

THE diminutive frame and affability belies the steely grit and determination of Vanitha S Rao, a special education teacher. She does early intervention for autistic children in her school called 'Sunshine Centre for Special Education' in Domlur Layout.

Beginning her career as a special educator at Bangalore Children's Hospital more than a decade ago, Vanitha has come a long way in her work with autistic children. She ventured out on her own about seven years ago and became an independent teacher



Caring for challenged kids

devoting all her time to autistic children.

After graduating in Home Science from Mount Carmel College, Vanitha followed up her degree with a Master's in Human Development from Bangalore University. She has completed a certificate course in special education (Learning Disability) from Karnataka Parents Association of Mentally Retarded Citizens (KPAMRC) and has just graduated with a Diploma in Autism (KPAM-RC).

Vanitha first set up an integrated school that had normal children and children with autism and learning disabilities. Here she used the 'play-way' method of teaching. These classes were held in the morning. The second half of the day was devoted to one-on-one session for special children. After running this integrated school successfully for four years, she realised that her calling lay with special children. So she decided to concentrate on special education and began conducting exclusive one-on-one sessions for her students.

Recently, she started the 'Sunshine Pre-school Education Programme for Autism' (early intervention). A trainee special education teacher assists her with group therapy. With this, she hopes that her special wards will learn to perform routine chores.

Vanitha uses specialised material and educational aids, some of which are custom-made to suit the needs of her curriculum.

Usually, other professionals and parents of past/ present students refer children to her. Vanitha assesses the child through observation during free play and interview sessions with parents on the child's behaviour and communication skills. Then a baseline is found and a programme is outlined specially for that child. The parents decide

Vanitha Rao does early intervention for autistic children at her school in Bangalore's Domlur Layout. NANDINI U meets the gifted teacher

whether to enroll their child for one-onto-one sessions or pre-school or both.

Arvind (5) is very active, plays, throws tantrums when he does not get what he wants. When I met him, he looked me with some suspicion till he eyed the note-pad I carried. Then he sidled up to me, held my hand, sat on my lap and fingered the book. Once I gave it to him, he ran around holding it like a trophy, refusing to return it to me.

Meera (3) is an absolute doll. But she knows what she wants and will throw a tantrum till she gets it. She is very methodical with her belongings. She solves simple jig-saw puzzles. She loves music.

Sameer (4) looks like an angel with a temperament to match, though he does get hyper-active at times. He does his work systematically, matching colours, shapes and sizes. Give him a piece of chalk and he will draw cars on the blackboard. He loves to play with his computer.

These three children have one thing in common; they are all autistic. They cannot communicate or interact, and often have odd behavioural traits even when they are cognitively normal.

What is autism? Autism is not a disease. It is a developmental disorder of brain function. People with classical autism show three types of symptoms: impaired social interaction; problems with verbal and non-verbal communication and imagination and unusual or severely limited activities and interests. Autism has no single cause. Researchers believe several genes, as well as environ-

mental factors such as viruses or chemicals, contribute to the disorder. The earlier belief, that poor parenting methods caused autism, has been disproved.

Symptoms of autism usually appear during the first three years of childhood and continue throughout life. Children with autism may fail to respond to their name and often avoid looking at other people. Such children often have difficulty interpreting tone of voice or facial expressions and do not respond to others' emotions or watch other people's faces for cues about appropriate behaviour. They appear unaware of others' feelings towards them and of the negative impact of their behaviour on others.

Many children with autism engage in repetitive movements such as rocking and hair twirling, or in self-injurious behaviour such as biting or head-banging. They also tend to start speaking later than other children and may refer to themselves by name instead of 'I' or 'me'. Some speak in a sing-song voice about a narrow range of favourite topics, with little regard for the interests of the person to whom they are speaking.

Although there is no cure, appropriate management may foster relatively normal development and reduce undesirable behaviour. Therapies or interventions are designed to remedy specific symptoms in each individual. The best-studied therapies include educational/ behavioral and medical interventions. These interventions often bring about substantial improvement.