SELF CARE ROUTINES

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



MODULE 2

PERSONAL (ARE SKILLS

VOLUME 3: GROOMING & HEALTH CARE





INDEPENDENCE IN SELF CARE ROUTINES

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



Nidhi Singhal, PhD

MODULE 2 PERSONAL CARE SKILLS

VOLUME 3: GROOMING & HEALTH CARE







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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.



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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.

Authored by Nidhi Singhal, PhD Edited by Merry Barua

Activity illustrations by Samar Bansal Book design and illustrations by Sudhir Pillai

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GROOMING

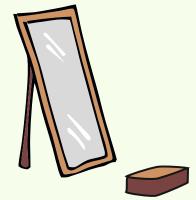


COMBING HAIR

THIS SKILL is best introduced with an older child who has the necessary motor skills and eye hand coordination required to carry out the action. Young children may be taught to run fingers through to smoothen and tidy up their hair.

Getting Started

- Check things required are in place:
 - ✓ Hair comb or a hairbrush
 - ✓ Mirror



- ✓ Place the comb or hair brush within easy reach of the child.
- Children may find it easier to stand on a foot stool to look into a high mirror such as over the sink. If required, have a stable, firm foot stool that a child can stand on.

Suggested Sequence to Teach

We have provided an example that may be adapted as required.

- ✓ Make a parting (If required)
- ✓ Front Left
- ✓ Front Right
- Right





- ✓ Back of head
- ✓ Top of head



Suggested Words to Use

- 1. Take comb / brush
- 2. Comb (follow the suggested sequence)
- 3. Put back (comb or brush)

Teaching the Sequence

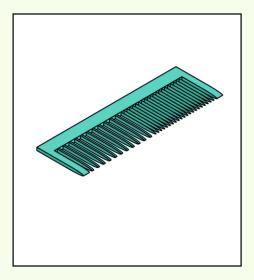
Some children may only brush the top of the head or comb on one side only. Breaking down the activity and sequencing it as suggested helps the child learn and carry it out independently.

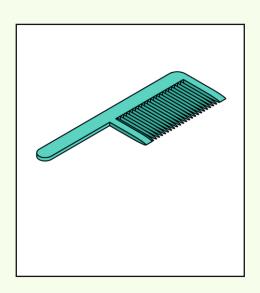
Follow the child's pace. In the beginning, provide the support the child requires to complete each step and then reduce it gradually. The level of support that a child requires may vary at each step. For instance, some children, may find combing the top and sides of the head easier than the back of head. Therefore, the child may become independent in some steps sooner than the others.

Things to Keep in Mind

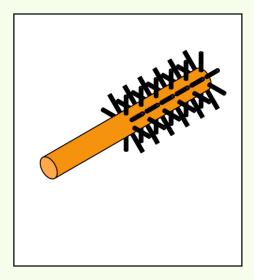
- As discussed earlier, activities such as hair washing, combing or hair brushing, haircuts can be painful and distressing for children with sensory concerns. It helps to identify a comb or brush with bristles that the child is comfortable with. Alternately, use fingers, instead of a comb or a brush to smooth hair.
- If using a comb or hairbrush, ensure it has a comfortable grip that makes it easier for the child.
- Comb hair in front of a mirror so that the child is able to look at him/herself in the mirror during the activity.
- Have the child observe siblings and other family members.
- If the child enjoys, pretend play with dolls, soft toys or a favourite superhero figure.

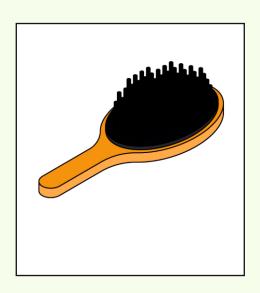
Take Comb



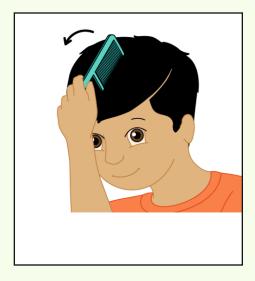


Take Brush



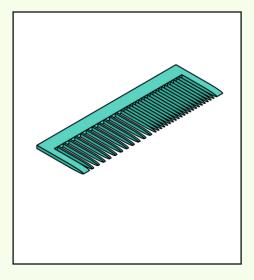


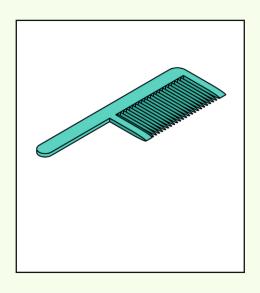
Comb



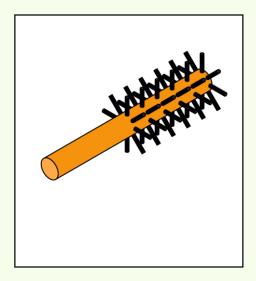


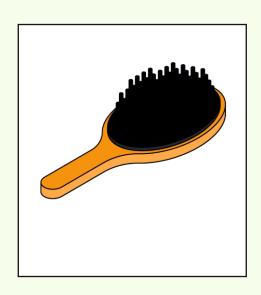
Put Back Comb



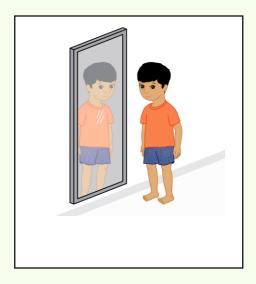


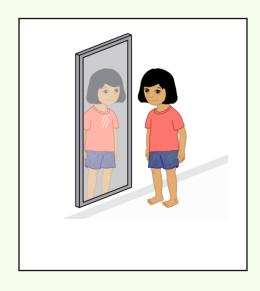
Put Back Brush

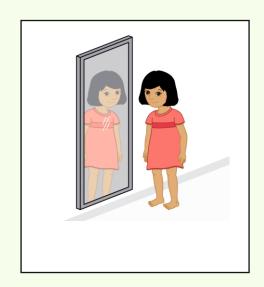




Look in Mirror







Make a Parting





Front Left





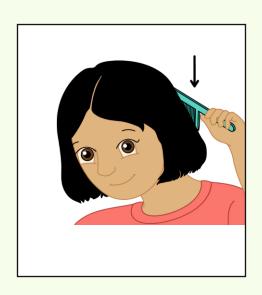
Front Right



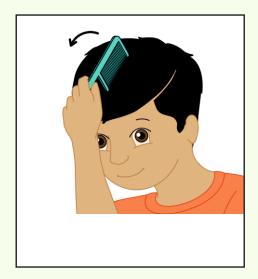


Back of Head





Top of Head







GETTING A HAIRCUT

SOME CHILDREN with autism are completely comfortable about getting a haircut. Others can deal with getting it by doing something they really enjoy – listening to music, moving a string or their fingers close to their eyes, holding on to an object or toy they really like, or looking at a book, phone, or a tablet. For many children with autism, however, getting a haircut can be especially distressing. Some may be bothered by the different smells and sounds in a salon, proximity of another adult, the specific feel of a barber cape around the neck, the sudden spray of water, the sensation of water and comb through hair and on the scalp, the sound of the scissor snipping, the feel of hair falling on face and neck, or there may be general anxiety about the entire process. Observing the child can help us understand better and there are many things that can be done to minimise the distress experienced by the child. You may also consult an Occupational Therapist for any sensory concerns.

Getting Started

- Schedule haircuts at regular intervals: every week, every month, every other month and indicate them on the child's calendar so that the child knows ahead of time when s/he will get a haircut.
- Use a social story on getting a haircut.

Suggestions for both of these have been given in the *Overview* and may be personalised to the child's needs.

Suggested Sequence to Teach

- ✓ Visit the barber's shop
- ✓ Sit on the haircut chair
- ✓ Wear barber cape
- ✓ Wet hair
- ✓ Comb hair



- ✓ Touch hair with scissors
- ✓ Snip a few times at the back
- ✓ Increase the number of snips
- ✓ Snip front hair
- ✓ Trim the sides
- ✓ Use hair clipper

Teaching the Sequence

- As with everything else, there is no one way to get the child to become comfortable with getting a haircut and different adaptations are required for different children. Following the suggested sequence will help most children get comfortable with each step. The child may be more comfortable at some steps while you may need to spend more time on some other. Start small and gradually increase the time spent on each step. Schedule an activity that the child particularly enjoys immediately after every visit to the barber.
 - So, start with visiting the barber's shop for a few minutes and then go out and do something that the child likes. If the child is comfortable being in the salon for 5 minutes, leave the salon in 4 minutes. Gradually stay longer. While in there, the child may spend the time doing something s/he likes and/or watch family members, or other people get a haircut. After every visit to the salon, have the child do something s/he really likes go and eat an ice-cream, go swimming or anything that the child truly enjoys doing.
 - ✓ Once the child is comfortable with the visits to a barber, the child can sit on the chair while others around him get a haircut. Once again have the child sit for only as long as s/he can and slowly increase the time. Give the child something to do that s/he enjoys and can do while sitting in the chair. It could be looking at a favourite book or picture book of things s/he really

likes; favourite music to listen to or movie or videos to watch on a phone or a tablet; objects or toys to play with; or even a 'sensory kit' with an assortment of things that the child enjoys etc. Once again, have the child do something s/he really likes immediately after the visit to the barber.

✓ Once the child is comfortable sitting in the chair, have the child wear the barber's cape. Once again start by having the child wear it only for a few seconds and slowly build upon it using strategies similar to those discussed above.

Continue to build the child's tolerance at each step in the similar manner.

Things to Keep in Mind

- Plan for the haircut.
 - ✓ Consider the time of the day when the child is generally pleasant and less likely to be tired, hungry or irritable. For instance, avoid a haircut immediately after school or close to naptimes or meal times. Be calm and reassuring. If the adult is stressed, the child is likely to feel it too
 - ✓ If necessary, split the activity into multiple, short and positive moments, rather than one long and hard ordeal for the child. Introduce long breaks with only a few snips (or as much as the child can take) each time. This could be over an hour, the

day, or even a weekend or more to begin with. Over time, the child will become more comfortable in sitting through the entire haircut and the need for breaks will be minimal.

- ✓ If it is simpler, try snipping child's hair at home. If going to a barber, make a prior appointment. The waiting time will be minimal, and you can plan for a time and day that is likely to be less crowded at the salon and not too overwhelming for the child. Also identify things that a child may like at the salon. For instance, if the child enjoys it, check if the shop has a 'special' seat like a car or an aeroplane for children to sit on during the haircut.
- ✓ Many find it easier to get a haircut while looking at a favourite movie or video on a phone or a tablet, or listen to their favourite music with earplugs to block all other sounds. For some others, holding a parent's hand, a favourite toy, or a preferred object (e.g. pebble), or a weighted pillow can be comforting.



- Prepare the child.
 - ✓ Talk about appearances, hygiene, why and when we cut hair.
 - Encourage the child to participate and see if they want to pick their hairstyle.

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- ✓ Let the child see a sibling or a family member get a haircut.

 Show a video of another child getting a haircut.
- ✓ If the child enjoys it, pretend play with dolls, soft toys or a favourite superhero figure.
- ✓ Have the scheduled dates on the child's calendar.
- ✓ Use a social story. Start reading the social story out several days before the haircut, and preferably read it just before going for the haircut.
- Some of the following may be done during the haircut to make it a pleasant and positive learning experience:
 - ✓ Many children do not like wearing the barber cape and may be more comfortable using a familiar sheet from home instead.
 - ✓ Ask the barber to start with a shorter comb and use rapid cuts to cut the hair. Some children may prefer cutting hair with scissors rather than using hair clippers.
 - To help maintain the position of the head, have the child look at specific things in that direction. It could be a pattern on the wall if it interests the child or you can temporarily stick large photographs of things the child really likes. You can also stick a 'bindi' on the barber's cape to get the child to keep head down.

GETTING A HAIRCUT

- Let the child know when it will end start counting when the barber starts cutting and the haircut ends when you reach 10 or use a timer and the haircut ends when the timer goes off. An older child may be taught to show a card that says 'Stop' or ring a buzzer, when it becomes overwhelming, e.g. hair around the neck begins to bother.
- Praise and reassure the child during a haircut. Phrases like "well done, good job at keeping your head down, almost there, or just this last bit" can be motivating and reassuring for a child. You may also use specific sentences from the social story e.g. "Rahil looks super smart after a haircut. After the hair cut Rahil will go to eat an ice-cream".
- Plan the 'afterparty'. Give the child something s/he really likes e.g. a toy, or visit a place s/he really enjoys e.g. swimming pool or plan a favoured activity e.g. go for an ice-cream. Take a photograph of the child after the haircut and together share it with grandparents, or friends and family members. You can also use this photograph before the next haircut.





GETTING NAILS CUT

NAILS BEING CUT can be an extremely painful and distressing experience for many children on the autism spectrum. This could be because of the sensitivities discussed earlier, and/or due to the general anxiety about the process. When children are little, it is easier to hold them and cut their nails or cut nails when the child is asleep. While, this works in the short term, we need to eventually address the sensitivities and make the experience easier and more comfortable for the child. Starting when the child is small and the nails are generally soft usually helps.

Getting Started

- Schedule nail cuts at regular intervals and indicate them on the child's calendar ahead of time. Plan for every week, every two weeks, or as required for the child.
- Use a social story on getting nails cut.

Suggestions for both of these have been given in the *Overview* and may be personalised to the child's needs.

Instead of sitting opposite the child, sit with the child snuggled between your legs on the floor, dari or a carpet, on a stool or a bean bag. This is a more comfortable sitting posture and the adult will be able to better maintain the position with back resting against a wall or furniture, or cross legs if necessary.

Suggested Sequence to Teach

- Touch the nail with the nail clipper
- Cut nails of non-dominant hand
- Cut nails of dominant hand
- One foot
- Both feet

Suggested Words to Use

- Cut nails
- One two three finish



Teaching the Sequence

Follow the child's pace to build child's comfort about nail cutting. If the child is very uncomfortable, start by cutting only one nail at a time and gradually build upon it. Likewise, some children find it easier to get nails cut on feet rather than hand. The sequence may therefore be individualised to see what works best for the child.

Things to Keep in Mind

- Plan the time to cut nails.
 - ✓ Consider the time of the day when the child is generally pleasant and less likely to be tired, hungry or irritable. Be calm and reassuring. If the adult is stressed, the child is likely to feel it too.
 - Cut nails after a bath or play time with water so the nails are softer.
 - Certain activities (such as giving compression, playing with playdoh or squeeze putty) just before nail cutting can help reduce sensitivity for some children.

If the child is very uncomfortable, start by cutting only one nail at a time...some children find it easier to get nails cut on feet rather than hand.

✓ Some children may limit use of hands or refuse to wear anything on their feet for a few minutes, hours or even a day or two after nails are cut. Be mindful of their distress and schedule accordingly. Evenings or weekends may be better for some children when they can wear sandals instead of closed shoes or socks or do not have to hold a pencil or participate in colouring or craft activities, or can get the necessary support at mealtimes to hold a spoon or use fingers to eat.

Prepare the child

- ✓ Talk about appearances, hygiene, why and when we cut nails.
- ✓ Encourage the child to participate and see if they want to pick a nail clipper. You can identify two or three options that you know will work well and let the child make the final selection. Respect the child's choice.
- ✓ Let the child see a sibling or a family member get nails cut.
- ✓ Show a video of another child getting nails cut.
- ✓ If the child enjoys, pretend play with dolls, soft toys or a favourite superhero figure. You can also play with a cut-out of a hand with nails drawn slightly longer and painted. Cut the nails off using a nail clipper.
- ✓ Have the scheduled dates on the child's calendar.

GETTING NAILS CUT

- ✓ Use a social story. Start reading the social story out several days before the schedule date for cutting nails, and preferably read it just before starting to cut nails.
- Depending on what works for the child, try some of the following:
 - Many children find it easier to get nails cut while looking at a favourite movie or video or listening to their favourite music. For some others, holding a parent's hand, a favourite toy, or an object (e.g. a string, shiny paper, or a pebble), or a weighted pillow can be comforting.
 - ✓ Some children enjoy listening to music or humming songs related to the activity.
 - ✓ Some children prefer applying a lotion or cream or getting a massage immediately afterwards.
 - ✓ Using child-friendly, visually appealing nail clippers can make it easier for some children.
- Try not to cut nails too close. You can also do a little clip, and let them pull the rest of the nail off. Some children prefer filing nails daily or more frequently rather than cutting nails. See what the child is most comfortable with. You may also consult an Occupational Therapist for any sensory concerns.
- Give the child something s/he really likes e.g. something to eat or a favoured toy or objects. Be mindful that the child is comfortable playing with the toy or holding the object after getting nails cut.





BLOWING NOSE

TEACHING CHILDREN to blow their nose can be tricky, especially because some have difficulty knowing when their nose is stuffy or full. Many children with autism also have an especially troubling time with this multi-step process; some need time to learn to use a tissue or handkerchief, and to blow out air instead of sniffing it up. Some find the activity messy and resist blowing nose. A necessary skill to learn, there are things that can help children with autism become more independent with the task of blowing their nose.

Getting Started

- The state of the s
 - ✓ Handkerchief / Hand towel / Tissues



Use a social story. Suggestions have been given in the Overview that may be personalised to the child's needs.

Suggested Sequence to Teach

- Child allows nose to be wiped
- Child wipes nose
- Hold tissue and pinch nose
- Teach child to blow out
- Press one nostril and blow from nose, press other nostril and blow out

Suggested Words to Use

- Take tissue
- Wipe nose
- Blow nose (if required)
- Wipe fingers
- Keep tissue / handkerchief (in pocket, if applicable)
- Throw tissue (if applicable)



Teaching the Sequence

- Following the suggested sequence will help most children get comfortable with each step. The child may be more comfortable at some steps while you may need to spend more time on some other.
 - ✓ Some children are sensitive to touch, so start with gently wiping the child's nose. Gradually increase the pressure and frequency.
 - Once the child is comfortable, physically guide the child to wipe nose. Provide as much support as the child requires and slowly reduce support to facilitate independence.

Continue to build on each step in a similar manner.

Things to Keep in Mind

Begin teaching when the child is not sick or down with a cold or stuffy nose. Practice each step as a part of everyday routine while brushing teeth, washing face, bathing and/or cleaning up after a meal or a snack. The nose and mouth area are less likely to be sensitive and the child will be more amenable to learning when feeling healthy and happy.

- Talk to the child about hygiene.
 - ✓ If someone in the child's environment a family member, a fellow student or teacher has a cold, use the opportunity to talk about what to do during a cold or a cough e.g. wash hands after sneezing or blowing nose, before eating, not share drinks, food, bottles, cups or utensils with other people etc.
 - ✓ Let the child watch them clean their nose.
 - Encourage the child to look in the mirror and see clean nose and face.
 - ✓ Use a social story, songs or videos on hygiene.
- Demonstrate for the child over-exaggerate the breathing, closing mouth, and blowing through the nose without a tissue.
- Depending on the child's interests, plan fun activities:
 - ✓ If the child enjoys, pretend play with dolls, stuffed toys or a favourite superhero figure.
 - ✓ Play a game of "Simon Says" to copy the movements to take a deep breath, hold it in, close the mouth, and blow through the nose.
 - ✓ Make ripples in water by blowing through nose.
 - ✓ Blow paper bits, blow air through nose.

BLOWING NOSE

Some children with autism may find it hard to perceive the 'sensation' of anything smeared around nose and therefore may not make an effort to wipe it clean. Consult an Occupational Therapist for suggestions on activities that can generate better awareness.

Keep the towel, handkerchief, or the tissue box in a place where s/he can easily reach it. You can also decorate it, have a child's name or picture on it so they know that it is their handkerchief or box or tissue to use.

When teaching the skill, have designated and accessible places to keep handkerchiefs / tissues. For example, left pocket for fresh and right pocket for used / in use tissue. Gradually introduce the concept of 'used' tissue that is ready to be thrown.



COVERING MOUTH TO COUGH OR SNEEZE

COVERING MOUTH when coughing or sneezing can be tricky because often it requires planning and coordinating two different actions. Many children with autism also need time to learn to use a tissue or handkerchief. An important skill to learn, there are things that can help children with autism become more independent.

Getting Started

- Ensure everything you need is in place:
 - √ Handkerchief / Hand towel / Tissues
- Use a social story. Suggestions have been given in the *Overview* that may be personalised to the child's needs.



Suggested Sequence to Teach

- Cover mouth with hand when coughing
- Use arm to cover nose and mouth when sneezing
- Use tissue or handkerchief to cover nose and mouth
- Use tissue or handkerchief to wipe nose and mouth



Suggested Words to Use

- Take tissue
- Cover
- Wipe fingers
- Keep tissue / handkerchief (in pocket, if applicable)
- Throw tissue (if applicable)



Teaching the Sequence

- Following the suggested sequence will help most children get comfortable with each step. While the child gets comfortable at some steps, you may need to spend more time on some other.
 - ✓ Each time the child begins to cough, provide the support the child needs to cover mouth with his/her hand. Gradually reduce the support provided to facilitate independence.
 - ✓ Each time the child sneezes, support the child to move arm close to the nose use hand or arm to cover his/her nose and mouth. As discussed earlier, gradually reduce support to facilitate independence.
 - Once the child is independent in the above steps, focus on the child learning to independently use tissue or handkerchief to cover their nose and mouth.

Things to Keep in Mind

- Begin teaching when the child is feeling well, healthy and happy. Talk to the child about hygiene.
 - ✓ If someone in child's environment a family member, a fellow student or teacher has a cold, use the opportunity to talk about what to do during a cold or a cough e.g. wash hands after sneezing or blowing nose, before eating, not share drinks, food, bottles, cups or utensils with others people etc. Let the child watch them cover mouth when coughing or sneezing.

- While playing, pretend to sneeze or cough to demonstrate the accompanying actions. If the child enjoys it, pretend play with dolls, soft toys or a favourite superhero figure. Play a game of "Simon Says" to copy the action of covering mouth when coughing or sneezing.
- Encourage the child to look in the mirror and see clean nose and face.
- ✓ Use a social story, songs or videos on hygiene, build a catchy song or adapt the child's favourite rhyme. For instance:

Sometimes I cough and sometimes I sneeze.

I can remember these.

When I cough and sneeze, I cover my mouth, please.

When I cough and sneeze, I do it in my sleeve.

I am at ease and then I have some cheese.

An adaptation of 'Mary Had a Little Lamb'

When you have to cough and sneeze, cough and sneeze, cough and sneeze,

When you have to cough and sneeze, cover your mouth, please.

When you have to cough and sneeze, cough and sneeze, cough and sneeze,

When you have to cough and sneeze, do it in your sleeve.

An adaptation of 'Row, Row, Row Your Boat'

Wash wash wash your hands,

Soap will make them clean.

Scrub the germs till they fall off,

Then you have a bean.

- When the child has a cold or a cough:
 - You can make it visually clear to the child by placing a sticker or drawing a temporary tattoo on the child's elbow (as shown in the figures below).



If the child enjoys stories, you can make up a story around 'Feed the Germs to the Germ Eating Monster' whenever the child coughs or sneezes.

- ✓ Stay focused for opportunities to teach the child to cover his/her mouth. It may happen that the child coughed or sneezed before you could direct the child. You can say, 'You want to cover your nose when you sneeze. You can try and remember to do it next time'.
- ✓ When the child covers them successfully recognize it by saying, 'I saw you covered your mouth when you coughed, that is so GOOD!'



Many children with autism find it hard to perceive the 'sensation' of anything smeared around nose and therefore may not make an effort to wipe it clean. Consult an Occupational Therapist for suggestions on activities that can generate better awareness.



Keep the towel, handkerchief, or the tissue box in a place where s/he can easily reach it. You can also decorate it, have a child's name or picture on it so they know that it is their handkerchief or box or tissue to use.

COVERING MOUTH TO COUGH OR SNEEZE

When teaching the skill, have designated and accessible places to keep handkerchiefs / tissues. For example, left pocket for fresh and right pocket for used / in use tissue. Gradually introduce the concept of 'used' tissue that is ready to be thrown.



EXPRESSING HURT AND PAIN

ADULTS USUALLY MAKE an educated guess about a child's pain or discomfort based on the child's mannerisms which are possibly different than usual. For instance, a child may seek comfort or cry for no explicable reason, seem irritable or aloof, is seen to be limping around, and may seem sensitive to touch, or not eat well. If there has been an injury in front of an adult, it would get addressed. But sometimes the adult may not have witnessed the injury and therefore be unaware of any pain or discomfort. This may also be the case in any condition like an internal injury, a toothache or tooth sensitivity, a headache, stomach-ache or nausea, all of which are not quite as obvious or visible as a bruise, a scrape or even a fever. As discussed in the *Overview* many children have hypersensitivities and the child may also experience discomfort or pain because of something in the environment such as a sound or light or even a clothes tag.

Further, there are times when the adult knows that the child is experiencing discomfort, but is unsure about the nature of discomfort, the location, the intensity and so on. For instance, unlike non-autistic people, many children with autism may not touch the respective body part to soothe the part e.g. press temples or eyes when head hurts or touch stomach if it hurts or feels queasy. Many children with autism may not cry or yell (as is sometimes the expectation) despite a deep cut or a serious injury. It is easy for the adult to then misjudge the extent of injury and/or the level of child's discomfort. While some children have a higher threshold for pain, for many others, it may not mean that it hurts any less, only that the emotional outward response is different. Thus, if the child can learn to indicate the discomfort or pain, it can help adults understand and treat it before it gets out of control.

To be able to teach the child, it is important to first understand the different reasons that may interfere with the spontaneous communication of the child, regardless of his or her verbal abilities.

As discussed in the *Overview*, there is often an underlying difference in interoception and body awareness of children with autism. Many young children on the spectrum may not have started to recognize their body's signals for discomfort or pain and connect the sensation to the respective body part. So, even though the child experiences the sensation of pain or discomfort, s/he may not know it as 'pain', or be able to connect it to the specific part of the body. This therefore makes it harder for them to express.

EXPRESSING HURT AND PAIN

- Many children have not learnt that they can communicate with another person and if they indicate, the pain or discomfort can go away and therefore, do not make an effort.
- Many children may communicate their discomfort or pain in ways that others may not understand. Some may use words that other people do not understand, some may cry, or seem irritable. Some may be unusually aloof or distant or quiet, while some may want to stay close to a trusted adult.
- Regardless of their verbal skills, children with autism find it hard to initiate communication. So, when asked, a child may clearly indicate verbally or non-verbally. But, if an adult does not ask them, they may not know how to approach another person and express their pain or discomfort.
- Some children may indicate immediately after an injury to specific adults in specific settings. For instance, if at home, they may indicate or seek comfort from mother or didi. If the injury happened at school in the playground while the teacher was not there, the child may not inform the teacher after returning to the class, despite the pain. Similarly, the child may not express the pain to the parent after returning home from school.

To be able to express their pain and discomfort to another person a child needs to learn to:

- Become aware of and understand the meaning of the sensation in their body.
- Onderstand that if they tell another person, the discomfort or pain can go away.
- Learn different verbal and non-verbal ways to communicate.

Getting Started

Set up the Hurt Object or Hurt Card like how we set up the Toilet Object or Toilet Card as described in the module *Toileting Skills*. Some examples of hurt cards have been given later in this section.



- Preferably select an object that the child associates with pain, such as a bandage. For the card, select a realistic image of a bandage or medicines. Alternately use a neutral object.
- ✓ With the help of Velcro, place the Hurt card / object on a wall or a communication board (if the child uses one) within the

child's reach. You can place the card / object in multiple places within the child's environment. Ensure the Hurt card / object is always in the same place(s) so that the child can learn where to go each time.

- ✓ Check the Hurt card/object is in place ahead of time.
- Have a social story. Suggestions have been given in the *Overview* that may be personalised to the child's needs.

As mentioned already, the first objective is to help the child recognise

and understand their internal body signals. As discussed in the

Suggested Steps to Teach

Overview, there are several activities that can be built into the child's everyday mealtime and toilet routine that can facilitate developing interoception and body awareness. When the child has an injury, is experiencing pain, is generally unwell, or when we know that the child is experiencing pain due to a sensory sensitivity e.g. loud sounds or when cutting nails, we can apply the same strategies in the situation. The important thing is to teach a young child in the moment when it is happening. Of course, when serious, we attend to the injury first. Once the child is attended to and is settled, we also use the opportunity to teach the child. So, later in the hour or day, when the child is settled, the pain or

discomfort is still there and more manageable, we can do the following:

- Physically assist the child to pick the Hurt object / card and place it in the adult's outstretched hand.
- Simultaneously the adult uses appropriate words e.g. 'Ears hurt'.

 The child does not necessarily need to repeat the words.
- The adult physically guides the child's hand to touch the respective body part.
- Provide care for the injury, such as redo the bandage, apply an ointment, give medicine etc.



Read the social story, later in the hour or day, when the child is settled, the pain or discomfort is still there and more manageable.

When done consistently and repeatedly (i.e. multiple times during the day over few days), the child begins to understand what the sensation means, understands that the adult can do things to make the pain go away or at least reduce its intensity, and learn the different ways (words and motor skill) to approach an adult when in pain or injured.

Further, the child begins to associate approaching an adult with the bodily sensation (i.e. I tell mummy when I have pain), rather than with the event (i.e. I tell mummy when I fall).

It is easier to start with an injury that is obviously and visibly painful —
a scraped knee, or cut on the elbow, or a bump on the head and
can also be used when the adult is absolutely sure of the
location of the pain. For instance, talk about the discomfort
in tummy if the child has a tummy infection, or talk

about the pain in the tooth with a cavity and so on.

...the child begins to understand what the sensation means, understands that the adult can do things to make the pain go away or at least reduce its intensity...

Teaching the Sequence

To facilitate teaching the sequence, start with providing as much support as the child requires and gradually reduce support.

Things to Keep in Mind

Incorporate activities to build interoception and body awareness in the child's everyday routines. You may also consult an Occupational Therapist for more ideas.

To create more teaching opportunities, demonstrate the sequence through real or pretend injuries to other people in the child's environment. If the child enjoys it, pretend play with dolls, soft toys or a favourite superhero figure getting hurt, and expressing pain on hurt part.



- When the child is in pain:
 - ✓ Give simple, accurate information about what is happening.
 - Explain things slowly, in small bits, and repeat as often as needed.
 - ✓ Avoid ridiculing the child by saying things like 'Only babies cry' or giving false reassurances like saying 'it will go away soon' when you know it will not.
- Talk to children about safety around pain.
 - Teach the child that medicine should always be given by specific people e.g. mummy, papa, or teacher.

EXPRESSING HURT AND PAIN

- ✓ Avoid referring to medicine as candy
- ✓ If the child needs to undress to show body part in pain teach the child to undress only in front of specific adults.
- Once the child is older and able to express pain and discomfort, you can teach the child to indicate the intensity of the pain using a rating scale.



NEXT STEPS

ONCE THE CHILD is independent, there are additional things you will want the child to learn to. The goals may be prioritised depending on the child's age, skills, strengths, and the family environment.

- Apply adequate hand pressure when soaping, rinsing, or drying with a towel
- Wash stubborn stains off body (e.g. after working with paints)
- Use soaps that vary in kind (bars/liquids), size, smell, colours etc.
- Use cloth and paper towels and tissues
- Use hand sanitizers
- Apply creams and lotions on hands, face, and body
- Open soap wrappers
- Use soap dispensers

PERSONAL CARE SKILLS - GROOMING & HEALTH CARE

- Onderstand adequate quantity of liquid soaps and shampoo, squeezing the tube to get just enough toothpaste out or pour just enough tooth powder out.
- Theck and ask for things required before starting a routine. For instance, have soap, towel, mug etc. within reach before starting to take a bath.
- Lay out clothes and other articles in the sequence that they will be used.
- Operate different styles of taps. This is easily practiced when using toilets in public places and when visiting family or friends.
- Manipulate taps for appropriate water flow which is neither a weak trickle nor a splash that will wet clothes.
- Operate taps to reach comfortable water temperature for instance, when using geysers in winters. If relevant, support the child to adjust the water temperature. It may not be an immediate goal for independence. However, talk to the child about the water temperature (not too hot, not too cold) in different seasons. In addition to developing a safety skill, this will also help the child facilitate transitions through different seasons, something that many children with autism find difficult.

Notes

Notes



Pocket 7 & 8, Jasola Vihar, New Delhi - 110 025, India Tel: +91 11 4054 0991 - 92

Email: actionforautism@gmail.com

Website: http://www.autism-india.org

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