

# A Journey Guided by Enormous Power of the Arts

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## A Journey Guided by Enormous Power of the Arts

A project report in fulfilment of ABT course 2017 Prepared by Bunty Shrestha Roll No.: 306

Study conducted at Snehadhara Foundation, J. P. Nagar, Bangalore

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## **Table of Contents**

Abstract		1
Sec	ction 2: INTRODUCTION	
2.1	The Larger Problem	2
2.2	Literature Review of All Arts-Based Therapies	2
2.3	Hypothesis	5
Sec	ction 3: METHODS	
3.1	Eligibility Criteria for Participants	6
3.2	Logistics	6
3.3	Data Sources & Data Collection Protocols	7
3.4	Methods Used	8
Sec	ction 4: RESULTS	
4.1	Results Summary	9
4.2	Results Detailed	13
Sec	ction 5: DISCUSSION	
5.1	Limitations	39
5.2	Learnings	39
5.3	Future	40
Sec	ction 6: APPENDIX	
A.1	Abbreviations	41
A.2	WCCLF Rating Scale	42
A.3	ABT Assessment Form	47

Section 8: REFERENCES		
Sec	tion 7: ACKNOWLEDGEMENTS	69
A.8	SRS Summary of the Individual Sessions	67
A.7	SRS Summary of the Group Sessions	55
A.6	Observation Format for Language Articulation	53
A.5	Observation Format for Social Interaction	51
A.4	Observation Format for Impulse Control	49

## Abstract

The Research project had a heterogeneous group of 8 adolescents with range special needs (autism, mental retardation, epilepsy, and microcephaly). The age group of the participants ranged from 13 to 20 years old. Therapeutic goals identified for this group were impulse control, narrative capability (vocalization and word articulation), and social interaction. Arts Based Therapy (ABT) interventions were used to work on achieving these goals. Altogether 36 contact sessions were done starting from June to August.

Each participant was assessed in four areas: vocalization, word articulation, social interaction, and impulse control. In each of these areas, every participant received three performance scores based on three assessment forms: WCCLF assessment form filled by facilitator, observation formats form filled by facilitator, and observation formats form filled by parents. These assessment forms were filled first time in early June during the start of the project (Pre), and second time in early September (Post).

In each of the four areas, consolidated score of every child was calculated by averaging the scores obtained from the three assessment forms. This consolidation was done both for 'pre' and 'post' observations. In the areas of vocalization, word articulation, and social interaction, 85.71% of the population showed progress. In the area of impulse control, 71.43% of the population showed progress.

## **SECTION 2: INTRODUCTION**

## **2.1 The Larger Problem**

Indian psychiatric epidemiological researchers had indicated through their study that at least 20% of the population have one or other mental disorder, which requires the mental health professionals' interventions (Indian J Psychiatry. 2010 Jan). On March 27, 2014, the Centres for Disease Control and Prevention (CDC) have identified 1 in 68 children (1 in 42 boys and 1 in 189 girls) as having autism spectrum disorder (ASD). In the research published by SK Raina, et. al. (2015), the prevalence rate of Autism Spectrum Disorder is 0.9/1000, with the highest prevalence rate in rural India.

The population for this project largely consists of adolescents with Autism Spectrum Disorder, one with mental retardation, one with microcephaly, and one with Epilepsy. They are between 13 to 20 years old. They all come from middle class background. Impaired social interaction, impaired vocalization and language articulation, and difficulty in controlling impulses characterize this homogeneous group.

I intend to use different art forms like visual art, music, drama, and games and exercises to build their interaction with one another; increase vocalization and vocabulary; and develop ability to control their impulses.

## **2.2 Literature Review of All Arts-Based Therapies**

#### Articulation and Narrative Ability in Autism

Not every child with ASD will have a language problem. A child's ability to communicate will vary, depending upon his or her intellectual and social development. Some children with ASD may be unable to speak. Others may have rich vocabularies and be able to talk about specific subjects in great detail. Most children with ASD have little or no problem pronouncing words. The majority, however, have difficulty using language effectively, especially when they talk to other people. Many have problems with the meaning and rhythm of words and sentences. They also may be unable to understand body language and the nuances of vocal tones. Some patterns of language use and behaviors exhibited by children having this sort of ASD are repetitive or rigid language, narrow interest and exceptional abilities, uneven language development, and poor nonverbal conversation skill (NIDCD, 2017).

Approximately 30-50% of individuals with ASD remain minimally verbal throughout their lives, with little or no functional (Lindblad, 2012). These individuals may rely on more effortful modes of communication such as reaching for desired items, taking another's hand to gain access, or obtaining the item independent of communication. Attempts to communicate may also take the form of challenging behaviors such as aggression, self-injury, and tantrums.

#### Social Interaction and Autism

One of the hallmarks of autism is a lack of interest in or connection with other people – a social disconnection. According to C. Gray (2002), although other senses, like hearing or touch, may also be impacted by autism, it is the "social sense" – our intuitive understanding of how to read, reach out to, and successfully interact with other human beings -- that is most intensely affected.

Individuals with ASD not only have difficulty in noticing the social world, they also have a hard time interpreting it. Early problems with gaze and joint attention, it is believed, come to impact their theory of mind. This term 'theory of mind' was termed by Simon (1995), and he called this impairment as 'mindblindness'. According to him, theory of mind simply refers to the understanding that other people have their own thoughts, perceptions, and intentions separate from one's own.

#### Impulsiveness in Autism

Many children diagnosed with ASD display abnormal behaviors such as restlessness, poor attention span, and over activity. They find it difficult to sit still and pay attention, and can be overactive/hyperactive or impulsive.

Impulsivity in autism can be explained by deficits in what is known as executive functioning (EF) (article - A Is for Aoife Not Autism, 2017). EF is simply a broad umbrella term referring to the mental processes involved in cognitive, physical and emotional self-control. Examples of EF include planning, memory, cognitive flexibility (the ability to adapt thinking to new and unexpected situations) and most importantly response inhibition– aka the ability to suppress unnecessary or inappropriate actions.

Not all people on the autism spectrum have EF problems. However, many do. The tendency to ignore executive function in autism treatment has had significant implications for those individuals on the spectrum who do have difficulties with EF (estimated to be as high as 80%). Unable to progress with teaching methods that do not take their EF problems into account, they may be incorrectly classed as more profoundly or severely autistic or as both autistic and mentally retarded.

## Visual Art Therapy

Art materials and media, in the context of art therapy can be used in a fun, interactive way to arouse the communicative drives within individuals with ASD and can allow for verbal or non-verbal expression of emotions (Durrani, 2014; Hastings et. al., 2015).

Group art therapy experiences can promote healthy and positive socialization skills through the innate interactional nature of the group experience (Epp., 2008). A common experience with group art therapy is to share participant's art piece to other group members. This is an important way to witness one another in the group, and honor the importance of each member and the artwork created. In this way, art therapy offers an opportunity to explore new relationships safely (Malchiodi, 2014).

#### **Drama Therapy**

Research Autism Foundation (2016) defines drama therapy as a form of therapy which uses drama and other performance arts to help individuals bring about psychological, emotional and social changes. The dramatic aspect of the approach explores aspects of storytelling, role play, enactment and mime, as well as covering voice production and the use of artefacts as props. This therapeutic approach aims to work on the psychological needs of people with autism either on an individual basis or within a larger group.

Connelly, M. (1983) from Sybil Elgar School, provides us with a one perspective of drama therapy. According to him, "The drama work at the Sybil Elgar School is concerned with measurable behavioural objectives. It is not concerned with 'curing' or 'normalising' rather with helping the children to minimise the secondary handicapping conditions of autism. If a child has pronounced 'gaze aversions' we will set up situations or 'looking games to reduce it. If a child cannot tolerate contact we will set up group games to help him overcome it."

#### **Music Therapy**

Children with autism show more emotional expression and social engagement during music therapy sessions than in play sessions without music (Kim, et.al, 2009). These children also responded to the therapist's requests more frequently during music therapy than in play sessions without music. Additionally, a skilled therapist can use music with children to increase their social interaction and improve social skills. Passing and sharing instruments, music and movement games, gathering around a central instrument, learning to listen and singing of greetings are just a few of the ways music therapy sessions can increase interaction.

Wan, et. al. (2011) found music to improve the mapping of sounds to actions by connecting the auditory and motor sections of the brain, which may help improve understanding of verbal commands. By pairing music with actions, and with repetitive training, the brain pathways needed to speak can be reinforced and improved.

## **2.3 Hypothesis**

Arts based therapy can significantly improve the social interaction, impulse control, and language articulation of the adolescents on ASD and with multiple special needs, selected for the study.

## **SECTION 3: METHODS**

## **3.1 Eligibility Criteria for Participants**

The selected clients are a fixed population of adolescents with varying special needs. They have been coming to the centre for at least a year except for Aditya, who joined the centre recently. Aditya was not part of the pilot project. For the purpose of this project adolescents between the ages of 13 to 20 years have been selected. There are 3 girls and 4 boys in the group. Two adolescents, a boy and a girl, have moved out after the pilot project. Ahan, is not continuing in the centre. Umaima, has been moved to another group in the centre itself, given her strengths from which other children at the centre can benefit.

Except for Aditya and Sai Rajeshwari none of them have any locomotor challenges. Both Aditya and Sai Rajeshwari can move around without any support, but, they do need support while engaging in physical activities. Except for Aditya, who is in diapers, rest of the group can take care of their toilet needs with verbal instructions from the team members.

Demographics of the group:

Age	13- 20 years
Gender	3 females and 4 males
Background Information	All are from middle class homes

## **3.2 Logistics**

*Location:* Snehadhara Foundation

Setting: Well ventilated, spacious classroom with minimal furniture

*Duration of study:* Beginning of June 2017 – End of August 2017

*Days and time of ABT sessions:* Monday, Wednesday, and Friday from 11:15am to 12:15pm.

Modality: Group

## **3.3 Data Sources & Data Collection Protocols**

S.N.	Data Source	Description	Timelines	Observer(s)
1.	Assessment form	Developed by WCCL Foundation for assessment of Therapeutic domains; Body, Attention, Cognitive, Narrative capability, Expressive capability, Group interaction and their sub domains.	Pre and post. Pre: Early June Post: Early September	ABT Facilitator
2.	Behaviour rating scales	Developed by WCCL Foundation on the basis of the assessment form. It assesses observable behaviours for each domain.	Pre and post. Pre: Early June Post: Early September	ABT Facilitator
3.	SRS	A format developed by WCCLF in which ABT practitioner records the plan and observations of each client and the group after every session	Before and after all 36 sessions.	ABT Facilitator
4.	Observation Format: Impulse control	Observation rating scales customized to the TG's of the group	Pre and post. Pre: Early June Post: Early September	ABT Facilitator and Parents

5.	Observation Format: Vocalization and Language articulation	Observation rating scales customized to the TG's of the group	Pre and post. Pre: Early June Post: Early September	ABT Facilitator and Parents
6.	Observation Format: Social interaction	Observation rating scales customized to the TG's of the group	Pre and post. Pre: Early June Post: Early September	ABT Facilitator and Parents
7.	Video Recording	Video recording at regular intervals to capture the child's responses to various artistic skills	Regular intervals	

\*Observation Formats are attached in Appendix

## **3.4 Methods Used (See Appendix for SRS summary format)**

The ABT sessions were planned in alignment to the study group's therapeutic goals. The action research period of 36 contact sessions had a combination of various art forms.

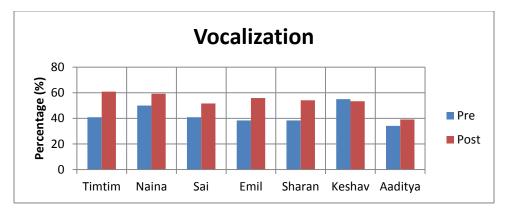
Sessions always started with the same opening ritual- a greeting song, which helped in giving an idea to the group that the session has started and mostly, sessions closed with quiet time with meditation music. For working on vocalization and word articulation initially story used to be narrated using a dummy doll along with the use of real objects. Eventually flash cards were used and some of the children responded really well to the flash cards. For building peer interaction, mainly movement and structured play were used. During structured play, there was a presence of at least one prop every time. Drumming was primarily used for working on their impulse control. Since many of them liked painting and tended to engage in painting than with the drums, later in sessions visual arts, mainly painting, was used for working on their impulse control.

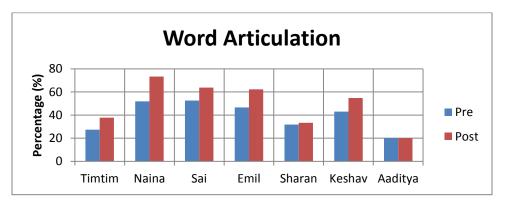
## **SECTION 4: RESULTS**

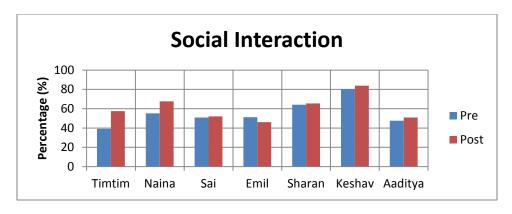
## 4.1 Result Summary

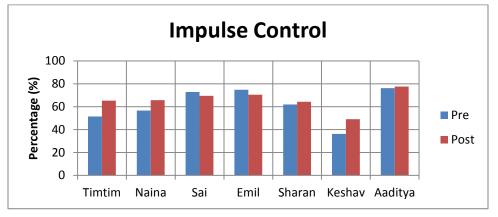
Each participant was assessed in four areas: vocalization, word articulation, social interaction, and impulse control. In each of these areas, every participant received three performance scores based on three assessment forms: WCCLF assessment form filled by facilitator, observation formats form filled by facilitator, and observation formats form filled by parents. These assessment forms were filled first time in early June during the start of the project (Pre), and second time in early September (Post).

In each of the four areas, consolidated score of every child was calculated by averaging the scores obtained from the three assessment forms. This consolidation was done both for 'pre' and 'post' observations as shown in the charts below. In the areas of vocalization, word articulation, and social interaction, 85.71% of the population showed progress. In the area of impulse control, 71.43% of the population showed progress.



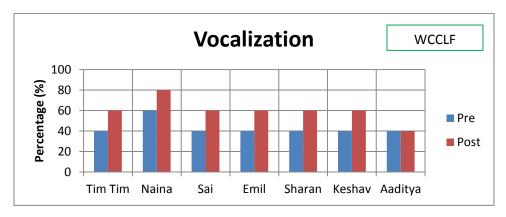


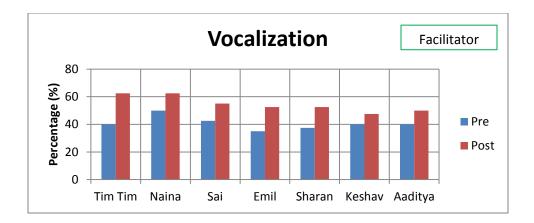


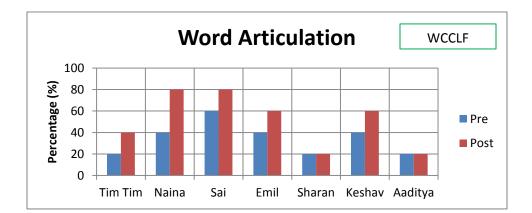


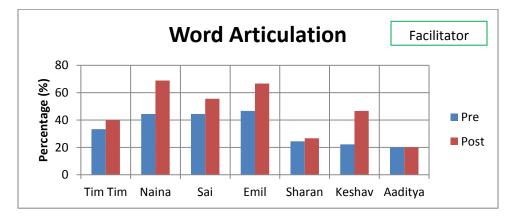
For each of the above mentioned four group goals, two graphs have been plotted below - one according to WCCLF assessment form and the other according to observation formats form, both assessed by the facilitator.

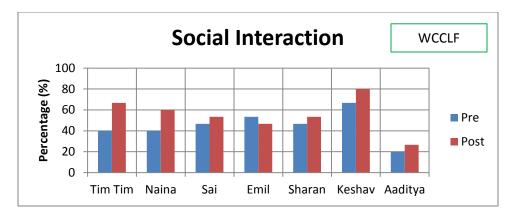
Progress is seen in vocalization and word articulation in the overall group. Except for one participant, rest of the group has shown improvement in social interaction. Two participants have shown regression in their ability to control their impulses.

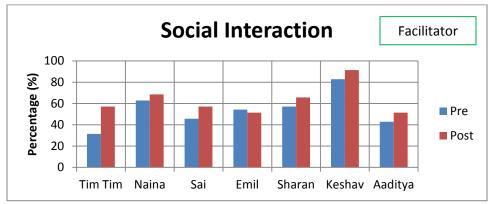


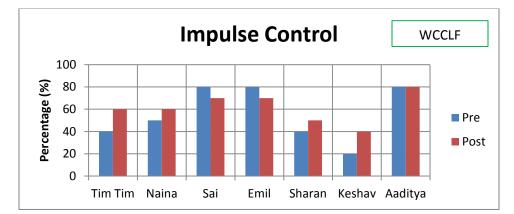


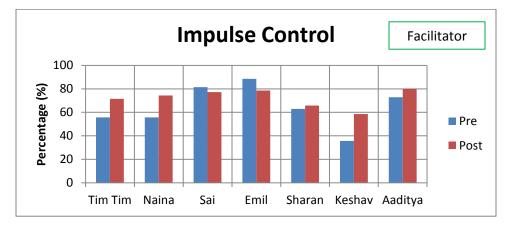












## **4.2 Results Detailed**

Over the course of this research project, parents and facilitator assessed the participants' performance in four therapeutic goals – vocalization, word articulation, social interaction, and impulse control. For analysis, vocalization and word articulation have been kept under narrative capability.

#### Participant 1: Timtim Verma (15-year old female)

**Family background**: Father works in Hewlett-Packard company as manager. Mother is a special educator.

**Medical background**: She has been diagnosed with Autism. She does not have any medical problems.

Academic and Rehab background: Timtim interacts mainly with the team members. With team members, her tendency is to sit next to them and hold their arm. On her own, she does go and interact with the team members by holding their hands, smiling at them, hugging them. She rarely shows these behaviors with her peers. Her main way of communication is through gestures.

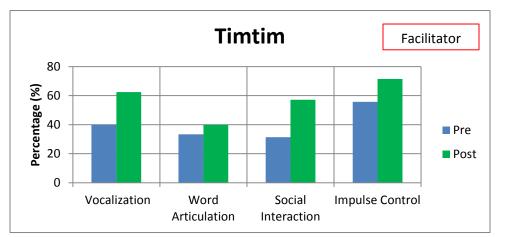
There are a couple of two lettered words that she says like '*susu'* along with showing her little finger, when she has to go to toilet. Her vocabulary is very limited and she engages in pointing things when she wants anything. During sessions when any word is communicated, she can repeat back the sound of that word. If the word is long, it has to be broken down. Then she can call out respective sounds, and thereby saying the complete word in parts. However, the sounds she produces are not clear.

It has been observed during sessions and even in other sessions that she cannot wait for her turn. If the session involves objects, and if she is fond of them, she gets into snatching the objects. If she is asked to wait, she starts harming herself (rarely), or harming others- biting, pinching, head banging, or occasionally crying. Sharing objects is very difficult for her. If the art materials that she was given is over, she starts taking from others.

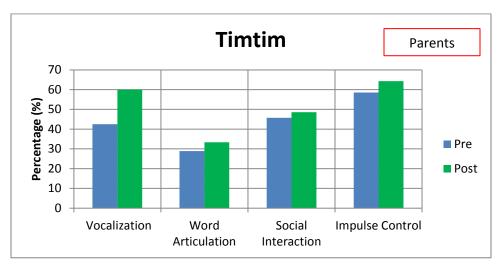
**Special care instruction:** She gets irritated if things are not done in particular fashion. She tends to bite if forced to do something that she does not like.

**Client's strength:** Good fine motor skills, logical, experimental, can take care of herself with daily needs.

**Creation:** Timtim's main areas of needs are speech development and language articulation; peer interaction, sharing behavior, and impulse control.



#### **Data Assessment and Analysis:**



Above two graphs show Timtim's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Timtim during the research project. The observations have been made under three therapeutic goals - social interaction, impulse control, and vocalization and word articulation are clubbed together under narrative capability.

#### (i) Narrative Capability:

In sessions, the main language for communication is English. Timtim understands the instructions very well. During sessions focussing on vocalization, she mainly tends to make sounds, especially, combination of vowel sounds like eeeaaaa, eeeaaaa, uuuuuu, etc., during voice warm ups. When those sounds are repeated back, she goes on making more sounds, smiles and starts to move her body too. She tends to make similar sounds during nap time too. When flash cards were used and name of objects in the card were called out she tended to repeat it back. On her own she has not been able to say any of the words. When shown flash cards, if it is a flower, she gets up immediately and picks up flower then takes out petals. Other than flower, she generally picked up bag and spoon correctly most of the time when respective image cards are shown. She is not able to correctly pick up other objects shown in the flash cards.

Most of the time, when she does not get what she wants or if she is upset, she tends to pull over her trouser and show her right knee. She massages her right knee, cries, and even holds facilitator's hand to do the same.

When Naina asks for a train song saying kuku doing a gesture- placing hand on her mouth, most of the time Timtim starts to do the hand gesture of train and holds facilitator's hand asking for it.

## (ii) Social Interaction:

During structured plays in peer interaction, she usually resisted going to other children and greeting them. However, each time any child would come to her she used to smile, and shake hands with him or her.

Couple of times, she was paired with Sai Rajeshwari. Several times, two of them have shared playing material like a gym ball, a single frame drum, a dupatta; and they got along well. Once, Timtim was called to put away some material at the end of the session. She resisted by not standing up. Then she was asked to help in calling Sai Rajeshwari, who was also not getting up. Immediately, Tim Tim got up and as directed by facilitator started to pull Sai Rajeshwari's hand.

#### (iii) Impulse Control:

When djembe was used for building impulse control, she rarely touched it. She even used to push it away. When visual art, mainly painting, was used for working on impulse control she rarely followed start and stop when the instruction was given to the whole group. She responded only when the instruction was given on one to one basis. During turn taking sessions, when one of her favourite objects- spray painting was used, she needed to be repeatedly told to pass the spray bottle once her turn was over. However, when the bottle was passed in such a way that turn of some children along with her was missed, she did not get upset.

Timtim is very particular of the routine that she follows in her day. If there is a sudden change in that routine, she takes time to adapt to it. During those times of adaptation, she gets violent and tends to harm others; and sometimes self. After couple of days she gets into the new routine. We have to respect this and give her the time that she needs to adapt.

Timtim is a child who clearly shows through her actions that she does not want to participate. She gives different signals like refusing to join the circle. If nudged a little, she starts biting or pinching or head butting others.

Initially when this project started, at the same time, individual session with another facilitator also started in the centre itself. She used to look forward for those individual sessions. When that facilitator used to come to pick another child according to the routine set up for the week, Timtim used to get upset. Then she used to get very aggressive. She would just wait for chance to hurt others- adults or her peers. In those times one person had to monitor her constantly.

As sessions progressed and her episodes of getting upset were analysed, she is given the choice to participate or stay out of the session. In between facilitator does go and ask her to join in. Usually she does come after a while and once she comes on her own will she rarely harms any one.

We are working at merging her with the group not only during sessions but also during other times like lunch time. Earlier she used to sit at one corner and eat. Now she shares the table with other four peers of her group.

#### Participant 2: Keshav C (16-year old male)

Family background: He has an elder brother.

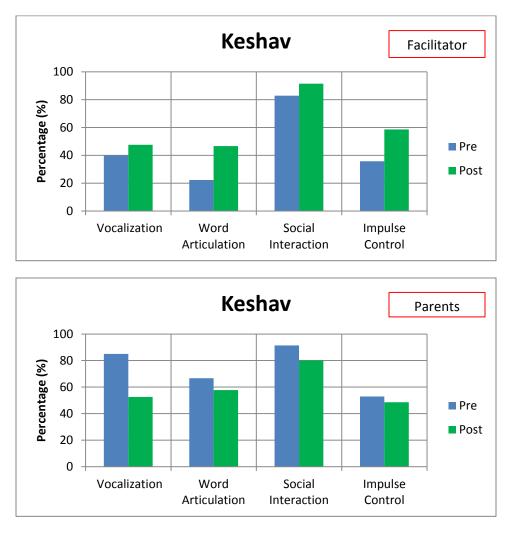
**Medical background:** He is diagnosed with Autism and is into epileptic drugs.

**Academic and Rehabilitation Background:** Keshav likes interacting with other people. His primary mode of communication is through touch and gesture. This applies to all the people around him, peers as well as team of the centre irrespective of their gender. Many a times his stances while touching the other person, especially his peers and children in the centre, have been a helping gesture. Since the helping gestures from his side tend to come abruptly, the child or the peer at the receiving end tend to retract and hold back. In the case of team members too, he tends to repeatedly come and touch them. Though he has been asked several times to stop, he continues with it.

Apart from that, in most of the sessions, he has a tendency to get the art materials for himself, even taking the materials from another child sitting next to him. His inability to share has been repeatedly observed.

The same observations, as mentioned in the opening lines of this paragraph, have been reported in his recent report from the centre-annual report of the centre- "His achievement in the group is his interaction with the others and his constant endeavour to stay with the group, to try and communicate by touching hands or turning the other's face towards him. When he sees a new person in outdoors he tends to look at that person and smile or sometimes shake hands. His way of conversing is to hold the hand of the person he wants to say something to, and then slowly whisper it. The rest he conveys through gestures."

**Creation:** For Keshav the goal is to increase his verbal communication over his use of gestures and physical touch as a means of communication. In addition, work has to be done to control his impulse and develop a sharing behaviour to help him integrate more with the group.



**Data Assessment and Analysis:** 

Above two graphs show Keshav's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Keshav during the research project. The observations have been made under three therapeutic goals, vocalization and word articulation clubbed together under narrative capability.

#### (i) Narrative Capability:

When project began, he used to speak; but the voice was very faint. In sessions aimed at vocalization and word articulation, he rarely used to make any sound. Other children used to at least try to imitate, but he rarely did that. However, when facilitator started using flash cards for the objects that

children usually use, he started to speak up. When shown a flash card of bag, pant, and bottle, he could do say those words in a pretty audible voice. When shown flash cards, he could correctly pick the real items shown in the flash card, and even go and give it to his friends. Apart from that, he occasionally sings few lines of rhymes like ABCD, and even hums the closure song once a while.

## (ii) Social Interaction:

Keshav is a very social child. He has been buddied with other children like Sharan and Emil to help those children reach out to their peers during peer interaction sessions. Without anyone asking him, he helps other children in class, like he wipes Aaditya's mouth when he drools. He helps his friends to hold a mallet and hit the drum when they are not doing it. When Sharan was not painting, he offered his tray of paint to Sharan. When his friends come to center in morning, he goes and takes their bags and puts them inside. He has particularly targeted Naina, going and holding Naina in her arms, purposefully aiming and throwing ball at Naina. As he sees facilitator, he smiles. During peer interaction activities when asked to go and give ball to specific child, he can correctly do that.

Sometimes this helping behavior of his has created its own set of problems. He has a very good intention to help other children. However, his sudden and abrupt helping instances mainly wiping mouth of his friends, boys as well as girls, has become an area to be worked on. He tends to go and wipe face of his peers whoever has handkerchief with them.

This has largely come from his observation power. He is a child who picks up a lot from just observation. He could have picked that behavior- wiping mouth by seeing adults doing that.

#### (iii) Impulse Control:

During sessions on impulse control, he has been able to generalize his understanding across different art mediums. For instance, he has been able to start scribbling or hitting the drum and even clapping once start is called out. He is also able to stop doing these activities when stop is being called out.

After he came back from sick leave, the tendency to touch self has begun. However, he tends to stop as a general statement of "hands to your pocket" is being called out in class. There has been some progress in his ability to wait for his turn.

In case of Keshav, introducing time-counting from 1 to 10 or 20 has helped him to wait. Earlier whenever he used to grab another child's belongings, he simply did not use to leave it. Then counting technique was started for him. He would be asked to wait for a count of 10 or 20 after which the other child would hand him the object that Keshav wanted to grab in the first place. Keshav would wait patiently till the count was over.

In his case, he tends to take another child's belongings and even override another child's turn for the sake of attention. In many cases he tends to grab another child's belongings and wait for reaction from adults. When they do not give any reaction he just drops those things.

#### Participant 3: Sai Rajeshwari (18-year old female)

**Family background:** She has a younger sister. Her father is into business. Her mother is a house wife. Earlier they used to live in joint family. Now they are into nuclear family. They meet with the whole family on a regular basis.

**Medical background:** She is epileptic. She is on anti-epileptic medications.

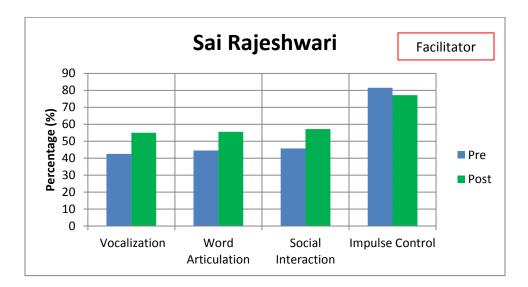
**Special care instruction:** She is epileptic so people around her has to be alert for any epileptic episodes

**Academic and Rehab background:** She can only recognize colours and tell numbers from 1 to 10. She attended speech and occupational therapy classes when she was 4 to 8 years.

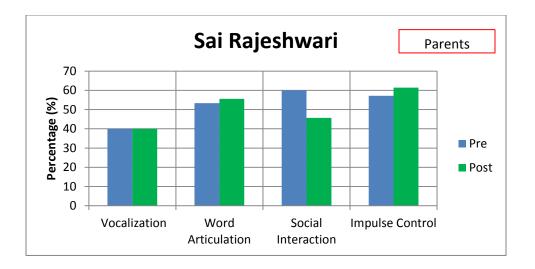
One of the questions that keeps coming from Sai Rajeshwari's mother is that why at home Sai talks a lot and keeps on communicating with her sister for a long time but speaks very less in the center. This is something still not answered. She talks only when someone talks to her. The communication is restricted to words rather than full complete sentences. Initiation of communication from her side is very less. Like mentioned in her recent report from the center, she does take time to respond; but she can accurately answer most of the open ended questions in general conversation. Interestingly, in my conversation with her during sessions, I have noticed that she tends to speak more when talked in her mother tongue.

Apart from that, there is very less interaction with others. She gets into interaction like passing materials, holding hands only after being instructed. Apart from that, even when other child takes her art materials or touches her, she does not respond back in any form except for immediate change in facial expression.

**Creation:** Sai Rajeshwari's main areas of needs are peer and social interaction, increasing two way conversation, and initiating conversation.



#### **Data Assessment and Analysis:**



Above two graphs show Sai's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Sai during the research project. The observations have been made under three therapeutic goals, vocalization and word articulation clubbed together under narrative capability.

## (i) Narrative Capability:

Because of the deformity in her legs, she cannot balance herself properly. She is also epileptic; so for basic needs, mainly toilet activities, the tendency is to take her without her asking for it. Hence in her case, there was no need from her side to communicate to the facilitator for such activities. This is something that needs to be worked upon in the future.

She enthusiastically waits for her turn to say good morning and fine during opening ritual. Her voice is pretty loud during that time. When the project started her speech used to be prompt dependent - when asked questions, she used to replay back. Nowadays, she sometimes tends to repeat the words that have been said in the session without any prompts. For example, when children are asked to move, she speaks out the word 'move'. She also speaks out the word 'eat' while eating her lunch. She has started to speak pretty loudly too. Apart from that when doing songs she enthusiastically does the actions. When using picture cards, she could name correctly most of the images and also pick the correct objects. When shown an image card and asked to go and give the respective object to a particular child, she could do that. The area that needs to be worked upon is - she just replies in single words rather than full sentences.

## (ii) Social Interaction:

Sai rarely took initiative to interact with her peers. However, whenever she was prompted, she used to go and interact- like greeting, giving away the object materials, etc. In order to build her ability to speak out loud, in the beginning of the sessions prior to ABT sessions, she was asked to take attendance of the class. This not only helped her with language articulation but also turned out to be a building block for increasing her social interaction. With guidance, she could correctly call out names of each person in the group.

During structured plays when she was asked to call out her friends and give an object, she would look around, call the name; and then go and give things to that child.

However, when the structured plays in peer interaction only included going to peers and greeting them, she tended to go to one or two children. She would then come back to her sitting place. Whenever the play involved giving something to another child, she was more willing.

During movement activities when participants had to walk around, Naina usually used to hold Sai's hand. Those times Sai would let Naina hold her hand, and they would walk together. As Sai could follow start and stop during walking too, Naina could also follow the rhythm of walking and stopping.

## (iii) Impulse Control:

In case of Sai Rajeshwari, it was very interesting to see different behaviors across different art mediums. As a tool to work on impulse control, start and stop was used. She could follow start and stop beautifully during drumming as well as movement- walking, clapping, etc. However, when there was visual art like painting, she simply flowed with the painting, and frequently ignored start and stop. She could follow the instruction only when she was given the instruction on one on one basis, and not when given a general group instruction. In drumming when sculpting was done, she used to hit the drum irrespective of the group that was being called out. However, when individuals were asked randomly to hit the drum one at a time, she would wait till her name was called.

When facilitator introduced a whistle, it was the first time during session she had picked up anything by herself, and engaged with it. She continued trying to blow the whistle, and did not respond to stop instruction even when one on one instruction was given to her. She was so excited with whistling.

During activities where children had to hold onto an object for some time and then pass it, for most to the children, they had to be asked to pass it on. However, in case of Sai, she had to be asked to hold the object till the count is over. The tendency of hers was to quickly pass it on.

For a child like her, observing her behavior of snatching another child's play material while playing together was a very recent. She was paired with Timtim during drumming. They had to share the same frame drum. Sai was repeatedly taking Timtim's mallet, and Sai was only hitting it.

#### Participant 4: Saisharan Kamal Kaveripatnam (20-year old male)

**Family background**: He has one elder brother. He stays with his parents, elder brother, and grandparents.

**Medical Background**: Sharan is diagnosed with Autism, and he is not into any medicines.

**Special care Instructions (if any):** Allergic to Insect bite. He does not like being talked to loudly and shows irritation when asked to do academics sometimes.

**Academic and Rehab background**: Headstart Montessori Special child division, DEALL program; Spastic Sub center, Kits4Kids (Singapore), Asha School (Indiranagar, Bangalore), Apporva Center for Autism (currently), Speech Therapy, Occupational Therapy, Special Education, and Yoga.

Saisharan tends to exhibit two behaviour patterns that call out for special attention. First, he is very much conscious about the cleanliness and order. For instance, during sessions, if art materials get scattered all around, or if toys are scattered in the room as part of the activity, or if papers are lying on the floor, he tends to scream until they are all kept properly in their respective places. Second, he gets into tearing out each single thread from a piece of cloth that he finds, or he starts tearing papers into small bits. Sometimes he gets aggressive when asked to stop. Apart from these, mostly during nap times and sometimes during sessions, he gets into self-stimulatory behaviours. When asked to stop he does stop, but he continues with that action after a while.

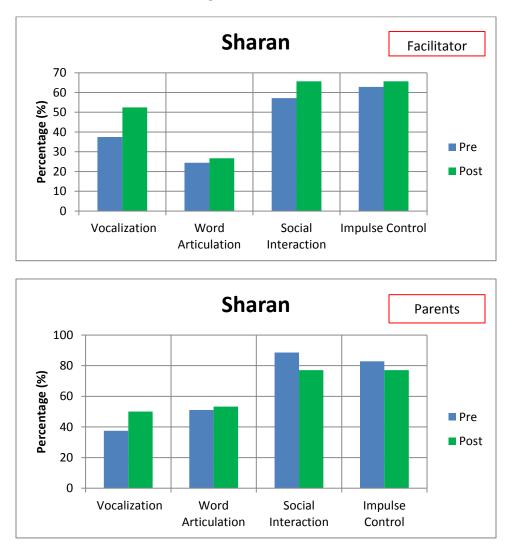
According to a recent report from the centre (Snehadhara Foundation), Saisharan has moved from shouting and pointing to garner attention, to holding the hand and directing towards the object of his attention. This has given him an alternative way to communicate with more specificity.

His main form of communication is through gestures and pointing at objects. He has certain gestures for specific behaviours like greeting, needing to go to toilet, etc. In terms of verbal language, there are only few limited sounds from his side. His way of communicating with team members irrespective of gender is by holding their hands, pulling their hand, and making them sit next to him. If he likes someone, then he tends to gently kiss their hand.

He does not interact with his peers much. However, during naptime he sometimes holds their hand. During group sessions he finds it difficult to wait for his turn when the material being used is the one he likes. He even snatches the material from the child sitting next to him.

**Child's strength:** Saisharan has good comprehension and loves to be with people. He loves to travel. He enjoys cooking and tasting new cuisines. He is fascinated with colours and loves to see magazines. When left alone he loves to tear papers into the tiniest equal pieces and loves to see them fall. He is well behaved during outings and outstations. He loves to be with nature. He loves to play games on Ipad. He can comply when taught with love and helps mother in her house chores.

Creation: Saisharan's main areas of need are vocalization and word articulation; social and peer interaction; and building impulse control.



**Data Assessment and Analysis:** 

Above two graphs show Sharan's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Sharan during the research project. The observations have been made under three therapeutic goals, vocalization and word articulation clubbed together under narrative capability.

#### (i) Narrative Capability:

Sharan opens his mouth while making "aaaa" sound, but he has to be asked to do that. Nowadays when music is played, he rocks his body back and forth. When he did not let the materials to be used during session, we explained to him why we need the materials and that those materials would be kept inside afterwards. He understood this and allowed everyone to use those materials. This shows his ability to understand verbal communication.

## (ii) Social Interaction:

Sharan was more interactive with adults than with peers. This could be because adults greet him and talk to him, and he responds back to them. In this group, except for Keshav, no other child greets their peers on their own.

During structured play when others come and greet him, he, without any prompting, extends his hand and shake hands with them. When it is his turn to go and greet them, though he resists for having to go repeatedly, he does go and place his hand on their head.

During games like rolling ball to one another, if just given instruction of roll the ball his tendency is to roll it to person sitting in front or rolling the ball back to the one who rolled it to him. However, when asked to roll it to person calling out their name, he can correctly do so most of the time.

## (iii) Impulse Control:

Whenever painting has been used in sessions, he tended to continue painting once he got the paints and even pouring the paint on paper. He would not wait for the instruction start, and would continue moving the brush even after stop was called out. He could follow the instructions if they were told on one on one basis. In the same session after repeatedly calling out start and stop using hand gesture, he responded to stop to little extent as compared to start.

During sessions on narrative capability when different items were placed in the middle of the circle for children to pick up as per the image cards, Sharan would be always ready to grab crayons and book. Once he would take them, he would start scribbling crayons on the book. When asked to give back those items, he tended to give them back.

Later in the project, the sessions were conducted in a new room, and the facilitator used to take out materials from store room nearby, many times, Sharan did not let the materials to be used. He could make aaaaaeee screaming sound till the materials were put back inside. Keeping the necessary materials outside of the store room and showing him the materials beforehand helped in resolving this issue to some extent. In addition, if it was explained to him that the materials after being used would be kept back in the store room, he would reply, "okay! okay!" This would also reduce his above mentioned behavior.

Earlier he used to get engaged in self-stimulation very frequently during nap time. Those times he would stop when told in a stern voice. Nowadays this self-stimulation behavior has decreased a lot. Apart from that he has started placing his hand on thigh of person sitting next to him, whether the person is an adult or his peer. Those times a general statement of no touching others in class does help. He would immediately pull back his hands.

His attachment to papers has definitely increased. In the beginning of the project, he used to come to the center with few newspapers in his hand. When asked to either keep it in pocket or place it in rack during session time, he would do that most of the time. From last few weeks, he started coming with a separate handbag full of newspapers and magazines. Initially he did not let the bag to be away from him. The bag had to be in his visual radar all the time. A specific place was assigned for his paper bag, and it was communicated to everyone that it is Sharan's bag and no one is going to touch it. Over time he started engaging in the activities leaving the bag in that particular place.

#### Participant 5: Naina Rodrigues (18-year old female)

**Family background**: Both parents are working in development field. No siblings.

**Medical background**: She is diagnosed as mentally retarded. She has cronic ezema. She developed this when she was 6 months old. She has been in homeopathic medication for her skin and other developmental problems.

**Academic and Rehab background**: Earlier she was in school for special children called FAME INDIA, Bangalore.

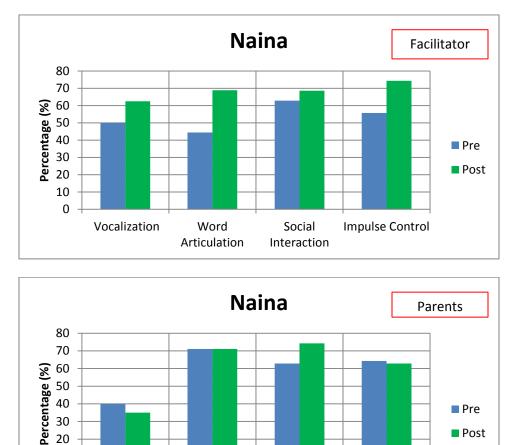
She loves painting, and she responds very well to the word paint in the sense she even stands up from sitting position when we day that she will be painting. She is capable of making an association of words related to paint like the word color. She does tend to repeat her name "Naina" when someone says her name or sometimes just abruptly. One of the words that she speaks most of the time is 'dhum tak dhum'. When someone talks to her, she is able to repeat few of the words back. In all this, the consistency of speaking any of the above mentioned words is not there. Apart from this, as mentioned in her recent report from the centre, she does ask for certain songs during circle time. When those songs are sung, she smiles and taps her thighs. She can also sing few lines of the rhymes and food prayer that are repeatedly sung in the centre.

As compared to her peers, she tends to interact more with the team members. Many times, she herself goes to team members and looks at them. Such behaviour has rarely been observed with her peers.

During group sessions, when a child sitting next to her takes away her art materials, she gets into either self-harm or is not bothered at all, or starts behaviors like spitting and hurting the team members who goes to interact with her.

Naina is capable of doing most of the activities, mainly the gross motor activities, on her own. However, it has been observed throughout the sessions that she needs repeated prompts, verbal as well as nonverbal, to make her engage in the activities. There are moments when she gets still and do not show any response at all. However, many a times, she gets into the activities quickly and just a few verbal prompts are enough to make her do the task. Increasing her alertness in terms of physicality to the space and activities will help in keeping the energy of the group together. **Client's strength**: She loves music and responds well to it. She is cheerful and happy most of the time.

**Creation:** Naina's main needs are peer interaction, language articulation and two way communications; and body- physical alertness. Apart from that, her attention, various cognitive skills like symbol recognition, quantification, abstract thinking, and symbolic thinking also need to be built.



#### **Data Assessment and Analysis:**

10 0

Vocalization

Word

Articulation

Above two graphs show Naina's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Naina during the

Social

Interaction

**Impulse** Control

research project. The observations have been made under three therapeutic goals, vocalization and word articulation clubbed together under narrative capability.

### (i) Narrative Capability:

Naina has shown a lot of improvement in terms of word articulation. She has started to speak as per context. When ball is shown she says ball, throw. When colour cards were shown during session she started saying colour. During story telling sessions as facilitator started showing pictures of fruits and calling out their names she could repeat back banana. She says clap and claps too. She demands for songs and even sings full songs sometimes. She asks for water and food whenever she is hungry. During sessions and nap time when music is played, she says, "music! Music!", and even moves her body. When flash cards were used, she rarely repeated any of the words; and she could not pick up any object correctly.

### (ii) Social Interaction:

During the project phase, Naina rarely went to any of her peers on her own. The only times when she has gone to any of the peers is when the participants were asked to walk around the room. Those times she mainly held Sai's hand and walked. Her main interaction has largely been with the support staff. During structured play when she had to go to another child, most of the time she did not get up in the first place. When other children used to come to her, she frequently used to retract. Very rarely she had extended her hand and greeted the other children back, on her own.

#### (iii) Impulse Control:

In the beginning of the project Naina exhibited a different behaviour - most of the time she used to be very excited- screaming, running around, tapping her hands on her thighs with shaking of head side to side simultaneously. In those times, increasing our voice to ask her to stop was not of any use. Diverting her action to snapping fingers and calling out 1-2-3-4 stop really helped us in stopping her action. Over time, she also started to call out 1-2-3-4 stop and stop simultaneously.

Since Naina loves music, playing music in background also helped in calming down during sessions as well as during nap time.

During project phase, there was a change in the support staff. Naina developed a close affinity towards one of the female support staff. Most of the time Naina tended to run after that support staff. She used to seek the support's full attention, grabbing the support's arms. When support would be attending to another child, Naina would shout out "hey".

#### Participant 6: Emil Kurian Philip (20-year old male)

**Family background**: Father works for Pearson and mother is house wife. Emil is the only child. Both the parents are from Kerala. He was born in Mumbai. Parents identified Autism in Emil when they were in Chennai. **Medical Diagnosis**: He is diagnosed with Autism. He is into antiepileptic,

**Medical Diagnosis**: He is diagnosed with Autism. He is into antiepileptic, anticonvulsant, and antipsychotic drugs.

Special care instruction (if any): Scared of loud sounds and crackers.

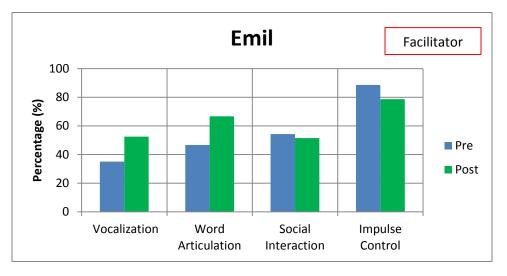
**Academic and Rehab Background:** Attended Sankalp special School in Chennai, Little Angels in Mumbai, and Asha in Bangalore. Last was Navachetana at Jayanagar, Bangalore. He has been through Speech therapy, occupational therapy, and also undergone ABT for some time at Asha.

As per the recent report on Emil by the centre, "he is communicating with more clarity now than before as he is using words instead of gestures to make his point. In fact there have been occasions when he has felt the need to use phrases as well as complete sentences to express his need." From my observations on him during sessions and outside of sessions in the centre, he does use couple of words like water, '*zzzzzzeeee'* (for toilet needs) on a regular basis. In addition to that, in one of the occasions, it has been observed that he could even repeat backs the words told by another facilitator when he asked to do so one word after the other. Likewise, when greeted, he does say good morning. However, the use of words and even sounds is very minimal. The volume of the sound and speech is generally low except when he is upset (or disturbed), or highly excited.

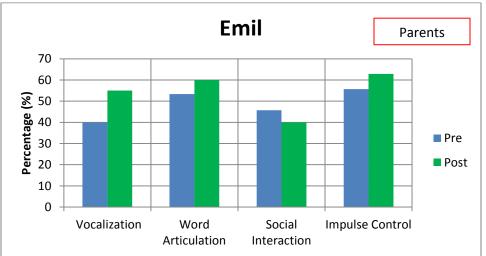
During sessions though, he tends to sit in the circle most of the time and have minimal interaction with another person. Even when the art materials, he is engaging with, is taken away by another child, he does not say or do anything. One of the interactions that he tends to show with another person is during nap time, when he tends to get close to another person sleeping next to him and hold their hand. Apart from that, when he joined the centre for the first time there was high incidence of him engaging in selfstimulatory behaviour. With constant instructions this tendency has decreased a lot. However, one of the behaviour pattern that needs to be addressed is his tendency to touch team members (not all though) by extending his hand.

**Child's strength**: Follows instructions but need prompting for all actions; likes music.

**Creation:** The main areas of need for him are language articulation, two way communications, and increasing the volume of his voice while he speaks normally; peer and social interaction along with impulse control.



**Data Assessment and Analysis:** 



Above two graphs show Emil's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Emil during the research project. The observations have been made under three therapeutic goals, vocalization and word articulation clubbed together under narrative capability.

### (i) Narrative Capability:

When image cards were shown during session, he would look at them but could not call out the object. When those names were repeated to him, he tended to repeat those words back. However, those words have to be repeatedly told to him. When shown an image card, bag was the only item he could correctly take. The only words that he tended to speak on his own were "song, fine", and particular word for "teri deewani..." song. Since he used to ask for this song, facilitator used to play it in her mobile. The tendency increased such that he used to bring facilitator's bag and even look for the mobile pouch. Then a rule was set up that every Monday after session the song will be played. When facilitator used to take out her mobile for Naina, Emil used to repeat that particular word for "teri deewani..." song. While listening to this song, he would jump around and smile. Once he even sang a line of this song with the hand gesture for taking raag as singers do.

### (ii) Social Interaction:

In case of Emil, the interactions with the peers have mainly been prompt directed. During structured plays where he has to go and greet his peers, he does go to his peers; but he just stands there or just passes by. He needs verbal prompts to greet the other child. When asked to go and give certain objects to specific person, he is able to do that correctly. However, the giving part is more of a dumping of objects in front of that person rather than giving it. When he is paired with another child to play like rolling ball back and forth, he needs constant prompts.

### (iii) Impulse Control:

Nowadays he tends to sit through out during session. Earlier he used to get up and walk around.

His tendency to pleasure himself during nap time has decreased a lot. Whenever he does engage in those behaviors verbal instructions are enough to stop such behaviors.

During sessions he tends to reach out to male adult staffs. He extends his hand to touch them. He has been asked not to touch them.

He is a child who gives away things in passing activity. He does not hold on to it. He had to be asked to hold the object till counting is over and then pass it on. For someone like him, it was a very new behavior to observe snatching a mallet from Sharan when he, Sharan, and a support were hitting the single frame drum together. He would snatch Sharan's mallet, and he would only hit the drum. In that case support started to give his own mallet to Sharan, Emil will again take Sharan's mallet. This continued. This could be a single one time behavior. We have to offer such environment to him to look into this more. In earlier times, when Sharan and Emil were doing this same activity, it used to other way round. Sharan used to take collect all the mallets. He would neither hit the drum nor let Emil hit the drum.

#### Participant 7: Aaditya Joshua Ajay (13-year old male)

**Family background:** Father is a graduate and works in Wipro. Mother is also a graduate and is a home maker. He has a younger brother. He is 6 years old and has microcephaly.

**Medical background**: He is diagnosed with Microcephaly. Aaditya is on antiepileptic medicines. He has not had any seizures for the last 7 years.

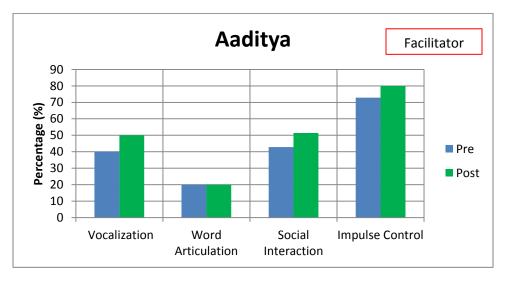
Academic and Rehab Background: He used to go to Fame India, Bangalore.

Aditya is new in the centre. Following are the observations made during summer school at the centre. Production of even basic sounds is very minimal. He can walk around, and climb up and down the stairs (holding rails) without someone else's support. His other mobility abilities like running, jumping, hopping, etc., and physical agility are challenged. In addition to that, with monitoring, he can hold a paint brush and paint. However, besides that, other fine motor skills are lagging. As mentioned above, he drools, and eats mashed food as he does not chew.

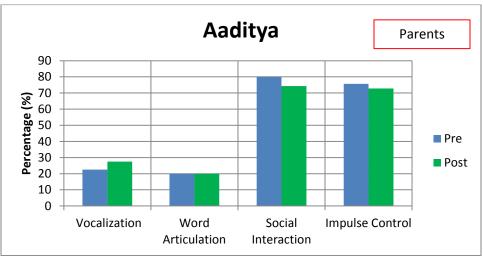
**Child's strength:** Additya is a very friendly and cheerful child. He is compliant for most things. There is no aggression. He likes people. He loves playing in water and loves to swing his body.

**Weakness:** He has a tendency of putting things inside his mouth. He has oral motor issues- drooling is present most of the time, and he does not chew well. He has balance issues. He is not toilet trained.

**Creation:** Aditya's main areas of needs are - vocalization of sounds; body related - mobility, physical alertness, fine motor skills, oral motor skills; and attention.



#### **Data Assessment and Analysis:**



Above two graphs show Aaditya's performance in the four therapeutic goals as assessed by facilitator and parents over the course of this research project. Following are the observations made by facilitator about Aaditya during the research project. The observations have been made under three therapeutic goals, vocalization and word articulation clubbed together under narrative capability.

Aaditya was not part of the group during the pilot period. Aaditya joined the group from the time of project work. Initially he used to walk around the room, and one support was assigned to shadow him so that he would not fall and hurt himself. Looking at his physical agility - mainly balancing throughout the day in the center, we discovered that he can stand, sit, walk around, and even climb up and down the stairs on his own. To have him in the group with other children, he was assigned to a male support in the group. With the support's monitoring and some holding whenever required, he tended to sit with the group throughout the session.

For Aaditya, the individual goal during group session was engagement with the objects, mainly art materials being used in session - be it paints or drums or shakers. He could hit on the frame drum without any assistance, and make sounds with shakers. He enjoyed moving his hands in wet medium. The only area of concern was his mouthing habit. To curtail this, he was mostly given water fixed with food color when rest of the group got paints.

As per se, he didn't go to any specific person, but he did tend to touch and hold onto people as he moved around. He also had this tendency to grab anything that is around him and then mouth those objects. If he was shown any object, or a person sitting next to him was holding an object, he then tried to grab that object.

He mainly made aaaaaaa, kiiiiiiiii sound. Recently he has started making bababaa sound.

Towards the end of the month of July, one on one sessions were started with him. Sessions were aimed at working on his attention. Altogether six individual sessions were done. Later in the month of August, he became absent for some time; so one on one sessions got interrupted. Please refer to Appendix A.8 for the SRS summary of individual sessions done with Aaditya. During one on one sessions, Sense and Rhythm were mainly used as ABT interventions. Water was used as a tool to work under Sense. He has shown very good response when water has been used in session. Mainly, he was presented a tray filled with water. He would pull the tray, play with water, and then turn it over. Next time, facilitator would place the tray somewhere else to see if he could locate the tray and then pull it. He could do it successfully.

In one of the sessions, facilitator presented the tray first on his right side. As he would pull the tray, facilitator would then place the tray on left side. Like this, the tray was presented alternately in his right and left side. If alternate presentation of tray on either side is counted as one count, he could continue tracking and pulling the tray three times. In addition to that he could even shift his attention when the tray was presented in different levels. When it was placed on the floor under the bench he could pull it. As he pulled it, the facilitator quickly took the tray and placed it on the bench. He then immediately looked up and pulled the tray that was on the bench.

Since he is fond of water, this medium could help him a lot in building his attention.

# **SECTION 5: DISCUSSION**

## 5.1 Limitations

Before I joined in for ABT course, I used to work with small children with special needs on one on one basis in the center. I wished to learn to conduct group sessions, and for that I chose adolescent heterogeneous group. It was the first time in the center that the girls and boys of this age group had been placed together. Earlier, boys of this group used to be in all boys group, and the girls used to be in all girls group. Hence, it was challenging to hold the group together.

During project phase, one of the female participants was moved out of this group. She could have added a lot of value in developing peer interaction among other participants because she had good verbal communication ability and social skills.

Change in support staff from pilot phase to project too had an effect on the dynamics of the group. Since one of them was very new to the organization, it was another whole new task to make her understand the roles she had to play.

Aaditya joined in this group only during project phase. Rest of the participants had a higher level of functioning than him. During group sessions, much attention could not be given to him. One on one sessions were started with him towards the end of the July. Only few one on one sessions have happened with him as he became absent in the latter part of the project.

Towards the end of the project, children got absent on regular basis due to health reasons. This affected the whole dynamics of the group. After they came back from sick leave, there were considerable changes in their energy level and participation.

## **5.2 Learnings**

People with special needs may not be verbal. They may express their wish through body language and gestures. Picking up those cues helps in creating a harmonious space for interaction and growth. It is very foolish to assume that a particular child is capable of doing something only up to a certain limit or always behaves in a particular way. If a child is able to do a task in a particular art medium, it may not mean that he/she will behave in similar way in another art medium.

There should be clear communication between the team members holding the group for session. Before session starts, facilitator should brief the support staff what the plan for session is and what their respective roles is going to be. This will help in executing the session smoothly.

One of the things that I have personally learnt is that the session should not be a set of activities – one after the other. There should be a flow from the communion till the closure. This is one area that I struggled, and I am still working to improve on it.

## **5.3 Future**

It has been a time of exploration diving into an unknown path.

I believe practicing SEG and internalizing its teachings will help me in noticing what each child is conveying, and respecting them. Honing the ABT skills and constant supervision will help me in improving my work with the group.

During my project, for working on their narrative capabilities, mainly story and flash cards have been used. I plan to use songs and audio visual interventions in future. Twice a week, this group is merged with group of high functioning special need adults in the center, where they together work on body awareness and peer interaction. The sessions are conducted by my mentor. In future I will be part of that group and will be observing the session. I believe this will give me more scope to learn and apply my learning in my own sessions with my group. Under peer interaction, I plan to create a buddy system and work on building their helping and sharing behaviors.

## **SECTION 6: APPENDIX**

### **A.1 Abbreviations**

- ABT Arts Based Therapy
- ASD Autism Spectrum Disorder
- SEG Subtle Energy Guide
- SRS Session Record Sheet

### WCCLF World Centre for Creative Learning Foundation

### A.2 WCCLF Rating Scale



#### World Centre for Creative Learning Foundation RATING SCALE – CHILDREN WITH SP. NEEDS

Dear ABT Practitioner,

Given ahead is a rating scale that describes several behaviors, ways of thinking, skills & abilities. We suggest that you utilize the rating scale in the following manner:

We would like to request you to go through each item and rate the participant on a 5 point rating scale. You can collate the scores and do a simple average. Average = (Score Total) / (Number of Questions x 5).

<u>Please do not leave any item unmarked</u>. We recognize that it is often difficult to rate an individual on such specific aspects, and in such a structured manner, especially when you have so much information about them. We would still like you to organize your thoughts and mark the rating scale based on your observations.

A final column has been added just in case, you absolutely want to add a comment to clarify the rating you have given. Please read carefully and tick (<) the appropriate rating. Write the score for each therapeutic goal in the 'score' column

1. S. No/ Code No:

2. Name of Participant being rated:

3.Name of Rater:

4.Date of Rating:

WCCL Foundation

1

	BODY	1	2	3	4	5	Score	Comment
B 1	Moves in a coordinated manner	Almost never	Rarely	Sometimes	Frequently	Almost always		
B 2	Exhibits quick reaction time	Almost never	Rarely	Sometimes	Frequently	Almost always		
B 3	Has the fine motor skills to perform given tasks	Almost none	Little	Somewhat	Quite a lot	Almost all		
B 4	Speech is clear (not slurred)	almost never	barely clear	somewhat clear	mostly clear	Almost always		
					Total Sco	re [Body] =		Average =
	ATTENTION	C	hoose any	one of the	sentences b	elow	Score	Comment
	Barely manages to Focus on task/acti	vity, hard	ily any eye	e-contact (1)				
	Sustains attention on task/activity at							
A 1	Concentrates for long time on set tas							
	Can alternate and divide attention be	tween tw	o simultan	eous tasks/a	activities (4)			
	Almost always shows a stable attentio (5)	on span a	ccompanie	d with being	present in-th	ne-moment		
				То	tal Score [At	tention] =		
GR	OUP INTERACTION DOMAIN	1	2	3	4	5	Score	Comment
GI 1	Shares material, ideas, solutions	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 2	Takes initiative within the group	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 3	Is sensitive to group member's needs and helps them	Almost never	Rarely	Sometimes	Frequently	Almost always		
CT 4	Can wait for needs/desires to be fulfilled	Almost never	Rarely	Sometimes	Frequently	Almost always		
GI 4.a	lutitieu						-	

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	COGNITIVE DOMAIN	1	2	3	4	5	Score	Comment
C 1.a	Can discriminate between similar sounding speech sounds (fear/hear)	Almost never	Rarely	Sometimes	Frequently	Almost always		
С 1,Ь	Can repeat sound patterns which s/he hears	Almost never	Rarely	Sometimes	Frequently	almost always		
C 2.a	Can read	Almost None	Little	Somewhat	Quite a lot	Fluently		
С 2,Ь	Can Spell	almost none	Little	Somewhat	Quite a lot	almost all		
С З.а	Can repeat short phrases	Almost never	Rarely	Sometimes	Frequently	Almost always		
С 3,Ь	Can remember information or instructions, and talk about it.	Almost none	Little	Somewhat	Quite a lot	Extremel y fluent		
C 4.a	Can learn movements taught, and repeat them with eyes closed	Almost none	very few	Sometimes	Frequently	even most difficult moves		
С 4.Ь	Can discern shapes of objects, with his/her eyes closed, using touch	almost never	Rarely	Sometimes	Frequently	almost always		
C 4.c	Is good at games, sports, athletics	Almost none	Little	Somewhat	Quite a lot	Almost all		
С 5.а	Is able to understand age appropriate number concepts.	Almost none	Little	Somewhat	Quite a lot	Almost all		
С 5.Ь	is able to tell how much of something he has, how much he needs and how much is left to spare (e.g. money, distance, time)	Almost never	Rarely	Sometimes	Frequently	Almost always		
C 6.a	Can describe how to go from one place to another (age appropriate)	almost never	Rarely	Sometimes	Frequently	Almost always		
С 6.Ь	Is able to locate objects within surroundings	Almost never	Rarely	Sometimes	Frequently	Almost always		

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room Can understand cause-effect relationship ('why' events happen) Understands the rules of age- appropriate games* is able to solve simple problems by	Almost none Almost never Almost none Almost	no details Rarely Little	some details Sometimes Somewhat	many details Frequently Quite a lot	very detailed Almost always		
relationship ('why' events happen) Understands the rules of age- appropriate games* is able to solve simple problems by weighing options, considering	never Almost none				always		
appropriate games* is able to solve simple problems by weighing options, considering	none	Little	Somewhat	Quite a lot			
weighing options, considering	Almost				Almost all		*special focus on 'If - Then' relationship
an en obs, comparing a en obsing	never	Rarely	Sometimes	Frequently	Almost always		
features, computer programs and	almost never	Rarely	Sometimes	Frequently	Almost always		
		Rarely	Sometimes	Frequently	Almost always		
, , , , , , , , , , , , , , , , , , , ,		Rarely	Sometimes	Frequently	Almost always		
deciding what is critical and how to		Rarely	Sometimes	Frequently	Almost always		
other person by observing facial		Rarely	Sometimes	Frequently	Almost always		*use mime/dramatic expressions and sounds without words,
understand the picture's story-line,		Rarely	Sometimes	Frequently	Almost always		*test should not contain words, only images
	other gadgets Can tell the 'moral/real meaning' of a story after listening to the story. Can delay immediate gratification for more long-term goals. Can make a 'goal-oriented plan' - deciding what is critical and how to start Can pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*. Can examine an image/images* and	other gadgetsCan tell the 'moral/real meaning' of a story after listening to the story.Can delay immediate gratification for more long-term goals.Can make a 'goal-oriented plan' - deciding what is critical and how to startCan pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*.Can examine an image/images* and understand the picture's story-line,	other gadgetsalmost neverCan tell the 'moral/real meaning' of a story after listening to the story.almost neverCan delay immediate gratification for more long-term goals.almost neverCan make a 'goal-oriented plan' - deciding what is critical and how to startalmost neverCan pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*.Almost neverCan examine an image/images* and understand the picture's story-line,Almost never	other gadgetsalmost almost neverRarely SometimesCan tell the 'moral/real meaning' of a story after listening to the story.almost neverRarely SometimesCan delay immediate gratification for more long-term goals.almost neverRarely sometimesCan make a 'goal-oriented plan' - deciding what is critical and how to startalmost neverRarely sometimesCan pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*.Almost neverRarely SometimesCan examine an image/images* and understand the picture's story-line, thereby arrive at correct conclusionAlmost neverRarely Sometimes	other gadgetsImage: Second	other gadgetsImage: Construction of the story.Image: Construction of the story.Rarely neverSometimesFrequently almost alwaysCan delay immediate gratification for more long-term goals.almost neverRarely neverSometimesFrequently alwaysCan make a 'goal-oriented plan' - deciding what is critical and how to startalmost neverRarely neverSometimesFrequently almost alwaysCan pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*.Almost neverRarely neverSometimesFrequently almost alwaysCan examine an image/images* and understand the picture's story-line,Almost neverRarely neverSometimesFrequently almost always	other gadgetsImage: Solution of the story of a story after listening to the story.almost neverRarely sometimesFrequently almost alwaysCan delay immediate gratification for more long-term goals.almost neverRarely sometimesFrequently almost alwaysCan make a 'goal-oriented plan' - deciding what is critical and how to startalmost neverRarely sometimesFrequently almost alwaysCan pick up the 'mood/feelings' of other person by observing facial expression, body language & tone*.Almost neverRarely sometimesFrequently alwaysCan examine an image/images* and understand the picture's story-line, thereby arrive at correct conclusionAlmost neverRarely sometimesFrequently alwaysCan examine at correct conclusionAlmost neverRarely sometimesSometimesFrequently always

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	NARRATIVE CAPABILITY	1	2	3	4	5	Score	Com	ment
NC 1	Vocalizes vowels and consonants	Almost	very few		most of	Almost all			
		none		them	them				
NC 2	is able to utilize words with meaning	Almost none	very few	some words	many	Almost all			
NC 3	Is able to create short simple sentences	Almost never	Rarely	Sometimes	Frequently	Almost always			
NC 4	Gives meaningful and personal answers to open-ended questions	Almost never	Rarely	Sometimes	Frequently	Almost always			
NC 5	can narrate a story in correct sequence	Almost	Rarely	Sometimes	Frequently	Almost always			
				Total [	Narrative Ca	apability] =		Average =	
EX	PRESSIVE CAPABILITY DOMAIN						Score	Com	ment
EC 1	Can express him/herself through	Only imit	tating (1)					*Specify his	/her favori
	artistic media* - <u>Choose one answer</u>	keeps dis	splaying re	epetitive arti	stic skill (2)			artistic med	um
		Improvis	es with gr	roup/ABT pro	actitioner (3	)		1	
	Improvises on small metaphors or images (e.g. factory) (4)								
			a personal rical mean	lartisticexp ning (5)	ression whic	h is rich in			
				Total Score	Expressive	Capability]		Average =	
				+ A + GI +			_		

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## **A.3 ABT Assessment Form**

ABT ASSESSMENT FORM -

CLU	dren with Createl Neede									
Chii	dren with Special Needs	Project	Period:_						 	
		Client G	roup:							
Th	erapeutic Goals (DOMAINS & TGs)									
BO	BODY									
<b>B1</b>	Motor Coordination (functions of gross motor)									
<b>B2</b>	Physical Alertness (speed strength and control of muscle movements)									
<b>B3</b>	Fine Motor Skills									
<u>B4</u>	Oral Motor Skills (Movement of lips, tongue and muscles involved in breathing)									
AT	TENTION									
A1	Levels of Attention									
CO	GNITIVE									
<b>C1</b>	Auditory Speech Discrimination									
C2	Symbol Recognition (recognize and remember the shape of a word or symbol)									
C3	Memory for Information/Instructions									
C4	Kinesthetic Perception (ability to perceive your body in space)									
C5	Quantification ('number sense', understanding numbers, their magnitude and their relationship to one another)									

Name: \_\_\_\_

C6 Spatial Reasoning (ability to create 'mental map Spaces. Able to remember location of objects with						
C7 Symbol Relationship (understanding relation be ideas or concepts - Fractions, miles per hour, met						
C8 Abstract Reasoning (understanding sequential quickly the order of procedure in a non-language						
C9 Symbolic Thinking (Capacity for mental initiativ self-direction, establishing long-term goals, devel strategy)						
C10 Non-Verbal Thinking (capacity to empathize, 'rr nonverbal communication, put oneself in another' consider other's feelings, become more 'self-awar	s shoes,					
NARRATIVE CAPABILITY						
NC1 Vocalization						
NC2 Basic Vocabulary						
NC3 Simple Sentences						
NC4 Descriptive Speech (convert thought into order meaningful sequence of words)	ered and					
NC5 Story Construction						
EXPRESSIVE CAPABILITY						
EC1 Self-Expression through Arts						
GROUP INTERACTION						
GI1 Sharing						
GI2 Leading						
GI3 Helping						
GI4 Impulse Control (Mindful of impulsive speech Considers other's feelings, situation and then acts acco	and action. ordingly)					
Assessment Summary						
S.No Therapeutic Goals						
1						
2						
3						
4						

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## **A.4 Observation Format for Impulse Control**

Name of the adolescent \_\_\_\_\_ Date\_\_\_\_\_

Parent/guardian's name\_\_\_\_\_

Sr. no.	Statements	Always	Frequently	Sometimes	Rarely	Never
1	Takes objects and materials that belongs to others or					
	given to others.					
2	Starts crying or gets cranky when they do not get what					
	they want.					
3	Snatches others' objects or things.					
4	Is able to refrain from snatching others' objects when					
	asked to do so.					
5	Continues making sounds or screams till gets what they					
	ask for.					
6	Harms self when they do not get what they are asking					
	for.					
7	Harms others when they do not get what they are asking					
	for.					
8	Takes and accumulates objects and things of people					
	sitting next to them					
9	Identifies their belongings and grabs on to them as they					
	see them					
10	Attached to particular objects(please specify)					
11	Certain repeated behaviours (please specify)					
12	Is able to stop doing those above mentioned behaviours					
	(in no. 11) when asked to do so.					
13	Is able to stop doing above mentioned behaviours (in no.					
	<ol><li>when the volume of voice is changed.</li></ol>					

14	Is able to wait for their turn in group.			
15	Is able to give away the desired object when asked to.			
16	Gets physically close to familiar person and touches them.			
17	Is able to make a distance physically when asked to do so.			
18	Engages in self stimulatory behaviours whenever idle.			
19	Is able to refrain from this self-stimulatory behaviour			
	when asked to do so.			
20	Is able to control their impulses when used different aids like picture cards, certain gestures. Please specify.			

#### Scale

5	4	3	2	1
Always	Frequently	Sometimes	Rarely	Never

## **A.5 Observation Format for Social Interaction**

Name of the adolescent \_\_\_\_\_ Date\_\_\_\_\_

Parent/guardian's name\_\_\_\_\_

Sr. no.	Statements	Always	Frequently	Sometimes	Rarely	Never
1	Greets verbally or non-verbally on seeing the people					
	they are familiar with					
2	Greets others verbally or non-verbally on being					
	prompted					
3	Makes an eye contact when others greet them					
4	Smiles when others greet them					
5	Greets verbally or non-verbally when others greet them					
6	Calls out the names or reaches out to familiar people					
7	Shares objects and play things in the group					
8	Initiates conversation verbally or non-verbally					
9	Is comfortable being in a group of familiar people					
10	Is comfortable being in a group of unfamiliar people					
11	Holds on to familiar people in a new space or when part					
	of new group					
12	Is comfortable holding hands with people other than					
	familiar people					
13	Is comfortable having guests/ new people in the					
	home/class room.					
14	Enjoys the company of friends and relatives					
15	Tends to interact more with people of their own age					
16	Tends to interact more with people of same gender					
17	Tends to interact more with adults of same gender					

18	Tends to interact more with adults of opposite gender			
19	Tends to interact more with people younger than them			
20	Helps the other child.			
21	Exhibits specific gestures while approaching or			
	interacting with people they like. Please specify			
22	Exhibits specific gestures or verbally expresses when			
	they do not want to be a part of group or interact with			
	people. Please specify			
23	Explores and interacts with things that are present in the			
	premises.			

Scale

5	4	3	2	1
Always	Frequently	Sometimes	Rarely	Never

## **A.6 Observation Format for Language Articulation**

Name of the adolescent Date\_\_\_\_\_

Parent/guardian's name\_\_\_\_\_

Sr. no.	Statements	Always	Frequently	Sometimes	Rarely	Never
1	Can open mouth wide and make "aaaaa" sound					
2	Can purse lips together and make "0000" sound					
3	Can fold lips inward and make "mmmmm" sound					
4	Can articulate vowel sounds "a, e, j, o, u"					
5	Can articulate sounds "ka, kha, ga, gha"					
6	Can articulate sounds "pa, ba, ma"					
7	Can imitate pitch variations					
8	Can imitate volume variations					
9	Is able to speak in full sentences					
10	Is able to say some of the words very clearly					
11	Has a set of vocabulary for their daily needs					
12	Uses gestures or sounds for his daily needs					
13	Is able to call out the names of objects that they want					
14	Is more responsive when talked in mother tongue					
15	Is more responsive to English					
16	Uses speech relevant to the context					
17	Speech is prompt dependent					
18	Understands functional words (like sit, walk etc.) and					
	act accordingly.					
19	Is responsive to different aids ( picture cards, gestures,					
	sign language)					
20	Is able to read					

	•	 	 	
21	Is able to spell (spoken or written words)			
22	Is able to sing familiar songs completely			
23	Is able to say few words of the familiar songs			
24	Is able to do gestures when songs are being sung			
25	Responds through gestures/ facial expression/ body language when familiar songs are being sung or played			
26	Tends to make sounds, speak or sing more at particular period of the day like during sleeping time. Please specify			
27	Tends to make sounds, speak or sing more particularly during specific emotions			
28	Change in the tone of voice during different emotions			
29	Attempts to imitate the sounds and words that are being spoken to them			
30	Continues repeating the sounds/words/gestures till they get what they are asking for			
31	Engages in communication (verbal or non-verbal) more with specific people			

Scale

5	4	3	2	1
Always	Frequently	Sometimes	Rarely	Never

# **A.7 SRS Summary of the Group Sessions**

S.N.	Date and Time	Therapeutic Domain	Theme	Artistic Communion	Focused Creation	Closure
1	02-06-2017 11:20-12:30	Group interaction and narrative capability	Connections	Session starts with all sitting in circle and beginning with melody- songs in which names of the participants can be involved. Game- passing the ball in circle followed by rolling the ball to one another in circle. As ball will be rolled words like ball, roll will be called out. Later facilitator will give commentary of who is rolling ball to whom.	Structured Game- asking each child in group to roll the ball to a particular child. Followed by visual arts- A big chart paper will be placed and all sit around the chart paper. First facilitator dips ball in paint and rolls the ball to someone in the circle. each person in the circle who receives the ball dips it in paint and rolls to another person creating colourful lines in the paper.	Cleaning up the space. Putting up the art work that has been created. Asking children what they did in session and then giving them a short recap of what happened in session and how these lines were created. Meditation music for closure.
2	05-06-2017 11:20-12:30	Group interaction and narrative capability	Adding up	Session starts with different hand movements along with sounds (vowel-consonant) leading to calling out hello and good morning. Each one will be given a dupatta. Music will be played and facilitator dances moving her dupatta encouraging children to join in.	Movement in pairs holding a single dupatta- between facilitator and each child at a time. Greeting the child while doing the movement. Once facilitator finishes pairing up with each child. Pairing up two children in similar fashion. In between facilitator goes and encourages each pair to greet one another. Next four people (children and team members) will be grouped together holding a single dupatta and moves. Finally all the group will come together holding the same dupatta. The group will be encouraged to call out hello and good morning to the group.	Dupattas and bedsheet will be put aside. Facilitator will do a short recap of the session. This will be followed by meditation music as closure.
3	07-06-2017 11:15-12:15	Peer interaction and narrative capability	Foot marks	All will stand in circle. Session will begin with a melody- name song. Movement- walking around. Bringing some structure into movement using call and	A big chart paper will be put up in the middle. All stand around the chart paper. A name calling game is played- Facilitator will do the demonstration- she calls out name of a child/team	the chart with foot marks will be put up against the wall and all will sit around it in semi-circle. Facilitator will ask children what did we do point out to the foot marks in the chart paper. It will

				response- as they walk and meet somebody they greet that person by saying hello and good morning. Children will be guided to move towards their peers and greet them.	member. That person has to give some gestures or say yes. Facilitator dips her feet in paint in tray and walks to that child/team member. Then that child/team member calls out some other person in the circle. That particular child/team member has to give some response then the person who calls walks to the other person with their feet dipped in paint making foot marks.	be followed by short revision of the session. Session will end with meditation music as closure.
4	09-06-2017 11:20-12:20	Attention and impulse control	Pause	Movement- the group is divided into half with two groups standing facing each other at a distance. Facilitator says 1-2-3 start and all start walking towards each other.	Rhythm- stop and cut. Different musical instruments will be put in the middle. Facilitator will ask each person in the circle to pick one instrument. Once they have picked she will call out 1- 2-3 start and the group starts playing the instrument. She calls out 1-2-3 stop and the group stops playing.	Musical instruments will be kept aside. Facilitator will brief what happened in the session and session will close with a meditation music.
5	14-06-2017 11:20-12:25	Peer interaction		Movement- each one gets a colourful scarf. First facilitator will sing an abstract melody and moves her scarf in sync of the melody. Next children will be asked to move their scraves in any way they like. Game- each one takes turn to move their scarf and rest of the group copies that.	Games- Scarves will be collected. All tied up together making a cloth ball. The ball will be thrown to one another in the circle. Bringing in more structure- asking them to throw to particular child.	Keeping away the scarves. Massaging hands and fingers. Doing recap of session. Meditation music for closure.
6	15-06-2017 11:20-12:25	Sharing and impulse control	Giving	Game- all sit in circle and ball is passed in circle. Ball is rolled to one another.	All sit down in circle and spray bottle will be brought in. The instruction will be called out- since we have only one spray bottle, please spray and pass it to the person sitting next to you. If they do not, we introduce time limit by counting 1 to 10.	Cleaning up the space. And revising what happened in session. Followed by meditation music for closure.

7	16-06-2017 11:15-12:00	Social interaction and impulse control	On and off	Starting with movement. Group will be divided into two. Both groups will stand facing each other. Facilitator calls out 1-2-3 start and all start walking towards each other. Facilitator calls out 1- 2-3 stop and all stop.	Djembes and shakers will be kept in the middle of the circle. Children will be encouraged to pick an instrument. If they do not they will be prompted to pick one. facilitator calls out 1- 2-3 start and all start playing. facilitator will call out 1-2-3 stop and all stop playing. She will use voice, hand gestures, even picture cards for start and stop.	Musical instruments will be put aside. It will be followed by hand massage. Facilitator will do short recap of the session. Meditation music will be put on for closure.
8	19-06-2017 11:20-12:20	Impulse control	Pause	Visual arts and dynamics- start and cut. Facilitator calls out 1-2-3 start the group scribbles with chalk on floor. Facilitator calls out 1-2-3 stop for stopping scribbling.	Using dynamics- start and stop, volume while drumming. Giving a pulse and observing if they can follow and align with that.	Putting away benches, djembes. Recap of session. Meditation music for relaxation.
9	21-06-2017 11:15-12:15	Vocalization and word articulation		Standing in circle. Session starts with voice warm up exercise- aaa, ooo, eee, increasing and decreasing pitch and volume.	Narrating a story that involves words that are usually spoken by the children in the group and words that are the goals for children. After narration enactment of the story by facilitator and support using different items as props.	massaging throat. Short recap of session and what all sounds were made. Meditation music for closure.
10	23-06-2017 11:15-12:20	Peer interaction	Reaching out	Tray with different coloured scarves will be placed. Each person picks up a scarf from the tray. Each person moves to the other person having same coloured scarf.	Game- 1st adults as well as children sit in circle together and pass or roll or throw the ball to one another. Next all the adults will move out of the circle leaving only the children. Giving them time to roll or pass the ball to one another.	Recap of session and sitting quietly with meditation music.
11	27-06-2017 11:15-12:15	Vocalization and word articulation	Birthday	Group sits in circle. Group reflecting back sound made by each person in the circle.	Voice and story using dolls and puppets and flash cards. Story- Its birthday of POPO, the dummy doll.	Saying bye to POPO and recap of session followed by quiet time with meditation music.
12	28-06-2017 11:25-12:25	Peer interaction	Spotlight	Tray with only two colours of scarves-red and green is taken around the circle. After all have taken scarves all the people holding red	Structured play- All sit down in circle. A ball will be passed around. Support will play a beat. When beat stops whoever has the ball that person goes	short recap of session followed by meditation music for closure

				will come and stand together and those with green will go and stand together. Separating red and green zone. Children will be asked to help each other to bring their friends together. Putting up the scarves together and scuffling again. As this is repeated one at a time adults are moved out of the game leaving only children to figure out and help each other.	and say hello or shake hand with everyone in the circle. First making sure that a team member gets the ball when music is stopped. he /she goes and meet each one as a demonstration. Second time too another adult does the same. Making sure that each child gets turn to go and greet the group. Its perfectly fine as far as ball is passed on-either throwing or rolling or just passing.	
13	30-06-2017 11:25-12:25	Impulse control	On and off	All stand in two rows at two ends of the room holding hands. As facilitator calls out 1-2-3 start all starts walking. As she calls out 1- 2-3 stop all stop walking. After doing this several times. Everybody leaves hand and same start and stop is called out for stopping.	Children sit down in benches with a djembe. Facilitator calls out the instruction- we will start only when we hear start and stop when we hear stop. Then calling out 1-2-3 start and 1-2-3 stop. Again instruction for volume when facilitator lifts her hand up we hit the drum hard. An adult pairs up with a child and does the demonstration of hitting the drum soft and hard.	djembes will be put aside. It will be followed by hand massage. Facilitator will do short recap of the session. Meditation music will be put on for closure.
14	03-07-2017 11:25-12:25	Peer interaction	Crossroad	Movement-paths are created by attaching newspaper on the floor. Children take turn to walk through these paths. Adults first give demonstrates for the walking activity.	Structured play- The group sits on a designated spot forming a circle. From the middle of the circle pathways are created leading to each person in the circle. The rule of the game is spoken- one person comes in the centre at a time and that person can go to anyone following this pathway and greet the person sitting at the end. First this is demonstrated by support personnel. Making sure that each child gets turn.	All come back to circle and recap of session is done. Meditation music for closure.
15	05-07-2017 11:15-12:15	Vocalization and word articulation	Market	Group reflecting back sound made by each person in the circle.	Story: doll- POPO and his puppy goes to market to buy things. The doll who is held by facilitator calls one child at a	Recap of session followed by quiet time with meditation music.

					time to accompany him to the market. In market one of the children sits as shopkeeper along with one support personnel. Flash cards are used to show what POPO is buying from stimulated market place. In the simulated market	
16	07-07-2017 11:15-12:15	Impulse control	Spotlight	Movement- Each team member holds two children at a time. Facilitator calls out start and stop and the group walks and stop accordingly.	objects are placed. the group is divided into two groups- group A and B such that one group has three children and another four children. They are seated on the floor in such a way that the two groups form a semi circle and face each other. There are two entry points to the circle. Each one in the circle is given a djembe. Facilitator calls out start and stop. It will be followed by sculpting.	putting away drums and quiet time with meditation music.
17	10-07-2017 11:15-12:20	Peer interaction	pathways	Movement-paths are created by attaching newspaper on the floor. Children take turn to walk through these paths. Adults first give demonstrates for the walking activity.	Structured play- The group sits on a designated spot forming a circle. From the middle of the circle pathways are created leading to each person in the circle. The rule of the game is spoken- one person comes in the centre at a time and that person can go to anyone following this pathway. First this is demonstrated by support personnel. Making sure that each child gets turn.	All come back to circle and recap of session is done. This will be followed by meditation music for closure.
18	12-07-2017 10:15-11:15	Narrative capability	Gift	Voice warm up and repeating the sounds that were made in the circle.	Story- PoPo comes with bag of things that he got from his papa as a gift and shows to his friends. In the bag there are things that were used last session and objects that are usually used in session will be kept.	Session closes with Popo going back and recap of session. Meditation music will be played for closure.
19	14-07-2017 11:15-12:15	Impulse control	Pass	Structured play- passing the ball in circle. Rule for the game each person will be given 10 counts to pass the	Visual arts- bringing in spray bottle and passing it in circle. Same rule of ten counts for the spray painting as well. If a child	cleaning up and recap of session. This will be followed by quiet time with meditation music.

				ball. At the end of 10 counts a drum will be hit. If 10 counts exceeds the ball will be taken from them.	does not give it for long next time their turn will be missed.	
20	17-07-2017 11:25-12:25	Narrative capability	Flow	all sit down and doing voice warm up, reflecting sounds and words spoken in the circle at least five times. Working on speech- pitch, loud, whisper, scream etc.	all sit down wearing art t shirts. A big chart paper will be put in the middle. Each child is given a rolling brush or a paint brush. First we roll or move the brush on paper singing some abstract melody. Then each child will be given a tray with paint facilitator will continue singing melody incorporating the sounds and actions made and done by children in the melody.	cleaning up and recap of session. This will be followed by quiet time with meditation music.
21	19-07-2017 11:20-12:25	Peer interaction	Pathways	Movement-paths are created by attaching newspaper on the floor. Children take turn to walk through these paths. Adults first give demonstrates for the walking activity.	Structured play- The group sits on a designated spot forming a circle. From the middle of the circle pathways are created leading to each person in the circle. The rule of the game is spoken- one person comes in the centre at a time and that person can go to anyone following this pathway. First this is demonstrated by support personnel. Making sure that each child gets turn.	recap of session. Meditation music for closure.
22	21-07-2017 11:20-12:20	Impulse control	pause	facilitator calls out 1-2-3 start and starts hitting the djemeb. While she hits the djmebe all continue walking. Once she calls out 1-2-3 stop all has to stop walking.	all will wear art t shirt and a big chart paper will be put up in the middle of the circle. First demonstration by an adult- facilitator calls out 1-2-3 start and the adult starts painting on the paper. Facilitator calls out 1-2-3 stop and the adult stops painting. Repeating it several times. Then each child will be given a roller brush or a paint brush and a tray of paint. Facilitator calls out 1-2-3 start and starts drumming. Then calls out 1-2-3 stop.	cleaning up and recap of session. Meditation music for closure.
23	24-07-2017	Vocalization and	Synchrony	Reflecting sounds and words	Voice and speech: session	Recap of session. Quiet time with
	11:15-12:15	word articulation		spoken in the circle at least	starts with singing a melody	meditation music.

				five times. Calling out those words in whisper, different pitch, screaming, volume.	with the words and sounds that the children ususally say. Giving rhythm to that melody. Looking at how children are responding we will be repeating the same melody or creating the melody about the actions they are doing continuing with the same rhythm.	
24	28-07-2017 11:25-12:22	Impulse control	On and off	Movement and dynamics- holding hands and walking and stopping when calling start and stop. Doing start and stop with rhythm using frame drum	Visual arts and dynamics- start and stop with rhythm for moving hands, moving brush on floor first then on paper. Start and stop for painting and stopping painting. Using drumming for painting and whistle for stopping painting. Putting away the paint and paper and giving piece of cloth and continuing start and stop for the cleaning the paint on floor.	Recap of session and quiet time with meditation music.
25	30-07-2017 11:30-12:33	Vocalization and word articulation	Magic box	Voice warm up- breathing with vowels sounds. Followed by three consonant sounds- ka, ma, and ta. Rhythmic sounds- aaaa aaaa, oooo oooo, eee eeee	Flash cards- all sit in circle and one person at a time goes and picks up a flash card that is placed in the middle of the circle. First we ask the child then the group what the card is. If none of the children say it adults will say it repeating it thrice. After all the person in the group finishes it a magic box will be brought in. The box contains the objects for the flash cards used. Support will take the box to each child. To open the box the child has to say 1-2-3 open. When the box is open rest of the group says TADAwe will ask the child what it is. After all the children have got an object, there will be melody- singing a song "got aout of the box" clap clap. Repeating the same for each child one at a time.	Recap of session followed by quiet time with meditation music.
26	02-08-2017	Peer interaction	Connections	Directive- play. All sit down	Directive play using dupattas	Recap of session followed by

	11:25-12:25			in circle. First ball will be passed around in circle. Next children will be asked to roll the ball to one another.	as props. Dupattas will be one number less than the total number of children present will be tied up together. Children will be asked to sit around in circle. Facilitator will stand in the middle of the circle holding the dupattas. One child will be called at a time in the middle of the circle. The child will be asked to take one dupatta to one of the children sitting in the circle. Like that one child will be going and giving dupatta to each child sitting in the circle at a time. This will be repeated for each child one at a time.	meditation music for relaxation.
27	03-08-2017 11:35-12:30	Impulse control	On and off	facilitator calls out 1-2-3 start and starts hitting the djemeb. While she hits the djmebe all continue walking. Once she calls out 1-2-3 stop all has to stop walking.	all will wear art t shirt and a big chart paper will be put up in the middle of the circle. First demonstration by an adult- facilitator calls out 1-2-3 start and the adult starts painting on the paper. Facilitator calls out 1-2-3 stop and the adult stops painting. Repeating it several times. Then each child will be given a roller brush or a paint brush and a tray of paint. Facilitator calls out 1-2-3 start and starts drumming asking the group to paint. Then calls out 1-2-3 stop asking group to stop painting.	cleaning up and recap of session followed by quiet time with meditation music.
28	07-08-2017 11:25-12:25	Narrative capability	Talking pictures	session starts with everyone standing and keeping hands on their waist. Then breathing and making aaaa, ooo, and eee sound thrice. Whatever sound children makes are also repeated back. Repeating the vowels sounds and sounds made by children. After that three consonant sounds- ka, ma,	Everyone will sit down in circle. Facilitator will show one flash card at a time. Then the image in that flash card will be call out three times. Next second flash card will be shown and similarly it will be called out thrice. After showing three flash cards the names will be revised. Next four more flash cards will be shown followed by flash cards.	Recap of session followed by quiet time with meditation music.

				and ta are made in similar fashion. Repeating consonant sounds and sounds made by children.	At the end revision will be done for all the flash cards. Next the objects for those flash cards will be placed in the middle of the circle. Each child will be given a flash card and asked to go and pick the object from the centre. After all the children finish in the second round they will be given another flash card and asked to bring another object. As an improvisation a child will be shown a flash card and asked to pick that object and give it to one of their peers, calling their name.	
29	09-08-2017 11:25-12:30	Peer interaction	Offering	Placing one child in one spot. Facilitator calls out that child's name and rest of the group goes looking for the child and greeting him/her. Repeating for each child.	Games and exercises: A bag of balls will be brought in. Each child will take turn to go to their friends and hand over one ball.	Recap of session followed by meditation music for closure.
30	11-08-2017 11:20-12:20	Impulse control	On and off	facilitator calls out 1-2-3 start and starts hitting the djemeb. While she hits the djmebe all continue walking. Once she calls out 1-2-3 stop all has to stop walking.	All will wear art t shirt and a big chart paper will be put up in the middle of the circle. First demonstration by an adult- facilitator calls out 1-2-3 start and the adult starts painting on the paper. Facilitator calls out 1-2-3 stop and the adult stops painting. Repeating it several times. Then each child will be given a roller brush or a paint brush and a tray of paint. Facilitator calls out 1-2-3 start and starts drumming and children will be asked to paint. Then calls out 1-2-3 stop and they will have to stop painting. Next they will be given piece of ragged cloth. The same pattern of cleaning stopping following start and stop will be carried out.	cleaning up and recap of session. Meditation music for closure.
31	14-08-2017 11:25-12:25	Vocalization and word articulation	Talking pictures	session starts with everyone standing and keeping hands	Everyone will sit down in circle. Facilitator will show one flash	recap of session and quiet time. Meditation music for closure.

			on their waist. Then breathing and making aaaa, ooo, and eee sound thrice. What ever sound children makes are also repeated back. Repeating the vowels sounds and sounds made by children. After that three consonant sounds- ka, ma, and ta are made in similar fashion. Repeating consonant sounds and sounds made by children.	card at a time. Then the image in that flash card will be call out three times. Next second flash card will be shown and similarly it will be called out thrice. After showing three flash cards the names will be revised. Next four more flash cards will be shown followed by flash cards. At the end revision will be done for all the flash cards. Next the objects for those flash cards will be placed in the middle of the circle. Each child will be given a flash card and asked to go and pick the object from the centre. After all the children finish in the second round they will be given another flash card and asked to bring another object. As an improvisation a child will be shown a flash card and asked to pick that object and give it to one of their peers, calling their name.	
32	18-08-2017 11:25-12:20	Peer interaction and word articulation	One child will be made to sit in one spot and rest of the group will search for the child. Then the group will go and greet that child. Same will be repeated for	Game: All children will sit in circle. Facilitator will ask children to pick up one chit from a bowl. In each chit name of one child will be written. The child who has picked name of a another child will go to that child and greet them. Next objects will be placed in the middle of the circle. First a child will pick a chit to find out name of their friend. Next he/she will be shown flash cards and asked to pick a card. Then picking up the object and giving it to the child whose name he/she has picked up. Repeating the same with each child.	Recap of session followed by meditation music for closure.
33	21-08-2017 11:20-12:20	Impulse control	Movement- facilitator counts 1 to 10 and calls out start walking and everybody	Visual arts: Starting with demonstration with cofacilitator. Facilitator calls out	Cleaning up space, recap of session followed by meditation music.

				starts walking. Cofacilitator	1 to 10 and start painting	
				blows whistle and calls out	cofacilitator starts painting.	
				stop and everyone stops. If children are doing any other	Facilitator blows whistle and calls out stop cofacilitator stops	
				actions like jumping or	painting. Two children will be	
				clapping hands then those actions will be done instead	paired up such that they sit next to each other. Three pairs	
				of walking.	will be formed. For each pair	
					there will be one adult. Each adult will call out 1 to 10 and	
					start painting together. Each	
					adult will together blow whistle	
					and call out stop. Next adults will switch to other pairs. After	
					doing this for several times all	
					the children will be brought into a big group together and for	
					the entire group counting 1 to	
					10 and calling out start will be	
					done together and blowing whistle and calling stop will be	
					common for the group.	
34	23-08-2017 11:15-12:15	Impulse control, peer interaction	Interaction	Movement- Three children- Tim Tim, Naina, and Aaditya	Games and rhythm: Three pairs of children will be formed	Everyone will get up and do gentle stretching and breathing
	11.15 12.15			will sit in three spots in the	such that they sit at some	exercises. This will be followed
				session room. Remaining four children will be grouped	distance. Aaditya will be paired up with support staff. Each pair	by recap of session and meditation music for closure.
				into two pairs. First each	will be given a gym ball.	meditation music for closure.
				pair will go and greet the	Facilitator calls out the rule of	
				members of other pair. Next each pair who will be	the game- she will count 1 to 10 and say start rolling then	
				holding hands will go and	each pair will have to roll the	
				greet the three children who are sitting, one at a time.	gym ball to their friends. When she blows whistle and calls out	
				The same will be followed by	each pair will have to stop	
				another pair.	rolling the ball. Pairs will be	
					shuffle and same activity will be repeated. In the third time	
					gym balls will be taken away	
					and in place each pair will be asked to sit close together such	
					that they share same frame	
					drum. Each member of the pair will be given a mallet.	
					Facilitator will call out 1 to 10	
					and start playing. She will continue hitting her own frame	

					drum till cofacilitator blows whistle and calls out stop. This will be repeated several times. If possible pairs will be shuffled.	
35	24-08-2017 11:15-12:15	Impulse control, peer interaction	Interaction	Movement- Three children- Tim Tim, Naina, and Aaditya will sit in three spots in the session room. Remaining four children will be grouped into two pairs. First each pair will go and greet the members of other pair. Next each pair who will be holding hands will go and greet the three children who are sitting, one at a time. The same will be followed by another pair.	Games and rhythm: Three pairs of children will be formed such that they sit at some distance. Aaditya will be paired up with support staff. Each pair will be given a gym ball. Facilitator calls out the rule of the game- she will count 1 to 10 and say start rolling then each pair will have to roll the gym ball to their friends. When she blows whistle and calls out each pair will have to stop rolling the ball. Pairs will be shuffle and same activity will be repeated. In the third time gym balls will be taken away and in place each pair will be asked to sit close together such that they share same frame drum. Each member of the pair will be given a mallet. Facilitator will call out 1 to 10 and start playing. She will continue hitting her own frame drum till cofacilitator blows whistle and calls out stop. This will be repeated several times. If possible pairs will be	Everyone will get up and do gentle stretching and breathing exercises. This will be followed by recap of session and meditation music for closure.
36	28-08-2017 11:25-12:23	Peer interaction	Continuum	Movement- group circle movement, expanding and shrinking,holding a rope. Changing tempo of movement. Next- calling out name of a particular child and everyone going to that child. Same repeated for each child. Incorporating two different sounds for expansion and shrinking movements.	Game and exercises- rope will be placed on the floor and everyone sits inside the rope. Using hola hop as a prop. Game- passing the hola hop in circle. Using start and cut. Next round, each person will put the hola hop in, take it out and then pass. Start and cut will be used here too. This will be followed by one child coming and standing or sitting in the	Recap of session followed by meditation music for closure.

		middle of the circle. Hola hop will be passed around in circle with start and cut. Whoever gets the hola hop when cut is called out that person will go and put the hola hop on the child sitting in the middle of the circle. This will be first	
		demonstrated by team member.	

# **A.8 SRS Summary of the Individual Sessions**

S.N.	Date and Time	Therapeutic Domain	Theme	Artistic Communion	Focused Creation	Closure
1	28-07-2017 1:15-1:45	Attention		Rhythm- Blowing whistle and hitting frame drum simultaneously in same rhythm. Progressively increasing the rhythm from one to two to three to four.	Rhythm: Placing frame drum in front of him and encouraging him to hit it.	Hand massaging and quiet time.
2	31-07-2017 1:15-1:45	Attention		Rhythm- playing pulse on a tray. Changing dynamics- accent.	Body- senses. Placing tray filled with water in front of him and starting a game- offering him the tray by pushing it. As he tries to reach for it pulling it. Improvising with levels and distance while presenting the tray filled with water to him.	Massaging hands and quiet time.
3	01-08-2017 1:15-1:45	Attention		Introducing wind chime and making sounds on it. Encouraging Aaditya to hit the chime and make sound.	Rhythm: Introducing toy keyboard and playing the keyboard. Encouraging him to press the keys.	Holding hands and quiet time.
4	03-08-2017 1:15-1:45	Attention		Placing three trays in front of him and alternately making beats on each of them.	Body- senses: placing one tray with water on one side. As he reaches to it and if turns it over, which he usually does, immediately placing another tray with water on his other side. If he turns this tray then	Holding hands and quiet time.

					placing third tray in front of him. Like this presenting the tree trays in different spaces- left, right and front.	
5	07-08-2017 1:15-1:45	Attention	1	Rhythm- playing pulse on a tray. Changing dynamics- accent.	Body- senses Placing tray filled with water in front of him and starting a game- offering him the tray by pushing it. As he tries to reach for it pulling it. Improvising with levels and distance while presenting the tray filled with water to him.	Holding hands and quiet time.
6	16-08-2017 1:15-1:45	Attention		Shaking a shaker in different rhythm.	Rhythm: Bringing in a djembe and hitting it. Encouraging him to hit the djembe.	Hand holding with quiet time.

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