

# Disability Towards Capability

Quarterly newsletter released by the  
**Centre for Disability Studies**  
Poojappura

A Unit under the LBS centre for Science and Technology  
Thiruvananthapuram - 695 012, Kerala.

## STEERING COMMITTEE

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Principal Secretary, Higher Education  
Department, Govt. of Kerala

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Director, LBS Centre for  
Science and Technology

**Dr A Mujeeb**  
Joint Director, LBS Centre for  
Science and Technology

**Dr Beela G K**  
Director, Centre for Disability  
Studies, Poojappura

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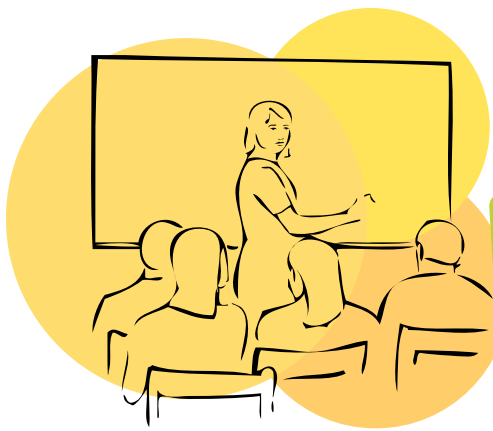
## 'Theatre of Differently Abled' - Workshop

14th-18th May 2013

The Centre organized a delightfully motivating workshop "Theatre of Differently Abled"-TODA from 14th – 18th May 2013 in collaboration with the Performing Arts Faculties from the School of Drama, Dr John Mathai Centre, University of Calicut, Thirsur. Each day focused on areas of acting, touching various cognitive aspects of children to qualitatively improve motivation, memory, imagination, expression and performance. Activities such as theatre improvisation along with developmental dance sessions were held in a warm nurturing environment, allowing children to express themselves enthusiastically. Joined by playback singer K.S.Chitra, sharing inspiring talks and wondrous songs, the true spirit of the occasion shone through, making it a memorable event for both participants and staff. Dr. K.M.Abraham, IAS, Principal Secretary, Higher Education Department, Government of Kerala graced the occasion by distributing the certificates to the participants.

Drama therapy is the use of theatre techniques to facilitate personal growth and promote mental health. It exists in many forms and can be applicable to individuals, couples, families, and various groups.





## Teacher's workshop 28th May 2013

On 28th May, over 40 teachers from Jawahar Public School, Manacaud, Trivandrum attended the teachers workshop held at CeDs. The workshop aimed in imparting the strategies of classroom management of pupils with ADHD. Key aspects of teaching included, lesson presentation, sustaining attention and behavior management.

## Know your child workshop

20th July 2013

With the aim to spread awareness and provide aid to parents, CeDs conducted a one day "Know Your Child" workshop on 20th July 2013. The day instigated with a session by Dr. Samuel Mathew, Director of NISH, Thiruvananthapuram on 'Preparing the child and the family for the real world'. Advocate. N. Sasidharan Unnithan, High Court of Kerala, bestowed upon his expertise to underline the importance of rights and responsibilities of parent and child in the afternoon session titled "Law relating to disabled persons". The incredible events of the day came to a finish with a flow discussion in which Dr Beela G K imparted the importance of management of stress, followed by an entertaining closing ceremony. Eighty parents attended the workshop.



## Independence Day August 15th 2013

To commemorate the occasion of the 67th Independence Day, CeDS and the staff got together for the flag hoisting ceremony and celebrated the free spirit of India.

### Myths about ADHD

**Myth # 1:** All kids with ADD/ADHD are hyperactive

Fact: Some children with ADD/ADHD are hyperactive, but many others with attention problems are not. Children with ADD/ADHD who are inattentive, but not overly active, may appear to be spacey and unmotivated

**Myth # 2:** Kids with ADD/ADHD can never pay attention.

Fact: Children with ADD/ADHD are often able to concentrate on activities they enjoy. But no matter how hard they try, they have trouble maintaining focus when the task at hand is boring or repetitive.

**Myth # 3:** Kids with ADD/ADHD could behave better if they wanted to.

Fact: Children with ADD/ADHD may do their best to be good, but still be unable to sit still, stay quiet or pay attention. They may appear disobedient, but that does'nt mean they are acting out on purpose.

**Myth # 4:** Kids will eventually grow out of ADD/ADHD.

Fact: ADD/ADHD often continues into adulthood, so don't wait for your child to outgrow the problem. Treatment can help your child learn to manage and minimize the symptoms.

**Myth # 5:** Medication is the best treatment option for ADD/ADHD.

Fact: Medication is often prescribed for attention deficit disorder, but it might not be the best option for your child. Effective treatment for ADD/ADHD also includes education, behavior therapy, support at home and school, exercise and proper nutrition.

# What to expect in therapy or counselling?

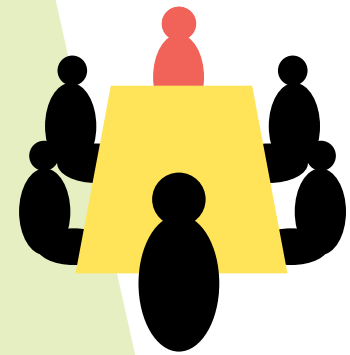
Every therapist is different, but there are usually some similarities to how therapy is structured. Normally, sessions will last about an hour, and often be about once a week, although for more intensive therapy they maybe more often. Therapy is normally conducted in the therapist's office, but therapists also work in hospitals and nursing homes, and in some cases will do home visits.

**Expect a good fit between you and your therapist.** Don't settle for bad fit. You may need to see one or more therapists until you experience feeling understood and accepted.

**Therapy is a partnership.** Both you and your therapist contribute to the healing process. You're not expected to do the work of recovery all by yourself, but your therapist can't do it for you either. Therapy should feel like collaboration.

**Therapy will not always feel pleasant.** Painful memories, frustrations or feelings might surface. This is a normal part of therapy and your therapist will guide you through this process. Be sure to communicate with your therapist about how you are feeling.

**Therapy should be a safe place.** While there will be times when you'll feel challenged or when you're facing unpleasant feelings, you should always feel safe. If you're starting to feel overwhelmed or you're dreading your therapy sessions, talk to your therapist.



# Avoid Food Allergies for Autistic children

One of the most significant contributing factors in autism appears to be undesirable foods and chemicals that often reach the brain via the bloodstream because of faulty digestion and absorption. Much of the impetus for recognising the importance of dietary intervention has come from parents who've noticed vast improvements in their children after changing their diets.

The strongest direct evidence of foods linked to autism involves wheat and dairy, and the specific proteins they contain – namely, gluten and casein. These are difficult to digest and, especially if introduced too early in life, may result in an allergy. Fragments of these proteins, called peptides, can have big impacts in the brain. They can act directly in the brain by mimicking the body's own natural opioids (such as the enkephalins or endorphins), and so are sometimes called 'exorphins'. Or they can disable the enzymes that would break down these naturally occurring compounds.

In either case, the consequence is an increase in opioid activity, leading to many symptoms we describe as autism. Researchers at the Autism Research Unit at Sunderland University have found increased levels of these peptides in the blood and urine of children with autism.

Exorphin peptides are derived from incompletely digested proteins, particularly food containing gluten and casein. One of these, called IAG and derived from gluten in wheat, has been detected in 80 per cent of autistic patients. So the first problem is the poor digestion of proteins. A lack of sufficient zinc and vitamin B6 could contribute to this, as both are essential for proper stomach acid production and protein digestion, yet are often deficient in autistic children with pyroluria, as we mention above.

There are many anecdotal reports of dramatic improvements in children with autism from parents who removed casein (milk protein) and gluten (the protein in wheat, barley, rye and oats) from their diet. Dr Robert Cade, professor of medicine and physiology at the University of Florida, has observed that as levels of peptides in the blood decrease, the symptoms of autism decrease. 'If [levels of peptides] can be reduced to normal range,' he says, 'we typically see dramatic improvements.'

If you decide to go down this route with your child, you'll need to take a go-slow approach. The Autism Research Unit at Sunderland University recommends a gradual withdrawal of foods, waiting three weeks after the removal of dairy foods (casein) before removing wheat, oats, barley and rye (gluten) from the diet. Initially, your child may go through 'withdrawal' and their symptoms may get worse for a bit.

Keep a food diary and note your child's behaviours and symptoms alongside all the foods they're eating. This can help to identify which of the usual suspects they are sensitive to – citrus fruits, chocolate, artificial food colourings, salicylates, eggs, tomatoes, avocados, aubergine, red peppers, soya and corn. But remember, most of the foods in this list contain valuable nutrients, too, so you'll have to ensure that they are replaced rather than just removed. This entire process is best done under the guidance of a nutritional therapist.

## Timeline of Childhood Milestones

2 Months	Smiles at the sound of your voice and follows you with their eyes as you move around a room
3 Months	Raises head and chest when lying on stomach Grasps objects Smiles at other people
4 Months	Babbles, laughs, and tries to imitate sounds; holds head steady
6 Months	Rolls from back to stomach and stomach to back Moves objects from hand to hand
7 Months	Responds to own name Finds partially hidden objects
9 Months	Sits without support, crawls, babbles "mama" and "dada"
12 Months	Walks with or without support Says at least one word Enjoys imitating people
18 Months	Walks independently, drinks from a cup, says at least 15 words, points to body parts
2 Years	Runs and jumps Speaks in two-word sentences Follows simple instructions Begins make-believe play
3 Years	Climbs well Speaks in multiword sentences Sorts objects by shape and color
4 Years	Gets along with people outside the family Draws circles and squares Rides a tricycle
5 Years	Tells name and address Jumps, hops, and skips Gets dressed Counts 10 or more objects



## News from the Office:

### Call for Research Proposals

Centre for Disability Studies provides financial assistance for those who have innovative ideas and interested in research in the field of disability studies. The following are the eligibilities to apply for the scheme.

- Any faculty member from a government, government aided or government controlled self-supporting Engineering College/ Medical College/ Polytechnic/ other professional colleges in Kerala.
- Students who are currently studying at Engineering Colleges / Other Professional Colleges/ PG Students of Government and Government aided Colleges in Kerala.
- Any qualified person with disability (40% and above disability) can apply through the faculty of any Government Engineering College/ Government Medical College/ Government Polytechnic/ other professional Colleges in Kerala.

### National Seminar on 'Multi-disciplinary Approach to Childhood Disability Management' on 3rd - 4th December 2013

3rd December is the International Day of persons with disability which is a United Nations day that aims to promote an understanding of people with disability and to encourage support for their dignity. The theme of this year's international day of person with disability is: 'Break Barrier, open doors: for an inclusive society for all'. As annual observance of the International Day of persons with disability, CeDs Poojapura is organizing two day National Seminar on 'Multi-disciplinary Approach to Childhood Disability Management'.

### Call for Research Papers for Presentation

Guidelines for Submission of Abstract

- Paper format - A4
- Font Size - 12
- Abstract - limited to 300 words
- Font Style- Times Roman
- Images in jpg format
- Soft copy of the abstract should be mailed to cedstvpm@gmail.com
- Last date for submission of abstract: 20th October 2013

### Registration

Registration Fee: Rs 150

No fees for the students who are presenting papers.

The registration fee will be accepted by a crossed Demand Draft from any Nationalized Bank drawn in favour of Director "CeDS", payable at SBT Poojappura, to be remitted along with duly filled registration form, before 15th November 2013 .