

1. Dr. Simmi Santha



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Understanding Autism-For parents/caregivers/teachers Understanding the Diagnosis of Autism

According to the Diagnostic and Statistical Manual of Mental Disorder-5

th Edition (2013),

autism spectrum disorder(ASD) is diagnosed based on a deficit in two core domains-

(A) Deficits in social interactions and communications – manifested as deficits in (1) developing, maintaining, and understanding relationships, (2) nonverbal communicative behaviour used for social interaction, and (3) social-emotional reciprocity.

(B) Restrictive, repetitive pattern of behaviour, interest, or activities – manifested by (1) repetitive motor movements, (2) Following strict routines (shows inflexibility), (3) Hypo and hyper-sensory sensitivities, and (4) ritualises patterns of verbal and nonverbal behaviour.

What are the red flags?

(a) Social understanding and social behaviour

- May look away and seem to ignore what people are saying.
- May not respond to name when called (Hodges et al., 2020).
- Relate better with the objects than people. (Krupa et al., 2019)
- May move away from people and prefer individual activity/ being alone
- More adult-oriented than peer-oriented.

- Literal thinking (Hodges et al., 2020).
- Difficulty with abstract concepts such as adjectives and emotions (Hodges et al., 2020).
- Poor understanding of social rules and conventions (Baird & Norbury, 2016).

(b) Social interaction/ communication

- May remain silent (Krupa et al., 2019)
- May talk to objects (Krupa et al., 2019)
- May repeat what they are saying (Hughes-Lynch, 2022).
- Shows no or little interest in communicating with others. (Baird & Norbury, 2016, Krupa et al., 2019)
- May echo what they hear. Repeating may be immediate or later on (Hughes-Lynch, 2022).
- Individuals with autism may avoid eye contact as a part of communication. (Hodges et al., 2020)

(c) Play

- May not engage in toys as designed.
- May not be able to pretend to play with peers or objects (Hodges et al., 2020, Hughes-Lynch, 2022).
- May have limited interest (i.e., cars, balls, or string)
- May repeat the same actions (i.e., line up cars, turn wheels)

(d) Rigidity

- May like too much order or sameness and dislike change - shows distress if a familiar routine changes (Baird & Norbury, 2016).
- May resist new experiences – trying new clothes or trying different food. (Hughes-Lynch, 2022).

- Paying particular attention to unusual details such as the car's wheels and struggling to see the bigger picture (Hughes-Lynch, 2022).

(e) Repetitive /Stimulatory behaviour (Baird & Norbury, 2016; Hodges et al., 2020).

- May laugh inappropriately and frequently
- May remain indifferent to pain, heat or cold

Repetitive behaviour is also called self-stimulating behaviour (Hughes-Lynch, 2022). It may involve all or some senses in individuals with ASD (Baird & Norbury, 2016).

- Visual — Staring at spinning objects, lights, hand flapping and gazing at fingers, lining up toys etc. (Hughes-Lynch, 2022).
- Smell—smelling objects such as socks, sniffing people's hair etc

- Auditory — tapping fingers on a different thing such as wood, scratching perforated objects, humming, grunting, repeating favourite TV shows dialogues or stories etc
- Taste — licking objects (both edible and non-edible), placing things in the mouth etc
- Tactile — squeezing between tight spaces, scratching, feeling textures of various things, clapping, toe-walking etc
- Vestibular(balance) — jumping and spinning for an extended period, back and forth rocking etc. (Hughes-Lynch, 2022, Kern et al., 2007).
- Proprioception (body awareness) — teeth grinding, walking around, jumping (Hughes-Lynch, 2022).

(f) Anxiety – Your child might be anxious about something but cannot tell you. They may communicate their concern through tantrums and aggressive behaviour, withdrawing and resisting interactions, experiencing pain, and becoming distressed. Reasons for anxiety could be (1) meeting strangers, (2) not able to communicate their needs, (3) change in routine(Baird &Norbury, 2016), experiencing unpleasant sensations/events – crowded and noisy environment, having a haircut, seeing a doctor. (4) transition from one activity to another (Leader et al., 2021).

Accepting the diagnosis

As parents, it is normal to experience denial, anger, frustration, guilt, fear, and grief upon hearing your child's diagnosis.(Divan et al., 2012; Gentles et al., 2020)

Tips following diagnosis:

- Ensure you connect with people or professionals you trust and talk about your feelings.
- When you feel ready, reach out to parent-support groups in your area and join them. Talk to family members, friends, and professionals from a community service organisation.
- Remember that your child needs you. You have to begin building a support system available in your area and make an informed decision about all options available and what the family can afford. Your family physicians, an occupational therapist, a special educator, a speech-language pathologist, a behaviour therapist, a psychologist, a neurologist (Hughes-Lynch, 2022) – all are people who may become a part of your treatment team.

- Learn about autism- attend workshops, read books, and search for authentic web pages.
- Remember! You are not alone.

Know your Child

A. Sensitivities

In individuals with ASD, sensory information is processed differently from those without ASD. Sometimes, these perceptions can cause anxiety, pain, and fear in individuals with

autism resulting in "challenging" behaviour. Every individual is different and, therefore, will experience sensory information differently. The first step is to observe your child and understand sensory issues they may have. Your child may be hypersensitive or hypo-sensitive

to the sensory input (Baird & Norbury, 2016; Clake et al., n.d; Hughes-Lynch, 2022).

Hyper-sensitivity means we are overly sensitive. Your child's senses work too well in these cases, and the brain receives too much information (Kojovic et al., 2019). Signs of hypersensitivity: Resist touching, dislike crowded places, cover ears, dislikes bright and dark lights, look at runs away from the smell, crave certain food/texture, dislike haircuts, use tip of the tongue for tasting, reposition the entire body to look at something, may have difficulties walking on a bumpy surface (Baird & Norbury, 2016; Clake et al., n.d; Hughes-Lynch, 2022).

Hypo-sensitivity means we are insensitive or less sensitive to the stimulus(Kojovic et al., 2019). In these cases, your child's brain doesn't get enough information to process the sensory

input. Signs of hyposensitivity are hand flapping and looking at the moving fingers, Spinning toys and watching bright colours, humming or making loud rhythmic noises, enjoying vibration and deep massages, like tight clothes and squeezing themselves into tight spaces, enjoys rough plays with the toys, seeks strong odour and engage in smelling self and other people, tend to mouth objects, spins, and runs around, rocks on the chair back and forth, bumps into people and other things, lack of awareness of the body in space etc. (Baird & Norbury, 2016; Clake et al., n.d; Hughes-Lynch, 2022).

The next step is arranging the environment to be sensory-friendly based on your child's sensory needs.

- Modify the environment with neutral odours, plain and dull coloured clothing, dim lights, and a quiet environment for hypersensitivities. With minimal visual and auditory distractions, arrange for this type of environment when you plan your teaching sessions (Clake et al., n.d).

- For hyposensitivity- engage your child in physical activities such as running and swimming, and provide motor breaks during the teaching session. The meal must include food with different tastes and textures, use tight clothing and a weighted blanket, enrich the environment with bright colours, music etc.

- An individual with ASD may use one sensory input at a time. For example, if they are engaging in smelling an object, they may not hear what you tell them.

- Follow a consistent and predictable routine – this may avoid a sensory overload.

Figure out various calming techniques for your child that helps them relax.

B. Learning style

People learn in different ways. There are three learning modalities (Barbe et al., 1979)

- Visual style (pictures and shapes)

- Auditory style (listening and rhythms)

- Tactile or Kinesthetic style (gestures and body movements)

Integrate your child's strengths to teach new skills; for example: if your child is a visual learner, model the activity to your child. Use pictures, videos, and flashcards in teaching. For a kinesthetic learner, include physical movements, art and craft, writing, drawing, interactive computer software, constructive projects, field trips etc.

A teaching plan should include identifying the target/teaching goal (the thing you want to

teach), a method for measuring increase or decrease in the target behaviour, and a description

of how to use the data to decide for future teaching (data analysis). Consider both sensory sensitivities and learning modalities to teach new skills to your child.

Building Social Communication Skills

Communication works if people can act as listeners and speakers. Children with autism may have difficulty communicating—the challenges may be as a listener, speaker, or perhaps both

(Baird & Norbury, 2016).

Tips to support communication with a child with ASD

Parents as a speaker:

(a) Ensure you use a clear and calm voice.

(b) Keep your sentences short and straightforward.

(c) Individuals with ASD may look away when listening to avoid multiple sensory inputs.

(d) Come down to your child's level and start communicating by saying their name.

(e) Individuals with autism have a literal understanding of language: avoid idioms, metaphors, and similes while communicating.

(f) Use facts to explain and avoid analogies.

(a) Before talking to your child, reduce background noise, smells, and bright lights. (Only if your child is hypersensitive to stimuli) (Baird & Norbury, 2016).

(g) Ask specific questions rather than generalised ones. Instead of asking, "How are you feeling?" ask, "Does your tummy hurt?"

(h) Always check you have been understood.

Parents as a listener:

(b) Always give individuals with ASD some extra time to think and understand what you ask or say. After asking a question or requesting an action, pause and allow them to think and respond (Hughes-Lynch, 2022).

(c) Verbal (spoken words) and non-verbal communication (tone of voice, facial expression, or body language) may not be coordinated well in individuals with ASD.

Thus, their communication may not reflect their actual emotions. (Baird & Norbury, 2016)

(d) Someone with ASD will give only a specific response to the question and may not provide additional information. Such as, when asked, "Does your tummy hurt?", They say 'yes' or 'no'.

Building social skills through play

Social skills are learned behaviours that are socially acceptable and allow people to interact with another person socially. A lack of interest or motivation to engage in social behaviour characterises individuals with autism.

Play skills are essential for the development of the child as an individual (Warreyn et al., 2014), and they are critical to the development of the child as a member of a social group. Children develop motor coordination, learn about the world, and gain experience from play.

Children learn to cooperate and communicate, and as a result, they build empathy(Shire et al.,

2018). Playing with our parents, friends, and family members lays the foundation for developing ethical behaviour(Shire et al., 2018).

First, assess your child's leisure and recreation skills. The various stages of play are

- Play alone- The child prefers to play alone and engages in repetitive behaviour.
- Imitative Play - A child will copy the action of a peer or adult in the immediate environment.
- Cooperative Play with adults- A child engages appropriately in an activity with an adult.
- Independent Play – A child plays alone appropriately with toys.
- Parallel play with peers – A child can play beside other children without disrupting their play.
- Interactive play with peers -A child engages appropriately in an activity with a peer.
- Pretend Play - The child pretends that an object is something other than it.
- Pretend to Play with peer - Two or more children share a common pretend and play with that object pretending to be something other than what it is.
- Play in later childhood, which includes games with rules.

Next, help your child get to the following stages of play. If your child prefers to play alone,

- Always come down to your child's level.
- Follow your child's lead. During the play, imitate your child's actions, and wait for them to mimic yours.
- Comment or narrate your child's actions. Avoid asking questions.
- During the play, praise all appropriate behaviours.
- Turn off your phone/TV and focus entirely on your child.
- Avoid overloading the play space with too many toys (Ingersoll & Schreibman, 2006; Warreyn et al., 2014).

If your child plays with others, an assessment has to be done to determine the current concerns or issues while your child engages in play with other children and then work your way up to addressing the areas of deficit.

Ensure that the play skills are practised in different settings, i.e., indoors and outdoors, with or without others. Social aspects of a play include joint attention, referencing, commenting, turn-taking, and reciprocity(Shire et al., 2018).

Understanding and handling challenging behaviour

Individuals with autism display challenging behaviour more frequently than others(Leader et al., 2021), mainly due to limited communication skills, social tolerance, and poor emotional regulation(Myles & Hubbard, n.d.).

Functions of meltdown/tantrums are individualised and usually occur in the trigger, breakdown, and recovery phases(Myles & Hubbard, n.d.).

Stage 1: The trigger phase is also called the antecedent. Antecedent happens before the meltdown phase. In this phase, you may see 'rumbling' such as making noises, fidgeting, grimacing etc. This phase is crucial because it helps us know the cause of the behaviour. Parents aware of the triggers can quickly resolve the issues to avoid meltdowns.

Stage 2: The meltdown is when maximum problem behaviours are seen. Behaviours can be externalised by hitting, throwing objects, destroying property, engaging in self-injury, or internalised by withdrawing. Make sure you remain calm and ensure your child's safety during this phase.

Stage 3: Your child starts to settle down in the recovery phase. They might feel tired and sleepy.

Steps to analyse the triggers of the problem behaviour-

Step 1: Maintain a record with the following information

- Date and time of the event
- Any Setting event – such as a change in routine, poor sleep, hunger
- Where did the behaviour occur – in a shopping mall, at home, school
- What happened before the problem behaviour? (include events, sensory aspects etc.)
- What happened during – what does the behaviour look like?
- What happened after – events followed after the behaviour?

The function of the behaviour could be Sensory, Access to tangible/ activity, escape (removing something from the environment), and attention (Cooper et al., 2019).

Step 2: After you identify the function of the behaviour, you can either (A) alter the environment or (b) work on the behaviour itself (Cooper et al., 2019).

If the behaviour was triggered by sensory overload, alter the environment.

- Reduce sensory stimuli, and avoid busy birthday parties and supermarkets at busy times.
- Communicate with other key people about your child's sensitivities.
- Have a clear plan for responding to the meltdowns and ensure all key members follow the same protocol.
- Develop a consistent and predictable routine.

If the function of the behaviour is access to tangible activity, attention, or escape, work on behaviour directly by teaching more socially appropriate behaviour, i.e., communication.

E.g., For tangible – requesting using picture exchange, pointing, or using words. Escape by requesting breaks, asking for help, or saying 'No' (Wu et al., 2022).

Some important tips:

- Always praise appropriate behaviour. All the praise must be clear, descriptive, and quick (Cooper et al., 2019).
- Find out different calming techniques that work for your child.
- If there will be changes in the routine, make sure that it is planned and communicated to the child in advance.
- Don't try to change many behaviours at once. Take one or two behaviours at a time. Select the behaviour/ skills that are easier to change first.

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