

Caring for my Child with Autism

Prepared by

Heather Hill, MsC OT
D. Jeeva Priyatharsini, B.OTD.
T. Mageswari, B.OTD.



Enabling Inclusion through Early Intervention (EI) Programme



AMAR SEVA SANGAM



Amar Seva Sangam (ASSA) is a premier organisation in the field of disability management focusing on rural areas, located in Ayikudy Village in Tenkasi District of Tamil Nadu. Our approach is to establish a centralised resource center to act as a catalyst for change in the development of children and adults who are differently abled and intellectually challenged. We do this by involving the village community in the process. This mission of ASSA is to establish a Valley for the Disabled, whereby persons with physical / intellectual challenges live in a pro-active society where equality prevails irrespective of physical, intellectual or other challenges with the rest of the society. It is a futuristic vision whereby Amar Seva Sangam plays the role of an enabling agent to provide persons with physical / intellectual challenges "equality of status, equality in opportunities and equality in access".

Amar Seva Sangam (ASSA) was established by Mr. Ramakrishnan, in the International year of the Disabled to cater to disability management focusing on rural areas.



S. Ramakrishnan, Founder President

S. Ramakrishnan, while in his 4th year engineering, injured his spine while attending the last round of Naval officers' selection test and became a quadriplegic. He established ASSA in 1981, the year for the Disabled and named it after his Doctor and mentor Air Marshal Dr. Amarjit Singh Chahal of Defence hospital. **Padma Shree awardee** S.Ramakrishnan is the President of ASSA.



S. Sankara Raman, Secretary

S. Sankara Raman, a Chartered Accountant and a wheel chair user, affected by muscular dystrophy joined ASSA in 1992. He is the Secretary of ASSA. Along with Mr. Ramakrishnan, they have built a **Valley for the Differently Abled** in a 30 acre land

at Ayikudy, as a Rehabilitation and Development Centre and developing models for self-help initiatives by integrating individuals with disabilities within society for improved living conditions. In 2020, he established Amar Seva Global, a social enterprise focused

on spreading Amar Seva's Enabling Inclusion program globally.





What is Development Delay?

Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (for example, crawling and walking). Children develop at their own pace. However, when developmental milestones are not met by a certain expected age, it is called "developmental delay". Early stimulation and intervention can help children reach these milestones.

What is Development Disability?

Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, social or behavioral areas. These conditions begin during a child's developmental period, may impact day-to-day functioning, and can last throughout a person's lifetime. According to the WHO, "If children with developmental delays are not provided with appropriate early intervention, their difficulties can lead to lifetime consequences, increased poverty and profound exclusion".

What is Early Intervention?

Interventions promoting child development should address physical, social, emotional, language, and cognitive areas of development. Services targeting these domains of development are termed, "Early Intervention therapy" and can encompass physical therapy, occupational therapy, speech-language therapy and special education. Early Intervention has a significant impact for children who have delayed development in physical, cognitive, emotional, sensory, behavioural, social and communication domains of development. With quality early intervention services, children can reach their potential, live a meaningful life and integrate into their communities.



Enabling Inclusion Programme

Amar Seva Sangam's Enabling Inclusion programme uses community rehabilitation workers to provide early intervention services to children in their own homes or in community centres by connecting these community workers with rehabilitation specialists (physiotherapists, occupational therapists, speech therapists/trainers and special educators) through the use of the award winning Enabling Inclusion (EI) app. The program has proven to improve outcomes for children with disabilities and their family members and has allowed many children to reach their potential.





Table of Contents

What is ASD
What Does ASD Look Like
What Causes ASD
Therapy for ASD
Managing Sensory Issues
Play Strategies
Managing Difficult Behaviours
Feeding Strategies
Toileting Strategies
Sleep Strategies
Dressing Strategies
Communication Strategies
Calming Strategies
Taking Care of Yourself





What is ASD?

Autism Spectrum Disorder (ASD) is characterized by three symptoms:

- 1) communication challenges
- 2) Impaired Social skills
- 3) Sensory Integration Lead to repetitive patterns of behavior, interest or activities.¹

Impaired Social Skills:

- Does not respond to name by 12 months of age
- Avoids eye-contact
- Prefers to play alone
- Does not share interests with others
- Only interacts to achieve a desired goal
- Has flat or inappropriate facial expressions
- Does not understand personal space boundaries
- Avoids or resists physical contact
- Is not comforted by others during distress
- Has trouble understanding other people's feelings or talking about own feelings

Impaired Communication skills:

- Delayed speech and language skills
- Repeats words or phrases over and over (echolalia)
- Reverses pronouns (e.g., says "you" instead of "I")
- Gives unrelated answers to questions
- Does not point or respond to pointing







What Does ASD Look Like?

- ASD is a spectrum, meaning that it differs greatly from person to person.
- People with ASD understand information in their brain differently than others, and they develop at different rates in each area of the brain.

 Each person with ASD is unique and their symptoms appear in unique ways.

What Causes ASD?

ASD is a neuro developmental disorder, which means the development of the brain was disturbed at some point. There is not one single cause of ASD. Research points to a combination of

genetic and **environmental** factors as the cause of ASD, but more research is needed to fully understand the cause of ASD.³

Genetic:

- 1. ASD tends to run in families
- 2. Genetics alone most likely do not cause ASD, they simply increase the risk
- Prenatal vitamins containing folic acid taken before, during, and after pregnancy can decrease the risk for ASD if the parent has a genetic risk

Environmental (non-genetic):

- 1. Advanced parent age
- 2. Pregnancies with complications (for





- Uses few or no gestures (e.g., does not wave goodbye)
- Talks in a flat, robot-like, or sing-song voice
- Does not pretend in play (e.g., does not pretend to "feed" a doll)
- Does not understand jokes, sarcasm, or teasing

Sensory Challenges:

- Over-responsiveness,
- Under-responsiveness, or
- Mixed responsiveness patterns
- To environmental sounds, smells, light, tactile stimulation, movement, visual clutter, and social stimuli (e.g., social touch, proximity of others, voices);

All these leads unusual interest and behaviors like

- Lines up toys or other objects
- Plays with toys the same way every time
- Likes parts of objects (e.g., wheels)
- Is very organized
- Gets upset by minor changes
- Has obsessive interests
- Has to follow certain routine







example, premature birth or low birth weight)

- 3. Pregnancies less than one year apart
- Exposure to harmful chemicals⁴

ASD is diagnosed by a professional through screening assessments.

Did you know?
ASD is not a curse or punishment upon a family

Therapy for ASD

There is no medical cure for ASD, but therapy can improve your child's ability to care for self and communicate. The therapy team can include a social worker, medical professional, behavioral analyst, special educator, psychologist, speech pathologist, occupational therapist, and/or physical therapist depending on the child's needs. Therapy can be a long process, but is important in learning how to manage the needs of our child with ASD.

Importance of involving caregivers at home:

Parents are the experts of their children. You know your child better than anyone else and you are an important member of the therapy team. Therapy at Amar Seva Sangam is typically delivered in 30 minute sessions. There is more time and opportunity at home

for practicing skills in the child's natural environment.

Children with ASD need routine, which means providing predictability, structure, and safety. This is best accomplished in the home environment.





Managing Sensory Issues

Sensory issues are common for people with ASD, but not all people with ASD will have sensory issues. People with ASD may be **hypersensitive** or **hypo-sensitive** to stimuli.²

The senses are

- Hearing Sight Taste Smell Touch/tactile
- Proprioception
 - o Knowing where your body parts are located during movement without looking
- Vestibular
 - o Balance











Child with autism may be under-responsive or over responsive to the stimuli received by the sense organs.

A **hyper-sensitive** person may be over-responsive to sights, sounds, taste, smells, lights, or touch. This means they may find certain stimuli overwhelming, bothersome, or uncomfortable.

Ways to help a **hyper-sensitive** person in daily life: (Note the ideas are very common ideas' we need to understand the child's sensitivity before implementing these strategies)

- Dim lights
- Avoid using fluorescent light bulbs
- Use sunglasses or baseball hat to cover lighting overhead
- Use ear plugs or headphones in noisy places
- Avoid strongly scented products (soaps, perfumes, etc.)
- Avoid disliked food
- Use clothing that considers personal sensitivities (loose or tight fitting, stretchy material, etc.)
- Massage scalp before haircuts
- Ask permission before touching





This is very important to understand because by adjusting the environment and giving appropriate modalities we can teach the child to better orient with senses which is essential for learning.

Play Strategies

Children's main way of learning about the world is through play. Through playing, children develop in all areas including motor, sensory, affective, communicative, social, and cognitive areas. Children learn better when they actively participate in play.⁷

It's important to discover what your child is motivated by. Give your child opportunities for play in new ways. Through play, children can grow in all sensory systems.

It is common for children with ASD to have sensory issues in the tactile, proprioception, and vestibular systems. The following pages give examples of ways you can focus play to improve those systems.





A **hypo-sensitive** person is under-responsive to stimuli. They may seek out rocking, swinging, or jumping frequently. Some people may have a low sensitivity to pain. Some may experience clumsiness or dropping things because of under-responsive body signals that control coordination.

For a hyposensitive child, increase the sensory stimuli for whatever sense is under-responsive. For example, if a child puts everything in their mouth, give them a chew toy to put in their mouth in order to get the appropriate amount of stimuli.

Ways to help a hypo-sensitive person in daily life:

(Note the ideas are very common ideas' we need to understand the child's sensitivity before implementing these strategies)

- Provide sensory-stimulating toys (chew toys or fidgets)
- Use visual supports
- Provide opportunities for stimulating activities like rocking, swinging, or jumping
- Provide foods with strong tastes and/or textures, cold drinks, etc.
- Use weighted blankets or firm touch
- Arrange furniture to reduce the chance of bumping into surfaces

Note: Not all the senses are hypo or hyper for children with autism. Some children may have hypo sensitivity to touch but hyper sensitivity to sound or hypo sensitivity to light and hypersensitivity to touch. So it is essential to find out that in which sense your child has hypo sensitivity and which sense the child has hyper sensitivity. Mostly we can understand by their behavior and the occupational therapist can assess and give the details.





Ways to create tactile play

Sensory bins with various textures

You can use dry rice with beads, blocks, or letters inside. Be careful not to get the rice wet!



Let your child play in a bucket of water with some water-proof toys. This could also be fun during bath time.

Play dough Recipe:

4 cups flour

- 1 cup water 1 ½ cups salt
- 2 Tablespoons vegetable or coconut oil
- *Food coloring to desired color and any seasoning/scents you would like to add!

Finger painting

The child can paint with fingers or you can put paint inside a plastic bag and have child move paint around from outside the bag.

Homemade finger paint recipe: 1 cup flour

1 cup cold water

Food coloring to desired color!

Stress ball or hand fidgets

You can make a homemade hand fidget with a balloon and different textured objects inside. For example, mix flour and hair conditioner in a separate bowl and then spoon inside the balloon. This homemade fidget is not suitable for a child who chews on everything.















Chew toys

You can get bracelets or necklaces with soft, squishy items that your child can chew on.

Notice what your child likes to chew on. You can make a chew toy with different textures your child likes. For example, you can use an old t-shirt to cut into strips



Shaving cream

Children can write their name, copy shapes or letters/numbers. In addition to shaving cream, you could use lotion, pudding, or other items with a similar texture



Deep pressure

You can rolling an exercise ball or pillow across the child's back or squeeze their hands



Ways to create proprioceptive play

Bean bag or chair to sit in

You can create a bean bag by stitching an old sari and filling it with used wash clothes, foam pieces, or sand.



Heavy work activities

Allow your child to move heavy objects around, such as carrying the groceries or carrying a bucket full of water or sand.



Swimming

You can go to the pool, river, beach, or simply fill a large bucket full of water.



Climbing

Allow your child to climb things that are safe for their age. For example, climbing stairs, trees, etc. If your child is impulsive or has poor balance, you will need to supervise climbing activities.







Playing in sand



Dance with your child, it's a stress reliever for you too! It may be fun to include scarves, drums, and music to enrich the dancing experience.



You can get creative with what you use for the bowling pins, maybe use plastic water bottles filled with a little bit of sand or water for weight.

Yoga

Have your kid follow a yoga video online or copy the moves that you are doing!

Pillow fights

You may need to set guidelines to ensure this happens safely. For example, don't hit above shoulders.

Chewing bubble gum

Chewing ice cubes can also be calming.

Musical instruments such as shakers or drums

You can get creative and make homemade shakers out of a water bottle filled with rice or beads. You can make drums out of coconut shells and some newspaper or plastic covering the top.



















Play clapping games

For example, sing nursery rhymes and have your child clap on each beat. Child can also alternate between clapping hands and clapping hands on top of legs.

Tug of War



Ways to create vestibular play

Spinning



Hanging

You can go to the park, use a ladder, or hang off furniture in the home.



Obstacle courses

Set up anything in your house or outside to create an obstacle course. You can use furniture, blankets, buckets, tires, etc.

Time your child to see how fast they can complete the obstacle course! You can also race with your child or have siblings join in on the fun.

Balance beams

With just a few pieces of wood you can create a homemade balance beam!



Wheelbarrow walking







Jump rope		
Rolling down a hill		
Cartwheels		***XX*
Riding a bike		
Walking the line	Draw a line on ground with pa child practice walking on the li or a zigzag line.	
Hopscotch		3 0 1





Managing Difficult Behaviors

Challenging behaviors are common for children with ASD. Behavior is a form of communication. Many kids with ASD get their needs met through behaviors rather than words. Because these children are not able to communicate their emotions like others, they may get frustrated or angry. Challenging behaviors are more likely to happen when a child is unhealthy or unhappy.⁵

All behavior serves a purpose. The purpose could be:

- 1. To obtain (to get something: like attention, toy, etc.)
- 2. To avoid (to keep away from something)
- 3. To escape (to get out of something)
- 4. Problem with Sensory integration

When challenging behaviors occur, we may feel embarrassed or hurt. This is absolutely normal. However, it's more helpful to think about the behavior from the child's perspective. This change in thinking is an important step in understanding behavior.

Behavior is learned over time and shaped through experiences. Because they are learned, problem behaviors can be modified by changing situations in the environment, especially the events before and after the problem.

Positive behavioral support is a behavior management system that shapes behavior by focusing on and rewarding positive behaviors. Strategies are provided on the next few pages in the manual. Research shows that positive behavioral support is effective. Punishment has been shown to be less effective over time and may increase aggressive behaviors⁵.

The following pages give recommendations for managing difficult behavior. When following these recommendations, they key is to be consistent! Being consistent means everyone in the family responds in the same way with the same words in response to a behavior.





Adapt the Environment

Provide structure

Use clear schedules and routines. Show and explain the schedule to your child before, during and after an activity. You can also keep the schedule in the same place so your child knows where to look to find what is next.

Inform about transitions Transitions, or changing from one activity or toy to another, can be difficult for people with ASD. Use a schedule, countdown timers, or give warnings before transitions.







Use visual supports

Visual supports are provided throughout the manual.



Provide a calm space and teach how to use it

Calm spaces have dim lighting, a quiet environment, and a comfortable place to sit or lie down.



Remove distracting or disturbing stimuli

Replace flickering/ fluorescent lights, or cover them with a cloth. Use headphones or earplugs to block noise (if you don't have headphones you could wrap a scarf around ears).









Use Positive Behavioral Supports

Celebrate strengths and successes Give positive feedback more than corrections or negative feedback.

"I like when you help mom with laundry"

Respect and listen to your child

If your child is non-verbal, you may have to observe his actions.



Support his emotions

Help to give language to what he is feeling. Feelings chart is the last page.

"I can see that you are sad our plans have changed"

Provide clear expectations of behavior

Show or tell your child what you expect of him. A great way to teach new skills is tell-show-do.



"When we eat rice, we do it like this"

Set him up for success

Be flexible. For example, accept a one word answer instead of a whole sentence.

Meet your child where they are at.

Ignore the challenging behavior

Do not let the challenging behavior be his way of communicating. This is hard to do, but effective. Behaviors may get worse before they get better. Keep trying! Make sure all family members are consistent in this approach.



For example, do not allow his screams to get a reward.





Rotate tasks when trying something difficult

Do something that is fun or that your child is good at. Then try something hard.



"I like to color"



"This is a new task"

Teach and interact at your child's learning level Not boring, not too difficult.



Give choices, but within boundaries

Everyone needs to be in control of something, even if it is as simple as which activity comes first. You can still maintain some control in the choices that you offer. For example, "Do you want to eat first, or paint first?"

Provide options for breaks

Teach him to request a break when he needs one. You can use a visual card that says break. Provide the break when he asks so he learns to trust this option



Encourage the use of a calm-down place

Teach your child to recognize when they need to go to the calm-down space. This is a positive strategy, not a punishment.



Set up reinforcement systems Catch your child being good and reward that, verbally and with favored activities or objects.



Allow times and places for him to do what he wants

Even if it's flapping hands, putting things in mouth, etc., it is important to provide these options when it is not harming or bothering others.





Reward flexibility and self-control	For example, "I know you wanted to go to the movies today and were surprised when it was closed. For being so flexible about that change in plans, let's get some ice cream instead"
Pick your battles	You don't have to focus on everything at once. Focus on the behaviors and skills that are most essential.

Use positive/proactive language Use language that describes what you want the individual to do. Try to avoid saying 'NO', or 'don't'.



"I like how you looked instead of touching"



"Don't touch that"

Teach Skills and Replacement Behaviors

Develop and expand functional communication

Build communication that is appropriate for the person across his daily activities. You can use visuals, sign language, or apps. Functional communication should be rewarded with immediate access to the requested item to build the connection.

For example, teach an over-stimulated child to ask for quiet time (using his words, pointing to a picture or app) instead of running away.



TapToTalk is a free app that enhances speech and communication

Teach social skills

Use stories from a book or favorite tv show to explain social expectations and build skills. Many kids with ASD need to be taught how to behave in a social situation.

Teach using a short phrase to help the child understand when that phrase should be used. For example, when to say "hello" or "how are you doing" or "thank you".





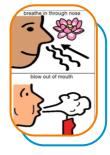


Create activity schedules

Teach the use of schedules using pictures, written words or videos to help organize time. Break tasks into small, manageable steps. These schedules often reduce anxiety, provide skill development, and promote independence.



Teach self-regulation strategies Teach self-regulation strategies when your child is calm and focused. It's difficult to learn strategies when a child is already upset. Calming strategies are provided as separate topic in the manual.



Feeding Strategies

Feeding is a complicated human behavior and involves every sensory system-touch, taste, smell, site, sound. Feeding problems are common for children with ASD. Children with ASD may experience difficulty with feeding (such as avoiding food or screaming during mealtime) due to sensory or behavioral issues.⁵

Is it sensory issues affecting feeding?

Is your child responding to the sensory aspects of their food? For example, some children may find the texture of rice to be bothersome or the smell of certain foods intolerable. Keep notes on what foods your child is eating, how much they are eating, and what foods your child is avoiding or refusing.

Is it behavior affecting feeding?

Has your child learned over time that being upset or angry allows him to get out of feeding? For example, being able to leave the table and go play after turning down food can make it more likely that your child will refuse food again in order to play.

A therapist can help you understand and treat any sensory or behavior issues affecting feeding.

Don't give up! Keep mealtimes positive. Allow your child to make a mess. It takes many tries before any child will taste new food.





Set a feeding schedule and routine

Having a routine allows your child to know what is expected of him during mealtime. Try to eat in the same place and at the same times every day.

Avoid all day eating

Do not have food available all day for your child to eat. Set a schedule with 5 or 6 meals/snacks throughout the day and limit what your child eats outside of those times.



Provide comfortable and supportive seating

Physical stability promotes good feeding behaviors and reduces distracting behaviors. Use a child-sized table, baby chair or back support from a wall/corner. If child is sitting at table, make sure their feet can touch the ground- you may use a small wooden stool for this purpose. You can use pillows for support or create a "bean bag" by stitching a sari and filling with used waste clothes and sponges

Limit mealtime

Most people consume the majority of their calories in the first 30 minutes of eating. Limit mealtimes to 15-30 minutes and remove all food once the mealtime is over.



Minimize distractions

Feed your child only when alert and attentive. Distractions such as TV make it difficult for children to focus on the feeding task.



Get vour child involved

Allow them to help with selection and creation of meals, even if they don't taste it. This allows them to explore and play with food without the expectation of eating it.







Toileting Strategies

Toilet training can be challenging for children with ASD. Many children with ASD learn to use the toilet later than typically-developing children. There are many reasons why it takes longer for children with ASD to use the toilet, including:

- A physical or medical reason
- Language problem understanding expectations of toileting
- Dressing difficulty pulling pants down and up
- Fear of sitting on toilet or hearing toilet flush (a visual schedule and routine can make it less scary)
- Body cues- they may not be aware that they need to go or clothes are soiled
- Need for sameness or routine- some children learn how to toilet at home and have difficulty going in other places

What you can do at home

Sit for 6

Try to sit for 6 toilet trips per day. Child may be allowed to get up immediately after urinating or pooping. At first, trips may be short (5 seconds each) but may work up to being longer (up to 10 minutes). Setting a timer is a helpful way to let your child know when the toilet sit can end. Boys should sit to urinate until they regularly poop in the toilet. If using an Indian toilet, you can use plastic stool and cut a hole in center for a place to sit above the toilet.

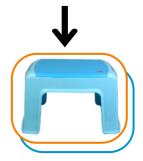
Don't ask. Tell.

Don't frame it as a question, rather tell the child it is time for a toilet sit.

Schedule

Make toilet trips a part of your everyday life. Schedule them at the same time every day.







"It's time for a toilet trip"



"It's 2:00 pm, time for a Toilet trip!"





Communicate

Use the same simple words, signs, or pictures during each trip to allow your child to learn toileting language.



Sign language for bathroom

Keep trying

It takes 3 weeks to learn a habit. Keep working towards the same goal for at least 3 weeks before trying new strategies



Make a visual schedule

You can use the toilet chart given in the manual elsewhere or take pictures of your own bathroom and use your own. If your child doesn't understand pictures, you can show using actual objects



Identify rewards

Simple things like stickers, small food items, or favorite toy can be good to give your child after they urinate or poop. You can also give your child time to do their favorite activity after urinating or pooping. Reward chart on page 38 in manual.

"Good job going potty, you earned another star!"







Practice pleasant and healthy eating behaviors

Children learn by observing. Model the good behavior you want to see. Do not over-focus on your child's eating by begging, hassling, repeatedly prompting, or coaxing.

Reward positive behaviors Offer praise when child approaches or tries new food. Immediate rewards (such as bubbles, stickers) encourage new feeding behaviors. Remember that rewarding good mealtime behaviors increases the likelihood they will happen again.



Ignore negative behaviors

If possible, ignore your child when he is spitting, throwing or refusing food. You don't want to encourage these behaviors by paying attention to them.

Once food or toy is thrown, take it away. Do not retrieve food for child to play with again.





The rule of 3

A good rule is to present only 3 different foods at a time. Include one or two that your child already likes and one food they do not yet like or know. If the child will not tolerate new food on their plate, place the new food on separate plate near them.



Presentation

Present new foods in small bites and fun or familiar ways so your child is more likely to eat it. You can create shapes out of dosa like hearts, smiles, or animal shapes.









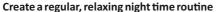
Sleep Strategies

Sleep problems are common for children with ASD, including night waking's, early morning waking's, and reduced total sleep time. It's estimated that 44-83% of children with ASD have sleep problems.⁷

If a child with ASD has sleep problems, it is likely that the parents will also have sleep problems. It may be useful to take turns between mom and dad supporting the child during the night, that way both parents can have a full night of rest when it isn't their turn.

Have a consistent sleep schedule

Wake up and go to bed at the same time every day, including weekends.



30 minutes before bed should be a wind-down timeno TV, electronics or exercise. Do something relaxing like reading a book or listening to calming music.

Create an environment that's only for sleeping

The place of sleep should be quiet and dark. Remove all technology from the room. The room should be cool as warm temperatures interfere with sleep.

Have a light snack before bed

Something small and not sugary.

Exercise regularly- but not close to bedtime

The best time to exercise is first thing in the morning or late afternoon.

Enjoy the sunshine in the morning Getting natural sunlight in the morning helps keep the body's internal clock regular. Limit exposure to light before bed, including screen lights.













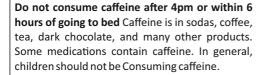








Avoid naps if you have trouble falling asleep







Dressing Strategies

Dressing skills may take longer to develop for kids with ASD. Don't expect them to dress completely in the beginning. Break down dressing into small steps, and teach your child step by step. Use clothes that are easy to put on, for example loose clothes that are one size bigger than needed.¹²

What you can do at home

Start backwards	Start with the child completing the last step of the dressing task. For example, parent puts shirt over the head and child puts arms in sleeves.
	Teach unbuttoning before buttoning, taking shirt off before putting on, etc.
Teach front/back	Teach your child which side is the front and back of clothing, you can use tags as identifiers or stitch a seam of different colored thread on the backs of clothing.





Keep clothes simple and comfortable	
Begin when you have time	Make sure you give plenty of time to work on dressing before you need to leave the house.
Give choices Your child may be more motivated to get dressed if they are allowed to choose their outfit. Give them a choice between 2 or 3 options.	
Be patient	It takes time to learn new skills. Be positive and patient with your child and make dressing time fun!

Communication Strategies

Communication happens in more forms than simply speech. Gestures and vocals are also a form of communication, and should be positively reinforced. 10

Visual charts are a great way for kids with ASD to communicate. People with ASD often learn better through visual input rather than auditory input. Teach your child how to use the visual chart when they are calm and ready to listen.

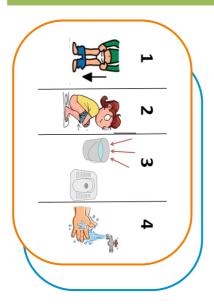


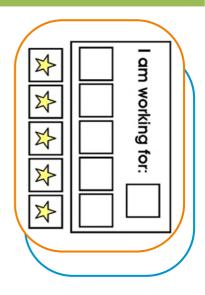


See the following pages for examples of visual charts. You can create your own visual chart or tear the examples out of the manual and use with your child daily:

- Toileting Chart (end of this chapter)
- Reward Chart (end of this chapter)
- You can use this chart when working to shape behavior. Catch your child
 doing something good and give them a star. When they've earned 5 stars,
 allow them to get a reward. Make sure they know what reward they are
 working for in the beginning!
- Feelings Chart (end of this chapter)

Just because a child with ASD is verbal or highly intelligent, doesn't mean they don't need visual supports. Auditory information is temporary, visual information is fixed!

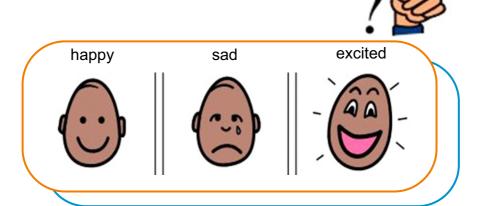


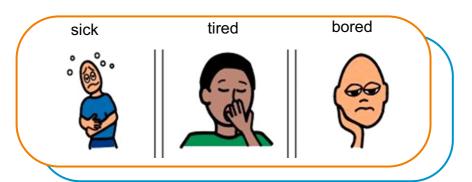


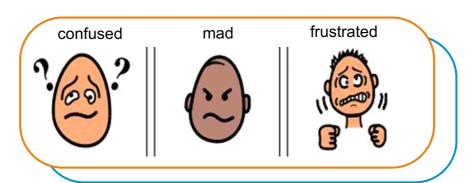




How are you feeling today?











Calming Strategies

Ways you can calm your child

Weighted lap pads or vests

You can create a weighted lap pad by stitching an old sari and filling it with rice or sand.

Always have a fidget toy with you When anxiety manifests through repetitive movements, using fidget toys or manipulatives may reduce harmful behaviors. See page 12 in manual for instructions on homemade fidget toys and chew toys.

Know your child's signs of distress Signs of distress can be nonverbal clues that your child is becoming anxious or overstimulated. They may need your help regulating before reaching the point of meltdown. Act now to reduce the impact.

Create a Safe Sensory Space

Create a safe space to calm down. Quiet areas change the amount of sensory input the child is exposed to. This can be very helpful in situations where sensory overload contributes to anxiety.

New Forms of Communication

Video modeling, social stories, check-off lists, and visual activity/task schedules will be helpful in communicating to your child what is planned, and what the expectations will be.















Creating opportunities for sensory play throughout the day

Play activities throughout the day support regulation throughout the day. Some children need more stimulating activities and some children need more quiet time. See page 10 for sensory play ideas.



Ways your child can practice self-calming

Teach your child these calming techniques when he/she is calm and able to listen. Teach them several times and model the techniques on yourself. It may be useful to show the child pictures here, and have pictures available for them when they are upset to remind them of these strategies.¹¹

The monkey hug

Have your child give themselves a big hug by wrapping legs together and folding arms across chest and squeezing tight.

The imaginary balloon

Have your child hold hands in front of mouth like he is holding a small balloon. Tell the child to blow up the balloon, as he blows, he spreads his hands apart imagining the balloon is getting bigger. Once the balloon is as big as it can get, your child claps hands together to pop the balloon.

Be a bunny

Have your child pretend to be a bunny by getting down on the ground like a bunny or just sit on his bottom. Have him breathe like a bunny does in short, quick breaths. Don't let your child do this too long or he might get dizzy, but a little bit of shallow breathing can bring his breathing back under his control. Follow this up with some long deep breaths, like hissing like a snake.

Count or sing ABC's and 123's

Have your child count as high as he can or sing/say the alphabet. The breathing in this exercise is often enough to bring child back under control after a tantrum.













Hug a stuffed animal

Have your child pick a pillow or stuffed animal to hug. Tell her to squeeze it hard so she can get all of that upset out. She could also tell her stuffed animal why she's upset.



Taking Care of Yourself

Caring for a child with ASD can be physically, emotionally, and mentally exhausting. You may have to balance the demands of caring for other children and a spouse. It is important that you also take care of yourself. It takes time to find the right balance for you and your family.⁸

Practice self-care

Even if it is just for 15 minutes a day, take a breather. You need to take care of yourself in order to be able to take care of others. You can practice meditation, yoga, take a walk, listen to music, read a book, do something artistic, etc.



Thinking about all the things you haven't done in a day may discourage you from trying later. Instead, think about all that you accomplished. You will be amazed at how long that list is, and you will feel better about getting started the next day.

Focus on the positive

Nothing in life is perfect. Every situation has positive and negative aspects to it. Focusing on the positive, such as the progress your child is making, will give you the energy you need to move forward.

Continue family rituals

When possible, continue your family routines and traditions. This will be helpful for your entire family. Traditions give your family an increased feeling of stability and create fun times to enjoy together and to remember.













Give yourself time to adjust

Be patient with yourself. It will take some time to understand your child's disorder. Difficult emotions may occur from time to time. There may be times when you feel helpless and angry about ASD. Remember, you will also experience feelings of hope as your child begins to make progress.

Make time for your friends

Many parents report that friendships have given them the strength and comfort during the most difficult times.

Explore interests outside of ASD

Try to exercise or explore some creative interests. Take the time to realize that you are important.

Get involved with the ASD community Sometimes families of children with ASD find themselves feeling isolated from others. It is important to connect with families that share similar experiences and seek the support of others. Attend the monthly parents meeting at Amar Seva Sangam and talk with parents in a similar situation.

Respite care

Respite care, such as babysitting, allows you to take a break to prevent stress and fatigue. You can ask family members to babysit. Share your feelings with family members and don't be afraid to ask for help. After you know best ways to manage your child, you can train family members or friends in neighborhood. You should also educate the teachers at the school your child attends on strategies that work for your child, for example sensory breaks or chew toys.















References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.
- 2. Autism Speaks. (2005, February). Retrieved from https://www.autismspeaks.org/
- 3. Yates, K., & Le Couteur, A. (2016). Diagnosing autism/autism spectrum disorders. *Paediatrics and Child Health*, *26*(12), 513-518.
- 4. Landrigan, P. J. (2010). What causes autism? Exploring the environmental contribution. *Current Opinion in Pediatrics*, 22(2), 219-225.
- 5. Challenging Behaviors Tool Kit [Pamphlet]. (2012). MA: Autism Speaks. https://www.autismspeaks.org/tool-kit/challenging-behaviors-tool-kit
- 6. Exploring Feeding Behavior in Autism: A Parents Guide [Pamphlet]. (2014). MA: Autism Speaks Autism Treatment Network/ Autism Intervention Research Network. https://www.autismspeaks.org/tool-kit/atnair-p-guide-exploring-feeding-behavior-autism
- 7. Case-Smith, J., & O'Brien, J. C. (2014). *Occupational therapy for children and adolescents*. Elsevier Health Sciences.
- 8. A Parent's Guide to Autism: An Autism Speaks Family Support Tool Kit [Pamphlet]. (2018). MA: Autism Speaks. https://www.autismspeaks.org/tool-kit/parents-guide-autism





- 9. Kroeger, K., & Sorensen, R. (2010). A parent training model for toilet training children with autism. *Journal of Intellectual Disability Research*, *54*(6), 556-567.
 - 10. Shire, S. Y., Goods, K., Shih, W., Distefano, C., Kaiser, A., Wright, C., ... & Kasari,
 - C. (2015). Parents' adoption of social communication intervention strategies: Families including children with autism spectrum disorder who are minimally verbal. *Journal of Autism and Developmental Disorders*, 45(6), 1712-1724.
- 11. Piller, A., & Barimo, J. (2019). Sensory Strategies to Calm and Engage Children with Autism Spectrum Disorder. https://leader.pubs.asha.org.doi:140.234.253.9.
- 12. Çetrez-Iscan, G., Nurçin, E., & Fazlioglu, Y. (2016). Effect of Most-to-Least Prompting Procedure on Dressing Skill of Students with Autism. *Educational Research and Reviews*, *11*(18), 1766-1774.





Enabling Inclusion through Early Intervention (EI) Programme

https://earlyintervention.amarseva.org/



Sulochana Gardens, Post Box No. 001 10/2/163,Tenkasi Road, Ayikudy, Tenkasi Dt.,Tamil Nadu, India. Pin 627852

Copyright © Amar Seva Sangam