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## PREFACE

Dear Reader,

Autism is still an uncharted territory in terms of understanding the disability especially in India.

Experts estimate that every 2-6 children out of every 1000 have Autism. The prevalence rate of autism in India is 1 in 250 (figure may vary as many cases are not diagnosed) and currently 10 million people are suffering in India. The government only recognized the disorder in 2001, till 1980s, there were reports that Autism didn't exist in India.

Given the above statistics it is essential that with the growing number the awareness, especially in the education sector should be brought about.

The 'Idea' section continues with the essential inputs on how to "Manage" an Autistic child.

In the "Words Worth" section we talk about one of the most common phobias, the fear of thunder. This is something which is often considered silly by most people but is a serious problem if no action is taken.

Finally we bring a 'Kaleidoscope' of some of our events in 2015.

Hope this issue will be as enlightening as always.

THANK YOU!!

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# The HLS PsychoAnalyst

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## Understanding Autism

Autism is a lifelong disability that affects the way a person communicates and relates to people around them. Children with autism have difficulty relating to others in a meaningful way. Their ability to develop friendship is generally limited as is their capacity to understand other people's emotional expression.

Some children may have an accompanying learning disability, a specific learning difficulty or an additional developmental disorder. All children with autism have impairments in social interaction, social communication and imagination.

This is known as the 'triad of impairments'.

Dr. Leo Kanner first identified autism in 1943 in his publication entitled "Autistic Disturbance of Affective Disorder." Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development.

### Characteristics of Autism Spectrum Disorder (ASD)

- Persistent deficits in social communication and social interaction across multiple contexts;
- Restricted, repetitive patterns of behaviour, interests, or activities;
- Symptoms must be present in the early developmental period (typically recognized in the first two years of life); and,
- Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

The term "*spectrum*" refers to the wide range of symptoms, skills, and levels of impairment or disability that children with ASD can have. Some children are mildly impaired by their symptoms, while others are severely disabled. Until recently, the types of ASD have been determined by guidelines in the diagnostic manual (DSM - IV) of the American Psychiatric Association. According to the Centers for Disease Control and Prevention (CDC), the three main types of ASD are:

**Asperger's syndrome:** It is a type of pervasive developmental disorder (PDD). PDDs are a group of conditions that involve delays in the development of many basic skills, most notably the ability to socialize with others, and to use imagination.

**Pervasive developmental disorder, not otherwise specified (PDD-NOS):** It indicates that the individual has many of the signs of autism while not meeting the criteria of Rett, Childhood Disintegrative Disorder, classical autism, or Asperger's. The symptoms are pronounced enough to interfere with the person's ability to function normally on a daily basis.

**Autistic disorder:** This developmental disorder, which is characterized by communication and social challenges and unusual behaviours.



# Understanding Autism



The DSM -IV also included two rare but severe autistic-like conditions – **Rett syndrome** which is a neurological condition classified in the autism spectrum disorders and **childhood disintegrative disorder (CDD)** which is a disorder that manifests in children ages 2 through 4, who begin to demonstrate severe loss of previously gained communications, language and social skills after years of normal development.

## Help The Child-Accept The Child

Because autism symptoms and behaviours often change over time, treatment strategies are tailored to the child's needs and available family resources. In general, however, children with autism respond best to highly structured and specialized treatment. A program that addresses helping parents and improving communication, social, behavioural, adaptive, and learning aspects of a child's life will be most successful.

**Teach Others About Autism:** Training family members as well as others in the in the school about autism and how to effectively manage the symptoms has been shown to reduce stress and improve the functioning of the child with autism. Talking openly with these families can give you new insight and better ways of coping.

**Reduce the pace:** Speak with child in an unhurried way, pausing frequently. Wait a few seconds after child finishes before you begin to speak.

**Complete attention:** Try to increase those times that you give child your undivided attention and are really listening.

**Asking questions:** Asking questions is a normal part of life – but try to resist asking one after the other.

**Taking turns:** Help others take turns talking and listening. Children find it much easier to talk when there are fewer interruptions.

**Special times:** Set aside a few minutes at a regular time each day when you can give your undivided attention to your child.

**Behavioural management:** Use positive reinforcements to improve behaviour.

Manage children's behaviour in a constructive way. Know the child's strengths and weaknesses. Develop knowledge, skill and confidence (using descriptive praise).

**Practice makes perfect:** Use 50 repetitions to learn to use the pronouns 'he' or 'she' correctly if needed.

**Give easy instructions:** He won't necessarily remember the instructions you give him. But if you his name and take a minute to repeat the instructions, he'll understand the task.

**Be an advocate, not an agitator.** It doesn't work to go in demanding "We want this, we want that". What works is being prepared to discuss goals your child can attain.

Autism appears to be occurring more frequently than was the case in the past. The prevalence (rate of occurrence) of autism has risen from five in every ten-thousand in the mid 1990's to one in every one-hundred and sixty-six in 2005. Given the situation, as educators it is our responsibility not just to be aware of the Autistic Spectrum Disorder but also to make efforts to bring about an awareness in the society about the needs of these children.

Keeping this in mind, we are here to make a small effort towards this endeavour.



## Words Worth

### **Astraphobia – The fear of thunder and lightning**

Storms are a common occurrence in many parts of the world, and to an **Astraphobic** individual, they can be downright debilitating. The majority of sufferers of **Astraphobia** are children, although the phobia can persist into adulthood as well. Even the most ferocious and wild animals have an extreme fear of thunder and lightning, and hiding is the natural psychological defense. Astraphobia, also called **Brontophobia**, is known to affect nearly 2% of Americans. Thankfully, it is a highly treatable phobia.

**Idea – An idea that can change the way you teach**

## MANAGING AUTISTIC CHILDREN

In the modern era of inclusive education it is important for all teachers to know how to manage mentally challenged children among which one of the most common challenge is Autism.



Here are some suggestions that we would like to share with the teachers which are commonly used in the classrooms with success.

1. Use Task Analysis – very specific, tasks in sequential order.
2. Always keep your language simple and concrete. Get your point across in as few words as possible.
3. Teach specific social rules/skills, such as turn-taking and social distance.
4. Give fewer choices. If a child is asked to pick a color, say red, only give him two to three choices to pick from. The more choices, the more confused an autistic child will become.
5. If you ask a question or give an instruction and are greeted with a blank stare, reword your sentence. Asking a student what you just said helps clarify that you have been understood.
6. Avoid using idioms. “Put your thinking caps on”, “Open your ears” and “Zipper your lips” will leave a student completely mystified and wondering how to do that.
7. Give very clear choices and try not to leave choices open ended. You’re bound to get a better result by asking “Do you want to read or draw?” than by asking “What do you want to do now?”
8. Repeat instructions and checking understanding. Using short sentences to ensure clarity of instructions.
9. Providing a very clear structure and a set daily routine .
10. Teaching what “finished” means and helping the student to identify when something has finished and something different has started. Take a photo of what you want the finished product to look like and show the student. If you want the room cleaned up, take a picture of how you want it to look some time when it is clean. The students can use this for a reference.
11. Providing warning of any impending change of routine, or switch of activity.
12. Addressing the pupil individually at all times (for example, the pupil may not realize that an instruction given to the whole class also includes him/her. Calling the pupil’s name and saying “I need you to listen to this as this is something for you to do” can sometimes work; other times the pupil will need to be addressed individually).
13. Using various means of presentation – visual, physical guidance, peer modeling, etc.
14. Not taking apparently rude or aggressive behavior personally; and recognizing that the target for the pupil’s anger may be unrelated to the source of that anger.
15. Avoid overstimulation. Minimizing/removal of distracters, or providing access to an individual work area or booth, when a task involving concentration is set. Colorful wall displays can be distracting for some pupils, others may find noise very difficult to cope with.
16. Seeking to link work to the pupil’s particular interests.
17. Exploring word-processing, and computer-based learning for literacy.
18. Protecting the pupil from teasing at free times, and providing peers with some awareness of his/her particular needs.
19. Allowing the pupil to avoid certain activities (such as sports and games) which s/he may not understand or like; and supporting the pupil in open-ended and group tasks.
20. Allowing some access to obsessive behavior as a reward for positive efforts.





# HLS Kaleidoscope - 2015



Mr. Mohan addressing members of Rotary



Mr. Mohan receiving an award at National Career Guidance Seminar in Madhupur



Mr. Mohan orienting parents in a school in Howrah



HLS Mock GD Session for Industrial Readiness Program in Kolkata



HLS Body Language Lab for professional students in Kolkata



HLS Study Skill Enhancement workshop for students in Liluah



Mr. Mohan conducting Innovative Teaching workshop in New Town



Mr. Mohan addressing at opening of a new client school in Mumbai



HLS conducting teachers' workshop on Team Building in Kanpur



HLS Personality Effectiveness Program for students in Varanasi



HLS Life Skill Training Program for junior school students in Rajarhat



HLS Individual Career Counseling workshop in Kolkata



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