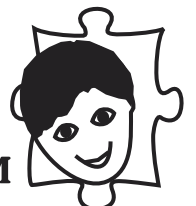


autism network

VOLUME 19, AUGUST 2023



ACTION FOR AUTISM



autism network

2023

VOLUME 19

Action For Autism is a registered, non-profit, national parent organization. Autism Network is published by Action For Autism to provide information on education, therapy, care and to provide interaction for families and professionals across the country.

Autism Network is a forum for expressing diverse opinions. Action For Autism does not hold itself responsible for opinions expressed by individual writers. Publication of any information does not mean support of Action for Autism.

Autism Network does not accept advertisements. Expenses are met through memberships, donations and sponsorships, from our readers, friends and well wishers. The journal is for free distribution.

INFORMATION

For information on receiving the Autism Network write to: Action For Autism, Pocket 7 & 8, Jasola Vihar, Behind Sai Niketan, New Delhi - 110025. Tel: 40540991/2

YOUR CONTRIBUTIONS

Do you have any comments, suggestions to offer? Information and experience to share? We look forward to our readers' participation. Send letters, articles, illustrations to: The Editor, Autism Network at the above given address or E-mail: actionforautism@gmail.com

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In referring to a child with autism, Autism Network often uses 'he', 'him' and 'his', not as a prejudice against the girl child with autism but for reasons of simplicity and because the vast majority of children with autism are male. However, many articles also use 'she', 'her' and 'hers'.

Cover Illustration: Us by Amrit Khurana

Amrit Khurana is a young artist on the autism spectrum. She established an incredible connection with colours, patterns and rhythms at an early age. With little to say in person, Amrit speaks through her paintings with unbridled clarity. Her sense of composition along with the use of a distinct colour palette touches the soul and transcends the art aficionados into a world of sublime fantasy.

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PAGE ONE

The worst of Delhi weather is behind us. As temperatures begin to slowly drop, the pollution meter will rise inexorably. Delhi-wallahs however have learnt, or rather been forced, to weather all weathers! Besides there is much to look forward to in the last months of the year, full as they are of events and festivals.

This issue is as varied as our city, covering topics of gender, navigating adulthood, expressions of an autistic poet, parent narratives sharing their journey to acceptance and enabling their neurodivergent offspring towards independence and empowerment, and a professional's suggestions on supporting autistic people in navigating adulthood. Our contributors are equally divergent: an author, an activist, a teacher, an ambassador, a vocational supporter.

We have a wonderful piece by the inimitable Wenn Lawson from whose workshops and writings we have learnt so much. Wenn's works give us deeper insights into the inner life of autistic people. More importantly, Wenn helps us to lose our tunnel vision of autism, as a kind of largely homogenous whole with merely the requirement of different levels of support and

independence, and instead open our minds to multiple intersectionalities. His piece in this issue focusses on the intersectionality of gender diversity and autism.

As a community we, autistic folks, their families and all those who support them in any way, continue to learn, understand and broaden our vision. At the same time one is aware of the great distance one still has to travel. A significant challenge remains that the more one advocates for the rights of this population, the more charlatans proposing cure and nirvana pop up, preying on the vulnerability of parents. Given that the state does not step in to thwart these peddlers of sham cures, it is a reality one has to live with. The only way to counter them is to ensure that more genuine organisations offering educational service, come up in larger numbers across the landscape, again no state support, to provide more services so urgently needed. Ultimately, we hope the good will triumph.

In the meantime, along with Indians everywhere, we look forward to the upcoming festive season.

Wishing our readers much joy for the same.

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Autism and the Intersectionality of Gender Variance

Dr. Wenn B. Lawson (PhD)

What Autism is:

Autism means having a brain and mindset impacted by being monotropic (see: <https://monotropism.org/>). Monotropism (single focused attention) means we develop passionate interests (not always obvious). Such interests can capture our attention completely, leaving no spare attention for other things. This will have implications for gender and sexuality. Gender and sexuality are different; gender refers to our identity and how we perceive ourselves and is based within the neurological system, whereas sexuality is physiological and includes biological functions of the reproductive system as well as sexual behaviour. Both gender and sexuality may be experienced differently by the autistic population when compared to the allistic (non-autistic) population. Because in autism our brain leads us to be single focussed and not traditionally bound to being socialised in ways the allistic population experiences, this will dictate to all areas of our lives. This obviously has implications for gender and sexual development, comprehension, and experience.

More autistic individuals populate the LGBTQIA+ communities than non-autistics (allistic) (<https://onlinelibrary.wiley.com/doi/10.1002/aur.2604>). The idea that males and females experience sexuality and gender differently in autism, compared to the allistic population, is not new but, what will this mean for diagnosis, individual development of sexual and gender identities as well as how to support this diverse population?

Gender

Knowing that 'gender' is how we feel about and relate to society's experiences of being male or

female will mean different things to different people. But, in autism this may not be so connected to a feeling state so much as it is to 'a state of being'. As an autistic person I might have a 'knowing' within me that I am of the gender that leads me to being more 'at home' but I might not always have a word for this. So, I might not be comfortable with typical gender roles that are assigned to me. This is especially true if there is an expectation, for example, being born 'male' but feeling more at home with traditional female roles, such as cooking, sewing, domestic chores or organizing. I might not 'feel' feminine but I might know I'm not male. Some autistic people say things like 'I'm not male or female, I'm just me' and the term 'non-binary' gender might fit them best.

Gender discomfort or gender dysphoria?

Traditionally, gender and sexuality have tended to be seen as 'binary concepts' which means they have been 'set in stone' and understood as fixed and not changeable. However, this idea has radically changed over time as we have listened to the experience of individuals along with the science of gender and sexuality. We now know that gender and sexual identities are not set and may change over a lifetime, more than once (Kaestle, 2019). We may be familiar with the idea of gender dysphoria, but what of gender discomfort?

It's important to understand that 'gender' discomfort might not be the same as 'gender dysphoria'. Many individuals feel 'uncomfortable' with gender role expectations placed upon them but are content to be the gender they have been known by since birth. Others have an inherent discomfort with their

assigned gender but it's not so dramatic that it could be called 'dysphoria'. Yet, for many of us, our 'discomfort' might mean we need to consider if our known gender is the right one for us.

In the past it's only 'gender dysphoria' that has been considered to mean a gender transition might be required. I know many of my friends' responses to the news of my being 'transgender' were: *'but you weren't unhappy with your gender'* or *'but you never seemed unhappy, so why change your gender?'* For me, not being 'at home' but not having words to express this, meant I took much longer to join the dots and to realise I was actually living in the wrong gender.

DSM-5 & Gender Dysphoria

The DSM 5 defines Gender Dysphoria (GD) as a "marked incongruence between an individual's experienced or expressed gender and the one they were assigned at birth (2013). Specifically, GD describes the emotional turmoil and distress experienced due to such an incongruence. Living with gender discomfort is not a mental health issue, but it does need recognition otherwise it could contribute to mental distress and mental ill health (Dhejne et al., 2016; Cleveland Clinic, 2021; Pinto et al., 2022). More and more people are presenting with either gender discomfort or gender dysphoria, than ever before (Judge et al., 2014; Kaltiala et al., 2020; Wiepjes et al., 2018; Wattel et al., 2022). Why is this so? Maybe due to wider societal conversations about gender identity, maybe due to wider acceptance of gender differences, it's hard to tell but, certainly gender roles and gender expectations have changed over time.

Changing gender roles

In 2023, especially in the Western world, there is an expectation that men will be more caring and more involved with family life, than they have been in the past. This is especially so since the 'extended family', where aunts, uncles and grandparents were close by to help shoulder the family load, may have

moved away. But, as the nuclear family is now the more dominant, (mum, dad and their offspring) the shared responsibility of parents for their children no longer is spread around among the extended family, so fathers and mothers carry the load alone. In some countries government assistance aids the family income, but this is not the case in all areas of the world. This does mean gender roles are not so explicit and some may feel there is confusion around this idea. However, sharing the load in this way is not a bad thing, it's just different.

Recognising gender discomfort or dysphoria

How do we recognize gender discomfort and gender dysphoria? It's common that adults show a strong desire to actually live as a different gender to that assigned them at birth, or be treated as a different gender. Not always, but sometimes an individual will want to rid themselves of all connections to the gender they were assigned at birth, which might mean surgical intervention and transition so they have the anatomy of the gender they feel most at home in. They will also have feelings associated with the gender they are inclined towards, rather than those associated with their assigned gender.

For children there will be a strong preference for clothes of another gender, cross-gender roles in make-believe play, a disdain for and refusal to accept the physical attributes of their body (i.e., ignoring menstruation and hygiene), toys and games associated with another gender, playmates of another gender, and a strong desire for the physical sex characteristics to match their experienced gender (Boston Children's Hospital, 2023; Frank, 2020).

Gender dysphoria historically

Historically explanations for gender dysphoria were known as mental illness possibly due to trauma, sexual abuse and/or a lack of role models. But, today we know that biology and hormones contribute to and influence gender development (Korpaisarn & Safe, 2019; Ettner, 2020). We know that our physiology as a system is laid down in Utero during

about week seven but gender identity, which is formed in the neurological system isn't laid down until week fourteen. There may be some discrepancy, therefore, between hormone washes at these stages and they are not always in sync (<https://www.dailymotion.com/video/x38hzm7>).

Recognising how the distribution of hormones varies across gestation of our physiology and neurology (Estrogen and androgen receptor activation variations impact hormone distribution and uptake during brain development? Fernández et al., 2022) should aid us in being less judgmental and more alert to the issues of gender discomfort or GD. In other words, gonadal differentiation occurs within the first few weeks of pregnancy, while differentiation of the brain occurs in the second half. Due to the different timing, sexual distinctions in the gonads and brain may take different directions. The resulting asynchronization can leave a developing anatomical female with a masculinized brain and vice versa (BU Medical Center, 2015; Swaab & Garcia-Falgueras, 2009; Fernández et al., 2022).

Therefore, predicting gender based on external anatomy is not entirely accurate because there is no way to assess underlying neurobiology and development explicitly.

As far as autism is concerned the literature on the intersection of autism and gender dysphoria has increased in the last seven years. Early studies revealed that autistic individuals report higher rates of gender diversity than the non-autistic population (Glidden et al., 2016; Van der Miesen et al., 2016; George & Stokes, 2017). Therefore, it seems fair to say that autistic individuals will experience lower identification with specific gender(s) than allistic people. This is especially true for those assigned female at birth (Cooper et al., 2018). Research also suggests that this relationship is bidirectional, where the rate of autism in transgender individuals is between 6 - 26% compared to a 1.85% prevalence in the general population (Thrower et al., 2020;

Maenner et al., 2020; Walsh et al., 2018). A 2022 systematic review of current theories on a proposed link between autism and gender dysphoria found fifteen published hypotheses, all lacking substantial empirical support (Wattel et al.). Similarly, only two longitudinal studies on the intersection of autism and gender dysphoria have been published (Nobili et al., 2020; Russell et al., 2020). As the needs and experiences of trans-autistic individuals are heard, treatments and research will become more accessible to and inclusive of this population (Wattel et al., 2022; Zupanic et al., 2021).

There is much distress experienced by autistic adults with gender dysphoria which include social stigma about gender and being neurodivergent (the term neurodivergent applies to individuals who 'diverge' from the typical). There are also some quite specific differences which relate more to the autistic community needing structure and routine which will be interrupted if gender transitioning is sought (Cooper et al., 2021). Some agencies are reluctant to take autistic concerns about gender, seriously. They conclude that such needs may be based in special interests or copying others seen on social media. However, autistic youth and adults are clear that autism does not impair their understanding of gender. In fact, many individuals feel that being autistic facilitates their understanding of gender identity and self (Cooper et al., 2021; 2022b).

Autistic children and youth are at higher risk of sexual victimization than the allistic population. This is especially true for gender-diverse autistic individuals (Pecora et al., 2020; Gotby et al., 2018; Gibbs et al., 2022). The statistics for the intersection of autism, mental health and gender discomfort tell an important story. A 2022 review revealed that individuals with gender dysphoria showed elevated rates of depressive symptoms (64%), suicidality (42.9%), substance use disorders (40.2%), anxiety (25.9%), and general distress (33.8%) compared to

the general population. The review also highlighted individuals with GD encounter more social stressors and face higher levels of discrimination, contributing to worsening psychiatric conditions (Pinto et al.). Non-white individuals were particularly impacted (Mitchell et al., 2022). These socioeconomic disparities mirror those found in autism care, highlighting the underlying inequalities that shape the identification and management of autism and gender dysphoria (Aylward et al., 2021; Nevison & Parker, 2020; McDonnell et al., 2019).

Autistic individuals also experience a notably higher prevalence of mental health conditions than non-autistic individuals. Moreover, research has shown that autistic LGBTQIA+ individuals experience significantly elevated rates of mental illness, physical health challenges, unmet healthcare needs, limited insurance coverage, and refusal of services by medical providers compared to cisgender autistic people (Hall et al., 2020). Given the high co-occurrence of gender discomfort and gender dysphoria with autism, comprehensive mental health support is paramount for this population (George & Stokes, 2018). Other drivers of poor mental health and suicidality for autistic LGBTQIA+ people include gender-based victimization, bullying, violence, harassment, and rejection from family, friends, and community (Virupaksha et al., 2016; Hall et al., 2020). The good news is that despite the daily challenges faced by the autistic transgender community, their resilience is notable. Research indicates that transgender individuals with high self-esteem, assertiveness, and perceived social support from loved ones demonstrate greater resilience to psychiatric conditions than their counterparts (Hall et al., 2020). Further, a growing body of evidence reveals that trans-autistic individuals experience significant reductions in poor mental health and suicidality when provided with gender-affirming care (Cooper et al., 2023; Dhejne et al., 2016; Virupaksha et al., 2016). These improvements can be attributed to greater comfort within one's body

and the validation and hope that accompany acceptance and treatment (Dhejne et al., 2016).

Diagnosing gender discomfort and gender dysphoria in autistic individuals, formal or otherwise, should be done carefully, taking into account the signs and outcomes related to autism and GD. Autism traits like rigid thinking, sensory sensitivities, resistance to change, and social differences may compound the issues, making the diagnosis and treatment process more difficult. Special interests, however, are not seen as contributing to gender discomfort or dysphoria, although a passion for needing to be of a different gender to the one assigned, will take over all of one's attention, due to being monotropic. Therefore, practitioners must be educated on the intersection of these experiences (Cooper et al., 2022b). For example, autistic children diagnosed with gender dysphoria often exhibit elevated passionate interest around gender themes (Zucker et al., 2017; Vanderlaan et al., 2015). Without proper knowledge of both gender dysphoria and autism, fixations on gender identity or disdain for one's physical appearance may be considered as special interests or sensory processing issues in autistic individuals (Paradiso et al., 2022). The intensity and persistence of attention on gender identity can vary among people and lead to different outcomes. For some, it may indeed be a temporary intense focus, while others may fully experience gender dysphoria. Given the irreversible nature of many gender-affirming treatments, distinguishing between issues caused by being autistic and actual gender dysphoria is crucial (Valdés et al., 2021).

To ensure a comprehensive assessment, researchers recommend using a team of practitioners, including professionals knowledgeable in both autism and gender dysphoria (Hall et al., 2020; Mitchell et al., 2022; Pinto et al., 2022). Based on the high association between gender dysphoria and autism, researchers also recommend routine assessment of autism in individuals who seek treatment for gender

dysphoria (Shumer et al., 2016). For autistic individuals seeking and receiving gender-affirming care, treatment can improve mental health issues. It is, therefore, imperative that supports focus on the lived experiences of the individual instead of the potential drivers for the co-occurrence of autism and gender dysphoria (Nobili et al., 2020).

Several case reports indicate positive outcomes from gender-affirming care for trans-autistic people (Van der Miesen et al., 2016; Zupanic et al., 2021). Gender-affirming treatments include anything from changes in gender expression and role to hormone therapy or surgery. For autistic individuals with gender dysphoria who decide to transition, the process often takes longer than for non-autistic trans people. This is due to autistic traits associated with resistance to change, rigidity, and sensory perception. However, over time and with continual support, autistic individuals who transition experience less anxiety, depression, and suicidal tendencies and higher self-esteem and overall quality of life (Zupanic et al., 2021). Recent findings underscore the benefits of providing appropriate support and treatment tailored to the unique needs of autistic individuals with gender dysphoria'.

Autism and the future of gender

Autistic people are often single-minded, meaning they focus intensely on one or two subjects. Contrastingly, allisticstend to focus less intensely on many topics. Consider allistic focus as a wide beam of light (e.g., a lighthouse) and autistic focus as a large torch operating on the narrow beam. With a wider view (light beam), one can create contextual understandings of broader circumstances, unlike a narrow or single-minded view which may not see the full picture in context (Murray, 2018; Lawson & ARI, 2019). Because concepts of gender are very cultural, they can be difficult for autistic people to access, and many never assume the gender roles that society would have them accept. On a fundamental level, most autistic individuals

experience and understand gender differently from, and often in contrast to, the wider population (Lawson & ARI, 2019).

Autistic individuals offer an intersectional perspective of humanity, encouraging a more nuanced and inclusive view of gender. Researchers, practitioners, and communities must continue to shed prejudices and work to love and accept our autistic and gender diverse population. One day, I imagine that gender will be understood as part of humanity that is changing and adapting to an ever-changing world. It will not be seen as 'either or' but as individual as one's love of coffee; it comes in all shades and tones, with darkest to lighter and lightest, but perfectly usual!

Dr. Wenn Lawson, autistic lecturer, researcher, advocate, writer and poet has passionately shared professional and personal knowledge of autism over the past 3 decades. He has written/ contributed to over 25 books and many papers. Wenn is an honorary researcher with Curtin, Macquarie and the Southern Queensland university, Tutor Practitioner with University of Birmingham's (UK) Masters Autism course, member of the autism Co-operative Research Centre (ACRC), member of the Australasian Autism Research Council, Australia, Ambassador for 'I CAN', Australia, and on the Editorial Board 'Autism in Adulthood'. Dr. Wenn is a family man with neuro-divergent offspring and grandchildren. In 2008 he won 4th. place as Victorian Australian of The Year & in 2017 he presented to the United Nations on matters of Autism and ageing. In 2021 Dr. Wenn was awarded the Lesley Hall Lifetime Achievement award for disability leadership.

(This article is informed by: the Autism Research Institute article (ARI) June 2023, see: <https://autism.org/gender-discomfort-and-autism/> Originally collated and written by Meaghan Weldele with insights given by Dr. Wenn B. Lawson)

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Resources and more information

- Autism and Mental Health—Free online course from Curtin University & edX <https://www.edx.org/course/autism-and-mental-health>
- Porn is Not the Norm (PINN) —“Supporting autistic young people and their communities to safely navigate pornography's influence.”
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The Sundance Kid and I

Sangeeta Bahadur

Doctors and Autism experts all tell you that people on the autism spectrum do not have a sense of humour. They take everything quite literally and maybe that's why they sometimes sound funny. I beg to disagree. I clearly remember the evening when I was all dressed up to go out for dinner, and my then 10-year-old daughter – who has ASD – was playing with the TV remote, changing channels every few seconds. Trying to get her to listen to me was impossible - and most irritating. So I snapped, 'Would you stop that, please? You're behaving like a monkey with a string of pearls – *bandar kehaathmeinmoti ki mala!*' She turned towards me, looked me up and down and pointed out astutely, 'Well, you are the one wearing pearls, so who's the monkey, then?' And then there was the time when I was blow-drying my hair and also teasing her by declaring that I was not her Mama but an alien who looked like me. Very upset with that, she kept insisting that I was her Mama. Suddenly, my hair got badly caught in the brush and I just couldn't disentangle it. Watching my frustrated efforts, she asked me what was wrong. I said, 'I just can't get this brush out of my hair! I don't know how this happened!' She watched me with great interest for a moment before retorting, her eyes dancing with mischief, 'Oh, I'm sure my real Mama did this to you!'. If that's not humour, I'd like to know what is!

Statistically, there are more than three times as many boys than girls diagnosed with ASD around the world. So, when they tell you that your girl-child is on the spectrum, the shock is somehow more intense. And such a diagnosis is a shock; let's not underplay it. It broke my heart and, for a while, it also broke my life, twisting it totally out of shape. Having an older daughter who was an overachiever

on all her childhood milestones, I'd had an inkling for a while that all was not quite right with my younger one. By the age of three, her vocabulary was still limited to half a dozen words; she would not sleep at all and displayed some really odd behaviour. We wandered from hospital to hospital, doctor to doctor, from Mexico to Belgium to India, but it wasn't until she was six that we discovered that she had ASD. We hadn't even heard the word Autism before that and had to look up books and articles to figure out what it meant.

It was devastating – left us feeling helpless and grieving and furious with the luck of the draw. Knowing that she would live a very different life from that of other children her age – even her sister, and realising that she would never be truly independent, that she would be more vulnerable, in so many ways, than boys with ASD... The gradual understanding of what it would mean for her, for us as her parents, for the entire family, shook the very foundations of our life. Her behaviour, the way she responded to audio-visual stimulus, her painful struggle with words and language, her inability to sleep ever since she was a newborn baby, her disregard for her own physical safety – it all began to make sense. And it also began to scare me blind. I'd have to look after her all my life – and somehow continue to do so after my death? How was I – how was *anyone* – supposed to do that? For a while, I stopped thinking of her as my child, as a human being, as a soul who'd come to experience the world in her own way; she simply became a lifelong problem for us to grapple with. It took a friend's wisdom to shake me out of my state of despair. 'How many people,' he asked me, 'are blessed with a child who'll always be pure and innocent, who'll

always bring you undiluted joy and will never abandon you, no matter what?’

From that moment, that was how I began looking at her – not as a burden but as my anchor through the high and low tides of life. The unconditional love she has inspired in me and her strange but genuine ways of showing me she cares has opened my heart and has even saved my life. Two years ago, when I lay at death's door in a hospital in Belarus with a near-fatal COVID infection, it was only the dim question at the back of my barely conscious mind – *who'll take care of her if I die?* – that kept me fighting to live. Through every trauma, every grief that life has thrown at me, she has been there with me. Her easy, uncomplaining acceptance of change, her love of life just the way it is and her delight in small things has given me the strength to cope with anything. She has taught me patience and compassion the way nobody else could have. I am a better human being today because of her.

That is not to say that she can't be utterly exhausting, annoying and provoking when she sets her mind to it. The tantrums can happen anywhere – on the road, in the car, at work, at home, in a restaurant or in somebody else's home – and my sweet, smiling angel is suddenly transformed into a drama queen at best and a little monster at worst.

When she was younger, I've spent hours pleading with her to come out of a bathroom (always her safe space) she'd locked herself in, or hunting frantically for her when she decided to just run away from me in a crowded mall or shopping complex, or getting her to let go of somebody she suddenly grabbed or pushed for no reason, or fighting with insensitive clods – mostly in India – who would tell me to keep a 'mad' child like her locked in the house. Sometimes she would race naked through the house after a shower, refusing to get into her clothes, and I would thank my stars that mine was an exclusively

feminine household most of the time. Having her with me has also, hence, meant not getting a male house-help even if I went crazy doing everything myself in between maids. There have been times when I had to lug her around even for formal meetings because I had nobody to leave her with.

The silver lining was that she was thoroughly socialised in the process, with everyone – including my official interlocutors – becoming used to her happy and usually well-behaved presence! In any case, in Europe – where I did most of my postings – people are more compassionate and kinder to someone like her, and that gave a tremendous boost to her confidence level over the years. Since our return to India last year, the perceptible change in attitudes and mindsets here has come as a pleasant surprise. In the last two decades, awareness levels have definitely grown, and almost everyone has been nice to her. Kudos, India! You've come a long way, baby!

It always comes as a shock, though, to find that there are still individuals who see persons with ASD as somehow less than human. I distinctly remember this lady, for example, who advised me to have a hysterectomy performed on her. 'Just in case she gets accidentally pregnant,' she told me earnestly, imagining she was doing me a favour by articulating something I hadn't considered. It was all I could do not to punch her in the face and tell her that my child was not a pet to be spayed.

Incidentally, speaking of accidental pregnancies, I can never forget that horrifying moment when, at the age of 12, Niyutsa – better known to my Facebook friends as The Sundance Kid! – invited me to visit her school in London to meet her teachers and friends. I said I would and asked her what the best time would be for a visit. She thought for a moment, then said cheerfully, 'Come when we are having sex.' As you can imagine, my whole

world tilted and crashed as a thousand lurid scenarios went through my mind. 'What are you *saying*, baby?' I almost screamed at her, terrified out of my wits and already preparing to descend on the school in full-blown fury to demand what they were doing with my baby! A little scared and puzzled by my outrage, she explained innocently, 'You know, when we are having bananas and apples in school?' I literally collapsed with relief! In those days, she was still unable to pronounce two consonants together, so the word snacks had come out as sex!

And then there are these immensely sweet moments when she just makes my heart melt like milk chocolate left out in the sun. Like when she giggles at something I've said or what she sees or hears or thinks. Or when she watches an action-packed movie or a theatre production with her eyes wide with wonder. Or when she tells me naively, when asked what she wants for her birthday, 'A boyfriend!' Or when she gives me a spontaneous hug and declares, 'I love you, Mama!' Or when she asks me wistfully, 'When will I go to office and earn lots of money for you?' Or when she makes me shop for makeup for herself because she sees other girls doing that, even though she never wears any of it. Or when she refuses to let me buy more new clothes for her, saying she already has so many! Or when she sometimes just sits and cries quietly, realising she's different from others but helpless to do anything about it.

She needs so little and wants even less – an eternal child at heart who values a colouring book more than a diamond bracelet! We so-called normal adults pay good money to trainers and therapists to learn mindfulness – the art of living in the moment, while she does that spontaneously. She has no real concept of time, so yesterday and tomorrow are meaningless, in many ways. All that truly matters is *now*. The vices of greed, ambition, arrogance and cruelty have left her untouched. The anger and the

tantrums are there and very disconcerting when they take her over without any warning, but that's part of ASD and not deliberate at all. If there is something called a pure soul, she is one.

Being a single mother to a young woman on the spectrum is a rollercoaster ride, with giddy heights and stomach-dropping lows. It's like eating, every day of your life, a dish of bitter gourd – karela – cooked in honey. The pure joy she brings me with her ingenuity, humour and uncomplicated love is constantly countervailed by the anxiety, irritation and frustration that her condition induces in me – something that every parent of a child with ASD would testify to.

And yet, at the end, it is all worth it.

Because she is the Sundance Kid, so bright and beautiful and pure, and I am humbled that she chose me to be her mother in this life.

Ambassador Sangeeta Bahadur joined the Indian Foreign Service in 1987. During her 35-year career, she served India in various capacities both at home and abroad. Starting with Spain, she was posted, over the years, in Bulgaria, Mexico, Belgium, UK, and as Ambassador to Belarus. She retired last year as High Commissioner to Malta. She is also a published and much-loved author of the heroic fantasy series, KAAL, which is unique in weaving concepts from Indian spiritual traditions and philosophy into the amazing journey of an original Indian superhero/avatar. Her next stand-alone book – a historical fantasy – is expected to be out soon. She is also a strategic advisor to several organizations, including FICCI and IIM, Raipur on matters of international business and foreign collaborations. She is also registered as a qualified Independent Director with the Ministry of Corporate Affairs.

There is a Feeling Inside of Me

Rakshita Shekhar

There is a feeling inside of me.
It makes me want to cry and scream.
Out of anger and out of grief.
Out of guilt and out of no relief.

Or should I wait for the time
When the lamb won't be so fine
When the lamb will want to wiggle
Should I wait till that struggle?

I am losing a battle I never wanted to fight
I am stuck between nails that bite
In a lion's den, out to rescue a lamb
I am stopped for it doesn't see the scam

Or should I wait for the lamb to be sacrificed
When rage will make me de-iced
When I will have the courage to aggress
Not have an option less?

It's too comfortable
or maybe too scared
Perhaps confused
Or is it my ego that's flared?

Or should I blind myself?
To fate, say, the world has chosen this for herself
And I can play no part in this
Just watch and comment, so nothing I miss

Should I by duty, stay pinned
To fight the battle the lion always wins
And feel powerful again
Having pushed the lion by its mane

Guide me, tell me, instruct me what I must think
Show me the path where I don't have to blink
I want to know; I want to be right
Should I bait or wait or should I stay and fight?

Note: "I recently wrote a poem to describe my experience of advocating. The context is: I am traumatized. And I am trying to help others that are traumatized. And sometimes, it's my trauma trigger against theirs. I am being forced to re-evaluate the meaning of the word justice. This is what the poem is about."

Rakshita (she/her) is an educator and consultant for disability rights organisations and schools. She has a master's in intellectual and developmental disabilities from the University of Kent, UK. With extensive experience as a teacher in both general and special education, Rakshita is passionate about pedagogy, inclusion and developing good mental health. She ardently advocates for autistic individuals through her poetry, essays, talks, and training programs. Rakshita regularly presents at national and international conferences and has authored research papers in esteemed journals. She is a member of international advocacy organisations: neuroclastic.com and universal design for learning: a special interest group and is on the board of Action For Autism. Rakshita hopes to teach society that they can and must rely on disabled people to solve the world's biggest problems. She dreams of a world where all live and let live.

Be in the Flow – Unconditionally with no Expectation

Uma Dheera

I am Uma, mother of Ksheeraja, an adolescent girl with autism. Ksheeraja is now 15 years old. She is a talented musician who can play the keyboard and harmonium and can sing beautiful bhajans in Carnatic and Hindustani styles. She is a student of both Hindustani and Carnatic music. Being a tech-savvy youngster she has mastered Photoshop and uses her skills in creating posters, visiting cards, video editing and creating video clipping. She loves to bake and aspires to become a donut maker.

Apart from all the above, she is an X grade student and is preparing for her first board exam through the NIOS. She attends her school regularly and participates in various co-curricular activities of her choice.

As a family, today we have reached this stage after a 13-year-long journey with this condition called autism. I am here to proudly share my experiences through the 13 years.

After Vikram and I got married like any young couple, we looked forward to having a child. Ksheeraja came into our lives within 3 years. We were so overjoyed to have this beautiful little baby and our world revolved around her.

As we were posted in Jamnagar, Gujarat, our parents were not staying with us. We literally lived the quotation 'Ignorance is bliss', not realizing that our little Ksheeraja had missed all her developmental milestones of the first significant 12 months. All the milestones like neck holding, sitting, crawling, standing and walking were

delayed by six to eight months. Ksheeraja didn't even start babbling till 24 months. She was always clingy to me and became anxious in the presence of anybody else.

It was only when our extended family expressed their concern about her lack of speech that we consulted our paediatrician. The doctor observed Ksheeraja and suggested waiting for some time as some kids start speaking a little late. So, we waited for another month and as recommended by the doctor we started a speech therapy session at her clinic. A new term 'Speech Therapy' was introduced to our vocabulary. She attended sessions for a month but no improvement was seen in the situation. The doctor then decided to conduct a formal assessment to confirm her doubt. Vikram and I had a small paper test identifying various milestones if achieved or not by Ksheeraja. Today I know that my doctor had then actually conducted a CARS assessment to confirm her autism. When she enquired from us "Do you know anything about Autism"? we were totally blank mentally and verbally. Making note of the word in my diary we then browsed through Google to gather as much information as possible about autism. Then we realized that all the symptoms identified at various sites match the behaviours displayed by our little one.

Next day the doctor confirmed our doubt that autism is a part of Ksheeraja's personality. I was very upset wondering what the future was in-store for our child. The fear of uncertainty made me cry but my husband was rock steady, convincing me that we will put in our best and change the situations for our

child, so that she also has a so-called normal life. We both shared the same apprehensions regarding her:

1. Can my child ever speak?
2. How can she communicate her needs?
3. What can I do to teach her to communicate?
4. How can I make her happy?
5. Can autism be cured, if YES, HOW?
6. What medication will help?
7. Will she lead a regular married life?

And so on.....

At this stage we were not sure how to share this news with our family. So, we decided to wait for a couple of months before we could reveal her condition. As soon as they came to know we got a lot of input in the form of advice both medical and religious. We started showing her horoscope to predict her future. We were asked to change her name and perform a lot of rituals on her name, change her diet and medication and also strategies like not responding to her needs till she verbally expresses.

However, we continued our consultation with her doctor who provided us with all the realistic information that we needed to follow at the earliest. She also informed us of what changes to expect and how soon or how delayed it can happen. Through her we got to meet a family with a boy with autism. This helped us to calm down as we now knew another parent in the same boat who had worked out strategies to help their child. They, as parents, had attended a mother child training program from Action For Autism (AFA) in Delhi. The mother demonstrated a few strategies she uses to teach her child including pairing and techniques to develop speech. The tip I followed was to drag words while I was joining and pairing with her. Since language grasping is a challenge with children with autism, our doctor had advised us to use a language

commonly used in society. So, we stopped speaking to her in Telugu, our mother tongue, and introduced English at home.

I picked up five common words and used to show objects of those words and play with them or drag the words and not pressurizing her to speak and not expecting any verbal response from her. Gradually we had a breakthrough when she started verbalizing the words introduced to her. She started to pick up a few words from the videos she loved watching. It also helped her in conceptual understanding.

By this time Ksheeraja was 2 ½ years old and it was time to put her in a play group. We sent her to a play group within our campus. Her stranger anxiety increased as here she was expected to interact with other adults and children apart from her mother. Most of the time she would be crying in school.

As she was growing we became more and more aware of her discomfort: with males, especially those who are dark-complexioned; changes in unfamiliar physical environments.

When Ksheeraja was three years old, we were posted to Delhi. We visited AFA at the earliest and registered ourselves for the PARENT CHILD TRAINING PROGRAM (PCTP) which had evolved from the Mother Child Training Program. As we were waitlisted for six months we enrolled Ksheeraja for Occupational Therapy, Special Education and Speech Therapy. During therapies I insisted on being present with her during the session. I would make a note of all the techniques used during the session and try to understand the technicalities so that I could duplicate it at home.

After waiting for six months, PCTP opened a new door in our lives and I thoroughly enjoyed the program and started understanding my child. Till this point of time I was apprehensive to speak about

her autism with others fearing that people may laugh at my daughter or may not treat her properly.

Ksheeraja got admission in a renowned school in Delhi. Along with it came a new set of concerns: how will she make friends, will her teacher understand her or not, being a co-ed school, her safety while she uses the washroom; her being made fun of and bullied etc.

So, I decided to interact more often with the teachers and empower them with various strategies to help her out in school. The teachers started to use visual schedules, social stories and work systems with her in the classrooms that made life easier to a certain extent for Ksheeraja.

As chances of my husband getting posted to remote areas were high, I decided to take up a two-year specialization in autism from AFA. My husband was also supportive that I gain adequate knowledge to train her as she grows older.

The entire duration of various training I took from AFA lasted for almost 2 ½ years and was totally dependent on my mother for both physical and emotional support.

My mom is fluent in Telugu and understands a bit of Hindi. At that point of time Ksheeraja knew a few words of English and could understand a little bit of Hindi. So there was a huge lack of a common communication tool between the grandmother and granddaughter. Apart from the separation anxiety that Ksheeraja had from me, my concern while doing the AFA course was also: how would my mom communicate with her? Or will she understand what Ksheeraja wanted? So, I started to train my mom with all the strategies I learnt during PCTP. By and by, they paired with each other and a beautiful relationship developed between the two which is now a very strong bond.

I prepared for her a story of me going to work. We started with me going out of the house for 15 minutes, and reinforcing her after coming back. As I increased my time of staying away from home it helped shape her behaviour slowly for a longer time. We used a lot of visuals and work systems to make her understand what her day looks like. There were moments of meltdown in the form of crying, throwing things, and messing up the house, but my mother handled her very patiently and both learned to stay and understand each other in the best possible way. The work systems and visual schedules made managing Ksheeraja a bit easier for my mother.

Schooling had a lot of challenges from time to time. We identified a group of three friends whom we trained to interact with Ksheeraja. This was essential because she was uncomfortable with children who she felt were demanding or controlling of her. She expressed her displeasure being around these students by crying or by pushing or hitting them. We tried to apply a few strategies at home and requested the school to follow them.

Any change in teacher and change of class every year created anxiety. We prepared her with social stories. These visual stories helped her a lot to overcome a few challenges.

Teaching her to dress and undress as a private activity started at the age of three years. Whenever my daughter would be prepared for bathing or for using the washroom I would verbalize the entire ritual of the action being a private act, so the bedroom needed to be shut while undressing or dressing and that while using the washroom or bathing the bathroom needed to be shut. Years or these inputs showed a smooth transition as she entered into adolescent stage. She now independently takes care of herself during freshening up. When we have a male visitor coming

home or even when we visit families with more male members Ksheeraja is conscious about the way she conducts herself taking care of her safety and civility in the situation most of the time. The worry still continues.... As we started feeling confident about ourselves as parents of an individual with autism and started to feel confident in Ksheeraja's abilities to cope up in the mainstream world by and by, we started to share about her autism to our extended family members. We are not worried what others would think about her. Or about how they would react to her. We have learnt and are still learning to be comfortable and not base our comfort on the expectations of others.

All through these stages her gifted skills unlayered by and by at different moments. At that point of time, what just seemed to be one odd event, was actually a building stone to how her life is shaping up today.

At the age of five years, we went to a friend's house for dinner, they had a big keyboard. She liked it and started to touch and press a few keys and enjoyed the sound. We gifted her with the Casio Keyboard. As soon as she received it, she pressed a few keys, but she got scared of the sound and didn't want to touch it for a very long time. We left it at that point and it was just a showpiece in our drawing hall for almost one and half years. She only used to press the auto key, and enjoy a set of tunes being automatically played. We never forced her to play it. But, I never packed it away either. Slowly she started to press a few keys and started to play with them by pressing any key randomly. We never interrupted her while doing so. One day, we suddenly heard the tune of the national anthem played by her. We were so surprised to hear it. We asked her to play a few rhymes, and she started to play them. So, we hired a tutor for her, he guided her, but, after a few months he informed us that she doesn't require a tutor as she can play any song on

the instrument, even though she can't read any musical notes. She is good with her tunes. Slowly she started to play at school and the music teacher at school recognised that she can even sing. As she guided us we started to take her to singing classes and she picked up her interest in singing too. She gave many stage shows, she enjoys her performances and is a different girl altogether on stage. During this journey we never pressurized her or the teachers to make her perform. This gave joy to us and to her as well.

The middle school began and COVID started. It was a new challenge for us. What to prepare for her? How much predictability do we have to give her? We started to prepare social stories and tried to engage her at home. There were ups and downs with meltdowns, as she was trying to understand the change, and slowly started to cope with her online classes. An advantage of the pandemic was that this also omitted any scope of her getting bullied at school during her middle schooling. I also realized that it gave me an opportunity to make her teachers understand that she works better by using visuals and with worksystems. We tried an online course and grabbed the opportunity to teach her Photoshop and expose her to multimedia softwares as she is a tech-savvy girl.

Now that she is in senior school, children are mature enough to understand her condition. She is doing her Grade Xth NIOS. As a student of NIOS, it is a long journey with more studies and note-making for the parents than for her! As parents we never gave her the pressure of exams or scoring or passing. Like any other teenager her dreams and choices keep changing from becoming a singer to a dancer to a video editor to a donut maker and to joining college and so on....she always keeps us thinking and active to reach her pace and also we try to make her understand her capacities and weaknesses and possible things which she can achieve.

We had many suggestions from our family members to have a second child as she is a girl with special needs. The justifications being that the sibling will support her and a boy child can continue the family lineage. She was judged and labeled by a few of our family members as she is a girl with different needs who needs someone after we are no more. These episodes have only strengthened us to empower Ksheeraja to put in her best and leave the rest to the universe to shape life for us. It has made me stronger and helped me place my priorities as a mother.

Lastly, we as parents are trying to teach her application-based learning, focus on self-help skills and try to ensure an environment where she does

not have a breakdown and challenging behaviours, while academics are taking the front seat as of now.

It is a long journey for us. We are learning from her as she is learning to lead a happy, content life and reach her best abilities. This must not have been our prayer but it is the answer to our prayers and it is beautiful.

Uma Dheera is mother to Ksheeraja who is on the spectrum. She completed her graduation and diploma in autism from AFA. She is a Kuchipudi dancer and is married to an Indian Air Force officer. She is currently working at Sanskriti School and has been doing so for the last seven years.



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एडल्टहुड की ओर

दीपा रावत

मानव जीवन के विकास की प्रक्रिया में किशोरावस्था का महत्वपूर्ण स्थान है। इस समय बाल्यवस्था समाप्त होती है और किशोरावस्था शुरू होती है और यह अवस्था युवावस्था (Adolescence) अथवा परिपक्वता (Maturity) तथा प्रौढ़ावस्था (Adulthood) के मध्य का ट्रांज़िशनल पीरियड होता है। इस अवस्था की बड़ी ही विडम्बना होती है कि बालक स्वयं को बड़ा समझता है और बड़े उसे बालक समझते हैं।

हमारे समाज के कुछ नियम होते हैं जिन्हें हम समझते हैं और उनका पालन करते हैं, जैसे एक-दूसरे से कैसे मिलना है अथवा बातचीत करनी है, किसी भी कार्यक्रम में मिलजुलकर कैसे भाग लेना है, कार्यक्रम के अनुसार कौन से वस्त्रों का चयन करना है, दूसरों का ध्यान अपनी ओर कैसे आकर्षित

करना है, अपनी उम्र के लोगों के साथ रहना और दोस्ती करना आदि। परन्तु आटिज्म होने पर इन नियमों को समझने में तथा इनका पालन करने में कठिनाई होती है। ऑटिस्टिक व्यक्ति अपने आप में रहना पसंद करते हैं। वो अपने पसंदीदा लोगों के साथ ही रहना चाहते हैं (माता - पिता या भाई बहन)। ऑटिस्टिक व्यक्ति एक ही व्यवहार को बार - बार दोहराते हैं, अपने तरीके से खेलना पसंद करते हैं, वह अपनी इच्छा के अनुसार वस्त्रों का चयन करते हैं क्योंकि उन्हें मौसम और अवसरों के अनुसार वस्त्रों में अंतर करना मुश्किल लगता है। इस लेखन द्वारा हम किशोरावस्था में शारीरिक व मानसिक परिवर्तनों से ऑटिस्टिक व्यक्ति को अवगत करना तथा उन्हें इन परिवर्तनों के लिए तैयार करना चाहते हैं।



जैसे की हम जानते हैं की इस दौरान लड़के तथा लड़कियों दोनों में ही मानसिक व शारीरिक परिवर्तन होते हैं जैसे फिजिकल, हार्मोनल, सोशल और इमोशनल परिवर्तन। ये परिवर्तन आटिज्म होने तथा न होने दोनों ही स्थितियों में अनुभव किये जाते हैं। ये परिवर्तन सामान्य व्यक्तियों के लिए तो कठिन होते ही हैं परन्तु ऑटिस्टिक व्यक्ति के लिए इनको समझना तथा अपनाना और भी कठिन है। जिन्हे ऑटिज्म नहीं है वह इन परिवर्तनों के साथ कैसे ढलना है या अपने आप को कैसे बदलना है, उन्हें पता है परन्तु जैसा की हम जानते हैं की ऑटिस्टिक व्यक्ति के लिए इन परिवर्तनों को समझना तथा नए परिवर्तनों को अपनाना थोड़ा कठिन होता है इसलिए एक अभिभावक / शिक्षक होने के नाते हमे किशोरावस्था के दौरान होने वाली परिवर्तनों के बारे में मुख्य रूप से बात करनी चाहिए।

फिजिकल और हार्मोनल परिवर्तन

इस उम्र में लड़के तथा लड़कियों का विकास बहुत तेजी से होता है। लड़को की आवाज़ में भारीपन आता है, कद में वृद्धि होती है, शरीर सुडोल व मजबूत होता है, दाढ़ी मूँछ आने लगती है, गुप्त अंगों में बाल आने लगते हैं तो वहीं लड़कियों में स्तन विकसित होने लगते हैं, कद में वृद्धि होती है, शरीर का आकार बदलने लगता है जैसे कमर और कुल्हे चौड़े होने लगते हैं, गुप्त अंगों में बाल आने लगते हैं। इस दौरान लड़कियों का मासिक धर्म भी शुरू हो जाता है। अब सबसे जरूरी यह है की उनसे इन परिवर्तनों के बारे में बात करते समय उन्हें वास्तविकता के अवगत बहुत आवश्यक है। हम उन्हें बता सकते हैं की ये सारे परिवर्तन हम सब में भी हुए थे। हम उन्हें वीडियो, इमेज या सोशल स्टोरी द्वारा इन



परिवर्तनों के लिए तैयार कर सकते हैं। माताएं, लड़कियों से मासिक धर्म के बारे में बात करे और उन्हें तैयार करें।

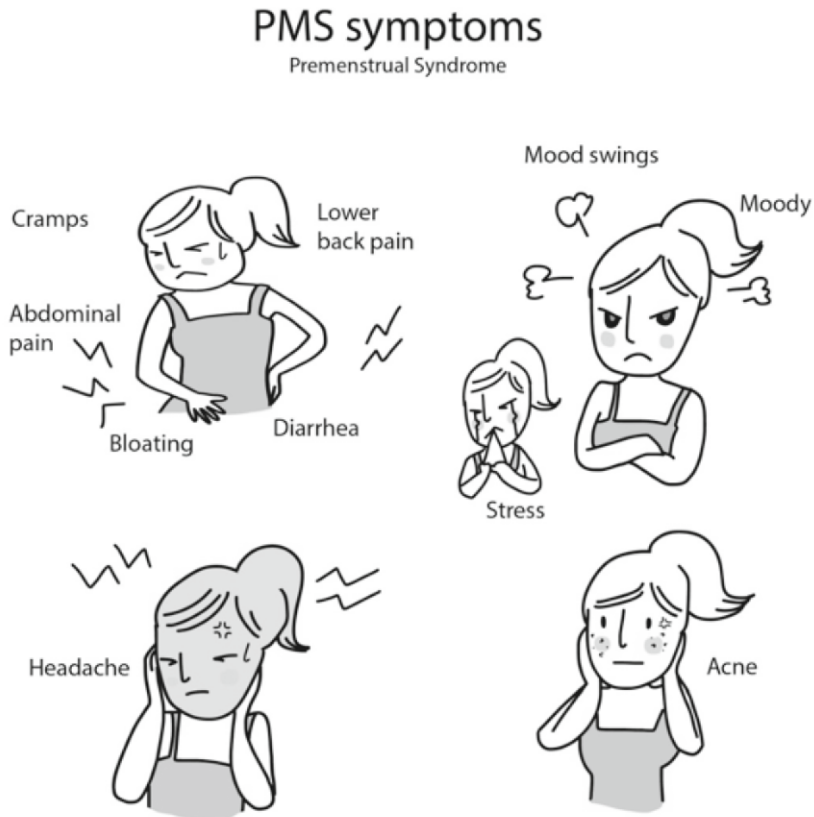
सोशल परिवर्तन

ऑटिस्टिक व्यक्तियों को हम सब अपनी इच्छा के अनुसार काम करवाते हैं पर हम उनको यह मौका दे सकते हैं की वह अपने मित्र खुद चुन सकें, अपनी इच्छा अनुसार खेलें और खाना खाएं। हम अपनी ऑटिस्टिक बच्चों को अपने नियंत्रण में रखना चाहते हैं जब की नॉन-ऑटिस्टिक बच्चों को अपनी इच्छा अनुसार हमउम्र बच्चों के साथ रहने की और नए नए मित्र बनाने की स्वेच्छा दी जाती है। जहाँ नॉन-ऑटिस्टिक व्यक्ति अपनी मित्रों की राय से बेहद प्रभावित होते हैं यहीं ऑटिस्टिक व्यक्ति को अपना पियर ग्रुप बनाने को मौका ही नहीं दिया जाता। क्या हम अपनी ऑटिस्टिक बच्चों को यह मौका नहीं दे सकते की वे अपने लिए कुछ फैसले खुद लें जैसे अपने कार्य या किसी वस्तु का चयन करना, अपनी पसंद के

कपडे पहनना, खाना खाना और मित्र बनाना आदि। हमें उन्हें बाहर भी लेकर जाना चाहिए जैसे रेस्टोरेंट, पार्क, फॅमिली फंक्शन या कार्यक्रम आदि क्योंकि ऐसे स्थानों में वह सामाजिक व्यवहार जैसे बातचीत करना, समूह में रहना आदि सीखते हैं जिससे उनका आत्मविश्वास बढ़ता है और वे आत्मनिर्भरता की तरफ बढ़ते हैं।

इमोशनल परिवर्तन

जिस प्रकार हम किशोरावस्था के दौरान गुस्सा, जलन, घृणा, चिंता और उदासी जैसे नकारात्मक भावनाओं का अनुभव करते हैं, उसी प्रकार ऑटिस्टिक व्यक्ति भी इन भावनाओं का अनुभव करते हैं परन्तु वे उन्हें पहचानने और व्यक्त करने में कठिनाइयों का सामना करते हैं। इसी कारण जब भी हमें लगे की वह ऐसी किसी भावना का अनुभव कर रहे हैं तब हम उन्हें उन भावनाओं के नाम बता सकते हैं ताकि वह उनकी पहचान कर सकें और अगली बार ऐसा महसूस होने पर हमें



बता सकें जैसे की: मैं खुश हूँ, मुझे गुस्सा आ रहा है या मैं परेशान हूँ आदि।

प्राइवेट बनाम पब्लिक (Private v/s Public)

जैसे की हम सब जानते हैं की हमारे कुछ कार्य व गतिविधियां ऐसी होती हैं जिन्हें हम सबके सामने नहीं कर सकते अथवा हम उन्हें एकांत में करते हैं जैसे की नहाना, वस्त्र बदलना, शौचालय जाना आदि। ऑटिस्टिक व्यक्तियों के लिए समझ पाना कठिन होता है की कौनसे कार्य तथा स्थान प्राइवेट होते हैं इसलिए बचपन से ही हमें उन्हें इन बातों की सही जानकारी देने की बहुत ज़रूरत होती है।

हमें उन्हें बताना चाहिए की प्राइवेट स्थान ऐसे स्थान होते हैं जहाँ वे अकेले होते हैं, जहाँ उन्हें कोई देख नहीं सकता और जहाँ की खिड़की और दरवाज़े बंद होते हैं तथा परदे लगे होते हैं। हमें उन्हें प्राइवेट कार्य की भी जानकारी देनी चाहिए जैसे नहाना, वस्त्र बदलना, टॉयलेट / शौचालय जाना, नाक खुजलाना, अपनी बॉडी पार्ट्स को छूना, पैड बदलना, मास्टरबैशन आदि।

जिस प्रकार अभी तक हमने सभी परिवर्तनों के बारे में देखा

और बात की उसी प्रकार हमें उनसे हाइजीन / शारीरिक स्वच्छता के बारे में बात करनी चाहिए। हमें उन्हें महत्वपूर्ण कौशल जैसे की ब्रश करना, नहाना, हाथ धोना, नाखून काटना, मुँह धोना सिखाना चाहिए।

हमें ध्यान रखना है की जब हम उन्हें इन विषयों के बारे में सिखाएं तब हमेशा क्रमित सूची (Same - Sequence) में उपयोग करें। उन्हें उनकी बॉडी पार्ट्स के बारे में जानकारी ज़रूर दें और उनकी छोटी-से-छोटी सफलता के लिए उन्हें प्रोत्साहित करना है।

ये सब सिखाने के पीछे हमारा उद्देश्य यह है की वे आत्मनिर्भर हो, आत्मरक्षा (Self - Safety) कर सकें और वे शारीरिक और भावनात्मक ज़रूरतों के प्रति जागरूक हों। हमें ध्यान रखना है की हम उन्हें जो भी कार्य / व्यवहार कुशलता (Work - Behaviour Skill) सिखा रहे हैं, उसे मनोरंजक तरीके से धैर्यपूर्वक सिखाये।

दीपा रावत एफए में स्पेशल शिक्षक हैं। वह कई सालों से ऑटिस्टिक एडल्ट्स के साथ काम कर रही हैं।

Teaching about periods- pain scale

