

EFFECT OF FACE MARKING TO IMPROVE EYE CONTACT IN CHILDREN WITH AUTISM SPECTRUM DISORDER WITH ADDITIONAL DISABILITIES AT PRIMARY LEVEL (PILOT STUDY)

Seethalakshmi Chinnapillai

M.Ed Scholar, NIEPMD, ECR, Kovalam, Muttukadu, Chennai-603112 India

V R Mathivanan

Assistant Prof., NIEPMD, ECR, Kovalam, Muttukadu, Chennai-603112 India

Kamaraj Packirisamy

Lecturer, NIEPMD, ECR, Kovalam, Muttukadu, Chennai-603112 India

Abstract: Autism spectrum disorder (ASD) includes a wide range, “a spectrum,” of symptoms, skills and levels of disability. ASD describes a range of as Neuro -developmental disorder. ASD shows the problem of impairment in social activity, impairment in communication, exhibiting unusual behaviour, sensory integration dysfunctions. They also exhibit the difficulties of reading facial expressions, using body language, engaging in conversation, involving in play and other activities. Lack of eye contact is observed predominantly with such children. This paper exhibit a study on improving the eye contact in children with ASD having additional disabilities.

Keywords: Autism Spectrum Disorder, Facial Mark, Eye Contact, Social Skill, Communication Skill and Fine Motor Skills.

Introduction: American Psychiatric association defines individuals with autism spectrum disorder (ASD) have difficulty with social interaction, communication and imaginative play and repetitive patterns of behavior, interest and activities (American Psychiatric Association, 2000). "Multiple disabilities" means concomitant impairments (such as mental retardation blindness, mental retardation-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf blindness, NTA act (1999).Over the past decade, health psychologists have cautiously begun studying how the arts might be used with children having Autism, Attention Deficit Hyperactivity Disorder (ADHD) and Pervasive Developmental Disorder, to increase their understanding of the self and others, develop a capacity for self-reflection, enhance social skills, and alter problem behaviours and thinking patterns. Art based therapies are complex interventions, that combine psychotherapeutic techniques with activities aimed at promoting creative expression. The creative process is used to facilitate self-expression within a specific therapeutic framework, the aesthetic form is used to ‘contain’ and give meaning to the patient’s experience, the artistic medium is used as a bridge to verbal dialogue and insight-based psychological development, and the aim is to enable the patient to experience him/herself differently and develop new ways of relating to others (National Collaborating Centre for Mental Health, 2009). Art therapy facilitates cognitive development, the development of abstract thinking skills, improvement of social skills and helps in decreasing problem behaviour (Thoemke, 2012) Movement therapy enables attention to kinesthetic coherence or motor coordination, that may be the stepping-stone to the successful treatment of young boys diagnosed with ADHD. When an autistic child takes a paintbrush in his/her hands, draws a moustache on the mother’s face and laughs out loud, a milestone has been reached (Ranjini Sivasamy 2016).

Aim: Effect of face marking to improve eye contact in children with ASD and additional disabilities at primary level.

Methodology: This study was conducted from NIEPMD –Model school in ASD Primary unit. The sample was purposive sampling technique and sample size was five children with ASD studying at primary level Single case design (pre –post –test).

Tools Used: Activity checklist for eye contact, Face mark kit with natural colours,

Procedure: Pre Test (the activities developed by the researcher will be evaluated before giving the face mark intervention and note the individual and group performance). **Intervention** (The face mark activity will be carried out for 40 minutes duration of 3 days in a week for a period of 3 months. This activity will be conducted in the class room involving the parents on 1: 1 basis.). **Post test** (the activities developed by the researcher will be evaluated after giving the face mark intervention and note the individual and group performance).

Development of the Tool and Validation of the Tool: The Tool (check list) is constructed with 20 activities of 4 domains which facilitates the eye contact, and increase the span of attention .The domains are motor skill, social skill, communication skill and cognitive skill each domain has 5 activities to learn .The evaluation score is 0 for **no response**, 1 for **activity performed with prompt** and 2 for **performing the activity independently**. The check list was validated with ten experts working in the field of special education.

Results: The intervention program was tested with an autistic child attending primary level Special school program as described in the procedure for a period of one week. Children performed the task for score of 1. Durational record of pre test was for : Eye contact(two seconds) Span of attention (5 minutes). In post test, Children performed the task for score of 2 and sustained eye contact for ten seconds and span of attention for 10 minutes.

Discussion: On observation the facial mark intervention program has the influence of learning the activates of social, motor, communication and cognitive skills. It increased the duration of eye contact and the time to attend the activity of face mark. It was observed that the study gave the experience of increasing eye contact and span of attention by children with ASD with the intervention program of facial mark. It was also observed that the study gave the experience of gaining the activities from 4 domains by the children with ASD attending primary level after the intervention.

Further Direction for the Main Study: In this study the result was positive and the child was cooperative for the program by engaging with the activity of face marking with his mother. This study may be conducted with more number of children to verify the research questions and to achieve the objectives.

References:

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, (4th ed., text revision). Washington, DC: American Psychiatric Association. (2000).
2. Martinovich, J. *Creative expressive activities and Asperger's syndrome: Social and emotional skills and positive life goals for adolescents and young adults*. London: Jessica Kingsley. (2006).
3. National trust act, 1999. Retrieved from: disabilityaffairs.gov.in/files/National_Trust_act-englsih.pdf.
4. Parasuram R. *Mask unmask Autism spectrum disorder*. Innovation project in Velvi Special School at Madurai. (2014).
5. Ranjani S. *Autism to Artism These face masks are Expanding the horizon for autistic children*. Innovation project in Velvi Special School at Madurai. (2016)
6. Raychel C. Muenke *Mask Making to Increase Social Skills in a Group for Adolescent Males* . *Texas Woman's University*. (2011)
7. Senju.A. *Atypical eye contact in autism: models: mechanisms and development*. (2009).Rev.sep:33(8):1204-14.

8. Stuart, R. Should we insist on eye contact with people who have autism spectrum disorders *The Reporter*, (2000). 5(3), 7-12.
9. Thoemke, J. *Art Therapy for Children with ASD, ADHD & Siblings*. The Faculty of the Adler Graduate School. (2012).
