

autism

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INFORMATION

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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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Cover Illustration

'Maa Durga'
by Kunal Sharma who is 9 years old.

WISHLIST !

FOR ALL STUDENTS

- o A minibus or van
- o Board Markers & Felt Pens
- o Portable Music System/ cassettes & CDs
- o Glossy Newspapers: Sunday and Saturday supplements for craftwork
- o Children's tricycles/ slides/ swings/ seesaws
- o Paper to recycle for children's worksheets:
 - o A4 sheets of paper used on one side

FOR THE WORK SKILLS TRAINING CENTRE

- o Laminating machine that can laminate up to an A4 size

FOR THE OFFICE

- o New keyboard for the office computer
- o Two fast printers for computers

FOR THE NATIONAL CENTRE

- o Support for components of the NC Building

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

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PAGE ONE

And so to the final issue of the year.

A lot of the campaigning and lobbying work we do at AFA can be a slow and drawn out process. But little by little we get results and that is what counts!

As most of our readers know we function from inadequate premises in Chirag Dilli village, that affects our efficiency and possible reach to the many more families and professionals looking for help and guidance.

The good news is that, finally, after years of struggle and chasing applications, the Government has allotted us land to set up a permanent purpose-built centre. Finally, an opportunity to set up an institution with the physical capacity to meet our need for expansion. A centre with a larger, national vision catering to the ever-increasing needs of the large catchment of children, parents and families that the AFA family has become the caregiver for.

This is what the AFA National Centre for Advocacy, Research and Training sets out to do.

Before we celebrate one achievement the next battle commences! We are now embarking on a massive fund-raising programme to meet the costs of the building construction, equipment and maintenance.

The first stage of this fund-raising took place on 2 November at the Siri Fort Auditorium. Entitled 'Sur Mantra', the evening comprised of a classical concert of Khayal and Thumri-Dadra featuring Shubha Mudgal. We were delighted to have Mrs. Sonia Gandhi present as Chief Guest. This was the largest event we have ever undertaken and we extend our sincere thanks to all our supporters who helped to make the evening such a great success. And a huge thank you and congratulations to the 'Open Door' students who sang with such charm and enthusiasm. I think we were all particularly moved by their rendition of "We shall not be moved"! Ironically, we now wish for exactly the opposite! Our wish is to have the new centre up and running within a year and a half. We anticipate a huge amount of hard work and perseverance along the way.

We know you will all support us in making this dream a reality.

Another area where AFA continues to campaign actively is professional teacher training for Autism. With both awareness and diagnosis of autism on the increase, the need for trained teachers is increasingly urgent. AFA's year long training course for teachers of children with autism has been up and running for several years. This year's intake began in June and is now well under way.

As reported in our April edition, the Rehabilitation Council of India (RCI) -sponsored National Workshop met in Chennai last December to make a policy decision regarding the need for a separate training course for autism. The conclusions from this workshop clearly indicated the misconceptions and level of misunderstanding that prevails. Our ongoing efforts to urge the RCI to either recognise the AFA course along with that of the KPAMRC or introduce a dedicated, special education course for children with autism seem to have had an effect. The RCI have now called an Expert Committee meeting this December to develop curriculum of a Diploma Course in Special Education (Autism). Little by little...

The autism community has been fortunate this last year in having the understanding and support of the Mrs Aloka Guha, Chairperson of the National Trust, in getting things moving in what is really a rights issue for the community.

This issue carries several accounts from parents that illustrate the value of parent empowerment that is central to AFA's vision. With specific and dedicated assistance from trained professionals parents can not only understand and deal with their child's behaviour, but can also help them to improve and develop continuously, as well as be an empowering example to other parents.

And so, we prepare to celebrate Autism Week across the country and look forward to 2003 with optimism and excitement. And we wish all our readers a New Year of Peace and Promise, Hope and Happiness.

Teaching Thinking Skills through Play and Drama to Children with Autism

(Continued from Autism Network, August 2002)

Dave Sherratt

Dave Sherratt is a teacher from the UK and has specialised in teaching children with autism to play. He has presented papers on play and affective cognition.

• **Play Structure 4 : Desire**

These strategies are suitable for children that can understand that people are capable of thinking thoughts independently (such as through different perspectives). The teacher asks, "Who wants to play with the wolf puppet and who wants the first little pig puppet ? What did she want, can you remember?" During the story the teacher asks the following questions. The fox puppet wants to sleep, but the other animals want to take his food, will he have breakfast or an empty tummy in the morning? The three little pigs want a safe house but the wolf wants dinner. The wolf wants the pigs to come out, but the pigs want to hide. Who had a fierce face was it the wolf or the pigs? Can you show me a fierce face? Who had a frightened face was it the wolf or the pigs? Can you show me a frightened face?

• **Play Structure 5 : Belief**

In this structure the children are developing an understanding that other people have thoughts as well as desires. These explain some of the wolf's behaviour. The first little pig believes that his house is strong enough to protect him from the wolf. Was he correct ? What about the second and third pigs ? The wolf believed that he would catch the pigs when he dropped down the chimney was he correct ? Was he happy or sad when he climbed down the chimney ? "He was happy because he believed that he would ..."

• **Play Structure 6 : False Belief**

The final structure is designed for children that are able to understand that people can be mistaken or tricked. The wolf finished huffing and puffing and walked away from the house. Did he look happy or sad ? Was he really happy or sad ? He told the pigs he was going home because he could not blow down their house. Did the pigs believe him ? Where was he going really ? Why did he trick the pigs ? The three

little pigs build a big fire, but what did the wolf think was down the chimney ?

AN alternative means to teach thinking skills through play and drama in children with autism involves interactive mirroring. Interactive mirroring uses non-verbally negotiated imitation and play to create a sense of shared attention and a sense of having an effect on one's shared environment (agency). This is a method of encouraging a shared understanding of play with others and is especially useful in children who find difficulty in "whistling to anyone else's tune". Many children with autism find sharing a mental workspace with others difficult and need the confidence that is provided by this strategy in order to reach out to others.

ALTHOUGH this type of strategy is by necessity dynamic and therefore difficult to describe prescriptively, it is possible to outline the core procedures. There are three stages of interactive mirroring. Step One aims to move from the child being imitated to the child's imitation of the teacher and ultimately to an interactive and dynamic mirrored pattern in a restricted and formal setting. Interactive mirroring uses two identical sets of objects. One set is used by the teacher and the other by the child. Each set might contain a range of objects that include human or animal figures, some blocks and boxes. The couple sit in a visually definable area, such as at a table or on a carpet in a corner of the room. Both partners in this procedure must be able to see each other's materials.

AS the child touches or moves an object the teacher imitates the child, each using their own set of objects. The child lifts a block and the teacher copies the action, as if it were an echo of the child's movement. Although even this low level of intrusion can be uncomfortable for some children with autism, most

children will be attracted if not intrigued by the emerging mirrored pattern. This mirroring is continued until the child is comfortable with it and expects that their own behaviour will have a contingent response from the teacher. At this point the teacher initiates a new and spontaneous action with the materials. The teacher then looks expectantly and explicitly at the child's materials, hoping that the child will reverse the pattern and imitate the teacher's action. If this is successful the teacher makes another spontaneous action with the objects and again watches. If the attempt was unsuccessful the teacher reverts to mirroring and waits for a further opportunity. This stage of interactive mirroring attempts to build up conversations of actions in which the teacher or the child respond to each other's movements. The teacher may emphasise the significance of their own actions or those of the child by making sounds of excitement or approval whilst using only the minimum of recognisable words. The words used must not become a distraction from the action but add to it. Step One ends when the child starts to use spontaneous reciprocal interactions in other settings.

STEP Two aims to move from the child generating play ideas within an open setting to leading and then following the pretence of others. This is similar to the previous step but recognises the difficulties that many children with autism have in generating and interacting about shared thoughts in an unstructured situation. This step may be brought about by using children's toys in simple play structures.

THE child may be playing with a train set. The teacher introduces an additional train to the track. Having been accepted onto the same track, the teacher works to reflect the actions of the child's train. The teacher then introduces a novel feature. Perhaps the train falls off a bridge or a cow walks onto the line. The teacher then works towards the child sharing a new focus within the play. If the child is able to respond to this "sabotage of the familiar"

then the teacher can provide resources and other structures that encourage the child to introduce variations into the shared play.

IN the final step of interactive mirroring, the child's imaginative play is taken into increasingly social peer-group settings. The child is encouraged to begin building collaborative narratives with other children around common interests in the play. A child may find a shared interest in trains and work to share a play episode in which two trains crash head-on. In

this step it is often helpful if the children involved have a wealth of pretend play experience. Where this is not the case, the teacher can provide a background story that acts to stimulate ideas, without encouraging simple replication of it.

USING some of the strategies described above, it is possible for children with autism to

learn about the world in more sophisticated ways and ultimately about the process of thinking itself. These are important aims and some children will only make slow progress towards them. However using a play and drama approach, some children with autism may make rapid and substantial progress in an area of functioning that at first seemed impossibly difficult.

WHICH thinking skills are most important for children with autism to develop? Children with autism have difficulties in social understanding, in communication and in their rigid thought processes. These produce a pattern of repetitive and narrow behaviours, impairments in play and creativity and adaptability. Children with autism also find difficulties in engaging with other people and particularly with their peer group. The combination of these features of autism also reduces the opportunities for children to extend their learning through a shared focus, such as discussing ideas with friends. An overriding tendency to maintain the predictable and difficulties in accommodating change also reduces opportunities for children with autism to develop the

***Excerpt of a conversation
between Z, aged six, and his mother.***

Ma: How will Ma know what Z wants to eat?

Z: I will write.

Ma: Can't you talk and say what you want to eat?

Z: No. I can't talk because I feel pain in my tongue.

Ma: Would you like to know how to talk?

Z: No. Because I don't like to talk.

Ma: Why don't you like to talk?

Z: Because I feel pain in my tongue

(cont. on pg 4...)

How Do I Spell A.U.T.I.S.M. ?

By Chitra Raman

A is for Awe.

I am awestruck at what my child is able to DO, despite the limitations placed upon her.

U is for Universe and Understanding and Unique.

My child inhabits a parallel universe that I must understand and help others understand. In the process,

I evolve as a human.

I learn the great lesson that differences in others must be appreciated and that uniqueness can carry advantages as rewarding as similarity.

Fortified with that strong positive message from a parent, any child will very likely make astonishing progress.

T is for Tolerance.

I must tolerate the insensitivity of others and learn to take it not as a personal slight, but as an opportunity to educate.

I is for Incredible.

The incredible inner resources I never knew I had.

The incredible ability of a friend, or family member, even if there be only ONE, to be supportive.

The incredible joy in my child's eyes when she achieves a breakthrough.

S is for Selective.

I must be selective about the episodes I focus and dwell upon, whether they be the behavior of my child, a setback with the school system, or differences with my life partner or a relative.

I must ball up like an armadillo and let those forces flow over me, to temporarily crush but never to consume.

M is for Movement and Milestones.

I must keep moving.

Moving to find answers, moving to find ways around obstacles, moving to harness the energy of well-wishers, moving to enrich the life experiences of my child.

I can set a distant goal but I must not look beyond the next milestone. I must never belittle any achievement, any change, any dawning awareness in my child no matter how small.

Rather, I must celebrate each milestone by throwing a wild party even if just for two — My child and I.

(...cont.from page 3)

flexible and fluid thought processes that normally developing children build up through play.

IN using play and drama to develop thinking skills in children with autism, it is important for the teacher to focus upon the most important areas of development. Using the techniques above, the teacher should maintain a focus upon interactivity and collaboration between child/adult and later the child with their peers. The teacher should structure the play / drama to encourage creativity and imagination, novelty and spontaneity. Finally, the child should be encouraged to apply their creativity and imagination to the narrative. Without this the child's thoughts are

difficult to label and communicate and become chaotic, fragmented and the potential for development is lost.

THE teacher needs to recognise that the child who has autism is an individual who does not share meanings effectively. These techniques should be used to assist the child with autism to develop their thinking skills and a more coherent understanding of their world.

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Medication and Alternative Therapies for Autistic Children

By Chitra Iyer

The Forum For Autism, Mumbai organised a panel discussion on Medication and Alternative Therapies for Autistic Children on Sunday 4th August. The panelists were Dr. Vrajesh Udani, Consultant in Neurology and Epilepsy, Dr. Sanjeev Kothare Paediatric Neurologist and Epileptologist, and Dr. Vibha Krishnamurthy, Pediatrician Specialist in Developmental Disorders, all leading professionals who have been involved with autism issues.

Dr. Udani started the discussion with a presentation detailing the different therapies currently in use and their efficacy. He prefaced it with some common questions and their answers.

DATA from western countries suggest a 200-1000% increase in the number of children with a diagnosis of autism over the last 15 years. Presently one child in 150 has an autism spectrum disorder AND our experience is similar. The increase in prevalence is possibly due to increased awareness and expanded diagnostic criteria, along with environmental factors. The last is not yet proven.

The environmental factors being talked about are:

- Vaccinations
- Gut hypothesis: Infections, allergies, chemical deficiencies, “leaky” gut, excess toxins – for which there is only some evidence
- Immune dysfunction: for which there is little evidence.

What underlies the symptoms?

- Unable to “read” others minds, expressions, body language.
- Cannot see the “complete picture”, only details
- Poor attention, planning, sequencing, impulse control
- Cannot integrate touch, visual, sound sensations.

What are the primary concerns as voiced?

- Will he be normal?
- Will he go to normal school?

- Will he talk?
- How do we get the best out of him?
- How do we make him lead an independent life?
- Can you do something about his behaviour – hyperactive, aggressive, obsessive, sensitivity to stimuli?

THE answer to these questions supported with strong evidence are:

- Intensive early interventions for toddlers
- Intensive Home / School based behaviour therapy for all children
- Teaching skills including how to read other’s faces, expressions, ‘minds’.

SOME drugs which are used today and which are supported with evidence are mainly used for older children and adults, and helps behaviour but not speech. Among these are Haloperidol (Serenace), Risperidone, Methylphenidate (Addwize, Ritalin), Fluoxetine, Fluoxetine (Fludac, Prozac)

VARIOUS Therapies with Weak/ Conflicting Evidence are: Sensory Integration, GFCF diet, Vitamin B6 (Pyridoxine)/ Magnesium, Vitamin C, other vitamins. Drugs: Valproate, Carbamazepine, Olanzapine, Buspirone, Melatonin, Steroids, IVIG, Antibiotics

THOSE therapies with no evidence or which are still under study are: Vitamin A, Urecholine, Mercury detoxification, Antifungals, Omega oils, Reiki massage, Acupressure, Homeopathy.

THERE is now evidence that Auditory Integration Therapy and Secretin do not work.

No matter which drug is used, what is most important is how the drug is used.

- Use with therapy; never alone
- Use in older individuals
- Use only if there are behaviours that interfere with daily life

- Be conscious of the particular symptom being addressed – hyperactivity, obsessions, aggression, sleep problems
- Avoid drugs with long term side effects.

Benefits should not be over- or under-estimated.

All autism is not the same. When many therapies are used simultaneously, we do not have blood tests to follow up, checklists are confusing and culture based, there are several opinions, and parents get confused and follow irregular treatments.

What should the parent do?

- Get a full evaluation done – In Mumbai: Hinduja Hospital, Jaslok Hospital, Ummeed Child Development Centre. In Delhi: Action For Autism, AIIMS. In Bangalore: NIMHANS and in Chandigarh: PGI.
- Get information – from the internet, libraries, support groups
- Get early intervention, proper education placement (Strong evidence to support benefits)
- Use alternative therapies that have the least side effects, and with more published papers on evidence based on research
- Use drugs only when required

DR. Sanjeev V. Kothare, Pediatric Neurologist & Epileptologist next covered Pharmacotherapy for Children With Autism. He made a detailed presentation on which drugs are to be used for what problems.

DR Kothare made it very clear that these drugs should be taken only when prescribed by a physician who diagnoses autism. The drugs need to be started and increased slowly to their full dosage and similarly need to be tapered off and not stopped suddenly. Every drug has side effects. Only on weighing the pros and cons of whether the child's conditions is such that his behaviour is interfering with his day to day activities are drugs prescribed to overcome such behaviours and help him lead a close to normal life. Normally the body gets adjusted to the side effects of the drugs and helps in controlling untoward behaviours. Usually one should try to avoid drugs with long term side effects.

DR Kothare still strongly advises that none of these drugs will help alone. Therapy is what is most important, which along with drugs can help the child

overcome various problems such as hyperactivity, obsessions, aggression, and sleep problems that the child is facing.

FOR Autism with ADHD the drugs that are presently being prescribed by neurologists are: *Methyl Phenydate, Dextro-amphetamine, Clonidine, Guanfacine, Bupropion*

FOR Autism with Aggressive Behaviour drugs need to be given depending on case to case diagnosis. These are: *Propranolol, Risperidine, Valproic acid, Carbamazepine, Naltrexone.*

FOR Autism with Epilepsy the following drugs work well depending on the individual nature of the case: *Valproic Acid, Clobazam, Klonazepam, Steroids*

FOR Autism with Insomnia if and when doctors feel the plight of the parents is desperate they prescribe the following drugs which have shown good results: *Amitriptyline, Trazadone, Melatonin.*

NEXT Dr. Vibha Krishnamurthy, Paediatrician Specialist in Developmental Disorders stressed the importance of early diagnosis, early intervention and the effectiveness of therapy. She emphasised that when trying out new alternative therapies *one should not stop regular therapy.* They could possibly be tried out alongside but *not at the cost of regular intervention therapy.* She also said that Lovas or ABA, which is being looked at very eagerly today, uses *techniques of encouraging positive behaviour and discouraging negative behaviour which are part and parcel of all therapies.*

SHE also asked parents to be part of parent support groups to share their problems and collectively organise such workshops and most importantly to be well informed. Some regular schools have been very forthcoming and have solved issues with parents on integrating high functioning autistic children and some school counsellors too were working very well with children and parents. She emphasized the need in special schools of all involved therapists to work in co-operation with each other to draw up Individualised Education Programmes (IEP) for children and work with parents to achieve goals together.

FOLLOWING the presentations the panelists took questions from the attendees.

Parent Accounts: Fear of Flying I

Minna Wadhwa

We have two sons. Aman the elder one is eight years old and Sahil who is six years. Aman was diagnosed with Autism four years back. Keeping in mind his complex behaviours we had every year been postponing our holidays. But this year we thought of going ahead and taking up the challenge. We were of course very much apprehensive that his behaviour would be difficult both during the flight, as well as at the airport when we landed, and he might also find the hotel and sight seeing difficult to deal with. Some of our fears about the flight were that he may not sit, may start crying, and disturb others if he didn't sleep through the duration of the flight.

I asked AFA's advice on how I would cope with his behaviour during the flight. As always, I was advised to relax and not to pass the effect of my uneasiness on to my son. I even asked her if any tranquilizer should be given. Merry said that if the tranquilizer did not work, as it often does not with many children with autism, Aman may then have to battle with his drowsiness as well.

AMAN was told about the trip and prepared in advance for it in a manner that he understood. Aman's teacher Viveka also explained to Aman in a similar manner that he was smart enough to sit in the aircraft through the duration of the flight. So, we landed at the airport on the night we had to leave. Our very first apprehension about his behaviour in the flight proved wrong as for quite some time he was asleep and the rest of the time he enjoyed the flight!

AMAN enjoyed the take off. He didn't move from his seat. He took the orange juice from the air hostess nicely. He was exploring new things. He would gaze at the written instruction 'fasten seat belt while seated'. It was lovely to see him so calm and peaceful. We ultimately landed at the Kuala Lumpur airport. He was a bit agitated as his sleep was disturbed. It was explained to him that we had reached our destination and soon he would reach the hotel to relax. To me it seemed that he had understood my point and was ready to accompany us to the hotel.

WE stayed here for two nights and his behaviour was acceptable. He enjoyed the city tours, long walks,

eating his favourite French fries at McDonalds. I made him sit in the roller coaster also. He did not like it because of the speed but he did not cry. He enjoyed the comfortable rides of the slow giant wheel and merry go round. Water is fun for Aman and we landed on the Langkawi Island and being on the beaches must have been his dream come true. He was so satisfied and enjoyed it lots. He was disturbed sometimes because of the heat. But on return to the hotel he relaxed.

AFTER this our second stop was Singapore which was an hours flight away. In Singapore he walked and walked, got tired, and went off to sleep on his own. I just had to take care of his hunger and he fully cooperated. We visited the zoo. He would *sit* (!) and watch the half-hour animal shows like the elephant show, sea lion show, polar bear show. He loved to watch the fountain musical show at the Sentosa. He watched with his eyes opened wide and big and then clapped. Once he was disturbed when we had to sit in the cable car. He pulled my hair. Our tour guide took his hand and explained to him not to be afraid of the height and relax. He understood what was explained to him. It made him relax and we also felt comfortable then. He held the guide's hand while watching several other spots. He was interested in everything there.

OF course before going on the trip everything about it had been explained to Aman. He knew for how long he was going and where. Towards the end of the trip he was again told about the flight back to Delhi. He was pretty relaxed and enjoyed his flight throughout, getting up only to go to the toilet.

IN our opinion: -

1. Children should be taken out to see the outside world to think, to imagine and to understand things other than routine.
2. We felt the climate played an important role. He is mostly relaxed when it is not hot. So maybe the moderate climate helps.
3. On a trip food should be provided on time, not giving a chance for a tantrum.
4. Things should be explained beforehand. Preparing the child helps a lot.

THE holiday was an experience in itself for us, and also him, and we will try it again.

MAYBE, receiving the full time attention of both mother and father for twenty-four hours a day, something that does not happen on a regular day, also helped. On a holiday, parents are relaxed and this effect gets conveyed to the child.

...and Other Issues

Krishna Chauhan

My son Rishabh who is 7 years old now was diagnosed as moderately Autistic at the age of three. Since then we are in constant touch with Action For Autism for imparting training and valuable information regarding Autism, which made our son more socialized and independent. There is lot of improvement in understanding and communication. Earlier he was not speaking at all. Now he is communicating his needs. Eye contact and interaction has also improved.

HERE I want to share one or two instances, which may be beneficial to others also. My son Rishabh never wanted to get his hair cut. He used to scream loudly. It was a horrifying experience for both of us. He was scared of scissors. I didn't know how to overcome this problem.

I tried many different ways e.g. called barber at home, put on music, kept the TV on (as he is fond of music) but in vain. Then last year I attended a workshop in Delhi, where we were taught how to overcome such a problem. I made a calendar and followed their instructions on preparing him for a hair cut. I prepared him one week in advance. I prepared and read to him a story that on such and such a date we will go to barber's shop. He will put clothes around your shoulder; will sprinkle water on your hair. He will cut short your hair and make you smart. I showed him the scissors, and also gave him scissors to handle. In the beginning, I also rewarded him with chocolates on two, three occasions for sitting comfortably for the haircut.

TO my surprise now Rishabh has changed. No more fuss. Now he is sitting comfortably for a haircut even when the barber cuts his hair and makes a sound with the scissors. Thanks to AFA, simply explaining

to him appropriately and in advance and narrating the story of the haircut solved a complicated problem.

IN the workshop we were also taught how to teach a child to wash his bottom after passing stool. I followed the instructions and taught Rishabh about the up-down movements of the hand. He followed it and was able to clean his bottom independently within a week.

NOW he is able to wash his hands with soap independently. Thanks to AFA for all these things. I share with you all, so that it might help other mothers also. By explaining or narrating a story in advance to the autistic child it helps a lot.

Autism Week: December 2002

BANGALORE

- 'Prerna' organized by Asha For Autism.
- Video films on Vitamin B6/ magnesium therapy,
 - *Rapid Prompt Technique* developed by Soma Mukhopadhyay (Tito's mother)
For details contact Veronica Mathias
vmathias@blr.vsnl.net.in

- 15 December: Release of Newsletter 'Autism Times' by Movement for Autism

- 'To live with An Autistic child' Workshop for parents by MFA
17, 18, 19 December, 2002

For details call:

Tel: 080-8391050 or swapnatn@vsnl.com

DELHI

- 14 December: *Workshop I: Using Sensory Integration in Everyday Routines* – By Dr Anjali Joshi
- *Workshop II: Guardianship and Social Security with Special Focus on Financial Provisions*
 - 21 December: *Sports Day and Party for children, parents, and professionals*
- 22 December: *Walk for Autism* 10:00 am India Gate

LETTERS

Shortly after my son was diagnosed with autism, I had an urgency to get treatment for the child as soon as possible. When I became a member of Action for Autism, I went through books regarding treatment and prognosis, which includes behaviour therapy, sensory integration therapy, Vitamins, Diet, Dance therapy and Dolphin therapy. I am following some of them, but dance therapy, Dolphin therapy, etc. is new to me. When I heard of the opportunity to learn about dance therapy, I was keen to join. But I was totally confused what it was all about.

But after attending the dance session with Tripura Kashyap I realize that dance can do much more for my son, especially finger pencil, mirroring partner and hand gestures are quite interesting. As my son is fond of dancing, I feel that dance therapy can improve his body language, eye contact and boost his confidence.

And I personally find that it can act as relaxation therapy and is very helpful for mothers who are always under constant pressure and tension

Dr Mala Walia
JULLUNDER

Thank you for publishing my letter. I hope it will be useful for other parents also. Mentioned below are some of the minor (of course major for us) improvements in my son Abhishek, following application of a visual and 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 used to start crying. But now we have overcome that, by showing him a card with 1, 2, 3 written on it. After one round, we strike out 1 and tell him 'one round finished. Now there are two 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 a three rounds without any problems.

Nowadays, we have started to tell him his programme before hand, 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 sat between us for three hours. Not only was he just sitting, but also was jumping up when a favourite song of his came on the screen.

We have purchased a study unit for him. So 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 show him beforehand the items he will have to do or study. We have also introduced a finished tray. This has fetched good results to my son. Also we are teaching him the concept of numbers. Hence your training in Chennai has been very fruitful to us. In addition his special educator is also applying all these methods at the school.

V.Chandrasekhara Rao
CHENNAI

I am a special educator working in a regular school. I am at present working with three autistic children and trying to integrate them in our Montessori setup. I had the privilege of attending your workshop which has helped me tremendously. I have implemented many of your suggestions which has given such a positive outcome. Thank you very much for giving us such wonderful and useful techniques.

Radhika Raj
CHENNAI

It was a great pleasure sitting through your informative workshop. I am with Apoorva Training Centre for Autism, JP Nagar, Bangalore and also the Asst. Co-ordinator for the Autism Course conducted by KPAMRC.

I am also happy to note that an Indian is an active member of the World Autism Organisation.

Nithya
BANGALORE

I have a child five and a half years old who has been diagnosed mild autistic. The articles published in your magazine are very encouraging and heartening to a reader like me.

K Kemkar, Sqn Ldr
NAGPUR

बारी लेना

बेसिक लेनल में कौशल सीखना

ऑटिज्जम से ग्रस्त व्यक्ति के सामाजिक कौशल में कमी होती है और खाली समय में किसी विशिष्ट स्थिति में बैठना एक चुनौती है। अन्तराल, unstructured social free time, उनके लिये इन विशिष्ट परिस्थितियों में बैठना कठिन है। टैम्पल ग्रादीन के शब्दों में ऐसे व्यक्ति ऐसा अनुभव करते हैं जैसे दूसरे लोक में जाने के समान है।

जब सामाजिक नियम और सामाजिक मांग के आधार पर परस्पर सहयोग से कार्य करने हो और आपसी सहायता करनी हो तो उन्हें कठिनाई होती है जिससे बारी लेने के लिये जो योग्य होना चाहिए वह सीमित रहता है।

इस article में उन बच्चों पर focus रखेंगे जो अपने आस-पास और बच्चों की उपस्थिति को सह सकते हैं और जो एक खिलौने को दूसरे के साथ आपस में बांटने की योग्यता रखते हैं। हो सकता है कि वह बच्चा अपनी बारी का इन्तजार न कर पाये पर दूसरे बच्चों के साथ एक ही टोकरी से खिलौने ले कर खेलने के लिये राजी हो। ऐसे में यह कौशल (turn taking) सीखना महत्वपूर्ण होगा। कैसे इस कौशल (turn taking) को सीख सकते हैं यह आगे दिया गया है।

प्रत्येक बच्चा भिन्न होता है। उसकी भिन्नता के कारण turn taking योग्यता और क्षमता के अनुसार कार्य को व्यवस्थित करना चाहिये।

शुरूआत बच्चों के मनपसंद भोजन से कर सकते हैं। उदाहरण के लिये बच्चों को chips पसंद है। हम बच्चे को नियम के अनुसार बारी के द्वारा chips देंगे।

Chips का बड़ा पैकेट खरीदेंगे। बच्चे को बोलेंगे “जब तुम्हारी बारी है तुम एक chip खाओगे, फिर मैं खाऊँगी।

उद्देश्य को स्पष्ट रूप में बताने के लिये मान लो कि इस तजपबसम में बच्चा राजू और आप और एक अन्य व्यक्ति तरुण है। राजू व तरुण के बीच बीपचे का बड़ा कटोरा रखेंगे और राजू बारी ले रहा है तो कहेंगे “राजू की बारी है।” और बारी के बाद कहेंगे, “राजू का turn over हो गया” या “बारी finish और अब तरुण की बारी है।” तरुण अपनी बारी में एक chip खाएगा। फिर राजू की बारी होगी। यह भी हो सकता है कि राजू अपनी बारी से पहले ही chips ले तो हम शान्ति रूप से उसका हाथ chips के कटोरे से हटा देंगे और कहेंगे कि तरुण की बारी है। यदि वह एक से ज्यादा chips पर झपटे तब बड़े शान्तिपूर्वक ढंग से chips हटा देंगे और एक ही उसके हाथ में रहने देंगे और बच्चे को याद दिलाएंगे एक बारी में एक ही chips लेंगे। बच्चों की जो भी पसंद हो (gems, चॉकलेट, इत्यादि) इस्तेमाल किये जा सकते हैं।

जरूरी नहीं कि हमेशा भोजन से बारी कौशल की शुरूआत की जाए। कई बच्चों को भोजन की बजाय और कुछ जैसे ताली की आवाज या हाथ टेबल पर मार कर आवाज सुनना अच्छा लगता है, तो इसी से शुरूआत कर सकते हैं।

जब बच्चा एक व्यक्ति के साथ सकारात्मक रूप से बारी लेना सीख लेता है तब हम और एक व्यक्ति को turn taking में शामिल कर लेते हैं। इस प्रकार बच्चा अपनी बारी की प्रतिक्षा और लम्बे समय तक करना सीखता है। अगर सम्भव हो तो दूसरों बच्चों को इन खेलों में या बारी लेने वाली activities में शामिल करें।

बारी लेना आगे चलकर ऊँचे स्तर पर सीखा जा सकता है: उदाहरण के लिए जब परिवार एक साथ खाना खाने

के लिए बैठता है। यदि बच्चे को कोई विशेष चीज पसंद है और वह अपनी प्लेट में भर के लेना चाहता है - एक ही बार ऐसे में पहले ही उसे बताएंगे कि सब दो बार लेंगे और दूसरे को यानि अपने साथ वाले बैठे को चे करेंगे। बारी खत्म होने पर अगर बच्चा भोजन सामग्री अपनी बारी आने से पहले लेता है तो उसे बड़े आराम से याद दिलाएंगे कि उसकी बारी बाद में आयेगी।




इस प्रकार अन्य activities के द्वारा बच्चा बारी लेना सीखता है।

क्रियात्मक प्रतिक्रिया में बैठने की परिस्थिति में भी बच्चा बारी लेना सीख सकता है। कुछ विशेष तरह के unstructured social time जैसे play time, बॉल फैंकना/ पकड़ना/ बॉल को किसी लक्ष्य पर मारना, इनमें बारी के द्वारा बच्चा समूह में भाग ले सकता है।




ज्यादातर बच्चे एक ही क्रिया बार-बार लगातार करते हैं और वे जानते नहीं हैं बारी लेना, इंतजार करना या खेल के नियम पर चलना। इसलिए शुरूआत में रूचि के अनुसार समूह खेल होगा। खेल plan होगा और साथ ही दृष्टिक स्पष्ट होगा ताकि बच्चा आसानी से जान सके कि क्या हो रहा है। Visual clarity बहुत महत्वपूर्ण है जिसके द्वारा वह इन खेल क्रियाओं में सफलता का अनुभव करेगा।

उदाहरण : एक खेल जिसमें राजू (ऑटिस्टिक बच्चा) रेनु और प्रीती (आम बच्चे) बॉल को टोकरी में डालते हैं। हम टोकरी को बच्चों के खेल की आरम्भ रेखा से इतनी ही दूरी पर रखेंगे, जिस तक बच्चे आसानी से सफलता प्राप्त कर सकें।







हम बारी लेने की क्रिया को चित्र बनाकर स्पष्ट करेंगे।

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











बच्चे के नाम के नीचे खिंचा हुआ 'बारी' का चिन्ह है। स्पष्ट शब्दों में कहेंगे - राजू बॉल टोकरी में डालो। जब राजू की बारी पूरी हो जाती है; तब हम गोला काट देते हैं।

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खेल केवल एक दौर में (one round) प्रत्येक बच्चे के लिये एक बारी (one turn).

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खेल के दो दौर, हर दौर में एक बारी (two rounds, one turn in each round)

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खेल के दो दौर, हर दौर में एक बारी (two rounds, one turn in each round)

इस प्रकार सरल खेल, हर रोज की आम 'बजपअपजपमे और मनपसन्द भोजन/अन्य खाद्य पदार्थ/खिलौने इत्यादि द्वारा हम ऑटिस्टिक बच्चे को एक बुनियादी सामाजिक नियम जनतद जांपदह 'या' 'बारी लेना' सिखा सकते हैं।

सही जानकारी का प्रभाव

कृष्णा चौहान

मेरा बेटा रिश्व जो अभी 7 साल का है। 3 वर्ष की उम्र में moderately autistic diagnosis AFA द्वारा किया गया। तब से ही हम परस्पर AFA के सम्पर्क में हैं। हम AFA के अति आभारी हैं जिन्होंने हमें autism सम्बन्धित सभी जानकारी व प्रशिक्षण दिया जिससे हमारे बच्चे पर सकारात्मक प्रभाव पड़ा, वह स्वतन्त्र निर्भर होने लगा। सामाजिक स्तर पर भी काफी रूचि लेने लगा। उसकी समझ व communication भी विकसित हुई। वह अपनी आवश्यकताओं को प्रकट करता है। Eye contact भी बढ़ा है।

यहां मैं अपने 1-2 अनुभव आप से share करना चाहूंगी ताकि दूसरे अभिभावकों को भी फायदा हो।

मेरा बेटा रिश्व कभी भी अपने बाल कटवाना नहीं चाहता था वह सम्भवतः कैंची से डरता था। जोर-जोर से चिल्लाता था। बाल काटने के लिए उसे 1-2 आदमी को पकड़ना पड़ता था। इस तरह हम दोनों के लिए वह एक डरावना अनुभव था। मुझे समझ नहीं आ रहा था कि इस समस्या का समाधान कैसे किया जाए।

मैंने कई तरीके अपनाये जैसे कि नाई को घर बुलाया, रिश्व की पसन्द के गाने लगाये, T.V. चलाया लेकिन कुछ नहीं हुआ। वही सब चिखना चिल्लना।

पिछले वर्ष मैंने Delhi में AFA द्वारा संगठित वर्कशाप attend किया। उन्होंने हमें बताया कि इस समस्या का समाधान कैसे किया जाए। मैंने बाल काटने के लिए

कैलेन्डर के अनुसार कार्य किया, उसे एक सप्ताह पहले से तैयार किया और उसको कहानी सुनाई कि हम इस date को नाई की दुकान में जाएंगे और नाई आपके कन्धों के चारों तरफ कपड़ा लगायेगा, आपके बालों पर पानी छिड़केगा, आपके बालों को छोटा करेगा जिससे आप (smart) सुन्दर लगेंगे। मैंने उसे पहले घर पर कैंची भी दिखाई तथा उसे कैंची हाथ में दी।

शुरू-2 की 2-3 setting में मैंने उसे चोकलेट भी दिया, इनाम के तौर पर यह स्पष्ट किया कि बाल काटते समय अच्छे से बैठा था, इस लिये चाकलेट मिला। मुझे बहुत हैरानी हुई कि रिश्व अब बदल चुका था। वह आराम से बाल कटवाने बैठता था, रोता नहीं था

बल्कि हंसना शुरू कर देता।

जब नाई कैंची से बाल काटता, मैं AFA की आभारी हूँ जिन्होंने मेरी इतनी मुश्किल समस्या को सुलझाया।

हमें Workshop में यह भी बताया गया कि बच्चे से

bottom wash कैसे करवाना है। मैंने रिश्व को up-down movement हाथ की करवाई। उसका शीघ्र ही अनुसरण किया और एक सप्ताह भीतर ही रिश्व स्वतन्त्र रूप से bottom wash करने लगा। अब वह साबुन व पानी से स्वयं अपने हाथ से साफ करता है।

मैं AFA की बहुत आभारी हूँ। इन सभी के लिए बच्चों को होने वाली क्रिया या घटना के लिए पहले से तैयार किया जाए (prepare for change/ activities) तो इनसे बहुत मदद मिलती है।

जब मैं केवल सुनता हूँ
तब मैं अक्सर भूल जाता हूँ।
जब मैं देखता हूँ तब मैं समझता हूँ।
और जब मैं देखकर कुछ करता हूँ
तब मुझे याद रहता है।

Self Help

John Joyce

I was diagnosed Asperger in September 1992 aged 47. I had recently taken a post dealing with asylum applications in the Home Office and was not doing too well. This body still employs me at the other end of the asylum chain i.e. appeals against refusal of asylum.

LIKE, perhaps, a few of my colleagues in Aspergerdom, I knew nothing about the condition at the time. I soon learnt as I joined a Social Skills Group at the Maudsley Hospital

London where I had been diagnosed. This group is administered by Professor Patricia Howlin and Ms Pamela Yates.

Purpose of Social Skills Group

The clear purpose of any such body is to develop self-help methods of dealing with our communication difficulties. In this context we share personal news at each of our meetings telling what has happened to us since the last one. This usually occupies an hour at the beginning of the meeting. In this section is revealed the talent of our members as well as their problems and difficulties. It displays the wide range of interests and variety of IQ levels of the group. Many of us are seeking to improve our education in all senses of the term, academic, vocational and practical. e.g I have just completed the first year of an Open University Spanish course as well as obtaining a diploma in French from the same body. I have also failed in an Immigration law course.

THE second half of this article is a discussion of specific problems which may inhibit social intercourse with the allegedly normal population.

SOCIAL activities have been organised by and for the Group. These include visits to places of interest

and meals together. Certain members have gone to flower shows and on riverboat cruises in London.

STOP PRESS!!

Congratulations and a BIG thank you to Abhinav Gupta and his parents for making a very special donation to AFA.

Abhinav's parents asked family, friends and relatives to contribute towards the fund for the building of the National Centre instead of bringing gifts to the party.

Happy Birthday Abhinav!

THROUGH our Group Asperger and Autism have been brought to the notice of Parliament. The mother of a past member of our group is an M P and minister in the last Conservative government who has attended our meetings arranged for us to share tea with her in the House of Commons and introduced Autism into debates on disability.

WE have also hosted conferences in an effort to educate Asperger people and the professionals working with them.

IN 1994, a novel idea in inter-Asperger communication was conceived. From this was born: '*Asperger United*'. This name was coined by a member of our group. It is an in-house magazine produced by the National Autistic Society, containing letters, stories, biographies, and poetry – all provided by persons with Aspergers.

THE editor, currently yours truly, vets the articles sent to the NAS before they are published in the magazine.

DURING the summer an anthology of Asperger writing and artistic talent was published. We hope that this will also reappear and even move out of the Asperger clan into general circulation.

FINALLY, if this should be included, I was a candidate for election to our local council in May this year and received 305 votes without having canvassed my ward, I was therefore unsuccessful.

BLESSED Christmas and Happy New Year to you all.

forum for autism

Workshop on: Using Verbal Behaviour Analysis to Work Effectively with Autistic Children

December 14 – 15, 2002 • Time: 8.00 am – 4.00 pm

NEHRU SCIENCE CENTRE, DR. E. MOSES ROAD, WORLI, MUMBAI
(Between Mahalaxmi Station and Worli Naka)

The Workshop will cover:

- Form vs Function; why many programmes fail.
- Using the research to improve treatment.
- How to improve the chances of your non-verbal child speaking.
- Positive vs negative reinforcement; which method is more desirable?
- Four rules for effective reinforcement.
- Differential reinforcement and its uses.
- Extinction vs Punishment.
- The Shaping procedure.
- Using backward chaining in teaching socialisation skills.
- Towards good conversational skills (and why traditional methods may not work)
- Effective data collection.
- Escape-motivated behaviour and how to reduce it.
- Generalisation: How and why?
- The Verbal Operants, and Verbal Behaviour work.

VIDEO presentations will be used throughout. The primary goal of this workshop is to help you develop skills that will help you **teach your child effectively**.

Duncan Fennemore is BCABA Director, Centre for Educational Intervention in Early Childhood, London. He has trained in the Young Autism Project at the University of California in Los Angeles, has worked as a senior therapist and a programme supervisor in Canada and the U.S. He has done post-graduate work in Counselling Psychology in London and in Educational Psychology through the University of British Columbia. He is also a certified Behaviour Analyst.

FENNEMORE consults on thirty-five programmes in the U.K., Europe and the Middle East, and collaborates on seven others in conjunction with Dr. Vince Carbone and Dr. Patrick McGreevy. He is also

Training Director of T.R.A.P. (Training Resources for Autism Professionals).

THIS is an excellent opportunity for parents and professionals to learn and equip themselves to teach children with autism.

Registration Costs:

- Fees for the workshop cover both days and include lunch, tea, and material.
- For a parent and members of the Forum For Autism Trust: Rs. 1500/-
- For professionals and non members: Rs. 2500/-

For more details write to:
forumforautism@hotmail.com

Autism Workshop in Kolkata

5 - 8 December, 2002

SURJO SEN MANCHA, JODHPUR PARK,
KOLKATA

*For information and details
please contact:*

Autism Society, West Bengal

- Mrs. Tapati Ghosh: 472-0422 ,
- Mrs. Chandra Bose: 417-0860
- Indrani Basu: indrani_basu55@yahoo.co.in

AUTISM WEEK WORKSHOPS: DELHI

INDIA INTERNATIONAL CENTRE ANNEXE, LODI ROAD

Saturday December 14, 2002

Using Sensory Integration in Everyday Routines

A Workshop by Dr Anjali Joshi

Morning: 9:00am – 1:00pm

Dr Joshi is an Associate professor at the Occupational Therapy School and Center, K.E.M. Hospital, Mumbai since the last 20 years. She helped set up the Sensory Integration clinic in K.E.M. Hospital in 1995.

Dr Joshi is a certified Sensory Integration (S.I.) trained Occupational Therapist from the University of Southern California along with a Masters in Occupational Therapy (O.T.). She has conducted workshops for therapists and parents in different parts of the country and yearly workshops in Mumbai.

In addition Dr Joshi regularly lectures on Sensory Integration at different schools and training centers. Dr Joshi has published papers on S.I. in Indian and British journals of O.T.

The workshop in Delhi is planned to be an Introduction to S.I. where she will cover the sensory systems, the dysfunctions of the systems, how to identify the problems in children and incorporate sensory activities in every day routines of the child.

This workshop will be accompanied by video clippings of therapy and a question answer session.

Ensure our Children's Future

Guardianship and Social Security with Special Focus on Financial Provisions

Afternoon: 2:00 pm – 5:00pm

The session aims to tackle the subject of future planning for our children's financial well being and the need for initiating legal guardianship.

Registration Fee

- Rs 400/- for each participant
- Rs 200/- for Annual and Life Members of AFA

For more information contact:

Action For Autism

T370F Chiragh Dilli, Third Floor, New Delhi 110017
Tel: 6416469/70 Email: autism@vsnl.com

Those who attend both workshops will receive lunch

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

REGISTRATION FORM

Name _____ Organisation _____

Address _____

Tel: _____

(Please Tick) Are you a Parent Professional Both Other

Enclosed please find my Registration Fee: • Rs 500/ 300 per participant (morning workshop only) • Rs 900/ 500 per participant

By cash/ bank draft no: _____

HELPLINE



Q. My daughter Sharon, is three years and six months old, but has still not started communicating verbally. Non-verbal communication is also limited. A year ago, when we visited the Child Care Centre, Cochin, they felt that she has Attention Deficit Hyperactivity Syndrome. But since she shows autistic characteristics, I feel that she has Autistic Spectrum Disorder/ PDD at a moderate level. I would like to get a complete diagnosis and to start treatment and early intervention for her. In this regard, can you please let me know the facilities available at Bangalore or anywhere in South India for complete diagnosis and treatment/ early intervention, the special schools, etc.

I would also like to know the sources of websites for information regarding GFCF foods in the Indian context. I have already seen many websites regarding GFCF in a western context.

A. You are quite right in wanting a diagnosis as early as possible as early appropriate intervention is always helpful. Since you indicate that Bangalore is a city it is possible for you to visit, the best place for a diagnosis would be NIMHANS. At NIMHANS families are also provided with a comprehensive program for early intervention.

For information on GFCF diet there are many sites but as you have noted they are written by westerners. We do not have information on any Indian GFCF site. If any of our readers have information on such a site perhaps they could share the information. The December 2002 issue of Autism Network (Vol VII No3) carried an article on GFCF diets for children with autism which you might find useful.

Q. I am the parent of an autistic boy diagnosed as high functional. He is now 13 years old. He is attending a normal school apart from getting training in National Institute of Mental Health Secunderabad. Now he is able to understand the basics in science, maths, and social studies. His writing is very poor. In spite of being given regular writing practice, his writing has not improved. I request you to give suggestions to improve his writing. He is verbally good. He is on GFCF diet.

A. It is good to learn that you have, with support from NIMH, succeeded in helping your son continue in a mainstream school. It is so important that we be able to include our children, yet it is so often hard to find schools that are willing to do so except with the very able ones.

Regarding his writing, this is one area that many high functioning ASD children have difficulty with, along with areas like joint attention, gross motor movements, and social interaction. You could try some of the following exercises: writing with a paintbrush on a paper stuck to a wall, writing with a stick on sand, and of course practice with handwriting exercise books.

If his writing is nearly illegible, and there is not much improvement, then perhaps you can persuade his school and if they are willing, to allow him to use a computer. Sometimes schools are unwilling to permit children with autism to use computers. If that is the case you will want to advocate for him. When schools can incorporate ramps and other assistive devices for children with CP, Braille for the visually impaired, why not computers for children with Autism?

Explain to his school that the computer for him is an assistive device, and as necessary as a ramp for a child with CP.

Q. Though my son's handwriting is poor, when he is in a good mood he is able to write up to one or two pages himself. That is not permanent because he is often not in the mood. Shall I introduce a computer or typewriter instead of writing? Or shall I make him write in notebooks when he is in the mood to write? His school is willing to introduce a typewriter.

My son, (though otherwise able) is not able to tie his shoe-lace and does not show interest in doing it also. Can you give me some exercise to improve his fine motor co-ordination?

A. It is good to know that your son can write up to two pages on his own. As you might be aware, many

children with autism have difficulty in holding a pencil with a firm grasp and therefore their handwriting may not be too good.

It is great that his school has agreed to allow him to use a typewriter. But you also need to continue encouraging him to write by hand also. Whenever he has written work that is not too lengthy encourage him to use his hands and reinforce the effort. Some exercises you can do with him:

- Use his fingers in a variety of activities like finger painting, assembling nuts and bolts, zipping-unzipping bags, dialing the telephone.
- Hold his wrist very tight so as to exert pressure on his fingertips. Do this a few times in the day.
- Play with kneaded wheat flour or play dough.
- For teaching him to tie his shoe lace try backward chaining. That is you make the loops and let your son do the last step, namely just pull the lace to tighten the final knot Gradually increase his role in the activity.

Book Review by Shaneel Mukerji

‘Thinking in Pictures, and other Reports from My Life with Autism’

Temple Grandin

Published by Vintage Books, New York

I watched the movie ‘Iris’ today. Without words, how would I think...is what Iris Murdoch (Kate Winslet) says, on the importance words have for her. And, as brilliant as the movie was, for a while all I could think about, was Temple Grandin, who thought only in pictures.

‘Thinking in Pictures, and other reports from my life with autism’ was the third account of Grandin’s life that I read, and no, it wasn’t tiresome. In fact, I enjoyed it immensely. There is great pleasure in reading a book which discusses, and discusses well, a subject one is interested in.

THERE is something in it for everyone...the animal lover, the medical practitioner, the scientist, the Occupational Therapist, the cattle farmer, the families of autistic individuals, the Sociologist, and even the spiritually inclined, to name a few. Of course, a book with a foreword by Oliver Sacks will have already done half the job of getting me hooked!

THIS book informs theoretically about autism, at the same time giving an insight into Temple Grandin’s personal battles and victories over autism. And victories they most certainly are. The ten years between the writing of her first book ‘Emergence Labeled Autism’ and ‘Thinking in Pictures’, clearly

shows how much more she understands herself. More importantly, how much more others understand her and the condition of being autistic. She is now a leading figure in the areas of livestock behaviour, livestock equipment designing...and autism.

I feel that she has found a wonderful balance in her struggle between her autistic self and her strivings to be her ‘normal’ self, without devaluing either. She shows that she has understood what autistic traits could be made more ‘sociable’, and is constantly working towards that. Thus, she says at the end of the second chapter, that her autism is a part of who she is. She would not like to give up her ability as a visual thinker, which allows her to use her mind like a sophisticated “computer graphics program”, and helps her in her work. At the same time she urges employers of autistic individuals to be aware of their limitations in social settings in the chapter entitled ‘The Ways of the World’. She has managed to improve the way in which she uses and adds to the library of visual images in her head, which she has to scan through when she retrieves information, but she admits that this often takes time.

‘Thinking in Pictures’, unlike her first book, isn’t just an account on what she had to (and still has to in

(...cont. on back page 18)

(cont. from pg.17...)

some ways) deal with and how she did it. It discusses thought, sensory issues, emotion, medication, socialization, and religion from her experiences, with examples from experiences of other autistic individuals. Throughout the book there is the 'I', but there is also the 'Many autistic children' and 'Tom's overall sensory processing problems'...or the 'We', and she manages to include the entire autistic spectrum in her writing.

OTHER chapters deal with diagnosis and the different diagnostic categories in the autistic spectrum, the role and scope of emotions in animals and humans, animal behaviour and autistic behaviour, genius and autism, and one of my favourite chapters 'Stairway to Heaven: Religion and Belief'.

MOST of us enjoyed writing compositions titled 'The autobiography of a tree' or 'The day I turned into a coin' when we were in school. Apart from a better understanding, maybe through biographies, movies about pigs that can talk, or documentaries on the Lives of Otters, we are all fulfilling an urge to identify more closely to the people, creatures and things around us. Grandin seems to have connected herself to so many roles and creatures in the world. She has found links between her life and the geniuses in history, characters in television serials, the grains of sand that she sifted through her fingers, and the cattle she has worked with.

THROUGHOUT the book it is as though she takes on a range of roles at various times, giving the reader a large amount of information in a way that is not at all overwhelming. There are some valuable lessons we can all learn from reading this book.

- *Shaneel Mukerji has worked for a year at a Camphill Community Centre for adults in the UK. She is currently undergoing the one year training course at Action For Autism.*

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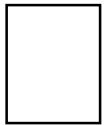
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AFA Mission Statement

*To create an environment
where children and adults with autism
and their families
can live as fully participating members
of their community*



AFA's own E-mail and Homepage

Action For Autism now has an *e-mail address* and its
own *Homepage* on the Internet.
Our e-mail address and internet access details are:

autism@vsnl.com
http://www.autism-india.org