

# autism

N E T W O R K

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Action For Autism is a registered, non-profit, national parent organisation. Autism Network is published by Action For Autism to provide information on education, therapy, care, and to provide interaction for families and professionals across the country.

Autism Network is a forum for expressing diverse opinions. Action For Autism does not hold itself responsible for opinions expressed by individual writers. Publication of any information does not mean support of Action For Autism.

### INFORMATION

For information on receiving the Autism Network write to:  
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Tel: 55347422, 30964730.

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### YOUR CONTRIBUTIONS

Do you have any comments, suggestions to offer? Information and experience to share? We look forward to our readers' participation. Send letters, articles, illustrations to:

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The Danish Society for Autism.

### Cover Illustration

'Tree'  
by Pooja, student at Open Door, New Delhi

## WISHLIST !

### FOR THE STUDENTS

- o Sensory toys that give off light / make a noise
- o Computer Tables and Chairs
- o Exercise Cycle, Trampoline, Gym balls
- o Plastic slide, Plastic seesaw, swing
- o Sewing machine
- o Lady Bird reading series
- Art & Stationery:
  - o Water colours, Acrylic paints, Canvas
  - o Cartridge paper, A4 sheets
  - o Pencils & Crayons
- o Board Markers & Permanent markers
- o School Exercise books

### FOR THE NATIONAL CENTRE

- o Conveyance for children to get to school
- o Building to house a residence for youngsters with autism
- o Video camera (Digital)

If you want to help, write to AFA or call:

- AFA : Tel. 55347422, 30964730
- Indu Chaswal: Tel. 55289605
- Reeta: Tel. 9811103702

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# PAGE ONE



*Alison Cornish*

*26 October 1959 – 28 May 2005*

## **Loved and Missed**

In late May, Action For Autism moved into the the building to house the National Centre for Autism. A week later we tragically lost one of our people. Alison Cornish came to us four years ago as our music and sensory therapist, and quickly became a part of the AFA family.

Kind, generous, and helpful she was much loved by the families whose lives she touched. She was there with the rest of us during the move to the new centre, helping to shift, unpack, plan and set up in the building that was still under construction. Though not with us any more, Alison will always be remembered with warmth and affection; she will always remain an AFAian.

Action For Autism has moved!

The Chief Minister Mrs Sheila Dikshit laid the foundation stone for the building to house the AFA National Centre for Autism in July of 2004. However the entire process had started in 1998 when AFA had first applied for land to construct the centre. With not too many resources at our command it has been a humongous effort. Despite being a national parent organization, there were as many opinions on the necessity for the existence of an organisation for autism, and whether it should be helped, as there have been officials we had to deal with. There were doubts on whether land should be allotted at all. Doubts on whether the organisation should receive land at a concessional rate. Notification on the concessional rate was actually issued and then revoked, leading to protracted efforts to convince the office of the Lieutenant Governor of Delhi otherwise.

The entire process of getting the allotment and receiving the concessional rate came about after AFA launched an intense campaign with letters from medical and educational professionals from across India and abroad. We were blessed to have letters of support from doctors from AIIMS, LNJP, Holy Family and other hospitals from Delhi and elsewhere, and from Rita Jordan, Joaquim Fuentes, Gary Mesibov, and a host of individuals who all lent their support to the cause.

Getting the design of the building passed was another campaign! To be able to submit all the papers required over innumerable trips to the relevant offices, and to get the required sanctions before one can start construction, is a test of one's staying power. A friend's mother, now in her seventies, had waged a similar 'battle' in order to construct a home for senior

citizens. Considering that it took her 14 years before she could have everything in order and start construction, our six years seem a puny price to pay. Yes we consider ourselves blessed.

Raising the funds for the construction – in addition to the running costs for our work that we continue to raise – has been a huge learning experience. Its incredible how expensive construction in Delhi can be. The sudden rise in the price of steel did not help. But despite everything, in May of this year, the ground floor was ready. Open Door school was closing for over a full month during the summer break. Now was the time we felt to move into our own premises.

It took four truckloads to move all our stuff! Its amazing the amount of paper an organisation collects: old student records, old workshop records, old correspondence, old accounts, the list is endless. What was more amazing is how it all had fitted into the little cramped 'aldora' building AFA had been functioning from.

Cramped or not, it was a wrench leaving Chirag Dilli. So much had been accomplished from out of that place: the Mother Child Programme, the Diploma in Special Education (Autism Spectrum Disorders), and much else.

There was a dynamism and energy that we had experienced from our small centre in Chirag Dilli. The surrounding community had initially looked on us with distrust and suspicion which had over the years changed to respect and support. The little village at the back had accepted us: everyone knew the 'school'.

*(cont on page 10...)*

## The Importance of Peer Awareness and Sensitivity Training

Catherine Smith

*Catherine Smith M.Ed is a Behavioural and Educational Consultant with over twenty years of experience working with students with Autism Spectrum Disorders. She presently works for the Provincial Outreach Program for Autism and Related Disorders in British Columbia. In addition to supporting students in integrated classes in eight school districts in the province, she teaches credit and non credit courses to professionals, parents and paraprofessionals. Catherine and a colleague, Vicki Lundine, are presently in the process of completing a curriculum that focuses on career training for students with ASDs.*

Autism is a neurodevelopmental disorder characterized by impairment in social interaction, in communication skills and in behaviour, which is restricted and repetitive. It is important to remind ourselves of the nature of the syndrome as we develop supports for students with Autism Spectrum Disorders in neighborhood schools. The child's school team, which includes parents, needs to consider three important areas which significantly affect successful outcomes for a child in an integrated setting. These include: curriculum, teaching methods and the environment. Curriculum can be enhanced, adapted or modified based on results from formal and informal assessments. Student learning can be positively influenced by applying pedagogically sound methods that promote growth and development in students with Autism Spectrum Disorders. The environment can be examined to determine whether barriers exist which may be inhibiting a student's ability to participate as an integral part of the class and school.

THE school environment includes both physical and human factors that can directly influence positive change. Jacobson and Sawatsky (1993) reported on the importance of teacher training in the areas of disabilities to affect positive change in classroom settings. In her study, Burgess (2003) supported the premise that administrators play a critical role in establishing the cultures of their schools by effectively leading and supporting special education programs. Formal education on Autism Spectrum Disorders provides administrators and teachers with valuable information which helps promote understanding, confidence and effective teaching strategies. Formal training helps teachers recognize their roles in fostering learning opportunities for all students in a school setting. Another environmental factor to consider is the importance of providing peers with factual information about students with ASDs. A school that fosters social understanding

and responsibility in its staff and students reflects the essence of academic excellence. A new consciousness is evolving as a global community develops. Social intelligence is an integral part of a healthy community. The ability to understand and support diversity will determine how well we do as citizens and keepers of the planet over the next few decades. Accepting diversity and the responsibility it entails begins in the home and should be fostered in neighborhood schools.

IN 1981, I had the privilege of working in a high school where students with developmental disabilities, supported by a special education teacher, were included in classes which enhanced their social, emotional and academic learning. Yet, there appeared to be something missing. A colleague and I observed typical students in the hallways during breaks and at lunch times. We detected a number of subtle and, sometimes, not so subtle, signs in some students as they avoided students with developmental disabilities. Other students appeared interested in the students but seemed uncertain as to how to interact with them. We also noticed typical students who openly interacted with the students with disabilities. Our observations led us to the conclusion that we needed to increase student understanding about disabilities. We arranged to speak to all students taking English classes in the high school as this is a compulsory course for every student. We also requested that the teacher be present for the lecture as many were experiencing the integration of students with disabilities in regular classrooms for the first time. This was an opportunity to include them in acquiring accurate information.

WITH parent permission, we presented factual information to the students' peers about the various disorders to help them better understand some of the challenges disabilities presented for individual students. We also shared student strengths, interests and dreams.

We then invited questions from the students. We assured them that all questions were important. The questions students asked provided my colleague and me with valuable insights into the perceptions that existed at the time. One of the most powerful questions was asked by a 16 year old. He wanted to know how a person caught a disorder. (When an air of secrecy or intolerance exists around disabilities, students become hesitant to seek out information. This can result in undue stress and fear in typical students). That question clearly explained why some students avoid students with challenges. In my experience, students who do not have accurate information tend to create their own interpretations of a disorder. This can lead to marginalizing students with disabilities. Peers who receive accurate information and are taught effective strategies to help support students with challenges develop critical insights into these students as individuals. In addition to helping promote opportunities for students with ASDs to participate more fully in the school setting, peers become keen observers and often provide critical insights that can assist in problem solving. Some parents are comfortable sharing a diagnosis with a child's peers. Others are not. Sharing a diagnosis can only take place with parent approval and support. Sensitivity training may and should still occur in a respectful manner without labeling a student with an ASD.

THE approach a team chooses in order to foster peer awareness and sensitivity varies according to the ages in the group. Knowing the developmental stages of students influences the way in which we present the information we wish peers to acquire. Enhancing skills, knowledge and attitudes in peers can be achieved when students receive:

- accurate information about Autism Spectrum Disorders;
- have opportunities to engage in simulated experiences that reflect the challenges a student with ASDs experiences;
- acquire fundamental strategies to help support the student with an ASD;
- adult support to continue to enhance the skills they are in the process of developing.

ALL typical students and adults can engage in sensory and motor activities that reflect how difficult it can be for students with ASDs to participate in activities most

people take for granted. These simulations help individuals begin to understand the barriers people with ASDs face. They also demonstrate what it feels like when a person cannot process information efficiently or perform the way most people do. In addition, providing peers with examples of complex or metaphorical language in a way that perplexes typical students can easily help peers understand the confusion students with ASDs experience when they do not understand what people are talking about.

THE common theme that weaves the training schedules together includes the concepts of same and different. For children around ages five and six, props such as puppets or dolls help children define similarities and differences. The children are then paired up to find similarities and differences in each other. Children initially provide very literal based answers about their observations. The discussion evolves to the next level where they are encouraged to think about the food they like best, the activities each one enjoys, members of their families and customs they celebrate. Students begin to recognize that every child can be the same and yet also very different. And that is OK. On follow up visits children learn the importance of supporting one another and practice skills that benefit all students in the classroom.

TEN and eleven year old peers receive more sophisticated information. Students this age are often more perceptive than we realize and are capable of engaging in meaningful discussions about learning modalities. Using plain language and brainstorming examples of how a person learns a new skill, students can begin to differentiate between auditory, visual or kinesthetic learning styles. Students are then organized into small groups and encouraged to develop a plan for teaching a student with a designated learning style how to play a game he or she has never played before. The "lesson plan" each group creates is then shared with the class for discussion. Peers inadvertently become aware of the importance of using concrete language, providing visual supports, modeling, prompting, and shaping.

HIGH school students should always be treated as responsible young adults. The underlying theme continues to explore the concepts of same and different. Asking students to guess how many genetic permutations and combinations are possible in the human body and how many pathways each brain holds can help stimulate attention and engage students in active listening. The answers speak for themselves. An individual cannot help

but be different. Factual information is interspersed with engaging simulations that reflect some of the challenges students with ASDs experience.

THESE are but a few ideas for team members to consider when providing critical information to peers. An inclusive environment can make a significant difference in all students' lives. The saying that it takes a village to raise a child is very true. However, perhaps it also takes a child to raise a village.

RESOURCES

- **Burgess, Leslie.** *Supporting Inclusion.* Royal Roads University, Victoria, BC, Canada, 2003
- **Jacobson, S & Sawatsky D.** *Meeting the Challenge of Integrating Students with Special Needs: Understanding, Building and Implementing Integration as Inclusion.* Canadian Journal of Special Education, 1993, Vol. 9 1
- **Faherty, Catherine.** *Understanding Friends: A program to educate children about differences and to foster empathy.* <http://www.udel/bkirby/Asperger>
- **Gray, Carol.** *The Sixth Sense II.* Future Horizons, Texas.
- **Winner, Michelle Garcia.** *Thinking About YOU, Thinking About Me: Philosophy and Strategies to Further Develop Perspective Taking and Communicative Abilities for Persons with Social Cognitive Deficits.*
- **Wolfberg, Pamela.** *Peer Play and the Autism Spectrum. The Guide of guiding Children's Socialization and Imagination.* Autism Asperger Publishing, Kansas, 2003
- [www.autismoutreach.ca](http://www.autismoutreach.ca), [www.friend2friend@shaw.ca](mailto:www.friend2friend@shaw.ca)

## *An Appeal to the Parents of Adults with Autism*

There are many adults with autism who have serious additional disability. What after their ageing parents are gone? They will need life-time complete custodial care for their sustenance and survival.

OUR adult daughter Sanchari has autism, is deaf mute and desperately needs a placement in a Residential Home where her needs will be understood.

UNFORTUNATELY, there is no such special home.

WE appeal to the parents of children with autism to come together to start a Residential Home in Delhi for our children for their final rehabilitation. The home may be ideally situated near the AFA National Centre in Jasola, New Delhi.

TO cut short the vicious delay, we may start with flats on rent or if suitable we may even buy ones. My wife and I offer to stay in this proposed home as the first live-in parents. They all are our kids. And together we stand. Friends, let us do it now to ensure a safe and secure future for them.

WE look forward to your suggestions. Do contact us at:

**Mrs. Banashri & Dr SS Bhattacharjee**  
3A/116, Azad Nagar, Kanpur-208002

### Notification regarding Disability Certificate for Autism, Cerebral palsy and Multiple Disabilities

The Ministry of Finance has notified the rules for certifying autism, cerebral palsy and multiple disabilities, and has also listed the medical professionals authorized to issue the same, for purposes of Section 80DD and Section 80U of the Income Tax Act 1961.

According to the notification the medical authority for certifying autism, cerebral palsy and multiple disabilities will be a Neurologist having a degree of Doctor of Medicine in Neurology, or a Civil Surgeon or Chief Medical Officer in a Government Hospital.

The format for the certificate will be Form No 10-1A. Some states like Maharashtra, West Bengal and Tamil Nadu were giving Disability Certificates for Autism based on the diagnosis of doctors in Government Hospitals. Once the notification is published in the Gazette of India, it will make it possible for those in other states to get disability certificates as well.

For details of the NOTIFICATION which is dated 29 June 2005, New Delhi, please check our website:

<http://www.autism-india.org>



I happened to read a letter in Helpline from a parent from Coonoor. I want to inform that they can contact us for any help/ advice/ suggestions as we are in Coimbatore which is two hours drive from Coonoor: Vidya Vikasini Opportunity School, 66-D Mettupalayam Road, Thudiyalur, Coimbatore - 641 034, Tel 2642396 2644819

SS Jayalakshmi, Director  
COIMBATORE

This is to congratulate you for your wonderful work through Autism Network. Each and every bit of the information shared by the professionals and parents of autistic children through your Autism Network is worth congratulating. I have also made a note about the forthcoming workshops.

Being a parent of a child affected by Autism, I was very comforted to see the activities of AFA. I am encouraged to note that your center has taken the lead in doing so many activities ranging from teacher training to providing educational and recreational activities for our children. Great job and wish you all the best for your upcoming National Center for Autism.

Sriram Narayan  
BANGALORE

We thank you very much for coming to Gwalior with Mrs Indu Chaswal, to address the participants of the two workshops on Autism, at the Ramakrishna Ashrama , Gwalior - 'Training for Mainstream Teachers on Various Disabilities' and 'Autism - Diagnosis, Characteristics and Management for Rehabilitation Professionals', held on 21 and 22 March 2005. We are really very privileged that both of you, with your vast and valuable experience in the field, took time out of your busy schedule, to be with us for two days.

The highlight for us at Roshni was the initiation of the Parents Group of Children with Autism, which started in your presence. This was something that Roshni had aspired to begin for almost a year and your insight and advice to the parents and our staff will be extremely useful. The feedback we received from the teachers and the rehab staff is that they would implement some of the ideas and suggestions given by you in their schools, right away. The participants were thoroughly benefited by the depth of

information and the interesting presentations, interspersed with useful tips. We were really pleased that a number of members from young organisations and smaller towns, who would normally not have had access to your expertise, were able to gain from these workshops. Please find enclosed a brief report and feedback.

We are only sorry that we were unable to show you any places of tourist and historical interest in Gwalior, which we promise to fulfill on your next visit! We thank you sincerely for your warmth and kind support to all the parents and Roshni.

Manjula Patankar, Director Roshni  
GWALIOR

Thanks for sending an issue of the Autism Network to us and also for publishing my mail in the letter's section. I hope it will be useful for other parents also. By the by mentioned below are some of the minor (of course major for us) improvements in my son on application of a structured environment.

- Earlier when we used to take him out for a walk inside our complex for three rounds. he used to throw tantrums as he would not understand the meaning of three rounds. Immediately after one round, he use to start crying. But now we have overcome that, by showing him a card with 1, 2, 3 written on it and after 1 round, we would strike out 1 and tell him 1 round finished and now there are 2 more rounds and so on. We are just amazed to notice that he understands this very well and so we are able to take him for 3 rounds without any problems nowadays

- Nowadays we have started to tell him before hand his programme, especially when we are going out. By doing this we are enjoying our outing and recently for the first time, we could even watch and enjoy a full Tamil film, where our son was sitting with us for three hours. Not only was he just sitting, but he was also jumping up when a favourite song of his came on the screen

- We purchased a study unit for him. We switch on the study unit light for better focus and switch off the normal light while teaching, by doing this his concentration has improved.

- Nowadays we are teaching him with a finished tray and show him before hand the items he will have to do or study. This has fetched good results to my son.

- Hence your session in Chennai has been very fruitful to us. Also we are teaching him the number concept.

- In addition to the above, his special educator is also applying all the methods at the school.

V. Chandrasekhara Rao - Abhishek's Father  
CHENNAI

## The Biochemical/ Nutritional Treatment of Autism/ PDD

*~ Action For Autism receives many queries regarding the use of vitamins and diets in the treatment of autism. We therefore decided to carry the following piece on the Dan Protocol that has been shared by a parent. The efficacy of the Dan Protocol is so far anecdotal and carrying this article does not mean that AFA promotes the protocol. Families wishing to implement the protocol MUST do so under medical supervision. And finally, the protocol cannot take the place of training. Educational intervention must continue alongside and must actually be the primary therapy ~*

In 1995, one of the leading researchers into the field of Autism, Dr. Bernard Rimland, brought together a group of experts to brainstorm the nutritional, genetic and chemical factors that might be involved in autism and other autism spectrum conditions. Their sessions, refined over the years, brought about what has been popularly called the DAN Protocol.

DAN (Defeat Autism Now) is an organization which is a leading research group, centred at the Autism Research Institute. Two members of the original group, Dr. Sidney Baker and Dr. Jon Pangborn were selected to write the actual protocol, using the information that had been developed. Then the full group reviewed the protocol and suggested changes before it was published.

ONE of the key tenets of the DAN Protocol is returning to a diet that is healthy. To quote Dr. Baker, "The American diet is not fit for human consumption." Elimination of refined sugars, junk foods, artificial additives, and the other things that are common in the diet of most children in the United States which do nothing to promote good health. Instead it loads their system with unnecessary substances some of which have been shown to be harmful.

A Gluten Free/ Casein Free diet is also an important step toward implementing the DAN Protocol. This

diet has been shown to have beneficial affects in children with autism and is a key component of the protocol. These substances often are found in laboratory blood tests that are done on children, as well as in urinary peptide tests. The DAN Protocol suggests specific lab testing that should be done, and provides a list of recommended laboratories to do these tests.

THESE labs have been found to provide the best quality information about the test results and help the treating physician determine the priorities that must be addressed in each individual case. It is important to note that each child should be looked at on an individual basis, and there is no "cookie cutter" approach that can be taken for everyone.

DIETARY supplementation is also a key ingredient of this treatment method. Many children on the spectrum have been found to have deficiencies in various vitamins and minerals. The combination of all of the above factors have been shown to have sometimes dramatic effects on children with autism, but the people at DAN are the first to admit that it is not a "cure all" and that all improvements may not be solely the result of the protocols. Autism is a complex illness, and there are multiple factors that may influence it's course.

### A Summary of the DAN Protocol

The protocol involves a combination of changes to the diet and implementation of vitamin supplement therapy as a means of producing changes in autistic behaviours. These changes include the following steps, according to published information.

1. Eliminate dairy products. The introduction of a casein free diet appears to be primary in the treatment of autism by means of this protocol. Instead of cow's milk, substitute rice or soy milk or use Vitamite (chocolate) as a replacement.
2. Eliminate cereal grain products. Gluten has been

### WANTED

#### ~ Special Educator

Mainly dealing with communication therapy specifically for autism, for our daughter Mansi.

Contact:

**Dr Avinash Kumar**

Tel: 26069874, 9811184971

178 Konark Apartment, Pocket A4 Kalkaji  
New Delhi - 110017

shown to aggravate the digestive systems of individuals and with the known bowel involvement found in children on the autism spectrum, this action helps to relieve these problems. Instead substitute rice or another product for the gluten containing wheat.

3. Eliminate junk foods and other food products that contain refined sugars. These are not necessary to good health and in fact have been shown to be harmful, due to their chemical composition and the artificial additives that are included in many of them. A “natural” source of sugar, such as fruit offers a much better alternative.

4. Supplement the diet with the vitamin and mineral therapy. Alongside is a list of the supplements and their dosages which are recommended:

- **Calcium:** 300 mg twice a day. This can be done in two doses, or once at bedtime to facilitate sleep.
- **Magnesium:** 50 mg twice a day
- **Vitamin C:** 50 mg twice a day
- **Vitamin B5:** (Pantothenic Acid) 500 mg twice a day
- **Vitamin B6:** 100 mg twice a day 1 multiple vitamin daily
- **DMG:** 125 mg twice a day
- **Pycnogenol:** 50 mg twice a day
- **Gaba:** 75 mg twice a day

*Please Note: As with any treatment, the DAN Protocol should only be undertaken with medical supervision.*

## By Far the Most Potent Weapon in the Fight Against Autism

Sponsor a brick for Rs 100/- and help us complete the Action For Autism National Centre for Advocacy Research, Rehabilitation and Training

After many years of lobbying for land and sanctions, funds and contractors, AFA has moved to the national centre, though construction continues above and around us!



1400 square metre plot at Jasola (close to the Apollo Hospital), New Delhi. Today, we ask you to help us fulfil our vision by sponsoring bricks at Rs 100/- a piece.

When complete, the Centre will be located over four floors on a

Buy one...buy one hundred – the choice is yours. Together, brick-by-brick, we are making our dream a solid reality.

----- CUT HERE -----

### Yes I would like to join the ‘Buy-a-Brick’ Programme

Please find my donation for \_\_\_\_\_ bricks at Rs 100/- a piece

I am enclosing cash/ cheque/ DD No \_\_\_\_\_ Dated \_\_\_\_\_ for Rs \_\_\_\_\_

in the name of **ACTION FOR AUTISM**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

# व्यवहार परिवर्तन

एक्शन फॉर ऑटिज़म

ऑटिज़म एक व्यवहारिक संमलक्षण (behavioural syndrome) है। इस स्थिति से प्रभावित व्यक्ति की कठिनाइयों उसके व्यवहार या आचरण में दिखती हैं। ध्यान में रखने वाली बात यह है कि बच्चों में बहुत से व्यवहार ऐसे होते हैं जो कि एक आम बच्चे के विकास से सम्बन्धित होते हैं। उदाहरण के लिये, दो साल के बच्चों में अपने वातावरण को छान बीन द्वारा समझने की जिज्ञासा होती है। वह घर में अलमारियां खोलता है, वस्तुओं को उथल पुथल करता है। यह एक साधारण बचपन के लक्षण हैं। परन्तु जब किसी बच्चे को ऑटिज़म का निदान मिलता है तो उसकी प्रत्येक हरकत या खेल को एक समस्या के रूप में देखा जाता है।

इसलिये यह आवश्यक है कि हम "व्यवहार समस्या" या "कठिन व्यवहार" है। जैसे कथन का अर्थ जानें।

ऐसे कौन से व्यवहार हैं जिन्हें परिवर्तित करने की जरूरत है :-

1) कोई भी व्यवहार जो व्यक्ति के शिक्षण में बाधा डालता है, उसे बदलने की जरूरत है।

उदाहरण :

अ :- कोई बच्चा हर समय दौड़ता भागता है और एक स्थान पर टिक कर नहीं बैठ पाता। ऐसे में इस बच्चे को कुछ भी बैठकर सिखाने में कठिनाई आयेगी। इसलिये "भागने" के व्यवहार को बदलना जरूरी होगा।

ब :- कागज़ फाड़ना, पेन्सिल खाना, आंखों पर हाथ रखना भी ऐसे व्यवहार हैं जिन्हें परिवर्तित करने की आवश्यकता रहती है। अन्यथा यह लिखने-पढ़ने में बाधा डालेंगे।

2) जो व्यवहार बच्चे को या किसी अन्य व्यक्ति को किसी प्रकार की खतरनाक या संकटपूर्ण स्थिति में डालता है।

किसी व्यस्त संडक पर भागजाना, स्वयं को या दूसरों को शारीरिक चोट पहुंचाना, खतरा (जैसे ऊंचाई, अग इत्यादि) के प्रति अवगत न होना भी कुछ परिवर्तित होने वाले व्यवहार हैं।

3) अन्य व्यवहार जो परिवार की मानसिक शान्ति या सेहत को बिगाड़ते हैं। जैसे - रात भर जागते रहने, महत्वपूर्ण वस्तुओं का नुकसान करना इत्यादी।

4) ऐसे व्यवहार जो परिवार का सामाजिक अलगाव (social isolation) हो जाता है। अक्सर बच्चों के कुछ व्यवहारों की वजह से परिवार सामाजिक गतिविधियों में भाग नहीं ले पाते और ना ही बच्चे के साथ हार जगह जा पाते हैं और न ही हर किसी मित्र या रिस्तेदार को आमंत्रित कर सकते हैं।

कोई भी बच्चा बिना कारण ऐसे अटपते या अस्वीकार्य व्यवहार नहीं ग्रहण करता। कुछ विशेष कारण जिनकी वजह से ऑटिस्टिक बच्चों में ऐसे व्यवहार पाये जाते हैं इस प्रकार है :-

1) सामाजिक नियम, और सामाजिक संलग्नता का सीमित ज्ञान व अहसास।

2) सीमित अभिव्यक्तिशीलता - अपनी बात (इच्छा जरूरत, भावनाओ इत्यादी) की अभिव्यक्ति करने में कठिनाई।

3) दूसरों की मानसिक स्थिति जैसे उनकी भावनाओ, विचारों, नियम या अनुमान की अत्यन्त सीमित समझ (Limited Theory of mind)

4) संवेदनाओ के प्रती अति तीव्रता। "संवेदिक दुशक्रिया" या "सेन्सरी डिस्फंकाशन।

5) कइ बार बच्चे का सामाजिक वातावरण अनजाने में इन व्यवहारों को प्रेरित करता है।

जब भी हम किसी व्यवहार को सुधारने के बारे में साचे तो सब से पहले हमें एक निशपक्ष रवैया अपनाना होगा। उसके प्रश्नात उस विशेष व्यवहार का मूल्यांकन करना होगा। देखना होगा कि उस व्यवहार का कर्तव्य क्या है, उस व्यवहार का लक्ष्य क्या है, किस कारण से यह हो रहा है और इसके फलस्वरूप बच्चा क्या पायेगा या किस स्थिति से बच पायेगा।

इस मूल्यांकन को करने के लिये निम्नलिखित प्रश्नों पर ध्यान दें और इनका उत्तर ढूँढें : -

व्यवहार होने से पहले की स्थिति : -

- 1) व्यवहार कब होता है ?
- 2) व्यवहार क्या किसी विशेष स्थान पर होता है? हां तो उसका वर्णन करे।
- 3) समस्या की स्थिति में कौन से व्यक्ति अक्सर उपस्थित रहते हैं।
- 4) समस्या (व्यवहार) होने से एकदम पहले क्या हुआ ?
- 5) क्या व्यवहार होने से पहले ऑटिस्टिक व्यक्ति को कुछ कहा गया था ?
- 6) क्या इस कठिन व्यवहार से पहले व्यक्ति ने कोई अन्य अटपटा व्यवहार दर्शाया था। हो, तो वर्णन दें।
- 7) कब, किसके साथ और कहां ऐसा व्यवहार विल्कुल नहीं होता।

व्यवहार के बाद की स्थिति : -

- 1) व्यवहार होने के पश्चात क्या होता है ?
- 2) आस पास के लोग क्या करते हैं ? (प्रतिक्रिया)
- 3) क्या व्यवहार होने के पश्चात व्यक्ति को कुछ मिलता है।
- 4) क्या व्यवहार होने पर व्यक्ति किसी स्थिति या चीज़ से बचता है?

इन प्रश्नों के उत्तर बहुत महत्वपूर्ण होते हैं। जब हमें व्यवहार की वजह का पता चलता है तो हम उस से झेलने का और ऑटिस्टिक व्यक्ति को इस व्यवहार से बाहर निकालने का समाधान ढूँढ सकते हैं।

व्यवहार सम्बन्धित समस्याओं को सुलझाने के कुछ नियम और प्रणालियाँ हैं : -

संबलन (Reinforcement) – संबलना का अर्थ : -

व्यवहार के फलस्वरूप होने वाला तात्कालिक परिणाम जो कि व्यवहार की पुष्टि करता है या फिर से होने की संभवना बढ़ाता है।

उदाहरण -

गर्मी लगने पर पंखे का स्विच दबाने से हवा मिलती है। इस से पंखे को स्विच दवाने का व्यवहार पुष्ट होता है।

इसी प्रकार जब बच्चा प्रत्याशा के अनुसार व्यवहार दिखाता हो, तो उसे तात्कालिक संबलन (reinforce) करने पर, बच्चा उस व्यवहार को बार बार करना चाहेगा।

बच्चों के लिये अलग अलग वस्तुएँ एवम क्रियाएँ संबलन दे सकते हैं। खिलौने, खाने की चीजे, प्रशंसा, ताली बजाना इत्यादी यह सब रिऐनफोरसर का काम करते हैं। प्रत्येक बच्चे के लिये अपनी ही पसंद के रिइनफोर्सर चुने जाते हैं। रिइनफोर्सर नियमित रूप से बच्चे को सही व्यवहार दिखाने पर दिया जाता है। धीरे धीरे रिइनफोर्सर को अवलम्ब से प्रदान किया जाता है।

“एक सफल और प्रभावशाली संबलन” (effective reinforcer) किसी भी संबलन की सफलता और प्रभाव निम्नलिखित उपकरणों पर आधारित है :-

- 1) संबलन व्यवहार होने पर तात्कालिक रूप से मिलना चाहिये।
- 2) जो भी रिइनफोरसर दिया जा रहा वह केवल व्यवहार होनेपर ही मिलना चाहिये अन्यथा नहीं। इस से उस वस्तु की महत्वता बनी रहेगी।
- 3) यदि बच्चे को रिइनफोरसर दूसरे समय पर उपलब्ध होगा तो उसकी पहले तृप्ती हो जायेगी और रिइनफोरसर की महत्वता कम हो जायेगी।
- 4) आरम्भ में ऐसे रिइनफोर्सर का प्रयोग करें जो आसानी से उपलब्ध हो और अपने आप खत्म हो जये, जैसे की खाने की वस्तु।

हमारे अगले अंक में हम व्यवहार परिवर्तन के जो अन्य और नियम हैं, उनकी चर्चा करेंगे।

# मुख्य धारा शिक्षा में सफलता

प्रतिभा भटनागर

यह पत्र मैं हेल्पलाईन (Helpline) में एक प्रश्न के प्रत्युत्तर में लिख रही हूँ जिसमें एक सज्जन ने इस बात पर आश्चर्य व्यक्त किया था कि क्या एक ऑटिस्टिक बच्चा एक उंपद'जतमंउ'बीववस में सफलतापूर्वक समायोजित (mainstream) हो सकता है?

जी हाँ, यह एकदम सम्भव है, परन्तु इसके लिये आवश्यक है यह समझदार प्राचार्य (principal) स्कूल स्टाँफ एवं जरूरी है अभिभवकों का अपने बच्चे में पूर्ण विश्वास, स्वीकार्यता एवं निरन्तरता। मेरा बेटा अक्षय अभी 13 वर्ष का है। 4) की उम्र में हमें उसके आटिस्टिक होने का पता चला। बस तभी से हमारा संघर्ष जारी है। इसमें हमें कुछ विशेषज्ञों की मदद मिली एवं साथ ही मिली एक ऐसी स्कूल जिसकी प्रिंसिपाल ने मरे बेटे की बहुत सी व्यवहारेक समस्याएँ (behavioural problems) देखते हुए भी उसे एक चैलेंज ;बीससमदहमद्ध की तरह स्वीकार किया, जबकि वे ऑटिज्म के बारे में कुछ भी नहीं जानती थी।

वर्ष 1999 में कक्षा प्रथम में हमने B.I.O.A. Public School (State Bank of India Officers' Association Public

School, Jaipur) में अक्षय का एडमिशन कराया तब उस से पहले जयपुर के कई स्कूलों में अक्षय को प्रवेश देने से यह कह कर मना कर दिया कि यह ता हाईपर एक्टिव (hyperactive) है, इसे बहुत सी एमस्याएँ है एवं अन्य अभिभावक विरोध करेंगे आदि।

परन्तु इस स्कूल की प्रिंसिपाल श्रीमती प्रीति शर्मा एवं उनके स्टाँफ के भूपूर सहयोग ने अक्षय को बहुत परिवर्तन ला दिया। अक्षय की वजह से आज स्कूल में कोई समस्या नहीं है। सामान्य बच्चों के बीच में रहने से बच्चे का जो विकास होता है वैसे ही अक्षय का हुआ है, शायद एक स्पेशल स्कूल में यह संभव नहीं होता। इसमें सिद्ध होता है कि हमारी मेहनत, लगन व स्कूल के सहयोग से एक ऑटिस्टिक बच्चा भी इस समाज में सामान्य बच्चों की तरह घुलमिल सकता है।

अक्षय अपने स्कूल के समारोहों में केसियो पार राष्ट्रीय गान बजाता है : वह स्विमिंग करता है एवं साईकिल से अकेला अपने स्कूल जाता है। पिछले वर्ष से वह क्रिकेट एकेडमी जा रहा है। अभी मार्च 2005 में वह 7<sup>th</sup> में आया है। अपनी कक्षा के 15 बच्चों में से उसकी 8<sup>th</sup> रैंक आई है, यानि 7 सामान्य बच्चों से आगे।

(...cont from page one)

And now we are here, and happy to be so. Our new centre on the outskirts of town, is located far from our old place, so there is upheaval for both staff as well as beneficiaries, which we will weather with time.

There are many needs: of furniture and teaching materials for the school, of resources for the independent living skills training unit, of things for the vocational unit. In addition construction continues and we still have a large sum we need to raise. But inshallah, with the grace of God and support of well-wishers everywhere we will get there.

As always there have been the parents who have been an integral part of our growth. There will always be



parents whose contribution will only be in word, but there are those who contribute in deed. And it has been the latter who have helped AFA come this far. In the exciting years ahead we will continue to rely on our wonderful parents who will help make our dreams come true.

We thank everyone who has helped us and continue to help us in every way, big and small. We look to our well-wishers – parents and non parents - for their help in the coming years in creating a society where our loved ones with autism can live as fully participating members of the community. The AFA National Centre for Autism has a long road ahead but is ready for the challenge.

## Second Child Issues

Priyam Ahuja

Developmental Psychologist, Action For Autism

Parenting a child with Autism Spectrum Disorder can be quite daunting, especially for those who have never heard of the disorder before. However with support and appropriate training, and as children make gains in their development, parenting can become an enjoyable experience. A major concern for most parents is whether they should have a second child, afraid of having to go through the same uncertainties associated with having a child with a developmental disorder again. Often genetic counseling is recommended but since the cause of ASD remains unclear, the decision to have a second child ultimately lies with the family.

IT has increasingly become a looming concern as we get to see more and more siblings who are on the spectrum too. A hard fact is that although Autism is a male dominant disorder, we have been seeing a rising number of girls (siblings) who appear to be affected. We have also been engaged with the observation that many parents seem to miss the more subtle signs of Autism in girls, as the disorder can present itself somewhat differently in them.

ASHA'S brother had just begun to come to us at Open Door. We often saw her as a baby in her mother's arms while they were waiting for her brother. A number of us would comment on how adorable she was and also how she would never seem to look up at us admiring her! There were perhaps a number of other tell tale signs that her otherwise extremely focussed mother probably missed, or ignored. Two and a half years later, Asha has been given a clinical diagnosis of Aspergers Syndrome. It is often the case that parents will focus on the one child whose characteristics of the disorder are more pronounced, and quite naturally so, as that child would demand more attention of them as well. It is here that we need to step in and play a more active role. Imagine how much 3-year-old Asha could have gained if her intervention had begun when she was seven months old.

IT can become quite a dilemma for educators who are already closely involved with one child to let parents know what they feel about their other child. This is especially the case when the first child has only just been clinically diagnosed, and parents are already going through a hard time coming to terms with the diagnosis. For parents to then themselves be able to pick up on the more subtle signs of ASD in their other children becomes very important for early intervention.

IN our experience we have also seen children with a clear diagnosis of ASD who have 'regular' older siblings who often appear deviant from the norm in their interactions, thinking and interests. Again it is not unusual to see girls who have a range of difficulties, mostly those who are socially odd, conformed to their routines and occupations and so on. Recently a mother related her experience of noticing this in her elder child after years of focusing all intervention on her younger one who had a clear presentation of Autism.

IT is vital here to understand that Autism is a spectrum disorder ranging from mild to severe, and is only one of five clinically distinguishable pervasive developmental disorders. While sibs with more pronounced symptoms may receive a diagnosis, many may have a few characteristics and yet not fall under a clinically defined group. This again does not need to stop us from intervening at a tender age in an area the child finds challenging.

TO conclude, any child, with or without a family history of delayed or deviant development, and with or without a history of pre-, peri- or postnatal complications may show characteristics of PDD. Nevertheless parents and professionals together need to be extra cautious when it comes to siblings of already diagnosed children; the younger ones especially can be given help, which at the right time, we feel, can work wonders.

### **Admissions Open In the Adhaar Work Skills Training Centre**

*For training in vocational skills*

For youngsters who are slow learners,  
have mild mental retardation,  
or pervasive developmental disorders

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or email: [autism@vsnl.com](mailto:autism@vsnl.com)

## “ Comment ”

Sometime ago I was asked by that pesky breed, ‘a telephone journalist!’ whether I did not think special schools were an anachronism in this age of inclusion. I have faced queries like this on more than one occasion, being a part of Open Door a special needs school, and for having struggled long and hard, and finally successfully, in convincing the Rehabilitation Council of India to acknowledge training for teachers of children with autism. I was asked whether by wanting the latter I was not promoting exclusion!

I would have given an arm and a leg to have my sons, then 13, behaviours under control, learning style typicalised, more ‘ready’ for inclusion than he would ever be, attend a mainstream school. No one would even look at him. One rather nice place that took him in, got alarmed by the ‘violence’ they perceived in his handflapping and out he went. And since then he has been steadily falling behind and over the years there is now no question that he will ever catch the bus. Instead he will keep falling inexorably behind as happens in a social disorder like autism.

INTERESTINGLY, special needs schools are often seen as the culprits as to why more children with disabilities are not in mainstream schools. One would imagine they were created to actively pull children out of ‘normal’ classrooms in order to segregate them!

IN fact, traditionally, persons with special needs were mostly hidden away due to ‘karmic shame’ and other reasons, and education was not even a considered possibility. As a result, as formal education gained precedence in society, persons with disabilities were left out. Special education came about to ensure that those with special needs too had the opportunity of accessing education. With increasing self advocacy, persons with disabilities and their families have rightfully begun to demand their right to education in mainstream schools.

IN an ideal world, schools would have children of every ability studying together. Exposure breeds awareness which leads to sensitivity. Yet the reality is that either mainstream schools are not equipped for, or more often the atmosphere is not conducive to, inclusion. Equipping schools with training and infrastructure will need effort but is the easier of the two. The tougher one is the premise on which mainstream schools appear to be based. The entire premise of the necessity of isolating in order to nurture excellence.

WE live in an exclusive society. To understand that we need to be aware of what inclusion truly is. Inclusion is the

process whereby individuals with every kind of difference are included in mainstream society: where individuals regardless of their caste, or gender, religion or community, of social or economic status, their physical, mental or medical condition, can participate in society.

OURS is a society where caste prevents participation in various aspects of civil society; where gender alone can prevent an individual from life, let alone accessing education; and where schools actively practice exclusion. Leading and much sought after schools have exclusive sections. ‘Sections’ are not divided according to your name in the alphabetical order, or whether you were within the first 30 or the second 30 to receive admission. ‘Sections’ are determined by scholastic performance. So there are the sections for the ‘toppers’ the ‘above average’, the ‘mediocre’ ones and the ‘less than mediocre ones’ and so on. So if your scholastic performance is affected because you have a specific learning disability or hearing impairment or autism, or simply because you are a slow learner, chances are that you go straight into the ‘duffers’ section.

STUDENTS say things like “Oh he’s with the retards,” not as a statement, because a word on its own has no power, but as a derisive comment on the individual. The ‘smart’ guys have nothing to do with the ‘weirdoes’. ‘These’ children must be kept separate so that all the extra coaching, so crucial to ensure that the largest number of students from the school top the board exams, are not wasted on them. So we bring up an entire generation of young people to look down with derision on those who are different. We bring up our young people to believe that there are some people you need have nothing to do with. That there are some you exclude from your life.

THESE are the same people who will be our future politicians, bureaucrats, corporate heads, the man in the street, the future mothers and fathers. What inclusive society are we talking about?

CHILDREN are by nature cruel – the vast majority of them. They need no help in picking on those who are different or weak. And they don’t need any help from the educational system. No amount of legislation, training of mainstream teachers, and picture ops with politicians and the bureaucracy, can bring about inclusion unless we change the values our mainstream schools propagate. Getting rid of special needs schools will not automatically promote inclusion. We will only move from segregation in two different locations to segregation within the mainstream school itself.

OUR mainstream schools are, to use a popular term in another context, a ‘hotbed’ of exclusion. It’s when policies in mainstream schools change to make them truly inclusive, only then can we begin to truly talk inclusion.

# HELP LINE



*Q* I am writing this letter for your guidance. My son A, 13 years, is a mild autistic child. When he was four and a half years old, we came to know about his autism. At that time he had severe behaviour problems with very limited speech. With the guidance of some specialists and our sincere efforts, now A has completely changed into a new personality. He is in now in Class VII in a mainstream school viz SBIOA Public School, Near KL Saini Cricket Stadium, Man Sarovar, Jaipur.

He not only knows swimming, playing the casio and computer games, but also goes for training in a cricket academy as he is fond of watching and playing cricket. Still there is a long way to go. Now I want to help other autistic children as this is my social responsibility also. Most of the parents find it difficult to work with their autistic children. Can I open a special Education Center for autistic children? I have obtained RCI Diploma in Special Education (CP) in 2004 from DISHA Foundation. I need your valuable and essential guidance at the earliest possible. I have also applied for registration of an NGO for this purpose.

*A* Thank you for your letter regarding your son and your desire to start a centre for autism. It is good to learn of the progress A had made with your efforts. And it is also wonderful to learn that you want to start a centre to help other families. Many more centres are required in order to help the increasing numbers of children who are receiving diagnosis.

We have a couple of suggestions. One is, try and get a few more parents together and register yourself as a parent organization. As you go along you will find many issues coming up, and a parent organization gives you strength and support. There will be other parents who will be able to help out in different ways. You need about six more parents to form the body.

Secondly, try and get some training in working with autistic children. Unlike with mental retardation or cerebral palsy, children with autism require very complex intervention. Each child while having the same triad of impairments may require very different intervention. One child may be quite severely affected, yet be able to colour perfectly within lines and string

beads effortlessly, while a five year old can read and converse but have poor fine motor skills and not be able to write.

Perhaps you could find a young enthusiastic person who could do our one year teacher training course and go back and join you? Or a parent to attend our three-month mother child program? Though this programme aims at training the mother to work with her own child, it is structured so that the parent becomes adept with other children at different skill levels as well.

Hope this helps and good luck with your endeavour.

*Q* My son K, who has diagnosed at two and a half years of age is now six. We visited and participated for one month in the Open Door Program in July 2002. K has improved tremendously in the last three years.

Now he is going to regular school in Play Group, can communicate with his teacher, can read and write, has good drawing hand, can operate computer programs and games with ease, but still has problems in social interaction, some difficulties in language acquisition and some spelling difficulty. He has no problem toileting, dressing, eating. His mother has graduated in Special Education recently, and joined Bangladesh Protibondhi Foundation (Kalyani) as Special Educator.

From the media I have been informed that in USA mercury toxicity has been implicated in causing autism in children. Is there any diagnostic or treatment option on that basis.

*A* It is good to learn of K's progress. The credit goes to your family and little K.

Regarding mercury there are some reports that suggest that mercury levels are higher in some children with autism. Some time back there were a number of anecdotal reports discouraging administration of MMR vaccine as its preservative base was mercury. This was later rejected by other studies. Parents are trying out detoxification. But the studies are still on and as of now we cannot say for sure that any such treatment can be useful.

*Q* Is there any school in the United States that does what you all do? Like in Atlanta Ga? If so how much does it cost for a child to go to a school like this?

*A* We honestly do not know about schools in the US since we are located so far away, but I'm sure if you contacted the state or local chapter of the Autism Society of America they might be able to give you more information. One major difference between the system in India and the US is that the general movement in the US is toward integration and mainstreaming children with special needs, so free-standing schools specifically for children with autism or other disabilities are rare. However, in India, the regular school system does not typically allow children with autism and so there is no choice but to have 'special' schools. I hope that information is helpful, and good luck

*Q* I am mother to an autistic child who is almost 13 years old. He seems to have gotten violent in the last few months and constantly scratches and hits all of us at home, especially my six year old daughter. I understand that this must be an issue that arises with the hormonal changes taking place at his age, and was wondering if you could provide any inputs on this. Other parents have suggested that we try homeopathy but I'm uncertain because he reacts very badly to most medication – his seizures tend to increase drastically. I have spoken to a lot of professionals regarding his behavior, and I personally have undergone a lot of training when we were in the US for about five years trying out all possible treatment options for him, and am fully aware of any triggers that may affect his behavior. I'm quite convinced it is adolescence, I see the physical changes as well, and was hoping to have some inputs from you on your experience with boys who reach adolescence.

*A* There could be a variety of issues involved in the behaviours you are seeing which may not necessarily be due to hormonal changes though of course the age does aggravate most things. Even if you try medication you will want to try and look at the cause of the behaviour since the medication will only treat the symptoms. Adolescence is a time of assertion and that of course is

as true of kids with autism as it is of regular kids. One of the things to be aware of would be to not move against him in things he wants, to meet him half way, give him options and choices etc, so that he has a sense of control. I am sure you are doing all this already!

If you find the situation unmanageable perhaps you could see a good child psychiatrist who understands autism. She might prescribe some medication (most probably Risperidone) to settle him a bit to enable you to work on his behaviours and then slowly take him off the medication. It would be so much better of course to not use medication at all, but sometimes one might have to take recourse to medication short term as a last resort.

Good wishes in your efforts.

*Q* I have a 14 year old son, B, who is non verbal. I have been helped immensely in his upbringing by your magazine since last seven to eight years.



B gets very upset when others talk amongst themselves, although he does not mind when we talk to him. Can we do something about this? As we are staying in small place in Orissa, we do not have adequate school or professional facilities here. So, B remains at home and I am his parent, teacher and guide, all in one.

*A* It is good to learn of the progress B is making and we are glad that 'Autism Network' has been of help in this. When you say that your son gets upset when others talk amongst themselves, perhaps you could try and see if it has anything to do with his feeling left out that leads him to acting upset? Try and figure out why the behaviour is happening. It is only when we understand what is behind the behaviour, and also what is maintaining the behaviour, can one suggest a way to deal with it.

However some of the things you could do are to try and include him in your interactions with others. Ask other members of the family to do the same. In addition, provide him with non-verbal modes of communication. Being able to communicate will take care of a lot of difficult behaviours since much of challenging behaviours are often actually a mode of communication.

# TEACCH and An International Consensus Approach

## A National Training Conference in Autism

### An Enrichment Programme in Autism and Pervasive Developmental Disorders - An RCI CRE Program

INDIA INTERNATIONAL CENTRE, NEW DELHI: DECEMBER 3, 4, 5, 6 & 7 2005

#### RESOURCE PERSONS:

**Theo Peeters** is one of the best known names in the field of autism training in Europe. He has had his education at the Universities of Brussels, London and North Carolina. Theo has a background in Neurolinguistics and human communication, and psycho educational therapy, and has published articles in scientific journals as well as authored a number of books. His '*Autism – From Theoretical Understanding to Educational Intervention*' has been published in 12 languages. Similarly his '*Autism – Medical and Educational Aspects*' has been published in seven languages. He is on the editorial board of the Autism Journal of Research and Practice, NSAC, and Good Autism Practice, University of Birmingham. Theo set up the Centre for Training on Autism in 1981 and has since been involved in hundreds of conferences, workshops and seminars on Autism around the globe. He runs Diploma in Autism courses in Belgium and The Netherlands and in 1985 was appointed responsibility to train teachers and paramedical professionals by the Ministry of Education, Belgium.

**Hilde De Clercq** is a parent professional with a background in linguistics. She has authored '*Detail Thinking*' and '*Mum, is that a human being or an animal?*' Her book '*The Pervasiveness of Autism: A practical guide for parents and professionals*' is due to be published. Hilde gives workshops on subjects such as communication, the cognitive style of people with autism, high functioning persons with autism and parent-professional collaboration. She is also an international associate editor of Good Autism Practice of the University of Birmingham.

**Dr. Vibha Krishnamurthy** has been a practicing developmental pediatrician in India for the past seven years. She trained at the Massachusetts General Hospital and completed her fellowship in Developmental Disabilities from the Children's Hospital, Boston. She is currently the Director of Ummeed Child Development Centre, a non-profit organisation she set up four years ago. Dr. Krishnamurthy is a consultant to Jaslok Hospital, Mumbai as well as several other non-profit organisations. She is on the advisory board for Forum for Autism Awareness, Action For Autism, Samarpan Centre for Autistic Spectrum Disorders, Ashiana Autism Trust and others. She is closely associated with the American Academy of Paediatrics and also serves as a resource person for the Expert Committee on Autism for the Rehabilitation Council of India and the National Trust.

**Dr. Amit Sen** is a consultant child and adolescent psychiatrist at the Child and Adolescent Mental Health Programme, Sitaram Bhartia Institute of Science and Research, New Delhi. Amit trained at NIMHANS, Bangalore and later went on to do his MRCP sych from The Royal College of Psychiatrists, London. He has extensive clinical experience in the U.K. as a Specialist registrar and later as a consultant in Child and Adolescent Psychiatry. Additionally, he has been involved in developing new services at the outpatient level for multidisciplinary assessments and joint ventures with Educational services. He consults at a number of Non-Profit organisations such as Salaam Baalak Trust and Action for Autism, among others. Amit is a Member, Expert Committee to prescribe guidelines for evaluation of Autism and Cerebral Palsy and procedure for certification, Ministry of Social Justice and Empowerment, Government of India.

**Dr Anjali Joshi** is a practicing occupational therapist in Mumbai with an advanced training in sensory integration from USC, California. She is an associate professor in OT at the OT school and centre of KEM Hospital with a work and teaching experience of 23 years, and a leading practitioner of Sensory Integration Therapy in India.

SCHEDULE: Day 1, 2 & 3:

**TEACCH (Treatment and Education of Autistic and Communication-handicapped Children)** is a well researched cognitive management and life skill training program that has been established by the University of North Carolina, USA for about 40 years. It is one of the most widely used methodologies internationally and is successfully used in hundreds of sites around the world. TEACCH programmes deliver predictable behaviour and get greater cooperation from the child with autism, making learning both motivating and meaningful. The effectiveness of the methodology is in its simplicity and that it can be easily adapted to the Indian socio-cultural context. TEACCH provides clear visual communication strategies that can enable a person with autism to understand expectations related to other people and events. An understanding of these can further help parents and professionals to prepare their own strategies that are convenient and practical and applicable in the home the school and the community situation. They can help to reduce behaviours especially at times of communication breakdowns. TEACCH strategies can be incorporated in the lives of persons with autism at home, in school and in vocational centres, helping to

enhance both functional academic and daily living or work skills so that persons with autism can contribute successfully to their educational and work set-up.

DAY 4:

**Sensory Integration Techniques** are used to overcome difficulties that individuals with autism may have with perceiving, interpreting and processing information they receive through their senses. This incorporates helping them cope better with changes in sensory inputs through visual, auditory, tactile, olfactory and taste modes, as well as integrating these with internal systems of the body that maintain balance and movement, leading to improvements in learning and behaviour.

DAY 5:

**Diagnostics** not only involve understanding the diagnostic criteria for disorders on the Autism Spectrum but also includes knowing the clinical difference between Autism and Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), Fragile X and other developmental disorders. A swift and precise diagnosis is imperative for a successful choice of therapeutic intervention.

**Role of Medication** in developmental disorders is a debatable topic and involves a sound understanding of the nature and needs of Autism. As Autism presents itself in different ways in different individuals, it is important to be aware of the various kinds of medications, their purpose and usefulness. Often medication is misinterpreted as a cure to Autism; however, at its best it is a means to break down initial behavioral barriers to the learning process. The right medication given in the right dose and under constant monitoring can benefit an individual on the Spectrum and allow for better management.

REGISTRATION COSTS:

**Student**

Rs 2,500 per student registered in the 2005 – 2006 DSE(ASD) Course

**Parent**

Rs 5,000 per parent attendee (Rs 4,250 for members)  
Rs 8,500 per parent couple (Rs 8,000 for members)

**Non-Parents**

Rs 6,000 per non-parent attendee (Rs 5,250 for members)  
Rs 5,500 for each attendee from an organization that has taken membership if more than one person attends.

**Daycare Charges**

Rs 200 per child, per day

**Childcare** will be available during workshop hours for families who find it difficult to leave their children at home. Please register in advance. Information about your child's special needs will have to be given at the time of booking so that adequate arrangements can be made. **Childcare will not be available to on-the-spot registrants.**

**All registrations after 1 November 2005:**

Parent 6,000 and Non-Parent Rs 7,000

**Accommodation:** Limited number of rooms from noon of 2 December to noon of 7 December at Rs 2000 per bed (twin sharing) and Rs 4000 (double room) for a five-night stay with breakfast, near the IIC. Last date for booking accommodation based on availability: 10 November 2005.

*To register, fill in the form below and mail with a self-addressed stamped envelope to:*

**Action For Autism, Sector 5 Jasola Vihar,  
Behind Sai Niketan New Delhi 110025**

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PRE-REGISTRATION FORM - TICA

Please fill this form in BLOCK LETTERS and mail, with a self-addressed stamped envelope to:  
**Action For Autism, Sector 5 Jasola Vihar, Behind Sai Niketan New Delhi 110025**

Name \_\_\_\_\_  Parent  Professional  Student

Address \_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Email: \_\_\_\_\_

If parent, name of child \_\_\_\_\_ Child's DOB \_\_\_\_\_

If professional, name of organisation \_\_\_\_\_

Do you require accommodation? YES/ NO

Do you require childcare? YES/ NO

# Annual Training Workshop for Parents & Professionals

INDIAN SOCIAL INSTITUTE, LODI INSTITUTIONAL AREA, NEW DELHI

**October 1,2,3 & 4 2005**

AFA's annual workshops are an eagerly awaited event each year. The workshops build on an understanding of ASD and work through teaching various cognitive, communication, and daily living skills. The workshops are free of jargon, and illustrated with practical examples based on AFA's hands-on experience and exposure to children with autism of varying ages and across the spectrum and follow a format of lectures, a demonstration class, video clips, question and answer sessions and discussions.

**Individual consultations** on the last day of the workshop will be available at no extra charge to those families who book in advance.

**Childcare** will be available during workshop hours for families who find it difficult to leave their children at home. Please register in advance. Information about your child's special needs will have to be given at the time of booking so that adequate arrangements can be made. *Childcare will not be available to on-the-spot registrants.*

**Daycare Charges**  
Rs 200 per child, per day

## Registration Costs

### PARENTS

Rs 1750 per parent attendee (Rs 1400 for members)  
Rs 3000 per parent couple (Rs 2500 for members)

### NON-PARENTS

Rs 2500 per non-parent attendee (Rs 2200 for members)  
Rs 1750 for each attendee from an organization that has taken membership if more than one person attends

**All registrations after 15 September 2005:** Parent: Rs 2500 and Non-Parent: Rs 3000.

**Accommodation:** Limited number of rooms from noon of 13 October to noon of 17 October at the ISI at Rs 1500 per bed (twin sharing) and Rs 3000 (double room) for a four night stay with breakfast. *Last date for booking accommodation 15 September 2005.*

For more details fill in the form below and mail with a self addressed stamped envelope to:

**Action For Autism, Sector 5 Jasola Vihar,  
Behind Sai Niketan, New Delhi 110025**

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## PRE REGISTRATION FORM - ATW

Please fill this form in BLOCK LETTERS and mail, with a self-addressed stamped envelope to:  
**Action For Autism, Sector 5 Jasola Vihar, Behind Sai Niketan New Delhi 110025**

Name \_\_\_\_\_ (Tick relevant box) Parent  Professional

Address \_\_\_\_\_

Tel \_\_\_\_\_ Email: \_\_\_\_\_

If parent, name of child \_\_\_\_\_ Child's DOB \_\_\_\_\_

If professional, name of organisation \_\_\_\_\_

Do you require accommodation YES/ NO

Do you require childcare YES/ NO

## MEMBERSHIP TO AFA

To continue to receive 'Autism Network' please complete the application below, cut or photocopy, and return it to us as soon as possible.

### MEMBERSHIP DETAILS

**Parents:** Associate Member – Annual: Rs 150/-, Full Member – Annual: Rs 500/-, Life Member: Rs 5000/-

**Professionals:** Associate Member – Annual: Rs 150/-, Full Member – Annual: Rs 1000/-, Institutional Member – Annual: Rs 2000/-, Overseas Membership – Parents \$ 30, Professionals \$ 50

Associate Members receive copies of Autism Network and information on all upcoming events and activities. In addition, Full Members, Life Members, Overseas Members and Institutional Members are entitled to concessionary rates for AFA events and workshops.

New     Renewal    Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_ Pin/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I am a: (tick all that apply)

Parent     Relative \_\_\_\_\_

Professional \_\_\_\_\_

Other \_\_\_\_\_

If you are a parent of a person with autism, please answer:

Child's name \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_

Diagnosis (if known) \_\_\_\_\_

• I wish to become a member of AFA and enclose:

Rs 150/-     Rs 500/-     Rs 1000/-     Rs 2000/-

Rs 5000/-

(Send Demand Drafts Only) Draft No: \_\_\_\_\_

Dated \_\_\_\_\_ On Bank \_\_\_\_\_

Amount in words \_\_\_\_\_

• I wish to give a contribution to AFA \_\_\_\_\_

Amount in words \_\_\_\_\_

Mail demand draft payable to:

**Action for Autism, Sector 5, Jasola Vihar,  
Behind Sai Niketan, New Delhi - 110025**

Contributions are tax exempt under Section 80 G of Income Tax Act.

## BOOK POST



**If undelivered please return to:**

The Editor, Autism Network,  
Sector 5, Jasola Vihar, Behind Sai Niketan,  
Opp. Gate 6 Sector 8, SFS Flats, New Delhi - 110025

Do visit us at  
**The National Centre For Autism!**

Action for Autism has moved to its own premises:  
The National Centre for Autism at Jasola.

Our new telephone numbers: 55347422, 30964730.  
Look forward to seeing you at the new Centre!

Email: [autism@vsnl.com](mailto:autism@vsnl.com)  
AFA Homepage: <http://www.autism-india.org>