GROWING ON THE SPECTRUM



Teenagers and Young Adults with Autism (TYA) Community Digest

"On adolescence, independence, and the long middle"

Volume 1 Issue 3

July to December 2026

Editorial Team

Editor: Dr. Suhas Chandran

Associate Editors: Ms. Nisba Tasmin, Mr. Job G Samuel, Ms. Malavika Vinayan

Design & Layout: Mr. Job G Samuel

Cover Art: Ms. Ayesha Mendes

Editorial Advisor: Dr. Vanitha S Rao

Publisher Information

Teenagers and Young Adults with Autism Programme (TYA), Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD).

Address: St. John's Medical College Hospital, Sarjapur Road, Koramangala, Bengaluru, Karnataka 560034

Email: tya.stjohns@gmail.com

Phone: 7338439126 (Office No.)

Copyright & Disclaimer

© 2026 TYA Programme, The Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD), St. John's Medical College, Bengaluru.

All rights reserved.

Disclaimer: The content in this magazine is for informational and educational purposes only and does not constitute medical, psychological, or legal advice. Readers are encouraged to consult qualified professionals for individual guidance. The views expressed by contributors are their own and do not necessarily reflect the official position of the TYA Programme or St. John's Medical College.

All photographs and personal details are published with prior informed consent from the individuals concerned, and from parents or caregivers where applicable. Consent has been obtained from parents/caregivers and also from the respective authors, contributors, or rights holders for submitted articles and associated images. Due care has been taken to ensure ethical use, respect for privacy and appropriate acknowledgement of contributors.

AI tools were used to create and visualise certain images featured in this magazine.

Table of contents

Editor's Desk	Dr. Suhas Chandran	1
Young Voices	Things I Wish People Knew About Me Ms. Aditi Sowmyanarayan	2
Family Corner	**Siblings' Perspective** When We Grew Up Together: Our Story as Siblings Ms. Rakshini Udayashankar	4
	Caregivers' Perspective The Other Half of the Journey Ms. Bhagyamma	9
Educators' Diary	Beyond the Classroom: Preparing Autistic Young Adults for Real Life Ms. Sarbani Mallick	15
Tips and Tricks	Sensory Overload: Practical Strategies for Teens and Young Adults Dr. Inayath Ulla Niyamath	20
Ask the Expert Q&A	Medication and Sleep in Autism: What Should Families Know? Dr. Pallavi Priyam	27
Families Ask	Mosquito Bites, Lice, Street Dogs, Periods and Haircuts TYA Team	33
Expert Corner	Before the Needle: Making Blood Tests Easier for Autistic Children and Teens Dr. Gopika P	36
	Creative Expression	44
	A Glimpse into TYA	50
	Call for Contributions	61
Readers' Survey	Help Shape Future Issues	62

From the Editor's Desk

Most writing on autism gathers at the two ends. At one end are the early years: the first worry, the assessment, the rush of therapies. At the other is the question every parent carries quietly, about what happens when they are no longer around. This issue is about the stretch in between. Childhood services start to step back, school ends, and adult services are not quite ready.

The questions change in these years. Parents stop asking whether their child will speak and start asking whether they can take a bus alone, who they will sit with at lunch, and how the day will be filled once school is over. Progress here is real, but it is slow and easy to miss.

Aditi opens the issue by declining the two boxes people keep offering her: the label that shrinks her and the inspiration story that inflates her. Her last paragraph is worth reading twice. Rakshini writes about growing up beside her brother, and about a wish from second grade that came true in a way she did not expect. Bhagyamma has cared for the same young man for twenty years. She speaks for the many people outside the family who hold a life together and are seldom asked what they know. Sarbani leaves us with the question I would most like families to take home: “What does he need?” Dr. Inayath writes about what helps when the world gets too loud. Dr. Pallavi answers the questions on medication and sleep that we hear in clinic every week. Dr. Gopika shows how a blood test can be made easier, and the TYA team answers the everyday questions families bring us, from lice to periods. Ayesha, Amogha, Siddhartha and Eshaanvi fill the creative expression pages with their own work.

We want the next few issues to stay in this stretch: money, friendships, travel, puberty, work, and what a day looks like once school is over. Tell us which of these to take up first. If you are a teenager or young adult on the spectrum, write it yourself. We will make room.

This issue covers July to December 2026. It took longer to bring together than we planned, and we thank you for waiting. From 2027, *Growing on the Spectrum* will come out three times a year instead of every quarter.

Dr. Suhas Chandran

Associate Professor, Head - Child and Adolescent Psychiatry Unit,

Lead - Teenagers and Young Adults with Autism Programme (TYA)

St. John’s National Academy of Health Sciences, Bengaluru.



THINGS I WISH PEOPLE KNEW ABOUT ME

Typed by: Ms. Aditi Sowmyanarayan

'She is on the Autism Spectrum', 'She understands as much as most children her age but isn't talking because she doesn't even want to make an attempt to talk', 'We are an inclusive school, but we aren't trained to work with students of her profile', 'She has settled very well in school, but learning, well… that will happen eventually', 'Can she really communicate with her iPad?', 'Wow, she communicates so independently on her iPad', 'I love her writing and could not put her novel down'… these are some statements that I have heard about me in these two decades. But do any of these statements do complete justice in describing the person that I am? The answer to that is an emphatic NO!

Hi, I am Aditi Sowmyanarayan, your friendly neighbourhood Author and Storyteller. Incidentally, I am an AAC user, and I use Avaz, a text-to-speech app on the iPad to communicate. Being an autistic AAC user has made me 'stand out' in some ways, and when I think about this in the context of my journey and my growing up years, I can begin to comprehend why. I am told that I was diagnosed with ASD in 2008, when I was less than three years old. Back then, speech therapy intervention, I am told, meant getting a child who did not comprehend at an age-appropriate level, to understand language and repeat syllables and words, as the way to learn speech and language. This obviously did not work for me. The learning that speech and communication are two different things for us autistics only came later, I am told, and so did the understanding that my senses perceive the world differently, and I learn differently. Technology has been the biggest game changer for me.

I was able to learn academic concepts at a grade-appropriate level, in spite of challenges with writing, all thanks to learning apps on the iPad. I found my voice in Avaz, and I am able to pursue my passion, writing fiction, all thanks to the skill of typing on the laptop. But most of all, technology has helped people around me and people known to me get a glimpse of the person that I am: an observant and curious optimist who believes in taking charge of her own life!

This understanding and insight are very precious, especially for those of my ilk, who are often misunderstood and reduced to a mere diagnostic label, or, worse, portrayed as people with extraordinary and extraordinarily unbelievable skills! Think of the stories of near-miraculous achievement that go viral every few months, or the curious chart-topping claims about telepathy in the most vulnerable segment of the autism spectrum! These claims make me wonder about the compelling need to portray disabled people as extraordinarily inspirational.

In reality, we, much like our non-autistic peers, are average people with average intelligence and below-average productivity on most days. What this also means is that just like you, we too possess certain interests and strengths, and when the lens is shifted from our deficits to the things we can do, pathways are created for us to become happier and more contributing adults in society. This, dear reader, is the thought I want to leave you with!

Ms. Aditi Sowmyanarayan

An award-winning neurodivergent author and advocate, passionate about promoting inclusion and reshaping perceptions of autism and neurodiversity. Author of *Small Stories Big Thoughts, Gobble Thy Prejudice, Thus She Rose, and Feet on the Ground, Head in the Air.* A member of the Global Steering Committee of the Institute of Neurodiversity (ION), she champions the rights and voices of autistic people and other neurominorities.



SIBLINGS' PERSPECTIVE

When We Grew Up Together: Our Story as Siblings

In 2010, one of my wishes came true: my brother was born. I was in second grade, and every day after school I would run into his room without even putting my bag down, eager to hold him in my arms and in my lap. The day after he came home, I was so excited to teach him that I wrote the alphabet from A to Z on a whiteboard and drew an object beside each letter. At that moment, I did not yet know that it would take him many more years to reach the stage where he could read and write. At school, I would watch my friends walk their younger siblings to class, drop them off, and introduce them to their friends. I waited for the day my brother would grow up and join my school, so that I could drop him off at his classroom before going to mine. But because he was diagnosed with autism and needed a special school that could cater to his needs, that wish remained unfulfilled. Still, he became my best friend and my partner in crime. Like the little lamb in the nursery rhyme "Mary Had a Little Lamb," he follows me wherever I go, and I have always felt a little like Mary. He tries the food I love, enjoys the music I listen to, and copies so much of what I do, and being his role model is one of the proudest parts of my life.

My brother was diagnosed with autism spectrum disorder at the age of two. Before the diagnosis, I had noticed differences between him and other children. He was non-verbal; he did not make eye contact, and he was fascinated by sensory items such as water in a way that was different from typical play. I believed it was only a speech concern, and I did not understand the intensity of what lay ahead. I did not know what autism was or why my parents were so worried, yet I was hyper-aware of everything happening around me. It took me a long time to process and accept that my brother was different, and to understand the behavioural challenges that came with his diagnosis.

The early years were demanding. The diagnostic journey involved psychiatric and psychological consultations, as well as hearing and speech tests at several institutions. It was followed by speech therapy, special education, and occupational therapy. Over the years, my brother has attended about five therapy centres, including two special schools. During my summer vacations, I accompanied my mother and brother to his sessions. This gave me an understanding of how therapy works and showed me how children with the same diagnosis can differ in intensity and needs. On weekends, I taught him to identify objects and colours, how to play with sand, how to interact with others, how to put on his chappals, and how to carry out everyday tasks. I also came to understand how important sensory integration activities were for him.

At home, his loud noises and constant movement often interfered with my studies. On nights when he could not sleep, we as a family would stay awake to help him fall asleep, even though I had school the next morning, and concentrating during my classes was a task. As a child, I also struggled emotionally when my parents gave him extra care and attention. Whenever I tried to have a conversation with my parents, he would often seek their attention, and I sometimes felt that I was not given the importance my age deserved. There were many misunderstandings, and it took me time to understand that this was his way of seeking connection and why he needed so much support.

Even now, new challenges arise. My brother has since been diagnosed with obsessive-compulsive disorder (OCD), and his rituals have become one of the more difficult parts of our daily routine. Because these rituals shape how his day unfolds, they also shape the routine of the whole family, including mine. Managing them takes patience, planning, and understanding that these behaviours are not deliberate, but a part of what he is going through.

The hardest moment came when my brother suffered an epileptic seizure during a family function and was admitted to the ICU. His epilepsy had not been diagnosed, so we had no warning. Seeing him unconscious and unable to eat was heartbreaking for all of us. That experience, like many others, showed us what resilience means. We gathered every bit of strength we had, and we later found the appropriate treatment for him. Over the years, our family grew emotionally stronger with each challenge, and I tried to support my parents in processing my brother's journey and in remembering

to care for themselves. Resilience, for us, was not a single act of courage. It was the daily practice of facing difficulty together and continuing to hope. Alongside the challenges, there has always been joy. We play music on the TV at full volume. When he was young, I would carry him while he jumped in my arms as we danced. We still keep up that routine today, only now I teach him dance steps, and he imitates them and dances along with me. We also go on night car rides with our parents, watching the lights of the road, the passing vehicles, and the festive decorations on the shops. He steals my food, prefers my pillow, and loves playing with my hair clutch. Every year in April and May, when the summer hailstorms come, my brother and I run up to the terrace, jumping, dancing, kicking and splashing water on each other. It is one of our favourite moments. He notices every detail about me. If I wear bangles, he looks at them and plays with them, which is his way of admiring them. Whenever I go out with my friends, he gives his opinion on what I should wear. I present him with three choices, and he picks the one he feels looks best on me. He also watches closely while I apply makeup and comb my hair, admiring and paying attention to the way I get ready. He seems to understand my emotions before I express them.

Our love language is mainly through hugs. When he is happy, anxious, or feels safe, he presses his forehead against mine. This gesture, sometimes described as the autism “third eye hug,” is his way of saying that he loves me and that I am his safe place. Whenever I am angry or feeling low, he comes to me, hugs me, and gives me a forehead kiss. With him, I never have to express my feelings in words, because he understands me so well and knows exactly how to make me feel better.

Growing up together has taught me lessons that I carry everywhere. The first is acceptance. True love means accepting a person completely. My brother’s sensory-seeking behaviours change from time to time. One day it is water, and the next it is paper. Learning to accept these changes, along with his behavioural challenges, and to appreciate the ways he is different in a good way, took time.



The second is empathy and kindness. We cannot always know what a person is experiencing internally. My brother may appear cheerful, yet there may be discomfort he cannot explain. I have learned that what is labelled a behavioural issue may simply be his way of communicating.

The third is patience. Whether it concerns sensory-seeking behaviours or progress in therapy, meaningful change happens gradually. It requires patience and a steady hope that things will improve.

The fourth is resilience. Setbacks, medical emergencies, and difficult phases are part of this journey, and facing them together has made our family stronger.

The fifth is that love does not need words. My brother rarely shares his food, but if I ask, he will feed me without a second thought. He shows love through hugs and by helping me whenever I ask him for something he understands. Finally, we are always there for each other. My brother helps me grow through his experiences and challenges, and I support and teach him in return. However much we may fight or tease each other, we always hug before going to sleep.

Today, my brother and I share a secure and meaningful bond built on mutual respect for each other's boundaries. His understanding and communication have improved. When I sit with him and speak to him, he responds with a nod or a sound to show that he understands. Now that he is a teenager, he is becoming more stubborn and adamant, which brings its own challenges. We are working through this phase together. I guide him toward maturity, and he teaches me patience, mental and emotional strength, and empathy. I am proud of the person he has grown into. I am proud of him for facing and getting through challenges that he could not express and that we could not always help him with, and for being the sweetest, kindest, and happiest person we all need in our lives.

If I am someone who spreads smiles and love, who is kind, patient, and always ready to help those in need, it is because of my brother. He is the perfect example of a human ray of sunshine. He taught me how to stay happy and cheerful even in the toughest and hardest moments of life. He helped me recognize my own strengths and led me to psychology. I completed my master's in clinical psychology and am now pursuing a diploma in special education at the Spastics Society of Karnataka, the same institution where my brother receives his special education. The wish I held as a child has found its own fulfilment: we are now studying under the same roof, and I see the smile on his face whenever he passes my classroom.

Even though I have faced many challenges, and still face emotional ones now and then, he is my motivation. Each morning, before I begin my day of classes, his smile and his presence are the reason I keep going. Through him, I found my purpose: to support other parents of children with special needs, and the children themselves, with my knowledge and experience.

To all the siblings, I would say that acceptance may take time, and the road is not always easy. But love, patience, and resilience will carry you through. For siblings, especially elder siblings, prioritising yourself is an essential part of your well-being. Take care of your own well-being, your emotions, and your needs first, because you can only support others well when you are well yourself. I am proud to be my brother's sister. He is my teacher, my best friend, and my greatest blessing.

Ms. Rakshini Udayashankar

Rakshini Udayashankar is a 24-year-old from Bengaluru with a BA in Psychology, Sociology and Economics and an MSc in Clinical Psychology. She is currently a Special Educator Trainee at the Spastics Society of Karnataka. As the elder sister of a 16-year-old brother diagnosed with Autism Spectrum Disorder (ASD), she brings both academic knowledge and a personal perspective to understanding autism and neurodiversity.

The Other Half of the Journey



1. Can you tell us a little about your role as a caregiver and how long you have been supporting those you care for?

I've been taking care of Shankar for the past 20 years. I've become a mentor to him, having been there for him since he was just one year old.

2. What is your routine for supporting Shankar?

Taking care of a child or adult with autism is an extremely demanding and time-consuming responsibility. Every minute requires attention, patience, and constant supervision, as they may not always understand the potential consequences of interacting with strangers or engaging in certain behaviours.

For example:

1. While cycling: He is curious and eager to say hello and shake hands with anyone he encounters on the road, whether familiar or unfamiliar. If he is not accompanied by me, his caretaker, or another responsible adult, he may approach strangers to greet them or shake their hands, without understanding the potential risks.
2. While shopping: If he accompanies me to a shop, he may impulsively pick up packets of snacks, biscuits, or chocolates. Therefore, wherever we go, I have to keep a constant eye on him to ensure his safety and guide his behaviour.
3. While eating: He tends to overeat and may repeatedly visit the kitchen at home in search of more food. He needs regular guidance and supervision to help him understand appropriate portion sizes, maintain healthy eating habits, and eat neatly.
4. At daycare: These days, I accompany him to daycare as well, where he continues to need regular monitoring, guidance, and support.

Caring for him is not simply about being physically present; it requires constant vigilance, patience, understanding, and emotional commitment. It is a responsibility that demands attention every moment of the day.

3. Over time, how have you come to understand Shankar's needs, preferences, and ways of communicating?

Having been with him since he was just a one-year-old baby, I share a very special bond with him. There is a unique chemistry between us, and I have become almost like a mother to him. Over the years, I have learnt to understand his needs, wants, and dislikes through his gestures, expressions, and behaviour, often without him having to say a word.

Although he has grown older physically, his mental and emotional development has progressed differently, and he continues to need the care, guidance, and understanding of someone who knows him well. His actions and behaviour often communicate his needs, and my long years of being with him have helped me understand these cues.

I have also played an important role in encouraging him to communicate. I would speak to him continuously, engage him in conversations, and take him to the park, where I encouraged him to

play and interact with his surroundings. Gradually, he began to speak, and some of his first words were simple expressions such as “Bye” and “Tata.”

4. What abilities, interests, or qualities do you particularly admire in Shankar?

Shankar is very caring. If my bindi falls off, he picks it up and brings it to me. Whenever I feel sad, he can sense it and just comes and sits next to me. When he realises that he has done something wrong, he apologises. To patch things up with me if he has made a mistake, he helps me with domestic work. He is good at music and, with individual practice, performs very well. He also sings very well and has good handwriting.

He is very clever, intelligent, and smart. He appears to be distracted, but he would have heard people speaking around him, as he brings it up at an appropriate moment when the situation arises later. He knows very well where things are kept and placed at home and is aware of everything around him.



5. Are there any small changes or achievements that you have noticed over time that have given you pride or joy?

He started speaking monosyllabic words through continuous conversations with him. With daily routines and practice, he learnt new things and good behaviour. With continuous support from his grandfather, he learnt to write by looking at the textbook and copying things he liked. The beginning of his speech brought about significant changes in him.

6. Are there specific situations that Shankar finds difficult? How have you learned to support him in such moments?

When he becomes angry or tense, he finds it difficult to manage his emotions and calm himself down, especially when he faces a challenging situation. During such moments, I remain silent and give him time to settle down. Once he has calmed down, I speak to him firmly and explain where his behaviour went wrong and why it is important not to repeat it.

To help him learn from these situations, I maintain consistency and discipline in his daily routine. Over the years, I have learnt that handling such situations requires patience, firmness, and an understanding of how to guide him towards better behaviour.

7. Through your experience caring for Shankar, what have you learned about autism?

In my experience with Shankar, one difficulty is limited communication or speech; he does not share or talk about his feelings. He is used to a set routine and finds it difficult to accept any changes, which can make him angry and lead to behavioural changes. He is possessive and loves to eat; he needs a lot of love, calm, and attentive care. He loves music, and he always needs a good caregiver around him. He is honest and cannot stand anything going wrong; if something goes wrong, he apologizes.

8. What are the challenges you face in your work and what helps you cope with them?

The first challenge I faced was when he was not speaking. Later on, through continuous talking to him, he started using monosyllabic words, pointing, and gestures, which helped me understand his needs and attend to them.

Now, the serious challenge is that when he gets angry, he starts hitting himself no matter where he is and he does not stop.

During meltdowns and tantrums, I keep silent. Later on, when he regrets his behaviour and acknowledges his mistake, I talk to him, tell him it is alright, and explain that what he did was wrong.

Editor's note: self-injury during anger is a sign of distress, not misbehaviour. If a young person hurts themselves, please speak to your doctor.

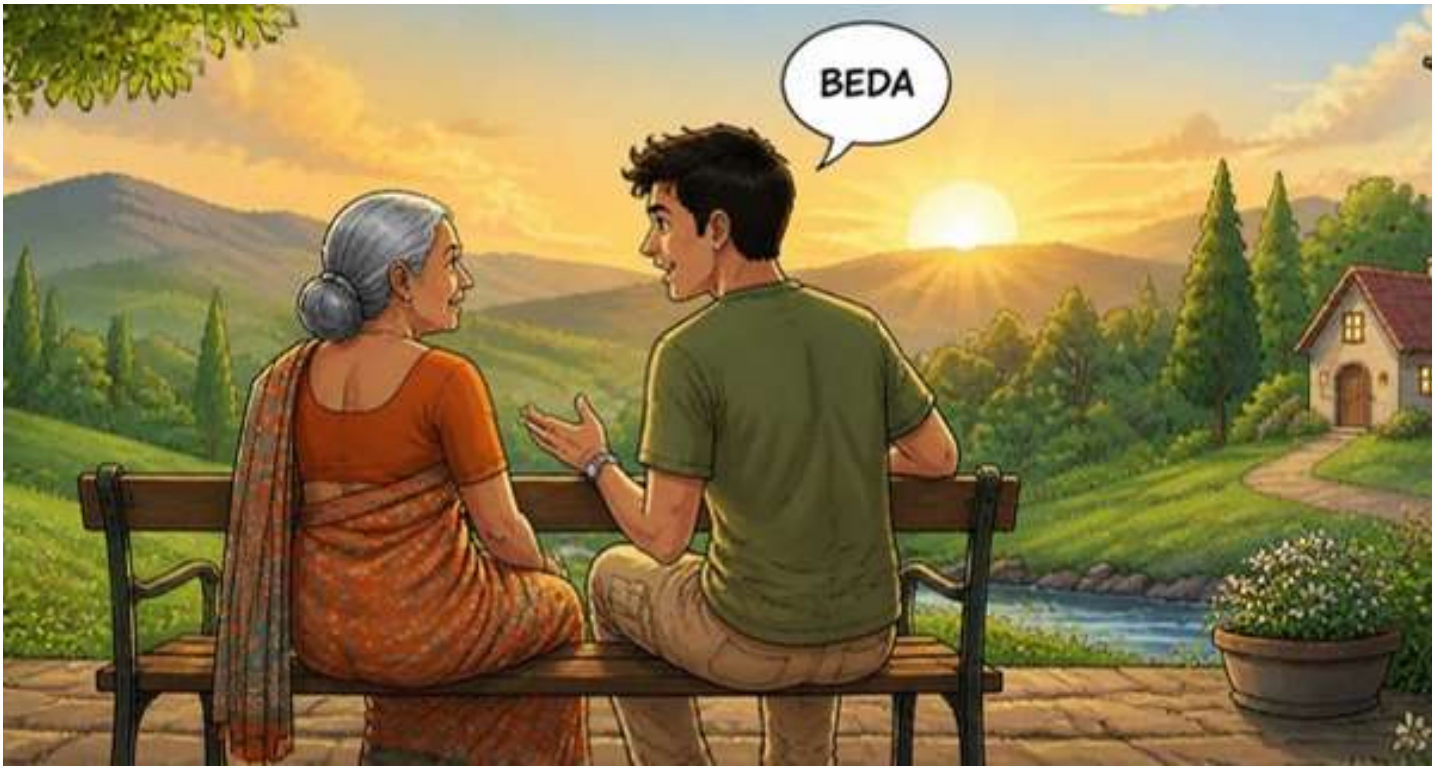
9. Has caring for Shankar changed the way you think about communication, behaviour, self-reliance, or relationships? If so, how?

After living with Shankar, I realized that people with autism should be approached with a language: the language of love. The entire family should change their lifestyle to help these children and adults. Since they have sleep difficulties, it is the family's responsibility as well to follow a routine: sleep early, wake up early, exercise, allow more play time, eat more home-cooked food, reduce sweets, etc.

After living with Shankar, I can recognize similar difficulties in other children and handle them according to their needs as well. All they want is a gentle touch, loving words, a good routine, and a supportive lifestyle.

Although he is unable to fully express his emotions or feelings, once he is able to share them, he becomes much calmer. Recently, he has started expressing his likes and dislikes to me more specifically; he tells me in Kannada, “Beda” (no, I don’t want).

Every time I sense that he is having a difficulty, I prompt him to express it the correct way, and he copies or follows what he was taught when the same situation occurs the next time.



10. What is one thing you wish others would understand or see about the person you support, beyond their autism?

I feel that other people's perspective on individuals with autism needs to change; others often look at them like aliens, and that mindset must shift.

People with autism should be treated with the same respect as anyone else, and others should develop patience towards them. Their repetitive behaviours should be acknowledged and accepted, understanding that these are simply a part of autism. Schools should raise awareness to foster greater inclusivity so that peer groups within both schools and neighbourhoods accept them for who they are.

11. If you could share one message with other caregivers who help children and adults with autism, what would you want them to know?

Take care of children with autism as if they were your own child, and do not refuse to do something just because it cannot be done immediately.

Even when they become adults, they should still receive the same care they got when they were kids. Sometimes it is okay to be a little firm and strict when their behaviour is unacceptable, but deep down, they will always need a gentle touch, lots of love, and gentle words.

Never treat them differently; consider them an equal part of your own family.

Ms. Bhagyamma

Ms. Bhagyamma has been Shankar E N M's caregiver since he was one year old. Now 21, Shankar is an adult with Autism Spectrum Disorder (ASD) and an active participant in the TYA programme and VRUDHI Day Care Centre at St. John's. Over the years, she has been a constant presence in his life, supporting and accompanying him through his journey with care and dedication.

Interview by the TYA team, translated from Kannada.

Beyond the Classroom: Preparing Autistic Young Adults for Real Life

"Why won't he do it?" is the wrong question. Ask, "What does he need?"



Imagine a fifteen-year-old who refuses to go to the shop with his mother. It is easy to interpret this as stubbornness. But what if the shop is too loud? What if he has never been shown how to ask for what he wants or what to expect at the counter? When we ask what he needs, the situation becomes an opportunity to understand and find solutions. The shift in thinking lies at the heart of preparing autistic young adults for life beyond school. It does not begin at eighteen or when the last examination ends. It begins much earlier, in ordinary, everyday moments.

Small Moments, Big Preparation

You do not need special equipment or a therapy session to get started. Everyday experiences offer plenty of opportunities to learn.

1. **Offer real choices.** Two shirts, two snacks, or two routes to the park. Decision-making is a skill that develops with practice.

2. **Break tasks into steps.** Use a simple picture or written checklist for making tea or packing a bag. Gradually reduce the support as confidence and independence grow.
3. **Let them communicate for themselves.** Whether your child speaks, points to pictures, or uses a communication device, create opportunities for them to place an order or ask a shopkeeper for something. Allow extra time for a response.
4. **Rehearse unfamiliar experiences.** Before a bank visit, bus ride, or clinic appointment, look at photographs, talk through what might happen, or visit the place beforehand without any immediate demands.
5. **Create positive roles.** Setting the table or watering plants communicates something important: "You are needed here."
6. **Build on what they love.** Music, numbers, animals, or a preference for order can become starting points for hobbies, friendships, activities, and future work.

Support, Not Rescue:

The goal is neither to do everything for our children nor to leave them to cope alone. It is to provide the support they need while creating opportunities for greater autonomy.

Sometimes, this means offering a visual checklist. Sometimes, it means allowing extra time to respond. At other times, it means changing the environment rather than expecting the individual to change.

Every young person develops at their own pace. Progress that may appear small to someone else can represent a significant step towards independence.

Learning from our experiences at Pragati: Small Changes, Meaningful Outcomes

Every autistic young person will encounter a world that has not always been designed with their needs in mind. How accessible that world becomes depends, in part, on the opportunities, understanding, and support they encounter along the way. Parents, educators, healthcare professionals, employers, and communities all have a role to play.

A parent who offers a child a choice, a teacher who incorporates a life skill into a lesson, a doctor who speaks directly to the patient, an employer who offers an internship, or a neighbour who patiently waits at the counter can all make a difference.

At **Pragati Towards Livelihood, the vocational training unit of Biswa Gouri Charitable Trust (BGCT)**, we have seen how thoughtful, individualized support can help autistic young adults navigate workplace challenges and gradually rebuild their confidence in returning to vocational learning after an extended break.

Here are three examples from our experience.

1. ***Making Workplace Communication More Accessible***

One adult had experienced repeated challenges at work, resulting in high anxiety and behaviours that others sometimes interpreted as defiance.

Instead of focusing only on these difficulties, his workplace team tried to understand what made the work stressful. Written correspondence was particularly challenging because he worried about spelling and grammatical errors.

The team introduced templates for reporting emails. This simple adjustment reduced the pressure associated with writing and made workplace communication more manageable. With the right support, he began experiencing more successful and less stressful workdays.

The solution was not to insist that he overcome every difficulty independently. It was to identify a barrier and provide a practical tool that enabled him to do his job more successfully.

2. Recognizing Skills Beyond Sensory Differences

Another inclusive team recognized that an autistic adult sometimes whistled and laughed to himself while working.

Rather than treating these behaviours as problems that automatically needed correction, the team accepted them as differences that could be accommodated in the workplace, provided they did not interfere with safety or others' needs.

They focused on his abilities and contributions rather than allowing his sensory differences to define him. Inclusion sometimes begins with a simple realization: a person does not have to appear or behave like everyone else to be a valued member of the team.

3. Rebuilding Confidence, One Small Step at a Time

A young adult who had taken an extended break from vocational training experienced significant anxiety when faced with returning to the centre. The transition was associated with distress and aggressive behaviour.

Rather than interpreting his difficulty as unwillingness to participate, the team at Pragati considered what might make the transition feel more manageable.

They offered a gradual, individualized plan. The first step was simply walking inside the gate and spending half an hour with a supportive staff member. As he became more comfortable, the duration was gradually increased to an hour.



He has not yet returned to full-time attendance, but he is taking steps towards rebuilding trust, developing skills, and regaining confidence.

Success, in this case, is not measured solely by the number of hours he attends. It is also reflected in his growing comfort with the environment and his ability to take the next step at his own pace.

Inclusion Is Built in Everyday Moments

None of these examples involves a grand gesture. Each demonstrates something fundamental: when we understand the person, identify barriers, and provide support, new possibilities emerge.

Preparing autistic young adults for life beyond school is not solely the responsibility of schools or vocational training centres. It is a shared commitment that develops through everyday experiences and continues throughout adulthood.

Before the next issue, choose one small action:

- **Parents:** Teach one daily task, one step at a time.
- **Educators:** Incorporate one practical life skill into your teaching.
- **Professionals and employers:** Ask what adjustments would help an autistic young adult participate and contribute meaningfully.
- **Everyone else:** Be patient, ask before assuming, and make room for differences.

The next time we find ourselves asking, “Why won’t they?”, let us pause and ask a different question:

“What do they need, and what can I do to help?”

The answer may be a small adjustment, a little more time, a different approach, or simply the willingness to see the person beyond the challenge.

And sometimes, that is where a whole new possibility begins.

Ms. Sarbani Mallick

Ms. Sarbani is a special educator with 27 years of experience and founder of Bubbles Centre for Autism and Pragati Towards Livelihood, Bengaluru. A certified PEERS practitioner, she is recognised for her contributions to inclusive education and has received the Dr. Amarnath Annual Award for Inclusion and Rotary's Unsung Hero Award.

TIPS AND TRICKS

Sensory Overload: Practical Strategies for Teens and Young Adults



Q1. What is the most common sensory trigger or challenge that leads to overload for the teenagers and young adults you work with?

While every autistic individual has a unique sensory profile with distinct thresholds, auditory input and complex multi-sensory environments are the most pervasive triggers of sensory overload in adolescents and young adults.

Most Common Sensory Triggers for Overload

1. Auditory Overload (Noise and Sound)

- Loud, sudden, or repetitive sounds (such as school bells, fire alarms, sirens, hand dryers, and pressure cooker whistles) frequently trigger pain or panic responses.
- Competing conversations and crowd chatter create an undifferentiated "wall of noise" that the autistic brain struggles to filter out. Temple Grandin highlights that loud or shrill noises can cause physical pain resembling a dentist's drill hitting a nerve, noting that even a roommate's hairdryer in college sounded like a jet engine taking off.

2. Multi-Sensory and High-Density Environments

- High-stimulus settings such as school corridors, dining halls, shopping centres, public transport, and colleges combine competing noise, unpredictable movement, bright or flickering lights, and physical proximity to others.
- When multiple sensory channels are bombarded at once, the brain's filtering mechanisms break down, rapidly exhausting the individual's coping capacity.

Q2. Which strategy do you most often recommend as a starting point for managing sensory overload? Why is this particular technique a good 'first step,' and can you share a brief example of how a client successfully applied it?

The most effective and consistently recommended starting point across clinical and sensory integration therapy guidelines is sensory profiling and trigger mapping, formalised in a co-created, one-page personal sensory plan.

Rather than jumping immediately into specific physical equipment, starting with an individualized profile lays the groundwork for all subsequent interventions.

Why Trigger Mapping and a Personal Plan Serve as the Best "First Step"

1. Every Sensory Profile Is Completely Unique: Sensory thresholds and reactions vary widely from person to person; an input that calms one individual can cause severe distress to another. Trying generic sensory tools without understanding an individual's specific sensory profile often leads to trial-and-error fatigue and abandoned strategies.
2. Prevention Beats Crisis Management: Sensory overload behaves like a freight train; once dysregulation sets in, stopping it is exceptionally difficult. When an individual is overloaded, the nervous system shifts into a fight, flight, or freeze response, and verbal reasoning and in-the-moment coping become very hard. Identifying triggers and subtle early warning signs (such as physical tension, posture shifts, or restlessness) enables proactive adaptations before the nervous system reaches a crisis state.
3. Fosters Autonomy and Reduces Embarrassment: Adolescents and young adults often experience peer pressure and strongly resist using tools that make them stand out or feel infantilised. Co-creating the plan actively involves the young person in selecting their own strategies, building ownership, self-reliance, and dignity rather than imposing external demands.

For Example: Indian Secondary / College Setting

A higher-secondary student (e.g. preparing for Class 11–12 board exams or entering college) navigating high-density environments:

Background & Identified Needs

- About the Student: An 18-year-old student preparing for entrance exams who experiences severe sensory fatigue and evening shutdowns after returning home from college.
- Identified Triggers:
  - Auditory & Transit Overload: Overwhelming noise, horn honking, and close physical proximity during morning commutes in crowded local buses, shared autos, or metro transit.
  - Classroom Multi-Sensory Load: Buzzing fluorescent ceiling tube lights, crowded multi-student benches, and loud echoing hallways between lectures.
  - Tactile Sensitivity: Discomfort with unexpected physical bumping in dense queues or corridors.

Domain	**Strategy / Accommodation**	**Clinical Rationale**
Self-Managed Tools (Covert)	**Subtle Base Layers:** Wears a snug, seamless cotton-Lycra undershirt beneath their uniform or kurta.	Delivers continuous, calming proprioceptive deep pressure without being visible to peers.
	Discreet Transit Protection: Uses low-profile acoustic earplugs or discreet wireless earphones with ambient audio during the commute.	Dampens unpredictable decibel spikes and traffic roar.
	Pocket Fidget: Carries a small piece of Blu Tack, a smooth worry stone, or a paperclip in a trouser pocket.	Provides an unobtrusive tactile anchor during lengthy lectures without distracting others.

	Resistive Hydration: Keeps a sports bottle with a bite-and-suck valve at the desk.	Delivers organizing oral-motor proprioception to ease rising tension.
Institutional Accommodations (Agreed with Tutors)	**Strategic Seating:** Allowed to choose a seat at the corner of a bench away from flickering tube lights and near an aisle or doorway.	Eliminates unpredictable contact from behind and provides visual reassurance of an unhindered exit.
	Non-Verbal Break Card: Issued an agreed 5-minute exit pass to access a quieter zone (such as a library reading corner or shaded courtyard) during peak corridor transitions.	Prevents the cognitive load of having to verbally negotiate relief when approaching overload.
	Staggered Transition: Permitted to leave classes 2 minutes before the final bell to avoid crowded stairwells.	Minimizes exposure to congested hallway crowds.

By documenting these boundaries in a transparent, one-page format, the student maintains their academic engagement, reduces cumulative fatigue, and avoids the need for stressful explanations in high-demand moments.

Q3. What's the biggest difference between a sensory regulation strategy that works great in your clinic and one that a young person can actually use in their real life? How do you help bridge that gap?

The biggest difference between a strategy that succeeds in a clinic and one a young person will actually use in real life centres on social visibility, peer acceptance, and the absence of adult scaffolding.

The Clinic vs. Real Life Divide

- Social Stigma and Embarrassment: In a therapeutic or clinical setting, sensory tools are normalized, praised, and supported by adults. In the real world (school, college, and social gatherings), teenagers fiercely avoid standing out from their peers. If a sensory tool looks childish, bulky, or socially noticeable, an adolescent will almost always refuse to use it, choosing to suppress their discomfort to fit in.
- The "Spill-Over" of Masking: Strong social motivation often drives young people to override their sensory limits in public. Because they lack discreet coping options, they endure overwhelming environments without support, which leaves their sensory dysregulation to spill over into meltdowns or shutdowns once they return to the safety of home.
- Navigating Chaotic Spaces Independently: Unlike structured clinic sessions, older youth must navigate noisy corridors, lecture halls, and unstructured social spaces entirely on their own, often while managing academic deadlines and stress hormones that lower their sensory thresholds.

How to Bridge the Gap?

Bridging this divide requires shifting from clinical, adult-led interventions to discreet, age-appropriate self-management integrated into everyday routines:

1. Prioritise Discreet, "Covert" Sensory Alternatives

Sensory tools must be usable anywhere and anytime without attracting unwanted attention:

- Auditory Support: Replace bright, bulky ear defenders with subtle, low-profile earplugs (such as discreet acoustic plugs) that peers will not notice, or standard headphones and music.
- Deep Pressure and Proprioception: Trade noticeable weighted vests or blankets for Lycra sport

compression tops, leggings, or camisoles worn invisibly beneath everyday clothes, or add subtle weight to their backpack.

- Tactile Fidgets: Swap plastic sensory toys for socially invisible items like anxiety/spinner rings, subtle chewy jewellery, textured pencil cases, Blu Tack, paper clips, or small rubbers kept inside a trouser pocket.

2. Embed Regulation into Adolescent Culture and Routines

- Rather than prescribing separate "sensory exercises", regulate the nervous system through activities they already value:
- Use independent sports, gym workouts, or cycling to college to deliver essential proprioceptive and vestibular input before classes begin.
- Leverage friendly competition (e.g. timed plank or push-up challenges) and fitness apps to make regulating heavy work socially engaging and natural.

3. Shift from Sensory Isolation to the "A SECRET" Framework

- Clinic strategies often isolate sensation, but occupational therapist Lucy Jane Miller's A SECRET framework teaches that sensation is only one part of smooth daily functioning. Bridging the gap means addressing all seven elements:
- Attention, Sensation, Emotional regulation, Culture (peer dynamics and social norms), Relationship, Environment, and Task. Adjusting the culture and environment around the young person ensures strategies fit their social reality rather than fighting against it.

4. Establish Pre-Arranged Environmental Accommodations

Remove the burden of explaining distress in the moment by formalising subtle supports in advance:

- Provide pre-agreed exit cards or passes that allow the student to leave an overwhelming room for a 5-minute reset without having to ask or explain.
- Arrange subtle environmental modifications, such as sitting away from high-traffic windows or near an exit door, and permitting early transit between classes to avoid corridor crushes.

5. Explain the "Why" to Foster Autonomy

Older youth cooperate far more consistently when they understand the mechanics behind their strategies. Explaining the neurophysiological reasoning (for instance, clarifying that cycling or using a compression base layer calms the physical body so they can focus during study) transforms regulation from an imposed clinical rule into a self-directed life skill.

References

1. National Educational Psychological Service (NEPS) – Autism Good Practice Guidance for Schools: Supporting Children and Young People
2. NHS Borders, “Meeting your child’s sensory needs: teenagers”
3. Dorset County Hospital NHS Foundation Trust, “Sensory strategies for the older child and adolescents”
4. Autism Research Institute (ARI) – Meltdowns & Calming Techniques in Autism
5. Autism Society of Minnesota (AuSM) – Self-Care Toolkit for Autistic People

Look out for our next issue! We’ll be continuing this conversation by answering key questions on effective strategies for unavoidable social environments (like school hallways and transit), unexpected sensory modifications with big results, and the single most important principle to keep in mind when managing sensory overload.

Dr. Inayath Ulla Niyamath

Dr. Inayath Ulla Niyamath is a Paediatric Physiotherapist and Sensory Integration Therapist, and the Founder and Director of Therapy Centre 4 Kids, HSR Layout, Bengaluru. He specialises in supporting children's developmental and sensory needs through therapeutic interventions.



ASK THE EXPERT

Medication and Sleep in Autism: What Should Families Know?

1. Does every child or teenager with autism require medication, or is medication recommended only when certain difficulties or co-occurring conditions are present?

No, medication is not a requirement for autism itself, nor does it cure autism.

Instead, medication is largely reserved for specific, distressing co-occurring challenges such as severe irritability, physical aggression, significant self-injurious behaviour, co-occurring ADHD symptoms, severe anxiety, or persistent sleep disturbances, and is used when environmental adaptations and behavioural strategies alone are not sufficient or have been attempted and failed. Medications are helping hands that reduce overwhelming distress and help the child engage comfortably in their daily routines, learning environments, and family life.

2. Is there any medication to reduce involuntary hand movements, such as hand flapping or finger flapping, in children on the autism spectrum?

Repetitive movements like hand or finger flapping are a common form of self-regulatory behaviour, often called “stimming”. Stimming often helps an autistic individual manage sensory overload, regulate big emotions like excitement or anxiety, or cope with transitions.

When flapping is harmless, it does not need medication. Medication may be considered if repetitive movements cause physical injury, or if they are actually tics that cause significant pain or get in the way of daily functioning.

If flapping increases suddenly, one should look closely for underlying triggers, such as heightened anxiety, sensory discomfort, physical pain, or fatigue, and address the underlying condition appropriately.

3. If a child or teenager starts medication for irritability, hyperactivity, aggression, or sleep difficulties, will they need to continue it lifelong?

Not necessarily. In autism, medication for behavioural difficulties or sleep is often a bridge rather than a lifelong treatment.

As children mature, their nervous systems develop, and they acquire new communication skills, emotional regulation strategies, and coping mechanisms. Consequently, their need for pharmacological support often changes. Periodic reassessments are important even if your child is maintaining well. Once the improvement is sustained for at least a few months, a gradual taper is usually tried. Decisions are always customized and continually reviewed.

4. If a child or teenager is taking aripiprazole 5 mg and their sleep pattern has become regular, should the medication be discontinued or should a minimum maintenance dose be continued? If the medication is stopped completely, is there a possibility that the symptoms may reappear?

Aripiprazole acts on dopamine and serotonin receptors in the brain. In autism, it is mainly used for irritability, severe agitation, or aggression. Improved sleep is frequently a secondary benefit of reduced overall distress.

If sleep and daytime behaviours have stabilized, the decision to taper or maintain the dose depends on how long stability has lasted and what underlying symptoms initially prompted the prescription. Stopping it suddenly is not recommended, as it can cause withdrawal symptoms or a rebound of original behaviours, including sleep disruption. Any reduction must be done under the supervision of the treating doctor through a gradual, step-by-step taper. If challenging behaviours reappear during or after the taper, the clinician will re-evaluate whether a low maintenance dose is still needed to preserve stability.

5. What are the common side effects of medications prescribed to autistic children or teenagers, and how can parents identify whether a medication is affecting their health or behaviour?

Side effects depend on the specific medication class. With risperidone and aripiprazole, the most common are increased appetite, weight gain and daytime sleepiness; aripiprazole may also cause restlessness (akathisia), and risperidone may raise prolactin levels, leading to breast swelling or discharge and missed periods. With ADHD medicines, the most common are reduced appetite and difficulty falling asleep. Parents can track side effects by observing changes in physical health and daily routines. Warning signs include sudden lethargy, emotional flattening, excessive thirst, increased irritability, or new involuntary twitches.

Routine monitoring, under the guidance of a clinician, such as tracking weight, growth parameters, and periodic blood tests, helps to identify changes early. Keeping a simple behaviour and symptom diary after starting or adjusting any medication helps families and doctors quickly distinguish whether a shift stems from medication or environmental factors.

6. Can medications prescribed for behavioural difficulties, such as hyperactivity, irritability or repetitive behaviours, affect a child's or teenager's learning, attention, communication or overall development in the long term?

There is no clear evidence of long-term harm, though long-term studies in children are limited. In fact, by easing debilitating agitation, hyperactivity, or severe anxiety, appropriate treatment often enhances the capacity to focus, communicate, and benefit from school and behavioural therapies.

However, risks arise if doses are too high or medications are inadequately monitored. Excessive sedation or emotional blunting can reduce spontaneous engagement, alertness, and learning opportunities. The clinical objective is always to achieve the lowest effective dose that eases distress without dulling the child's unique personality, curiosity, or alertness. Ongoing collaboration between families and clinicians ensures that medications support, rather than hinder, the child's developmental trajectory.

7. As they grow older, why does sleep become a major challenge? Why do they tend to become more irritable at night and repeat questions in a loop more frequently than during the daytime?

As autistic individuals approach adolescence, biological and psychological shifts converge. Hormonal surges alter circadian rhythms, while natural melatonin production may remain irregular. Concurrently, academic demands, social awareness, and daytime sensory overload intensify, leaving teens exhausted yet hyper-aroused by bedtime.

Nighttime also removes daytime structure and sensory predictability. In the quiet darkness, internal anxiety may surface. Repetitive questioning ("looping") is rarely defiance; it is an anxiety-driven bid for certainty when a tired brain struggles to self-soothe. Fatigue drastically reduces executive functioning and emotional resilience. When sensory fatigue from the entire day peaks at night, cognitive flexibility drops, manifesting as irritability, restlessness, and persistent demands for reassuring, predictable answers.

8. Why are they more restless and irritable in the evenings, and what can parents do?

Increased evening restlessness and repetitive behaviours are typically driven by several factors. First, physical discomfort, such as gastrointestinal reflux, constipation, dental pain, or restless legs, often intensifies when lying still and quiet. Because many autistic youths struggle with interoception (sensing internal bodily cues), physical distress manifests as agitated pacing or behavioural irritability.

Second, the bedtime transition can induce separation anxiety or fear of the dark. When visual schedules disappear and sensory inputs drop suddenly, children may use repetitive questioning or stereotypic behaviours to ground themselves. Treating evening irritability requires investigating the underlying cause, modifying the environment, and providing structured yet low-demand calming routines towards the end of the day.

9. When should parents consider medication for sleep difficulties? Are there any long-term effects of using sleep-related medications such as melatonin, will they be completely dependent on it?

Medication is considered when sleep disturbances are chronic, severe, and resistant to behavioural sleep hygiene, or when persistent sleep deprivation impairs daytime functioning, safety, and family well-being. It should only be given on a doctor's prescription and needs to be reviewed intermittently.

Melatonin is the most studied and commonly used initial agent, given that many autistic individuals have lower or dysregulated endogenous melatonin. Studies indicate that supplemental melatonin is generally safe and well-tolerated when used under medical supervision, with minimal risk of true biological addiction. It does not create classical physical dependence, though stopping it may lead to the return of original sleep difficulties if underlying biological or environmental drivers remain unaddressed. Melatonin supplements vary in strength, so families should use the product the doctor prescribes.

Some people on the spectrum need to stay on medications longer than others. It's because the brain develops differently in each individual!

10. How can parents manage situations where their child or teenager wakes up frequently during the night and finds it difficult to fall asleep again?

Frequent night waking is best managed by establishing predictable, low-arousal environments and independent re-settling cues.

A few things that may be tried include:

1. Ruling out physical triggers: Check for room temperature shifts, uncomfortable sleepwear, nasal congestion, noise around, hunger etc. It matters more than you may have noticed!
2. Minimising stimulation: Keep interactions brief, neutral, and quiet. Avoid bright lights, screens, or engaging in extensive conversations, which inadvertently reward alertness.
3. Using visual and sensory cues: Visual "stay-in-bed" clocks, a sleepy soft toy, or calming sensory items (e.g., weighted blankets or white noise) help signal that it remains rest time.

Using weighted blankets: The young person must be able to take it off on their own, and an occupational therapist should advise on the weight.

4. Offering comfort objects: Encourage a predictable soothing item (a soft toy, familiar playlist, or fidget) so the child or teenager learns to transition back to sleep independently without full parental intervention.

Consistency across several weeks is essential for resetting sleep continuity.

Also, dear parent, use your village! Following the nights that are hard, you may grab an extra hour's rest. It helps you recover and reset, eventually bettering your caregiving.

Dr. Pallavi Priyam

Dr. Pallavi Priyam is a Child and Adolescent Psychiatrist in the Department of Psychiatry at R. G. Kar Medical College and Hospital, Kolkata, with a special interest in child and adolescent mental health.

FAMILIES ASK

Mosquito Bites, Lice, Street Dogs, Periods and Haircuts

By TYA Team

Reviewed by: Dr. Nelia Mariam Mathew

Some of the questions we hear most in clinic are ones that books rarely cover. Here are five, with a few things to try at home. Your own doctor knows your child best, so treat these as a starting point.

"He scratches mosquito bites until they bleed. What can we do?"

Many autistic children feel itch more strongly. For some, the scratching itself becomes soothing, so they go back to the same bite again and again.

- **Fewer bites first.** Use nets and window mesh, and empty standing water from coolers, flower-pot trays and buckets every week. Dengue mosquitoes bite in the daytime, so think about school and day care too. Dress them in loose, long-sleeved T-shirts and full-length pants for outdoor play, if they will tolerate them.
- **Repellent, carefully.** Choose one made for children and check the age on the label. An adult should put it on, keeping it off the hands, since children put their hands in their mouths. Repellent stickers, patches and wristbands give little protection, so do not rely on them to prevent bites.
- **Calm the itch.** A cold, wet cloth or calamine lotion helps. Keep nails short and filed smooth. A small plaster over the bite he keeps returning to often breaks the habit.
- **Ask before medicines.** Check with your doctor before giving anti-allergy medicine. Some cause drowsiness, and a few make children more restless.

See a doctor if a bite turns red, hot and swollen, or forms honey-coloured crusts. Between September and December, when dengue is common, take any fever to a doctor. Give only paracetamol, not ibuprofen or aspirin, until dengue is ruled out. Fever with vomiting, belly pain, poor oral intake, bleeding gums or unusual sleepiness needs a hospital the same day. Your child may not tell you their body aches, so a quiet, withdrawn day or irritability can be the only sign.

"Her school keeps sending notes about lice, and she won't let us comb her hair."

Lice are common in school children and have nothing to do with cleanliness. The hard part is the combing, which can feel unbearable to a child who is sensitive to touch on the head.

- **Use a proper lice lotion-shampoo.** Ask your doctor or chemist for one that suits her age, and follow the label. Most need a second round about a week later.
- **Never use kerosene, petrol or insect spray.** They burn the scalp and can catch fire.
- **Make combing shorter.** Comb wet, conditioned hair with a fine lice comb, a section at a time, while she watches a favourite video. Count down the sections out loud. Repeat every three or four days for two weeks.
- **Keep the housework small.** Washing pillow covers, towels and combs in hot water is enough, because lice do not live long off the head. During an outbreak, keep long hair tied or plaited.

See a doctor if the scalp has oozing sores or swollen glands at the back of the neck.

"He either walks straight up to street dogs or panics when one barks. How do we keep him safe?"

Some autistic children hug or stare at a dog and miss its warning signs. Others are so scared of barking that they run into the road.

- **Teach three rules with pictures.** Stand still like a tree if a dog comes close. Do not run. Leave dogs alone when they are eating, sleeping or with puppies.
- **Practise with a calm dog.** A neighbour's gentle pet, seen first from a distance and then closer over a few days, helps both the fearless child and the frightened one.
- **Plan the route.** Hold hands where dogs gather, and avoid those spots at feeding time. Headphones can soften sudden barking.

If a dog bites or scratches your child, even slightly, or licks broken skin, wash the wound with soap under running water for 15 minutes. Then go to a hospital the same day for the anti-rabies vaccine, which is free at government hospitals. Do not put turmeric, chilli or oil on it, and do not wait to see if the dog falls ill. Many autistic children will not tell you about a scratch, so check their arms and legs after any close contact.

"How do we prepare our daughter for her periods?"

Start once her breasts begin to develop, usually a year or two before the first period. A first period without warning can frighten any girl.

- **Make it concrete.** A short picture sequence for changing a pad, stuck inside the bathroom door, works better than a long talk.
- **Practise first.** Let her wear a pad for a few hours on an ordinary day. If pads feel unbearable, period underwear suits many girls with sensory sensitivities.
- **Pack a kit.** Keep pads, spare underwear, wipes, toilet paper or tissue and a paper bag in a pouch that lives in her school bag.
- **Track it together.** A calendar or phone app helps her know what is coming. Irritability in the days before a period is easily mistaken for "behaviour".

Keep the message calm and simple: this is a normal part of growing up, nothing to be ashamed of, and here is what we do.

See a doctor if a pad is soaked every hour or two, bleeding lasts more than a week, the pain is severe, or her periods have not started by 15. Some medicines, risperidone in particular, can make periods irregular or stop them.

"Haircuts and nail cutting are a battle every time."

The buzz of a trimmer, cut hair on the neck and a stranger's hands on the head can be truly painful for an autistic child or teen.

- **At the barber's.** Go to the same barber, at the quietest hour, and show photos of the shop beforehand. Count down aloud ("ten more snips") so there is an end in sight. Earphones help with the noise, and a simple short style keeps it quick. A trimmer at home is a perfectly good option.
- **Nails.** Cut them after a bath, when they are soft. Firm pressure on the fingertip first eases the tingle. A file works if clippers are too much, and two or three nails a day is fine.
- **Shaving.** An electric shaver is safer than a razor. Teach it in small steps in front of a mirror, practising with it switched off first.

These are skills for adult life, so aim for your child to do a little more of it each year.

EXPERT CORNER



Before the Needle: Making Blood Tests Easier for Autistic Children and Teens

Blood tests are an important part of medical care for autistic children and teens. They may be needed for routine check-ups, to monitor some medicines, to look into physical health concerns and to identify other co-existing conditions.

However, medical visits and blood tests can be particularly challenging for autistic children and adolescents because of communication differences, sensory sensitivities and anxiety. A blood test packs a lot into a few minutes: unfamiliar people, a different environment, waiting, a cold swab, a tight band on the arm, a needle, some pain and a change in routine.

When a child pulls away, cries or refuses, this should never be interpreted simply as the child being "non-cooperative." The child's behaviour is often a form of communication, indicating fear, sensory overload or anxiety. A more autism-sensitive approach can make the blood collection procedure safer, more comfortable and more successful, while reducing distress for both the child and the medical team.

The goal is not merely to obtain the blood sample. It is also to keep distress to a minimum and give the child a safe, comfortable and positive experience, so that the next test is easier rather than harder.

I. What can parents and caregivers do?

A. Before the visit

1. Inform the Healthcare Team in Advance

- Tell the healthcare team that your child is autistic.
- Describe your child's specific needs, including:
    - How your child communicates
    - Sensory sensitivities
    - Specific fears
    - Previous experiences with blood collection or injections
- Explain what usually helps your child calm down when distressed.
- Ask whether a staff member with previous experience of autistic children can take the sample.

2. Ask the Doctor Three Questions

Can all the pending tests be taken in one prick? Does any test need fasting? Does any test need to be taken at a set time, such as a medicine level checked a fixed number of hours after the last dose? Getting these right saves a second visit.

3. Ask About Numbing Cream and Home Collection

A numbing cream applied about an hour before the test takes away much of the sting. Check with your doctor whether it suits your child and where to apply it. Many laboratories also collect samples at home; for some children, their own sofa is the easiest place to have a test.

4. Prepare Your Child Beforehand

Preparation should suit your child’s age and the way they communicate. The ideas on the next page can help you get started.

Ways to prepare your child

- Visual schedules or social stories can be used before the medical visit. Older children and teens may prefer a written list or a short video of the laboratory.
- A visual schedule can be a checklist prepared using a sequence of pictures showing what will happen on the day of the blood test.

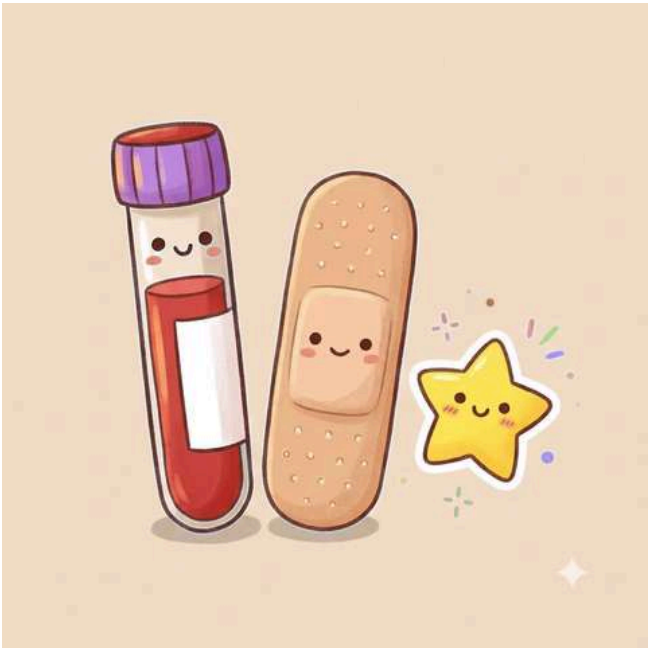
For example:

Getting ready at home → Travelling to the laboratory → Meeting the receptionist → Waiting for your name → Sitting in the chair → Nurse arrives → Holding out the arm → A quick pinch → "Well done!" → Plaster is applied → Reward → Going back home

- Rehearsals can be done at home. This may include practising sitting still for around 5–10 minutes while keeping the arm outstretched, and trying a soft band squeezed around the upper arm, a cold, wet cotton swab and a plaster. These small sensations often take children by surprise on the day.
- Tell the truth. Avoid saying "it won't hurt" or pretending you are going somewhere else; "it will pinch for a moment, and then it's over" is honest and enough. Rather than focusing on pain or discomfort, explain the procedure clearly in simple, developmentally appropriate language.

5. Maintain the Regular Home Routine

- Schedule the appointment at a time when your child is usually calm. For fasting tests, take the earliest morning slot and carry a snack for afterwards.
- Prefer an appointment where there is minimal or no waiting period.
- Carry your child's favourite toy or a familiar object that they use regularly, and headphones if they help. This can help your child remain calm and comfortable during the procedure.



6. Plan a Reward

Plan the reward together and decide on it beforehand, so your child knows what is coming.

This could include:

- A preferred toy
- A preferred activity
- A favourite snack
- Screen time

B. During the visit

1. Call the Laboratory Before Leaving Home

Call the laboratory before leaving home, if possible, to confirm your child's appointment and check that they are running on time.

2. Build a Good Rapport with the Medical Staff

Establish a comfortable and cooperative interaction between you, your child and the medical staff.

3. Request Minimal Waiting

Ask for minimal waiting time or, if available, a quieter waiting area. You can also wait outside or in the car and ask the staff to call you when they are ready.

4. Remind the Medical Staff About Your Child's Needs

Remind the staff about:

- Your child's sensory and communication needs
- Specific fears or triggers
- Strategies that help your child remain calm
- The need, if possible, for a staff member experienced with autistic children

Do this even if you mentioned them on the phone before the visit. You can also show the staff Section II of this article.

5. Remain Calm and Reassuring

Stay calm and reassuring. Your child will read your face before anything else, so regulating your own expressions and emotions can help your child remain calm as well.

6. Avoid Repeated Reassurance or Threats

Avoid excessive or repeated reassurance, as well as threats or statements intended to force cooperation. A steady voice and a few familiar words help more than a stream of reassurance.

7. Hold, Don't Pin

Your child may feel safest on your lap, or in a chair with you beside them. A calm, firm hug works better than several adults holding a child down, which can make every later visit harder.

8. Praise Cooperative Behaviour

Praise your child's cooperative behaviour throughout the procedure, and be specific: “You kept your arm so still.”

9. Use Toys or Sensory Aids

Use familiar toys or sensory aids brought from home, a video on the phone, music on headphones or a countdown to help your child remain regulated during the procedure.

C. After the visit

1. Give the Reward

Give the reward as promised. If the test did not go to plan, reward the effort anyway.

2. Note What Worked

Note down what worked and what didn't, on your phone or in your child's file, and start from there next time. If the plaster is a problem, ask for cotton and paper tape instead, or let your child peel it off.

For teenagers and young adults: if you're the one having the test

- You can ask what each step is before it happens.
- You can choose which arm, whether to watch or look away, and whether you want a countdown.
- You can wear headphones.
- You can say “I need a minute.”
- You can tell the staff what is hard for you. For example: “I'm autistic. Please tell me before you touch my arm.”

II. What can the laboratory and nursing staff do?

A. Before the visit

1. Obtain Relevant Information About the Child

Obtain relevant information regarding:

- Communication abilities
- Sensory sensitivities
- Specific fears
- Previous experiences with blood collection or injections
- Effective calming strategies
- Preferred rewards or reinforcers

2. Plan an Appropriate Environment

Plan an environment that makes the procedure less distressing and increases the likelihood of successful blood collection with minimal attempts. Have everything ready before the child sits down, so the band is not left on while you look for equipment.

3. Schedule the Appointment Wisely

Whenever possible, schedule the appointment at a time that minimises waiting and avoids unnecessary delays.

4. Arrange Experienced Staff

Arrange for a staff member who has previous experience with autistic children and adolescents, when available.

5. Consider Pain and Sensory Management

Appropriate pain and sensory management strategies may be considered, such as:

- Numbing (topical anaesthetic) cream, applied about an hour before, when appropriate
- Distraction techniques
- Music
- Sensory toys or other preferred sensory aids

B. During the visit

1. Help the Child Become Comfortable

On arrival, allow the child some time to explore the environment when feasible. Provide adequate interaction with the staff and gradually establish rapport with the child before beginning the procedure.

2. Allow the Child to Choose the Seating

Whenever feasible, allow the child to choose the chair in which they would like to sit rather than forcing them to sit in a particular chair.

3. Display the Visual Schedule

Place the visual schedule where it can be easily seen, such as on the wall opposite the child's chair.

4. Explain the Procedure Using Simple Language

Explain each step just before it happens, using simple, clear language while pointing to the corresponding step on the visual schedule. Warn the child before you touch them.

5. Aim for the Minimum Number of Attempts

Adequate preparation and planning should aim to achieve successful blood collection with the minimum possible number of attempts. Agree on a stopping point with the family, for example two attempts. If it isn't working and the test is not urgent, stop and plan another visit; if an essential test keeps failing, discuss other options with the treating doctor. Avoid holding a child down with several staff.

6. Praise Cooperative Behaviour

Praise the child's cooperative behaviour throughout the procedure and acknowledge the parent's efforts in supporting the child.

7. Provide the Planned Reward

Provide the agreed-upon reward once the procedure is completed.

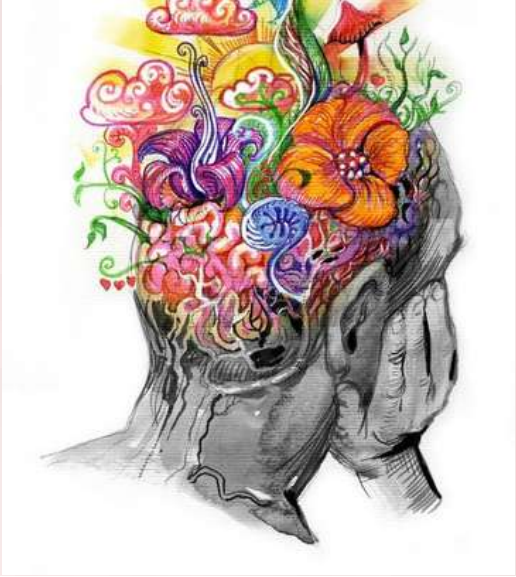
Blood sample collection in autistic children and adolescents requires not only technical skills but also patience, flexibility and an understanding of autistic communication and sensory needs.
An autism-sensitive approach to blood collection can reduce distress, improve the likelihood of successful procedures and make the healthcare experience more comfortable for both the child and the medical team. Every test that goes well builds a little trust, and that trust carries into the next visit.

Dr. Gopika P

Postgraduate Resident, Department of Psychiatry

Sree Narayana Institute of Medical Sciences (SNIMS), Chalakka, Kerala

Creative Expression





The Sun and the Moon:

for as long as the sun rises, and the moon shines, and the stars twinkle, and the heart of the universe beats,

you have someone proud of you.



Friendship:

I think friendship is one of the greatest love stories ever written—

someone with nothing to owe you choosing you anyway.



My Stargirl:

May the stars sparkle for you tonight, just as you do for me.



Girl in Black:

the girl with stars in her eyes and sunlight in her smile.



Desi Look:

Oh, my dear, you can be the sun itself, shining with light.

Artworks by Ayesha Mendes





These Madhubani artworks by Amogha celebrate the richness of Indian folk traditions through vibrant depictions of fish, peacocks and elephants. The fish symbolises fertility and prosperity, the peacock represents beauty and grace, and the elephant signifies strength, wisdom and good fortune. Intricate patterns, floral motifs and natural elements reflect abundance, harmony and the deep connection between nature and culture.

Craftwork by Amogha







My pencil, my voice, my world. Expressing what I see, one sketch at a time.

Through my eyes, every face tells a story. Through my pencil, I bring those little stories to life. My sketches, my expressions, my world.

Artwork by Siddhartha Majumdar



If I Could Thank My Guru

Written and Typed by: Ms. Eshaanvi Kar

I want to thank my Guru – my parents, my teachers and my elders for helping me and guiding me. Also, thanks to Lord Vishnu, who took ten forms to protect and guide the world. In the same way, He guides us with knowledge, kindness and wisdom. That is why, to thank my Guru, I remind those forms of God Vishnu:

DASHAVATARA

Lord Vishnu appeared in different ages to rescue His devotee from the attack of demons. He took different forms according to the situation, and some of His forms were not human; these were animals. His Dashavatara forms were – Matsya, Kurma, Varaha, Narasimha, Vamana, Parashurama, Ramachandra, Krishna, Buddha and Kalki. Lord's incarnations are many, but Dashavatara are commonly known and glorified by devotees.

Matsya:

Matsya means Fish, the animal form of the Lord. Once a demon stole the Vedas from the holy men and hid these books of wisdom at the bottom of the ocean. The holy men prayed to Lord Vishnu for helping them out. Lord appeared as a Giant Golden Fish and dove deep into the ocean. He picked the Vedas and swam up to the surface of the ocean. Lord Matsya tugged the ship with Vedas to the shore and thus Vedas, books of wisdom, remained safe with the holy men.

Kurma:

Kurma is Tortoise God. The Devatas and Asuras wanted to churn the Milk of Ocean to have nectar, to be powerful and immortal. They used the Mandara Mountain as a churning rod, Vasuki, the King of Serpents, as the rope. But when they started churning, Mandara Mountain slipped out of the grip and fell into the deep ocean. Devatas and Asuras cried out to Lord Vishnu for help. Intelligent and Powerful Lord Vishnu took his Giant Tortoise or Kurma form and swam into the ocean. He picked the Mandara Mountain on his hard shell back and lifted Himself to the surface of the ocean. The Devatas and Asuras cheered and churned the milk of ocean for the nectar as they wanted.

Varaha:

Varaha is Lord with boar head. When Hiranyaksha threw our Mother Earth into the dirty Ocean, Lord Vishnu appeared as a powerful Wild Boar or Varaha. He fought the demon Hiranyaksha and lifted Mother Earth on his curved tusks.

Narasimha:

Narasimha is the Lord with head and paw of lion animal. The demon king called Hiranyakashipu, his brother was Hiranyaksha, who was killed by Vishnu avatar named Varaha.

So Hiranyakashipu decided to kill Lord Vishnu. But his son, Prahalada, five years old, he was the devotee of Lord Vishnu.

Prahalada was thrown down from a high mountain but Lord Vishnu protected him from crashing to the ground.

Prahalada was put in a cave of poisonous snakes but the poison had no effect. Then Hiranyakashipu made him sit in boiling hot oil but oil also did not burn him. Finally, he was given poison but poison also became nectar. Lord Vishnu came in his Narasimha Avatara and killed Hiranyakashipu and protected his devotee Prahalada.

Vamana:

Demon king Bali Maharaja performed a big sacrifice, giving away gifts to the people. He asked the young Brahmachari dwarf, Vamana, what he wanted. He wanted three steps of land. In the first step, he covered the whole earth; in the second step, he covered the sky. There was no place to keep his third step. The demon king told Lord Vamana to place the third step on his head. Bali Maharaja offered himself in the Lord's service as a true devotee.

Parashurama:

Sometimes kings and rulers are very cruel. Lord Vishnu came in his form of Parashurama, the mighty warrior sage, in order to destroy all the evil kings who were troubling the people.

Rama:

Lord Vishnu appeared as the king of Ayodhya, powerful Rama, to defeat and kill the evil Rakshasa, with ten heads, named Ravana.



Krishna:

Krishna is the eighth form of Lord Vishnu. He says truth can never be destroyed. One should not be afraid of doing good!

Buddha:

The word 'Buddha' means someone who is fully awake. His real name was Siddhartha Gautama. Lotus flowers sprang up wherever he placed his feet as a baby. He taught us peace, kindness, mindfulness, to stop hurting people and to be happy. Buddhists worship him not as God rather than as a wise teacher and a role model.

Kalki:

Lord Vishnu will appear at the end of this present age of Kali Yuga, in order to destroy all the evil people who have destroyed the peace of the world.



Ms. Eshaanvi Kar

Eshaanvi Kar is an 18-year-old student with autism at Deepika Special School, Bengaluru. She enjoys yoga, music, dance, art and craft, and other therapeutic activities. She is associated with TYA at St. John's Hospital.

The content has been lightly edited for print.

A Glimpse into TYA



"Growing Together, Building Connections, Creating Opportunities"

The Teenagers and Young Adults (TYA) Programme at CARE-ADD continues to grow, reaching more families and creating opportunities for teenagers and young adults with autism.

We are happy to share that the programme has now successfully enrolled 78 participants, marking an important milestone in our journey. Through comprehensive assessments, individualised interventions, regular follow-ups and family support, TYA strives to equip autistic teenagers and young adults with the skills and confidence to navigate everyday challenges and participate in their communities.

Let's Take a Look at Our Programmes!

1. PRAYAN: Parent Support Group

PRAYAN is a support group for parents of young adults with autism, offering a welcoming and understanding space to share experiences, express concerns and learn from one another.

The programme aims to:

- Provide a safe space for parents to share their thoughts and experiences.
- Build connections among families with similar experiences.
- Share practical strategies, useful resources and reliable support options.
- Help parents understand and access available services.
- Provide emotional encouragement and help ease parenting-related stress.
- Strengthen family connections and create a supportive community.

2. SIA: Siblings of Individuals with Autism

SIA is a sibling support initiative that provides a safe and open environment for brothers and sisters of individuals with autism to express their thoughts, feelings and experiences.

The programme aims to:

- Encourage siblings to connect with peers who share similar family experiences.
- Promote better understanding and communication within families.
- Provide emotional comfort and mutual support.
- Introduce positive ways of coping with challenges and emotions.
- Strengthen self-esteem and a sense of belonging.
- Improve awareness and understanding of autism in a sibling-friendly environment.

3. SAHAARA: Supporting Autistic Young Adults' Healthy Adjustment for Aged Relatives and Advocates

SAHAARA is a support initiative designed for grandparents of autistic teenagers and young adults. It recognises the important role grandparents play in the lives of their grandchildren and provides a space to understand their role, share experiences, seek guidance and navigate challenges together.

Through SAHAARA, grandparents are encouraged to build confidence, develop a better understanding of autism and become active members of their family's support network.

4. MAYAA: Meet-ups for Adolescents & Young Adults with Autism

MAYAA offers 90-minute recreational meet-up sessions that provide a fun, relaxed and welcoming environment for autistic adolescents and young adults.

Through activities such as art, crafts, games and group interactions, participants get opportunities to explore their interests, connect with peers and enjoy spending time together.

5. DOSSTT: Development of Social Skills Through Training

DOSSTT is a structured 12-week social skills programme designed to help young adults with autism develop confidence in initiating conversations, interacting with others and building social connections.

The programme provides opportunities to practise social interactions, understand social situations and develop skills that can be applied in everyday life.

Programme Curriculum Credit

DOSSTT incorporates the PEERS® (Program for the Education and Enrichment of Relational Skills) curriculum, an evidence-based social skills programme developed at UCLA by Dr. Elizabeth Laugeson, to support participants in developing and maintaining meaningful social relationships.

6. PALSS: Practical Autism Life Skills Support

PALSS focuses on identifying and addressing everyday life-skill needs among individuals with autism. The programme aims to understand areas where additional support is needed and create opportunities for participants to develop practical skills for daily living.

The programme focuses on:

- Identifying key areas where individuals may require additional support.
- Empowering participants to manage their basic daily needs.
- Developing practical strategies to navigate everyday challenges.
- Supporting communication and social interaction.
- Encouraging emotional awareness and coping strategies.
- Promoting greater independence and participation in daily activities.

7. RISE: Relationship, Independence and Sexuality Education

Individuals with Autism Spectrum Disorder (ASD) may experience social challenges that increase their vulnerability to sexual abuse. A limited understanding of appropriate sexual behaviour may also lead to difficulties in recognising and maintaining social boundaries. Comprehensive sexuality education is therefore essential to promote personal hygiene, support overall well-being, develop an understanding of appropriate behaviours and boundaries, and help prevent sexual exploitation and abuse.

8. VRUDHI: Day Care Programme

VRUDHI is the day-care initiative of the TYA Programme, designed for young adults with autism and other developmental disabilities. It aims to provide a structured and supportive environment where participants can engage in vocational, recreational and daily living activities.

The programme includes vocational activities at both basic and advanced levels, alongside opportunities for recreation and social participation.

VRUDHI aims to:

- Foster independence and self-reliance.
- Develop vocational and pre-vocational skills.
- Improve social interaction and communication.
- Establish consistent and structured daily routines.
- Encourage participation in meaningful and stimulating activities.
- Support emotional well-being and individual needs.

What's Next? We are working towards expanding VRUDHI and welcoming more participants, creating additional opportunities for skill development, vocational engagement and independent living.

More Than Programmes: Building a Community

At TYA, every programme represents an opportunity to learn, connect and grow. From supporting parents and siblings to creating spaces for peer interaction, social development and vocational engagement, our efforts extend beyond individual interventions.

As we continue to grow, we remain committed to creating an inclusive and supportive community where autistic teenagers and young adults are encouraged to explore their abilities, develop their interests and move towards meaningful and fulfilling lives.

Together, we continue to grow, one connection and one opportunity at a time.

Teenagers and Young Adults with Autism (TYA)

PRAYAN

PARENTS OF AUTISTIC YOUNG ADULTS NETWORK

A peer support group for parents of young adults with autism (18+)

- Provide a safe space for parents to share their thoughts and experiences.
- Build connections among families with similar experiences.
- Share practical strategies, useful resources and reliable support options.
- Help parents understand and access available services.
- Provide emotional encouragement and help ease parenting-related stress.
- Strengthen family connections and create a supportive community.



Join a community that understands, supports and walks with you on this journey.

To enroll: tya.stjohns@gmail.com

Venue: UOH 5th Floor.

St. John's Medical College Hospital Bengaluru

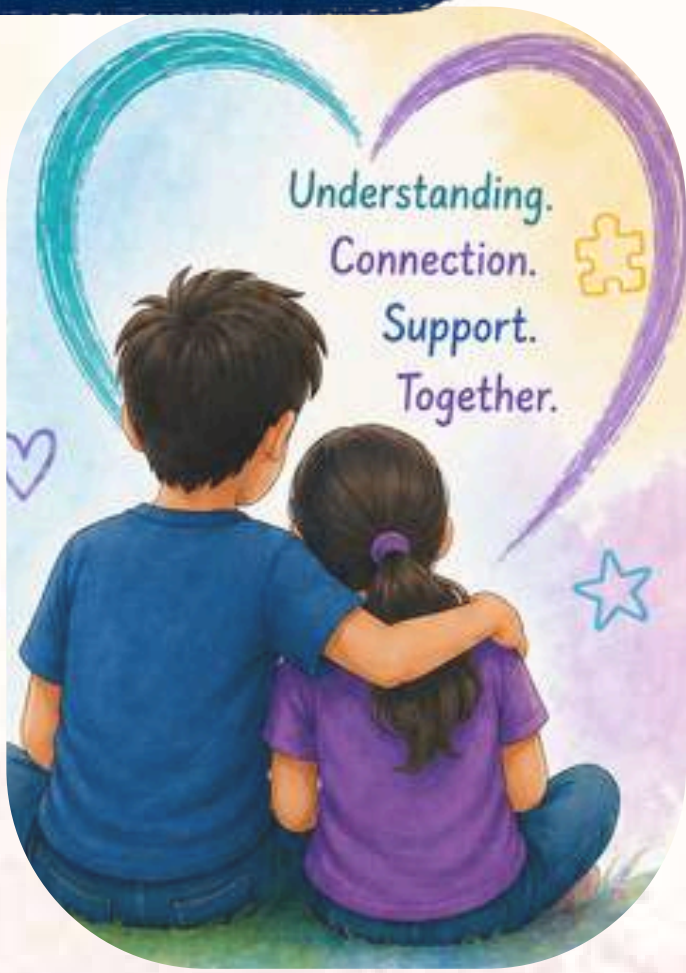
Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD)

Teenagers and Young Adults with Autism programme (TYA)

SIA

SIBLINGS OF INDIVIDUALS WITH AUTISM

- Encourage siblings to connect with peers who share similar family experiences.
- Promote better understanding and communication within families.
- Provide emotional comfort and mutual support.
- Introduce positive ways of coping with challenges and emotions.
- Strengthen self-esteem and a sense of belonging.
- Improve awareness and understanding of autism in a sibling-friendly environment.



WE INVITE SIBLINGS TO JOIN US

To enroll: tya.stjohns@gmail.com

Venue: UOH 5th Floor.

St. John's Medical College Hospital Bengaluru

Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD)

Teenagers and Young Adults with Autism programme (TYA)

SAHAARA

Supporting Autistic Young Adults' Healthy Adjustment for Aged Relatives and Advocates

"A peer support group for grandparents of autistic teenagers and young adults"



SAHAARA recognises the important role grandparents play in the lives of their grandchildren and provides a space to understand their role, share experiences, seek guidance and navigate challenges together.

Through SAHAARA, grandparents are encouraged to build confidence, develop a better understanding of autism and become active members of their family's support network.

Sessions are Conducted ONLINE via Zoom

Facilitated by: Dr. Shalini Perugu

On Every Last Saturday of the Month

To enroll: tya.stjohns@gmail.com

ST. JOHN'S MEDICAL COLLEGE HOSPITAL, BENGALURU

CENTRE FOR ADVANCED RESEARCH AND EXCELLENCE IN AUTISM AND DEVELOPMENTAL DISORDERS – CAREADD

Teenagers and Young Adults with Autism programme (TYA)

MAYAA

Meet-ups for Adolescents & Young Adults with Autism

A friendly space to relax, have fun and focus on meaningful communication.



WHAT TO EXPECT

- Fun, semi-structured meetups
- Leisure and recreational activities
- Explore interests and hobbies
- Meaningful conversations



ONCE A MONTH!

Every meetup, *new experience.*

To enroll: **tya.stjohns@gmail.com**

Venue: **UOH 5th floor**

Faculty in charge: **Dr. Keerthana Thatavarthi**

ST. JOHN'S MEDICAL COLLEGE HOSPITAL, BENGALURU

CENTRE FOR ADVANCED RESEARCH AND EXCELLENCE IN AUTISM AND DEVELOPMENTAL DISORDERS – CAREADD

Teenagers and Young Adults with Autism programme (TYA)

DOSSTT

Development of Social Skills Through Training

DOSSTT is a 12-week social skills training program designed to help young adults with autism to gain confidence in initiating conversations and forming meaningful connections.

AGE GROUP
16–30

VENUE
UOH 5th Floor

TOPICS WILL BE COVERED

1. Trading Information & maintaining conversations (split into 3 sessions)
2. Finding a source of friends (1 session)
3. Electronic communication (split into 3 sessions)
4. Using and understanding Humor (1 session)
5. Peer relationships (split into 3 sessions)
6. Disagreements & Bullying (split into 3 sessions)

To enroll: **tya.stjohns@gmail.com**
Venue: **UOH 5th floor**

St. John's Medical College Hospital, Bengaluru

Teenagers and Young Adults with Autism program (TYA) -

Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD)

RISE

RELATIONSHIP, INDEPENDENCE AND SEXUALITY EDUCATION

Parent Education Programme for Adolescents & Young Adults with Autism

AIM:

To support parents in promoting healthy sexuality, independence, safety, boundaries, and relationships in adolescents and young adults with ASD.

SESSION DETAILS:

- Understanding Sexuality & Development
- Sexual Development in ASD
- Practical Guidance for Parents
- Boundaries & Digital Safety
- Protection & Legal Awareness (Guest Session)

Speakers

Dr. Bhuvaneshwari Sethuraman

Dr. Vanitha S Rao

Schedule:

4 sessions - 1 hour each - Saturdays

(Exact dates and Google Meet link will be shared upon registration.)

How to join:

Please register using the link below:

https://forms.gle/nbVwASq5Xeum82oT9

New batch: register now

MODE: ONLINE

"Join us for four interactive sessions, facilitated by professionals"

To enroll: tya.stjohns@gmail.com

Unit of Hope 5th Floor, TYA Space

St. John's Medical College Hospital

Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD)

Teenagers and Young Adults with Autism Programme (TYA)

"TYA PRINTING AND DOCUMENT SERVICES"



Prevocational skill-building initiative by the Teenagers and Young Adults with Autism Programme (TYA) of Centre for Advanced Research and Excellence in Autism and Developmental Disorders (CARE-ADD)

Printing & Copies	Lamination	Scanning
A4 Print - Rs 3 A4 Photocopy - Rs 1 A3 Print - Rs 5 A3 Photocopy - Rs 5	A4 - Rs 15 Bulk Lamination - Rs 12/Sheet	A4 - Rs 5 Bulk Scan - Rs 2/Sheet

How to avail our services

- Walk in: visit us directly with your documents
- Pendrive: carry your files in a pendrive for easy printing
- Email us: vrudhiprint@gmail.com



"We invite departments across St. John's to avail our services while supporting inclusive skill-building opportunities for young adults with autism"

Delivery Charges -₹5 for delivery within campus

Turn around time: 30 mins

Unit of Hope 5th Floor, TYA Space



Call for Contributions

An Invitation

We warmly invite contributions for forthcoming issues of this magazine.

We welcome:

- Reflections and narratives from teenagers and young adults with autism.
- Perspectives from families, siblings, educators, and clinicians.
- Questions from families.
- Artwork, poetry, photography, and other creative expressions.
- Short essays or observations that capture everyday experiences, transitions, or moments of insight.

Above all, we hope to hear directly from teenagers and young adults on the autism spectrum, in their own voices and chosen forms. Contributions need not be polished or formal; authenticity matters more than completeness.

Submission Guidelines

Type of Contribution	Suggested Length
Personal narratives / essays	800-1500 words
Short reflections / observations	300-600 words
Poetry	Any length
Artwork/photography	High resolution (300 dpi preferred)
Please disclose whether you have used any AI tools while preparing or writing your contribution.	

How to Submit

Send your contributions to: tya.stjohns@gmail.com

Please include:

Your name (or preferred pseudonym)

A brief bio (2-3 sentences)

Your connection to the autism community (self-advocate, family member, professional, etc.)

A recent photograph (optional)

Consent & Permissions

By submitting, contributors grant the TYA Programme permission to publish their work in print and digital formats. Contributors retain ownership of their work and may request removal from the digital edition at any time. For contributors under 18 years of age, parental or guardian consent along with the young person's own agreement is required. All submissions will be handled with care and confidentiality.

Deadline for Submission

30th December 2026

Readers' Survey
Help Shape Future Issues

We hope this issue has offered ideas, reflections, and questions that resonate with your own experiences.

As this magazine grows, we would like it to remain shaped by the voices and priorities of its readers: teens and young adults, families, educators, clinicians, and community partners.

We invite you to share a few minutes of feedback through the short survey below.

We'd Especially Love to Hear From You:

- What topics would you like us to cover in future issues?
- Whose voices would you like to hear more from?
- What has been most meaningful or missing in this issue?
- Scan the QR code to share your thoughts.

Reading on your phone? **Tap here to open the survey.**

The next issue of **Growing on the Spectrum** is scheduled for release in *January–April 2027*.

Programme Mentors and Consultants

Dr. Priya Sreedaram

Dr. Keerthana Thatavarthi

Dr. Shalini Perugu

Dr. Bhuvaneshwari Sethuraman

Dr. Sharanya Mohan

Dr. Alvin Joseph

Sponsors

Rotary Club of Bangalore Charitable Trust

Dr. Veronica Mathias

P Singhvi Charitable Trust

Thank you to our sponsors. To collaborate with us, see **TYA at a glance** on the next page.

FOR PARTNERS AND COLLABORATORS

TYA at a glance

> *"What happens to children with ASD when they are no longer children?"*
>
> Dr. Ashok Mysore asked this when few others were asking it. TYA grew from that question.

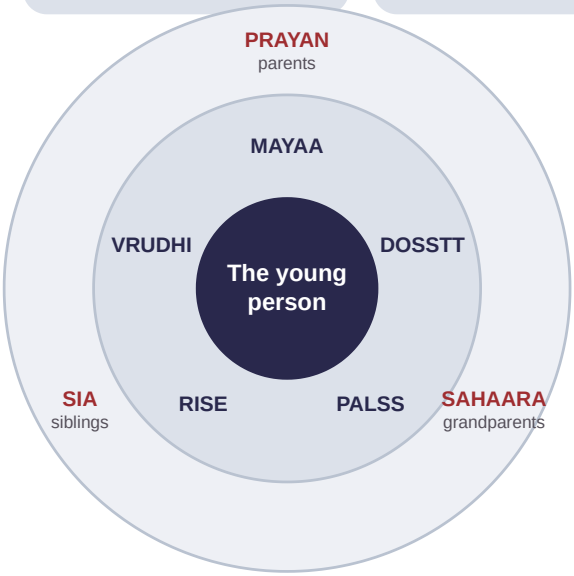
The Teenagers and Young Adults with Autism (TYA) Programme at CARE-ADD, St. John's Medical College, Bengaluru, began in December 2020. It works with autistic teenagers and young adults, and with the families around them, through the stretch between childhood services and adult life.

78 participants now enrolled

8 programmes for young people and their families

3 issues of *Growing on the Spectrum* in 2026

24 questions answered by our experts, from puberty to sleep



Around the young person

- **MAYAA** meet-ups with peers: art, crafts and games
- **DOSSTT** 12-week social skills training, using PEERS®
- **PALSS** practical life skills support
- **RISE** relationships, independence and sexuality education
- **VRUDHI** day care with vocational and daily living training

Around the family

- **PRAYAN** support group for parents
- **SIA** group for brothers and sisters
- **SAHAARA** group for grandparents

Built on research

TYA's development and approach are described in the *Indian Journal of Psychiatry* (2025; 67(11): 1040–1058). DOSSTT uses PEERS®, an evidence-based programme developed at UCLA.

Milestones

Participants featured in Issue 2 include a graduate in Data Science and AI from IIT Madras who has cleared the SSC examination, and a young man who goes to work every day and earns his own salary.

What's next

We are working towards expanding VRUDHI and welcoming more young adults, with more room for skill development, vocational engagement and independent living.

With thanks to our supporters: Rotary Club of Bangalore Charitable Trust, Dr. Veronica Mathias and P Singhvi Charitable Trust.

Partner with us

Propose a collaboration »

We welcome academic and scientific collaborations. Use the form, or write to Dr. Suhas Chandran, Lead, Teenagers and Young Adults with Autism Programme (TYA).

Form: forms.gle/NizVMJC9MWV5Fvpu5 · tya.stjohns@gmail.com · 7338439126 (Office)