth or opening a bottle can therefore be hard for some children with a hypo-tactile system. Using grasps and grippers in pens, pencils or toothbrushes etc., can make it easier to carry out the activity.



// It is important to not force a child and instead gradually introduce different tactile experiences for brief durations. These are best introduced as fun activities.

## Olfactory System

The sense of smell is processed in the same part of the brain that is responsible for emotional memory, motivation and for storing long term memory. As a result, certain smells can evoke memories.

Some children are *hypersensitive* to smells that others in the environment are not even aware about. Even ordinary everyday food aromas, or even pleasant aromas of perfumes, soaps, or creams, can be overwhelming and distressing. This sometimes prompts children to move away from some people or avoid certain places. Some insist on wearing the same clothes for days, to avoid the lingering smell of soap in washed clothes. Some children therefore find it easier to take a bath with scent-free soap or shampoo, and use scent-free soaps and oils. Often considered as poor and picky eaters, many find the smell or taste of certain foods too strong, and are unable to eat food no matter how hungry they are. Sitting away from the kitchen smells, or selecting food items or changing recipes sometimes help. For instance, a child may eat raw peas or carrots as a salad, but find it

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hard to deal with the smell (or the texture of cooked peas or carrots or other such food items.

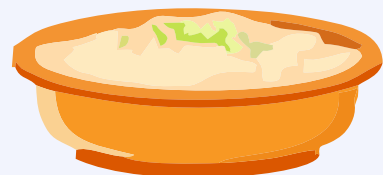
Those with *hyposensitivity* can be seen to smell, mouth or lick everything they come across, edible or inedible.

So, not only will some children smell their food before eating, but many may also smell their toys, pens, playdoh etc. as well as people they come across. Some approach other people to get a whiff of their perfume, or hair or even their armpit. Some children especially prefer very strong and pungent smells that are often disliked, such as an onion, garlic, vinegar, petrol, faeces, and even strong body odours.

It is important to explore scents with the child to find the ones that work best to meet the goal i.e. either to calm the sense or to wake them up. While everyone has different preferences, lavender, vanilla, and rose are generally considered to have a calming effect, while smells of peppermint and lemon are usually considered invigorating. So, if the child needs help staying calm and likes the smell of a rose, s/he is likely to enjoy and benefit from using rose scented soaps and body lotions, room fresheners, or oils in an aromatherapy burner or machine at bedtime or mealtimes.

### Gustatory System

This includes taste and oral motor functions and is strongly influenced by the sense of smell. Children with a *hypersensitive* system are often fussy eaters, resisting crunchy textures or even mixed textures such as rice mixed with dal. Some eat only soft, mushy foods with familiar flavours, some have trouble swallowing their food and may wash down every bite with water and others take food into their mouth with only their teeth, keeping their lips retracted. Consequently, many also resist brushing their teeth.



On the other hand, children with a *hyposensitive* system mouth or lick everything, edible and inedible. Some want to try out foods with different textures that are crunchy like a papad, firm like raw carrots, or hard like ice cubes. Some enjoy intense flavours like sour, salty, and spicy or mixed flavours such as sweet and sour in the same dish. Given the reduced sensation, some may not perceive or be aware when they get food all over their face and may appear to be messy eaters.

Oral motor activities and food items at meal times may therefore be decided based on the individual needs of a child. For instance, food items that are salty, sour, or cold are generally alerting, while foods



that are sweet or warm are calming. Certain oral motor activities also have similar effects. Activities like chewing gum may help to increase alertness, focus, and concentration, while sucking and blowing are calming and help to relieve stress.

## Vestibular

Receptors in our inner ear canals help us understand movement, speed, direction, and where our body is in space. So, when we move forward or backward, or turn around, sway side to side, balance on one foot, spin round or go up and down, our brain plans the movements and automatically helps us to maintain our balance.

Children with a *hypersensitive* vestibular system are likely to have clumsy, uncoordinated motor movements, and experience difficulty changing directions, and walking or crawling on uneven or unstable

surfaces. They may avoid activities that require having their feet leave the ground such as hopping and jumping, being on the swings and may even find it hard to sit on a high chair or commode with their feet dangling. Some children dislike tilting their heads or being upside down. Many children with a *hypersensitive* vestibular system therefore avoid playgrounds or participating in sports, and often express fear and anxiety of heights.

Children with a *hyposensitive* vestibular system constantly seek stimulation that helps them connect with their body. They are likely to find it hard to sit still, and may be seen running around, climbing up the furniture, may rock back and forth or move in circles while rocking their body and can spin or swing for long stretches at a time without being dizzy or nauseated. Standing on balance boards, walking on straight and uneven paths and surfaces, playing on swings, hanging upside down from monkey bars, or rolling down a grassy hill all provide vestibular inputs. Linear movements like rocking and swinging are calming while circular movements like spinning are stimulating.

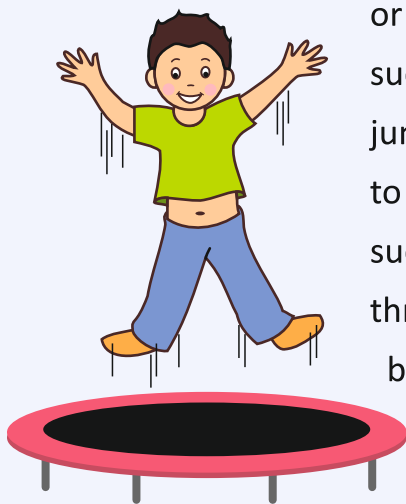
### Proprioception

Our muscles and joints have tiny sensory receptors that tell our brain where our parts of our body are in relation to the rest of the body. For instance, when we put a spoon in mouth, we do not need to look at the spoon to see where it is or feel for our mouth to know where to place the spoon; we automatically know where our hand is in relation to our mouth. The proprioceptive receptors give this information and the brain uses it to plan and coordinate our body movements.

Children who have a *hypersensitive* proprioceptive system hold their bodies in odd positions, may apply too much pressure when writing or colouring between lines, have difficulty manipulating small objects, prefer wearing tight clothes, and may appear too rough when touching other children or animals.

Children who have a *hyposensitive* proprioceptive system may appear floppy, often leaning against people, furniture, and walls. Some bump into objects and people, stumble frequently and have a tendency to fall. Some have a weak grasp, and find it hard to hold things and so often drop things.

Proprioceptive input can be obtained by engaging in activities that require pushing together or pulling apart the joint muscles such as when lifting, pushing, or pulling heavy objects. A great way of receiving proprioceptive input is on playground slides, swings, seesaws, or climbing up and down jungle gym, monkey bars or even when pushing another child on the swing; and through games such as tug-of-war, roughhousing or play wrestling, wheelbarrow walking,



or jumping on a trampoline. Specific exercises such as pushing a wall or a closed door, jumping, or hopping are also effective ways to get the necessary inputs. Indoor activities such as crawling under couch cushions or through a 'tunnel' tent, bouncing on a gym ball or using a rocking chair, kneading, rolling playdoh or playing with theraputty can also provide the necessary inputs.

### Interoception

A lesser known internal sensory system, interoception is our ability to understand what is happening inside our body. Interoception helps us be aware of our body and the sensations within our body, automatically interpret what those sensations mean, understand 'how I am feeling', and accordingly take necessary action. For instance, it helps us be aware that our bladder is full, and understand that there is a need to use the bathroom; that a growling stomach means we are hungry, so we get some food; or that goosebumps means we are cold so we dress up warmly. Similarly, it connects bodily sensations with feelings and emotions such as when stomach has butterflies, or body is feeling tensed, or heart is racing, the interoceptive system helps us understand that we are anxious or afraid and is an important factor to the development of effective self-regulation skills. Without being able to feel or interpret the body's sensations, it is harder to clearly identify the emotion one is feeling. This makes it harder to self-regulate, often resulting in difficulties in toilet training, eating disorders, anxiety, depression, and other situations that are viewed as behavioural challenges.

People with autism often have difficulty with interoception. They often cannot interpret what is happening in their body and what their body is telling them. Some individuals experience dulled or muted interoception signals that leave them seemingly unaware of the bodily signs for hunger, thirst, hurt or pain, the need to urinate or defecate, or unable to respond to emotions. As a result some may not be able to sense that they are full and overeat, or some may not



realise when they need to use the bathroom and have a toilet accident. On the other hand, some may experience interoceptive signals that are so strong that they immediately overwhelm the individual, while those around the person wonder why the person is 'over-reacting'. So, some may use the bathroom more frequently to avoid the feel of a 'full' bladder. Some others may not be able to distinguish the 'funny tummy' feeling as the need to use the bathroom or a reaction to anxiety. Regardless, this leads to significant difficulties with how individuals manage their actions and their emotions.

To get a sense of the challenges that can arise, think about a young child who is trying hard to not have a toilet accident. If he is unable to sense the need to use the bathroom, how can he possibly go to the toilet in time. And he is unlikely to be able to explain this to the adult. Most often children get reprimanded when they have a toilet accident. But a reprimand in such a situation is only going to add to the stress and confusion of the child. It is also going to make toileting a very aversive experience. Combined with all the other challenges in communication and understanding the social expectations, this can be overwhelming, confusing, and even frustrating.

Once a child can learn to recognise and interpret their internal body signals, they can begin to work out what they are feeling physically and emotionally and know how to respond to them. The adults around that child may know what the child is feeling and why, but without the child learning, he or she will not be able to learn to self-regulate independently.

There are several activities that can be built into the child's everyday routine at home and in school that can facilitate developing body awareness. One of them is to teach a young child in the moment when it is happening. The adult guides the child's hand to touch the respective body part and simultaneously the adult also says the relevant words. So, when the child wants water, the adult says, "Thirsty. Want water" and simultaneously support the child to touch his/her throat to indicate dryness of mouth. Similarly, when the adult feels it is time, lightly press the child's bladder to teach the child about the need to urinate and defecate. When the child has an injury, help the child touch near the injury and say "hurt", or when running a temperature help child touch the forehead and say "fever or sick". The child does not need to repeat the words at any point.




Over time, the child learns to:

- a) notice how the body feels at different times
- b) understand what the sensation means
- c) know what to do in that time and
- d) learn ways, through words and action, to express to an adult when required and use the mode easiest for him to express himself.



## Make it Autism-Friendly

As is evident, the development and the interaction between the eight sensory systems forms the foundation for how we engage with and learn from our surroundings and people in our environment. If a child's sensory system is overloaded, it is going to take up all the attention. There will not be any 'spare' attention to learn. There are several ways in which we can make any environment 'autism-friendly':

-  Talk to the child. Whenever possible, inform the child about what is going to happen and what they can do in the specific situation. For instance, we can tell the child "I am going to switch on the mixer. You can put hand over ears."
-  Make simple adaptations in the existing environment – the infrastructure, personal belongings, everyday routines, and in the activities. For instance we can keep the door closed to reduce outside sounds; draw curtains to block light, reduce the frequency of an activity that the child finds distressing, have the child leave the bathroom before we flush the toilet or switch on the mixer grinder.
-  Provide the child with equipment or gadgets such as a grasp or gripper to hold a pencil or toothbrush, headphones to block noise, or have a cap with visor to block light that will help him or her deal with the sensory overload. As much as possible, make these accessible to the child so that he or she can learn to use it independently whenever required.

## ADDRESS SENSORY NEEDS

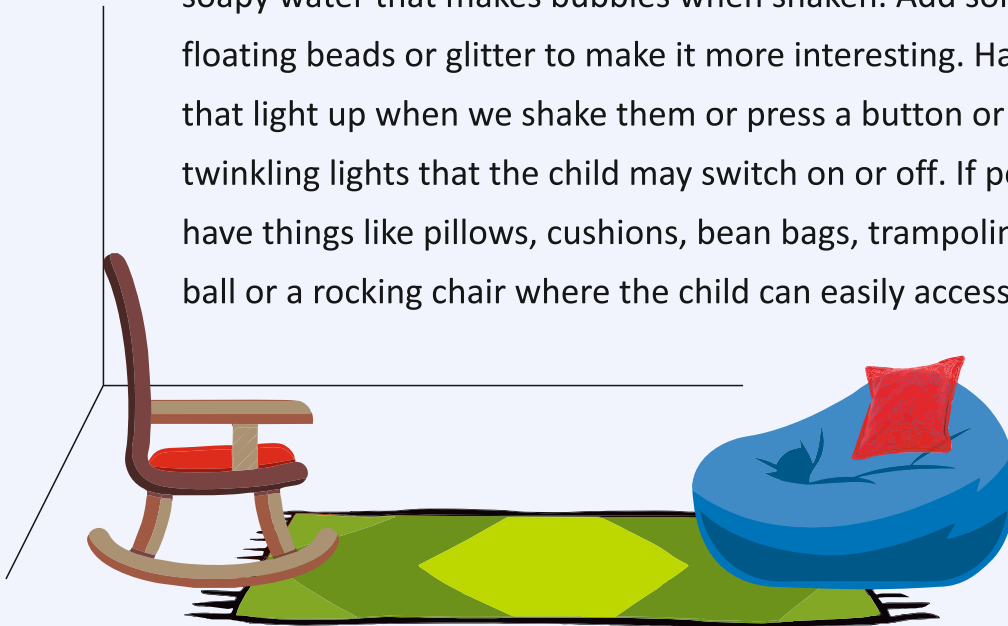
- 📋 Incorporate activities that the child needs and enjoys such as massages or going to the swings on the playground as everyday routine, to provide the additional sensory inputs the child needs, or substitute an art class with a swimming class if it helps the child. Provide calming activities at sleep or nap times and alerting activities in the mornings or other times during the day.
- 📋 If possible, create a '*Sensory Corner*' in the house or have a '*Sensory Box*' with an assortment of objects that the child can explore at will. Ideally, include a majority of things that meet the child's needs, with a few things we may want the child to experiment with or get used to. These can be simple, inexpensive things that are easily available so we can replace and replenish as required. It is best if this is easily accessible to the child, but for little children, or if a child puts things in his or her mouth, it may either be supervised or created with edible things that do not pose any health hazards. Some things that may be included:

- ✓ Dry textured materials such as wood shavings, wide mouth jars filled with sand, rajma or chole, rice grains, flour (besan, sooji, atta), rounded pebbles, beads, marbles, leaves, cotton or crushed paper.



- ✓ Fabric swatches of silks, muslin, cotton, Khaadi and other textures that may be sewn together to make a floor rug, stuck to a wall, or pasted in a scrapbook.

- ✓ Wet textures like small bottles of creams, lotions, oil, liquid soaps, shaving creams, slime etc.
- ✓ Objects with smells such as small jars of spices, tea or coffee, oils, creams or lotions, powder, shampoo or soaps or even strong smells such as an onion, garlic, or vinegar.
- ✓ Items that make a sound like an old newspaper that makes a noise when crumbled, drum, bells, and squeaky toys or a half-filled jar of dal or rajma that makes a noise when shaken.
- ✓ Things that provide visual stimulation such as a small bottle of soapy water that makes bubbles when shaken. Add some floating beads or glitter to make it more interesting. Have toys that light up when we shake them or press a button or have twinkling lights that the child may switch on or off. If possible, have things like pillows, cushions, bean bags, trampoline, gym ball or a rocking chair where the child can easily access them.



Many children benefit from inputs from an occupational therapist who understand the sensory needs of children with autism. Based on the detailed assessment, the professional can suggest activities and simple adaptations to address the sensory needs of the child.

As already discussed, simple things can significantly impact the teaching moment. For instance, frequent breaks and a distraction-free environment are likely to help an individual with visual hypersensitivity concentrate better. Hugs may be motivating for some and scary for other children. Those with hypersensitive hearing may need a quieter environment, while someone with hyposensitive hearing may learn better if spoken to in a loud or sing-song voice.

Similarly, a child who dislikes washing hair may be less resistant about a bath when using a shower cap, or if using a soapy washcloth. Kids who resist the touch of food may be better off learning to eat independently with a spoon.

Our interaction between our senses, support our ability to use our body, concentrate, regulate our emotions and our actions, as well as impact the learning of academic, leisure, self-care, and other life skills. Addressing our children's sensory needs are therefore an important consideration, if we are to expect success in teaching children with autism independence in self-care routines.

To read more about sensory processing, refer to the references given in *Additional Resources*.





## BUILD COMMUNICATION

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COMMUNICATION is the exchange of thoughts, messages, or information through verbal or nonverbal means. An important aspect of communication is that it happens with another person. Therefore, there is an inherent social component to all communication.

Children begin to communicate almost from the time they are born. They listen in to vocalisations, observe facial expressions, body movements and gestures such as pointing and head nodding, and begin to understand the meaning of those sounds, words, and actions. A child's verbal skills grow from babbling to one-word utterances to complex conversations full of requests, protests, descriptions, and questions. Children learn to modulate tone and volume to convey different meanings, play with words to crack jokes or tease. Alongside, they begin to understand the non-verbal communication - the gestures, expressions, body language, as well as unspoken social rules and expectations in different situations. Even little children learn to predict what another person might think or feel or do. It is these inherent skills that enable children to engage with another and know what to say and how to say it.



Contrary to the common belief, all individuals on the autism spectrum communicate. As a spectrum condition, there is significant variability in the development of communication skills. Some autistic people speak fluently, and some not. Some vocalise sounds or words, some speak in single words, short phrases or simple sentences and some others develop age appropriate speech. Some understand a lot of language, but may not use spoken language. For some others, the development of comprehension may not always precede production of language. So, they may use words without fully understanding the meaning of the word or the context to use it in. Some children sing songs, recite alphabet, recount or repeat phrases heard from people or on television, and yet struggle to find specific words to express themselves. Many clearly express their needs, but are unable to answer a question. Some create their own unique ways to interact that others may not always understand, expect, or desire. For instance, instead of saying or pointing, some may bring a related object to the adult (e.g. bring glass to ask for water), or lead the adult to the desired location, or guide the adult's arm towards what they want or simply move closer to the adult. Some use words that may not seem to have any apparent meaning e.g. a child says "Leeba" each time s/he wants to go out for a drive. In their attempt to communicate, some may cry, hurt themselves or others or do things that others may find challenging. Desirable or not, all of these are efforts to communicate and an expression of a child's needs, want,

// **A child's verbal skills grow from babbling to one-word utterances to complex conversations... Children learn to modulate tone and volume to convey different meanings, play with words to crack jokes or tease.**

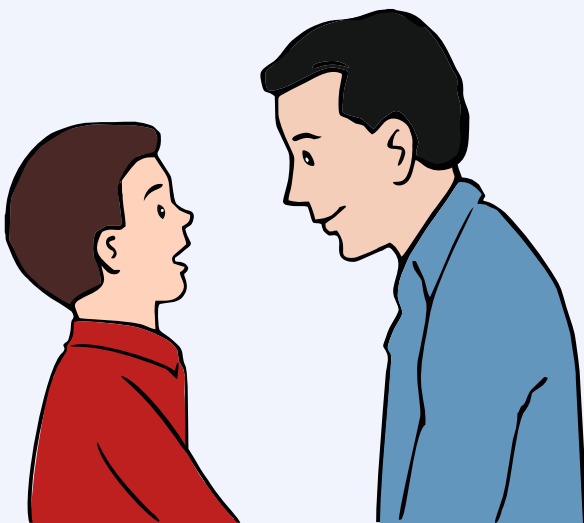
thoughts, and emotions. Some of those who use spoken language may face grammatical difficulties such as in use of plurals, prepositions, linking words (such as 'in', 'on', 'because'), and pronouns (e.g. I, me, you, she, he, them). For some, use of language is limited to what they have learned by rote. For instance, a child may say "Want rice" generally whenever she or he is hungry and wants food and not to eat rice specifically.

Most autistic people understand language concretely, even those who speak fluently. They say what they mean. However, this is not entirely true of the non-autistic people who say something but may mean something else. The words we use, the order in which we use them, how we say them – our tone, volume, words we emphasise, even the meaningful pauses in our communication – together they convey a wide range of thoughts and emotions. Oftentimes, there are implications beyond what has been directly said – hidden meanings, sarcasm, jokes, veiled threats, use of metaphors etc. that the listener is expected to decipher by reading between the lines. For instance, when we ask another person, "Can you pass me a spoon?", we are not asking about the person's 'ability' to give the spoon. There is an implicit request embedded in the questions that may escape some autistic people. Further, the accompanying use of eyes, facial expressions, head, hands, and body gestures, tells us 'how' it is being said and what the other person means. For instance, calling someone 'you're crazy' with an accompanying smile is different from saying it without a smile. The expressions and tone of voice tells us if it was said affectionately or rudely. A smile, a pat on the back or on the head can all be effective ways to communicate an emotion without

using words. Regardless of their language skills, many autistic individuals find it hard to use their body or facial expressions to communicate, or respond to non-verbal communication.

Further, the purpose of communication may vary. Many people on the spectrum communicate to ask for something, or protest about something, or to talk about something of their interest, rather than for social reasons, something that non-autistic people do. Non-autistic people like to carry out social 'chit-chats' or to get to know someone – they discuss a new movie, a party or an upcoming event or a holiday, or an accident they witnessed. They discuss clothes other people wear, and gossip about others, or criticise other people's choices, even when it has little or no direct relevance and serves no concrete purpose. This kind of chatting or making 'small talk' can be hard for people with autism. Autistic people make great conversationalists on subjects of their interest. Some have encyclopaedic memory for facts, figures and related trivia and can have long meaningful conversations on the related subject. Some may struggle to shape the content and

tenor of their interaction to meet the social context – the occasion, the general mood and environment, the expectations, and unspoken rules of the situation, as well as to different people – their perspectives, interests, and their responses and so on.



Consequently, even though people with autism are honest, do not lie or deceive, make fun of or gossip about others, they are more often than not, ridiculed, belittled, ignored, teased, scolded or corrected for the 'social mistakes' they make. A history of such negative experiences, along with unclear and often contradictory messages between what non-autistic people say, what they mean, and what they do, makes their life unpredictable, confusing, and difficult. It is no surprise then that many people on the spectrum, begin to find social interactions exhausting and even anxiety-provoking and some choose to stay aloof even when they wish to interact with others.

So, we want to provide:

- a) a clear, positive, and respectful environment so that the child would want to communicate
- b) a reason or a purpose to communicate with another person – because interacting with another person can be a fun and positive experience – and because it can get them what they want
- c) an effective means of communication (not necessarily speech) that can be used across different settings.

### **Connect with the Child**

Many children with autism may appear not to hear what we say to them, some may not respond to their name, or appear indifferent to any attempts to communicate. If the child does not make eye contact, it is easy to assume that the child is not interested or attentive. When a child with autism does not talk or ask questions, it is hard to

remember that the child too may have questions or thoughts they may want to express. Consequently, over time, our interactions become limited to 'telling' the child what to do and what not to do and 'teaching' through table-top and other activities. The reality is that we can interact with children through the day – at home, in the school, at the playground, when travelling together on a bus or in a car, while helping the child with daily routines, or even when watching television together.

Most adults try to get the child to do what the adult wants, play with toys or do an activity that the adult wants. But when the adult takes an interest in the child's interest, over time, the adult starts to seem interesting too. And when the adult seems interesting, the child begins to take an interest in the adult and what the adult has to offer.

So, even if the child seems 'aloof' or 'uninterested', be silly, have fun and enjoy with the child. Join him or her in what they do. Keep it light and fun. Engage with the child without placing any conditions or demands and without any expectations of what the child 'should' do. Even if the child does not seem to understand, talk to the child. In simple words tell the child about what they see in the environment, what is happening, or what they are doing. Recount a happy event, a recent holiday, or talk about an upcoming event. Over time this aids comprehension, builds vocabulary and keeps the child better informed about what is happening, what will happen, and what she or he can do. Talk to the child but try not to make it about getting the child to talk. Do not try to test child's abilities by asking questions, or insist the child repeat or respond.

### During an Interaction

Secure the child's attention.

- ✓ Bring yourself to the child's level. Sit down, bend or squat.
- ✓ Use his or her name, or touch their shoulder.
- ✓ Use exaggerated gestures and body movements. e.g. nod head while saying yes, put hand on stomach to indicate hunger.
- ✓ Do not force or insist on eye contact.

Be clear in what you say.



- ✓ Use simple words and short sentences.
- ✓ Use socially appropriate language at the level of the child's understanding.
- ✓ Pause. Give the child some time to process the language. Avoid verbal overload.
- ✓ Emphasise words to focus on. For instance, "Pick up **shoes**" vs "**Pick** up shoes."
- ✓ Break a complicated sentence into short components. Instead of saying, "Pick up your shoes and put them on the shelf", say, "Stand"[Pause] "Pick up shoes"[Pause] "Put shoes on shelf".

- ✓ Express the complete thought. Name specific things and actions. Use proper nouns instead of pronouns or abstract language. For instance, say "We are going to the playground now" rather than "We are going now", or "Keep shoes in shelf" instead of "Keep *it* there", or "Does Amit want apple?" instead of "Do *you* want *this*?"
- ✓ Tell the child what to do instead of what not to do. "Keep shoes on shelf." helps the child understand the expectation better than "Don't keep shoes there." Similarly, try to use terms like "You want to ..." or "You can try to..." instead of "You must..." or "You should..." or "You have to..."

Try not to turn an interaction into a quiz.

- ✓ Ask questions that the child can answer i.e. she/he knows the answer and can answer using words, signs, pictures, or other means.
- ✓ Avoid open-ended questions. Instead offer options or choices. E.g., instead of saying, "What do you want", say, "Do you want to wear the red shirt or blue shirt?"
- ✓ And then respect the choice s/he makes.

We follow through what we say. This helps the child understand that words have meaning.

- ✓ Promise only what can be delivered and then deliver what has been promised. If for some reason it is impossible to keep the

promise, inform the child even if s/he does not seem to remember. Provide an equally favourable alternative (from the child's perspective) and let the child know when s/he will get the promised object or activity.

- ✓ When we ask the child to do something, be prepared to physically support the child. We do not ask when we know that we cannot follow through. So, when we ask the child to bring shoes and he does not get them, we physically support the child to do so. We do it gently and comfortably. This is not a punishment, but providing assistance to the child. More about this has been discussed in *Provide Necessary Support*.

Avoid reprimands, reproaches, sarcasm, or negative interactions.

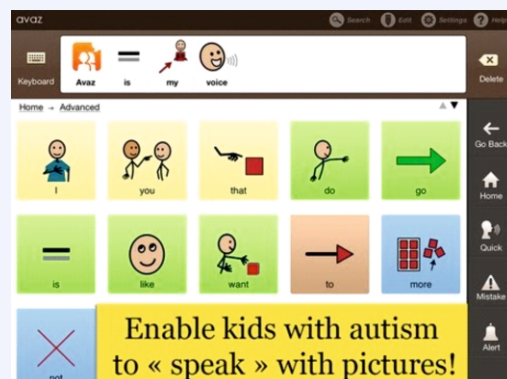
## Provide Additional Supports

Let us not forget that speech is only one form of communication and there are many other mediums to communicate. This could be through signs, use of objects and pictures, and speech output devices. Many Alternative and Augmentative Communication (AAC) tools and systems are now available that foster independence across different environments. There are several electronic devices, such as voice output communication aids as well as apps available for mobiles and tablets.





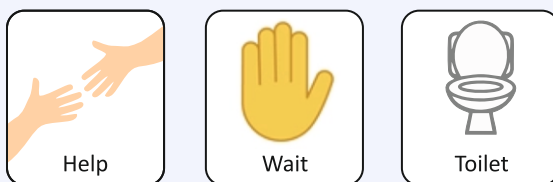
# OVERVIEW



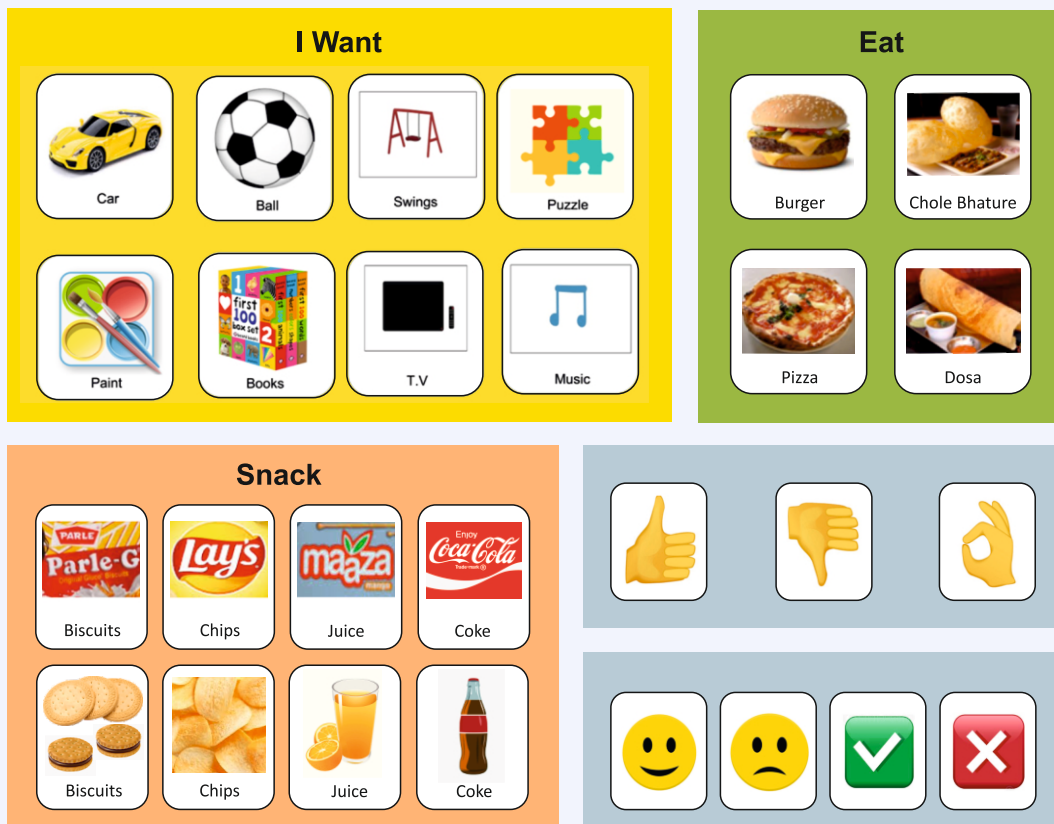
AAC Tools and Systems

## BUILD COMMUNICATION

We can also create visual supports such as picture cards, using real objects, photos, pictures, written words or a combination of these to represent tasks, actions, or objects. We can use these objects or cards to create a communication book, or a choice board that provides information about the activities or objects available to the child. The child can communicate his or her desires, choices, and emotions by touching, pointing, or giving the respective card to another person.



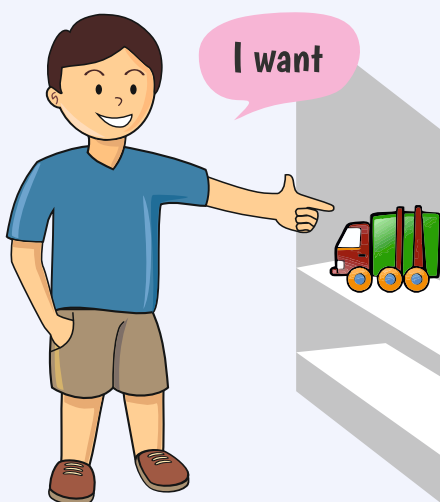
**Picture Cards**



**Choice Boards**

Essentially the idea is to have a set of things that communicate a series of objects, activities, or steps of a specific activity, and help children understand and manage the daily events with minimal adult support. Children with autism can learn to use these tools to understand what people are saying, ask for what they need, make comments, and answer other people's questions.

Communication systems are not designed to replace spoken language; rather they supplement, enhance, and facilitate verbalisations in an effective manner. So, it is important to identify something that best suits the child's individual skills and strengths, cognitive and motor abilities, learning style, communication needs and literacy ability. An effective communication system will allow the individual to communicate wants, needs, thoughts and feelings across a variety of settings, persons, and tasks. The goal is to enable the individual to be as independent as possible. The system should encourage and support self-initiated, spontaneous communication. This is equally useful for many children who otherwise use spoken language, yet struggle to ask for help, ask questions or share their thoughts.



### Teach the Child to Ask

By teaching the child to ask for something, we teach the child that communication is powerful, that the child can make things happen, and get what they want by communicating with another person.

We begin with teaching the child to ask for something s/he really wants. This could be a physical activity (running, jumping), a toy (car, dolls), an object (a leaf, string, or a shampoo bottle), something edible (food or drink), a solo activity (watch television), or an interaction (a hug, tickles, peek-a-boo). Consider things that make the child smile or laugh, or what they do when they are by themselves. For example, a child might like watching items spin like spinning the wheels of a car over and over, enjoy flicking a string up and down, complete a jig-saw puzzle or make a tower with blocks. What is important is that the child really wants it in that moment. So, if the child has spent the past hour playing with a car, the child may not necessarily want it in that moment, even though he or she generally likes to play with a car. Therefore, we want to use something that the child really wants, because if the child really wants it, s/he is likely to engage in an interaction with another person. And because the interaction with the adult gets the child the desired object or activity, it is likely that the child will want to interact again.

By using spoken language and AACs, we can teach the child to ask for what they want. An effective strategy for early learners is to teach the child to exchange an object or a picture for something s/he wants; e.g., if the child wants water, he gives a glass or a picture of a glass of water to someone to indicate this request. This object or picture serves as a tool for communication and is a visual representation of his/her thoughts and words. As mentioned earlier, this could be in the form of miniature real objects, photographs, drawings, logos, or written words. Through this system the child learns the cause and effect of communication i.e. when I ask, I get. The system can be used

with non-verbal children and also with verbal children who are not yet initiating requests, have echolalia, unclear speech and word retrieval difficulties. We start with simple, concrete requests, and progress to more abstract communication.

### **Phase 1: The Physical Exchange:**

The objective of this phase is to teach a child to pick up the object/picture of the item and release the object/picture into the other person's hand.

1. The adult places child's favoured toy or food or activity in front of the child but out of reach.
2. The adult places an associated object, picture, or communication device that will serve as the communication tool, in front of the child within easy reach.
3. As soon as the child reaches for the favoured item, the adult swiftly guides the child's hand towards the object/picture/device that is the communication tool.
4. Adult extends a hand palm up.
5. The adult has the child release the object/picture/device in the adult's hand.
6. As soon as the communication tool is placed in the hand, the adult immediately says the name of the favoured item at least 2-3 times and gives the favoured item to the child.

This helps the child learn a powerful skill to exchange an object or picture for something the child really likes or wants. Ideally, place the objects, pictures, or device in areas where the child spends most time so that they are within sight and easily accessible.

### **Phase 2: Expanding Spontaneity:**

The objective of this phase is to teach the child is to go to his/her communication board, pull the picture off and go to the adult who is standing at some distance. The child will release the picture in the adult's hand who immediately gives him/her the item.

### **Phase 3: Picture Discrimination:**

The child learns to request for the desired item by going to the communication board, selecting the appropriate picture from an array of pictures and gives it to the adult in exchange for the desired item. Begin with two pictures and gradually increase the number.

As the child begins to communicate for motivating items and activities, this is broadened to teach the child not just to ask, but also to express in desirable ways their

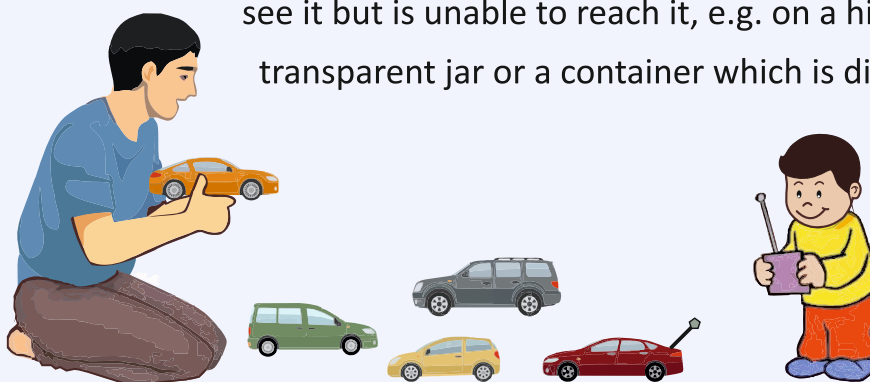
choices, wants and needs, likes and dislikes, express feelings and thoughts; indicate pain or hurt, create sentences, ask questions, respond to other people's questions and make their own comments.

// **This object or picture serves as a tool for communication and is a visual representation of his/her thoughts and words... this could be in the form of miniature real objects, photographs, drawings, logos, or written words.**



## Create Opportunities

Everyday routines provide plenty of opportunities for interaction. We can also create many more opportunities throughout the day. For instance, when the desired item is clearly with the other person, then the child must ask to get it. And even though the adult may know what the child wants, it is important to delay meeting the child's needs to give the child an opportunity to ask. So, we follow the child's lead and join the child in the activity s/he is engaged in. If a child is lining up cars, join in and hand the cars one by one. This way, we come to play a part in the game and the child includes us in what they are doing. After a few times, delay handing the car by a few seconds. Similarly, if the child enjoys playing with balloons or bubbles, play in ways that can encourage interactions. For instance, blow up a balloon and then let it go so it flies up in the air. Then blow another but wait for a few seconds before letting it go. Or blow a few bubbles towards the child then pause. If the child wants a biscuit, break it into small pieces. Give one piece and delay giving the next piece. A moment to ask for more. If the child enjoys tickles, or when pushing the child on a swing, start and then wait for the child to ask for more. We can also place a favourite toy, food, or an activity in a place where the child can see it but is unable to reach it, e.g. on a high shelf or in a transparent jar or a container which is difficult to open.



These delays create precious opportunities for the child to ask. Remember though, that asking may not be through spoken language, it could be a fleeting eye contact, a guiding hand, or some mumbles. Acknowledge all spontaneous efforts at communication.

Even if the child does not spontaneously request, we use the opportunity to provide the words and other means of communication (e.g. gestures, signs etc.) and to further establish that the child can communicate (not speak) to get what s/he wants. For instance, we say, "Give Car", and simultaneously we physically support the child to tap the adult's arm, as well as point at the car (or make a sign for the car or exchange the picture card) and then we hand the car to the child.

Activity Illustrations provide picture cards that can be used to build choice boards and create schedules for the child. References have been provided in *Additional Resources* to know more about communication.







## ADAPT THE ENVIRONMENT

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ONE THING that helps us function efficiently and independently is the way our home, school, or work environment is organised. We have clear spaces in our homes for cooking, sleeping, bathing etc. Even a small, one-room home will have a clear space for sleeping, and a particular place where the cooking is done. We have a clearly demarcated area for stacking the utensils; they are not kept in a different place each day. This clarity keeps us organised and helps in functioning. Even a visitor to the home will identify the cooking area in a home from the presence of utensils or gas. Similarly, we organise or *Structure* our cupboards or kitchen so that things we need regularly are in a constant space and are easily accessible. We also organise our thoughts: by making a list of things to do, making shopping lists or keeping an appointment diary.

When we visit the bank, the environment is set up to tell us where we need to stand to collect money or drop off a cheque. Similarly, at the airport where there are clear visual markers and physical organisation so a traveller can seamlessly navigate the airport and board the aircraft. However, if an environment is not well organised or 'structured', as still happens sometimes at banks and airports, we

could still manage. We would identify and head to the right queue: the queue where we see people standing with cheques in their hands, or with tickets in their hands and accompanied by baggage trolleys. We would not go and join the queue outside the snack and coffee store. We might ask someone who looked like a staff member, such as someone in uniform or with a name tag, or speak to someone sitting behind a counter and ask for information. Besides, we would be driven to make a success of our expedition to withdraw money or travel to our hometown. Of course, there would be stress in all the asking and running around to find the right queue.

For people with autism it would be doubly hard for several reasons. Firstly, many would find it hard to organise the information from their surroundings and derive context from it. They often face a difficulty in distinguishing relevant information from the non-relevant information. So, from the melee of several queues and other people just lounging around, the person with autism might be confused about what to do or which queue to join. Further, regardless of their language skills, most will not be able to ask for information, express their thoughts, or clarify their doubts.

Structuring or organising the environment therefore ensures that the child learn in an optimum learning space. Also, most children with autism are strong visual learners i.e. they process and respond to visual information better than to verbal information. So, we can adapt the environment and add visual cues to help a child with autism understand what is expected in different environments, at different times. We can organise information such that the individual

can focus on the relevant information and distinguish it from the non-relevant information.

When the environment clearly tells the child what to expect in the situation and know what is expected from them, it gives them a predictable and successful learning space. Children are less likely to be stressed or anxious and more relaxed and at ease – ideal for effective learning. Most importantly, using these strategies greatly increase a child's independent functioning which will assist them throughout life. As already mentioned, some children with autism often may not have the motivation that non-autistic children, who are socially driven, do. Hence, even when they have great skills, it is hard for them to focus on tasks without external prompts to stay on task. A structured learning environment provides them with the tool that can help them get to whatever they are required to do, stay on task, and complete it. In short, it ensures that they move towards independence.

The use of visual strategies and structure is based upon an understanding of the unique features and characteristics associated with the nature of autism, and uses the visual strength of learners with autism. Often referred to as *Structured Teaching*, this can be applied to the individual's *physical environment*, to *time* and to the *activities* that the individual does. This is a dynamic process that evolves with the child and is determined by his or her learning pace and learning style. Visual strategies can apply to the physical environment or 'physical structure', to the child's class timetable or 'schedule' as well as to the actual activities that the child is involved in or to his 'work systems'.

## Prepare the Physical Environment

This involves creating an environment which provides clarity about:

- ✓ what will happen in each area
- ✓ where each area begins and ends
- ✓ how to get to a specific area by the most direct route

For instance, if a table is used for colouring activity as well as for eating, it can be confusing for the child. Are we going to sit and colour or are we going to eat? If the table is covered with a table cloth or placemats during mealtimes, it clearly means it is time to eat. But if colouring material is placed alongside the plates and bowl on the same table at the same time, that would be confusing for the child. Removing or covering up things that are not a part of the immediate activity, reduces the probability of confusion. The table, table cloth, placemats, colours and colouring book are all cues that can provide clear context. Colouring material on a table is a clear indicator to do a colouring activity on a table.

Providing visual clarity helps the child understand the exact boundaries of each area with minimal visual and auditory distractions. This may be done by strategically organising furniture and using curtains, placing rugs, dais or chatais on the floor, or using coloured floor tapes. Using curtains, blinds, or shades, or through placement of furniture we can control the amount of light, or reduce distractions and create a better learning environment.

Having visually clear signage can help us get to the desired area directly, without having to 'search' for it and without getting lost. We know how helpful that can be for instance to get to the platforms at a railways station, or to find the nearest toilet, or exit within a building. We can go around asking for it, or just follow the signage and get to it quickly and independently.

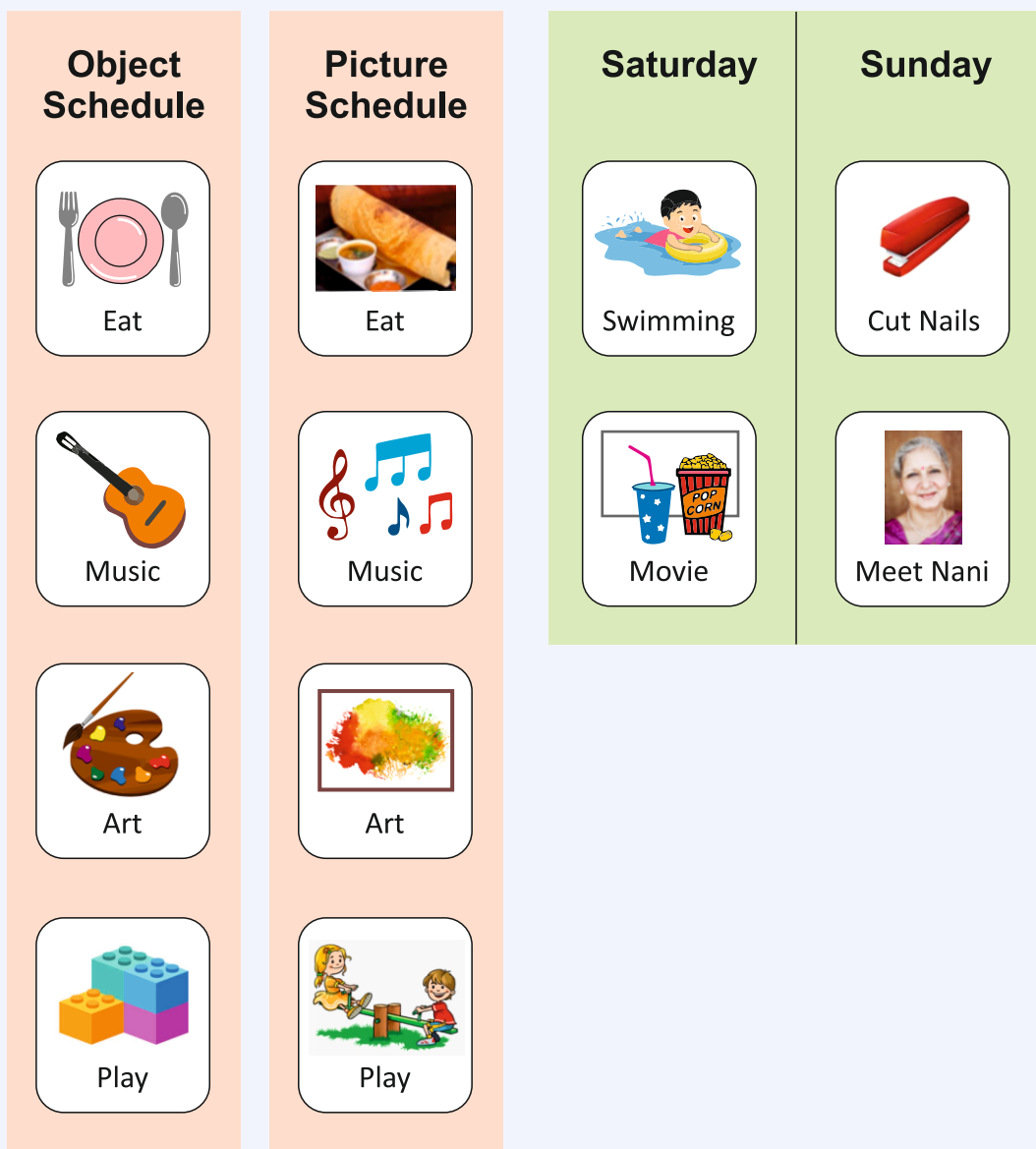
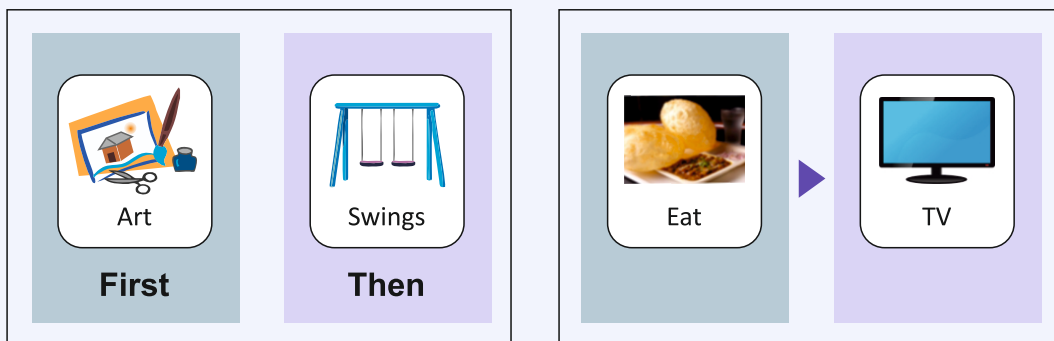
### Organise Time

This is about organising time through the day and visually telling the child what will happen, when it will happen and in what sequence. School timetables are a great example of this. We can create similar timetables that are individualised according to the child's learning style. A timetable relieves the stress and anxiety about the unknown by providing predictability to the child by giving visual information on:

- ✓ what will happen
- ✓ where will it happen
- ✓ when will it happen

Also known as a *Visual Schedule*, a timetable can be made using text, objects, photographs, pictures, line drawings or a combination of it, depending on child's level of comprehension. Arranged in a top to bottom or left to right format, the timetable clearly tells the sequence of the activities. As shown on the following page, a schedule may be made using objects or pictures depending on the level of the child.

## Visual Schedules



We can introduce the concept of a timetable to an early learner with only one activity, and then two activities i.e. first \_\_\_\_, then \_\_\_\_. For instance, we can start with only an object/picture of a plate of food. So, the child learns it is time to eat food. Once the child begins to understand the concept, we can introduce two objects/pictures – plate of food and then a television – i.e. first we eat food, then we watch television. This is a simple way to introduce the concept to the child, without making it overwhelming. Gradually, depending on the child's pace and level of comprehension, a schedule can be for part of the day and eventually a full day.

A timetable is best mounted in a consistent place at the child's height on a wall or a cupboard front, or placed on a table. This provides independence by telling the child how to move through the day, and transition through the different physical spaces purposefully and calmly. Timetables can motivate a child by scheduling favoured activities right after less desired ones. They also can be used to help children become more flexible and prepare better for unplanned or unforeseen changes.

### Organise the Activity

This would involve giving a *Work system* which is a visual To-Do-List, that gives the child a systematic flow of the work that needs to be completed by providing visually clear information about:

- ✓ what work is to be done
- ✓ how much is to be done



- ✓ how it is to be done or the steps involved
- ✓ when will it end
- ✓ what will happen next

As illustrated in the figure below, let us take an example of getting dressed after taking a bath. Just wearing one garment involves a series of steps that can be quite intricate for a child. Alongside, the child has to remember the order in which the different garments have to be worn. This can be frustrating and difficult for some children. Simple illustrated cards placed in the order of dressing (e.g. underpants, vest, t-shirt, shorts, socks) clearly tells the child: I have to wear five items and the sequence in which to wear the garments. It also conveys when the task will finish, viz when the socks are on. This reduces ambiguity, provides clarity, builds independence, and can enable the individual to perform and develop independent functioning in different settings, such as academic, recreational, activities of daily life. To-Do-List can be placed in the area where the targeted self-care routine takes place. For example, the To-Do-List for washing hands, bathing, brushing teeth can be put in the bathroom, while a To-Do-List for getting dressed can be in the child's dressing area be it the bathroom, the bedroom or anyplace else.



## Additional Visual Supports

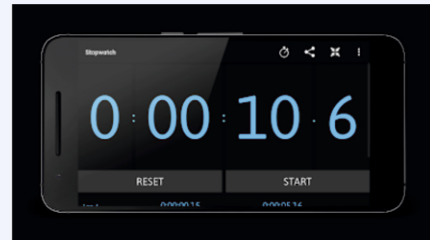
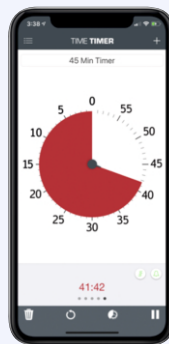
There are some additional visuals and structured supports that may be used alongside, through the day.

A *personalised calendar* can provide information about upcoming activities thereby giving predictability in the child's life. We can indicate the activities that the child likes and does not like. Knowing when an activity that the child really likes (such as going out for an ice-cream or go on a holiday or to visit grandparents) can help the child learn to wait without becoming overanxious as s/he looks forward to it. Prior information about an activity that the child does not like (such as having a haircut), gives the child some time to prepare and reduce the child's anxiety levels. Depending on the child, we could start with a weekly calendar and move to a monthly calendar (See figure below).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				 Dinner at Raj Sweets		 Meet Naani
	 Swimming				 Cut Nail	
				 Eat Dosa		
	 Swimming					 Meet Naani
					 Cut Hair	

## OVERVIEW

A clock, a visual timer or a mobile timer (See figures below) can help the child understand when a particular activity is going to end and prepares the child for the transition. We can teach the child to wait for a buzzer to go off, or to watch the colour of the timer, or the numbers on the clock. We can also stick a 'bindi' to an ordinary clock and teach the child to wait till the big hand points to the 'bindi'.



As discussed earlier, an array of cards (with representational objects, images and/or text) can be used to create a *choice board* that provides information about the activities or objects available to the child. Choice boards provide means to express likes and dislikes through simple emoticons, or a *food menu* that may be created using images or logos. Regardless of the verbal skills, using visual support the child can communicate his or her desires, choices, and emotions by touching or pointing to the specific visual.

Visual supports are extremely powerful teaching tools and work equally well for speaking and non-speaking individuals across the spectrum because they provide the necessary information relevant to that particular situation. When used consistently, they can help the

individual better understand expectations of them, cope with changes, learn skills in ways that optimise their strength, minimises the need for verbal reminders, and fosters independence. It is important to remember to keep visual supports at the individual's level of understanding and ensure they evolve with the individual as he or she acquires skills. For instance, as the child learns we can increase the length of the schedule from two activities to full day and then the week. Similarly, as the child learns to read and independently use an object-based schedule, we can then move to a picture-based and then a text-based timetable. And as children grow into young adults, we can teach many of them ways to create these supports for themselves.

Specific ideas to organise the physical environment, and other strategies to bring clarity to the activities have been given in the introduction to each module, as well as within specific activities as relevant. Activity Illustrations provide picture cards that can be used to build choice boards and create schedules for the child. References have also been provided in *Additional Resources* to know more about Structured Teaching and Visual Supports.





## USE SOCIAL STORIES

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A SOCIAL STORY is a simple and effective way to provide as much information about a social situation as possible, to the person with autism, so that s/he is better prepared to face that situation. Social stories help understand what is expected of them. They can also help to develop an awareness of self. They can also be used to help the individual with simple strategies for self-calming and self-regulation. Social stories can be used very effectively to teach self-care routines too. Ideally, it is best to use one story at a time with an early learner.

When writing a social story, keep in mind that:

- 📄 Social stories are written specific to the individual child AND individual situation.
- 📄 And like all stories, they have a title. The title represents the story. E.g. 'Using the Toilet', 'Waiting for the Bus', 'Staying Safe', 'Dressing Myself' etc.
- 📄 Social stories may include familiar real-life places, events, situations, names of family members, friends, and activities from every day routine. *E.g. Baba takes me to Raj Saloon for a haircut.*

- 📄 Social stories try to incorporate the interests and strengths of the person into the story. For young children this may also include his or her favourite cartoon or superhero characters.
- 📄 The stories are written from the perspective of the individual person with autism, not of the parent or carer. Hence, they are written in the first person or using the child's name. E.g. *'Once a month Rohit gets his hair cut'* rather than *'Once a month you get your hair cut'* or *'When my hair grows long I get it cut'* rather than, *'When your hair grows long you get it cut'*.
- 📄 A social story is written using clear, simple, and positive language without being negative, preachy, or critical. Illustrate the story with photographs or simple drawings, if it makes it appealing or easy for the child to understand the story.
- 📄 Social stories may broadly have four kinds of sentences.
  1. *Descriptive* sentences that give the what, when, where, who information on the social situation featuring in the story.
  2. *Perspective* sentences that describe what others in the environment think, feel, want, etc. As the name suggests, they help share the perspective of others with the child.
  3. *Directive* sentences that describe the common expected response that:
    - ✓ Positively state the wanted response, instead of what is not wanted or what is perceived as problem behaviours.

For instance, *'I can try to sit still when the barber cuts my hair'*, rather than *'I will not squirm during the haircut'*.



- ✓ Use terms like 'I want to', 'I can try to', rather than 'I must....', or 'I should....' E.g. *'I can try to sit still, or I can try to look down'*, rather than *'I must sit still or I should keep my head down'*.
- ✓ Employ terms like 'usually' or 'sometimes' rather than 'always', 'not', or 'never.'

In short, directive sentences are positive statements of wanted behaviour that acknowledges that the child is trying, and avoids absolute demands (always, never) that can set the child up for failure.



4. *Control* sentences incorporate the interests of the child and are best written in consultation with the individual and when that is not possible, with someone who has a good insight into the child's likes and interests. So, a child who loves Spiderman can get to buy a Spiderman toy after a haircut or get to watch a Spiderman cartoon once he gets back home after a haircut. And a jalebi-lover can get a jalebi treat afterwards. E.g. *'After the hair cut I can have jalebis'*.

- 📖 Start social stories with descriptive or perspective sentences. We do not start a social story with a directive sentence. Use one or two directive sentences per five or more descriptive and perspective statements. A story can also contain only descriptive and perspective sentences.



-  The complexity of the language used in the story, the length of the story itself, depends completely on the child's level of understanding and attention level. For young children and early learners, it is best to keep social stories short, consisting of five or six sentences. However, they can be longer, especially if adding some descriptive sentences can make the story interesting for the child. For instance, the story *Covering My Mouth When I Cough* illustrates the different ways to write the same social story depending on the child's age and level of understanding.
-  It is important to write a social story specifically for each situation and for specific concerns. For instance, there are different aspects of getting a haircut that may be challenging for different children and for it to be effective, the story will need to be written accordingly. The set of stories for *Getting a Hair Cut* illustrates the different ways to contextualise a social story based on the child's differing needs.

To share the social story:

-  Know that many children including many with developmental disabilities may not sit still or 'listen' when a story is being read, and may not be able to 'read' the story. That does not affect the sharing of the story with the child.
-  Remember that this is a story. It is for sharing information. The social story is not for table-top teaching. It is not necessary for the child to be able to read. It can be read out to the child just as we would read out any other story.

## USE SOCIAL STORIES

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- 📄 Identify a few quiet places and a few quiet times with minimal distractions. Bedtime could be one such time to introduce the story. Ensure the child is in the same room as us. We could shut the door to ensure the child remains in the room. It does not matter if s/he is running around inside the room. That will not stop the child from being able to hear the story when it is read out.
- 📄 As the name suggests, social stories are stories. Read out the story at a gentle pace in a calm yet fun voice. Keep the intonations engaging so that the child is drawn to listening in. Read the story several times a day at the identified times. Do this over as many days as required.
- 📄 Do not introduce or read the story during times of high stress. We know that when children are distressed, they are generally not in a state to be able to absorb any new information. This is true for adults as well!

To recount, a social story helps to increase the child's understanding of a social situation, help make her more comfortable in the situation, and suggest some appropriate, 'doable' responses for the social situation in question, using positive, non-judgmental language.

The following examples illustrate the varied styles of writing a social story as per the individual needs of each child. As already mentioned they may need to be adapted for use with any specific child.

For more such examples and to read more about Social Stories, refer to the references given in *Additional Resources*.





### Doing Potty in a Toilet

I am a big girl.

Big girls do potty in the toilet.

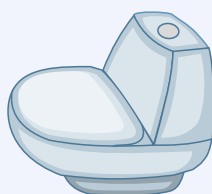
Sometimes I feel in my body that I need to do potty.

When I need to do potty, I can stop what I am doing.

I can try to go to the toilet.

I can try to do potty in the toilet.

Doing potty in the toilet makes me a smart, big girl.



### Telling Ma'am that I Want to Use the Toilet

When I am in school, sometimes I want to go to the toilet.

When I want to go to the toilet, I can tell my ma'am.

I can take out the Toilet Card from my pocket.

I can give ma'am the Toilet Card.

When I give the Toilet Card, I will go to the toilet.

I feel better after I have used the toilet.



### Brushing Teeth

#### *Brushing my Teeth [Story]*

On a bright sunny morning, Simba woke up. He was so excited.

Today Papa Mufasa was going to take him to the Pride Lands to teach him all about the 'Circle of Life'.

Simba did not want to be late.

He rushed to brush his teeth. He put his paw claw in his mouth, and brushed the way Mama Sarabi had told him:

"For one side

Brush back on the bottom, Brush back on the top.

Brush front on the bottom, Brush front on the top

For the other side

Brush back on the bottom, Brush back on the top.

Brush front on the bottom, Brush front on the top"

Then he remembered one more thing she had said

"You can't forget,

You gotta do a little thing called Rinse and Spit....."

Brushing was all done. Simba's teeth were gleaming. He was ready to go!

It was going to be a great day!!



Simba wants Raahil and all his friends to brush their teeth like Simba! This will make Simba really happy.

## Brushing Teeth

### *Brushing my Teeth [Song]*

In the Jungle, the mighty jungle, the lion brushes today

In the Jungle, the mighty jungle, the lion brushes today

Back bottom and top, bottom and top

Bottom and top, bottom and top

Front bottom and top, bottom and top

Bottom and top, bottom and top

In the Jungle, the mighty jungle, the lion brushes today

In the Jungle, the mighty jungle, the lion brushes today

Other side Back bottom and top, bottom and top

Bottom and top, bottom and top

Front bottom and top, bottom and top

Bottom and top, bottom and top

In the Jungle, the mighty jungle, the lion brushes today

In the Jungle, the mighty jungle, the lion brushes today

Rinse and spit, Rinse and spit

Rinse and spit, Rinse and spit

Rinse and spit, Rinse and spit

Rinse and spit, Rinse and spit



### Getting My Hair Cut

*This set of stories illustrates ways to contextualise a social story based on the child's needs differing.*

#### ***If the child is bothered by sound of scissors***



I get my hair cut when it is long.  
I go to Trends Salon to get a haircut.  
In the Salon I sit on a high chair.  
Jackie Bhaiya puts a cloth around me.  
Jackie Bhaiya cuts my hair with scissors.  
Scissors make a snip snip sound. This is okay.

I can watch Teletubbies on Papa's mobile.

Doing this will keep the snip snip sound away.

My Teletubby friends will be happy that I look smart after the haircut!

#### ***If the child is bothered by cape***



I get my hair cut when it is long.  
I go to Trends Salon to get a haircut.  
In the Salon I sit on a high chair.  
Jackie Bhaiya puts a cloth around me. This is called a cape.  
Everyone wears a cape when they get their hair cut.  
It is okay to wear a cape.  
Cape will help keep my hair from falling on my clothes.  
Cape will help keep my hair from falling on my arms and legs.  
This way I will stay nice and clean!

### Getting My Hair Cut



#### *If the child is bothered by the water spray*

I get my hair cut when it is long.

I go to Trends Salon to get a haircut.

In the Salon I sit on a high chair.

Jackie Bhaiya puts a cloth around me.

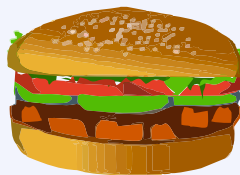
Jackie Bhaiya sprays water on my hair. This is okay.

Spraying water on hair make it soft and easy to cut.

Snip-Snap, Snip Snap my hair will be cut fast.

I will look like Tiger Shroff.

Then it will be time to eat



#### *To help the child sit still*

I get my hair cut when it is long.

I go to Trends Salon to get a haircut.

In the Salon I sit on a high chair.

Jackie Bhaiya puts a cloth around me.

Jackie Bhaiya sprays water on my hair.

Jackie Bhaiya cuts my hair with scissors.

When Jackie Bhaiya is cutting my hair, I can try and sit still.

Squishing my squishy ball tight between my hands can help me sit still.

My haircut is done safely!

I am ready to go to the park.





### Getting My Hair Cut

#### *To help the child wait for his turn*

I get my hair cut when it is long.

I go to Trends Salon to get a haircut.

I go to Trends Salon with Bunty Bhaiya.

Sometimes in the salon there are other people waiting to get their haircut too.

I may need to wait for my turn.

I can sit in the lobby and play with my superhereos. I can read my superhero stories.

Bunty bhaiya will let me know when it is my turn.

Then I will get my haircut.

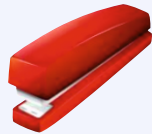
Waiting for turn smartly is a Super Trait! I have lots and this is how I will show!



### Getting My Nails Cut

My nails grow long.

When my nails grow long, it is important to cut them.



My calendar tells me when it is time to cut my nails.

Mummy can help me cut my nails.

Mummy asks me to put my hands in water before we cut nails.

I can take my hands out of water when timer rings.

After that, Mummy will cut my nails one by one.



I can count each nail after it is cut.

When I count to 10, nail cutting will be finished.

I can listen to music when Mama cuts my nails.

I will look super smart when my nails are cut.



### When I Have a Cough

*This set of stories illustrates the different ways to write a story, depending on the child's level of understanding.*

#### ***Covering my mouth when I cough***

Sometimes I cough

I can try to cover my mouth with my hand when I cough

I can also cover my mouth with a tissue when I cough

Covering my mouth when I cough is a smart thing to do.



#### ***Covering my mouth when I cough***

Sometimes I cough.

When I cough germs can come out of my mouth.

I can try to cover my mouth with my hand when I cough.

I can also cover my mouth with a tissue when I cough.

Covering my mouth when I cough is a smart thing to do.

## When I Have a Cough

### *Covering our mouth when we cough*

Sometimes people cough

Most people try to cover their mouth with their hand when they cough

They may also cover their mouth with a tissue when they cough

Sometimes Sujoy also coughs

When Sujoy coughs, Sujoy can try to cover his mouth with his hand

When Sujoy coughs, Sujoy can try to cover his mouth with a tissue

Covering our mouth when we cough is a smart thing to do.



### *Using a tissue when we sneeze or cough*

Sometimes people sneeze

Sometime people cough

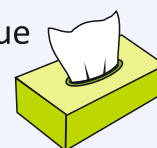
When we sneeze or cough it is a good idea to use a tissue

When Nishit sneezes, Nishit can wipe his nose with a tissue

This will help Nishit keep his nose clean

When Nishit coughs, Nishit can cover his mouth with a tissue

This will help Nishit keep his mouth clean



Using a tissue when we sneeze or cough is a smart thing to do.

### When I Have a Cold



#### *Blowing nose*

Sometimes my nose may feel heavy.

It may feel there is a lot of stuff in my nose.

This may make me feel uncomfortable.

When it feels so, it may be a good idea to blow my nose.

I can hold the tissue near my nose and blow my nose.

Then I can wipe well all around my nose.

Doing this may remove the stuff from my nose.

My nose will be light again.

### Wearing An Underwear



I am a big boy.

Big boys wear an underwear.

From 1 December 2020, I will wear an underwear.

I will wear an underwear after taking a shower in the morning.

Then, I will wear shorts or pants.

I can try to wear underwear in school.

I can try to wear underwear at home.

I can remove the underwear at night when I wear my bedtime clothes.

Wearing underwear makes me a smart big boy.

### Wearing Clothes In Rishab's Room

Rishab is a smart young boy.

Smart young boys wear clothes in room.



Rishab can also try to wear clothes in Rishab's room.

Rishab can wear a towel in the bathroom.

Then Rishab can go to Rishab's room.

Rishab can CLOSE the DOOR to his room.



Rishab can put towel in towel basket.

Rishab can wear his clothes.

Then Rishab can go to Mummy's room and watch television.



### Dinner At Raj Sweet House

I will go with Mummy and Papa to Raj Sweet House on 20 December.

We will eat dinner at Raj Sweet House.



I can try to sit smartly in my chair at Raj Sweet House.

I can listen to music at Raj Sweet House.

I will eat Chole Bhature at Raj Sweet House.

I will drink Pepsi at Raj Sweet House.



I can eat ice cream at Raj Sweet House.



After I finish dinner, I will come back home with Mummy and Papa.

### Eating One Bite At A Time

Mickey Mouse and his friends Minnie, Pluto, Goofy, Daisy and Donald are all at the clubhouse.

Mickey Mouse loves solving problems for his friends using Mousekedoer and Mouseketools.

Mickey Mouse and his friends love to be with little boys and girls like you!

Sometimes they feel hungry

When hungry they all sing,

"Hot Dog, Hot Dog, Hot Diggity Dog!  
Hot Dog, Hot Dog, Hot Diggity Dog!"



Seeing the plate full of Hot Dogs, Goofy says,  
"Gawsshh!", and eats a big hot dog in one bite



Now that is a real problem....Goofy's tummy hurts!

Mickey calls "Oh, Toodles!" and reminds Goofy and all his friends to eat slowly, one small bite at a time

That is what Mickey Mouse wants all his little fans like Sahil to remember

When Eating, Try And Eat Slowly, Eat One Bite At A Time

When little fans do this, Mickey Mouse says,  
"Gosh, you all did great! See you real soon!"

Meeska Mooska Mickey Mouse!! Meeska  
Mooska Mickey Mouse!!





### Tiffin Time In Class

At tiffin time we eat our tiffin in the class.

We eat the tiffin out of our own tiffin box.

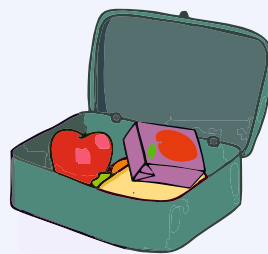
Most people like it when we eat the tiffin out of our own tiffin box.

It is smart to eat out of our own tiffin box.

Reena Ma'am will help me eat from my own tiffin box.

At tiffin time, I can try to eat my tiffin out of my own tiffin box.

I get a hug from Reena Ma'am when I eat from my own tiffin box.



### When I Get Hurt

Playground is fun.

I play in the playground.

I like to swing, and I like to slide.

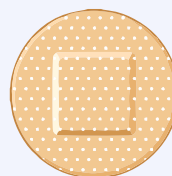
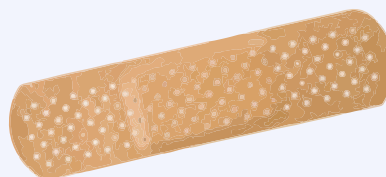
I like to play ball with my friends.

I like to cycle.

Sometimes when playing, I may hurt myself.

When I hurt myself, I can tell mamma or ma'am.

Mamma or ma'am will know what to do.



## Telling Amma When I Have A Headache

Sometimes my head hurts

My head can hurt when I have fever

My head can hurt when it is very hot

When my head hurts, it is a good idea to tell Amma

When my head hurts, I can show Amma my headache card

When I show Amma my hurt card, Amma can help me

Amma may ask me to lie down

I can try to lie down when my head hurts

Amma may also give me a medicine

I can try to have the medicine smartly

Lying down or having a medicine may help my head feel better







## TEACH ONE STEP AT A TIME

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AS WE KNOW, self-care activities usually have multiple steps. To make learning successful it is best to break the entire activity into small, discrete, manageable steps on which to plan the steps to teach. This process is called *Task Analysis*.

Ideally, we first perform the task ourselves to note the sequence of steps necessary. We can also observe other children of same age and other adults performing the activity. This can help us to determine if there are different approaches to carry out an activity. For instance, there are many different ways to wear and take off a t-shirt. Some put in their head first, while others find it easier to first put in their arms. We can then decide the approach that will be best suited to the child's strengths and learning style.

So, 'wearing socks' can be broken into the following steps:

1. Hold socks at the open end with both hands
2. Scrunch up the socks
3. Put toes in
4. Pull socks over foot
5. Pull socks up over heel and ankle

Once broken down into steps, a skill can be taught in either of two ways.

We can start with teaching the first step in the 'chain' or sequence of steps, and progress to the last step. This is called *Forward Chaining*. We focus on teaching the child independence in step 1 and support the individual in completing the rest of the steps in the entire sequence. When the individual is independent in step 1, we let him do step 1 independently, focus on teaching independence in step 2, and support the individual in carrying out the rest of the sequence and so on. The sequence of teaching will be teaching the child to achieve independence in step 1, then step 2, then step 3 and so on till we reach the last step and the child is able to complete the entire activity independently.





*Backward Chaining* is exactly the reverse. We start with teaching the last step first. Once the individual can successfully complete the last step independently, we then move to the step before that and so on. So, the sequence of teaching will be

to teach the child to achieve independence in step 5, then step 4, step 3, step 2 and finally step 1 so the child is able to carry out the entire activity independently.

Initially the adult provides as much support as the child requires at each step, and then as the child learns, the adult gradually reduces support so that the child learns to complete this step independently. The way to reduce support is discussed in the next section.

So, to teach a child to wear socks using *Backward Chaining* the steps would be as follows:

-  We start with teaching step 5. The adult provides as much support as the child requires to carry out steps 1-4. The focus is only to teach the child the last step, i.e., pull socks over the heel and ankle. Initially the adult provides as much support as the child requires on step 5, and then as the child learns, the adult gradually reduces support so that the child can learn to complete this step independently.
-  We teach the child to be independent on step 4, i.e. pull socks over foot, when the child is able to independently complete step 5, i.e., pull up socks over heel and ankle. So, the adult provides as much support as the child requires to carry out steps 1-3. To teach step 4, the adult initially provides as much support as the child requires, and then gradually reduces support so that the child learns to complete this independently. Since the child is already independent in step 5, the adult lets the child independently complete the step at all times.

- ④ We focus on teaching the child to be independent in step 3, i.e., put toe in, when the child is able to independently complete step 4. Again, the adult supports the child in steps 1 and 2, and only focuses on teaching step 3. The adult starts with providing the support the child needs and gradually reduces support so that the child is able to independently put toe in the socks. By this time, the child is already independent in steps 4 and 5, so, at all times, we let them independently pull up socks over foot, heel and ankle.
- ④ We then focus on teaching the child step 2, i.e. to scrunch up the socks. As before, the adult supports the child to complete step 1, and focuses only on teaching step 2. Starting with as much support as the child requires, the adult gradually reduces support as the child learns the step. At all times, the adult lets the child independently carry out steps 3, 4 and 5.
- ④ Finally, the adult focuses on step 1, i.e., holding up the socks, once the child begins to scrunch up the socks independently. Once again, support required is initially provided and gradually reduced so that the child is able to hold up the socks independently. At all times, the child independently completes all the following steps i.e. scrunches up the socks, puts toe in, and pull up the socks over foot, heel, and the ankle.

// **The sequence of teaching will be teaching the child to achieve independence in step 1, then step 2, then step 3 and so on till we reach the last step and the child is able to complete the entire activity independently.**

*Backward Chaining* can be particularly effective when teaching children with autism and other developmental disabilities. In forward chaining, after the child has completed a step, the adult has to step in and complete the rest of the steps till the activity is over. The important advantage of teaching the last step first is that after the child performs the final step the activity gets over, giving the child a sense of success, achievement, and completion every time. The sense of successfully completing an activity is a huge motivator. In addition, if the child is to receive a favoured toy or activity after finishing task at hand, the connection between receiving something favoured immediately after having 'finished' the activity independently makes it that much more motivating.

Many self-care routines that have multiple steps are better taught using backward chaining. If an activity in this curriculum can be taught using backward chaining, a description of the process has been given in the section *Teaching the Sequence* within each activity.

To read more about Chaining, refer to the references given in *Additional Resources*.







## PROVIDE NECESSARY SUPPORT

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WHEN TEACHING A CHILD any skill, right from the start we ensure that during teaching the child performs each part of the skill correctly, and effortlessly. That means that we want to make sure that the child makes no mistakes when executing the activity. It is therefore important to provide as much support as the child requires. This is called *Prompting* and is an important aspect in helping a child learn a skill successfully. Depending on the child's strengths and learning style, we can use verbal instructions, physical support, visual support, or a combination of these when teaching a child.

Most children with autism greatly benefit from physical support especially when they have difficulties with body awareness, motor movement and motor planning as discussed earlier. Physically moving and motoring the child through the steps repeatedly, over many days, helps strengthen '*muscle memory*' for the skill. Once the child learns the skill through muscle memory, there is little likelihood of the child 'forgetting' the action. This is especially relevant in activities around self-care routines as they involve a lot of movement and use of body.

An important consideration in providing support to the child is the amount of support provided. We provide only as much support as the child needs – not more and not less. So, it is important that we pause long enough to allow the child to do it, and step in fast enough to prevent an error. As the child learns the skill it is crucial to gradually reduce support or to *Fade Prompts* as the child begins to gain independence. This is especially important to avoid the child becoming dependent on the support.

Individuals with autism are great at learning routines. If support carries on even after they have learnt a step in a sequence, they may come to see the support received as a part of that routine. When that happens, the child will wait for the adult to 'do their part' before proceeding further. For some, a smile or a "hmm" or "well done" can begin to serve as a 'cue' to move to the next step. Similarly, if our primary mode of communication is verbal, and if we provide a lot of verbal support, that may become hard to reduce. To avoid this, when focusing on teaching a skill, use minimal words, be mindful of the tone of voice and keep a neutral face expression.

Since the adult guides the child through the sequence of steps, it is likely that the child has learnt some of those steps through this

// **Most children with autism greatly benefit from physical support especially when they have difficulties with body awareness, motor movement and motor planning... Once the child learns the skill through muscle memory, there is little likelihood of the child 'forgetting' the action.**

continual practice. So, when carrying out any activity it is important to observe how much support each child requires at each step. Usually, the level of support that a child requires is likely to vary at each step and often a child becomes independent in some steps sooner than the others. For instance, when teaching the different steps to wear socks as described in *Teach One Step at a Time*, we may find that a child is already independent in step 1, i.e. to hold socks at the open end, requires a great deal of support and/or for a much longer time on step 2, i.e. to scrunch up the socks; requires relatively less support and/or achieves independence sooner on step 3, i.e. to put toes in the socks ; requires very little support on step 4, i.e. to pull socks over foot and is already independent in step 5, i.e. to pull socks up over heel and ankle.

The general rule of thumb is to provide only as much support as the child needs regardless of the sequence, and depending on the child's learning pace gradually reduce support. The way we reduce support varies with each child and is largely determined by the child's learning style, strengths and needs.

If we teach wearing socks using backward chaining, then we support the child in steps 2-3, focus on teaching the child step 4, i.e. to pull

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socks over foot and since the child is already independent in step 5, i.e. to pull socks up over heel and ankle, we will let the child carry out the activity independently. Now, when teaching step 4, we may start by providing hand-on-hand, physical support to help the child complete the step. Then as the child learns, depending on his pace, we start decreasing the amount of help we provide and let the child pull up the socks as much as possible.

How we reduce the support will vary with each child. Some children may be able to pull up their socks easily and it may be easier and quicker to fade support away. For some other children it may take longer perhaps because of their muscle strength or motor coordination or for some other reason. This judgement is based on our knowledge of the individual child as well as several other factors. For some children, we may decide to continue to gradually reduce support. With some others, we may decide to experiment with different types of socks (e.g. different fit or length, or socks with loops to pull) and help the child become independent. We can also teach the 'pulling up' action through other activities, table-top, or in the child's natural environment.



// **Individuals with autism are great at learning routines. If support carries on even after they have learnt a step in a sequence, they may come to see the support received as a part of that routine. When that happens, the child will wait for the adult to 'do their part' before proceeding further.**

## PROVIDE NECESSARY SUPPORT

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As discussed earlier, most individuals with autism are visual learners and many children benefit from continued visual support. Even after they have learnt the individual steps, visual support helps children remember the sequence of steps to complete an activity and the sequence of activities to complete a routine. For instance, we can provide visual support to remind the child the steps to wear socks. Once the child has learnt the steps, we can use visual support to remind a child to wear socks before shoes..

To read more about Prompting and Prompt Fading, refer to the references given in *Additional Resources*.





## NURTURE A 'WANT' TO LEARN

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AS DISCUSSED earlier, unlike non-autistic people, some children with autism, may not instinctively be motivated to learn self-care routines. Some may enjoy certain aspects of an activity, but not necessarily the entire sequence. And if the self-care routines are difficult and stressful for children with autism as they often are, that further minimises the chance of the child learning in that moment. There are many things we can do to help reduce stress, create a positive and relaxed environment, and make learning motivating.

### **Incorporate the Child's Preferences**

The child is likely to be more relaxed when s/he can engage with the physical environment, when s/he can understand what is going on, and has ways to make himself understood. So, adapt the environment and activities to meet the child's sensory, motor and communication needs and preferences.

Observe and list out favoured toys, objects, food, clothes, activities, or even a favoured stim such as waving fingers or making a specific sound. It is important that this is not coloured by an adult's biases of



what we think children usually enjoy such as a chocolate or a toy car etc. For many children with autism, this may be an everyday object such as a string, a piece of shiny paper, a pebble, or a leaf – things that may often be hard for an adult to understand. It could also be something from within the self-care routine e.g. bubbles when washing with soap, or the feel of water.

Wherever possible, incorporate child's interests to make learning motivating. For instance, if the child enjoys cars, select a car shaped soap or a towel with a car print. If the child seeks visual stimulation, he may enjoy a transparent soap (e.g. Pears) that he can 'look through' when learning to soap himself. If the child keeps jumping up and running away, she may learn to 'sit on the pot', with a favoured toy in her hand or while listening to her favourite music. If the child enjoys water, plan for the child to have some time after a bath to play with water as they like. If introduced before bathing, some children may resist the transition from having fun to doing something that the adult wants to do. We can also introduce a timer so the child learns that play time with water ends when the alarm goes off.



We can also include the child when shopping for his or her personal belongings. See if the child reaches for any particular smells, colours, textures of soaps, washcloth, towels, clothes etc. Similarly, watch out for the clothes or shoes s/he wants to wear. Respect the child's choice. Use those items in self-care routines.

### Support the Child feel Successful

We all enjoy doing things when we feel we can do them well. We feel discouraged when something seems too hard or beyond our ability. Some of us also get bored when something is too easy and not challenging enough. Each child learns at his or her pace, so, follow the child's pace and find the right balance for the child that keeps it interesting, and challenging and makes the child feel successful.

Present activities in a way that will maximize the chance of child doing it successfully. For instance, when teaching a child to eat rice and dal, use a bowl or plate with raised edges (like a thali) instead of a regular plate. This will make it easier for him to scoop his rice and dal when eating.

Try not to aim for perfection. Recognise and praise the child's for trying. This will give the child the confidence and encouragement to keep practicing and improve the 'quality' over time. So, ignore the initial spills or mess while eating. In time, once the child has learnt the skill, the focus can then be on eating neatly. Similarly, when teaching the child to pour water to rinse off soap, focus on getting the child to comfortably 'pour'. Once the child can pour comfortably, s/he will be able to wash the soap away. Likewise, the child does not have to dry off every drop of water as s/he learns to use the towel.

**// Wherever possible, incorporate child's interests to make learning motivating. For instance, if the child enjoys water, plan for the child to have some time after a bath to play with water as they like.**

## Encourage Rather than Force

As mentioned earlier, offer choices to the child when possible and respect the choices he or she makes. This makes the child an active 'participant' rather than a passive 'recipient', expected to comply with everything s/he is told. So, encourage the child to try a new dish, but avoid force feeding the child. Encourage the child to wear a new garment instead of 'making' him wear it. Make yourself and the activity interesting so the child looks at you, instead of forcing the child to make eye contact. Similarly, resist the temptation to get the child to repeat what s/he hears and allow the child to focus on learning the specific activity.

Try to meet the child, halfway rather than engage in a battle with him or her. As adults, we are likely to be able to get the child to do what we want in that moment. However, eventually, we lose an important teaching moment and more importantly a loving, trusting bond with the child. As parents and as professionals, we all can identify people who the child promptly 'obeys'. While it may seem that their strategies work, it is more likely that the child has learnt that when I hold my ears and say 'sorry', I do not get punished. It does not automatically mean that the child has actually learnt an activity or an appropriate behaviour. Nor does it mean that the child will learn better in the presence of this adult. In fact, quite the opposite.

**// Each child learns at his or her pace, so, follow the child's pace and find the right balance for the child that keeps it interesting, and challenging and makes the child feel successful.**

Some children may feel stressed and may be more focused on avoiding the person, the situation, or the punishment rather than being focused on learning the task.

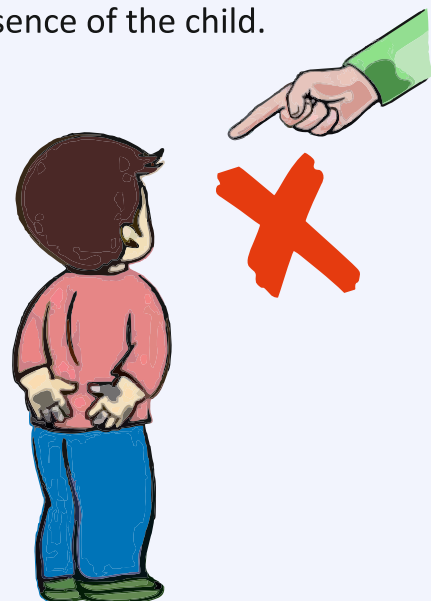
Even as adults, we all like to be around people who support us, and encourage us. We are likely to learn more from them than from those who criticise or 'punish' us. Children with autism are no different.

### Catch the Child Being Good

Acknowledge, recognise, praise only the behaviours that we would like for the child to repeat. The child is likely to repeat things s/he gets recognition and praise for.

This also means we do not give any attention to behaviours we do not want the child to do. So, we refrain from criticising, reprimanding, teasing, or shaming the child in that moment or later. We also avoid discussing the incident, the behaviour, or the child with other people in negative terms and especially in the presence of the child.

This is most effective when we consistently give the child positive attention simultaneously as we take away the negative attention. As parents and professionals, we often notice things that are 'disruptive'. So, it is likely that we will notice the child when s/he is running around or making a fuss to eat and miss the times when the child is sitting quietly



or quickly eats his food. So, we inadvertently, miss the opportunities to praise the child, to make him or her feel good at what s/he does and maintain the interest in the specific activity.

### Praise, Praise, Praise

Reward every effort made by the child. Celebrate each step forward, however small it may seem to be. Appreciate the child as s/he learns each step – the successes and also the attempts.

### Be Consistent

Consistency in everything that we have discussed so far, is the best way to reinforce learning. Being consistent in what we say and do removes confusion and ambiguity, builds familiarity, creates predictability, and helps establish clear cause and effect i.e. when this happens, that happens.

This is applicable in what and how we teach. So, maintain consistency across different activities while the child is still learning an activity or a routine. Try to follow the same *sequence of steps*, using the same *words* and the same *teaching strategies*. For instance, when using backward chaining to teach the child to wear a t-shirt by first slipping in head and then the arms, follow it consistently, every time the child wears a t-shirt. Similarly, consistently follow the *direction of movement* e.g. top to bottom; front to back, left to right, or dominant to non-dominant hand. Practice this across different activities such as when cleaning after toilet, applying soap, rinsing, drying, wearing clothes, brushing teeth, combing hair etc. Likewise, *count the movements* e.g.

we will rub hands 10 times when washing hands. Wherever possible, have a consistent number across different activities. If an activity is more complicated, such as washing hair, brushing teeth, or combing hair, it may be divided up further such as comb hair 10 times on left side, 10 times on right side, 10 times in the front, and 10 times in the back and so on. Even if the child does not know numbers, the child will learn to count by rote and follow.

It is just as important to be consistent in the way we interact with the child. Consistency in our mood and our reactions, in our communication and interactions, our encouragements, praises, promises, all impacts how much the child trusts the adult and how s/he will behave and learn around us.





# FIRST STEPS





# FIRST STEPS

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## Identify the Team

Think about the person(s) who are going to be involved in teaching a skill. It could be one or more parents, grandparents, didis or ayahs, a person in the child's creche, day care, school, or the learning centre. Have them all on the same page as much as possible. It is most effective if the team members are aware of the child's strengths and interests, and work on the same skills using the same techniques.

## Identify a Good Time to Teach

Plan to start teaching a new skill at a time when there are minimal changes or disruptions in the child's life. Consider the child's health; upcoming events in the family e.g. a wedding, visitors at home, new born sibling; an event in the school e.g. annual day celebrations, new class, or new teacher etc. These times of changes are likely to be confusing and not the ideal time to begin teaching a new skill. If the change is temporary and for a short time, evaluate the merit in waiting for the situation to get back to what is the norm and then start teaching a new skill.

Factor in the weather – the heat, humidity or the harsh winters when deciding which skills to teach. So, start teaching the child to wear t-shirt in a more comfortable weather rather than worry about the child catching a chill and instead focus on some other skills instead.

Identify the times when the adult is relaxed and will have sufficient time to focus on the teaching without feeling rushed. As a parent, if mornings are rushed times at home, consider the afternoons or evenings. Similarly, educators can plan the school curriculum or the child's program such that self-care routines are woven into the day. Further, the child is likely to feel relaxed, when the adult is not feeling rushed or stressed.

Embed opportunities into everyday routines as much possible. For instance, when teaching the child to wash hands, establish a practice to wash hands every time the child uses the bathroom, during a bath, before and after every meal/snack, every time the child comes back home from the school, market, playground, and so on.

We can also identify times to weave in additional practice for the focus skill. This could be through games. For instance, if the child enjoys playing with a doll, soft toys or superhero toy, practice skills using the same steps in a pretend play activity e.g. teach the superhero to brush teeth or play a game of 'Simon Says' to imitate 'spitting' or any other actions that need practice.

If the child enjoys reading, prepare short story books related to brushing teeth or maintaining hygiene. The child can go through the books in his or her free time or together with the adult. Have the

child watch videos, or plan specific interaction with peers and/or other members of the family or the teaching team. For instance, watch a sibling get a haircut or have a meal together or talk about daddy having a headache.

### **Make Sure to Really Know the Child**

Observe the child to learn more about:

- ✓ Things that the child really enjoys, food or toys or specific activities (e.g. bubbles, playing with a string)
- ✓ Strengths of the child (e.g. Imitation)
- ✓ Challenges if any (e.g. Fine motor)
- ✓ Specific preferences or routines that the child has (e.g. Eating from a specific bowl)
- ✓ Sensory preferences (e.g. Food textures or fabrics)
- ✓ Skills that the child already has (e.g. Wears loose pants independently)

### **Prioritise Skills**

There are so many things to teach a child. And although everything is important, we cannot teach everything at the same time and it is important to prioritise the skills to teach. Based on our knowledge of the child, ideally, we want to start with activities that are simpler and

relatively easier for the child as well as meaningful in the child's everyday life. This makes the process of learning and teaching more motivating for the child and the adult.

We also want to identify any one skill each in different self-care routines at the same time e.g. learning to urinate independently (*Toileting*), washing hands (*Personal Care*), wearing shoes (*Dressing*), and eating with a spoon (*Mealtime*).

### Observe How the Child Performs at Each Step

Do a *Task Analysis* of the activities that we want to focus on. For instance, the routine of washing hands comprises of the following steps:

1. Open Tap
2. Wet Hands
3. Take Soap
4. Rub Soap
5. Keep Soap Back
6. Rub Hands Together
7. Rinse Soapy Hands Under Water
8. Close Tap



Observe the child doing the activity to learn more about:

- ✓ Steps that the child can do independently (e.g. Opens tap and takes soap).
- ✓ Steps the child needs support with (e.g. Rub hands together).
- ✓ The amount of support at each step (e.g. Adult needs to physically support the child).
- ✓ Does the child miss a step or need reminders (e.g. Forgets to close tap after washing hands).
- ✓ Any adaptations that can facilitate independence (e.g. A small soap that can fit in child's palms and makes it easier to rub).

### **Adapt and Individualise**

Using the knowledge of the child's interests and preferences, strengths, and support requirements, adapt the environment and the teaching style. Through the text, demonstration videos and the illustrations, this curriculum provides a broader framework as well as the specific steps to teach, what to say to the child, and how to interact with the child. Integrate the different strategies, adapt them as necessary to individualise it for each child.

Sometimes there are several ways to do the same activity, e.g. different people wear a t-shirt in different ways. Some put in their head first, while others find it easier to first put in their arms. Individualise on the basis of what is easiest for the child. Adapt the

suggested sequence of steps and the words and use what will work best for the child. Devise ways to incorporate the child's interests to keep it motivating. If the child loves water let him get a few additional minutes to play with water while washing hands each time he urinates. If the child enjoys listening to stories or looking at books, write a social story or create a story book relevant to the child's specific needs, and written in the style that the child will enjoy.

Download videos if the child enjoys watching them. And if the child enjoys listening to songs, adapt a song or a rhyme. For instance, an adaptation of 'Row, Row, Row Your Boat', could be *'Wash, wash, wash your hands, soap will make them clean. Scrub the germs till they fall off, then you have a bean'*.

### Focus on Teaching Complementary Skills

While self-care routines are best taught in real-time, there are many skills such as fine motor skills or imitation skills that are required to complete self-care activities. Many of these can be taught separately at other times such as through leisure activities, in a playground, or table-top activities in one-on-one settings or through group activities.

Plan the child's curriculum holistically to teach skills that go together within an activity or a routine. For instance, as discussed, have the child wear pants or shorts with an elastic waist while he learns to urinate independently. Parallely, we can teach the child to use zippers at other times (not at toilet time) and through other activities such as practice zipping and unzipping on a 'Zip board', pencil case, or other articles in the child's environment.

So, we teach the child to urinate independently and operate zippers independently through completely separate set of activities at different times during the day. Once the child has learnt these activities and is sufficiently independent, we can bring them together and have the child independently zip and unzip pants every time he urinates.

### Schedule Periodic Reviews

An important consideration while we teach is to periodically review our goals as well as the implementation of our own teaching practices. There are likely to be many surprises on the way as we create a child-friendly, learning environment. It is common to discover that the child knows and does a lot more than we had originally thought. A conducive environment enables the child to 'do' and for us to 'see'. It is important to notice things that seem to help the child and review ways to continue using them, as well as think about ways to extend, generalise, or apply those in other areas.

It is just as important to notice things that seem to come in the way of learning. When we seem to struggle teaching an activity or an aspect of an activity, it is important to reflect on '*What can I do differently that will help the child?*'. We may want to think holistically and review the motor and sensory needs of the child as well as the physical environment. As has been consistently discussed, often, simple and creative adaptations make a significant difference.





# ADDITIONAL RESOURCES



### Sensory Processing

#### Books:

*Building Bridges Through Sensory Integration: Therapy for Children with Autism and Other Pervasive Developmental Disorders*

Paula Aquilla, Ellen Yack, Shirley Sutton, Carol Stock Kranowitz | Sensory World | 2015

*Sensory Processing 101*

Dayna Abraham, Claire Heffron, Pamela Braley, Lauren Drobnjak | Lla Media LLC | 2015

*Sensational Kids: Hope and Help for Children with Sensory Processing Disorder (SPD)*

Lucy Jane Miller | Tarcher Perigee | 2014

*I'm Not Weird, I Have SPD*

Chynna T Laird | Loving Healing Press | 2012

*101 Games and Activities for Children With Autism, Asperger's and Sensory Processing Disorders*

Tara Delaney | McGraw-Hill Education | 2009

*The Out-of-Sync Child has Fun: Activities for Kids with Sensory Processing Disorder*

Carol Stock Kranowitz | Penguin USA | 2006

*The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder*

Carol Stock Kranowitz | Penguin USA | 2006

*Sensory Integration and The Child: Understanding Hidden Sensory Challenges*

A. Jean Ayres | Western Psychological Services | 2005

*Asperger Syndrome and Sensory Issues: Practical Solutions for Making Sense of the World*

Brenda Smith Myles, Katherine Tapscott Cook, Nancy E. Miller, Louann Rinner, Lisa A. Robbins | Autism Asperger Publishing Co | 2000

### *Unlocking the Mysteries of Sensory Dysfunction*

Elizabeth Anderson, Pauline Emmons | Future Horizons Incorporated | 1996

### **Web Links:**

Sensory Issues by Autism Speaks

Sensory Integration Tips by Indiana Resource Centre for Autism

Helping parents help their kids by Miss Jamie, OT

Carol Stock Kranowitz

## **Alternative and Augmentative Communication Systems (AACs)**

### **Books:**

*Make the Connection!: A Practical Guide to Parents and Practitioners for*

*Teaching the Nonverbal Child to Communicate – with AAC*

Susan Berkowitz | Blue Moon Wonders | 2018

*Autism Spectrum Disorders and AAC*

Pat Mirenda, Teresa Locono | Brookes Publishing Co | 2008

*A Picture's Worth: PECS and Other Visual Communication Strategies in Autism*

Andy Bondy, Lori Frost | Woodbine House | 2012

*Visual Strategies for Improving Communication: Practical Supports for Autism Spectrum Disorders*

Linda A. Hodgdon | Quirk Roberts Publishing | 2011

*Social & Communication Development in Autism Spectrum Disorders: Early Identification, Diagnosis, and Intervention*

Edited by Tony Charman and Wendy Stone | The Guilford Press | 2006

*Augmentative and Alternative Communication: Supporting Children and Adults with Complex Communication Needs*

David R. Beukelman, Pat Mirenda | Brookes Publishing Co | 2005

## ADDITIONAL RESOURCES

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*The Picture Exchange Communication System Training Manual*

Lori Frost, Andy Bondy | Pyramid Educational Consultants Inc | 2002

### **Web Links:**

Picture Exchange Communication System

No-Tech and Low-Tech AAC's

The Center for AAC and Autism

Giving a Voice to Non Verbal Children with Autism

Avaz- AAC App

Swar Speak for Me Mobile App

Jellow The Communicator

Meri Vaani Hindi Speech and Language Therapy App

Vaakya Picture Based AAC App

e-Saadhya: Adaptable & Accessible e-Learning Framework

## **Structured Teaching and Visual Supports**

### **Books:**

*Visual Supports for People with Autism: A Guide for Parents and Professionals*

Marlene Cohen, Peter Gerhardt | Woodbine House | 2016

*Visual Strategies for Improving Communication: Practical Supports for Autism Spectrum Disorders*

Linda A. Hodgdon | Quirk Roberts Publishing | 2011

*How Do I Teach this Kid?: Visual Work Tasks for Beginning Learners on the Autism Spectrum*

Kimberly A. Henry | Future Horizons Incorporated | 2005

*The TEACCH Approach to Autism Spectrum Disorders*

Gary B. Mesibov, Victoria Shea, Eric Schopler | Springer | 2005

*Module on Multi Category Training of Resource Teachers in Inclusive Education in SSA*

Merry Barua, Nidhi Singhal, Indrani Basu, Sudhanshu Grover | xx | xx

*Making Visual Supports Work in the Home and Community*

Jennifer L. Savner, Brenda Smith Myles | Autism Asperger Publishing Co | 2000

*Teaching Activities for Autistic Children: Individualized Assessment and Treatment for Autistic and Developmentally Disabled Children*

Eric Schopler, Margaret Lansing, Leslie Waters | Pro-Ed | 1983

### **Web Links:**

Family Implemented TEACCH strategies

Tips for Using structured Teaching

Structured Teaching Resources by TEACCH

Do 2 Learn: Resources for Individuals with Special Needs

Visual Supports by National Autistic Society

e-Saadhya: Adaptable & Accessible e-Learning Framework

### **Social Stories**

#### **Books:**

*Successful Social Stories for Young Children*

Siobhan Timmins | Jessica Kingsley Publishers | 2016

*The new Social Story book*

Carol Gray | Future Horizons | 2016

*Writing Social Stories with Carol Gray: An Interactive Presentation for Parents and Professionals*

Carol Gray | Future Horizons | 2007

*Revealing the Hidden Social Code: Social Stories for People with Autistic Spectrum Disorders*

Marie Howlie, Eileen Arnold | Jessica Kingsley Publishers | 2006

*My Social Stories Book*

Carol Gray, Abbie Leigh White | Jessica Kingsley Publishers | 2000

### Web Links:

Carol Gray Social stories

Now I Get It: Social Stories that build confidence and demonstrate appropriate behaviour

Social Stories by National Autistic Society

iKatha Social Story Application

### Chaining, Prompting and Prompt Fading

### Books:

*Applied Behaviour Analysis: Pearson New International Edition*

John O. Cooper, Timothy E. Heron, William L. Heward | Pearson Education Limited | 2013

*A Step-By-Step Curriculum for Early Learners with Autism Spectrum Disorders*

Lindsay Hilsen | Jessica Kingsley Publishers | 2012

*Behaviour Modification: Principles and Procedures*

Raymond G. Miltenberger | Wadsworth Cengage Learning | 2012

*Behaviour Solutions for the Inclusive Classroom: See a Behaviour? Look it Up!*

Beth Aune, Beth Burt, Peter Gennaro | Future Horizons Incorporated | 2010

*Autism in the School Aged Children: Expanding Behavioural Strategies and Promoting Success*

Carol Schmidt, Beth Heybyrne | Autism Family Press | 2004

*Raising a Child with Autism: A Guide to Applied Behaviour Analysis for Parents*

Shira Richman | Jessica Kingsley Publishers | 2001

*Behavioural Support*

Rachel Janney, Martha E. Snell, Johnna Elliot | Paul H. Brooks Pub | 2000



*Behavioural Approach in Teaching Mentally Retarded Children: A Manual for Teachers*

Reeta Peshawaria, S. Venkatesan | National Institute for the Mentally Handicapped | 1999

English: <http://niepid.nic.in/Behavioural%20Approach%20In%20Teaching.pdf>

Hindi: <http://niepid.nic.in/Behavioural%20Approach%20In%20Teaching-hindi.pdf>

*Behavioural Intervention for Young Children With Autism: A Manual for Parents and Professionals*

Catherine Maurice, Gina Green, Stephen C. Luce | Pro-Ed | 1996

*Guidelines – Effective Behavioural Support*

Linda M. Bambara | 1995

### **Web Links:**

Autism Classroom Resources

Shaping and Chaining by BBB Autism

Behavioural Approach Manual in Hindi by National Institute of Mentally Handicapped

Behavioural Approach Manual in English by National Institute of Mentally Handicapped

## **Autism: Understanding and interventions**

### **Books:**

*Understanding Autism*

Subir Kumar Dutta, Mitu De | 2019

*Sarva Shiksha Abhiyan – Framework For Implementation – Based On The Right Of Children To Free And Compulsory Education Act, 2009*

Ministry of Human Resource Development | 2011

*The complete guide to autism treatments. A parent's handbook: Make sure your child gets what works!*

Sabrina K. Freeman | SFK Books Inc | 2011

## ADDITIONAL RESOURCES

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*Autism – How to Help Your Young Child*

Leicestershire Country Council and Fosse Health Trust

Kannada Translation: 'Autism' Makkala Lalane-Palane | C. R. Chandrashekar | 2009

*Education of Children and Young People with Autism*

Rita Jordan

Tamil Translation: Autism Ulla Kuznanthaigal Matrumllagayarkallukana Kalvi Murai

| Ramamani Sundar

Bengali Translation: Autistic Shishu O Tarunder Shikkha | Shirshendu Chakrabarti

*Module on Multi Category Training of Resource Teachers in Inclusive Education in*

SSA

Merry Barua, Nidhi Singhal, Indrani Basu, Sudhanshu Grover | xx | xx

*Training Module On Autism Spectrum Disorders*

Sarva Shiksha Abhiyan | xx | xx

*The National Trust for Welfare of Persons with Autism, CP, MR & Multiple*

*Disabilities: Training Module*

Radhika Alkazi | 1999

### **Web Links:**

About Autism by Action for Autism

Frequently asked questions about Autism by Action for Autism

Action for Autism's Autism Network Journal

About Autism by National Autistic Society

Autism information and Resource Centre: An initiative of National Trust

About Autism by India Autism Centre

Ummeed Child Developmental Centre's Resource Library

## Teaching Self-Help Skills

### Books:

*Ready, Set, Potty!: Toilet Training for Children with Autism and Other Developmental Disorders*

Brenda Bats | Jessica Kingsley Publishers | 2011

*Self-help Skills for People with Autism: A Systematic Teaching Approach*

Stephen R. Anderson, Amy L. Jablonski, Marcus L. Thomeer, Vicki Madaus Knapp  
| Woodbine House | 2007

*Toilet Training for Individuals with Autism and Related Disorders:*

*A Comprehensive Guide for Parents and Teachers*

Maria Wheeler | Future Horizons Incorporated | 2007

*Steps to Independence: Teaching Everyday Skills to Children with Special Needs*

Bruce L. Baker, Alan J. Brightman | Brookes Publishing Co | 2003

*Towards Independence Series*

National Institute of the Mentally Handicapped | 1990

### Web Links:

Action for Autism's Autism Network Journal

Life Skills Resources by Centre of Autism Middletown

Daily Living Skills by Do 2 Learn

Life Skills by Autism Speaks

Self-Care Skills by National Autistic Society



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**AFA's Vision is a society that views the interdependence of people of every ability as valuable and enriching and seeks to provide equal opportunities to all**