

Session 1

Early Childhood Education

A study on the impact of an integrated intervention approach on the holistic development of a child diagnosed with Autistic Spectrum Disorder.

Priya Sandeep

Objective: To find out the impact of an integrated intervention approach on the holistic development of a child on the Autistic Spectrum.

Methodology: Every therapy session follows a child centered approach aimed at developing play, communication and social skills. Toys, based on the child's stage of play, are made available and the child is encouraged to engage with the toys/therapist. Modeling is used to facilitate engagement. Vestibular exercises build rapport while meeting vestibular needs. Sensory issues are prioritized. A commentary in single words is provided during the session.

When the initial goals of increasing eye contact, non-verbal communication and play skills are met, receptive language and verbalization are prioritized. Gross/fine motor and self-help goals are added on. The challenge level of all goals is increased as the child improves. Parents are an integral part of the session and are encouraged to discuss challenges they face with their child.

Result: Children enjoy coming in for the therapy session. Their eye contact improves. They learn to play meaningfully with toys. They enjoy engaging with the therapist, their play partner. They begin to understand and respond to words associated with play. They initiate communication with gestures. Their body schema and balance improves. If they don't have difficulty in word production [Apraxia] they gradually begin to verbalize words that are used in therapy. Acceptance in social situations improves with the reduction in sensory behaviors and an increase in play skills.

Conclusion: Using an integrated approach with play skills as the basis for therapeutic intervention promotes the holistic development of a child with Autism. It also enhances the psychological well-being of the primary care giver because they receive in the therapist a single point of contact for all concerns regarding their child.

Autism.A pediatrician's perspective

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Abstract

Autism is a 'Disorder' & not a 'Disease'. It is much more of a diagnosis of Observation and is Dynamic in nature, specially in highly neuro plastic brains of children. Awareness about Autism is the key for early diagnosis and sensitivity towards parents' mental state is important to make them accept and understand the need of early intervention. Regular 'Well Baby' visits are the key visits to pediatrician's, where any child who is developing differently can be picked up. For 'High risk babies', it is easy to pick up the deviation' and start early intervention. Cure of any condition is possible only if we know the exact cause of it. With Autism, we are still unable to pinpoint the cause, so therapy stays the mainstay of the treatment. Medicines are useful only when any behavior interferes with achievement of child's potential and by no means are curative.

Developmental Assessment of children with Autism and its association with the severity of Autism

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The developmental assessment of children diagnosed with autism spectrum disorder is essential for the planning of intervention and also predicting outcomes. The assessment of the severity of Autism is included in the developmental assessments before planning intervention program. There is a need to identify the important domains for intervention.

Objective:

To study the association between developmental assessment and severity rating of autism on Childhood Autism Rating Scale

Method:

The children who were welcomed to an inpatient facility of the Developmental Paediatrics Unit for assessment and intervention in a tertiary care hospital and diagnosed with autism were included in the study. The children visited the Unit between January to June 2017. The children were assessed by a multi-disciplinary team of Paediatricians, psychologists, Occupational Therapists and Speech therapists. The diagnosis of Autism was confirmed using the DSM-V and Childhood Autism Rating Scale (CARS-2). The developmental assessment was done using the Griffith Mental Developmental Scales by certified testers. The Griffith Mental Development Scales assesses the developmental profile on the domains of locomotor, personal social, hearing and language, eye and hand coordination, and performance.

Results:

The developmental assessment of 59 children (boys=50, girls=9) who were admitted was analysed retrospectively. The mean age of the children was 42 months (Min=22, max= 78months). There was a significant association between the severity of the CARS score and the developmental quotient on the domains of personal social ($p=0.004$), hearing and language ($p=0.002$), and the overall general quotient ($p=0.008$). There was no significant association between the severity score on CARS and quotient on the domain of non-verbal performance. Despite the significant association the difference between the means of children classified as 'mild autism spectrum disorder' and 'moderate to severe signs of Autism Spectrum Disorder' was not significant on any of the domains ($p=0.2-0.6$).

Conclusion:

While assessment of the severity of signs and symptoms of Autism Spectrum Disorder is important intervention should target the domains facilitating the developmental milestones of the child. The study also shows that the developmental profile of children with mild or moderate signs of Autism is not significantly different and therefore Early Intervention should focus on developmental milestones similar to children with other Neuro-developmental difficulties.

Early Intervention: Importance and its Bag

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Psychologist; Anubhuti Psychological Consultancy Services

AIM: To Introduce EARLY INTERVENTION KIT: Its Tools and Strategies

WHAT IS EARLY INTERVENTION?

NEED FOR EARLY INTERVENTION:

Importance of early intervention

Definition of ASD

Increase in early diagnosis of ASD

Criteria for Assessment for EI

A Child with / at risk of Developmental Delay

A Child diagnosed with medical or physical condition with high probability of developmental delay.

Areas of Assessment:

Cognition

Physical

Social and Adaptive

Sensory and Communication

Emotional

Population:

Children with and / at risk of developmental disorder.

Children with single / multiple disabilities.

Age group:

< 6-12 months with physical or medical condition

1 - 3 years and above

Specialists Involved:

Developmental therapists

Speech and language pathologists.

Occupational therapists.

Psychologists,

Nutritionists

Physiotherapists.

Vision specialists

Audiologists

Social workers

Method: Types of Early Intervention Strategies:

Play therapy

Naturalistic behavioural Program

Visual and Auditory Therapy

Group Intervention

Family and Professional Partnership

Results: Early Intervention Bag comprises of:

Mr Potato Head

Peg puzzles

Bubbles

Basic Books and Its Objects

Little people farm and Bus

Cups

Shape sorter

Conclusion:

Increase in the malleability of the brain during the critical period of developmental shall lead to maximum growth in physical milestones and better results in the behaviour and communication of the child.

Significant improvement in Communication Areas.

High quality early intervention services can change a child's developmental path and improve outcomes for children, families, and communities.

Dawson and Boyd (2008) stated "High quality intervention leads to prevention of Autism or at least reduction in the severity of child's symptoms over lifespan".

Early Start Intervention Model-An inclusive education program

Priyanka Verma, Special Educator, Preeja Balan, Director-Speech language Pathology,

Savita Koshy, Director-Special Education, Octave Hearing and Speech Centre

Inclusive Education strives towards educating children with special needs along with neurotypical children in the same environment regardless of their strengths or weaknesses. It involves preparing an Individualised Education Plan (IEP) to maximize learning and seeks to maximize the potential of the child involved while addressing his/her unique learning issues.

The current education system and to an extent the belief system is largely based on the philosophy that children irrespective of the disability must comply in a 'one-size-fits' all system. There is a dearth of services available for children with ASD, especially for those receiving and benefitting from intervention services and ready for school entry. The aim of this paper is to describe the early start Intervention model (ESIM) of inclusive education offered at a leading preschool at Bangalore. In this model, a team of professionals including special educators, occupational therapists, speech language pathologists among others, partner with the classroom teacher to optimize the learning ability of children with ASD. The paper discusses the preparatory and the implementation process involved in the process of inclusion of 3 children attending 5+ classrooms (equivalent to UKg) with a primary diagnosis of ASD.

Effect of Floortime based Early Intervention on the Development of Social Skills in children with Autism Spectrum Disorders

Shoba Srivastava

Samarpan Centre for Autism Spectrum Disorders (Managed by SOPAN)

Background: Autism is a developmental disorder that impairs a child's ability to communicate and interact. Autism affects the language, social and communication skills of a child. Various studies show that Early Intervention given to children with autism has improved their social and communication skills.

Objective: To improve social and communication skills of children with autism through the Developmental, Individualized, Relationship-Based model (DIR) Floortime

Method: The Developmental, Individualized, Relationship-Based model (DIR) Floortime is an Early Intervention Therapy. Floortime has a theoretical framework which can be applied for wide-ranging intervention. It also examines the functional development capacities of children with autism according to their developmental profile and their interaction with their environment. Therapy begins with identification of baseline behaviours of the child and then builds upon their strengths and abilities through a child centric environment. This paper aims to detail the Floortime Model practice and the results seen in 4 children who were given this intervention.

Conclusion: Significant change was seen in the social and communication skills of children with autism through this intervention. Spontaneous communication from the children has begun through this intervention. Social skills which were not present at all like eye contact, social smile, following teacher's actions etc. were exhibited by the children after 5-6 sessions.

Turn taking activities - catching & rolling ball, building blocks, string beads

2 way communication - initiation of interaction when shown a toy/object of interest, responding to name and non verbal communication, imitating facial expression and behaviour

Cause & Effect - tapping spoon to hear sound

Squeezing a wet sponge, shaking a bell to hear sound, opening a box to get desired object

Emotional thinking - pretend play activities - activities with a doll, kitchen set, doctor set, puppets so as to connect with real world

Basic emotions - happy and sad with situations and situation pictures and

Since Floortime focuses on following the child's lead, the teacher would utilize the child's interest and use it as a motivating factor to train the child in the above mentioned activities. Child would be free to make a choice of activity and then the teacher would challenge the child to initiate interactions and thus establish back and forth circles of communication.

Evaluation of cardiac autonomic regulation in children with Autism Spectrum Disorders

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1Research Scholar, Department of Physiology, 2Additional Professor, Department of Physiology, 3Speech Therapist, Department of Audiology and Speech Language Pathology, 4Associate Professor, Department of Psychiatry, K. S. Hegde Medical Academy, Nitte deemed to be University, Deralakatte, Mangalore.

Background & Objectives: Autism Spectrum Disorder (ASD) being a complex neurological and developmental disorder is found to be associated with autonomic nervous system (ANS) dysfunction. The sympatho-vagal continual dynamic excitatory- inhibitory interactions leads to Heart rate variability (HRV) which is an index of cardiac autonomic regulation. This study hypothesized that ASD is associated with the impairment of cardiac autonomic regulation. Aim of the study was to evaluate cardiac autonomic regulation in children with ASD at rest using short-term HRV analysis.

Methods: A total of 20 subjects were evaluated in the study comprising 10 children with ASD and 10 matched healthy controls. A five minutes recording of resting ECG was carried out from which R-R intervals were procured and further analysis of HRV indices were performed. Frequency domain analysis of HRV was carried out and the following parameters were evaluated: Spectral powers in low frequency (LF) bands, High frequency (HF) bands, total power (TP), LF/HF ratio and average heart rate (HR). HRV indices between the groups compared using Student's t test.

Results: Cardiac sympathetic activity as assessed by low frequency power spectrum was significantly higher ('p' value 0.008), in autistic children (1028 ms²+138) compared to that of normal controls (552 ms²+59). However, the HF power spectrum, the surrogate of cardiac vagal activity did not differ between the groups. Similarly results of Systolic Blood Pressure (SBP), Diastolic blood pressure (DBP) and Heart rate (HR) did not show any statistical significance between the groups.

Conclusion: Study concludes that children with autism exhibit altered cardiac sympathetic nervous activity. The behavioural response in ASD could be associated with their impaired sympathetic nervous activity.

Functional and Cognitive vision assessment in children with Autism Spectrum Disorder.

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Purpose:

To assess functional vision in children with autism spectrum disorder (ASD) with a cognitive visual function battery in addition to standard ophthalmic examinations.

Methods:

Thirty children from a non-residential school for children with ASD were included. In addition to a comprehensive ophthalmic examination, all children had cognitive vision assessment at a tertiary care center in India.

Results:

The distribution of the number of children with mild to moderate versus severe ASD was nearly equal based on CARS autism scores. The majority of the 30 children had normal color vision, shape discrimination, contrast, shape discrimination and perception of directionality. Most were not able to identify optical illusions or differentiate emotions. Ocular pursuits, saccades, and recognition of size differences were often abnormal. Half of them had defective visual closure. The duration of

fixation to Heidi target was inversely proportional to the severity of ASD. The study further established that cognitive visual impairment was present in children with ASD irrespective of their severity of ASD.

Conclusion:

All of the children had some form of cognitive visual impairment which was independent of the severity of ASD.

Identifying Variables Associated with the Prodrome of Autism during the first Year of an Infant's Life

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While there are as yet no clear biological markers for ASD, evidence exists for the presence of behavioural markers for autism already within the first year of life. However, there is still a great deal that is unknown regarding the prodromal development of autism, early behavioural variables, and the effects of early intervention. This paper describes a pioneering study conducted at the Mifne Center assessing variables associated with autism in early infancy. This study examined 110 infants between the ages of 3-15 months who were eventually diagnosed with autism at the age of 2-3 years. Retrospective analysis was conducted of video-recordings of the first months of their lives made by their parents before any suspicion concerning defective development arose. Eight variables associated with autism during the first 15 months of life were identified. These variables form the basis of the "Early Signs of Pre-Autism Screening in Infants" (ESPASI) screening instrument, which allow early assessment and intervention for infants at risk of autism in their first year of life.

Further perspectives arising from the Mifne Method intervention at the very early stages of life, which incorporates the entire family, will be presented in the lecture accompanied by videos.

Sensory processing and problem behaviour in children with Autism Spectrum Disorders

Dr. Deepa Sundareswaran

Assistant Professor in Occupational Therapy (NIEPMD), Chennai

OBJECTIVES: To identify the sensory processing domains in preschool children and the relationship of sensory processing and problem behaviour.

METHODOLGY: Children between the age group of 3 & 4 years who were diagnosed with Autism Spectrum Disorder participated in the study. Short Sensory Profile, Vineland Adaptive Behaviour Checklist and Aberrant Behaviour Checklist were the assessment tools. The data collected was subjected to statistical analysis.

RESULT: Most of the children had sensory processing difficulties and there was a significant relationship sensory processing and the problem behaviours.

CONCLUSION: The findings highlight the importance of intervening the sensory issues in children with autism and the need of a comprehensive assessment.

Session 2

Integrated and Inclusive Education

Application of strategies under ABA method for behavior modification in child with ASD

Aditi Phaldesai

Special Educator At Lokvishwas Pratishtan's Special School Goa

Objective: - To minimize destructive behavior and increase socially accepted behavior.

Method: - The method used for achieving the goal is ABA (Applied Behavior Analysis). Through this method some strategies were implemented on the child, which gave some positive results. The strategies which showed results are as follows

i. Knowing what next:-

Giving specific time for an activity and mentioning what next. Using visual timer, countdown timer, or 'first and then'. For e.g. :- finish this in 5 minutes, then we will paint the picture.

ii. Distract and redirect.

When the child is doing something unwanted the teacher should interfere, distract and redirect. For e.g. :- No Anny, let us solve two math problems.

iii. Short, concrete and clear instructions.

The instructions teacher gives to the child should be short, loud and clear. For E.g.:- teacher should say- "don't shout, keep quite". Instead of saying- "why are you shouting so loudly, you always do this, this is bad....."

iv. Declare the closer.

The teacher should tell the child when the activity will get over. For e.g.: - solve this five math problems, write this sentence 10 times.

v. Stay calm.

The teacher should never lose her patience in front of the child and should be calm. Even if the teacher is stressed she should calm herself prior to facing the child.

Result: -

i. Follows instructions.

ii. Can attend class without seeking others attention.

iii. Have reduced hyper activities

Conclusion: -

- The above mentioned case brings me to the conclusion that the strategies used should be designed keeping in mind the home environment of the child.
- The pattern followed in the school should be also followed at home.
- Constant counseling of the parents as well as the immediate family members is must for the positive results.

Application of various learning tools to enhance the child's language and communication skills in child with ASD

Lucky Das

Special Educator; Sai International School, BBSR, Odisha

Objective:-To enhance the child's comprehension and communication skills.

Method:-Resources used

- Word String:-A set of activities targeting syntax, consisting of pictures and phrases. The child will be able to construct meaningful sentences based on the picture. It also helps in developing child communication skills.
- See 'n' Say: - A set of board, consisting of pictures and sentences, where the child learns how to use appropriate words to form meaningful sentences.
- Eye Ball:-Boards consisting of sentences and pictures. The child will read the sentence and will point to the appropriate picture.
- I Spy:-Board consisting of sight words.
- Picture Comprehension:-The child will learn to write few sentences on the given picture.
- Comprehension (small passages)

Oral discussion on day to day living:-Helps in the development of child's communication skills and in the formation of meaning full sentences

Result:-

- After providing one to one teaching on the basis of daily 1hr , the child has started communicating with others
- Started saying small meaning full sentences.
- Able to comprehend small passages and independently writing the answers being asked.
- There is an increased motivational level in the child.

Conclusion:-

- The above mentioned case brings me to the conclusion that children with special needs learn better when given one to one teaching on regular basis.
- Children with special needs learn better in Inclusive setup.
- The pattern followed in the school should be also followed at home for better resu

ASD & family training

LAMA ALOHALI

Speech Language Pathologist

Summary

It is a fact that families challenged by children with autism spectrum disorder need special training.

Early intervention programs have been developed in North American and European contexts, but such programs were not very effective in other contexts for cultural and environmental purposes.

In Saudi Arabia, we have faced substantial obstacles when applying North American and European methods. Such obstacles vary from values to communication strategies acknowledged by the Saudi culture. In this lecture, I shall share my personal experience with family training, by highlighting the effects of cultural differences on the families' reception of the training and the benefits gained from it. I shall also point out some techniques we used to overcome these obstacles.

OBJECTIVES

I. MOTIVATING FAMILIES TO BE INVOLVED IN EARLY INTERVENTION PROGRAMS

All healthcare providers and teachers acknowledge the importance of the family role in the early intervention for children with ASD; however, not all families understand the significance of their cooperation. In this section I will cover:

- Reasons that cause parents to be uncooperative
- How to motivate families to take part in early intervention programs.
- Differences between home-based training and one to one training
- The effect of denial and acceptance on the intervention program and its outcome

II. UNDERSTANDING THE CHILD COMMUNICATION SKILLS

- Explaining communication skills to parents in a simple way by using videos and pictures help

Parents to understand their child's behavior as therefore set realistic goals for the child.

- In this section, I will cover:
- Receptive language skills in relation to the child's cooperation
- Expressive language skills and the relationship between expressive language and negative behaviors and aggression
- How to choose the right communication goal and how to apply it in a natural daily routine setting
- How to convince parents that communicating by picture will stimulate the child's language and it will not prevent him from talking

III. UNDERSTANDING JOINT ATTENTION

A defect in joint attention skills leads parents to think that their child is uncooperative or he is ignoring them. By simplifying joint attention to parents, they become more cooperative and less stressed over their child's behavior.

- Understanding joint attention leads parents to train their child in a simple natural way through daily routine

IV. GENERALIZING COMMUNICATION GOALS

- How to apply communication goals in public places such as restaurants and shopping malls
- How to stimulate the child to communicate with his extended family and friend.

Best Practices in Inclusive Education in an Urban Mumbai School

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Disha Counseling Center | Bhaktivedanta Swami Mission School

This case study presents an overview of the inclusion policy and practices in a Mumbai based school. Bhaktivedanta Swami Mission School (BSMS) is an ICSE school based in the western suburbs of Mumbai. It has been one of the few schools in the city to include children with autism into its classrooms. Following this practice of inclusive education for the last eighteen years, the school has been an inspiration and example to many schools across the city. The present paper aims to document how inclusion of children with autism, specifically, is weaved into the very fabric of everyday school life, and highlights the best practices followed by the institution. The study details how inclusion is implemented and ensured at every level of the school hierarchy, and concludes by discussing specific challenges faced in the inclusion of children with autism and the way forward.

Effect of HANDLE (Holistic Approach to Neuro Development and Learning Efficiency) on children with Autism Spectrum Disorders: Case Studies

Dr. Meeta Bali

Twenty-five one-to-one sessions of HANDLE (Holistic Approach to Neuro Development and Learning Efficiency) Intervention program were administered on three children with Autism Spectrum Disorders to study the effect on their perceptual ability, cognition and behaviors. HANDLE techniques like Buzz Snap, Face Tap, Skull Tap, Accentuation stomp, Two-finger Spinal Massage, Ear Muff, Jiggle Bridge and many more organized movement activities were included according to the need of each child. Each child was assessed pre-and post the intervention program and the data was analyzed quantitatively and qualitatively. Analysis of data showed a significant improvement in their perceptual and cognitive abilities. There was a substantial improvement in the positive behavior patterns and a significant reduction of their negative behavior patterns. Each session focused on their sensory integration concerns and the intervention program was tailor made to meet each child's specifications. Parents too were an integral part of the program as they were trained to work with their children and integrate the program at home. Their observations in terms of feedback was very beneficial to see significant progress in a span of 8 weeks. HANDLE was found to be very effective in building perceptual and cognitive abilities thus enhancing learning process in children with Autism Spectrum Disorders between age range of 5 to 13 years. HANDLE is a low cost, minimal infrastructure intervention program which focuses on the sensory integration concerns of children on the spectrum. It could be an effective program for Indian ASD population, seeing the rising population and socioeconomic background.

Effect of Visual Activity Schedule on Transition Skills of Children with Autism

Rashna Sadri

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Background: Children with Autism often are dependent on their teachers during classroom activities. They are unable to perform more than one task independently unless given continuous prompting during transition between activities. This may also lead to display of problem behaviours during transition.

Objective: Independence is a goal required for individuals with autism in order to function without assistance as much as possible. Theoretical rationale suggests that children with Autism often respond well to visual stimuli. Visual information is not transient and therefore a visual activity schedule provides a permanent representation of events or activities to be performed by the children. The purpose of this study was to investigate the effectiveness of Visual Activity Schedules (VAS) on the behaviour during transition between classroom activities of five students with autism within a special education classroom. The VAS would further promote independent transition to the next activity.

Method: Single subject design methodology was used to establish the causal relationship between the intervention (VAS) and outcome with replicating the same treatment on five children with autism. They were trained to use visual activity schedules using a system of graduated guidance. Generalization measures included pre-tests and post-tests with novel tasks and novel visual activity schedule pictures.

Result: Findings indicate increased independence during transitions in the presence of visual activity schedules. During the withdrawal of the VAS, students needed higher level of prompts during transition. Pre-test and post-test data reveal generalization of visual activity schedules with novel tasks and novel visual activity pictures across participants.

Conclusion: The characteristics of children with autism and their environment are exceedingly heterogeneous in nature; therefore, this study with children with autism has a small sample size. The evidence that exists is adequate to allow conditional recommendation. However, the visual activity schedule used as intervention with children with Autism to be termed as best practices need further randomised control studies.

Making Math easier for Children with Autism and Visual Impairment

Shibani Panda

Muskan Foundation

Research indicates that children with autism are visual learner. But when a child is Visual impaired he is prone to use his tactile modality to understand the world around him and later learn cognitive concepts.

A child who is Autistic and VI may have sensory issues due to which he may not use his tactile sense efficiently. Tactile defensiveness may pose a hindrance to learn concept through the sense of touch. Teaching math to these students is challenging to the Special Educator. The paper will speak about strategies to overcome these

difficulties and how a teacher can be resourceful in developing these cognitive math concept by judiciously using the principles of Sensory Integration, adaptations and plus curriculum (Braille, Abacus, Taylor Frame). It will also speak about the role of technology to aid the teaching of math to these children.

The paper will present two case studies to establish the idea presented in the paper.

Novel vision assessment and intervention model in children with Autism Spectrum Disorder - A single subject design

Valarmathi Arunachalam

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Sri Ramachandra Medical College and Research Institute, Chennai

Background: Autism is a developmental disorder that impacts the ability to communicate and interact with the society at large. Literature has indicated that vision is the key to communication and social interaction. The developmental model of vision involves eye health, visual efficiency and visual information processing skills. The visual information processing domain comprises of visual spatial, visual motor and visual analysis skills. This is one of the key factors to focus in addressing in improving communication and social interaction in autism.

Objective: The current study explores the feasibility and efficiency of training children with autism on visual information processing skills.

Case summary: A 10 year old child diagnosed as autism spectrum disorder was referred by clinical psychologist. The child's visual acuity levels, oculomotor integrity and eye health was ascertained. The visual information processing skills was assessed by administering standing angels in the snow, Piaget test of left-right concepts and the Developmental test of Visual perceptual skills (DTVP-3). The child demonstrated challenges in visual spatial, visual analysis and visual motor skills. A structured vision therapy protocol was provided across a period of 16 weeks. The progress was graded based on parental rating and the child's performance on various tests of visual information processing pre and post training.

Result: Descriptive statistics were used to analyse the effect of the intervention and the parent's discernment of the child's visual system.

Conclusion: The study demonstrated the feasibility of administering a comprehensive vision therapy protocol and its effect in children with autism.

The study of Science behind Music Therapy Intervention in Autism

Ashish Kasbe, Dr. Navita Purohit, Dr. Abhishek Srivastava, Dr. Pradnya Gadgil

Objectives

To study the efficacy of Music Therapy for children with Autism

Methods

Literature focusing on the effects of music therapy intervention in children with autism was reviewed which included 5 RCTs and 2 Reviews

Results

Studies have shown following effects of music therapy on symptoms of children with autism

- Promotes social, emotional and motivational development 1
- Helps to improve speech production and to perceive important linguistic information embedded in music stimuli and produce the functional speech 2
- Improvisational music therapy has been noted for its efficacy in engaging autistic children at their level and interest. It improves joint attention behaviors and helps them to develop spontaneous self expression and emotional communication 3
- Improvement in social interaction, nonverbal communication, social-emotional reciprocity 4
- Music Improves communicative skills and reduces behavioral problems 5
- Helps to improve verbal communication and initiating behavior. Increases social adaptation skills to promoting the quality of parent-child relationships 6
- Promotes brain development in children facilitating development of multiple abilities, including attention, memory, imagination, abstract thinking, language intervention, social skills and moods as well as the improvement of cognitive ability 7

Conclusions

Music is processed in all areas of the brain and has the ability to access and stimulate areas of the brain that may not be accessible through other modalities. Music therapy improves various symptoms in children with autism with cognitive, behavioral, emotional modulation. Hence it can be a valuable adjunct to therapeutic strategies used in children with autism.

Using the ABLLS-R to track outcomes of Individual Student Program for Children with Autism: Case series

Priyanka Mehta, Dr. Abhishek Srivastava, Dr.Navita Purohit, Dr. Pradnya Gadgil
Objective:

Using ABLLS-R to plan and review the effectiveness of an early intervention program

Method:

Nine children diagnosed with ASD between twenty to forty two months age were assigned to receive an early intervention program based on developmental and applied behavioural analytic principles. ABLLS-R was administered to identify skills/ weaknesses and an Individual Educational Plan was made. Developmental/Educational interventions included an environment to facilitate communicative and social interactions, use of teaching strategies like discrete trial, incidental teaching and structured teaching. Behavioural interventions included behaviour management strategies eg time-out, verbal reprimands and taking away preferred items. Medications were adjunctive to address hyperactivity, aggression, repetitive behaviours interfering with learning. Each child received three hours per week of one-on-one intervention. Each child was evaluated using the ABLLS-R at the outset and then at end of twenty weeks.

Results:

The ABLLS-R scores showed significant improvement in most areas. As an example, we have attached scores of two children on extremes of the spectrum - patient A was high functioning; patient B had severe autism. Both children improved significantly from their baseline over the study period. These results were replicated in other patients. We found that the ABLLS-R was helpful in: A. Objective/ comprehensive baseline evaluation B. Planning goals C. Periodic review for concrete insights re progress D. Simplified communication across stake holders (parents, occupational therapists, etc)

Conclusion

Early intervention for basic learning and acquiring language skills using various instructional approaches brings about significant improvements in children with ASD. We found using ABLLS-R greatly aided planning and tracking of our Early Intervention and Education program.

Vision Rehabilitation for Children with Autism, with a co morbid Visual Impairment

Mrs Dipti Gandhi (Low Vision consultant)

Muskan Foundation for People With Multiple Disabilities.

In the past few decades it has been observed that, the population of children with multiple disabilities is increasing. One subgroup of the population is autism with visual impairment. Research says that 30 % of children with autism may have visual impairment. We all know that children with autism are visual learners, and with visual impairment as an additional disability, perception of the world around and concept formation becomes complex. A well planned vision rehabilitation programme can enhance the visual skills to aid their intervention programme. The paper will talk about vision rehabilitation, for children with autism with a co morbid condition of visual impairment. The strategies for vision training for this group are exceptionally different from the other groups, as sensory processing disorder (SPD) , communication difficulties and lack of socialization skills , are difficult to manage as visual impairment pronounce the autism triad. The principles of vision training will be discussed along with the strategies to overcome the difficulties posed by both the impairments when paired together. A case study presentation will demonstrate the effectiveness of a vision rehabilitation programme in this special group of children with multiple disabilities.

Working Model of Disha - a family centred Trans-disciplinary approach

Dinaz Wadia

Director, Disha

Vision: To engage parents and children with developmental disabilities in active therapy and help them achieve maximum potential to live with Love, Respect and Dignity in society.

The Disha Model - Early Intervention Centre for children with developmental disorders which was conceived in 1992. It was a modest beginning and has now grown into Disha- Comprehensive Rehab Centre, Reaching All Ages.

An interdisciplinary mode with a transdisciplinary (TD) head collating the therapies. This model is applied to paediatric as well as geriatric individuals needing therapeutic interventions.

Intervention Process:

The Disha Model is a 6-stage process: Initial contact, Need Identification, Assessments and evaluations, Treatment planning - the individual treatment protocol, Service Delivery - goals and follow up at home, Parent Empowerment Program- empower parents to follow up and manage the child at home.

Challenges of the Model: Good leadership and interpersonal skills, Willingness to adapt to the philosophy of a collaborative team work embodied in a set of shared values, Significant time required for team members to collaborate to plan, practice, document and critique their work together, inconsistent follow up at home, Skill levels of individual professionals, Management of conflict amongst professionals.

Key Benefits of the Model :

For the Parents :Service efficiency , cost effective services, less intrusion on family as one key relationship helps streamline the communication, less confusion to parents as the team coordinating and prioritizing the plans. Reduced fragmentation in services, holistic approach with more coherent intervention plans and shared mutual vision

For the Team: Enhancement of own professional skills, Mutual respect among team Role release improves sharing of expertise, valuing the perspectives of those from other disciplines, openness to learning skills and trust, helps to “let go” of one’s, specific role when appropriate. (Johnson et al. 1994).

Session 3

Preparation for Adulthood

Effect of ICT on Work Behaviour of Individuals with Autism Spectrum Disorder and Intellectual Disability

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Autism Spectrum Disorder is a complex neurobehavioral condition that includes impairments in social interaction and developmental language and communication skills combined with rigid, repetitive behaviors. Intellectual Disability is a neurodevelopment disorder characterized by significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behaviour. There is good evidence that Computer – Aided learning is well accepted by students with Autism Spectrum Disorder and Intellectual Disability and is of great potential benefit to them. Despite the potential, the field is unexplored. Therefore research was conducted on 20 students of SANKET – ICT and IPAD Training Program of SOPAN to examine the effectiveness of Computer-Assisted interventions for teaching a wide range of skills like Social Skills, Communication Skills and Adaptive Skills to students with autism spectrum disorders and Intellectual Disability.

ICT: CREATING WORKFORCE OF PERSONS WITH AUTISM

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Background: One is aware that 1 in 68 kids have Autism. Autism has been seen very differently until some 5 -7 years back. Most of the focus was given to the exhibited behaviours without understanding the root cause of it. *Prayas has shaped those thoughts and shifted paradigms.*

Persons with Autism have an extraordinary ability to pay attention to details and that ability makes them good candidates for testing software. Some persons with Autism do exhibit strong associative memory, in the early years it is evident through the association to events and facts etc., this can be channelized in to training them in coding.

Prayas- Daksh- A Model of Best Practice:

It is a technology based educational and skill development training programme for Individuals with Autism Spectrum Disorders. It is developed as the first product of project called Prayas of Autism Society of India in the year 2011 through **evidence based approach**. It is an indigenous & innovative intervention. The intervention has a component of iPad intervention too. Prayas- Daksh- is available at www.learn4autism.com It is a free-OER-Open Educational Resource. It can be used for persons with Autism in the age range of 6-18 years.

Findings:The training given through Prayas Daksh involves a logical consequence in to an occupation/vocation/employment which leads to gain self- reliance and independent livelihood over a period of time. It also helps in inclusion and less burden on the family.

Community participation can be done by writing blogs or being a part of some. Through the YouTube, one can make the videos of their skills of playing music, singing or art or any tutorial can be developed and all can be posted on the YouTube and monetise those. This way, it can be a livelihood option for some persons with Autism.

To achieve higher education; all we need is the compassion to the condition, awareness about the needed support and affordability and accessibility to these systems.

Conclusion:To conclude, our project “Prayas-Daksh” has been able to change the perspectives of parents, professionals, corporates and communities in last six years. The biggest impact was made through the project “Prayas-Daksh” when in the year 2013, corporate like SAP announced that one percent of their employees will be persons with Autism.

Preparing children with Autism Spectrum Disorder and Multiple Disabilities for Adulthood

Sampada Shevde

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Any transition in life is a time of change and can be challenging for any young individual; more so for a person with multiple disabilities. In order to overcome this challenge, Transition planning for young adults with disabilities is an important process to enable students to successfully move from the safety net of the school into adult life. Quality transition planning is student centred and student driven. However it is important to begin planning early. The initial step is gathering information regarding the students’ current strengths, needs, preferences, and interests in the context of current and future working, living, and personal and social environments. All this information could be put together in the form of a portfolio. All this is possible through the collective efforts and collaboration between the family, professionals and the community. Transition planning encompasses all areas of a person’s life, including learning, relationships, recreation, and vocational needs. This paper provides a conceptual framework about transition planning for youth with multiple disabilities such as vision impairment and autism.

Skill Training for Individuals with Autism in reference to National Action Plan for Persons with Disabilities

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Introduction:

Vocational training and employment opportunities for Individual with disabilities is a critical element for enhancing their quality of life, their families and substantial gains for the broader economy. There is an immediate need for Quality Vocational Training with high employability. Homogenous training curriculum & methodology need to be adopted to meet the huge demand-supply gap. Vocational Education and Training (VTE) and general education is in the process of reform and has undergone a number of changes which has seen the system open from industry through the introduction of a National Skills Qualification Framework (NSQF). National Action Plan (NAP) for Skilling the Persons with Disabilities has been prepared by the Department of Persons with Disabilities (DEPwD), wherein vocational / skill training would be provided by a network of skill training providers led by CSOs, private training institutions and Public Sector/Govt.

Who are the Agencies to carryforward the mission of skilling PwD's (Autism)?

There is various agency such as National Institutes under Ministry of Social Justice and Empowerment, Career and guidance centre for the disabled under Ministry of Labour and Employment, Vocational Colleges, Technical Institutes, Vocational Schemes under grant in aid umbrella of MSJE, Non-Governmental Organizations, Public Sectors, Skill development agency etc. All this effort is being made with a motive to skill PwD's for better empowerment.

Why Skill Council for Persons with Disabilities (SCPwD):

One such special initiative is Skill Council for Persons with Disabilities (SCPwD) which focus on training in various category of PwD's such as locomotor disabilities, hearing impaired, visually challenged and 3 Intellectual Disabilities with additional disabilities. All this effort is being made with special reference to enactment of Rights of Persons with Disabilities Act (2016). Since a special provision is made for 1% reservation for persons with (ASD, ID, MI, SLD &MD) a wider scope for vocational training emphasized.

What type of Members involved in of skill development of PwD's (ASD)?

Thus before planning the programme for individuals with disabilities (ASD), it is essential to make a job survey in the community, assessment of job related skills to be identified from which the goals can be delineated. Society' attitudes towards the

individuals with disabilities need to be studied and improved in positive direction which in turn facilitates employability for individuals with disabilities, development of adaptations and ongoing follow service. Therefore, a need of collaborative team work between the parents, professionals and other members.

Government Initiatives towards Skill Development for PwD's:

The initiatives of the Government can be summarized as under: -

- Government took initiative to establish the National Institutes.
- **Creating infrastructure**
- **Scientifically manufacturing** of Aids & Appliances in work place environment and for individuals with disabilities.
- **Developing programs** for providing aids and appliance, benefits and concessions directly to persons with disabilities,
- **Bringing out legislations** to ensure right based society for the person with disabilities, qualities and standards in the Human Resource Development Programmes in the field of vocational rehabilitation.

Conclusion:

Vocational training and employment opportunities for individual with disabilities (ASD) is a critical element for enhancing their quality of life and substantial development for the country economy. In this regard implementing skill development programme for Persons with Disabilities is a challenging task by including a range of planned coordinated task with the involvement of stakeholders such as rehabilitation professionals, family members, community and employers. Thus cycle is a vicarious circle to skill, scale and speed up the process for meaningful empowerment of persons with disabilities. Further the above Skill Training provided a platform for Stakeholders, for uniformity in curriculum as per National Skill Development Corporation (NSDC). Due to provision of 4% reservation in jobs, as per Rights of Persons with Disabilities Act - 2016 the need for skill training increases. Thus vocational training is gaining momentum in India to fulfil the theme of INCHEON Strategy by "*Making the Rights Real for Persons with Disabilities*".

"The Pathways": Vocational Training Program for Special Needs Adults

Poonam Nair,

Vocational Head, Sol's ARC

Autism is a developmental disability that affects communication, social interaction, and play skills. Autism affects about 1 in 68 people and it occurs four times more in

boys than in girls. Currently, the percentage of population of individuals with autism living in India is highly prevalent and rising, however, their need for meaningful employment largely remains unmet and they have been most excluded adults from the mainstream employment.

Currently the skill training being offered through various institutions / mechanisms is non-homogenous, lacks quality and is low on employability. Such kind of skills does not have huge market demand, due to which adults with autism land up being jobless and home ground which leads to dependence over family. Hence, it is an urgent need to scale up the skill-training infrastructure in view of the huge demand-supply gap.

Sol's ARC recognizes the importance that improving vocational training and employment opportunities for adults with autism is critical element for enhancing their quality of life their families but there are also substantial gains to broader economy. The vocational project is a key milestone in achieving the vision of "Transforming Special Education" Sol's Arc is working on a path-breaking project that aims to create standardized courses for creating employability opportunities for adults with autism.

The present paper is an attempt to highlight a unique Pathways vocational skills training model introduced by Sol's ARC for adults with autism. This holistic program aims to enable youth with autism to become employable individuals in mainstream society and also aims to develop and standardize courses with industry experts and further scaling this model through collaboration and leveraging of technology.

WHEN, WHAT AND HOW OF PREPARATION INTO ADULTHOOD

Pavitra Desai

KDAH

Autism spectrum disorder (ASD) is a lifelong Neurodevelopmental disorder. The effects of autism on cognition, emotional regulation, language and social communication, and relationship skills are present across the lifespan.

The expression of characteristics, patterns of strengths and challenges, and severity of impairments differs widely across individuals on the autism spectrum. Given the heterogeneity found in the disorder, adolescents and young adults will require a wide range of services and supports that are individualized and need driven. However, the preparation into adulthood needs to start early on.

This talk concentrates on the preparation for adulthood for a child with Autism. It focuses on when this planning should begin, who all are involved in this process, what to look at and how to achieve the same. The primary pillars of transition planning and preparation for adulthood include individualised assessments to identify the child's strengths and weaknesses; person centred planning, and defining a circle of support that work together.

Effective planning and collaborative efforts with the child will help achieve the goal of becoming a productive and participative member of society.

Session 4
Employment and
Human Resource
Development

A study on the Effectiveness of Short Term Course on ASD

Nishat Imam

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(University of Mumbai)

Human resources are the most important resources that contribute towards the development of any society. In the life span of a special child there are two most contributing social milieu viz; home and school. No learning experience can be envisaged in the absence of manpower in the form of parent and professionals including teachers. It is therefore important to build capacity so that persons with ASD are socially included in all the pursuits of life. Also, the persons with disability act 1995; one of the significant legislations of the century indicated the significant role of the universities in the area of manpower development. In India there are many teacher education programs at diploma and B.Ed. level in ASD. However they are full time programs. There are special educator's already trained and specialising in disabilities other than ASD. At a time when we are at the cross road of inclusive education, the need is to build the capacity of existing professionals who are not adequately trained in ASD. The Rights of persons with Disability Act No. 49 (2016), states that equal access, equal participation and provision of reasonable accommodation in the educational institution. It also proposes awareness and human resource development. Review of literature reveals two significant aspects in a report documented by the RCI, one is the lack of trained manpower and second is the lack of adequate awareness among parents of children with ASD and society at large. In order to bridge the demand supply gap of special teachers to teach children with Autism spectrum disorder, a short term course was proposed. The objective of the course was to equip parents and professionals with teaching strategies and management of children with ASD. Since the need was to provide training to teachers who were working,

This study investigates the effectiveness of the 12 week modular program designed by the SOPAN team to train parents and professional. The sample consists of 40 professionals/parents, out of which 20 were given training who was a part of experimental group and 20 was the size of the control group.

Objective: To study the effectiveness of the short term course (ASD).

Methodology:

The present study is Quasi-experimental in nature with Post-test control group design.

The sample consisted of 40 participants; out of which 20 participants in experimental group and 20 participants in control group. The participants in the experimental group were a part of the ASD course and the control group had participants who had no exposure to the training program. Both the groups were compared and data was analysed using statistical measures.

Tool: Reaction scale in the form of opinionnaire was prepared by the investigator was used for the purpose of data collection.

Findings:

The Short term course in ASD was found to be effective. There was a significant difference in the knowledge and skill acquired in the participants who were a part of the training and those who did not attend the training.

The course structure was found to be useful to the participants who had done the course and those who had not done the course felt that having equal thrust on theory and practical would benefit parents and professionals in future.

Conclusions:

Based on the above findings it can be suggested that parents and professionals equally benefitted from the short term training and those parents and professionals not having undergone the training were enthusiastic in going through the training program. It was useful in skill building among professionals dealing with ASD children in inclusive set up. Parents and professionals were more confident in the management of children with ASD.

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Development of Teacher Training Module Using Universal Design for Learning (UDL) and its Effect on Academic Achievement of Children with Autism'

Giselle Lobo

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Background: Among the various disabilities present in the schools, autism has represented a challenge to teachers because of the complexity of the characteristics. Difficulties in communication, sensory issues and certain behavioral impairments all combine to result in difficulties in academic performance. (Denning and Moody, 2010; Koegel, Singh & Koegel, 2010; Simpson and Myles, 1995). Johansson (2014) found that many teachers in schools had no knowledge of the characteristics of autism and how they impacted learning in the child. In this situation, teacher training becomes all the more necessary.

Universal Design for Learning (UDL) provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone--not a single, one-size-fits-all solution but rather flexible approaches that can be customized and adjusted for individual needs.

Methodology: The study was undertaken using an Experimental Design with pretest/posttest control group design. It was conducted in two phases wherein, Phase 1 consisted of 5-day training program given to teachers, and Phase 2 consisted of the intervention (using UDL strategies) given to children with autism in mainstream classrooms by trained teachers. The independent variable was the training module based on the principles of UDL and the dependent variable was the performance of teachers and students.

Findings: This study shows that teachers who are trained in UDL are able to improve their performance. The significant improvement in the scores of students who were taught by teachers who were trained, underscore the need for teacher training in order to be able include children with autism successfully (Strain and Bovey, 2011). In this module teachers were given opportunities to give mini lessons based on each principle as well as deliver an entire simulated lesson to their colleagues during the training. This gave the trainer a chance to provide feedback based on the principles of UDL.

Conclusion: The training provided in this study stressed the use of visuals repeatedly. Teachers were given hand-outs of the various visuals they could use to communicate with their students. During the post training observation it was observed that many teachers used the visuals to communicate with their students.

Role of Parent as a Co-therapist in Autism Intervention

Smrithy Rajesh

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Autism Spectrum Disorder (ASD) is a developmental disorder. The diagnosis does not come with a parenting manual, but gets you in touch with few professionals that one has only heard of. This paper attempts to describe the journey covered so far by a mother whose son has been diagnosed with ASD and her resolve to provide him with a better quality of life-specific to communication. This submission aims to describe the process and analysis of the intervention and highlight of the significant role that a mother place as a co-therapist at the early intervention stage. Post diagnosis, she enrolled her child in ABA program. She also explored various ways on how to use day to day activities to use the ABA strategies. Intervention progressed to introduction of PECS to facilitate communication. She also understood the benefits of “structured teaching” and enrolled him in the program. Meanwhile, her son started using few signs and around 30 pictures for communication, but at the same time he started showing behavioural issues due to communication frustration. During that phase, the mother was introduced to Assistive technology for communication. She found that the app helped him to communicate his needs and feelings and also gave him a sense of social inclusion. The primary difficulty the most children with autism deal with is the inability to communicate and AAC help the child to overcome this hurdle to an extent. Being an app that translates text and pictures to sound, it help the child to bring down his anxiety level, improve his social skills and progress in all areas of learning, like data entry and other computer skills, Jewellery making and different sports activities like Roller Skating, Cycling, Basketball and Swimming. As a result, the child was able to achieve maximum potential in different areas and this helped the entire family to get a better quality of life.

**Sheltered Employment for Persons with Autism: Make Everyone Productive
Aspects to empower people with ASD - and high-level support - to participate in
work**

Dr. Martina Schabert

Autism Competence Centre - Munich, Germany

Background: The great variety of autistic phenomena makes it necessary to offer a great variety of approaches to enable the inclusion into the world of work. One has

to consider that even those who show very severe symptoms of autism and therefore require much support may have the wish and the potential to work. For their inclusion into working life specific conditions need to be created. This article will present certain possibilities of support that aim at activating autistic persons, in particular structural and methodical ways of help to make inclusion possible will be shown.

Structure and visualisation (according to TEACCH-Program)

Pedagogical and therapeutical help is offered by the above mentioned programme. Procedures have to be created which are predictable and provide orientation to make the client feel safe. If they know what to expect and what is expected of them, their behavioral problems will be reduced. Overmore, they are more ready to react flexibly if they feel safe. The planning of actions is made more easy and independent action is made possible. The individually necessary help on the one hand and the granting of space for the development of personality on the other constantly need to be weighed against one another. The support given has to be matched daily with the actual condition including the mental and emotional state of the individual client Therefore, a high level of expertise and reflexion is required!

Conclusions:

Insights Gained as to the Competence to Act. The repertory of action of clients varies tremendously and it depends on their changing daily conditions. Individual, personal coaching must constantly be given in the introductory phase. Most clients need repeated impulses during the day in order to carry on with their work; these impulses might at a late stage be very minute ones, such as a twinkle or a tiny gesture. If certain procedures are practised and trained for years, an automatic performance can eventually be reached.

The Demands on the Instructors: The basic demand is a high level of personal commitment and the readiness for teamwork and cooperation with everybody involved in the process, including relatives. Persistence and creativity combined with empathy is needed to meet the individual demands on the sensitive support of the clients. If possible a change of staff should be avoided; it would endanger the progress of clients towards trust and safety .Apart from a specific qualification for the therapy and treatment of persons with autism (i.e. to use Structured Teaching according to the TEACCH Program), regular talks and consultations to get advice and to reflect on one's experience at work are of great importance. Continuous external coaching should be made possible.

Teacher Preparation Programs in India: Focus on Autism

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Overview: Teacher preparation refers to the policies, procedures, and provision created to equip teachers with the knowledge, skills and attitudes, they require for performing their tasks effectively in the classroom, within the school, and wider community. This paper presents a discourse on the status of teacher preparation programs in India and its effect on inclusive education of children with autism. It provides an overview of three phases of teacher preparation, namely (i) initial teacher preparation (ii) induction and mentoring, and (iii) continuous professional growth.

Objective: The author aims to evaluate each phase with reference to the competencies required for educating children with autism.

Method: Each phase has been appraised against the standards for professional development of special education teachers designed by the Council for Exceptional Children, USA (CEC, 2004). The guideline consists of domains that designate the minimum criteria for knowledge, skills and attitude that every teacher of special education must develop at the end of the teacher education that he/she has completed. The guideline underscores the need for induction and mentoring by specifying the role of a senior colleague. It describes the importance of continuous updating of knowledge and skills by a teacher.

Result: While the initial teacher preparation measures up to the standards by and large, a significant development need is visible in the second and third phases. Teachers have a crucial role in making their classrooms inclusive. Children with autism need teachers who are familiar with the autism specific teaching practices. Although India has teacher preparation programs with specialization in autism, special educators who are already in service need mentoring and in-service training to acquire skills and competencies for helping children with autism cope up with the academic and social demands of inclusive education. The school administration must respond to this need by insuring adequate support and accountability for second and third phases of teacher preparation. A strong belief in shared responsibilities and collaboration will contribute to application of evidenced based practices and fulfilment of the mandate of inclusive education for children with autism.

Session 5

Living within the Community

Capacity Building of persons with autism through living with family and Community

Md. Mofijul Islam

Society for the Welfare of Autistic Children(SWAC), Bangladesh

In my study “Living with Family and community “I’d like to give priority to family and community support to families living with ASDs in Bangladesh. Current government initiatives have made positive changes on autism awareness and its spreading in the Bangladesh society. Two laws have been enacted for the persons with ASDs and other disabilities. Both laws help in implementing the human rights based attitude towards disabilities in the Bangladeshi society. Still these services and facilities for the disabled people are concentrated in the urban areas and in the main cities. Besides this, there is miss information on autism, its symptoms, intervention and rehabilitation process. To make the rehabilitation and the family support as a communal responsibility are the keys in the training, education and rehabilitation of ASDs. Bangladesh has a communal culture and especially in the rural areas the family support is essential. Family and communities play a significant role in designing the rehabilitation of ASD. The importance of communal rehabilitation can also motivate other stakeholders, development workers and policy makers to work positively for the advancement of the services, education and training. It can create accessibility and equal opportunities in socio-cultural, economical and political level. This study may help the development workers, families, communities and policy makers to design services and rehabilitation for the people with ASDs in a family and community based approach. Focus group discussion, workshops, interviews of family members, community leaders and other stake holder’s interview has been applied for this study. There is no data or study for such kind of topics. This may help other researchers or any agencies working with disabilities.

Coping with Parenting Challenges in Autism: Empowerment Strategies for Parents

Cinu I. Paul

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Objective: Autism is a complex neurological disorder that affects the function of the brain, significantly impairs communication, social interaction, functioning skills in

children. The diagnosis of autism creates crisis of changed expectations and parents experience traumatic period in the early days. Besides the degree of autism, the associated behavioral problems disturb the established equilibrium of the family functioning. In fact, that parenting a child with autism is really a herculean task, which demands excessive personal and social adjustment from parents. In the light of this, the first objective of the study is to identify the various empowerment strategies for parents with autism children. Secondly, to analyses the level of coping and the third is to find out the different ways of coping among the parents of autistic children.

Method: The current study adopted a qualitative research method with case study design through in depth face to face interview with eight parents from two autism centers in Kerala. Purposive sampling is employed in the sampling procedure, since it's a qualitative study. An interview guide was used as a tool for the study and six major themes were coded through thematic analysis from the primary data.

Results: The results of this qualitative study highlighted a number of strategies for parents to cope effectively with challenges in parenting a child with autism. Six major themes were emerged through thematic analysis which includes never give up hope in the change of the child, accept child as he or she is, find out time for yourself, learn about autism, belief in God, and spousal support. Findings shed light into the various dimensions of coping employed by the resilient parents in order to tackle the crisis in their family.

In a nutshell, evidence based social work practice which is inevitable for empowering parents of children with autism. It results in the psychological, social, physical and emotional well being of parents which in turn enhances the quality of the life of their children with autism.

“MY AUTISTIC CHILD - WHAT AFTER ME?”

Attempting to answer this dreaded question of all the parents of Autistic children by “Trustworthy Residential Care Homes.”

Arundhati Thakre

Objective

To share lived experiences of parents and caregivers of Autistic Kids as they lead a normal life in a different way.

Method

Running an “Autism Centric” – Developmental Centre for past six years introduced me to the problems faced by their families and care givers in the minutest details. This paper documents these lived experiences in a structured way.

Result

One of the major concerns of primary care-givers is regarding ways to meet the requirements of Autistic Kids, especially after their lifetime. Observations made in the field of positive changes in Autistic Kids with continuous physiotherapy & occupation therapy, suggest that one of the way forward can be “Trustworthy Residential Care Homes” to provide “Structured Living with Predictable Routines” (AFA). For these homes, one of the main emphasis should be on conducting personal grooming sessions and teaching life skills for an independent life sustenance in “Sheltered Workshops” (AFA) under continuous medical supervision.

To become financially feasible, such care homes need to figure out opportunities for generating finance and cost containment. However, long-term sustainability of such homes need strong policy framework.

Conclusion

Therapy & continuous medical supervision can ensure productive life of Autistic Adult. A strong policy framework is needed to ensure sustainability and desired outcomes from Autism Centric Residential Care Homes.

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Parents of Children with Autism Spectrum Disorder: Stress, Coping and Psychological Wellbeing

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Autism Spectrum Disorder is characterized as social, communicational and behavioral impairments. Raising a child with a developmental disorder can be stressful and poses exceptional caregiving challenges on parents. Evidences show that parenting a child with Autism can disturb the whole family life and result in several physical, social and psychological problems. The wellbeing of those parents, therefore, is at risk. The present study examined stress, coping and psychological wellbeing of parents and to what extent child related characteristics such as child's age (younger or older) and severity of symptoms (mild or moderate) predicted stress, coping and psychological wellbeing in parents. The study has applied mixed method approach in order to have an in depth understanding. Out of 49 participants, mother (n=34) and father (n=15) completed the questionnaires for stress, ways of coping and psychological wellbeing. Semi structured interview schedule was used to gather qualitative data from 10 parents. Results highlight that parental stress was higher for those who had children with moderate autism. Coping strategies was used in maximum by parents of children with moderate autism, and psychological wellbeing was higher for parents who had children with milder autistic symptoms. Parents experienced higher stress in child's core social impairment and planful problem solving was the most commonly used coping strategy. Results further indicate that having a child with ASD has helped the parents in their own personal growth. The most consistent predictor of coping mechanism and psychological wellbeing of parents was child's age, whereas severity of symptoms was the most consistent predictor of stress in parents. Thematic analysis of the qualitative data lighted the themes like lack of awareness, diagnostic delays, social issues and child future concerns. These findings suggest the development of programs and services for families, particularly for those of children diagnosed with severe symptoms of Autism.

Planning for a financially secure future

Sankaran Naren

Executive Director & Chief Investment Officer (CIO) at ICICI Prudential AMC

Securing a financial future for you and your loved ones is a life-long process and a single solution can never fit all. Broadly, the path to a healthy financial future can be simplistically represented as - save judiciously, invest wisely, and protect your wealth smartly.

Saving for needs of a special child

As parents of a special child, it is your paramount duty to see to that the financial future of your child is secured to the best extent possible. This means, you should be looking to invest for at least the next 50 years. There are various ways in which you can use asset allocation as a strategy for your investments. For instance, you could invest 10 percent of your money in bank deposits, 30 percent in 10-year government bonds (debt), a further 10 percent in gold, and the balance in the largest equity-index fund (equity).

A Trust can safeguard the corpus created by you on your behalf and meet the needs of your children as per their requirement. Trusts usually come with clear written instructions on the usage of their contents. Over the past few years, many institutions in India have begun to provide Trust services to individuals to address their needs.

A final word

As the dynamics of the markets and the economy are constantly changing, it becomes even more imperative to follow simple saving and investing strategies that have withstood the test of time. While it can be very difficult to foresee the future of your child in your absence, it may not be so difficult to take steps to leave them with a sizeable corpus and ensure that your children maintain their lifestyle, fulfil their goal and stay financially secure in the future.

Reducing stress and equipping families and ASD individuals to adapt and manage several daily social situations.

Sowmya Kuduvalli

Developmental Psychologist; HOPE the Early Intervention Centre, Bangalore

Objective: To train ASD individuals in successfully handling several daily social situations, set expectations and help understand plausible outcomes.

Method: The intervention sessions are primarily driven through Social Skills Training methodology [SST]. Majority of these sessions are conducted on a one-one individual session with parents and /or care givers along with a few group sessions to drive best results.

Module based training is adopted and introduced in the IEP (individualized educational program). A detailed assessment is conducted to ascertain current social skill functioning of the ASD individual and the issues that are encountered.

The SST includes a visual schedule to help the ASD individuals better understand their daily routine, provide choices for tasks and allow flexibility.

Reading social stories on related topic, video demonstration of expected behavior and suggesting alternatives when he/she is unable to keep up to expected behavior. Having group sessions to try and address it in a group, families are encouraged to have groups where they can replicate these. A reward system can be incorporated.

Result: The person with ASD will be lot more aware of what is expected of him/her in various social situations. The understanding and self-awareness gained through this training and realization of choices / alternatives available significantly reduces their stress.

Conclusion: Parents and caregivers of persons with ASD often isolate themselves from social gathering fearing a meltdown. The constant fear may result in high levels of anxiety and mental health issues on account of managing daily social situations.

SST intervention significantly helps families reduce stress in anticipation of an awkward situation.

Spiritual Model for Rehabilitation of Persons with Autism

Mythily Chari M.Ed.Ed.S(USA)

In the 80's top of the heap of approach was the Medical Model, autism was categorised as Behavior Disorders (BD) or Emotional Disturbance (ED). "Treatment" was administered in residential/hospital settings. This was followed by Therapeutic model; ABA, TEACCH, PECS, GFCF Diets, Megavitamin therapies, Chelation and Hyperbaric Oxygen therapies and most recent being Stem cell therapy. Each decade or so there was a perceptual paradigm shift. The last one was Educational Social Model for rehabilitation emphasizing on Inclusive Education.

Autism Unlimited: The Spiritual Model

We missed out on the most crucial dimension the Spirit. We need to acknowledge that the person with autism chose autism, to inhabit this body, and be born to the particular family by choice and not by default. Once the Disease- Deficit-Disability

model is discarded and Divinity is accorded then we are practically on thin ice, the very Foundation has been shaken. Autism Mythology is busted. We need to build from scratch. The more we travel in the old route the more lost we will be. Then where do we go from here?

Autism Commonwealth

The savants who have appeared in my life continue to guide, motivate and prod me to share my current knowledge. Autism is commonwealth, they do not belong to one family or institution, nationality or race, they are global citizens much older to us in Earth years and are not product of this era. With our limited tools we may never understand these beings.

Messages from the Masters

The messages are from the Autism Collective. They may lack voice but they have words. They have “spoken”. They explain the nature and scope of autism; they are truly multidimensional beings possessing quantum intelligence, they have chosen “silence over chatter”, while they may be non oral they are not nonverbal. They tell us not to be driven by methodology but guided by Unconditional love. Accept the child where s/he is and approach with a sense of dedication and humility to be led in the divine path. To do this we must raise our vibration to suit theirs they will not come down to match ours.

Study of support needs of parents of children with Autism Spectrum Disorder

Neha Tendulkar

SOPAN

The purpose of this study was to determine the support need (requirement by parents in the areas of child’s diagnosis, counselling, education of the child and training programme) for parents of children with Autism Spectrum Disorder and whether the support needs differed on the basis of education, income and age of their child with special needs. The study was conducted as a survey. A total of fifty three parents participated in the study. Scale for Assessment of Parents’ Support Needs (SAPSN), questionnaire designed for the study was used for the purpose of data collection. The children of all parents attended special school or group activity centres in Suburban Mumbai. This study focused on how the socio economic background, level of education of parents, child’s age (younger or older) would affect need for support in the selected parents. SAPSN sought information with

reference to diagnosis, intervention and education, knowledge of parental association and network, family responsibility etc. The result indicates that there was no significant difference in the level of support needed by parents with respect to their education, family income and age of their children. It is concluded that Support need for all the parents whether they more educated or less educated. The parents whose income is higher need similar support as compared to the parents of those children whose income is lower. The parents of younger children need similar support when compared to the parents of older children.

The 5A's of Inclusion: Putting Diversity into Action

Samantha Craft

Diversity and *inclusion* are two separate concepts that are often clumped together, even as they mean two different things. Diversity can be thought of

as the facts and numbers, such as 10 females on the autism spectrum work at the office. Inclusion can be thought of as what we do with the diversity information (and the diverse individuals)—what we do with the facts and numbers (and people)—such as this workplace action: we are having a meeting to get your feedback about our leadership team. Inclusion is the action and practice we put in place to support the diversity.

Throughout this talk, I will make mention of what I have coined the *Five A's of Inclusion*. Aspects essential for effective inclusion. These five include:

Acknowledge diversity

Acquire information about diversity

Accept diversity

Attend to diversity

Appreciate diversity

The first essential aspect of building an inclusive community is having a person of authority well versed in diversity. To be an authority, we must first **acknowledge diversity**, we must acknowledge diversity exists and understand how diversity is represented, such as cognitive, cultural, or social differences amongst individuals. When we acknowledge diversity, we identify differences, and also recognize unique contributions, and strengths and challenges that come with being different.

Gaining insights about a minority can go a long way in creating an inclusive environment. Knowing many individuals on the autism spectrum have been repeatedly manipulated, victims of predators or peer-group pressure, and are more vulnerable to experience heightened levels of trauma, depression, and thoughts of suicide, enables leaders to identify means of support in the community.

Being an authority, when it comes to diversity, has the potential to broaden the mind and perspective, and will definitely assist in moving toward a community of inclusion.

As John Maxwell, leadership expert and coach, said, “Leaders become great, not because of their power, but because of their ability to empower others.” As well as being an authority, through acknowledging and acquiring information about diversity, it’s vital to **Be a Leadership Role Model**—

practice *servant leadership*. I recognize I don’t have all the answers, point individuals to resources, and remind them to trust their own heart and inner knowledge.

We’ve talked about three *A’s of Inclusion* thus far, **to acknowledge diversity, acquire information about diversity, and accept diversity**, and we’ve looked at what this process includes. Next we will be looking at attending to diversity. But first let’s examine the issue of trust.

Just as it’s important to be an authority and effective leader, it’s equally paramount to **Be a Trust Instigator**.

Attending to diversity and fostering trust, includes a thorough evaluation of your own interior motives for creating community. If spreading kindness, or another virtuous deed, is somehow attached to your intentions, your chances of success are that much greater!

The last of the 5 *A’s* is about **Appreciating Diversity**. Appreciating diversity involves a ‘**Be a Cheerleader**’ attitude—routing for the team, routing for success, and routing for inclusion done right. It’s the final and ongoing chapter of an effective community. Inclusion, without appreciation of differences, simply doesn’t work.

In closing, the 5 *A’s of Inclusion* is an effective tool and a feasible approach to work toward an inclusive environment. When we **Acknowledge, Acquire, Accept, Attend, and Appreciate**, we are one step closer to making a difference in the lives of others.