



AUTISM & BEYOND

*An Initiative by Centre for Child and Adolescent Wellbeing
(CCAW) , New Delhi*



AUTISM & BEYOND

**Compiled & Edited
By**

Ms. Indu Chaswal, *Autism expert, Special Educator*

Dr. Deepak Gupta, *Child & Adolescent Psychiatrist*

Ms. Tripti Choudhary, *Child & Adolescent Psychologist*

Ms. Shreya Tandon, *Associate Psychologist*

Ms. Shambhavi Singh, *Associate Psychologist*

Ms. Neha Gupta, *Associate Psychologist*

April 2014

*An Initiative by Centre for Child and Adolescent Wellbeing
(CCAW)*

CONTENTS

| TITLE | PAGE No |
|--|-----------|
| Note from the founder | 2 |
| Introduction Ms. Poonam Natarajan | 3 |
| Experts Speak: | |
| Putting It All Together... Sensory Integration Ms. Shikha Sawhney(Kapoor) | 5 |
| Hear My Voice Mr. Kumar Gaurav, Mr. Rajeev Ranjan, Mr. Kapil Sahu | 10 |
| Communication – It Takes Two To Talk! Ms. Harshita Sinha | 14 |
| Learning To Learn Mr. Dhiraj Bhasin, Ms. Vasundhra Thakur | 19 |
| Essential School Skills Ms. Simi Joshi | 24 |
| Let’s Celebrate- Growing Up Ms. Indu Chaswal | 29 |
| Biomedical Intervention In Children With Autism Dr. Deepak Gupta | 35 |
| Myths And Facts | 39 |
| Journey Of Parents | 42 |
| A Unique Brother- Poem By A Sibling | 46 |
| Other Information: | |
| List Of GFCF Product Outlets | 47 |
| List Of Autism Centers In Delhi | 50 |
| List Of Useful Applications (APPS) | 54 |
| About Centre For Child & Adolescent Wellbeing (CCA W) | 56 |
| Services Available At CCA W | 57 |

NOTE FROM THE FOUNDER

‘Autism & Beyond’, a Parent Information Book is truly a dream come true. As a professional working in this field for more than a decade, I always wanted to develop resources which are parent- friendly. **‘Autism & Beyond’** has been one such leap in this direction for parents of children with Autism Spectrum Disorder (ASD).

On the occasion of **World Autism Awareness Month (2014)**, CCAW, New Delhi, is proud to launch **‘Autism & Beyond’** - a Parent Information Book to provide parents and caretakers of children with strategies and techniques to deal with various aspects related to ASD.

It covers a number of facets and challenges that parent’s encounter in their journey of hope. It includes biomedical interventions which explain that ASD is a complex manifestation of Gene-Environment Interaction. It includes articles by professionals proficient in their respective fields. The book includes the journey of parents of children with ASD sharing their own experiences. This book attempts to demystify certain myths and facts around ASD. Towards the end of the book, you will find references to various ASD related applications, Autism centres and GFCF stores in New Delhi and NCR.

I am thankful to all the team members of CCAW, New Delhi, for their excellent and dedicated work. I believe that with this endeavour, we have added a tiny drop to the vast ocean of support required by the ASD community.

I am thankful to all the parents, Akhil Autism Foundation (New Jersey, USA) and my family for their love and support. We hope that in the future, we at CCAW, continue to develop more resources that will benefit parents, children and the Autism community.

With my deepest commitment to the ASD community...

Dr. Deepak Gupta
Child & Adolescent Psychiatrist
Founder, CCAW
Child Psychiatrist- Sir Ganga Ram Hospital

INTRODUCTION

Autism is a lifelong developmental disorder that typically occurs in the first three years of life. It causes impairment or disturbance in three main areas, Social skills, communication (verbal as well as non-verbal) skills and repetitive and restricted behaviours. Persons with Autism may have a range of sensory issues.

Autism is known as a spectrum disorder, because the severity of symptoms ranging from a mild learning and social disability to a severe impairment, with multiple issues and highly unusual behaviour. This may occur alone, or with accompanying conditions such as mental retardation or epilepsy.

Autism is the fastest-growing serious developmental disability in the world and has been termed as an epidemic. It is a neurological condition that typically appears after first two to three years of age. It affects as many as 1 in 110 children and 1 in 70 boys. Boys are four times more likely than girls to have autism. There is no cure for autism, but early diagnosis and intervention improves outcomes.

The needs of a child with autism are complex and change with each life stage. All of us need to better understand these needs in order to provide appropriate support for the child. Thus it is necessary to equip families and the caregivers with the knowledge and skills to manage the myriad challenges faced by a child with autism.

Studies have shown that with timely intervention, therapy and treatment, we can help an individual with autism adapt and function better. Direct intervention services, special education for children with autism, and training and consultancy services for the autism community are important to maximize the developmental opportunities of the child.

We also have a responsibility in helping children to get to know themselves, where do their strengths lie? What interests them most? What do they do best? And it is these areas that we need to encourage and develop. All people enjoy doing what they are best at, but most times they do not get an opportunity to find out their strengths. However, once they do that, then the sky is the limit for their growth and their joy and it is that a positive self esteem emerges. It is this self worth, that helps people to grow and give of themselves and to be truly happy and joyous.

India has a long tradition of protecting the rights of persons with disability and empowering them. We have come a long way in ensuring that they enjoy equal rights and opportunities as other citizens of the country so that they become part of the mainstream. We have taken various measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential.

Specific steps by the National Trust for persons with autism:-

- Set up a depository of all strategies and services for persons **with autism across the country** i.e. www.autismresourcecenter.in

- Upscaling Early intervention throughout the country.
- Brought out a manual for mainstream school teachers for inclusion of children with autism in the classroom. Many strategies are now being practised in our schools, there is also a provision of shadow teachers.
- Developed the Indian Scale for Assessment of Autism in partnership with other apex bodies.
- Set up a Marketing Federation for sale of products made by persons with disabilities. Many people with autism participate specially in weaving and paintings.
- Residential facilities include all four disabilities.
- Families of persons with autism have come forward to set up assisted living programmes which are also being developed and supported by the National Trust.
- For awareness raising India participates in the worldwide 'Light It Up Blue' campaign. Many historical monuments across the country were lit up blue.
- National Trust advisory on therapies. National Trust does not recommend therapies like HBOT, chelation, stem cell therapy etc. since there is no conclusive scientific evidence yet.

Over years, the National Trust has helped many individuals with autism to maximize their potential through a wide range of services. It is working with an aim of raising awareness of autism at all levels of society and to encourage early diagnosis and intervention and working hard to create an inclusive environment where people with autism can live and work as fully participating members of their community.

I would like to congratulate Dr. Deepak Gupta for this mammoth body of work produced by him. It is A QUIET, CONSISTENT AND CONCERTED EFFORT which has spanned over more than a decade. The contribution made by him is unique. This is a very user friendly book. It is written in first person so parents can easily relate to it. This book has addressed many pertinent challenges that parents face in their day to day lives. Most of his suggestions are very easy to follow. Through the simple tips parents can bring much needed change in the life of their children.

My Good Wishes and Congratulations to Dr. Deepak Gupta.

HI, I AM ANIMOSH
WELCOME TO MY WORLD



Poonam Natarajan
(Poonam Natarajan)

Chairperson
National Trust,
Ministry of Social Justice And Empowerment.

www.autismresourcecenter.in

PUTTING IT ALL TOGETHER...SENSORY INTEGRATION

Dr. Shikha Sawhney (Kapoor)- Occupational Therapist

What is Sensory Integration ?

Picture yourself ! You are standing on the dock, about to get into a boat. You put your foot down into the boat and as you begin to step in, the boat starts to rock. Automatically you adjust your body to keep yourself balanced & slowly sit down, placing yourself in the middle of the seat. This is Sensory Integration.

For most children, Sensory Integration occurs as a part of the natural growing process and smooth refined movements, language, emotional maturity, social interaction & mastery of academic tasks / skills are the natural outcome of this process. In a child with Sensory Integrative dysfunction (Autism, ADHD), the sensory system could be either hypo (LOW) active or hyper (OVER) active. Eg: In terms of touch system, nail cutting & hair cutting may be a painful experience (HYPER) or a fall from height may not mean anything for a child (HYPO).

Sensory Diet Program

A Sensory Diet is a planned and scheduled activity program designed to meet a child's specific sensory needs. It provides the "just right" combination of sensory input to achieve and maintain optimal levels of arousal & performance in the nervous system.

There are certain types of Sensory activities that are similar to eating a "main course" and are very powerful and satisfying. **These activities provide movement (vestibular activities), deep touch pressure and heavy work (proprioceptive activities).** They are the power houses of any sensory diet, as they have the most significant and long lasting impact on the nervous system.

There are other types of activities that can be beneficial but their impact is not as great. These "sensory snacks" or "mood makers" are activities that last a shorter period of time and generally include mouth (oral), music (auditory), visual or smell experiences.

The most successful sensory diets include activities where the child is an **ACTIVE PARTICIPANT.**

**LIST OF ACTIVITIES THAT CAN BE INCLUDED IN A
CHILD'S SENSORY DIET PROGRAM AT HOME**

i) MOVEMENT ACTIVITIES / VESTIBULAR INPUT

For Toddlers & Preschoolers

- Mini-Trampoline
- Swing on playground swings / slides / see-saw
- Spin on a sit and spin, office chair, twister
- Run in circles
- Hold your child's arm and spin him around like an airplane

For school age children (Above 5)

- Hang upside down from the monkey bars
- Roll down a grassy hill
- Ride a roller coaster

For teenagers and adults

- Swing on a hammock, rocking in a rocking chair
- Use playground swings or merry go round
- Dance

**ii) HEAVY MUSCLE WORK / PRESSURE ACTIVITIES /
PROPRIOCEPTIVE INPUT**

For Toddlers & Preschoolers

- Sandwich game
- Roll the child in a blanket
- Carry weighted objects such as groceries
- Backpack or fanny pack filled with toys
- Crawling on stomach, on hands and knees
- Clapping games

For school age children

- Jump on a mini trampoline
- Wrestling (Rough housing)
- Play Hopscotch

- Climbing and crawling over large pillows and bean bags
- Carry books / heavy objects from one room to another
- Wheel barrow walks
- Catching medicinal balls / weighted balls
- Pushing another child on swings
- Foot to foot bicycling
- Jungle Gyms
- Swimming
- Swinging on a trapeze and letting go into pillows
- Climbing on rocks and trees

For Teenagers and adults

- Gardening
- Push heavy objects / furniture
- Push ups against the wall
- Wear a heavy back pack
- Wear a weighted vest
- Tug-of-war

iii) TOUCH ACTIVITIES / TACTILE

- Play with foamy soap or shaving foam
- Use finger paint / foot paints
- Play with glitter glue / clay / play dough
- Mix cookie dough / batter
- Let your child use the playground sandbox or create your own
- Filling a bin with dry beans & rice
- Dress up in fun costumes
- Gardening
- Play with make up / face painting
- Sew / weave / knit (teenagers and adults)
- Make a scrapbook
- Use sandpaper to smooth a woodworking project
- Take a very cold or hot shower
- Feely-meely box
- Drawing with fingers in sand, oatmeal, pebbles
- Rolling down a grassy hill or ramp
- Pretending to swim on a mat or rug, using a towel to dry off
- Opportunity to touch different textures

iv) ORAL

- Chewing is organizing, sucking is calming, crunching is alerting
- Games that involve blowing, help children to develop breath support, and are important for speech

v) AUDITORY

- Play a listening/ whispering game
- Encourage your child to play a musical instrument

vi) VISUAL

- Children are visually distractible, simplify the visual field for a calming effect.
- Visually tuned out - use brightly colored objects to attract visual attention.
- Hide clutter in bins or boxes or behind curtains or doors.
- Use solid colored rugs instead of patterned ones and solid-colored walls
- Work with the teacher to see which seating arrangement works best for your child.
- Avoid toys, clothes, towels, etc., in colors that your child find stress-inducing.

vii) SMELL

Explore scents with your child to find the ones that work best

- Vanilla and rose - calming
- Peppermint and citrus - alerting
- Vanilla smells– assist in focusing, attending & calming
- Cinnamon - organizing

SENSORY MATERIALS AT HOME / EQUIPMENT IDEAS

1. Use Cardboard boxes-for rolling, tunnels and hideouts
2. Blankets and hammocks-for swinging, hiding & rolling
3. Swivel chairs-for spinning
4. Old mattresses/air mattresses, water beds-jump and crash
5. Old bicycle innertubes-for stretching and playing Tug of War
6. Laundry baskets-to sit and climb in and out of (good for symbolic play; e.g., train or bus ride)
7. Inner tubes-great mini-trampolines

FIDGET BAG TOYS

As adults we all “Fidget” with pens, coins, jewellery etc. Children with autism often need more intense input for the same sensory benefit: keeping awake, alert and attentive. When teaching use of fidget toys, the long range goal is **SELF CONTROL AND DIGNITY**.

Parents and teachers appreciate the chance to go to a shopping mall, or a restaurant without worrying about tantrums or odd looking behaviors. Waiting times and long car or bus rides may be easier if the child can be happily “fidgeting”.

What should go in a Fidget bag ?

The child’s sensory likes and dislikes should be considered, as well as the sensory goals and specific sensory diet. some favorites are lotions, brushes, massager or small vibrator, scratch and sniff stickers, stress balls or flour balloon, therapy putty, mouthing toys, food items like hard candies, gum, hair elastics or rubber bands, key ring, bungee cord bracelets, jewellery, transformers or other tiny toys with parts that move, mini spray bottle, stretch toys, koosh balls, fabric cut outs, bendables (small rubber toys, hair curlers), deck of cards.

PARENTS PLEASE REMEMBER THAT BEHAVIOURS THAT LOOK STRANGE AND PURPOSELESS TO US MAY BE FULFILLING A VERY SPECIFIC SENSORY NEED.

GIVE THE CHILD FREE TIME TO REPEAT THOSE MOVEMENT PATTERNS.

Without FUN Nobody can be FUNctional!

HEAR MY VOICE

*Mr. Kumar Gaurav, Mr. Rajeev Ranjan , Mr. Kapil Sahu
Speech and Language Therapists*

SPEECH

Speech is the sound production ability of a human being by coordination of oral motor skills with proper movements. As movements and coordination develop, there are certain prerequisites that are achieved before hand. Thereby, saying that speech is a secondary function.

These prerequisites are:

- Vegetative function
- Respiratory function

These primary functions must be perfect for the coordination of oral-motor skills and proper movement. Therefore, let's look at these functions and their exercises.

Lip

- To say 'ooo' with exaggerated lip movement and then say 'eee' with properly rounded and stretched lips.
- Make a big smile and relax
- Puff out the cheeks while keeping the lips closed. Relax and repeat.
- Purse the lips to make a kiss
- Blow bubbles, flute, whistles etc
- Drink water with a straw.

Tongue

- To say 'lalalalala' without moving the jaw up and down and only moving the tip of the tongue.
- Place the tongue tip on the alveolar ridge of the upper front teeth. Then place it behind the bottom front teeth
- Do a tongue pop by sucking the palate with the tongue.
- Hold the tongue in mid air (not resting on the lips or teeth.)
- If necessary, use the Dnz vibe according to the tongue movement.

Jaw

- Place a loop of a grabber in between the front teeth and make him/her bite and count till 10.
- Use the chewy tube for the grinding pattern of the jaw for chewing.

Co-ordination

- Say ‘buttercup’ five times in a row.
- Say ‘puh tuh kuh’ three times. Start slowly and then increase the rate.
- Put the tongue in the corner of the lips and trace the perimeter of the lips. On reaching the starting point, go back the other way.

The equipments that are mainly used to develop oral- motor movements:

1. **Dnz vibe**: Helps in sorting out sensory issues of the tongue and gums.
2. **Horn Kit**: Helps in developing step by step blowing.
3. **Chewy Tube**: Helps in developing the grinding pattern of the jaw to strengthen the jaw muscles.

Imitation

This refers to copying an action that the child is asked to do. There are three subtypes:

- **Gross Motor Imitation**: to imitate physical activity (tap head/table, clap hands)
- **Oral Motor Imitation**: to imitate facial expressions (kissing pattern, blinking eyes)
- **Sound Imitation**: to imitate sounds/words (papa, baba etc)

Attention Control

Attention is very important for perceiving stimulus in the cognitive area. In this sphere, we mainly work on the:

- Awareness of sound
- Name response
- Eye contact

If necessary, focussing and tracking with light is used to reduce the distraction and to enhance attention.

LANGUAGE

In a simple way, it can be said that ‘a communication system’ in which arbitrary symbols are used (voice sounds, gestures and written symbols) is called language. Language has two parts:

- Receptive Language
- Expressive Language

How To Develop Receptive Language

1. Vocabulary development:

Noun Development

- Matching of identical pictures/objects.
- Matching of non identical pictures/objects.

2. Identification of pictures/objects

3. Instruction following:

- Understanding of single word instructions (bye, hello)
- Understanding of 2 word instructions (put spoon in cup)
- Developing 2 step irrelevant instruction (Bring ball and close door)

How To Develop Expressive Language

1. Manding: to request for anything during functional activities.

It is sub divided into two types:

- **Verbal Manding** you have to speak the key words during the functional activity at least 2-3 times. Example:
 - Noun Manding (water, toy)
 - Verb Manding (go, come)
 - 'wh' question Manding (what, where)
- **Non-verbal Manding** If the child is completely nonverbal, in that case signs are used for the desired objects.

2. Labelling

- First try to label
- Noun
- Verb
- Labelling by features
- Labelling by functions
- Labelling by categories

3.Sentence Formation

In order to make the child learn how to join words, we first have to develop phrase levels.

- Noun+ Noun: mama pani, papa car
- Noun+ Verb: mama eating
- Noun+ Verb+ Noun: papa eating banana

Till the three words sentence joining occurs, no syntax should be used. Only when there is consistency in sentence joining, should syntax be introduced.

This can be done through picture narration in books to improve the single/ 2 words echo and 3 words sentence.

4.‘Wh’ Question

The question should be introduced in the sequence of:

- What: what is....(noun)
 what is....(colour)
 what do you do with...(function)
- Where: where is...(noun)
- Who: who is....(verb)
- When: when do you go to school?
- Why: why do you eat/ take bath

As a Speech and Language Pathologist, one has to move step by step and in a proper sequence to make a child verbal from being a non verbal.

COMMUNICATION – IT TAKES TWO TO TALK I

“Not Being Able To Speak Is Not The Same As Having Nothing To Say...”

Ms. Harshita Sinha - Special Educator

As our parents (parents to children with autism), you will at some point wonder how will we ever communicate back to you. Interestingly enough though, in many cases of autism it is not as important for us to learn how to communicate with you, as much as it is important for you to learn to communicate with us so that you can facilitate our communication with you and the rest of the world.

Communication skills are compromised in us, but difficulties vary. Some of us may have good basic language skills, but exhibit difficulty initiating or sustaining conversations, such as not giving others the opportunity to respond. Others may experience delays or regression in language development; still others remain mute or may use language in unusual ways, such as repeating a phrase, or parroting what they hear (echolalia). Body language is also often very hard for us to read and use. Facial expressions, tone of voice and gestures often do not match verbal content and emotions. We also have difficulty expressing what we want or need in a proper communicative way. We may also appear deaf, not responding to our names or attempts at conversation.

But dear parents, it does not mean we have nothing to communicate. We also try to express our needs, desires, anxieties and feelings. We have just not been successful in getting the message across to you and others and vice versa. We are also not able to understand your messages. Hence the apparent communication gap.

“Communication Is Way Above Speech”

If you keep on waiting for speech to come, you will miss out on the crucial time for teaching us communication. Due to this we can potentially fall behind in developing our receptive and expressive language skills. So please teach us the appropriate way of communication. It does not matter whether you teach us through speech or AAC. Augmentative and alternative communication (AAC) can include any strategy used to express thoughts, needs, wants, and ideas.

Examples of common AAC strategies might include sign language, picture communication boards and voice output communication devices. Many AAC strategies use picture symbols, letters, words and phrases to represent the messages needed to talk about objects, people and places.

With AAC, we can:

- Develop expressive and receptive language skills.
- Use appropriate means and find more opportunities to communicate.
- Actively engage in the communication process.
- Communicate more complex concepts than our existing skills would allow.

It is never too early or too late to implement AAC. The primary goal of using AAC strategies is to enhance communication, not to replace or inhibit our existing communication skills. Most AAC users continue to use their existing communication skills (e.g. verbalizations, facial expressions, gestures, etc.) in addition to an AAC system. Schlosser & Wendt (2008) conducted a systematic review of the research regarding AAC and children with autism. Their results indicated no impediments to communication progress, and that some modest gains were evident in most of the studies. Ronski et. al (2010) conducted a randomized study of toddlers with developmental delays and with spoken vocabularies of fewer than ten words. The use of AAC in therapy and at home was found to enhance the vocal ability of the children in the study. Research shows that use of augmentative communication typically leads to increased verbalizations. **There is no evidence that the use of AAC will impede our development of speech.**

Which AAC Device Is Appropriate For Us?

When determining the type of AAC to teach, it is recommended that the decision be made by a team of professionals who can assess us and identify the best system based on use and functionality. The lead professional on this team will typically be our speech-language pathologist. Others who might be involved include our occupational therapists, early interventionists, and special educators.

While assessment is important when choosing an AAC device, ultimately the choice should be based on our preferences and strengths. It will give us a way to communicate sooner. We can also use more than one means to communicate. For example, we may use sign language to say "yes", "no", and request to go to the bathroom while using picture exchange to ask for food items, drink items and favorite toys. We will benefit from using more than one

“Be Lavish With Use Of Reinforcers”

For us communicating appropriately using eye contact, body cues, language is a very difficult task. So please be liberal and reinforce us lavishly both socially and with tangibles. By using reinforcers such as praise, access to toys, or allowing preferred activities, you will influence us to develop more self control over our behavior. Therefore, the first language we usually develop is for requesting. We will communicate better and better if you keep reinforcing us more and more.

“Please Help Us Communicate Better By”

- We find communication difficult but we are trying our best to learn. So please be PATIENT with us. Teach us in small steps and we will not disappoint you.
- We learn to communicate by NEEDING to communicate. Wait for us to communicate. Develop communicative intent (eye gaze, pointing, reaching out etc).
- Responding to all appropriate forms of communication from our side (pointing, body language, vocalization, expressions, talking, AAC etc)
- Teaching us appropriate ways of communication based on our strengths. It is not important that we speak, what is more important is that we communicate with you by using an appropriate and understandable mode of communication .
- Providing support and/or help based on our strengths as and when needed (using visual cues, prompts, comic strip conversations, social stories).
- We look forward to your encouragement and reinforcement (social as well as tangible) for all our communication attempts. It helps us and encourages us to communicate more and more.

- We love it when you use everyday opportunities and play to help us become a better communicator. We learn faster that way and it also makes our communication more functional. For e.g. it can involve searching for a lost item, fixing a broken toy, asking for help when needed or arguing a point of view.
- Using and encouraging the combined use of speech and gestures and facial expressions to improve communicative efficiency.
- Keep increasing our expressive language skills, such as increasing vocabulary, using appropriate verbs and pronouns and using phrases and sentences for a variety of purposes (e.g., labeling, protesting, commenting, requesting etc.).
- Be aware of the result of your communicative initiatives, as shown by our reactions or answers. Try to identify what are the most difficult points for our comprehension and be prepared to give communicative breaks and alternatives to solve them.
- Teaching us joint attention. Pointing is very good for this.
- Simplify your language. Use the “one-up” rule: add one more word to your own speech than what we are typically using.
- Continue being creative to create opportunities to use acquired words in different settings and contexts (“blue” gem/“blue” car, gem/car). Hiding things in different types of containers and encourage (“open jar, “open” bottle, “open” bag to reveal things)
- Play with us ‘people oriented’ games like – peek a boo, hide and seek, tickle, rhymes and music, creating your child specific routines.

REMEMBER – It is better that we have a vocabulary of 20 words that we can use in various settings for various purposes with a number of different people than, we have 100 words that we use primarily to just label things.

“Challenging Behavior or Communication”

Whenever you see that we are exhibiting a challenging behavior please remember that - “Difficult or challenging behavior is not a part of an autistic spectrum disorder, but it is a common reaction of pupils with these disorders, faced with a confusing world and with limited abilities to communicate their frustrations or control other people.” Communicational difficulties relating to autism may have a bearing on what is perceived as a challenging behavior. A communication deficit, irrespective of input by speech therapy programmes to develop receptive and expressive language skills, appears to remain central to the disorder and is a major factor in understanding why we (Individuals with ASD) display challenging behavior.

Whether it is an inability to process the verbal and non-verbal information given or an inability on our part to communicate our needs or frustrations, both play an important part in the resulting challenging behavior being displayed.

REMEMBER - “Most behaviors, whether identified by others as problematic or not, are meaningful. They are about meeting needs and wants.”

Communication skills should be practised throughout the day rather than only at “therapy time”

LEARNING TO LEARN

Mr. Dhiraj Bhasin, Ms. Vasundhra Thakur- Special Educators

A 'pre-requisite' is a condition that is required before a process can successfully take place. Knowledge of these conditions and the principles underlying learning is critical to understand learning behaviours, help us devise better educational systems, deal more effectively with challenging situations in learning, train in child-rearing practices and help people learn how to better control their own behaviour.

Learning can be defined as change in behavior that is permanent and occurs due to repeated reinforcements. Learning takes place from the known to the unknown (for e.g. learning moon and then talking about the shape), near to far, whole to part (for e.g. teaching circle and then semicircles and quarter) and concrete to abstract (for e.g. hands on activity to paper activities). Success and rate of learning depends on various factors like mental ability to learn the subject, level of knowledge being presented as well as IQ and environmental factors. Each child takes his/her own time to learn a specific concept depending on these factors.

Six Principles Of Learning

1. Child's prior knowledge can help or hinder learning

The Child's previous knowledge provides a basis for new knowledge. If the previous knowledge of the subject matter is correct and appropriate, it will help the new knowledge to be used properly, however, if the basis is weak, first focus on making that strong and then move ahead.

2. How children organize knowledge influences how they learn and apply what they know.

The purpose of knowledge is to use it appropriately, which makes life easier. Therefore, it is important to attempt to organize the knowledge in a way where the child understands how it is inter-related and used in daily life.

Individual memorized facts do not lead to effective use of what is learnt.

3. Children's motivation determines, directs, and sustains what they do in order to learn.

Children will only learn when they will be interested in learning.

In order to motivate them, we must first be motivated to try different methods and make the subject interesting. Their motivation will determine, the efforts they are willing to put in.

4. To develop mastery, children must acquire component skills, practice integrating them, and know when to apply what they have learned.

Learning is always more effective when the child understands the small steps leading towards a main skill or task. Also, understanding where these skills can be applied helps develop mastery.

5. Goal-directed practice coupled with targeted feedback enhances the quality of a child's learning.

Children learn through practice, and learn better when their practice is aimed at a specific goal. Feedback, in order to be useful, must focus on concrete do's n don'ts. Keep your feedback short and specific.

6. Children's' current level of development interacts with the social, emotional, and intellectual climate of the course to impact learning.

Research shows that creating a supportive and positive environment positively impacts their learning, whereas an environment that they perceive as negative can hamper their learning.

Factors Affecting Learning

- Physiological Factors

The physiological factors include how people feel, their physical health, and their levels of fatigue at the time of learning, the quality of the food and drink they have consumed, their age, etc.

- Psychological factors

Psychological factors such as being emotionally disturbed, tensed, anxious and conflict can all hamper learning.

- Environmental factors

Learning is hampered by bad environmental conditions such as distraction, noise, poor illumination, bad ventilation, overcrowding and inconvenient seating arrangements.

- Teaching methodology

Teaching materials should be properly planned and organised. They should suit the mental level of the child.

Pre Requisites

In ASD, children of the same age may perform at different levels for different skills. Each child has some skills or areas that are his/her strengths and others that are not. To properly use and understand the given pre-requisites, it is first important to assess the child's skill profile/level of each skill.

The below mentioned skills are necessary to be taught to the child before any concrete learning can take place. All the pre requisite skills can be developed simultaneously only when the child grows and engages in different activities with the instructor.

- The first step is observation; watching very carefully. Hence the attention span and eye contact of the child is crucial at this level.
- Next, the child also tries to use other sensing methods like listening, touching or tasting.
- Then they will start to ask 'why?' 'how?' when something happens.
- The next step is to imitate or copy the same action saying, 'Let me do it myself'.
- Learning takes place by repeating the action again and again.
- Children usually start to ask others to observe them so they can show them that they are able to do the activity they have just learnt.
- Perform the action for themselves after having learnt something.

Steps In 'Learning To Read'

Failure in the development of these pre requisites can affect acquisition of **speech, social learning, skill development and literacy development**

Learning to read is a complex process, which involves many interrelated skills. These are as follows:

1. Recognizing the letters

- First the upper case (A) and then the lower case (a)
- Writing the alphabets according to the sounds in the word.

Working on visual perceptual skills to differentiate the alphabets.

2. Learning the sounds associated with the letters of the alphabet

- First individual sounds
- Initial sounds in short words followed by the ending or final sounds are learned
- The middle or medial sounds are the last sounds learned

First children learn to recognize and match the sounds heard, and then encode a letter for the sounds heard.

3. Word families and word building

- Children must be able to recognize familiar patterns of letters (call and ball).
- A child learns to attend to the part of the word that has changed and encode that with a new letter. For example, 'hat' to 'sat'.

4. Sight word vocabulary

- This helps a child learn to read words that are difficult to decode phonetically (Is, I, Was, Me)
- A child will build and read short sentences with sight vocabulary ('This is my dog.')
- The next step a child will take is to acquire "word sense."

Pre Requisites For Writing

There are six pre-requisites that children must have before they start writing. They are:

- Small muscle development.
- Eye hand coordination.
- Ability to use or hold writing tools like pen/pencil/crayon.
- Capacity to smoothly form basic strokes such as lines and circles.
- Letter perception that is the ability to recognize forms, notice likeness and differences, infer the movements necessary for the production of form and give accurate verbal description of what is seen.
- Orientation of printed language.

Steps Of Writing

1. To develop Pre -Writing Skills one can use the strategies such as sand paper tracing, finger printing, scribbling and coloring.

2. To develop writing skills following strategies can be used

- Tracing (Standing Line |, Slanting Line \, Sleeping Line ----)
- Pattern Tracing
- Tracing of L,T,H,O
- Tracing of alphabets
- Immediate copying
- Copying from a distance
- Copying from a board
- Dictation

Steps Of Recognizing The Letters

- Matching – picture matching with alphabets
- Reverse matching or clueing – alphabets matching with pictures
- Identification – calling out the alphabet and the child points
- Labeling – naming the alphabets

Conclusion

It is clear from research on emerging literacy that learning to read is a relatively lengthy process that begins very early in development and clearly before children enter formal schooling. Children who receive stimulating literacy from birth onward appear to have an edge over the rest when it comes to vocabulary development, understanding the goals of reading, and developing an awareness of print and literacy concepts. Hence, it is important to keep in mind that children must learn to read so that they can read to learn.

ESSENTIAL SCHOOL SKILLS

Ms. Simi Joshi- Special Educator

Aryamann* was diagnosed with high-functioning autism (HFA) with ADHD. He is a bright and capable boy who struggles with anxiety. Aryamann started school in Nursery when it was most difficult for him to sit and focus on any task. His interests varied from his other classmates and he had great difficulty in following a routine. But because of the exposure and the understanding his parents had of his problems, along with the help of the school intervention programme, Aryamann could achieve goals which seemed far-fetched at first, within two years itself. He is now fully integrated into class two. It is heartening to see Aryamann wanting to talk to his peers in his own ways, following class routines and performing on stage with his other peers. His instruction following is also praiseworthy. Aryamann also restrains himself easily now. All these positive changes have been possible due to the joint effort of parents, teachers and school authorities.

Sameera* is a nine-year old girl with Autism. Ever since she started grade three, Sameera began exhibiting some behaviors that made her difficult to get managed in the classroom. Behaviors such as hitting her peers and stripping off her clothes were the most problematic. Sometimes her behavior became so unmanageable that as a behavior-management strategy, the school principal decided to shorten her day at school, hoping that Sameera's teacher and educational assistant would be able to manage her behavior better since she would only be there for some part of the day. By November, Sameera was attending school for only 2 hours every day. Since there was no acceptance from the parents' side it was difficult for the children and teachers to work in sync with the child towards reducing her difficult behavior and increasing signs of progress.

These stories are traumatic and discouraging for parents and educators alike, but they are not unusual struggles for children on the autism spectrum disorders within the school system. Having more than ten years of experience with school-aged children with Autism Spectrum Disorders (ASD), we have seen what helps the child settle in school with the different limitations they come with. Even highly intelligent children on the autism spectrum have initially had difficulty finding their place in the mainstream classroom. Although every child is unique, there are certain strategies that often benefit children with Autism Spectrum Disorders, and there are things that you, as an educator and as a parent, can do to increase the likelihood of your child's success in the classroom.

Mrs.Sekri, whose teenage son was identified with autism at age 3, advises parents to focus less on the autism label and more on their child's needs. "The label can be the means to get the services," She says. "But it's more important that a parent be able to describe the child's problem behaviours or characteristics.

How can parents help their child settle into school?

As parents the most important step is to give the child a positive feeling of security. The child should be made to feel that he is loved and wanted by the family. Parents play a significant role in educating their child. To settle your child in school focus on the following areas is required:

1. Building familiarity

Once you've chosen your child's school, it can be very helpful to **slowly introduce things that she/he will need for the day at school**. This way your child can get familiar with them before she/he starts school. It can also help reduce anxiety about having too much change in one go.

For example, you could have your child's new school bag, lunch box or uniform lying out in the open so he can get used to seeing it around.

Helping your child get used to the school itself can be done in small steps:

- You could start with just walking or driving past when you are out on normal trips to other places. This will help your child see the school as part of their everyday routine.
- Visiting the school out of hours could be the next step. If you can, try to do this several times so that your child gets to know the school environment. It is best to do this before you start any formal transition plan that involves visiting the classrooms.
- You could also make a Social story about starting school or a visual storybook with photos of the school, classroom and new teacher. This can help your child understand what to expect and what other people will expect him/her to do. If your child understands the concept of time, a countdown calendar to the day he/she starts school can help cut down anxiety about when it will happen.

2. Practicing

Practicing at home before your child starts school can help them feel familiar with their new routines and activities. It can also help you spot any potential problems and find solutions before your child actually starts. For example, you could practice:

- putting his/her school uniform on
- eating out of a lunch box
- walking to school
- wearing school shoes
- following a visual timetable

For many children, a school uniform feels very different from the clothes they usually wear. The labels or the type of fabric can upset a child with sensory sensations. If your child practices wearing the uniform ahead of time, you can work out a way around these sensitivities. It might be as simple as removing labels, or finding another fabric your child can wear under the uniform to reduce irritation.

3. Organising :

Being organised and ready for when your child starts school will ease the stress and help it go well. It is a good idea to make sure you and your child have everything you need well in advance. Schools usually give you a comprehensive list of what your child will need which you can buy in advance. You might also need to change your household routines to smooth the transition process.

An example routine

organised their morning so it worked for everyone. They came up with a plan to follow each school day. They wrote down everything Samarth needed to do before school, and put the activities into sequence. They put all the things Samarth needed for his morning routine in set places. They packed his lunch box each night and put it in the fridge. His school shoes went by

parents followed the plan for the first two weeks, and then reviewed it to see how well it was working.

4. Making transition plans

You can talk to your early intervention provider or kindergarten teacher about developing a transition plan for starting school. Ideally, the plan for the transition to school would start at the beginning of your child's last year at preschool. You should learn about the routine of the school and start preparing the child according for extra hours and for the routines with visual schedules.

5. Teaching basic ADL skills

With the help of an Occupational therapist you should develop a plan for toilet training and independent eating which is an essential skill that the child should know before going to school.

Once in school, parents' responsibilities increase as they have to be advocates of their child and fight for their rights as well.

- Parents should be aware of their rights and government norms for education of children with special needs.
- Parents should provide the assessment reports and inform about the accommodations needed for the child with autism in full detail.
- Participate as members of the individualised education meeting programme.
- Co-operate with the school and other professionals to determine IEP goals and objectives for the child.
- Accept responsibility for assisting in the implementation of IEP goals and objectives.
- Provide feedback and suggestions about the instructions and services being provided.
- Train child in the home environment, to meet his educational needs.
- Exposure to varied situations and people is important for adaptation.

Exposure to some essential school readiness skills

- Listen to stories without interrupting
- Listening to rhymes.
- Pay attention for short periods of time to adult-directed tasks
- Understand actions and imitating.
- Tearing of paper
- Trace basic shapes
- Begin to share with others
- Start to follow rules
- Be able to recognize authority
- Manage bathroom needs
- Button up shirts, pants, coats, and zip up zippers
- Separate from parents without being upset
- Speak understandably
- Talk in complete sentences of five to six words
- Look at pictures
- Identify rhyming words
- Identify the beginning sound of some words
- Identify some alphabet letters
- Recognize some common sight words like "stop"
- Sort similar objects by colour, size, and shape
- Recognize groups of one, two, three, four, and five objects
- Bounce a ball
- Count to ten

LET'S CELEBRATE- GROWING UP

Ms. Indu Chaswal -Autism Expert, Special Educator

All teenage children go through many changes, whether on the spectrum or not. They become more assertive; have a mind of their own and appear non-compliant as they mature physically and emotionally. They also begin to struggle with their changing bodies, become moody, and wonder about their sexuality.

However, most regular adolescents pick up by osmosis what other teens do. Learning about their “**growing up**” happens through observation, reading and confiding in peers. For teens with autism, it is worse. They don't know that their body is supposed to change, and most of them don't like change. They struggle because they may be changing physically, but emotionally they are not maturing as quickly as their neuro-typical peers are.

Parents need to keep in mind that teen-hood or adolescence is a transition that involves biological (i.e. pubertal), social, and psychological changes. The biological or physiological ones are the easiest to measure. Emotional changes are perhaps the most difficult. Very often associated psychological conditions like anxiety and depression may occur. The teenager or the young adult may try to use defensive and coping mechanisms that manifest as obsessions, meltdowns, isolation, non-compliance etc. When a parent feels or expresses, “my child is becoming more autistic now” or “the behaviors are getting worse”, they need to stop and think. Maybe their child is growing up; is an adolescent or is approaching the stage; may be he/she does not have the right coping and understanding strategies. Therefore, it is important to train the person for adolescence much before it occurs!

In addition, it Must Be remembered – Parents May Have To Go Through The Process Of Acceptance Once Again!

The main areas that need to be worked upon are given below:

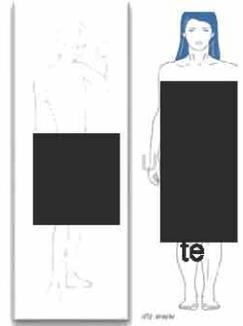
1. Teach Self-awareness/Concept

- Names of body parts
- Identify own sex and the others' sex
- Personal belongings.

This can be done early in life through receptive and expressive identifications of :

- 1.Body parts on self and pictures
- 2.Concepts- girl-boy/ man-woman
- 3.Label belongings
- 4.Self information- own name, parents' name, address

Teach body parts on a picture. Mention private parts. Without necessarily naming those parts.



2. Teach the concept of 'Privacy' or 'Modesty'

The person has to learn the concept of privacy. Certain behaviors, activities, places and time have to be taught to be 'private'. Concept and Clarity of what, when and where is 'Private'. Visuals may be used as flash cards, comic strips, picture books.

- What- body parts and behaviors are private.

Behaviors like touching self, toilet time, changing clothes, picking nose etc are private

- When is private time - one is alone
- Where is private- bedroom/ bathroom at home

3. Talk about changes in the body

Growth can be very uncomfortable, confusing and scary for them. They need to know that it is ok.

- Physical Growth of body parts
- Hair Growth
- Need for certain kind of garments
- Selection of comfortable undergarments.
- Boys- talk about change in voice and let them know it will sound great ; maybe like papa.

4. Masturbation

This is a very natural activity that you may not necessarily teach, but contain if it occurs. You will be able to control where and when, but you will not be able to stop it. Home and school need to work together on this if it is occurring outside home. Sometimes it may be necessary to teach how. A Social Story with Visuals maybe very helpful.

Girls also may need safety rules. Very important to let the young person know- the behavior is ok and it is only the time and place that is to be considered.

5. Training to deal with Menstruation

This also must happen before the first periods. Therefore, prepare in advance. Let the girl know that bleeding is not something to panic about. Allow her to see, feel/touch napkins and know where these are used and who wears them. Practice lining and wearing sanitary napkins. If we teach only when she has periods then it means that the training happens only during those days and as such she is stressed . Therefore, it is best to train at other times. Prepare a picture book with visuals related to periods.

6. Grooming, Dressing, and Looking Good

Teach them-

- Importance of basic hygiene and cleanliness
- What matches and what doesn't
- What's in and what's not (get a peer to help)
- Always keep their sensory issues and comfort in mind

7. Sexual Abuse

This is one of the primary areas of concern. Innocent behaviors like smiling; looking at strangers, bodily movements, proximity etc. can give wrong signals to others. Teaching to maintain physical distance from others helps and one can teach them to do a namaste (which happens from a distance). Other things are-

- Avoid inappropriate hugging and kissing by the adolescent as well as adults around him/her.
- Social stories can be of great help.
- Teaching to say no to physical advances. Good touch and bad touch is a concept that may be difficult for many to understand.
- Teach your teens to tell you if someone has seen them naked or asks them to be naked. Be careful about the kind of exposure the person gets through television, observing other people.
- Be focused to recognize any signs or behaviors that indicate sudden deviances in behaviors towards certain people or in particular situations.

How To Work On It

- Be concrete, use visuals to sort out good and bad touch.
- Be consistent and repetitive about sexual safety.
- Find someone of the same gender to teach the basics of safety and hygiene
- Be careful of own intimate behaviors before the child.
- Train the child to sleep alone as early in life as possible.
- Train the individual in activities of daily living
- Role play

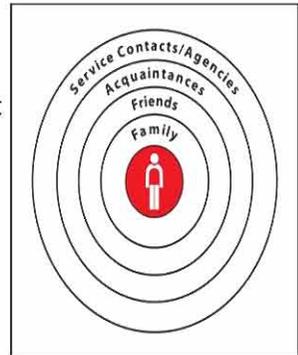
8. Relationship Boundaries – Different Relationships, Different Boundaries

Teens may need to know whom they can hug, when they can hug, etc.

Example- we can hug friends on birthdays, New Year, festivals etc.

The Concept Of Circles

- Private circle is the circle of people they can hug often- parents and siblings
- Handshake circle is the group of people who visit or meet often but are not immediate family.
- Wave circle includes acquaintances
- Stranger circle is the group they do not have to respond or even say hello.
- You can have just 2-3 circles, depending on the situation of the individual.



9. Behavioral Issues During Adolescence

There may be unrelenting panic attacks, extremes of anxiety, confusion and anger leading to impulsiveness and mood swings. What further aggravates intense behaviors?

Angry words from others, physical punishment, threatening postures/gestures/facial expressions aggravate situations. Punishment without instruction in how to behave in new ways does not help. Trying to pacify the child by verbal overload, or using reprimands and getting into verbal battles is useless.

General Principles For Intervention

- Go positive! Punishment does not teach new behavior to a person with ASD!
- Be consistently calm, gentle, and supportive in interactions with the child.
- Be predictable. Give time and cues for transition. Visual schedules can be useful.
- Positive behavior supports like reinforcing appropriate behavior versus maladaptive ones are the best.
- Provide alternative behavior as it may not strike to them naturally.
- Social stories are a powerful resource.
- Consider medication and meet a Psychiatrist.
- Try alternative therapies like biomedical, yoga, dance and movement, sports, art etc.

Sheltered Workshop

It refers to an organization that employs people with special needs in a safe and supported environment. It is for persons who have needs that are more specific and skills that are limited.

Supported Employment

This refers to schemes where people with special needs are assisted into getting work. This is an employment and recruitment service to assist people, who have a range of difficulties, to obtain and keep a job. The service provides a number of 'on-the-job' supports, such as a Job Coach who will assist both the employer and the person seeking employment

Self-employment

Refers to a popular option for people with disability. Self-employment is also sometimes the only option for some people with disability who may require flexible working patterns because of their impairment. It can be anything like a small business, freelance work from home. The range can be anything from software jobs like graphics, data entry to running a shop / bakery/ stationery etc.

Competitive Employment

Competitive employment is work performed by a person with a disability in an Integrated setting at minimum wage and at a rate comparable to non-disabled workers performing the same tasks. Many people with disabilities can obtain competitive employment with and without accommodations.

A survey report has shown that the following business houses have employed persons with disabilities , but only up to 1% or less of the total employees

Hindustan Lever

Escorts

Indian Hostels Co.

Bajaj Auto

Mahindra & Mahindra

Hero Honda Motors

Century Textiles Industries

MRF

BIOMEDICAL INTERVENTION IN ASD

Dr. Deepak Gupta - Child & Adolescent Psychiatrist

An early, intensive, appropriate treatment program will greatly improve the outlook for most young children with Autism Spectrum Disorders (ASD). Treatment is most successful when the program is geared toward the individual child's particular needs. Psycho-education of the family members and care takers about ASD and various interventions is the first step. The best treatment plan may use a combination of interventions depending on the presenting age and concerns of the child, needs of the child, and family acceptance of various available interventions.

The “Biomedical Approach”, as proposed by the Autism Research Institute (ARI, USA) is currently not FDA (USA) approved, but gives hope and believes that “Autism is treatable and recovery is plausible”.

The traditional view is that autism is a group of behaviors caused by some defective gene or genes that caused structural changes in the brain before the child was born. Traditional thinking dictates that because the doctor cannot repair structural brain abnormalities, they can do nothing to improve the child's level of functioning other than providing behavioral therapies.

As per the “Biomedical Approach”, autism is based on a different idea that children with autism have medical problems that doctors can diagnose and treat. Fixing broken biochemical pathways improves the immune system, and helps to heal the gut, making the child feel better physically. Biomedical thinking insists that by paying attention to the medical issues of the child, along with the psychiatric and educational facets, caregivers and physicians can significantly improve the child.

“By implementing the DAN Biomedical approach these children can be greatly helped medically, behaviorally and cognitively by proper diagnosis and treatment of their underlying medical conditions” By Jaquelyn MacCandless, M.D.

Accumulating evidence has demonstrated that autism is often characterized by complex abnormalities such as oxidative stress, mitochondrial dysfunction, inflammation, certain genetic abnormalities, exposure(s) to environmental toxicants, immunological abnormalities, infections, and in some cases, developmental regression and seizures.

These abnormalities may contribute to the symptoms of autism, such as sleep problems, obsessive behavior, speech delay, impaired social interaction, self-stimulatory behavior, hyperactivity, inattention, and abnormal gastrointestinal findings. Many children with ASD have a unique combination of these abnormalities and may possess some or all of these difficulties simultaneously. The early identification of these abnormalities helps clinicians and parents to choose the most effective treatment options.

The four most important things to do in order to help the child are:

- Remove and eliminate toxins in food, water, environment; use of restricted diets like GFCF Diet etc
- Replenish Nutrients by giving vitamins and mineral supplements.
- Heal the gut by giving probiotics, digestive enzymes, omega 3 fatty acids; and treating gut dysbiosis and constipation.
- Repair the body system by treating metabolic problems, mitochondrial and immunological dysfunction; giving antioxidants; HBOT and detoxification.

The ideal treatment would be one that is well studied, proven to be effective, not too expensive, safe and tolerable, and can be done at home. Not many nutritional supplements fit into this category but some do. Many of these supplements are antioxidants that help to lower oxidative stress, which is a common finding in autism. With the use of an evidence-based medicine approach, parents can get started with some simple biomedical treatments based upon the laboratory testing and/or the child's behaviors. For example, if oxidative stress is elevated, then antioxidants can be added. If a child has an attention problem, then supplements or dietary changes could be made that have been shown to improve attention.

Several studies have shown improvements in certain autistic behaviors, such as social isolation, communication, and overall behavior, with the use of a gluten-free/casein-free diet (GFCF diet). Food additives, colorings, and preservatives can increase hyperactivity in typical children, so avoiding these products can be helpful. In children with autism, testing for food allergies and eliminating those reactive foods has been shown to improve certain autistic behaviors.

An organic diet can be helpful in eliminating pesticide exposures in children. It should be noted that the use of specialized diets should be closely monitored by a physician or a nutritionist.

The use of MB12 injections for the treatment of autism was pioneered by Defeat Autism Now! (DAN) practitioner, Dr. James Neubrandner (US). It is estimated to be effective in 72% of children with autism in a 27,000 parent survey by ARI 2009 (ARI Publ. 34/March 2009) and in India as evident by case studies (Papers presented by us at various national and international conferences).

A recent paper, on ‘MB12 injections in Autism Spectrum Disorder’ was presented by us in the 7th Congress of Asian Society for Child & Adolescent Psychiatry & Allied Professions (ASCAPAP, New Delhi, September 2013). From February 2009 till July 2013 after parental consent, 75 children with ASD were introduced to MB12 subcutaneous injections (available to Indian parents via Akhil Autism Foundation (AAF), New Jersey and Dr. Karima Hirani, USA). As per Dr Neubrandner’s protocol, the dose for approximately 85% children is 64.5mcg/kg every three days (stock concentration is 25 mg/ml). No changes were made to any other variables in the treatment plan for initial 6 weeks and ongoing therapies were kept in place. The clinical responsiveness was carefully evaluated by both the parents at home and by the clinician, by using Autism Treatment Evaluation Checklist (ATEC) and clinical evaluation. Of the total population (75), 46 children i.e. 61.3% of the cases showed remarkable improvement, especially in sociability and eye contact. Also, an increase in social responsiveness, understanding, and alertness were reported. 54 children (72% of the cases) showed an inclination towards being more verbal, like being able to use one or two words at a time.

More and more awareness is required for “Biomedical interventions” for children with Autism Spectrum Disorders (ASD). Even though these treatments are available without a prescription, it is best to be under a doctor’s supervision when using these supplements and implementing significant dietary changes. Furthermore, a doctor may be required to obtain certain laboratory tests and methylcobalamin injections. The supplements may generally be well-tolerated and can be helpful in improving certain behaviors in children with autism, however, it is recommended to sit down with your doctor to discuss these potential treatment options.

In the last 6 years, We (Centre for Child & Adolescent Wellbeing), have been following the “Biomedical Approach” with promising results in children with ASD including High Functioning Autism (HFA) and PDD NOS. I have treated more than 1000 children with various “Biomedical interventions”. Along with “Biomedical interventions” other therapies including ABA, VBA, SI and other therapies are encouraged.

Early initiation of “Biomedical interventions” between 1-3 years, and children with HFA and PDD NOS are the children who have shown the best results and have been mainstreamed. While formal tests and randomized trials are still ongoing across the globe, parents can try these promising “Biomedical interventions” for children with Autism Spectrum Disorders (ASD), under their doctor's close supervision and guidance.

MYTHS AND FACTS

- **MYTH:** Autism can be cured.
FACT: There is no cure for autism, but it *is* true that intensive behavioural treatment helps kids develop communication and social skills they lack. Psychotropic medicines can also be effective, not to treat the core symptoms of autism but to reduce problematic behaviours. There is emerging evidence that biomedical intervention can treat and improve core symptoms of autism.
- **MYTH:** Autism is caused by ‘cold parents’ and: poor parenting.
FACT: Parents do NOT cause Autism Spectrum Disorders. Parents DO need support to manage difficult behaviours with structure and consistency.
- **MYTH:** Autism Spectrum Disorders are rare.
FACT: Autism Spectrum Disorders are NOT rare. According to recent studies in India, ASD affects 1 in every 80 to 100 persons.
- **MYTH:** Autism Spectrum Disorders are an emotional disturbance.
FACT: Autism is a neuro-developmental disorder.
- **MYTH:** Everyone with Autism Spectrum Disorders behaves in the same way.
FACT: People with Autism Spectrum Disorders are individuals with unique strengths and needs.
- **MYTH:** People with Autism Spectrum Disorders have to be in special programs “for the autistic”.
FACT: Individually designed programs best meet the needs of people affected by an Autism Spectrum Disorder. They need to be learning, living and working in settings where there is enough opportunity to communicate and interact with others who have the skills they need to acquire.
- **MYTH:** We can give sensory integration at home as we have a garden with swings and slides and a sandbox, so there is no need to take the child to the occupational therapy centre.
FACT: Encourage the use of swings and slides, but there is lot of difference between what your child will do at home in his/her garden and what he/she will do in the therapy session. At home, they will do things that they can do on their own and they will benefit them somewhat.

However in children with Autism, disorganisation in the brain interferes with the processing of play sensations and also with the child's knowledge of how to play. The therapist in the session is trained to help children do the things that will organise their nervous system.

- **MYTH:** People with Autism are emotionally numb.

FACT: An autism **FACT** is that many children and adults will make eye contact, show affection, smile, laugh, and express a variety of other emotions though perhaps in varying degrees. Like others, they respond to their environment in positive and negative ways. Autism may affect their range of responses and make it more difficult to control how their bodies and minds react.

- **MYTH:** All children with autism are nonverbal, will never talk, or could talk if they wanted to.

FACT: Many children with autism do improve their verbal skills, often through interventions such as speech-language therapy. In addition, talking is only one way of communicating. With early intervention and identification, these children can develop other functional ways of communicating. They can supplement their lack of or reduced verbal skills with pictures, alternative/augmentative communication devices, computers, and/or sign language.

- **MYTH:** Certain behaviour in younger or older kids can be stopped by scolding etc.

FACT: Scolding never helps. Behaviour is also a means of communication. Most of the behaviours can be unlearned and we can avoid the behaviours by applying strategies. For example: If the child is banging the table, while doing some work, remove the table for some time for doing that work and make him or her do that work somewhere else, like on floor-mat and then after few days get back to table when he or she forgets the behaviour.

- **MYTH:** All persons with Autism have savant abilities.

FACT: Only 10% of the population may have exceptional abilities that are productive and meaningful. Savant skills (islands of ability) are usually found in one or more of five major areas: art, musical abilities, calendar calculation, mathematics and spatial skills.

- **MYTH:** The GFCF diet is dangerous.
FACT: Unless your child has some contraindications, the diet is not harmful. You may need to supplement for vitamins and minerals (but most of us supplement as part of the biomedical protocol anyway). The GFCF diet suggests the use of organic produce, which would be less toxic and less harmful. It suggests the elimination, or at least reduction, of refined sugar and refined carbohydrates. It suggests an increase of fruits and vegetables, grass fed beef, pastures eggs, etc. Very often the GFCF diet is more balanced than the diet the child previously ate.
- **MYTH:** Supplements and Specialized Diets don't help Autism in anyway.
FACT: Supplements and diets as a part of biomedical intervention under trained specialists can help children with autism may take away certain symptoms or reduce the intensity. However, it will not cure Autism but they along with intensive behavioural treatments can treat and improve ASD.
- **MYTH:** You don't have to follow the GFCF diet strictly to start seeing results.
FACT: Because the diet is more of a chemical reaction you must fully eliminate all gluten and all casein before you see results. Although some children react quickly to the dietary changes, not all do, and it may take as long as 6 months to see a change. This is not a “quick fix”, it is a lifestyle change. This is where many families “trip up” as they think their child is not responding when in reality they haven't put the child on the diet fully, never allowing the diet a chance to help the child.
- **MYTH:** Methyl-B12 only works for 30-40% of children.
FACT: From research, methyl-B12 is seen to be active in 94% of children. The significant underreporting by clinicians or parents is directly due to the **FACT** that whatever evaluation tool being used is not sensitive or specific enough to indicate all the improvements methyl-B12
- **MYTH:** Methyl-B12 works better for younger children than it does for children older than six to seven years of age.
FACT: Nothing could be farther from the truth! To date, there has been no age between 9 months to 18 years that has not responded equally as well.

MY JOURNEY AS A PARENT PROFESSIONAL IN THE FIELD OF AUTISM

Written by: Preeti Sachdeva
M/O Abhigyan Sachdeva

Being blessed with Abhigyan as my first child, my life changed its course from being a management professional to a jubilant and proud mother. I thoroughly enjoyed Abhigyan's early childhood without being aware of the challenges ahead. After around a year and a half, we started noticing delay in certain milestones, like speech, eye contact and response to name etc. Upon investigations, we found that Abhigyan was on the PDD (Pervasive Development Disorder) spectrum diagnosed as mildly autistic.

Then came the phase of denial, followed by "why me?" and "what next?". Life changed its course again as we were blessed with a second child, Vaibhav, around the same time when Abhigyan's diagnosis was confirmed. I discontinued my promising management career of seven years and commenced my journey of handling a child with Autism as this demanded more time and focus, along with new motherhood. While travelling to various places for interventions, I decided to take up Special Education as a profession, to help my child and many others. I enrolled myself for specialized courses, one after the other, to get a hold on the subject while simultaneously working in the same field.

Being seven years old in the field of special education, today I feel, my journey with Autism as a Parent Professional continues to be very fulfilling and enriching. Ranging from highs of small successes (like getting a response to name calling from a differently-abled child) and big achievements (like a nonverbal child becoming verbal) to lows of regression and lack of learning, it has been a journey of mixed experiences with the special children. I feel this field is my calling and therefore I tried to put my heart and soul to my work. As a parent, managing two children, one differently but strongly abled and another neurotypical, has been very demanding. There have been times when I cherished the upcoming milestones during the hay days whereas felt gloomy during periods of regression. But I strongly believe that these individuals are pure souls for they don't carry any malice for others. The presence of Abhigyan in our lives has made both me and my husband more spiritual. I joined the practice of Buddhism and have a strong belief in its philosophy. I continue to strive for excellence in my work, touching the lives of the blessed souls and making a difference.

After working in the capacity of special educator and behavior therapist in various schools, I got an opportunity of forming the Special Needs Department in one of the leading Montessori schools in Gurgaon. What I put in place was a modified program to meet the needs of co-existence (more than inclusion). As a part of early intervention, the focus was to work on the strengths and difficulties, without stressing on the diagnosis.

I conducted various parent workshops for creating awareness and on specific topics. Striving to meet the needs of our children and to boost their self-confidence and learning, I organized special events, now and then, in collaboration with my team.

Now, I am associated to a specialized program, which is based on ABA principles. While Abhigyan is growing as a handsome young adolescent, his simplicity and purity of mind give me all the strength to face the challenges ahead while treasuring the success and joys of parenthood.

Thank you Abhigyaan for motivating me to take the steps forward; and the journey continues...

My Journey Through Autism

Written by Dr. Saleem Khan
(F/O Saleena Khan)
CARDIOLOGIST
Security Forces Hospital,
Dammam, Kingdom of Saudi
Arabia
Email-
saleemsami2012@gmail.com

The day I was blessed with beautiful daughter was my most memorable day. But with passage of time my happiness declined as my daughter Saleena Khan was not developing normally. She was avoiding contacting play, interacting, and communicating with other children. I had shown her to many doctors who were my colleagues and they assured me she will be normal. But at the age of six years I visited Dr. Deepak Gupta who told me she has mild Autism. It was shocking for me to accept the fact. But Dr. Deepak Gupta encouraged me and guided me towards the best treatment for her. After 2 years of tough journey with hard work and with the help of my very caring wife, my daughter is now nearly 90 % normal. She is studying in a normal school now. I had given the following treatment to my daughter

- Camel Milk Raw: (www.camelmilkassociation.org) you can check on Google by writing uses of camel milk in Autism. I was giving her twice in place of cow milk.
- Injection MB-12: Thrice a week as advised by Dr. Deepak Gupta.
- Diet Control: As advised by Dr. Deepak Gupta.
- Gabapentin twice as advised by my Neurophysician friends

I had changed my house environment to be pleasant for children to play. I was calling neighbors children to play with my daughter. And my wife was training my daughter for learning to interact and play with other children.

My wife arranged dance, short play, story telling, and guiding by picture books to my daughter.

I had also given multivitamins, Iron and omega-3 fatty acid to my daughter. Hyperbaric Oxygen Therapy which also helped for fine improvement.

So, now my conclusion about treatment of my daughter which helped me lot are:

- (1) Raw Camel Milk which cleared all coarse symptoms of Autism (eye contact, echolalia. Abnormal movement)
- (2) Injection MB-12 and Gabapentin helped my daughter to have improved fine functioning of brain for class performance. Plus HBOT helped in fine development.
- (3) Last and important, is increase the social integration of child with training (A.B.A-Applied Behavior & Analysis).

At last I am thankful to Almighty GOD who has taken me out from this stressful journey.

I am also heartily thankful to Dr. Deepak Gupta for guiding, supporting, treating my daughter.

God bless Dr. Deepak Gupta all happiness.

A UNIQUE BROTHER!!!

Poem by : Sibling of a child with Autism

*Smiling and looking like an angel,
My little brother came in our life as a boon,
With eyes as big as saucers,
He gave us light our moon.
He was different,
Then it was said,
But how could one word change his life,
I wondered as I went to bed.
I am glad he is different,
He is one of a kind
So pure, honest and innocent
A quality rare to find.
But he proved every notion about him was flawed
And filled our life with surprises and love in great lot
No one could stop him in what he wanted ,
As he tried and tried and never gave up until he finally got
Though he is different,
He is my best mate
I love him a lot,
I am now sure he will change his fate*

*----- Tanishaa
a 11 year old*

***GLUTEN FREE & CASEIN FREE (GF/CF)
PRODUCT OUTLETS***

Central /South Delhi:

Anand General Store

63A, Khan Market

New Delhi -03

Ph No- 011-24626517/09971974672

Anmolpreet Food Products

1666 A, B1 Vasant Kunj,

New Delhi.

Ph No- +91971869291, 9873658317, 011- 40630465

Chocolate Temptations

Near Gurdawara Escalator

Moti Bagh

New Delhi

Ph No- 9871119902/9818135735

Godrej Nature's Basket

6, Basant Lok, Vasant Vihar, Ground floor & basement,

New Delhi, 110057

Ph No- 011 4057 1919

Le Marche

Khan market

New Delhi -03

Ph No- 24640741

Le Marche

58, Basant Lok, Vasant Vihar

New Delhi-57

Ph No-011-41669111

Mallik Brothers

44, Defence Colony Market

New Delhi-110024

Ph No-011-24333602/24333735

Modern Bazar

18-B, Basant Lok, Vasant Vihar
New Delhi-110057
Ph No- 011 4166 977

The Roots:

25, Adhchini,
Near Mother's International School.
New Delhi- 110017
Ph No- 9811019811/ 011 41025191

The TASTE

33, Defence Colony Market
New Delhi-110024
Ph No- 011 2433 1900

Whole Foods Outlet

47, Capital Trust House, Community Centre,
New Friends Colony
Ph No: 9810269309

East Delhi**All Needs The Super Market**

7, New Rajdhani Enclave,
Vikas Marg,
Ph No- 011 42427244
East Delhi-110092

Sanskriti

452/1, Jheel, Laxmi Nagar,
Delhi 110051
&
Shipra sun city, Indra puram
Ph No- 9871124465
www.glutenfreeindia.com

North & West:

Annapurna Organic Food Store

Shop No.16,, B2, DDA Market

Paschim Vihar

New Delhi-110063

Gayway –Bakes & Confectioners

H-42, Main Market ,Rajouri Garden,

New Delhi-110027

Ph No- 011 2510 5036

Healthy Foods

Shop No. 27/13, Nangia Park Chowk, Block 27,

Shakti Nagar,

New Delhi, DL 110007

Ph No- 011 6517 4405

Yummy

B1/41, Paschim Vihar

New Delhi-110063

NCR:

Honey Money Top

B-3, S L Tower, ALFA 1st

Greater Noida, New Delhi.

Ph No: 95120-2326203/ 2326108

Store 18

K 2, Somdatt Tower, Sector 18,

Noida,

Uttar Pradesh 201301

Phone:0124 251 6931

Order online at:

www.healthcart.com

LIST OF AUTISM CENTERS IN DELHI & NCR

Action for Autism

Pocket 7 & 8, Pocket 5, Jasola Vihar,
New Delhi, DL 110025
Ph- 011 4054 0991
Email- actionforautism@gmail.com

Autism Centre for Excellence (ACE)

The Heritage School,
Sector 62, Gurgaon, Haryana, India
Ph No- 0124-2855124/25/26
+919873383603
ace@Ulearntoday.com

Abhyaas Learning Centre

B-270 Derawala Nagar, Near Malwa Taxi Stand,
Main Road, Derawal Nagar, Delhi – 110009
Ph No-(91)-11-66430854

Aadhar

Center for Special Education
Houss No- 920
Sec- 37, Noida,, Uttar Pradesh

Ashish Center

AFDA Charitable Trust
Plot Number 26B, Sulahkul Vihar,
Dwarka, New Delhi - 110078
Tel - 011-65029394/5
Email - mail@ashishindia.org

Behaviour Momentum India (BM1)

BMI South Delhi
138/16 Saidulajab extention ,
Anupam garden, Sainik Farms,
New Delhi-110030

BMI Noida

H 41, Sector 51,
Noida, UP

Centre for Child and Adolescent Wellbeing (CCAW)

R-92, Basement, Greater Kailash Part 1,
New Delhi, 1100048
Ph No- 011-41733340, 9953309156
www.childpsychiatryindia.com

Other branch

E-229, Basement, greater Kailash Part 2
New Delhi, 1100048
Ph No- 011-41733341

Children's First

A 2/35, Safdarjung Enclave,
New Delhi-110029
Ph No- 011-46084844/42
www.childrenfirstindia.com

Child Development Clinic

20/1, Old Rajinder Nagar,
New Delhi, 110060,
Ph- 09811244200

D Potential Kidz

Hno.-7, Pocket-52, Chittaranjan Park,
New Delhi, 110019
Ph No- 092 12 133464

Dew Drops Learning Solutions

Mayur Vihar
63 A, Pocket III, Phase I
Ph No- +91 78273 77334, +91 93111 42714
Malviya Nagar – Vaatsalya Child Care Centre, H-15/20
Paschmi Vihar – A- 1/112, Near Lal Bagh Market
Model Town – B-270, Derawala Nagar
Rohini – F3/56, Sector 11
Gurgaon- K-3/15, DLF phase 2 Gurgaon, Haryana
Ph No- +91 78273 77334

Four Steps

B- 35, Kailash Colony,
New Delhi-110048.

Phone No- 011 29245609 / 29245628,+91-
9868032058

E-Mail : foursteps@sify.com

Inspiration Centre

AG1-123D, Vikas Puri,
New Delhi, 110018

Ph No- 011-25412463

Learning Centre for Autism

Plot No. 266, Basement,
Sector-27 Gurgaon

Ph No- +91-124-2392266, +91 99587 21300

Emails : info@autismcenter.in, admin@autismcenter.in

Website : www.autismcenter.in

Potentials Therapy Center

A- 38 New Friends Colony
New Delhi-110065
Ph- 9811798060

Sparsh

60, RPS Flats, Sheikh Sarai Phase-1,
New Delhi-110017,
093 12 170838

Soch India

SOCH House No. 7517 (Basement),
DLF Phase 4, Near Richmond Park,
Off Supermart Gurgaon (Haryana).
Ph No- +91-9810887523, +91-9818112646
Email ID: msamnani77@gmail.com

Sai Special School

Plot No. C9, Flat No. C-1, Shalimar Garden
Extension - 2,
Sahibabad, 201005
Ph No- 811291150
Email: saispecialschool@rediffmail.com

Shakti 4 Kids

Flat No- 3390, Sec A, Pocket B,
Vasant Kunj, New Delhi 110070
Ph No- 01164998048, +919911338017

Sanjivani- A ray of Hope

G-29, Basement, Pushkar Enclave
Behind Mc. Donalds
Paschim Vihar
New Delhi-110063

Tamanna Association

D-6 Vasant Vihar,
New Delhi 110057
Ph No- 011- 26143853

The Cherry Blossoms

C-927, Palam Extn, Near Ramphal Chowk, Sec-7,
Dwarka, New Delhi-75
Contact:011-64700544, 9958824784,
Website:www.thecherryblossoms.org
Email:thecherryblossomz@gmail.com

Udaan for the Disabled

A-59, Kailash Colony,
New Delhi, 110048,
Ph No- 011- 51631140
Website: www.udaan.org

Umeed Welfare Foundation

Oak Wood- 18, Malibu Towne, Gurgaon Sohna Road,
Sector -47, Gurgaon: 122018, Haryana
Ph No- +919999987226,+919999998896, +919540102376
Email id: umeedcenter@gmail.com

Well being special school

218, Gyan Khand, Indrapuram,
Ghaziabad
Ph No- 919811958619

*Please note: The above list is only meant as an information guide enlisting the Therapy Centres in Delhi & NCR. We, **DO NOT**, however endorse/vouch for any centre other than CCAW.*

LIST OF USEFUL APPLICATIONS (APPS)

1. [Grace Picture Exchange](#) – The Grace Picture Exchange was designed to allow the user to communicate by building sentences from images. It can give a voice to a person with autism who has trouble communicating verbally, and it can be taken with them virtually anywhere. This app is perfect for a child with autism whose spelling skills are not fully developed. Available for iPhone, itouch or iPad.
2. [Behavior Tracker Pro](#) – This application allows behavioral therapists, teachers and parents to track and graph a child’s behavior. Designed by a board certified behavior analyst to capture video and track data to help evaluate the efficacy of your child’s treatment plan. Available for iPhone, itouch, iPad, Android and Blackberry.
3. [MyVoice](#) – MyVoice is another communication aid that can help children overcome the language challenges that often come with autism. MyVoice allows users to program and save phrases and explanations that they commonly use. It even suggests relevant words and phrases based on the user’s physical location, making it one of the most user-friendly apps on the market. If the user is at a movie theater, he or she will see prompts related to buying popcorn or movie tickets. If the user is at a train station, the prompts may help him or her learn how to ask about the train schedule.
4. [Model Me Going Places](#) – Model Me Going Places is an iPhone and iPad app designed to help people with autism learn to navigate places in his or her community. Each of the 6 locations (including playground, grocery store, mall, doctor, restaurant and hairdresser) is linked to a slideshow that displays appropriate behavior for that setting. Consider this a pared down version of MyVoice. It doesn’t detect the user’s location, nor does it have as many locations, but it could be helpful to those who want to start with something very simple.
5. [Fizz Brain: Quality Learning Games by Real Classroom Teachers](#) – This app was specifically designed for children with autism. It includes games that help them practice social skills like eye contact and expanding their minds with other fun and educational games.

6. [iMean](#) – iMean was among the first apps designed for Apple’s iPad as a learning tool to help people with autism with communication. This app will transform the iPad screen into an oversized keyboard, which will allow the user to communicate with others through text as opposed to words. The user can see the text displayed and as he or she writes, the program will begin predicting the typed words. After using this program for some time, you can expect the user’s communication skills and vocabulary to improve.

7. [My Choice Board](#) – My Choice Board is an app that presents the user with visual choices for different categories. It can be customized to the user’s preferences. For example, if he or she likes to drink grape juice and apple juice, those choices can be programmed for him or her to access whenever they need to make a drink choice. This is a very straightforward app without a lot of bells and whistles, but it can really help the user simplify the decision-making process, which can be especially beneficial in uncomfortable social situations.

8. [See.Touch.Learn](#) – See.Touch.Learn is an app that was specifically designed for the parents of children with special needs. With this iPad app, a parent can program lessons, using his or her own voice. For example, the mom of a child with autism can setup a picture of an apple to show on the screen and record her voice saying the words “Click on the apple.” The child will associate a familiar voice with this unfamiliar method of learning and will be more likely to feel comfortable using the program. Of course, that translates to increased learning.

9. [Smile at Me](#) – This app developed for the iPhone, iPad or iPod Touch, was designed to help children with autism interpret social cues to determine when smiling is appropriate. The program involves repetition and rewards children for smiling in the appropriate situations.

10. [Sosh](#) – Sosh was developed by a pediatric psychologist to help children with autism build social skills. It divides social functioning into five areas: Relate, Relax, Regulate, Reason and Recognize. Through these categories, children with autism can learn how to relate with other children and adults.

About Centre For Child & Adolescent Wellbeing (CCAW)

Centre for Child & Adolescent Wellbeing (CCAW) is one of the few unique multispecialty center in India which provides specialist/ specialized health care for children, adolescents, and young people with emotional, behavioral, neurodevelopment and educational problems in a child friendly environment through a multidisciplinary team approach.

- Multispecialty centre with specialists and professionals under one roof for well integrated services.
- Trained, experienced professionals from various hospitals, schools and organizations working exclusively with children and adolescents since many years.
- Child and adolescent friendly setup with "multimodal holistic" approach to deal with children, adolescents and young people.
- An exclusive multispecialty centre dedicated for emotional, social and psychological needs of children, adolescent, young people, parents and families.
- A multidisciplinary setup committed for children and adolescents with ASD and related disorders providing services at primary, secondary and tertiary levels.

We undertake research work to further our understanding of child and adolescent mental health. We organize workshops for parents, children and professionals to spread awareness as well as train them in this field.

SERVICES AVAILABLE AT CCAW

Bio Medical Intervention

- Specialised Diet (GFCCF and others) , Nutritional supplements (Omega 3 fatty acid and others) and advanced biomedical testing
- MB12 Injections- is one of the treatments for children with Autism Spectrum Disorder (ASD). One of the many tasks MB12 does is to raise the levels of Glutathione; Glutathione is the substance the body uses to detoxify itself and has been shown to be consistently low in children with ASD
- Hyperbaric Oxygen Therapy (HBOT) - involves inhaling 100% oxygen at greater than one Atmospheric Absolute (ATA) in a pressurized chamber. It is helpful in children with Autism Spectrum Disorder (ASD) and other indications. .

Early Intervention Services (EIS)

This is available for children with Autism Spectrum Disorders (ASD) who are below the age of 5 years with a purpose to integrate them into playschool/ integrated/inclusive school set-up.

Occupational Therapy

It provides intervention which will help you regain function, maintain level of functioning, or make accommodations for any deficits you may be experiencing.

- **Brain Gym**

It focuses on the performance of specific physical activities that activate the brain for optimal storage and retrieval of information.

- **Sensory Integration** -is the neurological process that organizes sensation from one's own body and the environment, thus making it possible to use the body effectively within the environment.

Online (web) Counselling

This service is for clients based outside Delhi and India who might find it difficult to come to the centre.

Parenting Services

We conduct parenting classes consisting of Common sense parenting (USA) and Reproductive Health Care (UNICEF). This service addresses everyday challenges parents face with their children.

Pharmacotherapy (medication) for emotional, behavioral and psychiatric disorders in children, adolescent and young people.

Play Attention

Concentration enhancement computer games to improve attention, concentration and short term memory for children with Attention Deficit Hyperactive Disorder (ADHD).

Psychological Assessments

It is a formal assessment conducted using tools like, psychological tests, questionnaire, rating scales and interviews. It contributes to the understanding of an individual's behavior, capabilities and personality.

Psychological Therapies

In psychotherapy, psychologists apply scientifically validated procedures to help people develop healthier, more effective habits.

There are several approaches of psychotherapy followed at CCAW

- **Arts Based Therapy (ABT)**- is the clinical and evidence based use of art forms (music, drama, and visual arts) to accomplish goals within a therapeutic relationship.

- **Eye Movement Desensitization Reprocessing (EMDR)**- is a FDA (USA) recommended trauma-based therapy effective in Post Traumatic Stress Disorder (PTSD), anxiety and depression related to any psychological trauma.

- **Feuerstein Instrumental Enrichment (FIE)** - is a cognitive intervention/brain development program. FIE is used as a remediation program for individuals with special needs. For higher functioning learners, IE is a tool of cognitive enrichment.

- **Guidance and Counselling for children, adolescents and families.**

- **Group Therapy and Social Skills Training for children and Adolescents with ASD, Social Communication difficulties, ADHD and Emotional Behaviour difficulties.**

Special Education

It is a process that involves individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, and other interventions designed to help learners with special needs.

Speech and Language Therapy

It is concerned with the management of disorders of speech, language and communication in children.

Training Program & Workshops

- Confidence Building workshops for children and adolescents.
- 'It's Complicated' - workshop for teenagers on relationship and sex.
- 'My Body is Mine' – prevention of Child Sexual Abuse
- 'Nurturing minds'- Skill training for parents of children with ADHD and Asperger's Syndrome
- Parent Empowerment Program (PEP)- for parents of children with Autism Spectrum Disorder.
- Psycho-education for parents about various mental health concerns
- Responsible Childcare Parenting Classes
- 'The Birds & The Bees'- training parents on how to give sex education to their child/teenager.

For Professionals, Institutions & Schools

- 'Full of beans'- A holistic school program for awareness and management of Attention Deficit Hyperactivity Disorder (ADHD).
- Responsible Childcare (Certified by Love Humanity USA) – Train the facilitator course.
- Sexuality & Mental Health
- 'The Birds & The Bees'- training teachers/schoolcounselors on how to give sex education to children.
- Working with CAMHS- Basic skills training CAMHS

NOTES

Child & Adolescent Psychiatrist

Dr. Deepak Gupta

Clinical Psychologists

Mr. Dherendra Kumar

Ms. Sonia Puar

Associate Psychologists

Ms. Shambhavi Singh

Ms. Shreya Tandon

Ms. Neha Gupta

Ms. Akshita Dutta

Special Educators

Ms. Indu Chaswal

Mr. Dhiraj Bhasin

Ms. Harshita Sinha

Ms. Alpana Kumari

Ms. Swar Saidha

Ms. Simi Joshi

Ms. Ridhi Gupta

Ms. Vasundhra

Ms. Anita

Ms. Moksha Sharma

Child & Adolescent Psychologists

Ms. Bhavana Goel

Ms. Tripti Choudhary

Occupational Therapists & Sensory Integration Team

Dr. Arpan Kumar

Dr. Shikha Sawhney

Dr. Madhu Khurana

Dr. Shweta Lal

Dr. Inam Uddin

Speech & Language Therapists

Mr. Kumar Gaurav

Mr. Rajeev Ranjan

Mr. Kapil Sahu

Parenting Coach

Dr. Shilpa Gupta

Nutritionist

Ms. Himanshu Kapoor

Administrative & Support Staff

Manager- Mr. M M Bhardwaj

Front Desk Officers - Mr. Omkar Mishra, Mr. Arun Mishra, Mr. Manish

HBOT Staff- Mr. Ram Bilash Roy

Support Staff- Mr. Arjun, Mr. Rajender, Ms. Reena



"The future of your child is

what you care to make it..."

Pt. Jawahar Lal Nehru

Centre for Child & Adolescent Wellbeing (CCAW)

R-92 ,Greater Kailash-I
New Delhi-110048
011-41733340, 09953309156

Other Branch

E-229, Greater Kailash-II
New Delhi-110048
011-41733341, 09953309188

Website: www.childpsychiatryindia.com

Email: ccaw.delhi@gmail.com