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ACTION FOR AUTISM



autism network

August 2019

VOL 14 ISSUE 2

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YOUR CONTRIBUTIONS

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In referring to the child with autism, Autism Network often uses 'he', 'him' and 'his', not as a prejudice against the girl child with autism, but for reasons of simplicity and because the vast majority of children with autism are male. However, many articles also use 'she', 'her', and 'hers'.

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C O N T E N T S

--Page One	1
--Running Head: CAPS	
--An Easy Evidence-Based Method to Make School more Successful	2
--Counselling, Therapy & Skills for Life	7
--Taking Things Literally...When Being Autistic's Actually Pretty Funny	8
--A Quick Introduction to Dyslexia	10
--Stimming 101 (Hindi cont)	14
--AUTI SPEAK: An Accident and its Aftermath	16
--Upcoming Workshops:	
• Workshop by Dr Brenda Smith Myles	12
• Know Me Teach Me: Annual Training Workshop	17

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PAGE ONE

I had first heard Brenda speak six years ago in Adelaide and was blown by the clarity of examples and practicality of her suggestions for teachers – both general ed and special ed. After bringing the inimitable Tony Attwood to India, Action For Autism is excited to be hosting Brenda Smith Myles, a prolific and esteemed researcher in the field of autism education, next month. With a long list of accomplishments under her belt, including but not limited to serving on the National Institute of Mental Health's Interagency Autism Coordinating Committee's Strategic Planning Consortium, the National Professional Center on Autism Spectrum Disorders, chair of the National ASD Teacher Standards Committee, and the editorial boards of 'Intervention in School and Clinic', 'Focus on Autism and Other Developmental Disabilities', 'Remedial and Special Education, and Autism: The International Journal of Research', Brenda is an internationally acclaimed presenter and author.

Everyone working in the field of autism education is aware of the criticality of the social aspect of human interaction that is so challenging for individuals with autism. But most of us teachers are unaware of the finer nuances that trip up our children. As Brenda points out: Children who are neurotypical pick up a lot of information from the environment. They are able to learn implicitly. Individuals with autism however, who are wired a little bit differently, have challenges in picking up information that is implicitly learned. And three areas that are implicitly learned by most people are communication, social, and daily living skills. This is what Brenda refers to as the hidden curriculum.

A hidden curriculum item in elementary school might be, for example, if someone bumps into you in the hallway, it's probably

an accident. If someone says to you, "What's up?" it probably means "Hello." If the teacher is frowning and his arms are crossed and he is tapping his foot, he probably is giving something called the 'teacher look,' and that means that he wants you to be quiet and pay attention. These skills are generally not taught, and because of the neurology of autism, this is where our students have challenges.

Brenda strongly believes that the hidden curriculum can be easily taught by General education teachers in their general ed classes.

With our Right to Education Act in its 10th year (though the inclusion of students with disabilities only came via the 2012 amendment), and most schools still floundering around the inclusion of students with autism, Brenda's workshop will lend invaluable insights that are practical, doable and hands-on.


In the meantime, the whole shenanigan around disability certificates is nowhere being resolved. The whole country (middle-class, well-heeled, city-bred folks) seems to be convulsing with joy at a government announcement that promises easy autism certification. I imagine few have read the fine print. And sadly, quite a few in Rhett Butler-ish terms state that they don't give a d _ _ n. We do by and large suffer

from the If-it does-not-affect-me-then-I-don't-care syndrome. So if at some point I have some other certification that enables me to get my tax deduction I close my mind to others' needs. Like the young man who might want to apply for a reserved government job. How will his certification come about when the certification tool is only for those between ages two and nine!

Workshop by Dr Brenda Smith Myles

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- Former Professor, Dept of Special Education, University of Kansas, US
- Recipient of various international recognitions
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• LEAD ARTICLE •

Running Head: CAPS

An Easy Evidence-Based Method to Make School More Successful: The Comprehensive Autism Planning System

By Brenda Smith Myles, Ph.D. and Shawn A. Henry, M.S.

We often hear phrases such as ‘All students can learn’ or ‘High standards and high success’. Meeting these expectations for neurotypical students is challenging, but this task can be even more daunting for learners who have complex needs, including those with autism spectrum disorder (ASD). Educational professionals must ensure that students with ASD (as well as other learners) have access to curricula that meet their needs and strengths and are engaged in meaningful activities that lead to a high quality of life. How do teachers translate these goals into meaningful classroom practices for students with ASD? What considerations go into planning an educational program that is responsive to the unique needs of a student with an ASD?

For students with ASD, this includes: identifying clearly defined objectives and goals and selecting activities that take into account the student’s need for structure, reinforcement, modes of communication, socialization opportunities, academic goals, as well as access to what is being taught in general education. *A well-organized plan can make this otherwise overwhelming activity manageable and effective.*

School teams, including parents, spend a significant time on a student’s individual education program (IEPs), developing goals and objectives that will help students be successful in school. Even though student outcomes are in the IEP, it is often difficult to transfer them in a meaningful way to a student’s daily program (Aspy et al., 2016). For example, a student’s IEP may indicate that she needs home base; yet educators, often do not mention when it should occur or what it should look like. The same child may also need a choice board or a visual schedule to enhance performance. But when? Some accommodations may not even be listed on the IEP even though they are important to classroom success, leading to frustration for both the teacher and the child and, ultimately, limiting the child’s ability to

learn what is needed for life success and/or resulting severe behavior challenges.

This is true for all children with special needs, but is especially important for children with autism because these children and youth often do not have their tremendous potential realized for many reasons, including: limited understanding of their neurology and needs, lack of teacher training in ASD and limited time and training to plan and implement a comprehensive program. All these are significant challenges that require time and resources to address. Students with ASD require consistency, preparation for events prior to their occurrence, and supports that match their learning style (typically visual) (Macintosh & Dissanayake, 2006; Myles et al., 2108).

Supports must be created so that they are compatible not only with child needs, but with the environment in which the child is expected to perform. This important consideration is all too often ignored. For example, if a child sits at a desk most of the time during a class, a visual support that is Velcroed® to the desk or to a notebook may be useful. On the other hand, if the child moves frequently during class, she may need a visual support that moves with her or is accessible from all areas of the room.

To ensure that supports match the student’s environment and that educational professionals know when they are to be used across the school day, it is imperative that supports be planned by and communicated to all teachers who work with the students with ASD.

Using the Comprehensive Autism Planning System

To date, few practices have been designed to accomplish these tasks. Fewer yet are easily developed and implemented. One meets these needs in the Comprehensive Planning System (CAPS; Henry & Myles, 2013). Specifically, CAPS is designed to provide

an overview of a student's daily schedule by time and activity, as well as the supports that he needs during each period. Following the development of the student's IEP, all educational professionals who work with the student, develop the CAPS. Thus, the CAPS allows professionals and parents to answer the all-important question for students with an ASD: What supports does the student need for each activity?

As shown in Figure 1, the CAPS is simply a list for recording a student's tasks and activities, the times they occur, and the supports needed to support student success. In addition, space is allowed for making notes about data collection and how skills are to be generalized to other settings. An important element of CAPS is that photos are taken of what each support

looks like and this information is shared with all staff and parents.

Some of the major benefits of CAPS are:

- All current teachers know exactly what supports are needed for each activity
- Next academic year's teachers – even if the student moves to a new school – know what supports the child needed in the previous year and what those supports looked like.
- Parents know what supports their child has throughout the day and because they see pictures of supports, they learn new information about interventions.
- When the CAPS is shared with the child, he knows what supports he needs throughout the day. This is the beginning of self-awareness and self-self-advocacy.

Comprehensive Program Planning

Time	Activity	Targeted skills to Teach	Structure Modification	Reinforcement	Sensory Strategies	Social Skills/ Communication	Data Collection	Generalization Plan

Henry, S. A., & Myles, B. S. (2013). *The Comprehensive Autism Planning Systems (CAPS) for individuals with autism spectrum disorder and related disabilities: Integrating best practices throughout the student's day* (2nd edition). Shawnee Mission, KS: AAPC Publishing.

Figure 1: Blank CAPS form.

The CAPS consists of the following nine components developed from evidence-based practices for students with ASD and the autistic neurology:

1. **Time:** This section indicates the clock time when each activity takes place that the student engages in throughout the day.
2. **Activity:** Activities include all tasks and activities throughout the day in which the student requires support. Academic periods (e.g., reading, math), nonacademic times (e.g., recess, lunch), and transitions between classes are all considered to be activities.

3. **Targeted Skills to Teach:** This may include IEP goals, state standards, and/or general skills that lead to school success.

4. **Structure/Modifications:** This can encompass a wide variety of supports, including placement in the classroom, visual supports (eg: choice boards, visual schedules), peer supports (eg: Circle of Friends, peer buddies), and instructional strategies (eg: priming, self-monitoring).

5. **Reinforcement:** Student access to specific types of reinforcement as well as a reinforcement schedule is listed here.

6. **Sensory Strategies:** Sensory supports and strategies – often recognized as the evidenced practice – antecedent based interventions – identified by an occupational therapist are listed in this CAPS area.

7. **Communication/Social Skills:** Specific communication goals or activities as well as supports are delineated here. Goals or activities may include (a) requesting help, (b) taking turns in conversation, or (c) protesting appropriately. Supports, which are also diverse, may encompass (a) language boards; (b) PECS (Picture Exchange Communication Systems; Frost & Bondy, 2002); or (c) other augmentative communication systems.

8. **Data Collection:** Data collection includes gathering information on behavior(s) to be documented during a specific activity. Typically, information in this section relates to IEP goals and objectives, behavioral issues, and academic standards.

9. **Generalization Plan:** Because individuals with ASD often have problems generalizing information across settings, this section of the CAPS was developed to ensure that generalization of skills is built into the child’s program.

Case Study for Mickey

Mickey, a fifth-grade child who has moved to a new school district, was recently diagnosed with autism. His mother reported that from infancy, Mickey was a ‘challenging child’. He never established a sleeping or eating routine, was irritable, had constant ear infections, and once upset did not calm easily. He became toilet

trained at age 5. Mickey was kicked out of two neighborhood preschools because of his failure to follow teacher directions, lack of cooperative play skills, and his near-constant temper tantrums despite his above average intelligence. Mickey was identified as having autism at age nine. Currently, Mickey’s vocabulary is more advanced than that of his peers. He can follow one-step directions with prompts and visual cues. He is extremely literal, has a special interest in washers and dryers, and does not know how to play cooperatively with peers. Mickey does not appear to know how to regulate himself. He often has meltdowns when minor changes occur or when the sequence of events does not match his expectations. Once he becomes upset, it is difficult for him to become calm and focused.

Parents and teachers believe that if Mickey could develop social skills and learn to self-regulate, he would make more progress at home and in school.

Mickey’s team created a CAPS for his school program that shows the supports that he needs throughout his day (see Figure 2: facing page). This process helped the team match Mickey’s needs and strengths to interventions that could be implemented throughout his day. The supports that he needs for success include: (a) an Emotion Check in Chart (Buron, 2009) (Figure 3), (b) a social narrative that helps Mickey calm himself when he starts to become upset (Figure 3), and (c) a disco seat and Koosh ball that address his sensory needs. (Figure 4).

Fig 3: Emotion Check in Chart

Mickey’s Social Narrative: "When I am Upset.."

CHECK IN		
5		
4		
3		
2		
1		

...When I am upset and feeling like screaming, I can:

- Use my break card to take a break
- Say, Please leave me alone.
- Take a short walk and get a drink of water.
- Take three deep breaths and think about how to design

Poster-size, 2-sided, Laminated Check In/Anxiety (Buron, 2009)

Fig 4: Mickey’s Disco Seat and Koosh Ball



Mickey's Comprehensive Autism Planning System (CAPS)								
Child/Student: Mickey					Note. D-Daily; I-Independent; P-Prompt			
Time	Activity	Targeted Skills to Teach	Structure/ Modifications	Reinforcement	Sensory Strategies	Communication Social Skills	Data Collection	Generalization Plan
8:00	Priming	Turn-taking Asking for help Emotion recognition in self Self-regulation	Visual schedule Resource room	Review special interest catalogs after priming Verbally reinforce	Koosh ball Disco seat to sit on	List of alternatives for screaming and yelling Dryer heating scale (5-point scale)	Turn taking (yes/no, M, 15m) Asking for help (# T 15m) Identification of emotion in self (+/- D) Rumbling and rage (# D)	Dryer hearing scale Alternatives to yelling and screaming (inside notebook and at home)
8:15 9:00 1:00	Reading Math Language Arts	Academic standards Asking for help	Visual checklist of assignment steps Keyboard or dictate assignments Quiet area for tests and assignments Home base card Fewer problems	Reinforcer menu at end of class (for asking for help) Catalogs in classroom Verbally reinforce	Disco seat to sit on Calming activity after assignment: run an errand, put away materials	List of alternatives for screaming and yelling Dryer heating scale Conversation starters card	Mastery of academic standards Asking for help (I/P, #, W, 15m) Rumbling and rage (# D) # of times to home base (D)	Dryer hearing scale Alternatives to yelling and screaming (inside notebook and at home)
9:45	Bathroom	Appropriate urinal use	Early release (Urinal Test Pro [UTP])	None	None	None	Y/N self-report Score on UTP	None
1:45	Social Skills	Regulation Self-understanding	Visual schedule Visual checklist of assignment steps Curriculum (Intero-		Disco seat			

Figure 2: Mickey's CAPS

Leah's CAPS

The following brief case study shows how CAPS was implemented for Leah, a 9-year-old third-grader who was diagnosed with ASD when she was 4-years-old. She was tested in the below average range cognitively and, although verbal, she did not initiate communication with others. As a result, she had very limited social interactions with peers.

Leah received her education in general and special education settings. Math and specials occurred in the general education classroom; all other activities took place in a special education resource room. Leah's school team met to create a CAPS to match the activities that occurred in her general education classroom. A partial view of her CAPS with pictures of some of Leah's needed supports is presented below (see Figure 5).




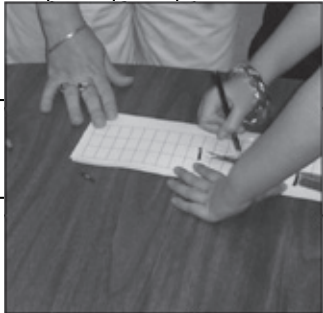




Leah's team decided that enhancing social interactions was a priority for Leah. To facilitate this objective,

Leah's school day began in the general education classroom where she was responsible for taking attendance each morning. Leah had a clipboard that contained a sheet of paper with the names and pictures of classmates and two columns – one labeled home lunch and the other, school lunch. Also on the clipboard was a script that Leah used to ask students and record their lunch preference.

Data on social Leah's interactions prior to and following implementation of the CAPS showed an increase in interactions from 3 per week to 125 per week during this activity alone (see Figures 6 and 7).

Between 8:15 and 8:40, Leah completes independent morning work. The CAPS details the supports needed for this task. For example, Leah works on graphing, consistent with state standards. She completes a number of graphing activities, such as surveying classmates on their preference of pets and creating a bar graph of the results.

Figure 5: Leah's Comprehensive Autism Planning System (CAPS)

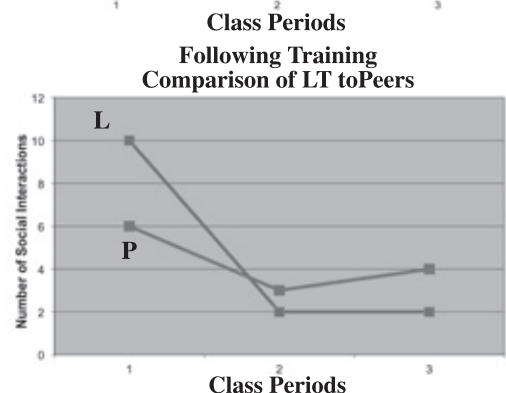
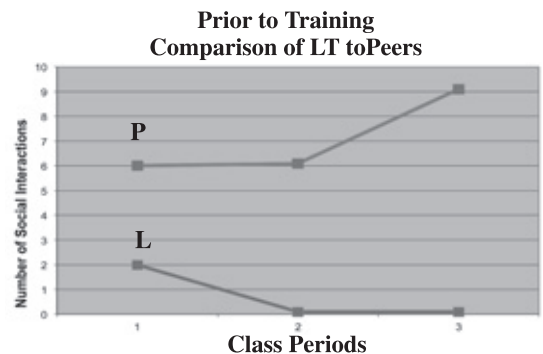
Time*	Activity	Targeted Skills to teach	Structure/ Modifications	Reinforcement	Sensory Strategies	Social Skills/ Communication	Data Collection	Generalization Plan																								
8:00	■Recording hot and cold lunch	•Initiate conversation with peers •Greetings •Names of classmates/staff	•Script •Clipboard with names and photographs of students •Expectations with visuals •Trained peers	• Social: peer interaction	• None at this time	•Initiation •Greeting •Ending conversation	•Checklist of hot or cold lunch	•Game playing •Recess •Passing out class work																								
8:15	■Independent work	■Graphing ■Independent task completion	■Script •Clipboard with names and photographs of students •Graph	■Social: discussion about special interests (collections); peer interactions	■Slant board to assist with writing	•Initiation •Greeting •Ending conversation	■Graphs completed by Leah	■Recess ■Lunch bunch																								
<div><div><div>Home Lunch or School Lunch?</div><div>Leah: Walk up to student. Look at student. Say, "Hi (name of student). Do you want home lunch or school lunch?"</div><div>Friend: Say, "Hi, Leah. I want (home or school, lunch)."</div><div>Leah: Say, "Bye (or see you later or thanks)!"</div><div>Friend: Say, "Bye (or see you later or thanks)!"</div><div>A FRIEND MAY SAY SOMETHING ELSE OR ASK A QUESTION. PLEASE ANSWER! THAT IS A GOOD THING!</div></div><div><table><tr><th>Name</th><th></th><th></th></tr><tr><td>Rachel</td><td></td><td></td></tr><tr><td>Zach</td><td></td><td></td></tr><tr><td>Megan</td><td></td><td></td></tr><tr><td>Rocky</td><td></td><td></td></tr><tr><td>Ginny</td><td></td><td></td></tr><tr><td>Nathan</td><td></td><td></td></tr><tr><td>Haydn</td><td></td><td></td></tr></table></div><div></div><div></div></div>									Name			Rachel			Zach			Megan			Rocky			Ginny			Nathan			Haydn		
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A visual support breaks down the task into its component parts, and sensory supports included a slant board that aides Leah in writing.

Data are collected from Leah's work products on (a) number of social interactions and (b) graph accuracy as measured by matching her worksheet to the graph.

Leah's CAPS provides a mini-portfolio of her day that serves multiple purposes:

1. It links a given task to needed supports.
2. It provides a visual model to help substitute teachers, paraeducators, and others who may work with Leah throughout the day.
3. It can help Leah's future teachers understand the supports that she needed in each environment. In short, the CAPS (including the photographs of supports) ensures current and future success for Leah at school.


Figures 6 & 7: Interactions prior and following interventions for Leah & Peer

Summary

The CAPS is allows educational professionals to know at a glance the goals for an activity and what students with ASD need in order to successfully engage in each activity. Moreover, completed by a team, CAPS can facilitate student independence across settings, activities, and people. This groundbreaking tool supports the student's IEP while reducing teachers' workload.

Thus, the structure of this programming tool gives it broad applicability for children and youth with autism by meeting their complex needs throughout the day in a consistent manner.

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*** Brenda Smith Myles, PhD, has given over 3000 presentations and has written over 300 books and articles on autism. She was identified as the second most productive applied research in autism in the world.**

*** Shawn Henry, MS, is the director of the Ohio Center for Autism and Low Incidence (OCALI). In addition, he is co-founder of the National Autism Leadership Collaborative.**

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Taking things literally: When being autistic's actually pretty funny!

By Chris Bonello

Provocative title, I know. But we hear so many sad stories about how tragic it is to live with autism or with autistic relatives. It's time to share some funny stories. Autism's not all hurt and pain and I don't care if Autism Speaks claims otherwise.

Besides, speaking as a man with Asperger's who pathologically sees other people's words as literal; I've got to be honest. It can be really funny at times.

Here are my top ten examples of autistic people taking others literally. I've been personally involved in half of them, and the 'perpetrator' of three of them.

Are we ready? Then let's get this figurative show on the figurative road!



If this picture needs explaining, you haven't seen Guardians Of The Galaxy and your autistic child needs to.

10. The wrong way to order dessert

I was sat in a restaurant, having just decided what to have for pudding (it's what we call dessert over here). The waiter came along, and I told him I wanted the apple pie. He then asked me, with no intonation in his voice (which was surprisingly important):

"Would you like cream, ice cream or custard with that?"

And in my daydreamy state, I replied:

"Yes please."

Well, duh. I did want cream, ice cream or custard. But my answer made me look just a little bit stooped.



The sad thing is, it's not even the only time it's happened! I once ordered a meal and was asked whether I wanted French fries or salad with it.

Again, I simply said *"yes please."* Ok, at least I'm not THIS literal.

9. Road safety

This time I was with a teenage lad who needed help walking into town. So we walked together down the street, and the time came to cross the road. I said, clearly and slowly:

"We need to be careful now. There might be cars. You need to look at the road."

So he dipped his head, and stared right down at the tarmac in front of his feet. He looked at the road, exactly like I'd told him to.

8. The field trip

A teacher friend of mine took a class on a trip somewhere. I don't know where it was, but they took a load of clipboards. And when the time came to hand them out, every child ended up with a clipboard, except for the mildly autistic lad.

He went to the teacher and asked what he was supposed to do.

And the teacher replied, without thinking it through:

"Oh, just write on someone's back."

So he wrote on someone's back.

7. Corrected by a six-year-old

I've already done an article about idioms (<https://autisticnotweird.com/idioms-and-autism/>). With one of them, I didn't even realise it was an idiom at all until a six-year-old boy pointed it out to me.

Me: *"Could you quickly walk through that door and ask Mrs Jones for more pencils?"*

Him (looking confused): *"...How do you walk through a door?"*



Me: *"...Good point."*

Seriously, give it a go.

6. Tortillas!

This one involves an eight-year-old lad who

had cheese tortillas every evening. Of course, cheese gets hot pretty quickly, so his mother always had to check they were cool enough to eat. One evening:

Mother: *"Come on! They're cool enough to eat now!"*

As the son came into the room, mum touched a tortilla to her lips and discovered they were actually still too hot.

Mother: *"Wait... scratch that."*

Her son approached in confused silence, and scratched the tortillas.

5. Seriously, be specific with us!

(Important note for American readers- British people don't say 'going to the bathroom'- we say 'going to the toilet'. As a result, we sometimes call the 'bathroom' the 'toilet'. Yes, we name the whole room after one object inside it.)

A friend of mine was dealing with several students at once, when a girl came up to her with really mucky hands. With half a dozen distractions, she said the fatal line...

"Oh, just quickly wash your hands in the toilet."

Guess what the girl did?!

Clue: not this.



4. My first date

I never was much of a romantic. I've averaged one girlfriend every ten years.

For my first date with this girl at the age of 17, we went to the village for a pub lunch.

Now, my girlfriend had this rather traditional idea that I should pay for the both of them, because I was the man. And of course, if she'd have actually *asked* I probably would have paid. Except, she didn't ask. She simply said:

"Hmm... I'm not sure if I have enough money for food and the bus home."

Which I now understand to be girl talk for "please pay for my food". But me, not knowing any better, gave a totally valid answer.

"Oh, don't worry. Cheesy chips are only £1.75."

She was not happy.

Not that I found out for a few years, but she wasn't happy.

I've yet to understand how anyone could NOT want this.



3. Outsmarting Mom

Having spent the day teaching her son prepositions (in, on, around etc.), a mother had to take him somewhere that evening. As is often the case when you have to drag children somewhere, they were running late.

Mom (losing patience): *"Son, put those shoes on your feet right now!"*

The son rested his shoes right on top of his feet, looked up at his mother and grinned. Touché.

2. Anger management

A friend of mine once helped a child who struggled with his temper: a boy who had been known to get into scuffles simply out of frustration. She gave him some pretty sound advice...

... "Take a moment to relax when people annoy you. Before you get angry and hit anyone, count calmly to ten."

So next time a child annoyed him, he counted to ten before he hit them.

To be fair, he probably thought he was giving them a good head start!

1. Me being brighter than the maths teacher.

When I was eleven, I was posed this maths question: *"A frog is 10 metres away from a pond. On the first day, it jumps halfway (5 metres) towards the pond. On the second day, it jumps halfway again (2.5 metres) towards the pond. On the third day, it jumps halfway again (1.25 metres) towards the pond. Every day it jumps exactly halfway towards the pond."*

Will the frog ever reach the pond? Give reasons for your answer."

In case you need it, I'll give a long paragraph break with a nice picture of a frog before telling you the answer.



Aww...

Mathematically, the frog will never reach the pond. In order to reach the finish line, there would have to be a day when the frog goes the whole way. And if the frog only ever goes halfway, that will never happen.

I got the answer half right. This is what I wrote:
Will the frog ever reach the pond?
No.

Give reasons for your answer.
Frogs are amphibians, and if they go for three days without water their skin will dry up and they will die.

Which is entirely true! I got the answer even more correct than the so-called correct answer, and I still lost a mark! Eighteen years later, it still bugs me to this day. The lesson learned was this: whenever you're answering a test question, don't give the correct answer. Give the expected answer. Only then do you get the mark.

EDIT (27/04/15): A few hours after posting this article I ended up talking to a friend, who said to me "My eldest son's 16 and he's been acting up quite a lot. ...He's so annoying, he may not live to see 17."

I spent the next couple of seconds genuinely thinking her son had a terminal illness. I worked out the truth too late, so I was already wearing my honest sympathetic face.
...Oops.

I guess I was a bright child, in my own way. Even though today, that smile alone is enough for an Asperger's diagnosis.

This article was first published in <https://autisticnotweird.com/taking-things-literally-when->



having-autisms-actually-pretty-funny/ and has been reprinted with the permission of the author

Chris Bonnello is a former primary school teacher with Asperger Syndrome who has also worked in special education, now an award-winning writer and international speaker. In 2015 he launched Autistic Not Weird to share his insights from both a personal and professional perspective, a venture which has seen him attract 101,000 Facebook followers, and over 1.9 million page hits on his website (autisticnotweird.com).

His first publication, "What We Love Most About Life", was an uplifting book designed to help autistic young people feel less alone, and his first novel "Underdogs", a novel with special needs heroes, will be published in May 2019. He was also a nominee for the 2017 National

A Quick Introduction to Dyslexia

By Shabnam Aggarwal

- *For Aarya a ten year old, the letters of the alphabet, even basic sentences like 'The cat sat on the mat' posed many a challenge. Writing her own name was a task and she ended up scribbling something that resembled Anu.*

Aarya was towards the end of grade 4 when I first met her. An extremely shy child, she lacked confidence and was most comfortable hiding behind her mother- her protective shield against a world that appeared big and bad with no place for her.

She had no friends and no one would speak with her because as they told her to her face 'Our parents tell us not to make friends with children who are not doing well in studies'. So like many other children with learning disability who I have worked with, Aarya led a lonely existence and her school days were spent being on her own and trying to make herself as invisible as she could.

As we started working as a team, comprising Aarya, her mother, the special educator in school and me, the first thing we decided was to ensure that Aarya was not asked to read in class or do tasks that would highlight her challenges. Her strength lay in being able to comprehend well and this was used. The special educator in school worked with the teacher and ensured that the teacher provided an opportunity to Aarya to answer questions orally. Simultaneously Aarya and I worked on building reading and spelling skills. In me,

she seemed to find a friend and gradually opened up. Over the years she saw me as her confidante, with whom she shared her secrets, her crushes :) and also her fears.

With gradual improvement in her reading and writing skills, the trajectory of her life changed. She started doing well in school boosting her confidence no end. Suddenly she found herself surrounded by more friends than she could handle. Her circle of friends extended to children two years her senior and from schools other than hers.

Scoring very well in her school-leaving exam, opened up a range of avenues. Aarya chose a professional course that highlighted her strengths, rather than join college like her friends. Today, she is doing well in her chosen line and is happy with the way things have turned out for her and is able to cope with the challenges that dyslexia poses.

What is Learning Disability?

Learning Disability (LD) is an umbrella term that includes specific learning disabilities - Dyslexia, Dyscalculia, Dysgraphia and Dyspraxia. Dyslexia is the most commonly seen and probably the most familiar term. Dyslexia is primarily a difficulty experienced with reading. Dyscalculia is a difficulty with math; dysgraphia is a difficulty with handwriting and Dyspraxia is difficulty in motor coordination and sensory integration.

Each of these impacts the child differently and poses unique challenges. In this article we focus only on dyslexia.

About Dyslexia

Dyslexia is a language based learning disability, specifically impacting reading. Its manifestation can also be seen in language skills such as spelling, written expression and even pronouncing multi-syllable words.

Despite regular exposure to concepts leading to developing reading skills, children with dyslexia face difficulties with reading.

In the early school years, teaching methodologies lay emphasis on reading from books and the board and on writing (unless you happen to be in schools with smart boards and laptops!). Since teaching – learning is primarily based on reading and writing, children with dyslexia bear the brunt of it.

What causes Dyslexia?

While there is no single reason identifiable as the root cause of dyslexia; the brain of individuals with dyslexia is believed to be – ‘wired differently’. This affects the way the individual perceives and processes information-causing difficulties in reading and processes associated with it.

Whatever be the cause, what is important is to understand what dyslexia is, how it impacts a particular child and what strategies to adopt to support the child in his/her learning processes. There is no ‘cure’ for dyslexia, but the right educational support at the appropriate time will go a long way in helping the child learn better.

What needs to be remembered and understood is that dyslexia is NOT a result of the child being lazy or possessing less than average level of intelligence. Infact the very premise of diagnosing a learning disability is that the child possesses average to above average level of intelligence, but is still unable to cope with reading, writing or spelling. Albert Einstein is often cited as an example of an individual with dyslexia, thereby removing all doubts of any connects with less than average levels of intelligence.

It must be understood that no child wants to be seen as different or ‘not wanting to learn’ or ‘not able to read and write’. Dyslexia causes difficulties and creates obstacles in their path. Telling them to work harder is not going to help their cause – they are already trying their best. And despite their best efforts, they are unable to read fluently or perform well academically with the traditional teaching–learning methods.

However, when provided inputs using teaching-learning material and techniques (such as multisensory techniques) that are suited to their learning needs, along with the necessary supports and accommodations-things change for the child.

Teach children in the way that they learn best and you will see dramatic transformations.

No two children with dyslexia will manifest the same challenges. Like no two children are alike - no two children with dyslexia are alike.

Dyslexia may co-exist with other conditions too. So, a child with autism or cerebral palsy, may also have dyslexia. In such instances, the difficulties or challenges

faced in the learning processes may either get overshadowed or get attributed as a characteristic of the other co-existing condition. This may result in a situation where identification of dyslexia may get delayed or remain undiagnosed till much later.

The impact and manifestation of dyslexia also varies from individual to individual at different stages of life.

Different individuals would show different manifestations, depending upon the severity and the specific areas and aspects it impacts. Some children for instance may be able to cope with early reading and begin to struggle later with more complex reading, reading comprehension, analysis and expression; while others may struggle right from the start.

Steps towards developing a better understanding

The earlier the child with a learning disability is identified, the better it is. Early identification means early assessment and diagnosis, leading to intervention strategies being initiated that much sooner.

The first step towards enabling the child is in identifying that the child faces a difficulty. It is important to note that everyone struggles with some aspect of learning some time or the other. However, for a child with dyslexia this difficulty with learning is not a one-off thing. Usually, while working on a regular basis with the child, teachers and parents are able to spot areas where the child is unable to cope. They may not be in a position to make a diagnosis or give it a name, but can certainly do a preliminary level of identification.

It is also important to remember that each child possesses his/her own unique personality, learning styles, preferences, modes of learning, abilities and also areas where they require support.

Recognizing signs

Teachers, who are aware and alert to it, usually detect signs of dyslexia in class. The first step is usually just noticing that the child is unable to cope with the reading and writing work at par with the other children. This needs to be qualified by saying that the context of the child needs to be taken into account. Also note whether the child has had regular access to the same learning opportunities as other children. (For instance, check whether the child had joined school later than other children. If so, then the gap in learning could be attributed to missing out on early learning inputs). While some children display extreme difficulties and get

identified early, others may fall through the net and not get noticed until much later.

There are checklists galore that list out characteristics to identify children presenting signs of a learning disability. Teachers in some schools use them in classrooms. However like with all checklists, care needs to be taken and the person using the checklist needs to be trained on how to use it and what to look out for.

It is also important to work with the child over a period of time to ensure that a comprehensive understanding is gained into how the child attempts each of the tasks and aspects that the child is able to cope with and the areas where the need for support arises.

- *Vihaan often missed sounds and was unable to discriminate between sounds like t/d; b/p etc. Since he faced difficulties with associating letters and their sounds, he found it difficult to read even short vowel words like 'cab', 'pat'.*
- *Rima seemed to display a total lack of interest in books and print. While other children could flick through a book and attend to the story, Rima would simply shut the book. She could not remember the sequence of the letters of the alphabet, nor the days in a week. She was unable to identify some letters of the alphabet or read words that were being done regularly in class.*

A visible difference between verbal and written skills, a marked difference between ability or potential and academic performance and a difference in performance across different subjects or areas are indicators that point to the fact that the child may have a learning disability.

Parents and teachers can spot these differences easily.

- *For instance, Aarya drew a blank when asked to write answers to a given comprehension passage. However when the passage was read to her, she was able to verbally answer all the questions correctly.*

Hence it is important that the teacher is able to see this and attribute it to a reading difficulty rather than an overall inability to comprehend.

The next step is to refer the child for a comprehensive assessment. Here it is extremely important to ensure that a trained professional conducts the assessment properly.

About Assessments

A comprehensive assessment done over a few sessions, allows the child to get a hang of the process, of what is expected of him/her and allows the child to establish a rapport with the person conducting the assessment. This is extremely important, especially for younger children.

An assessment should reflect the strengths of the child as well as the challenges faced. It should provide directions on how the child can be supported to learn; what works for the child; how can the strengths be reinforced and used as a medium to work towards overcoming the challenges.

Assessments also provide indicators on the supports and reasonable accommodations necessary for the child to build skills and abilities. The idea is to build on the strengths and while simultaneously working towards overcoming the challenges. Assessments also provide indicators on the supports, strategies and what is referred to as 'Reasonable Accommodations' in the RPWD Act, 2016, that could be put into place to provide the necessary supports for the child to build skills and abilities and also be able to complete tasks in class.

What needs to be ensured is that the assessment report is not used negatively. It should not become a tool for labelling the child, nor should it be brandished as a threat ('the child needs special education, so shift to a special school')

The challenges confronting the child and the family

The initial years, prior to, during and just after a diagnosis, pose multiple challenges for both the child and the parents. Before the diagnosis, there is a lot of confusion, leading to endless questions and even accusations. Unfortunately the child bears the brunt of it. Many children have been accused of being lazy, not working hard enough...both by parents and teachers.

Comparisons drawn with siblings and classmates, build the case further. Lack of information and awareness becomes the stumbling block. It is only once the initial red-flag is raised and the possibility of dyslexia is explored, does the child get referred for an assessment.

Getting a diagnosis is not the end of the road, but...the start of a long journey...

Despite the 'Rights of Persons with Disability Act, 2016' [RPWD Act, 2016] recognizing Learning Disability as a disability and extending support to

persons with learning disability, the child and the parents still find themselves fighting a lonely battle against an invisible system.

Questions leading to further questions

Where to go for an assessment; how far is the assessment truly reflective of the child's abilities and challenges; what next...are just some of the questions that crop up. Once the report is shared with the school...what happens next? Will the child be labeled? Will the child be sent to the learning centre or the special educator? (That is, if the school has one) Will the teacher still motivate and have expectations from the child or simply ignore the child in class?

On the other hand is the question regarding what to tell the child and whether to or not to tell. Many parents are not comfortable telling the child about the diagnosis. Whether they do or not, the child knows! They may not know what name it goes by, but certainly know the challenges confronting them. They fight their endless battles day after day...

These are all genuine concerns experienced by parents. The answers vary and there are really no right or wrong answers.

On the school front- while some schools are sensitive, willing to make changes and are able to support the child to learn, some ignore the needs and some even suggest the child be shifted to a school that has a learning centre or offers facilities to suit the needs of the child.

All the examples in the article are reflective of true life journeys. The names of the individuals have been changed

Shabnam Aggarwal's area of specialization pertains to disability. She has been working in the field for the past 26 years. Her formal training in the areas of Psychology (Masters in Psychology), Learning Disabilities and Counselling, Special Education (BEd Special Education) and Law (Degree in Law) have enabled her to integrate various dimensions and concerns in my work.

The Founder director of Anandini, a disability based organization that focuses on research, training and advocacy, Shabnam works as an independent consultant.

(...To be continued in the Dec Autism Network)

सिटिमिंग 101, अथवा : मैंने कैसे चिन्ता करना बन्द किया और सिटिम से प्यार किया कस्टन लीन्डस्मिथ

अनुवाद – पूजा खन्ना

(...continued from the April Issue of Autism Network)

सिटिम को शर्मसार करना

एक और सवाल जिसका सामना मुझे अधिकतर माता-पिता से करना होता है : मैं कैसे अपने बच्चे की सिटिमिंग रोक सकता हूँ ?

पहले, मैं माँ-बाप का सचमुच सिटिमिंग रोकने के इस असंभव लक्ष्य से ध्यान हटाने की कोशिश करती हूँ।

क्योंकि यह पक्की बात है कि यह लक्ष्य अप्राप्य है (आश्चर्यजनक सिंधिया किम जो एक ब्लाग 'म्यूसिंग आफ एने ऐस्पी, की लेखिका है, सिटिमिंग को रोकने की कोशिश की तुलना वैक-ए-मोल गेम से की है, और इस विषय में अपनी ब्लाग पोस्ट से की है।)

सबसे अधिक जरूरी, सिटिमिंग को राक्षसीय रूप देना और उसको रोकने की कोशिश करना अविश्वसनीय रूप से क्रूर है। यह किसी व्यक्ति को संगीत पर नाचने से मना करना, उन्हें अपने पैरों से ताल पर ठक ठक करने तक से रोकना के समान है।

यह एक बच्चे को कभी अपनी खारिश को खुजलाना, कभी उबासी न लेना, कभी छींकना नहीं के समान है और यह इन सब से भी ज्यादा बेकार है क्योंकि सिटिमिंग ऑटिस्टिक विवेक में रहकर खुशी के लिए जरूरी है एक तरीका जो सरलता से सामान्य लोगों को समझाया नहीं जा सकता क्योंकि उनमें इसे महसूस करने की कल्पना असमर्थ है।

सिटिमिंग रोकने की कोशिश एक ऑटिस्टिक बच्चे को यह सिखाती है कि उसकी एक आवश्यक विशेषता एक बेकाबू, जरूरी, प्राकृतिक झुकाव, गलत है और उसे हर हाल में रोकना जरूरी है।

अगर आप एक सिटिम करने वाले बच्चे के माँ-बाप अथवा अभिभावक हैं और आपका लक्ष्य उसको स्टिम करने से रोकना

है – उसको अपने हाथों को हिलाना रोकना है, या अपनी बिल्ली की म्याउं की आवाज को दोहराना नहीं है या परचून की दूकान पर अपनी कमीज की बाहों को चबाना नहीं है – आप जान लें कि आप एक कभी न पूरा होने वाले मानक का लक्ष्य बना रहे हैं।

सिटिमिंग ऑटिस्टिक लोगों के लिए एक महत्वपूर्ण उपकरण है जो स्वयं को विनियमित करता है खुद को शीतल करता है और अपने शरीर एवं वातावरण से अपनापन प्राप्त करने और उन्हें नियन्त्रण में करने में मदद करता है।

सोचिये कि एक नवजात बच्चा कैसे सिटिम करता है : सर मटकना, हाथ पांव घिसटाना, अजनबियों के सामने चेहरे बनाना, स्वरों को दोहराना और हर जिस चीज पर भी हाथ पड़े उसे चबाना और चाटना। क्या आप उस शिशु को सिटिम करने से रोक सकते हैं ? अगर आप अपने बच्चों की सिटिमिंग को वही महत्व दे सकते हैं जो एक बच्चे की 'मासूम' सिटिम की है, तब आप नब्बे प्रतिशत सही रास्ते पर हैं।

हाँ, कभी-कभी दूसरे व्यसक आपको व आपके बच्चे को उस नजर से देखेंगे जब उनके हिसाब से बच्चा " चीजें बेहतर करने की उम्र का है" परन्तु कोट को चबा कर छेद करता है, वह खाने के समय उठ कर टहलता है, अथवा पुस्तकालय में कहानी सुनने के समय उपर नीचे कूदता है।

परन्तु एक अजनबी की राय-अथवा आपकी सास की राय – या परिवार की राय आपके बच्चे के स्वस्थ और खुशी के मूल्य के आगे बिल्कुल फीकी है।

सिन्धिया किम की वैक-ए-मोल समानता का पीछा करते हुए – अगर आप अपने बच्चे को सिटिम करने से रोकेंगे, वो सिटिम किसी और रूप में (और अधिकतर और बेकार) जरूर वापस आयेगा। आप एक बाइलर के छेद को ऐसे बन्द कर रहे हो जैसे कि उसमें भाप होनी ही नहीं चाहिए। दिन के अन्त में

(अगर वो इतनी देर रुक सकता है।) उसका एक विस्फोटक मेल्टडाउन होगा और आपने शुन्य कदम आगे बढ़ाये होंगे और सौ कदम पीछे।

मुझे यह मानसिकता सबसे आम 'आटिज्म विरोधी' मां-बाप व विशेषज्ञों में लगती है। ये वह लोग हैं जो कहते हैं, "मैं अपने बच्चे से प्यार करता हूँ, पर उसके ऑटिज्म से नफरत" उनका मतलब अधिकतर अच्छा ही होता है (अगर गलत मार्गदर्शित है) मां-बाप जो सिर्फ अपने बच्चों को एक कठिन जीवन से बचाना चाहते हैं।

परन्तु आटिज्म डिप्रेशन, एनोरेकसिया नरवोसा, या पी टी एस डी जैसा नहीं है। ऑटिज्म वो राक्षस नहीं है जिससे हमें लड़ना है। असली राक्षस विकलांगता, घबराहट और कष्ट है।

ऑटिज्म एक व्यक्ति क्या है उसका एक अभिनन अंग है जैसे बहिर्मुखी, नर, गे सब एक व्यक्ति विशेष के गुण को परिभाषित करते हैं।

ऑटिज्म अपने में एक विकलांगता नहीं है, यह एक तरह का व्यक्ति है। एक बच्चा जो ऐसे समर्थन समाज के साथ बड़ा होता है, जो उसके एक मुख्य भाग्य की पहचान से नफरत करता है उसे कम से कम आगे गम्भीर आत्मसम्मान के मुद्दे होंगे। एक मां-बाप जो अपने बच्चे के ऑटिज्म से नफरत करता है, उसकी जिन्दगी बड़ी दुखदायी होगी और हमेशा अपने बच्चे से लड़ता रहेगा।

यह ऑटिज्म विरोधी मानसिकता ही है जो डिप्रेशन, पी टी एस डी और स्वयं से नफरत जैसे राक्षसों को बनाती है।

बहुत मां-बाप जो अपने बच्चों को अपनाते हैं और दुलार भी करते हैं, उनके ऑटिज्म के साथ, फिर भी सिटिमिंग को नियन्त्रण में करने के तरीके पूछते हैं। उनकी यह समझ है कि सिटिमिंग कोई पैतृक बुराई नहीं है। इसे रोकना चाहिए या इसे रोका जा सकता है। परन्तु जब वो अपने बच्चे को खेल के मैदान में हाथ हिलाते व चीखते देखते हैं, नाई की दुकान में रोते और करहाते, चर्च में राकिंग। गुनगुनाते हुए और सबकी धूरती नजरों को देखते हैं। अपने बच्चे के भविष्य के नौकरी के साक्षात्कार मुलाकाते कालेज की कक्षाएँ, उन लोगों के साथ जो सिटिमिंग को 'अस्थिरता' व 'पागलपन' जैसा समझते हैं, इन सब की कल्पना से भयभीत हो जाते हैं। वो सिर्फ यह जानना चाहते हैं कि क्या उनके बच्चों को थोड़ा और

सामाजिक रूप से स्वीकार कराने के लिए और उनकी जिन्दगी थोड़ी आसान बनाने के लिए कुछ किया जा सकता है।

इस परेशानी के दो दृष्टिकोण हैं

एक तरफ उच्च कामकाज / high functioning (और इस संदर्भ में मेरा मतलब स्वयं का ज्ञात) बच्चा है जिसे निजी जगह मेरी तरह सिस्टम करना सिखाया जा सकता है। बच्चे को शीशे के सामने सिस्टम करने की इजाजत देकर उसके सिस्टम को निजी जगह और आम जगह में बांटना कभी कभी काम करता है। जनता वाले सिस्टम में पैर। घुटने ठक-ठक करना, उंगली को टेबल के नीचे या जेब में रखकर हिलाना, कूदना, हिलना-डोलना राकिंग, और घूमदार कुर्सी पर आगे पीछे होना या पैर पर घूमना शामिल किया जा सकता है।

निजी सिस्टम

सिस्टम जो अन्य लोगों को परेशान व विचलित करें – जैसे एक शान्त माहौल में चीखना और कराहना, नाक खोदना (एक निजी सिटिम जिसके दोषी बहुत सारे सामान्य न्यूराटिपिकल लोग भी होते हैं। अगर मेरे बायफ्रेन्ड्स का मेरा अवलोकन कोई संकेत है)। अगर मां-बाप अपने बच्चों को जनता के बीच हस्तमैथुन न करना (एक बहुत आम सिटिम आटिस्टिक एवं न्यूरोटिपिकल बच्चों में) सिखा सकते हैं, तब शायद यही सिद्धान्त उन सिस्टम पर भी लागू किया जा सकता है जो पड़ोसियों को चर्च में परेशान करता है अथवा सहकर्मियों को खेल के मैदान में डराता है। परन्तु फिर से हो सकता है ये सम्भव न हो और यह निश्चित रूप से बहुत छोटे बच्चों में सम्भव और स्वस्थ नहीं होता है।

दूसरी ओर, बहुत (मैं बहस करूँगी कि अधिकतर) बच्चे अपनी सिटिमिंग को नियन्त्रण में नहीं रख सकते हैं। कुछ के लिये संवेदी प्रसस्करण कठिनाइयाँ बहुत भारी होती हैं। और उन जरूरी स्वयं को शान्त करने वाले व्यवहार को रोकने का कोई भी तरीका नहीं होता है। ऐसे बच्चों के लिये असली परेशानी दूसरे व्यसक ही है। जैसे कि सिंधिया किम ने सामाजिक रूप से स्वीकार्य सिटिमिंग वाली पोस्ट पर चर्चा की है, ऑटिस्टिक व्यवहार एक परेशानी नहीं है, अजनबियों की प्रतिक्रिया व मां-बाप की शर्मिन्दगी असली परेशानी है।

मैंने दिल तोड़ने वाली अनगिनत कहानियाँ उन माता-पिता से सुनी हैं जिनके ऑटिस्टिक व्यवहार को शैतानी समझ कर जनता के बीच मारा व परेशान किया गया है। एक मां ने वर्णन किया है कि कैसे एक औरत उसके चीखते हुए बच्चे के पास आयी

और उसे झंझोड़ दिया। और साथ ही मां को बच्चे को नियंत्रण में न रखने के लिए डांट लगायी।

बच्चे अपने ऑटिस्टिक सहकर्मी को घूर सकते हैं या ताना दे सकते हैं, परन्तु जितनी कहानियां मैंने सुनी हैं, ऐसा लगता है कि बड़े लोग/ व्यसक ही इन प्रत्यक्ष अपराध के अपराधी हैं (और अधिकतर गम्भीर अपराधी) अपने पास एक परिस्थिति को समझाने की गड़ड़ी तैयार रहना (बोली, अथवा छपे हुए कार्ड जो बांटे जा सकें) इससे एक अनजान न्यूरीटिपिकल को भविष्य में ऐसी गलती करने से बचाया जा सकता है। एक व्याख्यात्मक प्रदर्शन आपके या आपके क्लास टीचर के लिए तैयार करे जो वो अपनी क्लास को दे सके इस प्रकार यह मददगार होगा।

(नोट: इसीलिये मैं बच्चे से उसका डायगनोसिस छुपाने के विरुद्ध हूँ। आप अपने बच्चे के सामने इन चीजों की संक्षेप में और सुरक्षित तरीके से करने में सक्षम होने चाहिए।)

और जब बात नौकरी के साक्षात्कार की हो, मैं, टेम्पल ग्रैनडिन' के इस सुझाव पर चलने की सलाह दूंगी, जो कहती है कि वो खुद को बेंच नहीं सकी तो उन्होंने इस बात को पक्का किया कि वो अपनी उपलब्धियों को बेंच सके।

अपनी विशेषताओं की एक सूची (portfolio) बनायें, अपने को एक विशेषज्ञ बनाये, अपनी अमूल्य प्रवीणता का प्रदर्शन करें। और सिटिमिंग वाले बच्चों को अन्य सिटिमिंग वाले बच्चों से दोस्ती वाले व्यवहार को नियन्त्रण में करने की जरूरत नहीं है। यद्यपि ऑटिस्टिक बच्चों को दोस्त बनाने में मुश्किलें होती हैं और सामान्य उसी उमर के बच्चों के मुकाबले कम दोस्त, ऑटिस्म सच्चे व निष्ठावान दोस्त बनाते समय एक शक्तिपूर्ण चयनात्मक दबाव होता है। हाईस्कूल में मेरी एक सहेली ए डी एच डी की एक खूबसूरत रचना थी और कक्षा में कभी न खत्म होने वाली, खलल डालने वाली आवाज वाली सिटिमिंग व घिसटने का स्रोत। हम एक साथ तैराकी के लिये जाते थे और साथ में सिटिमिंग करते थे, आवाजों और वाक्यों को दोहरा दोहरा कर अधिकतर हम अपनी गणित की टीचर को यातना देते थे।

सिटिमिंग सामान्य, सेहतमन्द व मजेदार है और यह कोई चीज नहीं जिससे डरना है व रोकना है। क्या आप बिना चप्पल घास में गोल गोल घूमने की, अथवा अपने सर को अपनी पसन्दीदा धुन पर बिना हिलाये जिन्दगी की कल्पना कर सकते हैं। इसलिए डरिये मत और सिटिमिंग करते रहिये।

AUTI SPEAK

An Accident and its Aftermath

By Stuti Sarkar

Stuti Sarkar is a young lady on the spectrum. She is non verbal and expresses herself by pointing on alphabet board or typing on iPad. She lives in Bangalore with her mother, aunty and a younger cousin sister. Her father works in Dubai.

Stuti was never taught English, formally. If asked, "How did you learn your English?" She would reply, "By the grace of god".

For this post, she pointed letters on her alphabet board and her father kept jotting. Later it was typed with minimal correction.

C.M.H. stands for Chinmaya Mission Hospital.

Q: What are your feelings about Chimaya Mission Hospital (C.M.H)?

A: C.M.H. is really a non profit organisation. It is very near to my home. Day before yesterday, I got an accident. Suddenly my left leg twisted on the road while I was walking. I got a big jolt. My leg started to pain.

Our pleasurable walk converted to painful walk because I had to reach home.

Fortunately it happened near my home.

Somhow I could manage myself and crossed the steps by painful leg.

After reaching home, mother applied 'Voveran' for reducing pain. I slept early that day.

Next day I got myself in very pathetic situation. I could not place my leg on the floor.

I was helpless. I tried to place my left leg on the floor but could not move half inch.

I do not know how to hop. This crucial situation taught me a new skill. I had to go to the washroom. My urge was so acute; I started hopping to get my goal.

Mother and aunty became worried. They decided to take me for X-ray. It was impossible for them to take me for that.

My father arrived in Bangalore today. We went to C.M.H. for my treatment.

By God's grace I crossed the hurdle and went to the hospital, consulted with an orthopaedician.

Doctor checked my leg and told that there was no crack in my left leg.

We did not want to take risk so we went ahead for X-Ray. Again another test.

I did X-Ray for the first time. I could manage this situation and faced the challenge bravely. I could say it was my one of the successful days. I achieved all my requirements.

C.M.H. is nice, doctor was friendly.

Now I have to put an ankle grip. It is quite big problem me. For my tactile feeling, I cannot put extra thing like ornaments, glasses etc. So it is a big hurdle for me. I hope I would beat my weakness and get a new successful chapter.



For more information visit us at
<http://www.autism-india.org/careers-afa.php>
 or reach us at 011 4054 0991/92

<UPCOMING WORKSHOPS>

Workshop by Dr Brenda Smith Myles

29 - 30 September 2019

Venue: India International Centre, New Dehi

Dr Myles hailing all the way from US will be in India to talk about Practical Solutions for Understanding Rules in Social Situations, Behavior Interventions for Individuals with ASD, Self-Regulation, Meltdowns, Sensory Issues and more.

Dr Brenda Smith Myles has made over 1000 presentations all over the world and written more than 250 articles and books on ASD.

Formerly, a professor in the Department of Special Education at the University of Kansas, Dr Myles is the president of AAPC Publishing – a company that publishes books on autism spectrum disorder.

• • • • •

Know Me Teach Me: Annual Training Workshop

10-12 October 2019

Venue: The National Centre for Autism, New Dehi

Our flagship workshop is here. Meet and mingle with participants from all over India and overseas in one location.

Action For Autism's Annual training workshop opens your mind and heart to the 'world of autism'.

Come and become a better facilitator for individuals with autism.

• • • • •

This is a tentative events calendar and the dates and events are subject to change.

Please stay in touch with us to get regular updates and let us know if you wish to be added to our mailing list to get updated information about AFA and our events.

For more information contact our Coordinator:
 Tel: 011-40540991/92
 email <anvay.trainings@gmail.com>

AFA MEMBERSHIP FORM

Action For Autism(AFA) is a parent organization that strives to create an environment where individuals with autism and their families can live as fully participating members of the community.

To support AFA to further its mission, please complete the form below and return to: Action For Autism, The National Centre for Autism, Sector 7 & 8 Jasola Vihar, New Delhi 110025.

Please complete in BLOCK letters and mail to Action For Autism

Name _____

Address _____

City _____ State _____

Country _____ Pin/Zip _____

Phone _____ Email _____

I am a: (Check all that apply)

☐ Mother ☐ Father ☐ Other (please specify) _____

☐ Professional: Name of Organisation _____

For Parent of a person with autism ONLY:

Child's Name _____

Gender: ☐ Female ☐ Male Date of Birth _____
dd mm yr

Diagnosis _____

Diagnosis received from _____

I wish to become a member of AFA. Enclosed is a contribution
(Check as applicable)

Via: ☐ Cash ☐ Online ☐ Demand Draft
(in favour of Action for Autism, payable at New Delhi)

Online Transaction/Draft No _____ Dated _____

Drawn on _____

Amount in Words _____

Annual Membership Charges:

Parent: Rs. 500 Professionals: Rs. 1000 Institutional: Rs. 3000

Online bank transfer may be made to:

Beneficiary: Action For Autism

Bank: Vijaya Bank, Defence Colony, New Delhi, India

SWIFT No: VIJBINBBDCD

IFSC Code: VIJB0006005

MICR Code: 110029007

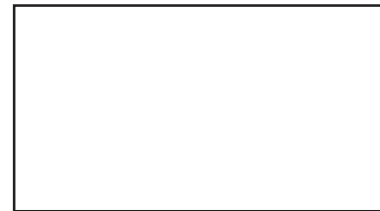
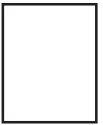
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