



NEW SUSHISEN APPROACH FOR ASD STUDENTS WITH NEURON DEVELOPMENTAL DISORDER

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Abstract:

Autism children diagnosed with developmental challenges, there is a growing body of knowledge that discusses parents' levels of stress. However, there is limited research that focuses on the stress of parents of children with ASD in the Indian space. The objectives of the study determine the level of stress experienced by parents raising children with (A) ASD and (B) whether there is a difference between mothers when raising children with ASD. An independent sample t-test was performed to understand the difference between mothers and paternal stressors. The parents of ASD who have children have high stress. Parents experienced more parental stress than fathers. There are many research papers that contradict the belief of a positive relationship between mobility and cognitive / memory function, but there are advantages, including exercise and physical mobility in the classroom, in the absence of complete correlation. . Some students with ADD / ADHD. Kush balls, pencil toppers, rubber tubing, velcro strips do not respond properly to "sushisen". Students need to move around by incorporating specific, regular and structured movement patterns that can be completed without disrupting the classroom. Instead of stopping teaching, students can continue the lesson with their fingers as they make eight counts or raise the heel. This can be coupled with students with accommodations that allow them to get around the classroom good attitude CARS 78% provided by students with autism.

Index Terms: Autism, sushisen, ADHD, CARS, Class Room & Memory Function

1. Introduction:

International and local scholars in the study (later referred to as ASD) of autism spectrum disorders (Kristen et al., 2018; Fitzgerald et al., 2018; Goldstein and Ocean, 2018); Significant attention has been drawn since Klinger et al., 2019. McKinnon et al., 2019; Rescorla et al., 2019; Naidu and Singh, 2018; Ram Sundar et al. Rum et al, 2019; sklepus, Samuels and Dada, 2016; viljon et al, 2019; Vetarstan et al, 2017). ASD is a neuro developmental disorder characterized by repetitive behavior along boundaries in social interactions (American Psychiatric Association [APA], 2013 in Lords, Cook, Leventhal & Amaral, 2000 Abubakar, Sevenian & Newton, 2016). The reason for this has not been adequately understood since the discovery of ASD. Early scholars discussed the concept of refrigerator mothers, which translates to lack of warmth or love from parents. He argued that the refrigerator concept may be an important factor for ASD in children (Kannor, 1943; Bettelheim, 1967). Researchers such as Bruno Bettelheim have consistently spread the concept of refrigerated mothers through the media, suggesting that mothers or parents are the main cause of ASD (History of Autism, 2010; Pettelheim, 1967). With much research around ASD, the idea that parents are responsible for ASD changed in the 1960s, when researchers such as Stella Chase described ASD as actually a neuro developmental disorder in children (Pierce, 2007).

Very few studies have focused on the experiences of parents of children with neuro developmental disorders in the context of India and internationally. Some studies focus on attention-deficit / hyperactivity disorder (ADHD), (Ben-Niam, Gill, Laszlo-Roth, Einau, 2019; Lee & Lansford, 2018; Taylor, Klemmy & Yu, 2018; Zeitman-Z. We do. & Shiloh, 2018) and cerebral palsy in relation to parental experiences (Ballantine et al., 2019; Samudot, Sakal-Sura, Horowitz & Parush, 2019; Jurand et al., 2018). Todet, ASD (Gritland et.), 2013; There are almost no studies focusing on parental pressures to raise a child with (Bakare & Munir, 2011). Although important findings about the original experience of ASD appear in the literature, most of these studies have been performed in the North and West (Weiss et al. 2013). The findings of the study cannot be referenced for Indian contexts.

Research has shown that parents' statistical differences in raising children with ASD-like developmental challenges are related to parental experiences (Lzz et al. 2019); Sandy, Slate, Eisenhower, Carter, and Blecher (2018) different roles of the environment and the relationship each parent has with the child. And to understand that each B Rror perrorrolaip depends on different. Historically, the role of a carer has embraced the mother's and the father's social and cultural teachings of the role of a provider. Many factors, and are slowly changing child care to the origin of the role of size.

According to the United States Disease Control, 1 in 59 children is diagnosed with ASD (Bio et al., 2018).

The global prevalence for ASD is estimated at 1 to 2%. Franz and colleagues agreed that there are no population-based dispersal studies in Sub-Saharan Africa (Franz, 2018). It has been noted that global influences are likely to be similar in India (Franz, 2018).

Parental stress is an important variable associated with parents' experience of raising children with ASD. Therefore, this research sought to determine the degree of stress experienced by parents raising children with ASD. The main objective of this study was to determine whether there is a difference in mothers when raising children with ASD.

2. Implantations:

ASD Source DATA: The research used a quantitative, cross-sectional research design, which included ASD. One should assess the degree of stress of parents who have children. The main objective of this research is to understand the stress of parents associated with parenting children with ASD. Data were collected from those intending to parent Sathiya Sri Children in Trichy. Data were collected using questionnaires from a sample of parents in three cities in Tamil Nadu state in Trichy, Madurai and Perambalur.

Collection Autism Data: This study sample was n for parents of children diagnosed with ASD (mean age = 39.01, standard deviation = 7.56). The 102 participant samples were drawn from three major cities in India (Trichy, Madurai and Perambalur). Participants were n = 18 males and n = 84 females. The researcher deliberately recruited all participants (fig1) who are experts or experts in ASD.

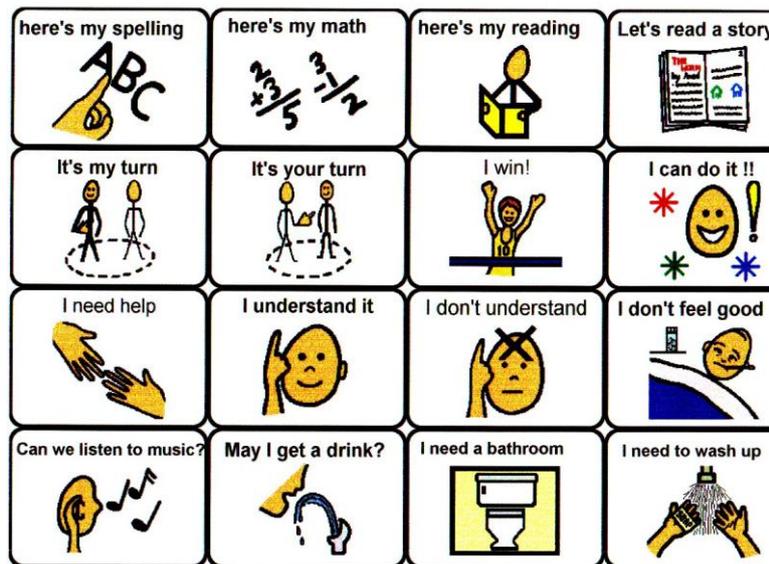


Figure 1: Communication Board

A scope and snowball sampling technique was used to visualize the nature and time constraints of the required model. A total of 7 Autism Center sites were selected. Centers: Elite School (n = 12), the Key Anbagam SBT School (n = 7), Autism in Action (n = 32), Trichy KMC Hospital School (n = 21), Elite School (n = 18) and KMC Hospital (n = 12). The ethnic groups of parents are 80% Black, 12% White, 6% Indian and 3% Colored.

CARS Communication: Participants completed the Parental Disturbance Scale (ADOS) and a biographical questionnaire. The ADOS was administered to determine the degree of parental stress among parents raising children with ASD. The autobiographical questionnaire provided information about the gender, age, race, and marital status of the participants.

Scene: Autism can't read paperback books, because letters / words come from behind, flashing flashlights, some sensors are more sensitive, to see things through direct view of the peripheral. Use it to see the double sided mirror.

Hearing: you can hear the flashing lights, the blood in their veins, the toilet at the end of the hall, the wings of flying insects, the clothes were carried upside down - nylon jacket, jeans, cannon boom. Do not write with pencil because it is too loud

Of Liquid / Fragrance: Shampoo, soap, toothpaste, mouthwash, laundry detergent, dry cleaning solution, cooking perfume, skin, smoke or school perfume, lime, cleaning products, bathrooms, locker room, bathroom. The smell creates memories faster and faster than any other sensation.

Taste: Most of not like the texture of foods and will only eat bland foods; You can only eat spicy, crunchy or salty foods. Lack of interest in sweets in general. There may be limited foods.

Tactile / Tactile: Some items may have difficulty wearing, some may not want to wear tight or tight. You may have to cut labels out of clothes. There may be difficulty in wearing shoes. You cannot touch others. Sensitive to temperature changes.



Figure 2: Communication father and baby

To determine the amount of stress raising children with ADS. Participants (i.e. parents) were asked to complete a brief, 20-item questionnaire about the parent's daily dissolution. Five items were added to each of the four (fig.2) main areas of daily stress in the lives of parents and young child care providers: family, work, child care, and daily stress. Parents have been asked how often they consider such activities as cleaning toys or food messes, letting the child sit, getting the kids to go out, leaving them at the right time, or letting the children take care of you. Ask to entertain. Play with or with them. The ADOS has two different Likert scales (frequency and intensity). Both scales were highly correlated with $r = 0.78$, and the internal consistency of the parental daily disturbance scale was higher with Cronbeck's $\alpha = 0.84$. The scale's items measure the level of daily disruption associated with upbringing of a child with ASD, which may be considered demanding challenging by parents. All questionnaires were in English. All participants (fig 2a) were fluent in English.

friend	boy	girl	mother	father	brother	sister	head	hand	foot	feet
I	me	what	where	now	later	today	same	diff'nt	big	little
my/mine	is / am are	to	first	next	last	all gone	ready	busy	happy	sad
it	can	have	come	feel	know	give	angry-mad	messy	good	bad
you	do	eat	drink	finish	get	sing	that	a the	and	more
your	don't-not	go	help	open	put	see	again	in	away	on
here	there	like	play	read	stop	walk	show	out	up	off
yes	no	want	take	tell	turn	watch	write	front	down	with

Figure 2a: Language of autism students ways expression

3. Sushisen Methods Activity Works:

The functions $\zeta(s)$ and $\zeta(1-s)$ are 1-1 on the critical strip. For this we need to analyze when and where the exponential function n^z is 1-1 when $n \in \mathbb{Z}^+$.

The exponential function $n^z + I$ is 1-1 in each of these strips defined by the intervals $2\pi k/\ln(n)$ and $2\pi(k+1)/\ln(n)$ " where $k \in \mathbb{Z}$. For this we must prove two case. If $A \subset C \wedge f : A \rightarrow C$ then if $f(z_1) = f(z_2)$ then $z_1 = z_2$ that is.. $x_1 = x_2 \wedge y_1 = y_2$. Indeed, if $z_1 = x_1 + i \cdot y_1, z_2 = x_2 + i \cdot y_2$ are two points within into a such strip such that $e^{z_1} = e^{z_2}$ then,,

$$n^{x_1+y_1i} = n^{x_2+y_2i} \Rightarrow |n^{z_1}| = |n^{z_2}| \Rightarrow |n^{x_1} n^{y_1i}| = |n^{x_2} n^{y_2i}| \Rightarrow x_1 = x_2 \text{ and since } x_1 = x_2, \text{ the relation } e^{z_1 \cdot \ln(n)} = e^{z_2 \cdot \ln(n)} \text{ gives } e^{i \cdot y_1 \ln(n)} = e^{i \cdot y_2 \cdot \ln(n)}, \text{ so } y_1 - y_2 = 2k\pi / \ln(n), \text{ is an integer multiple of } 2\pi. \text{ But } z_1 \text{ and } z_2 \text{ belong to the strip, so } |y_1 - y_2| < 2\pi / \ln(n)$$

Table 1: Students Skill Months

9-12 Months	18 Months	24 Months
Lack of response to name	Lack of response to name	Lack of responsiveness
Lack of social smile	Lack of shared joy	Lack of shared enjoyment
Poor mutual attention	Poor joint attention	Lack of facial expression
Limited gestures	Minimal pointing or gesturing	Lack of pointing to share interest
Poor imitation	Unusual prosody to speech	Poor imitation; delayed speech
Poor eye contact	Lack of appropriate gaze	Abnormal eye contact
Limited affective range	Lack of shared interest	Limited interest in shared games
Extreme passivity	Repetitive body movements	Over/under sensory reactions
Poor visual orientation to stimuli	Repetitive movement with objects	Unusual visual interests; unusual play with objects

That is, the difference $y_1 - y_2$ is at the same time a multiple of $2\pi/\ln(n)$ and at an absolute value of less than $2\pi/\ln(n)$. The only case that this is true is when $y_1 = y_2$. We finally (fig3) conclude that $z_1 = z_2$, so n^z is 1-1 in the strip $\{z : 2k\pi/\ln(n) \leq \text{Im}(z) < 2(k+1)\pi/\ln(n)\}$. "lines down closed – open up". We also notice that n^z is on $C-\{0\}$. Because if $w \neq 0$ and we put $z = \ln|w|/\ln(n) + i \arg w/\ln(n)$ then

$$n^z = n^{\ln|w|/\ln(n) + i \arg w/\ln(n)} = n^{\ln|w|/\ln(n)} n^{i \arg w/\ln(n)} = |w| \cdot n^{i \arg w/\ln(n)} = w$$

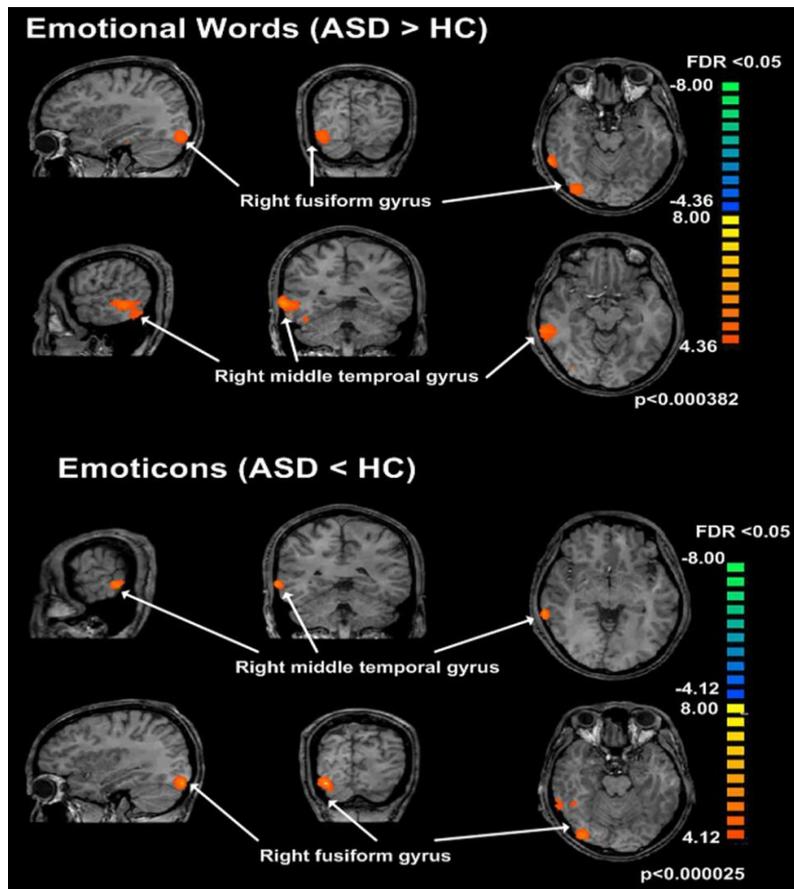


Figure 3: Formation of the strips 1-1 for $\zeta(s)$ and $\zeta(1-s)$.

If we accept the non-trivial zeroes on critical strip of the Riemann Zeta Function $\zeta(s)$ as $s_1 = \sigma_1 + it_1$ and $s_2 = \sigma_2 + it_2$ with $|s_2| > |s_1|$, and if we suppose that the real coordinates σ_1, σ_2 of each non-trivial zero of the Riemann Zeta, [1,2,3,4] function $\zeta(s)$ correspond to two imaginary coordinates t_1 and t_2 , then, we have the following equations group:

$$\zeta(\sigma_1 + it_1) = \frac{1}{1^{\sigma_1+it_1}} + \frac{1}{2^{\sigma_1+it_1}} + \frac{1}{3^{\sigma_1+it_1}} + \dots + \frac{1}{n^{\sigma_1+it_1}} + \dots = 0$$

$$\zeta(\sigma_2 + it_2) = \frac{1}{1^{\sigma_2+it_2}} + \frac{1}{2^{\sigma_2+it_2}} + \frac{1}{3^{\sigma_2+it_2}} + \dots + \frac{1}{n^{\sigma_2+it_2}} + \dots = 0$$

Taking the first equation and deducting the second, we obtain:

$$\zeta(\sigma_1 + it_1) - \zeta(\sigma_2 + it_2) = \sum_{n=1}^{\infty} \left(\frac{1}{n^{\sigma_1+it_1}} - \frac{1}{n^{\sigma_2+it_2}} \right) =$$

$$\sum_{n=1}^{\infty} \frac{n^{\sigma_2+it_2} - n^{\sigma_1+it_1}}{n^{\sigma_2+it_2} \cdot n^{\sigma_1+it_1}} = \sum_{n=1}^{\infty} \frac{n^{\sigma_2} e^{it_2 \cdot \ln(n)} - n^{\sigma_1} e^{it_1 \cdot \ln(n)}}{n^{\sigma_2+it_2} \cdot n^{\sigma_1+it_1}} = 0$$

From the previous relation, we conclude that if $n^{\sigma_2+it_2} \cdot n^{\sigma_1+it_1} \neq 0, n > 1$ then

$\sigma_2 = \sigma_1 \wedge t_2 = t_1 \pm \frac{2k\pi}{\ln(n)}, (k = 1, 2, \dots)$. That is to say t_1 and t_2 can take any value, but according to the previous relation.

4. Discussion:

The main goal of this research is to understand the degree of parental stress associated with raising children with ASD, particularly the different levels and experiences of mothers compared to the levels experienced by fathers. An independent test was performed to understand the difference in parental diurnal disturbances between mothers and fathers of Eesti children and to quantify this. The findings of this research suggest that there are significant differences in parenting disorders between mothers of children with ASD and fathers of children. The results are consistent with previous studies in other countries, where mothers, particularly mothers, reported increased levels of parental stress, agitation, and other physical problems (Haby, 2009; Feiji, et al., 2014). Mothers recorded higher scores on both intensity and frequency levels than fathers. These findings may be the result of several factors related to gender roles set by society for mothers and fathers. Society places different expectations on individuals based on their gender and value systems and beliefs, and they differ from one community to another (Blackstone, 2003). Traditionally and historically, gender roles suggest that when women focus on family leadership, women should behave in a feminist, nurturing, and family-oriented manner (Blackstone, 2003). However, family dynamics have evolved and now more mothers work. Research shows that despite the changing face of society, mothers are active and invested in their roles as mothers. However, there is some literature that acknowledges father's involvement in child care activities. Despite the father's significant involvement in the child's life, mothers make up more than half of the caregiving needs and fathers working with the child (Darling-Fisher & Dietz, 1990; Wylie, 1995; Park; Tinsley, 1987; Higgins et al, 2005). Such pressures to work and care for children can be a burden for women, and even more when children have ASD. The responsibilities associated with a child with ASD outweigh the specific types of responsibilities. All parents tend to clean up after the child's confusion compared to the father (Higgins et al., 2005). These findings support what is known as the dominant view that fathers do not play a full role in giving birth to their children. This limited role of the father is detrimental to the growing child because his role is important in the child's life, which is different from the role of a mother. There is a literary system that supports the important role of a father, which addresses its detrimental importance over the life span of the child and its impact on the child socially, psychologically and behaviorally. Several studies have indicated that children are less likely to have depression and are less likely to engage in risky behaviors in adolescents. Therefore, father's involvement in childbearing is very important, so when the child has other challenges like ASD.

5. Results:

Before assuming the data analysis process, researchers considered all assumptions and ideas to perform an independent d-test. On demand, the integrity of the variance considered by Levee's test is assumed to be $P = 0.063$. According to Balland (2013), the Leveance test is assumed to be derived from a sample of equally diverse populations. The following table (Table 1) shows the comparison of mothers and father's daily disturbance frequency (BDHF) and parent's daily disturbances (BDHI). There was a significant difference in scores (fig4) as indicated in the table. This was higher for father ($M = 36.714$; $SD = 8.39$) and mothers' father for BDHF ($M =$

45.821; SD = 12.25), $t(68) = 2.623$, $p = 0.011$ ($M = 36.714$; $SD = 8.39$). The test indicated that BDHF was higher in 43 mothers than fathers. The results also show that the magnitude of the difference in means is large (mean difference = 9.107, CI: 2.178–16.035) and the magnitude of effects ($t = 0.867$).



Figure 4: Test of Score Analysis

A test was also performed to compare mothers. As indicated in Table 1 below the results, there were score differences between mothers and fathers on PDHI levels. The test showed significant differences in women's scores ($M = 51.33$; $SD = 15.76$) and male ($M = 38.20$; $SD = 13.00$), $t(66) = 2.952$, $p = 0.004$ (see Table 1).

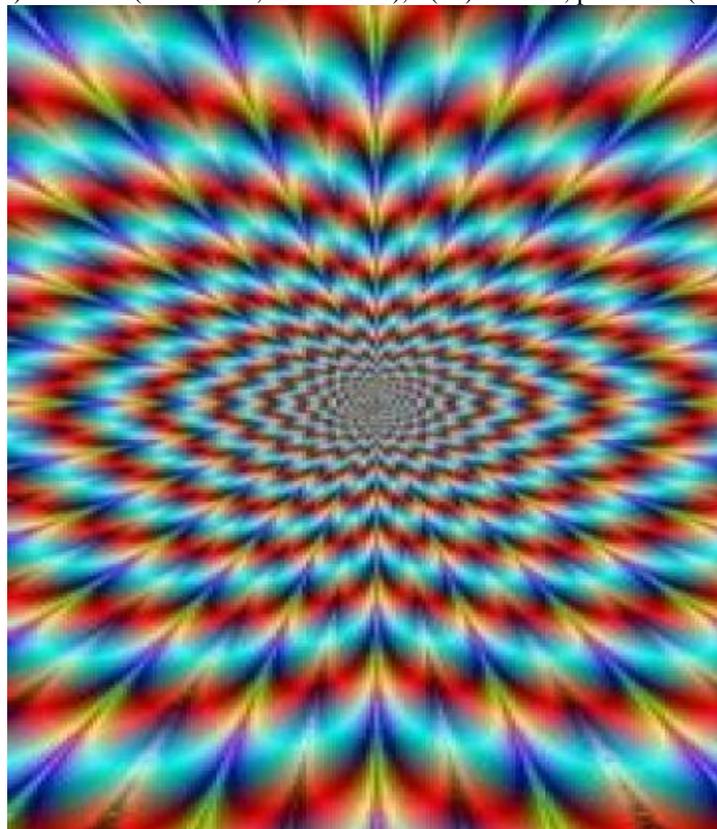


Figure 5: Brain activity processing child

Scores were higher among mothers than fathers. There were large differences in means (fig 6: mean difference = 13.1396, CI: 4.25–22.027) and effect sizes were large ($t = 0.908$).

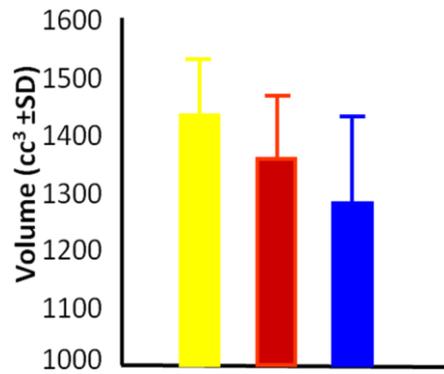


Figure 6: Autisms students improve skills size level

6. Conclusion:

This research was quantitative in nature; Researchers in this study recommended a follow-up qualitative study, where parents were interviewed on the topic of parental dissolution. When a parent is diagnosed with ASD the coach must take into consideration the emotional wellbeing of the parent. Parents need more support groups, especially mothers who are raising and caring for ASD children with ASD. Parents of children who have children can be of great help in reducing the burden. Mothers and fathers who require treatment should be diagnosed once with ASD and diagnosed with ASD. This article suggests a greater focus on schools that care for children with ASD. Further social awareness should be done to educate people around ASD, its symptoms and other related information.

7. Appendix:

- S1= Frequency (How Often)
- S2 = Intensity (How Hard)
- T = Time (How Long); Autism Spectrum Disorder (ASD)
- = Perform Worse on Tests of Face and Emotio Recognition
- N = Down Syndrome
- Sushisen = Childhood Autism Rating Scale (Cars)
- ADOS = Autism Diagnostic Observation Schedule

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