

TEACHING THE ABILITY OF “KNOWING HOW TO GET BY IN THE KITCHEN” TO KIDS WITH ASD BY CONSULTING RECIPES FROM “SVUOTAFRIGO” APP

INSEGNARE L’ABILITÀ DI “SAPERSELA CAVARE IN CUCINA” A RAGAZZI CON ASD CONSULTANDO RICETTE DALL’APP SVUOTAFRIGO



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ABSTRACT

“Knowing how to get” by in order to develop daily life activities (ADL) for individuals with autistic spectrum disorders, would teach them to handle any inconvenience of everyday life. All of this stems from a question that every neuro-convergent has to face daily: What we are going to eat for lunch?. When we have a selective amount of food in our fridge and we don’t know enough recipes to make, “Svuotafriigo” app brings help to everyone. In this way, we have sperimented with 4 young people affected by autistic spectrum disorders (ASD), between the age of 18 and 22, the use of “Svuotafriigo” app, provided with total tasking chaining (TTC), to assist them experimenting a problem solving way for the questions of everyday life. Everyone of them has been previously selected based on the same basic prerequisites and on the same functioning ways.

Sapersela cavare, come prerequisito per condurre attività di vita quotidiana (ADL) per individui con disturbi dello spettro autistico (ASD) permetterebbe loro di poter gestire inconvenienti di vita quotidiana. Questo nasce dalla domanda che ci si pone quotidianamente: Cosa mangiamo per pranzo? Quando abbiamo selettività di alimenti nel frigorifero e non conosciamo abbastanza ricette per poter cucinare, l’app Svuotafriigo entra in aiuto di tutti. Così, abbiamo sperimentato con quattro ragazzi con disturbi dello spettro autistico (ASD) in età compresa tra i (18- 22 anni) l’utilizzo dell’app Svuotafriigo, munita di total task chaining (TTC) , per aiutarli a sperimentare il problem solving alla domanda di vita quotidiana. Tutti e 4 i ragazzi sono stati selezionati per gli stessi prerequisiti di base e lo stesso funzionamento, nessuno di loro presenta un ritardo mentale grave.

KEYWORDS

Soft skills; cooking; ASD

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Introduction

Research devoted to autism spectrum disorder, a concept introduced by Kanner in 1943 to define his young patients: "who came into the world lacking the innate capacity to form affective contacts" (Kanner 1943, p. 43), has grown in quality and quantity. Although the nature of the disorder has not yet been defined, much research has attempted to recount and identify a remedial treatment, failing: the condition of autism is impactful in the lives of those involved.

Autism spectrum disorder (ASD) is a lifelong neurodevelopmental condition characterized by impaired social communication, interaction and adaptive behaviors, and the presence of restricted interests (American Psychiatric Association, 2013). This disorder commonly emerges during childhood, showing its first symptoms around age 2-3 years and affects the male sex more. Children with ASD show difficulties in social interaction, communication, and deficits in what is called "Theory of Mind," the ability to understand and be aware of the moods of others (Livingston, Colvert, Bolton & Happé, 2019).

Not only of those in the condition, but also of caregivers who daily support and accompany the lives of their caregivers.

From early childhood on, it is not only necessary to focus on the causes, but important to identify a planned re-educational work with a team formed by a Child Neuropsychiatrist/psychologist/educator/social health worker/parents, it is extremely important then the early detection of warning signs for the development of neurodevelopmental pathological trajectories: an early diagnosis allows the timely planning and initiation of a targeted therapeutic intervention (SIP, 2020).

This kind of work is very complex, but essential not only to help the individuals involved, but also their caregivers, who often have to overcome very difficult trials. Autism Spectrum Disorder (ASD) concerns neurodevelopment and is characterized by three deficit areas: (a) impaired quality of social interaction; (b) impaired quality of communication; and (c) restricted, stereotyped, and repetitive patterns of behavior and interests (American Psychiatric Association-APA, 2013).

In addition, individuals with ASD show narrow interests, an inflexible routine, and a strong intolerance to change, which causes them stress, anxiety, and aggression (White, Mazefsky, Dichter, Chiu, Richey & Ollendick, 2014).

The indicators illustrated by DSM-5 may emerge differently depending on the person's functioning. In fact, there are three levels of severity:

- Level 1: These individuals require support but are capable of using appropriate language equal to or sometimes greater than their peers. Language function may be impaired at a finer level, as absence of communicative intentionality, poor use of declarative or narrative functions, and lack of understanding of the use of

metaphors are observed. These children possess IQs in the normal or above normal range, such that they sometimes show extraordinary abilities in certain fields (drawing, music, mathematics). At the social level, sharing of interests and activities is not totally absent.

- Levels 2 and 3: These individuals need more support, have marked impairments in verbal and nonverbal communication and limited or abnormal social interactions. They also show repetitive and stereotyped behaviors and below average cognitive functioning (IQ<70). Language is atypical, mechanical and mostly echolalic, impaired in prosody and characterized by lexical and phonological omissions or substitutions.

Most impaired at all levels are the poor relational dynamics and flexibility, which leads individuals with ASD to prefer individual activities and perform repetitive and obsessive actions. Characterizing these aspects is sameness (unchangeability), a daily routine characterized by rigid patterns of thinking and rituals (walking down the same street or eating the same food every day) (Guidetti, 2016).

There is a large body of literature on autism in childhood, but a poverty of research and specific interventions and projects aimed at adults with autism emerges; in addition, there is evidence in society of a lack of transition planning to adulthood, long-term planning, and an absence of qualified personnel to deal with adults with autism (Gerhardt and Lainer, 2010) Re-educational work on them is very important to empower them and their caregivers with the hope of brightening their days.

This research aims to teach a small daily life skill, such as cooking meals for lunch or dinner, and consolidate them over time for independent living.

Within the training, the use of an App called "Svuotafrigo" was included to make the teaching more usable.

This article will identify the pros and cons of this type of teaching based on the check list plus total tasking chaining (TTC) of the various steps to compose the agreed-upon dish, based on the ingredients in the kitchen. This methodology teaches soft skills.

1. Framework

Intensive, long-term ABA (Analysis Behavioural Applied) based interventions enable children with autism to achieve significant successes in cognitive, language development, academic skills, and adaptive skills (Anderson, Avery, DiPietro, Edwards, & Christian, 1987; Birnbrauer & Leach, 1993; Harris, Handleman, Gordon, Kristoff, & Fuentes, 1991; Hoyson, Jamieson, & Strain, 1984; Lovaas, 1987;

McEachin, Smith,&Lovaas, 1993; Sheinkopf& Siegel, 1998; Smith, Eikeseth, Klevstrand, & Lovaas, 1997).

The effectiveness of ABA as applied to autism has been recognized since the early 1960s (Wolf et al., 1964), but it was from 1980, years when autism was considered an incurable condition, that Lovaas demonstrated the effectiveness of his intensive behavioral interventions in more than 47% of the 19 patients he followed, a higher success rate than in those who did not carry out such interventions.

Similar results have since been replicated by other authors, including Cohen et al. (2006), Remington et al. (2007).

Thirty years of research have demonstrated the effectiveness of ABA in increasing positive social behaviors, learning, communication and reducing problem behaviors. A review of more than 500 studies has demonstrated the effectiveness of ABA in educating children with autism and improving the child's abilities.

The development of software and apps offers new tools for those with disabilities. But they are also helpful to all those who conduct daily therapies, in fact, in various ways, other types of technology-based interventions, inspired by different principles, but united by the presentation of educational material through computers and other technologies (among them: the Alpha Program, Delta Messages, the Emotion Trainer Computer Program, and the use of PDAs -Personal Digital Assistant) involving : educators, parents of those with physical or mental disadvantages, also show promise.

This first consideration is reinforced by considering the fact that, in more recent years, the development of technologies has been such that they offer a much wider variety of options to pedagogical experimentation (Vivanet, 2014b), for example, through applications of mobile devices, virtual reality, and robots.

In this area, many solutions aimed at the problem of autism have also matured. (Reference theories that led us to adopt this teaching methodology) find interventions with children through the use of apps and that have brought results. Knowledge that characterizes the field of application of educational technologies, an area in which Parsons and Cobb (2011) point out that the literature tends more to emphasize presumed potential than to rigorously document real effectiveness. Yet here, too, there is no shortage of clear evidence and interesting perspectives (although the already emphasized complex nature of ASD does not allow for absolute conclusions but requires individualized implementation of each intervention).

Video-modeling is a type of intervention that finds discrete confirmations in the literature for the development of communication skills, high-level cognitive functions, ability to perform tasks of personal responsibility, and play skills, as well

as in limiting problem behaviors and promoting sensory-emotional regulation (on which the National Autism Center's Missouri Autism Guidelines Initiative guidelines agree in good substance; and only partially those of our Istituto Superiore della Sanità and, with the limitations mentioned before, the synthesis of Di Gennaro Reed et al., 2011).

Audiovisual techniques and languages have been introduced in both therapeutic and educational settings to support ASD for some time now (Nikopoulos & Keenan, 2003, 2004; LePage & Courey, 2011). Various technologies are often used in teaching functional skills to students with moderate and severe intellectual disabilities and autism spectrum disorders. Recent investigations have reported the effectiveness of computers (Lancioni, Dijkstra, O'Reilly, Groeneweg, & Van den Hof, 2000; Lancioni, Van den Hof, Boelens, Rocha, & Seedhouse, 1998; Lancioni, Van den Hof, Furniss, O'Reilly, & Cunha, 1999; Mechling, 2003; 2005; Mechling, Gast, & Langone, 2002).

In the specifics of disorders related to the autism spectrum, apps and software promote the development and implementation of several areas of the individual's development, including the affective and emotional, the cognitive, the educational, which has to do with the skills needed for study, the communication and socialization, and the autonomy, promoting visual-spatial skills as well as attention and responsiveness. Individuals with ASD have difficulties especially in pragmatic language; in particular, they are unable to expand meanings and insert new information (Bruner & Feldman, 1993)

Citing the article by (T. Taber-Doughty, E. C. Bouck, K. Tom, A. D. Jasper, S. M. Flanagan, and L. Bassette, 2011) computer-assisted instruction (e.g., computer-assisted instruction, computer pentop has been successfully used to teach mathematics (Bouck et al, 2009; Fazio & Polsgrove, 1989), social skills (Margalit, 1995), fact retrieval (Edyburn, 1991), and word recognition (Lin, Podell, & Polsgrove, 1995). The educational approach is represented by the interactive process in which the focus is on specific learning goals and the application of techniques and methods aimed at facilitating such learning (Pontecorvo, 1999). Several disciplines also agree that the social area in particular should be the first one to intervene on: the attainment of basic social skills should be the primary goal shared by the multidisciplinary team since the development of social skills has a strong impact on the quality of life of the child himself and his family (Gonca B. et al, 2015; Hilton C.L., 2014; Rossini-Drecq E., 2015).

Occupational therapists achieve this by working with individuals and communities to improve their ability to engage in occupations they want to do, need to do, or

are expected to do, or by modifying the activity or environment to better support their occupational engagement (WFOT, 2012)

Occupational Therapy, and thus more specific than other disciplines. Among the articles considered, the one by Tanner K. et al. (2015) is a review prepared by AOTA, which reports evidence of effectiveness on various domains, including social skills. Various technologies are often used in teaching functional skills to students with moderate and severe intellectual disabilities and autism spectrum disorders. Recent investigations have reported the effectiveness of computers (Lancioni, Dijkstra, O'Reilly, Groeneweg, & Van den Hof, 2000; Lancioni, Van den Hof, Boelens, Rocha, & Seedhouse, 1998; Lancioni, Van den Hof, Furniss, O'Reilly, & Cunha, 1999; Mechling, 2003; 2005; Mechling, Gast, & Langone, 2002), personal digital assistants (PDAs) (Cihak, Kessler, & Alberto, 2007), MP3 players (Taber-Doughty, 2005), and iPods to provide numerous forms of instruction incorporate technology in school and community settings (Taber-Doughty, Patton, & Brennan, 2008; Van Laarhoven, Johnson, Van Laarhoven-Meyers, Grider, & Grider, 2009; Van Laarhoven & Van Laarhoven-Meyers, 2006).

As a preface, it should be emphasized that the research that led to the writing of this paper is based on products and technologies that are free and as accessible, intuitive, and functional as possible. Of course, without claiming to have examined the broad landscape, an app by the name of "emptying the fridge" was chosen to train skills in the kitchen.

2. Research hypothesis

Caregivers of adolescents with ASD frequently reported concerns for their child's independent functioning and health (Cadman et al., 2012; Matson & Fodstad, 2009). Adolescence is the time to begin teaching independence cooking skills and promoting healthy dietary behavior to youths with ASD (Smith, Maenner, & Seltzer, 2012). This work on autonomy in the kitchen involved four boys with a clinical diagnosis of ASD between the ages of 17 and 29. The interventions were defined and implemented by educators with specific training in the field of autism and monitored periodically by a psychologist supervisor, a Bcba psychotherapist, who conducted occupational therapies, aimed at developing skills in the kitchen. This project took place from February 2024 to May 2024 at the center premises where the children are taken care of. The planned objectives were as follows: Enhance cognitive performance of recognition and categorization. - Enhance focused attention and sustained attention. - Develop spatial orientation skills in the kitchen

- Develop self-organization and autonomy skills in individual activities. - Enhance social interaction skills in a new environment (greeting staff, relating to users, etc.). The teachings and procedures of the different activities were carried out according to the principles and techniques of structured teaching (TEACCH; Schopler, Reichler and Lansing, 1991);

Educators focus on promoting health, well-being and independence by enabling people with injury, disability or disorder to engage in daily activities. These include self-care activities, productive activities (school and work) and social activities. Many educators have a special interest in working with people on the autism spectrum and have developed experience and knowledge in assessment and program development for autistic people.

Educator's work closely with individuals, parents, teachers and other care-givers to implement strategies that will help autistic children to develop skills in child care, kindergarten and school environments. They can also help autistic adults to refine things such as motor skills, social skills or organisational skills.

Occupational therapy can provide therapeutic support to address the social and functional life skills that are required for autistic people to live the life they choose. The intervention methodology adopted nationally recognized best practices for autism and was based on cognitive-behavioral techniques. Initially, it was necessary to assess what each boy's basic skills were following the IADL test. A simplified scale is used to calculate the ADL (ACTIVITIES OF DAILY LIVING) index by assigning one point for each independent function so as to obtain a total performance score ranging from 0 (complete dependence) to 6 (independence in all functions).

For scoring, it is necessary to translate the three-point rating scale (no assistance, partial assistance, or full assistance) into the dichotomous classification "dependent/independent."

3. Tools

The instruments used were:

- "Svuotafrigo" app created by two young talents from Campania. "Svuotafrigo", this is the name of the app that already hints at what we are going to talk about.
- "The app was created with the needs of out-of-town college students in mind, but with the understanding that it could be used by anyone even a housewife. Very often we were wondering what to cook with what we had in the fridge, and so we came up with the idea of creating "Svuotafrigo app".

- Use of each boy's personal cell phone.
- Kitchen area, present in the center where the boys are in charge
- Ingredients for preparing the bruschetta dish (4 slices bruschetta bread, 4 perino tomatoes, 1 clove of garlic, 3 teaspoons olive oil extravergine, q.b. basilico, q.b. origano, q.b. sale e pepe). Dish chosen for experimentation.
- Cutlery
- Serving dishes
- Data sockets for check list and task analysis
- Pencil and eraser

4. Metods

The method used, was one in which the boy then had to be able to have in front of him, in a concatenated manner, the steps to be followed for the completion of the recipe. The following strategies were used: - check list of ingredients - task analysis, both already composed in the app, on the cell phone; - social and tangible reinforcements. Each boy was provided with a cell phone on which an app was downloaded and shown the check list and task analysis of each recipe.

For this, the strategy in TTC (total task chaining) was adopted to teach the boys the skill of knowing how to compose dishes in the kitchen. When using TTC, all steps within the chain are trained and completed each time the activity is presented (Cooper et al., 2020). Reinforcement is provided for the correct completion of the entire chain. Mastery is achieved when all steps within the chain can be independently performed to criterion. Within the literature, total task chaining is sometimes called total task presentation (Spooner, 1984), concurrent chaining (McDonnell & McFarland, 1988).

For each individual task, the educator initially performed the action thus giving the model to imitate (modeling) and providing the opportunity for imitation so that each step could be acquired. In addition to modeling, other teaching techniques such as physical and verbal prompts were used; these aids were gradually faded (fading) to arrive at the acquisition of the sequences of each task independently. The reinforcers used were both social, such as a compliment, a smile, a hug, and tangible, such as eating the prepared dish, in our case bruschetta, to use motivating and pleasurable reinforcers for the children at the end of the activity.

Imitation is a cognitive and motor skill that is present from the earliest months of life, which fosters the establishment of social relationships and intersubjectivity and is fundamental to many of the future skills that can be acquired, including language (Rossi et al., 2017).

This ability appears to be impaired in people with autism spectrum disorder: indeed, data from the study by De Giacomo and colleagues (2006) suggest that in children with autism, reduced or absent spontaneous imitation of actions correlates in some way with lower organization of verbal skills. Considering the children's response, video modeling will be inserted next. As another form of visual support, Sturmey (2003) described video technology as a novel and expanding technology for providing positive behavior support to individuals with disabilities. Video-based technology has been used to support acquisition of a range of academic, social, communication, and daily living skills for students with ASD (Ayres & Langone, 2005; Bellini & Akullian, 2007; Delano, 2007; Mechling, 2005).

5. Participants

Four ASD children were recruited as participants. All of them and caregivers, were briefed on the research protocol and exposure to the "Svuotafrigo" app, and all gave informed consent.

The ages of the boys ranged from 17 to 25 years old. Marco, Andrea, Annalisa and Davide, were selected based on their comparison scores on the ADOS-2, WISC-IV and IADL instrumental activities of daily living scale (Lawton and Brody, 1969).

To show that the children had homogeneous skills, the IADLs questionnaire was administered to the families. Each scored respectively 4/8 ; 4/8, 4/8 and 4/8 . All participants demonstrated the same basic skills.

They demonstrated using the telephone on their own initiative, searching for the number and dialing it (requirement A). The same, they demonstrated the need to be accompanied to make purchases in stores, be dependent on food preparation and have them served (requirements B and C).

All participants, perform their housekeeping tasks, light and that they have an insufficient level of cleanliness (requirement D).

Within the test, it was found that all laundry is washed by others (requirement E) and for commuting they use transportation only when assisted. (requirement F). All participants take medicines only if they are prepared in advance and in separate doses (requirement G) and finally, all four participants are unable to manage money (requirement H). (see table 1)

Marco	1	0	0	1	0	1	0	1	4
Andrea	1	0	0	1	0	1	0	1	4
Annalisa	1	0	0	1	0	1	0	1	4
Davide	1	0	0	1	0	1	0	1	4

PUNTEGGIO TOTALE (A+B+C+D+E+F+G+H) $\left| \frac{4}{8} \right.$

Table 1 (the proposed table shows the basic independent living skills that, at the time of administration, the children mastered) Baseline

All participants were put in baseline condition to test skills with the use of chaining provided by the app, consisting of the check list of ingredients to check and task analysis found within the app Check list treatment

After validating their skills, the treatment phase began with the use of check and pairing ingredients

Read task analysis

Following the check list, the app had a task analysis for them to read and follow

Follow up check list

After acquiring the check list procedure, the follow up phase was entered one week after acquisition

6. Data analysis

These graphs, represent the acquisition and non-acquisition levels of the children in question.

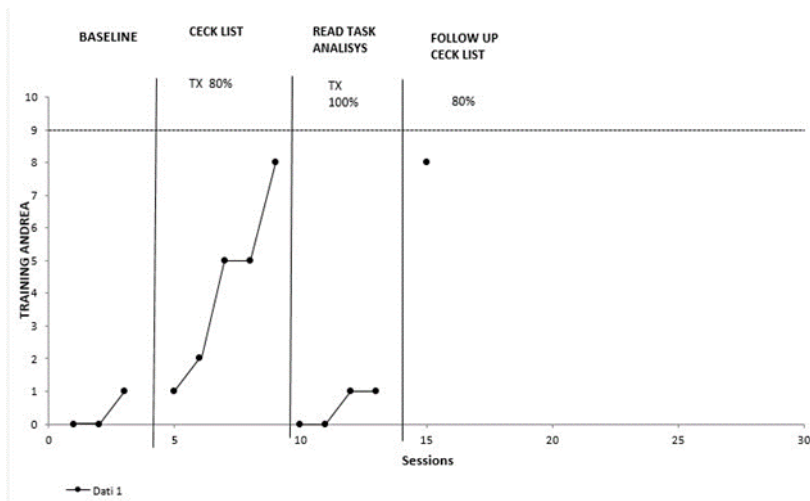
In the baseline phase, each of them showed their skills without any teaching. Later, in the check list phase, all of them, after 4 sessions, reached 80% (acquisition criterion). In the treatment task analysis phase, none reached the 100% acquisition criterion, while the follow up phase, showed that the acquired skills persist one week after the day of acquisition, for all four boys.

As noted in (graph 1), Andrea, acquired the skill of reading ingredients and check, but not the skill of reading task analysis, as she did not possess the skill of complex lettura.

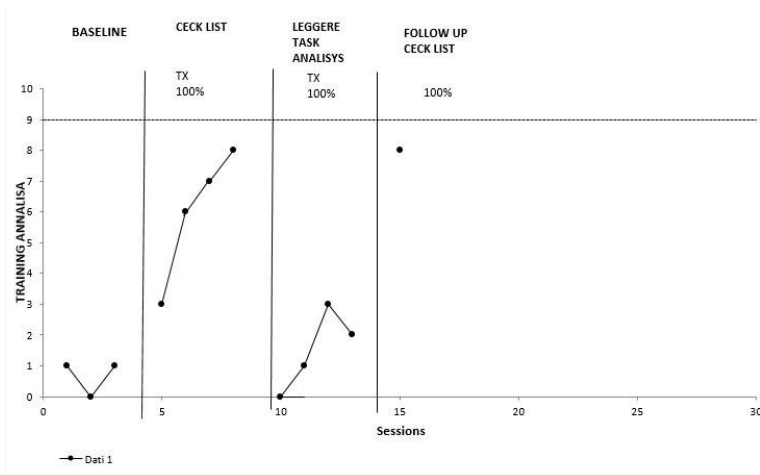
In (graph 2), Annalisa, acquired the skill of reading ingredients and doing check. She also started to possess the skill of reading task analysis, but never reached 100% acquisition because she needs more support. Excellent follow up check list one week after the acquisition date.

Davide (graph 3), also acquired the ability to read ingredients and make ceck, but no achievement in the ability to read task analysis. He achieved 100% acquisition and performed optimally in the follow up phase.

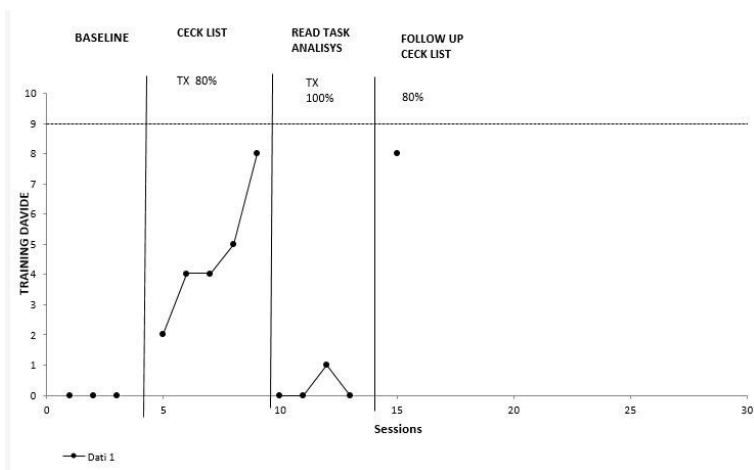
Marco, come tutti i suoi amici, ha acquisito l'abilità di fare ceck ma non di seguire la task analysis. (graph 4)



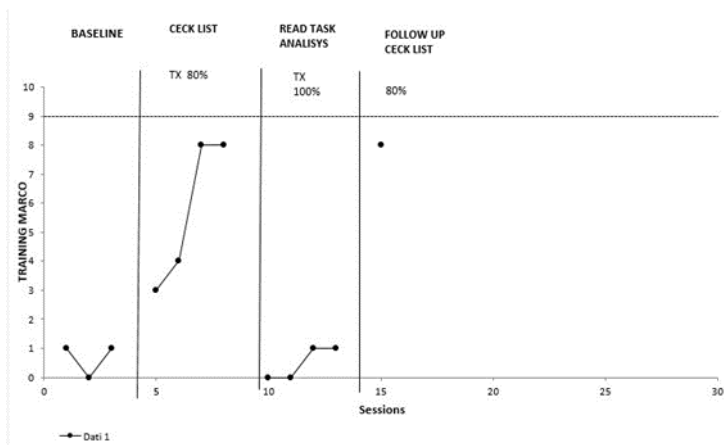
(Graph 1) training teaching skills on Andrea.



(graph 2) training teaching skills on Annalisa.



(graph 3) training teaching skills on Davide.



(graph 4) training teaching skills on Marco.

Conclusions

The data collected from this research, show how teaching with task analysis is not optimal for teaching children with ASD, who do not have compound sentence reading skills. Comparing this TTC teaching method, with the research done by Teresa Taber-Doughty, Emily C. Bouck, Kinsey Tom, Andrea D. Jasper, Sara M. Flanagan, and Laura Bassette Video Modeling and Prompting: A Comparison of Two Strategies for Teaching Cooking Skills to Students with Mild Intellectual Disabilities. Purdue University. Education and Training in Autism and Developmental

Disabilities, 2011, 46(4), 499-513, you will augment the teaching procedure through video modeling.

The owner of the “Svuotafrigo” app will be consulted and it will be suggested to him/her to put video modeling on the platform, considering that this methodology can increase the positivity in the procedure of learning the various steps that will lead to the realization of the selected dish.

It will be proposed to a group of peer tutors whether they would like to serve as in vivo modeling to augment the learning procedure, and it will be evaluated which of the two methodologies is more effective within behavior analysis.

Conducting this research can provide practitioners with clearer best practice recommendations for optimal results.

The result obtained is poor due to the poor implementation of teaching procedures, this research will proceed and be implemented to obtain positive results for the proper development of soft skills.

Personal digital assistive devices are commonly used to provide prompts to children and adolescents with ASD to guide them in completing various tasks, including daily living skills and cooking (Mechling, Gast, & Seid, 2009). daily living skills and cooking (Mechling, Gast, & Seid, 2009; Palmen, Didden, & Verhoeven, 2012). Mechling, Gast, and Seid successfully used visual, auditory, and video cues to teach three adolescents with ASD and mild to moderate cognitive and adaptive abilities to independently cook three recipes: a ham and cheese sandwich on the stove, macaroni and cheese in the microwave oven, and an individual pizza in the toaster oven.

They believe that implementing these signals on a personal digital assistive device not only allows universal access for people with any disability, but also makes the commercial product relatively accessible.

The commercial app used is accessible to everyone in a portable technology device; this, not only increases the accessibility of the cooking program for adolescents with ASD and other related developmental disorders, but is also expected to increase affordability.

The application of this type of program in a technology application may also allow programs to be customized to each person's needs (Hoelsher, Evans, Parcel, & Kelder, 2002).

In conclusion, providing therapists, teens, and parents with an accessible, affordable, and developmentally appropriate program through technology can help reduce caregivers' experiences of support and on the cost of health services during their adolescents' transition to adulthood.

In conclusion, quantitative results show that adolescents with ASD who participated in the cooking program increased their use of the app to search for recipes to compose.

The participants' results, contributed to a better understanding of how the program specifically affected the behavior of adolescents with ASD and the parents' experience of stress.

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