

SCHOOL

 *Community Tool Kit*

*A tool kit to assist members of the school community
in understanding and supporting students with autism*



AUTISM SPEAKS™
It's time to listen.

Autism Speaks

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About this Kit

As the rate of autism diagnosis increases, many more public and private schools will include students with autism. Learners with autism may have some additional challenges in the school environment, but with the support of the school community – the teachers, administrators, aides, office staff, bus drivers, nurses, custodians, peers and parents -- students with autism can make great strides and become valued members of a student body. Just as students can learn from each member of the school community, the school staff and peers can learn that students with autism have a lot to offer in return. The purpose of this kit is to provide information about autism – the features, challenges and strengths -- as well as some of the tools and strategies that may result in more positive interactions for all members of a school community.

This tool kit is *not* intended to be a curriculum for special education for students on the autism spectrum, but rather a support for the general education and administrative school staff who interact with students with autism in various capacities. However, it is envisioned that this tool kit will provide valuable information and resources that can be employed by special education and administrative staff in their efforts to plan for and support students in general education environments and involvement in the school community as a whole.

The following information has been compiled to assist in staff training efforts, offering an introduction to autism and highlights of specific strategies that have been found to be helpful. It is important that support for students with autism employs a team approach, and that each student is considered on an individualized level, in addition to the general perspective that is provided here. School staff should enlist the resources of those who know the student well — experienced teachers, therapists and families — and try to always seek first to understand. Experience and further training will allow for broader skill development and the ability to provide students with greater access to communication, organization, sensory and motivational supports that will help to reap the rewards that come from interacting with this complex but rewarding population.

Autism Speaks does not provide medical or legal advice or services. Rather, Autism Speaks provides general information about autism as a service to the community. The information provided in this kit is not a recommendation, referral or endorsement of any resource, therapeutic method, or service provider and does not replace the advice of medical, legal or educational professionals. This kit is not intended as a tool for verifying the credentials, qualifications, or abilities of any organization, product or professional. Autism Speaks has not validated and is not responsible for any information or services provided by third parties. You are urged to use independent judgment and request references when considering any resource associated with the provision of services related to autism.



With gratitude, we thank the members of the Professional Advisory Committee for generously donating their time, experience and resources to this project.

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How to Use this Tool Kit

 The Autism Speaks School Community Tool Kit is a broadly based support, envisioned for use by staff in all areas of a school population, with learners from kindergarten through graduation, who present with the highly variable skills and challenges characteristic of the spectrum that represents autism. As such, some of this information will be more necessary—and more relevant—to some users than others.

It is anticipated that interdisciplinary school personnel, such as administrators, case managers and school psychologists, would become familiar with the breadth of the information included in this kit. Similarly, special education teachers, behavior specialists and autism consultants might find additional perspectives, resources and supports that might be used to implement strategies and programs for their students. Links to websites and lists of suggested reading are included in the [Resources](#) section at the end, offering access to further depth in particular areas of concern and additional opportunities for specific learning. In the [Appendix](#), downloadable examples, forms and handouts are included for further reference and distribution (with necessary permission, as noted.)

For others with more limited interactions with a student, such as bus drivers and cafeteria staff, key information on autism and Asperger's Syndrome and (mostly) universal strategies are set forth in two-page [Autism Basics](#) and [Asperger's Syndrome Basics](#) summaries. In addition, specific considerations that might be useful in preparing and supporting staff and peers are included in the [For Specific Members](#) section. If extended training opportunities are not available, it is anticipated that a brief introduction from a parent, special education teacher or behavior specialist about the child, coupled with the appropriate **Autism/Asperger's Syndrome Basics** summary, the relevant [For Specific Members](#) section and the [About Me](#) form completed by the student or his family should provide a start to building understanding and support. Ongoing training, trouble-shooting and increasing expectations will help to increase competence and success for everyone involved.

Sections have been broken into modules, so that they might be digested or delivered in short units, such as at a staff meeting or in-service. Examples and visual supports have been included, since we *all* benefit from the use of pictures. Links to additional training opportunities, websites, video clips and examples have been inserted, and it is envisioned that these will be added and updated over time. The [Appendix](#) includes forms and articles that can be used in training sessions or as handouts to reinforce or implement perspectives and strategies outlined in the tool kit.

Since learning is enhanced when it is applied, it is suggested that training with this tool kit be employed in a fashion as hands-on as possible: role play, create examples, apply a technique to a current student's needs, discuss and compare. In addition, the [Appendix](#) includes a section with brief assessments and case studies, and websites in [Resources](#) offer on-line training tools that can be used for reinforcement of learning principles.



While Autism Speaks has involved many perspectives in compiling this Tool Kit, it remains a work in progress. We would appreciate your contributions and feedback, including both successes and opportunities for improvement. Please email us at schooltoolkit@autismspeaks.org.

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The School Community Tool Kit can be found on the Autism Speaks website:

www.autismspeaks.org/school

Autism Speaks maintains the School Community Tool Kit as a service and a reference tool. Every effort is made to ensure listings are up-to-date. Autism Speaks does not endorse or claim to have personal knowledge of the abilities of those listed. The resources listed in these pages are not intended as a recommendation, referral, or endorsement of any resource or as a tool for verifying the credentials, qualifications, or abilities of any organization, product or professional. Users are urged to use independent judgment and request references when considering any resource associated with diagnosis or treatment of autism, or the provision of services related to autism.



In this kit, the umbrella term “autism” refers to the Pervasive Developmental Disorders (PDD), also known as Autism Spectrum Disorders (ASD), including autism, PDD, PDD-NOS, and Asperger’s Syndrome.

The personal pronoun “he” is used to describe a male or female individual with autism.

What is Autism?

Autism is a general term used to describe a complex group of neurodevelopmental disorders known as Pervasive Developmental Disorders (PDD). Many parents and professionals refer to this group as Autism Spectrum Disorders (ASD).

In this definition, neuro indicates that it is neurological, or involving the brain and the nervous system. The term developmental signifies the onset of autism during childhood, as well as the fact that the disorder alters the course of a child’s development. The word pervasive is used to reflect that the effects of autism cross several functional areas, including language, social and relational, as presented in the diagnostic criteria. In addition, many children with autism have altered sensory perceptions, other learning, medical and psychiatric issues, and there is considerable variability of symptoms, strengths and challenges within this population. It is important to understand the commonalities and unique features of autism, but also essential to think of every child, including those with autism, as an individual.

Although autism is biological, presently there is not a medical test for autism; a diagnosis is based on observed behavior and educational/psychological testing. The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* is the main diagnostic reference used by mental health professionals and insurance providers in the United States. The current (fourth) edition, published in 1994 and revised in 2000, is commonly referred to as the “DSM-IV.”

The DSM-IV diagnostic criteria can be viewed on the [Centers for Disease Control website](#).



The following box summarizes the PDDs as characterized by the DSM-IV.

The Pervasive Developmental Disorders

Autistic Disorder: What most people think of when they hear the word "autism." Children who present with delays or differences in social interaction, communication and imaginative play prior to 3 years of age.

Asperger's Disorder/Asperger's Syndrome: Children who do not have delays in the development of language, and tend to score in the average or above-average range on intelligence tests. However, they often have challenges in more subtle communication abilities, as well as social concerns and limited or repetitive interests.

Pervasive developmental disorder not otherwise specified or PDD(NOS), also known as atypical autism: A catchall category for children who display many of the symptoms of autism, but do not meet the full or exact criteria for any of the other categories.

Rett's Disorder, also called Rett's Syndrome: Known to occur only in girls, children with Rett's initially develop normally, then between the ages of one and four begin to lose communication and social skills. Motor ability deteriorates and repetitive hand movements replace purposeful use of the hands.

Childhood Disintegrative Disorder: Children who develop normally for at least two years, and then lose some or most of their communication and social skills prior to the age of ten.

Also in use are the terms Classic Autism or Kanner's Autism (named after the first psychiatrist to describe autism), generally used to depict the most impacted form of the disorder. In addition, 'high functioning autism' is an informal term used to describe individuals who are more able, generally from a verbal or academic standpoint, with frequent overlap with Asperger's Syndrome and PDD (NOS).



The Core Symptoms of Autism

The symptoms of autism, and their severity, can vary considerably in each individual on the autism spectrum. Since they are the basis for an autism diagnosis, the functional areas of *communication*, *social interaction*, and *repetitive behaviors* are viewed as the 'core' symptoms of autism. Autism affects the way a child perceives the world, making communication and social interaction difficult. It also results in repetitive behaviors or peculiar or intense interests. It is critical to remember that the symptoms of autism are rooted in neurological causes, and these do not represent willful behaviors on the part of the child. To represent the variability of children with autism, it is sometimes said: If you've seen one person with autism; you've seen *one person* with autism.

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autism.

The characteristics of autism typically last throughout a person's lifetime, although they can change considerably over time and through interventions. A mildly affected individual might seem merely quirky and lead a typical life. A severely affected person might be unable to speak or care for himself. Early and intensive intervention can make extraordinary differences in a child's development and outcome.

This description of the social symptoms, communication difficulties and repetitive behaviors associated with autism are drawn from the [National Institute of Mental Health Website](#).



Social Symptoms

■ From the start, typically developing infants are social beings. Early in life, they gaze at people, turn toward voices, grasp a finger, and even smile. In contrast, most children with autism seem to have tremendous difficulty learning to engage in the give-and-take of everyday human interaction. Even in the first few months of life, many do not interact and they avoid eye contact. They seem indifferent to other people, and often seem to prefer being alone. They may resist attention or passively accept hugs and cuddling. Later, they seldom seek comfort or respond to parents' displays of anger or affection in a typical way. Research has suggested that although children with autism are attached to their parents, their expression of this attachment is often unusual and difficult to “read.” To parents, it may seem as if their child is not attached at all. Parents who looked forward to the joys of cuddling, teaching, and playing with their child may feel crushed by this lack of the expected and typical attachment behavior.

Children with autism also are slower in learning to interpret what others are thinking and feeling. Subtle social cues—whether a smile, a wink, or a grimace—may have little meaning. To a child who misses these cues, “Come here” always means the same thing, whether the speaker is smiling and extending her arms for a hug or frowning and planting her fists on her hips. Without the ability to interpret gestures and facial expressions, the social world may seem bewildering. To compound the problem, people with autism have difficulty seeing things from another person's perspective. Most 5-year-olds understand that other people have different information, feelings, and goals than they have. A person with autism may lack such understanding. This inability leaves them unable to predict or understand other people's actions.

Although not universal, it is common for people with autism also to have difficulty regulating their emotions. This can take the form of “immature” behavior such as crying in class or verbal outbursts that seem inappropriate to those around them. The individual with autism might also be disruptive and physically aggressive at times, making social relationships still more difficult. They have a tendency to “lose control,” particularly when they're in a strange or overwhelming environment, or when angry and frustrated. They may at times break things, attack others, or hurt themselves. In their frustration, some bang their heads, pull their hair, or bite their arms.



Communication Difficulties

■ By age 3, most children have passed predictable milestones on the path to learning language; one of the earliest is babbling. By the first birthday, a typical toddler says words, turns when he hears his name, points when he wants a toy, and when offered something distasteful, makes it clear that the answer is “no.”

Some children diagnosed with autism remain mute throughout their lives. Some infants who later show signs of autism coo and babble during the first few months of life, but they soon stop. Others may be delayed, developing language as late as age 5 to 9. Some children may learn to use communication systems such as pictures or sign language.

Many of those who do speak often use language in unusual ways. They seem unable to combine words into meaningful sentences. Some speak only single words, while others repeat the same phrase over and over. Some children with autism parrot what they hear, a condition called *echolalia*. Although many typical children go through a stage where they repeat what they hear, it normally passes by the time they are 3.

Some children only mildly affected may exhibit slight delays in language, or even seem to have precocious language and unusually large vocabularies, but have great difficulty in sustaining a conversation. The “give and take” of normal conversation is hard for them, although they often carry on a monologue on a favorite subject, giving no one else an opportunity to comment. Another difficulty is often the inability to understand body language, tone of voice, or “phrases of speech.” They might interpret a sarcastic expression such as “Oh, that’s just great” as meaning it really IS great.

While it can be hard to understand what a child with autism is saying, their body language is also difficult to understand. Facial expressions, movements, and gestures rarely match what they are saying. Also, their tone of voice fails to reflect their feelings. A high-pitched, sing-song, or flat, robot-like voice is common. Some children with relatively good language skills speak like little adults, failing to pick up on the “kid-speak” that is common in their peers.

Without meaningful gestures or the language to ask for things, people with autism are at a loss to let others know what they need. As a result, they may simply scream or grab what they want. Until they are taught better ways to express their needs, children with autism do whatever they can to get through to others. As people with autism grow up, they can become increasingly aware of their difficulties in understanding others and in being understood. As a result they may become anxious or depressed.



Repetitive Behaviors

■ Although children with autism usually appear physically normal and many have good muscle control, odd repetitive motions may set them off from other children. These behaviors might be extreme and highly apparent or more subtle. Some children and older individuals spend a lot of time repeatedly flapping their arms or walking on their toes. Some suddenly freeze in position.


As children, they might spend hours lining up their cars and trains in a certain way, rather than using them for pretend play. If someone accidentally moves one of the toys, the child may be tremendously upset. Children with autism often need, and demand, absolute consistency in their environment. A slight change in any routine—in mealtimes, dressing, taking a bath, going to school at a certain time and by the same route—can be extremely disturbing. Perhaps order and sameness lend some stability in a world of confusion.

Repetitive behavior sometimes takes the form of a persistent, intense preoccupation. For example, the child might be obsessed with learning all about vacuum cleaners, train schedules, or lighthouses. Often there is great interest in numbers, symbols, or science topics.

Until they are taught better ways to express their needs, children with autism do whatever they can to get through to others.



How common is Autism?


 Today, it is estimated that one in every 150 children is diagnosed with autism, making it more common than childhood cancer, juvenile diabetes and pediatric AIDS combined. An estimated 1.5 million individuals in the U.S. and tens of millions worldwide are affected by autism. [Government statistics](#) suggest the rate of autism is increasing 10-17 percent annually. There is no established explanation for this increase, although improved diagnosis and environmental influences are two reasons often considered.

Studies show boys are more likely than girls to develop autism and receive the diagnosis three to four times more frequently. Within the population of those diagnosed with Asperger's Syndrome, boys outnumber girls 10:1. Current estimates are that in the United States alone, one out of every 94 boys is diagnosed with an autism spectrum disorder. It should be noted that girls with autism may present with different characteristics and behavioral symptoms, and therefore may be overlooked and under-diagnosed, an important consideration in assessment and intervention. Autism knows no racial, ethnic or social boundaries.

One in every 150 children is diagnosed with autism



What Causes Autism?

 The simple answer is we don't know. The vast majority of cases of autism are idiopathic, which means the cause is unknown.

The more complex answer is that, just as there are different levels of severity and combinations of symptoms in autism, there are probably multiple causes. The best scientific evidence available today points toward the likelihood of various combinations of factors causing autism, perhaps the cumulative effect of multiple genetic components or a predisposition to harm from as-yet-undetermined environmental exposures. The timing of these exposures during a child's development (before, during or after birth) may also play a role in the development or final presentation of the disorder.

A small number of cases of autism can be linked to genetic disorders such as Fragile X, Tuberous Sclerosis, and Angelman's Syndrome, as well as environmental exposures such as infections (maternal rubella or cytomegalovirus) or chemical agents (thalidomide or valproate) during pregnancy. There is a growing interest among researchers about the role of the immune system in autism.

While the definitive causes of most cases of autism are not yet clear, it is clear that it is *not* caused by bad parenting. Dr. Leo Kanner, the psychiatrist who first described autism as a unique condition in 1943, believed that it was caused by cold, unloving mothers, despite the fact that these same parents also had healthy, typical children. Bruno Bettelheim, a professor of child development, perpetuated this misinterpretation of autism. Their promotion of the idea that unloving mothers caused their children's autism prevented biological investigation of the nature of autism and created a generation of parents who carried the tremendous burden of guilt for their children's disability.

In the 1960s and 70s, Dr. Bernard Rimland, the father of a son with autism who later founded the Autism Society of America and the Autism Research Institute, helped the medical community understand that autism is a biological disorder.

The best scientific evidence available today points toward the likelihood of various combinations of factors causing autism.



What about Those Unique Abilities That May Accompany Autism?

Some individuals with autism possess unusual skills and abilities. Perhaps through differences in the wiring of the brain, or the priorities that have been established by the brain in the processing of information, notable strengths or exceptional abilities may emerge. While true savants (savant syndrome describes a person with a mental deficit who has one or more genius level abilities) are rare, many individuals with autism have strengths that may make them unique or interesting.

Some of the noted strengths that might be present in an individual with autism are outlined here, but it is important to never assume that any individual student has any or all of these strengths. However, awareness of a skill such as one portrayed here might allow for an opportunity to form a connection, to motivate or reward attention to more difficult challenges, or to employ a strength in overcoming other areas of deficit.

Some of the strengths you may see in individuals with autism:

Strong visual skills
Ability to understand and retain concrete concepts, rules, sequences and patterns
Good memory of details or rote facts (math facts, train schedules, baseball statistics)
Long term memory
Computer and technology skills
Musical ability or interest
Intense concentration or focus, especially on a preferred activity
Artistic ability
Mathematical ability
Ability to decode written language (read) at an early age (but not necessarily comprehend)
Strong encoding (spelling)
Honesty
Problem solving ability (when you cannot ask for something you want, you can get pretty creative about getting your hands on it yourself)

*Adapted from A Parent's Guide to Asperger's Syndrome and High Functioning Autism
by Sally Ozonoff, Geraldine Dawson, and James McPartland*



Often the unique talents of individuals with autism are a reflection of the focus they place on a particular area, and how much it interests them. If sorting out the days on a calendar helps to provide structure and predictability to an otherwise confusing world, then it might make sense that an individual would be able to memorize incredible amounts of information and be able to tell the day of the week on which a person was born, when provided the date. Inherent to the development of these exceptional skills is the individual's understanding of the processes and patterns involved, and the motivation to focus thereon—absolutely critical features to keep in mind when undertaking the task of teaching something new. Breaking down tasks into understandable components, and providing motivational support (remembering that what motivates a child with autism may be decidedly different from what motivates a typical child) are critical to expanding an individual's repertoire of skills and strengths.



What Are Specific Features of Asperger's Syndrome?

Asperger's Syndrome is a neurological disorder on the autism spectrum named after the Austrian pediatrician Hans Asperger, who first described a group of children characterized by a similar set of behavioral features. Individuals with Asperger's Syndrome have difficulties with social interaction and restrictive or repetitive behaviors, but in contrast to those with classic autism, do not have delays in language development or evident cognitive delays. Most achieve their early developmental milestones and academic targets on time, with many having IQs in the superior range. As a result of this more subtle presentation, people with Asperger's Syndrome are usually diagnosed later than those with autism, sometimes even in adolescence or adulthood. Asperger's Syndrome is diagnosed in boys approximately ten times more often than in girls.

Individuals with Asperger's Syndrome find it challenging to connect with others, often having difficulty maintaining eye contact, reading other people's facial expressions or body language and taking another's perspective. While language develops in a typical timeframe and vocabulary might actually be advanced, challenges are present in understanding the subtle aspects of communication—reading gestures, understanding idioms, recognizing and expressing emotions, flowing with the social back and forth of communication. Language is usually interpreted very literally, so idioms and sarcasm can be very confusing. Many learn to read easily and early, but decoding skills often obscure significant challenges with comprehension and contextual understanding. Students with Asperger's are usually highly verbal, saying things others have learned to keep to themselves (thereby appearing rude) or producing lengthy dissertations on favored topics (e.g. New York City's train schedules) without the realization that the information is of no interest to those around him.

Sensory processing differences and motor difficulties—issues with attention and timing, clumsiness and low muscle tone—are often present, making social connections through play and sports even more challenging. Organization and attention are often disordered, and most students with Asperger's Syndrome experience ever-present anxiety. Extreme adherence to rules, routines and favored activities or topics often make transitions, changes and flexibility (such as playing a game according to another child's method) extremely difficult and distressing.

Since the challenges presented vary considerably from those of classic autism, the needs of students with Asperger's Syndrome often go unaddressed, leading to increasing isolation and anxiety. Skill deficits with organization and attention—especially in an intellectually gifted child—are often misinterpreted as lack of effort or interest and penalized, rather than taught as isolated skills. Without failing grades, fine motor issues related to shoe tying or penmanship might not be addressed with occupational therapy and the intricacies of conversational



reciprocity might not be addressed in speech therapy sessions. In fact, because of frequent success with typical standards of evaluation (learning factual information, processes and academics), the needs of individuals with Asperger's Syndrome are often overlooked and inappropriately supported.

As students age and become aware of their differences, anxiety often increases and depression might develop. Bullying is common, as naïve students without self-advocacy skills or desperate for friendships become victims. Educating peers and fostering emotional literacy, self awareness and development of the skills required to develop peer relationships can go a long way in helping to create a successful student.

For more information on Asperger's Syndrome, see the [Organization for Autism Research's Steps to Success](#).



Are there Other Challenges That May Accompany Autism?

Sensory Processing

■ Many individuals with autism exhibit unusual responses to sensory input, also called stimuli. These responses are due to difficulties in processing and integrating sensory information. Vision, hearing, touch, smell, taste, the sense of movement (vestibular system) and the sense of position (proprioception) can all be affected. This means that while information may be sensed normally, it may be perceived much differently.

The process of the brain organizing and interpreting sensory information is called sensory integration. Sometimes stimuli that seem “normal” to others can be experienced as painful, unpleasant or confusing by the child with sensory dysfunction. For some individuals, the inability to process sensory information normally might be described using a clinical term such as Sensory Integration Dysfunction, Sensory Processing Disorder or Sensory Integration Disorder. Even for those who do not receive a formal classification, it is important to recognize that significant and real sensory issues may occur in a student as an isolated issue, or may accompany a variety of learning and neurological disorders such as autism, dyslexia, dyspraxia, multiple sclerosis, and speech delay.

An individual with autism's sensory challenges can involve hypersensitivity (over reactivity), also known as sensory defensiveness, or hyposensitivity (under reactivity). Many people with autism are highly attuned or even painfully sensitive to certain sounds, textures, tastes, and smells. Some children find the feel of clothing touching their skin almost unbearable, or might be distracted by the buzz of an airplane or a bee long before anyone else is aware of its presence. Hyposensitivity might be apparent in an increased tolerance of pain or a constant need for sensory stimulation. Some individuals with autism are oblivious to extreme cold or heat (dangerous in icy conditions or when working near a stove), and a child with autism may fall and break an arm, yet never cry. Responses to sensory overload can range from shutting down and checking out of the environment, to preoccupation or distraction, or negative behaviors such as aggression or running away. Sensitivities can change or improve over time.

Sensory imbalances can also occur in a seemingly incongruous combination in a single person, for example one who might crave deep pressure (such as a hug) but cannot tolerate the sensation of light touch (such as a kiss on the cheek.) Shirt labels or seams on socks can annoy a child to distraction, while the hum of a vacuum can be terrifying, or the flicker of a fluorescent light completely



disorienting. Many young children with autism seem particularly upset by the 'Happy Birthday' song (or the clapping that follows), so it is helpful to be aware that this might be distressing as it is likely to come up many times over the course of a school year. Indoor lunch, recess, physical education classes and assemblies are also times where the lack of structure, large numbers of students, unpredictability and excessive noise can become overwhelming.

Some Signs of Sensory Dysfunction

Overly sensitive to touch, movement, sights, or sounds

Under reactive to touch, movement, sights, or sounds

Easily distracted

Social and/or emotional problems

Activity level that is unusually high or unusually low

Physical clumsiness or apparent carelessness

Impulsive, lacking in self control

Difficulty making transitions from one situation to another

Inability to unwind or calm self

Poor self concept

Delays in speech, language, or motor skills

Delays in academic achievement

Organization and Attention

■ Individuals with autism are overwhelmingly challenged by difficulties with organization, both in terms of their own selves, and in their interactions with the world around. While a student with autism might craft an elaborate scheme of associations to aid in structuring his view of the world (i.e. A=red, B=yellow, C=black, etc.), many of these ritualistic patterns do not follow the organizational modes that most of society employs.

In addition, focusing or sustaining attention to subjects that others find interesting or important can be extremely difficult, while at the same time the ability to attend to something motivating to the individual with autism can maintain considerable intensity. Many autism specific interventions view building this shared focus, or 'joint attention' as a critical component of instruction. The ability to appropriately shift attention, and the speed with which this occurs, is also a noted deficit in autism with profound effects on communication, learning and social ability.

Many of the tasks of 'executive function' are notably disordered in autism, as in ADHD, Alzheimer's and individuals who have sustained injuries to the frontal



lobe of the brain. Just as the sensory issues are often related to challenges in making sense of the whole, executive function skills are instrumental for proper coordination of cognitive resources: planning and organization, flexible and abstract thinking, short term and working memory, initiating appropriate actions and inhibiting inappropriate actions. Executive function deficits can have broad effects on a learner: e.g., if it is impossible to recall the question a teacher just asked, then it becomes equally impossible to answer it. For many higher functioning individuals this deficit is especially problematic, as these organizational skills are not usually taught directly; for example, a student might be able to compose sentences, but not create a journal entry on a specified topic because of the challenges with organizing thoughts and putting these in an understandable sequence on paper.

Challenges have also been described with respect to 'theory of mind', or the ability to recognize various mental states (beliefs, intentions, knowledge, etc.) in oneself and others, and to understand that others might have beliefs, desires and intentions that differ from one's own. While understanding the role of theory of mind is still an evolving area of science, it is worth noting that perspective taking is often an area of great challenge to individuals with all forms of autism, socially, emotionally and linguistically (e.g. 'when is I you and you me?')

Cognitive Impairment

■ Average or above average intelligence is intrinsic to the definition of Asperger Syndrome and usually recognized in individuals characterized as having High Functioning Autism. However, most research states that some degree of cognitive impairment has been shown in a majority of individuals with classic autism. Formal testing often shows significant variability, with some areas at normal levels and others weak. For example, a child with autism may do well on the parts of an intelligence test that measure visual and problem solving skills, but earn low scores on the language subtests. Significantly language-disordered students who are assessed via non-verbal tests often show markedly higher intelligence scores than when a verbally based test is used.

Many individuals with autism learn at a rate slower than those of their peers, but the specific percentage of those with mental retardation is poorly understood. Intelligence is extremely difficult to assess due to challenges in communication and attention. In addition, while true intelligence is believed to be static (IQ should not change as a person ages and is educated), significant changes in IQ in young children with autism who have received intensive interventions would indicate that testing at a particular point in time might not be a true representation of longterm potential. In a particular child, functional, adaptive or problem solving skills can greatly exceed those measured on a test, and more educators are experiencing the intelligence (and language) trapped within nonverbal children once they are given alternative modes of communication and access. From an



intervention standpoint, it is always best to assume intellect and know that every individual deserves the opportunity to learn and reach his fullest potential.

Motor Challenges

■ Many individuals with autism experience motor challenges with respect to muscle tone and/or coordination that can also affect their ability to function at age appropriate levels. In some, the difficulty is in motor planning and execution, and this can extend from speech to gross motor activities. Impairments in the ability to coordinate and perform purposeful movements in the absence of motor or sensory impairments are termed dyspraxia (disordered ability) or apraxia (absence of this ability). If a child has apraxic or dyspraxic speech, the brain's ability to plan the movement of the lips, jaw, and tongue may make intelligible speech incredibly difficult, even if he has intact language and knows what he wants to say.

In others, muscle tone might be intact, but there may be challenges in timing and the ability to attend. Sports can be difficult, and fine motor tasks (buttoning, handwriting, using utensils and tools) often require intervention and support using occupational therapy techniques. Some children have difficulty in understanding where their body is in space—a sensation that comes automatically to the rest of us—but extremely disconcerting in the ability to move fluidly throughout the environment, navigate stairs, balance on a bicycle, or even walk down a hallway without 'checking in' with the location of the wall. The communicative, social and behavioral implications of imprecise timing and motor abilities are worth keeping in consideration when planning for and interacting with a student, and there may be specific strategies recommended by the speech pathologist or occupational therapist who should be supporting the team in addressing these issues.

Emotional Issues, including Anxiety and Stress

■ Imagine being in another country with a different language and markedly different cultural conventions. If the world were swirling all around and language, gestures, schedules and signs make no sense, anxiety would likely result. With no one to tell and no way to ask for help, that anxiety might increase.

Anxiety and stress are very real byproducts of the challenges of autism. Understanding this and keeping it in perspective while interacting with and supporting students will be helpful, and many of the strategies suggested in this tool kit are helpful in reducing these feelings in learners with autism. Recognizing that many of the 'behaviors' of autism are also recognized signs of stress or anxiety (pacing, distractibility, acting out, nail biting, repetitive actions, etc.) may help in interpreting the supports needed for an individual student.



In addition, the same biochemical differences that might cause anxiety in the general population can be present in individuals with autism. Autism spectrum disorders can co-occur with other behavioral, mood and anxiety disorders, which are more likely to be diagnosed separately as a student ages and reaches adolescence. Co-occurring conditions might be responsive to directed therapies or present additional considerations of which the team might need to be aware.



What are Possible Physical and Medical Issues?

Seizure Disorder

■ Up to one third of individuals with autism develop seizures, often starting in early childhood or during adolescence. Seizures, caused by abnormal electrical activity in the brain, can produce a temporary loss of consciousness (a “blackout”), a body convulsion, unusual movements, or staring spells. Sometimes a contributing factor is a lack of sleep or a high fever. An electroencephalogram (EEG, a recording of the electric currents in the brain through electrodes applied to the scalp) can help confirm the presence of irregular electrical activity or seizures.

Individuals with autism may experience more than one type of seizure activity. The easiest to recognize are large “grand mal” (or tonic-clonic) seizures. Others include “petit mal” (or absence) seizures and sub-clinical seizures, which may only be apparent in an EEG. Especially in the case of absence seizures, school staff may be the first to note that something is awry and it is important to alert the family and school team if seizures are suspected.

Recurrent seizure activity is called epilepsy, and treatment typically involves anticonvulsant medicines to reduce or eliminate occurrence. For a student with a seizure disorder, it is important for the school team to recognize seizure signs and to know the best way to manage the student and ensure his safety should a seizure occur. In addition, some seizure medications can cause side effects of which the team might need to be aware.

Genetic Disorders

■ A small number of children with autism may also have an identifiable neuro-genetic condition such as Fragile X Syndrome, Angelman’s Syndrome, Tuberous Sclerosis, Chromosome 15 Duplication Syndrome or another chromosomal abnormality. It may be important to know if a student has one of these syndromes because there may be accompanying medical issues.



Allergies, Gastrointestinal Disorders, and Pain

■ Due to the frequent inability to verbally communicate symptoms, pain in a child with autism is sometimes recognized only because of patterns or changes in his behavior, such as an increase in self-soothing behaviors (e.g., rocking) or outbursts of aggression or self-injury. This may be true of treatable physical pain, such as a toothache, injury or gastrointestinal distress.

Many parents report gastrointestinal (GI) problems in their children with autism and the medical community is starting to recognize this as a real, and treatable, co-occurring condition. The exact number of children with gastrointestinal issues such as gastritis, chronic constipation, colitis, celiac disease and esophagitis is unknown, but surveys have suggested that the majority of young children with autism have problems such as chronic constipation or diarrhea. In addition to the associated discomfort, these issues, coupled with communication, disorganization and sensory difficulties, can result in challenges surrounding toileting for many children with autism. Allergies, to food as well as environmental factors, are also common in individuals with autism.

Some children may be under the care of a GI specialist or allergist who recommends specific protocols the team will need to follow, while other families might choose to employ specific nutritional protocols or a popular dietary intervention used in autism—eliminating dairy and gluten-containing foods. It is often necessary for the school team to assist in the effective delivery of dietary interventions and it is important to communicate well with the family and be knowledgeable so as to implement these interventions effectively.

Perhaps because of gastrointestinal concerns, sensory issues, oral motor delays, or learned behaviors, many individuals with autism experience significant food aversions and eating challenges. This may result in highly restrictive food choices and concerns about nutritional health.

For more information on this topic see [Take a Bite](#) in the resources.



Sleep Dysfunction

■ Sleep problems are common in children and adolescents with autism. Many children have trouble falling asleep, experience night wakings, or seem to function on considerably less sleep than is usually considered normal. Lack of sleep can affect attention and learning and the student's ability to benefit from therapeutic interventions.

Sometimes sleep issues may be caused by medical issues such as obstructive sleep apnea or gastroesophageal reflux and addressing the medical issues may solve the problem. In other cases, when there is no medical cause, sleep issues may be managed with behavioral interventions including "sleep-hygiene" measures such as limiting the amount of sleep during the day, and establishing regular bedtime routines. Experienced school behaviorists may be able to provide the family with supports and strategies that will improve sleep and function for all involved, and thereby increase the student's ability benefit from educational efforts.



How Might a Child with Special Needs Be a Part of Our School?

■ A sense of belonging is important to everyone, especially for those who might not be able to say how it makes them feel. In addition, through learning about and caring for those who might have different skills, characteristics or needs, everyone benefits from an improved perspective on life and growth as a human being. The U.S. Congress, through a variety of laws, has mandated that every individual has the right to belong to and participate in the community in which he lives.

Meadows Elementary discontinued its Special Day Class in 1996, after reading the research on the benefits to the entire student body of full inclusion vs. special education classes. We made each student a member of a grade level classroom. Doing so has not only made our students with special needs integral parts of our student body and increased their learning exponentially, but also has benefited the general education population. They support, goof off with and stuck up for students with special challenges. Over the past 12 years I have had no more than two complaints from general ed parents, but I cannot count the number of positive feedback interactions I have had with general ed parents, who celebrate the effects on their children of interacting with and supporting special ed students. At Meadows, we take a huge amount of pride in the fact that full inclusion has become embraced, institutionalized and unquestioned.

*Connie Harrington
Principal, Meadows Elementary School, Manhattan Beach, CA*

Information is helpful to understanding and being open minded about things that might operate differently from one's personal experiences or expectations. Many successful stories related to involving students formerly educated outside of the general education population have commonalities in that information sharing, teamwork and open conversation are integral components. Educators, school staff and general education parents all benefit from the perspective and understanding that can be provided by parents and experienced special educators. For a documentary film perspective on inclusion, watch [Including Samuel](#).



It has been my experience as a parent and educator that when people are not knowledgeable about autism they become scared. All parents in the classroom community need to be empowered with information on autism. This can be done in different ways. Some parents choose to write a letter to the entire class describing the child's strengths and weaknesses and give information on autism. However other parents are not comfortable "labeling" their child in this way and may choose a more discrete way of helping educate the classroom. Flyers can be sent home from the teacher providing general information, websites, and books on different learning styles! When parents have knowledge about autism and the school resources... inclusion becomes a much less scary word!

*Hallie Snyder
Parent and Teacher*

What is a Child's Right to Public Education?

Every child has the right to a free appropriate education. The [Individuals with Disabilities Education Act \(IDEA\)](#) enacted in 1975, mandates a public education for *all* eligible children and the school's responsibility for providing the supports and services that will allow this to happen. IDEA was most recently revised in 2004 (and, in fact, renamed the Individuals with Disabilities Education Improvement Act, but most people still refer to it as IDEA). The law mandates that the state provide an eligible child with a free appropriate public education that meets his unique individual needs. IDEA specifies that children with various disabilities, including autism, are entitled to early intervention services and special education. In addition, the IDEA legislation has established an important team approach and a role for parents as equal partners in the planning for an individual child, and promotes an education in the least restrictive environment.

In addition to the IDEA stipulations, the Americans with Disabilities Act of 1990 (ADA) sets forth, as a civil right, protections and provisions for equal access to education for anyone with a disability. Section 504 of the Rehabilitation Act of 1973 is another civil rights law that prohibits discrimination on the basis of disability in programs and activities, public and private, that receive federal financial assistance. Generally, the individuals protected by these laws include anyone with a physical or mental impairment that substantially limits one or more life activities.



What is a “Free Appropriate Public Education” (FAPE)?

IDEA provides for a “free appropriate public education” for all children with disabilities. Each child is entitled to an education that is tailored to his special needs and a placement that will allow him to make reasonable educational progress, at no cost to his family.

What is “Least Restrictive Environment” (LRE)?

IDEA also provides that children with disabilities are entitled to experience the “least restrictive environment.” This means that a school district is required to educate a student with a disability in regular classrooms with his non-disabled peers, in the school he would attend if not disabled, to the maximum extent appropriate, supported with the aids and services required to make this possible. This does not mean that every student has to be in a general education classroom, but focuses the objective on placing the student in as natural a learning environment, within his home community, as much as possible. This decision is made by the members of the IEP team, with consideration of the myriad issues related to appropriate supports and environment for the student, and placements and the LRE for a particular student may change over time.

The participation of children with disabilities in the general education environment is often referred to as mainstreaming or inclusion. Inclusion does not mean that a child with special needs should be placed into a general education setting just like a typical learner; a variety of special education supports should be provided to create a successful environment and experience for everyone involved in inclusion. Careful planning is essential, and it is often necessary to provide modifications or accommodations, as well as training, in order to successfully situate a child with a disability in the least restrictive setting. These supports might include providing a specially trained classroom or one-on-one paraprofessional, altering testing environments or expectations, adapting curriculum, providing visual supports or adaptive equipment, etc. The special education department should provide training, strategies and support for general education staff and others in the general school community who interact with students with special needs.

It is important to note that philosophies about inclusion vary considerably, among school districts, staff and parents of students with and without special needs. IDEA provides for a team approach to planning and placement decisions so that



the objectives of all members of the team can be considered, as well as supports that would be needed to maximize time in inclusion. Not all parents will feel that a mainstream environment will be beneficial to the growth and development of their student with special needs, and allowances need to be made to accommodate various perspectives. Additionally, not all students will be ready for full inclusion, all of the time. The anxiety and sensory issues related to inclusion may mean that efforts should start with small and successful increments, and build so as to generate ongoing success and increasing participation with the local student body and community.

The less restrictive a student's setting, the greater the opportunities for a child with autism to interact with the school population outside the special education environment--this means support staff, general education and special area teachers, office staff, custodians and most importantly, peers, who are not necessarily knowledgeable about autism. Autism Speaks has created this tool kit so as to provide better understanding, perspective and strategies so that school personnel can feel empowered, and so that all students might benefit from the unique gifts and strengths of the members of the school community.

What are Special Education Services?

Special education services pick up where early intervention services for young children leave off, at age 3, and continue through age 21 for students who qualify. The school district generally provides these services through the special education department, based on an assessment and planning process that utilizes a team of experts and intervention providers, as well as the child's parents.

The document that spells out the student's needs and how they will be met is the Individualized Education Program (IEP). The IEP describes a student's strengths and weaknesses, sets goals and objectives, and details how these can be met through the provision of supports and accommodations, specially trained staff, and positive behavior supports.

For students who do not qualify for special education services, but still have a disability that requires support, accommodations or protections afforded under the Rehabilitation Act are developed through a school team and often compiled in a document that is referred to as a Section 504 Plan.



What Types of Instructional Methods Are Used in Teaching Students with Autism?

■ Educational intervention for autism is usually an intensive, comprehensive undertaking that involves a team of professionals and many hours per week of a variety of instruction and therapies to address a student's behavioral, developmental, social and/or academic needs. Part of the need for significant intervention time is that generalization of skills often requires explicit teaching—across settings and individuals and contexts. Some of the intensive interventions developed for autism and typically employed in home programs or special education are listed below—these programs may be delivered in a pure form, but most school classrooms draw from elements of several of these approaches. It is important to note that no single intervention has been proven effective for every individual with autism.

Many intervention programs use the principles of Applied Behavior Analysis (ABA) either as a primary teaching method, or as a way of promoting positive and adaptive behavior.

What is Applied Behavior Analysis (ABA)?

Behavior Analysis is the science of behavior, or the knowledge gained about how and why behavior occurs that is based on validated scientific research. When this research is used to improve socially significant behavior, it is considered to be *applied*. ABA is the name of the systematic approach to the assessment and evaluation of behavior, and the application of interventions that alter behavior. Definition adapted from [The Center for Autism and Related Disorders](#).

The principles of analyzing behavior to understand its function, controlling the environment and interactions prior to a behavior (antecedents) and adjusting responses (consequences), and using positive reinforcement (rewarding what you want to see) are all ABA techniques that are often used in shaping behavior in individuals with autism. For some students, these principles might represent techniques applied through a positive behavior support plan, while for others, ABA might provide the foundation for a specific therapeutic intervention.



What are some of the special education interventions often used with individuals with autism?

Brief descriptions are included for interventions often used in school settings, home programs and early intervention. It is important for schools to evaluate prospective interventions for a student on an individualized basis, as well as keep in mind the need to use evidence-based methods and strategies. For more in-depth information and links related to therapeutic interventions, please consult the [Resources](#) section of this kit, Autism Speaks [resources page](#) and the National Education Association's [The Puzzle of Autism](#) .

Discrete Trial Teaching (DTT) or the Lovaas Model:

■ Named for its pioneer (ABA-based) Teacher-directed DTT targets skills and behaviors based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that the child finds to be highly motivating.

Floortime, or Difference Relationship Model (DIR):

■ The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child's lead.

Picture Exchange Communication System (PECS):

■ A learning system that allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently, and starts by teaching the child how to exchange a picture for an object. Eventually, the individual is shown how to distinguish between pictures and symbols and use these to form sentences. Although PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged.

Pivotal Response Treatment (PRT)

■ (ABA-based) PRT is a child-directed intervention that focuses on critical, or “pivotal,” behaviors that affect a wide range of behaviors. The primary pivotal behaviors are motivation and child's initiations of communications with others. The goal of PRT is to produce positive changes in the pivotal behaviors, leading to improvement in communication, play and social behaviors and the child's ability to monitor his own behavior. Child-directed intervention.



Relationship Development Intervention (RDI)

■ RDI seeks to improve the individual's long-term quality of life by helping him improve social skills, adaptability and self-awareness through a systematic approach to building emotional, social and relational skills.

Social Communication/Emotional Regulation/Transactional Support (SCERTS)

■ SCERTS uses practices from other approaches (PRT, TEACCH, Floortime and RDI), and promotes child-initiated communication in everyday activities and the ability to learn and spontaneously apply functional and relevant skills in a variety of settings and with a variety of partners. The SCERTS Model favors having children learn with and from children who provide good social and language models in inclusive settings as much as possible.

Training and Education of Autistic and Related Communication Handicapped Children (TEACCH)

■ TEACCH is a special education program using Structured Teaching, a process designed to capitalize on the relative strength and preference for processing information visually in individuals with autism, while taking into account the recognized difficulties. Individualized assessment and planning is used to create a highly-structured environment (organized with visual supports) to help the individual map out activities and work independently.

Verbal Behavior (VB)

■ (ABA-based) VB employs specific behavioral research on the development of language and is designed to motivate a child to learn language by developing a connection between a word and its value.



What other therapies might be used with individuals with autism?

Many students with autism will be eligible for some or all of the following services, usually termed Related Services on a student's IEP. Since difficulties in any of these areas affect so much of an individual's life and function, communication and coordination with these service providers and the rest of the team is critical to practicing and building targeted skills and promoting generalization across settings. While many of these services are often provided as traditional pull-out therapies, they may be more effective if provided in more naturalistic settings as both therapeutic and training opportunities (e.g. conversational speech goals might be targeted during a student's lunch period, when daily support staff and peers could be trained in techniques that could be employed on a daily basis, thereby achieving the objective much faster and more naturally.) In addition, students with autism often require supports in the home and community, so coordination of care and comprehensive wrap around services are often needed; effective communication/participation between school personnel and outside providers is essential to appropriately support the student and maximize the effects of each team member's efforts.

Occupational Therapy (OT)

■ Provided by a Certified Occupational Therapist (OT), OT brings together cognitive, physical and motor skills with the aim of enabling the individual to gain independence and participate more fully in life. For a student with autism, the focus may be on appropriate play, fine motor and basic social and life skills such as handwriting, independent dressing, feeding, grooming and use of the toilet. The OT can recommend strategies and tactics for learning key tasks to practice in various settings.

Physical Therapy (PT)

■ Delivered by a Certified Physical Therapist (PT), this intervention focuses on problems with movement that cause functional limitations. Students with autism frequently have challenges with motor skills such as sitting, walking, running and jumping, and PT can also address poor muscle tone, balance and coordination. An evaluation establishes the abilities and developmental level of the child, and activities or supports are designed to target areas of need.

Sensory Integration Therapy (SI)

■ (SI) therapy is designed to identify disruptions in the way an individual's brain processes sensory input and develop strategies to help process these senses in a more productive way. A sensory integration-trained OT or PT should begin with an individual evaluation, and then use research-based strategies to plan an individualized program for the child, matching sensory stimulation with physical movement to improve how the brain processes and organizes sensory information.



Speech-Language Therapy (SLT)


■ Delivered by a Certified Speech-Language Pathologist (SLP), SLT encompasses a variety of techniques and addresses a range of challenges for children with autism. SLT is designed to coordinate the mechanics of speech and the meaning and social value of language. For those individuals unable to speak, SLT might encompass training in other forms of communication, or oral exercises designed to promote better control of the mouth. For those who seem to talk incessantly about a certain topic, SLT might work on expanding the conversational repertoire, or reading social cues and adjusting conversation to the needs of the listener. An SLT program begins with an individual evaluation by a speech-language pathologist and therapy may be conducted one-on-one, in a small group or in classroom/natural settings.

For additional information on special education rights and responsibilities and autism interventions, see [Resources](#).



General Strategies for Intervention

Why a Team Approach?

 In supporting a student with autism, it is virtually always beneficial to employ a team approach to understanding and programming. Each member of the team brings a unique perspective and set of observations and skills, all of which are helpful in assisting a student with complex and variable needs. In addition, it is important to **employ the knowledge and perspective of the family**, since they offer another valuable and longitudinal view. Just as the symptoms of autism vary across children, so will the knowledge bases and coping skills of the parents and siblings. Parents can contribute information and a history of successful (and unsuccessful) strategies, and may also benefit from information on strategies and successes at school that can help to extend learning into the home setting. A positive and collaborative relationship with the family is beneficial to everyone.

In a similar fashion, supports that work in a specific classroom can be shared with other teachers or support staff, to promote the behavioral, communication and social growth being targeted. Community based personnel, such as a private psychologist, vocational-rehabilitation counselor or wraparound service coordinator, can offer information, resource options and perspective to support the team's efforts on behalf of the student. **Communication among team members is critical. Share what works and problem-solve what does not.** Repetition and reinforcement across settings help to generalize skills and build competence faster, resulting in success for the staff as well as the student. Reassess the effectiveness of interventions, collecting and analyzing data. See [Data Collection](#).

Remembering to **think of each student as an individual** is critical to success in providing appropriate support and growth. An understanding of the characteristics of autism and strategies that have proven successful is critical to providing an appropriate mindset and framework, but application across the widely varying students and settings will require an individualized approach. For example, while a young child with autism may be supported by compassionate peers who want to help develop his speaking ability, a high-functioning, verbally proficient adolescent may not be provided the same compassionate allowances by peers or educators who are not familiar with his specific challenges with timing and organization. In an effort to assist with some of the differences across the population this tool kit provide supportive information specific to Asperger's Syndrome (which often applies to high functioning autism as well), but the caveat to treat each student's need individually remains. Similarly, what represents perfect support for a first grader is likely to be grossly out of place for a high school student, so it is important to support the development of age appropriate interests and raise expectations towards independence and peer-level behavior as much as possible.



Establish appropriate expectations for growth and competence. Support the student in his learning and help him to build skills and independence. It is often the well meaning tendency for support staff to take on the everyday tasks of a student with autism--to speak for the student, tie his shoes, walk him to class, turn in his paper. While this might keep the student on pace with the activities of the surrounding class or community and seem supportive at the time, in the long run it represents a disservice since the student has not learned to perform the activities of daily life for himself. This requires patience, setting priorities and establishing small goals that must be supported and built to reach the desired outcome, but with this mindset at the root of teaching, as opposed to care giving, expect to be surprised, impressed and rewarded by all that a student *can* do.

Meet the student where he is. For each of the skill areas that needs to be addressed with a student with autism, it is critical to develop an understanding of the individual's current ability, and build from that level. This approach applies to social and communication issues as well as academics. Understand where a student is and problem solve what is impeding progress from that point, then develop the teachable, scaffolding steps that will move learning forward.

Motivation is critical to attention and learning. Know what motivates a student, being aware that this may be very different from what motivates a typical child. Use his interests to garner attention to a less interesting or non-preferred activity (e.g. for a student who is averse to word problems but loves dinosaurs, create word problems that add triceratops or multiply the food requirements of a brachiosaurus) and embed preferred activities as naturally as possible. Also recognize that familiarity and increasing competence increase confidence and interest, so appropriately supporting and building new skills opens up more opportunities for engagement and motivation.

As a student with autism works to change behaviors or learn difficult skills, it is essential that the reward for this effort be substantial enough for him to extend this effort. In many instances, even if there is something inherently motivating about a task or activity, it is necessary to shape behavior by making small changes at a time and **utilizing reinforcement strategies**—social reinforcement such as praise or a high five, as well as concrete reinforcement such as a favorite activity, toy or food item. The reward for learning a new skill or decreasing a maladaptive behavior needs to have more strength than the reinforcement for *not* developing the replacement behavior. Token economy systems can be extremely effective and reinforcement can be faded over time to decreasing frequency or more naturalistic social rewards. See [Positive Behavior Support](#) and [Reinforcement Strategies](#).



Respect the individual. Please do not talk about the student in his presence—even those who *seem* to not know what is being said may actually understand every word. Recognize that the student has desires and preferences, and give him choices whenever appropriate.

For excellent perspectives and advice on interacting with and planning for individuals with autism, see—and pass along to others--the articles in the **Appendix** by [Stillman](#), [Notbohm](#), and [Kluth](#).



How Can Communication Be Supported?

Communication encompasses a broad range of challenges for individuals with autism, from intake and processing of information, verbal or representational output, to reading and writing skills. Picking up on non-verbal cues, body language and subtle intent, intonation, and interpretation are also difficult for individuals with autism. Supporting communication challenges is essential to assisting a student with autism to understand, as well as to express his needs, wants, opinions, knowledge and feelings.

Since all students with autism, by definition of their diagnosis, have communication and social deficits, the services of a trained speech pathologist should be an integral part of their program and planning team. For children without language, the speech pathologist should assist in the formulation of plans and supports for alternate modes of communication, such as sign language, PECs or augmentative devices. For students with emerging language, building receptive and expressive language is critical and ongoing, and for those with high verbal skills working on the more subtle conversational aspects of pragmatics and reciprocity will be the focus. In addition, many speech pathologists can be instrumental in helping to drive the social, as well as language components of interaction, since these are often so intertwined. However, it is essential to note that the development of communication skills in a student with autism cannot be the sole responsibility of the speech pathologist. Communication regarding wants and needs, as well as social interactions, occur throughout the day and across settings, and a team approach to communicative development is absolutely essential for all learners on the autism spectrum.

While some are predominantly auditory learners, many students with autism (and often other students with behavior or communication challenges) tend to be visual learners, meaning they understand or retain what they see more effectively than what they hear. Given the challenges with language and shifting attention, visual supports are often helpful since they provide extra processing time afforded by a static presentation rather than the fleeting nature of spoken communication.

Receptive Language — the ability to understand what is said or written

- Make sure you have the student's attention before delivering an instruction or asking a question
- Consider the student's processing challenges and timing (e.g. begin an instruction with the student's name to call his attention—this increases the likelihood that he may be attending by the time you deliver the direction)
- Avoid complex verbal directions, information and discussion. Keep instructions short or give information in chunks.
- Give positive directions to allow for incomplete language processing. Minimize use of 'don't' and 'stop.' e.g. 'Please stay on the sidewalk' can be



much more effect than 'Don't walk on the grass' for a student who might not hear the 'don't'—or for one who isn't sure where the acceptable place to walk might be.

- Allow 'wait time' (be prepared to wait for a response, whether it is an action or answer). Avoid immediately repeating an instruction or inquiry. Sometimes it is helpful to think of a student with auditory processing challenges like a computer—when it is processing, hitting the command again does not make it go any faster, but rather sends it back to the beginning to start the processing all over again!
- Model and shape correct responses to build understanding (e.g. to teach the meaning of 'stop': run on the playground holding hands with the student, say 'stop'; stop yourself and the student; repeat until you can fade the handholding and then fade the modeling)
- Supplement verbal information with pictures, visual schedules, gestures, visual examples, written directions

Volume

Quiet



Loud



- If you are giving lengthy bits of information, provide visual supports, outlines, or bullet point important information for the student
- Do not reprimand a student for “not listening or responding” as it only serves to highlight his challenges

Expressive Language -- spoken language as well as any communicative output such as picture exchange, written language, etc.

- Take responsibility for finding a way to access the student's need for communication. Many individuals with autism have word retrieval issues—even if they know an answer, they cannot come up with the words. Address this by offering visual supports, cue cards, multiple choice options, etc.



A Success Story:

A teacher once told me, “I have reviewed the information on the states many times and Peter still does not know what the capitals are, and I have reduced the amount of states he needs to know.” I asked, “Well, how do you ask him?” She said, “I say, what is the capital of X? and he either does not know or gives the same answer, Washington DC.”

So I printed out a large map of the states, wrote down the capitals on stickers, and gave Peter three at a time. He was able to put every capital in the right state with the exception of mixing up Springfield and Madison.

The teacher was dumfounded and Peter was thrilled and smiled!

- Use visual supports to prompt language or give choices. Example: if you are teaching a child to ask for help, have a cue card available at all times, and prompt its use whenever it is time for him to request help. This can be used by the student instead of spoken language, or as a support for developing language and teaching *when* it might be appropriate to use this phrase.
- Teach and use scripts—words, pictures, etc. for communication needs or exchanges (e.g. ‘I like.... What do you like?’ ‘I like..... ‘) Use cue cards and fade over time as the student’s understanding of the use of the phrase or pattern of the exchange develops.

“I Need Help”

Teach the student to communicate or say ‘I don’t know’ so as to reduce the anxiety associated with not being able to answer a question. Later teach the student how to ask for additional information (Who? What? Where? When?, etc.) Add visual supports to the environment as needed (e.g. label ‘IN’ and ‘OUT’ boxes.) Teach students to look for and use visual supports that already exist in the environment: calendars, signs, door numbers, name placards, drawer labels, the display on a cash register, body language

Use a communication board, PECs, pictures or sign language to support or provide communication options for students with low verbal output.



A Success Story:

A teacher asked for a behavior intervention for non compliance at snack.

She explained that Miles always requested the same snack, but when it was given he got upset and threw it. When I asked what the choices were the teacher stated, “They are always the same: pretzels, apples or graham crackers.” I asked if she always says them in that order and she said yes. I exclaimed, “Well he always chooses graham crackers, right?” She said, “Yes how did you know?” Of course, due to short term memory issues, that is the only label Miles could remember.

I printed three pictures from Google images, cut them out, put them in front of Miles, and asked what he wanted for snack. He chose the picture of pretzels, repeated it verbally, then happily ate what was given to him.

No need for a behavior intervention — just access to communication!



- If your student has been provided with an augmentative or alternative communication device, learn how to use it in the context of your relationship. These devices can range considerably in terms of sophistication, with some offering either written or speech output. Ask the student’s special education staff or tech support for programming specific to his needs in interacting with you and help guide them to communication options that will be helpful.
- Sing! Musical processing occurs separately from language processing, and singing can be used to promote both receptive and expressive skills (e.g., ‘The fork goes on the left, the fork goes on the left, hi ho the dairy-o, the fork goes on the left!’) as well as motivation.
- Provide verbal prompts or models with care, knowing that these can sometimes cause pronoun confusion and challenges due to perspective taking (e.g., from the child’s perspective, when a teacher says “I want a cookie” does that mean that the teacher wants a cookie or is prompting him to say ‘I want a cookie’?)
- Be aware of echolalia, in which a student repeats phrases he has heard before. Sometimes this is seemingly self-stimulatory behavior, but many



individuals with autism also use functional echolalia to comment, inform or request (see below)

- Always look for a student's communicative intent (e.g., if a child often reverses pronouns or employs functional echolalia, then "Does your head hurt?" might be his way of telling you that *his* head hurts)
- For a student who is inclined to use echolalia, try to model language (and visual supports and social narratives) using language forms that would be appropriate when the student uses it so that pronoun reversals do not occur (i.e. when creating a visual for a child with frequent headaches, one might use a picture of a person holding his head and the words "My head hurts.")
- Address the language of emotions--the communication of thoughts, feelings and emotional states for *all* individuals with autism. Knowing that their challenges result in ongoing anxiety and stress, it is important to provide an outlet for emotional content, as it is otherwise likely to be communicated through behavior or shutting down. For a student who cannot express this verbally, often putting a label to an emotion can sometimes help in modulating intensity, since he is calmed by seeing that you recognize what he is trying to convey. (e.g. "I can see that you are angry.") Use cartoons and visual supports to build emotional fluency.



- Teach self advocacy and negotiation skills
- Many students with autism have a favorite topic or special area of interest that may interfere with school work or social interaction. Strategies that can be helpful in shaping the student's expectations so as to minimize the impact of this obsession: provide scheduled opportunities to discuss this topic, present scheduled opportunities on a visual schedule, establish boundaries (when it is, or is not, appropriate to discuss this topic), set a timer to establish duration, support strategies for expanding to other topics, and/or reinforce the student for talking about other subjects or the absence of the topic.
- See [Appendix](#) for an introductory booklet *What are Visual Strategies?* by Linda Hodgdon and [Resources](#) section for suggested reading such as *Out and About*



What Can Help Improve Social Interaction and Development?

Supporting social interaction is an important piece of the student's educational plan, as increasing social interaction and competency are vital to overall progress. The desire to interact with others is often in place in individuals with autism, but the processes that allow social interaction to occur can be so overwhelming that they do not know where to begin. **Take care not to interpret social deficits as a lack of desire or avoidance of social interaction.** Keep in mind the issues of timing and attention, sensory integration and communication, and recognize that to build social skills all of these issues will need to be addressed. Social development encompasses a range of skills that can be built and layered to improve social competence (and competence breeds further interest) and interaction.

Sometimes, the mere unpredictability and noise of the presence of others can be disconcerting and working through the sensory issues is the first place to begin, such as with a young child still learning to develop parallel play. Social ability builds on skills of imitation and reciprocity. While communication issues are critical to eventual social competence at a typical level, even a child with significant receptive and expressive language challenges can work on social referencing and attending to the behaviors of those around him—without understanding the words of the teacher's directive, he can learn that when the class stands to salute the flag, he stands and salutes too!

It is critical to recognize that social challenges in autism are bidirectional—they may manifest as deficits (such as a lack of social initiation) or excesses (such as one-sided conversation in a highly verbal student with Asperger's Syndrome). In both instances, the need for support and teaching is real, as appropriate social behavior requires social understanding. Some individuals on the spectrum *appear* highly social, initiating social interaction but lacking reciprocity by being one-sided and overbearing; since they are then aware of their inability to conform and be accepted by others, individuals with high functioning autism and Asperger's Syndrome often suffer the pain of rejection and loneliness.



What are Some Things to Consider When Addressing Social Skills?

- Extend a feeling of welcome to your classroom, lunch room, or gym and model for the other students that the student with autism is a valued part of the group
- Get to know the student and meet him where he currently is in terms of both social skills and interests, and be ready to work from there. Reciprocity, the give and take of an interaction, is a critical social skill necessary for developing a relationship. Typical individuals build strong relationships on reciprocity and socially demand it, and relationships are not based only on one-sided giving. You come to expect a friend to call you back, return a favor, etc. To create true reciprocity, it is important to engage a student on his terms and interests, not just expect him to engage on yours. (See [Gernsbacher](#) article)
- Appropriate social behavior requires social understanding; be aware of the need to build foundations and scaffold skills in appropriate developmental sequence, expecting growth through supports, practice and direct teaching.
- Be aware that free play, recess and other unstructured times are the most difficult times for children with autism; think about how to impose structure on activities; this also applies to older students, though with needs for age appropriate supports and structure.
- Focus on social development in areas of interest and competence for the student—not where language, fine motor or other challenges will create an overwhelming experience.
- Recognize that a student with autism is likely to have anxiety before, during and after social situations, which can result in avoidance or inappropriate behaviors. Building competence is essential to reducing this anxiety.
- Use care in expectations of appropriate eye contact, shaping this over time. Often students with autism have a difficult time maintaining eye contact and insisting on eye contact can cause discomfort and additional stress. It is often best to begin with requiring the student to direct his body toward the talking partner, then after significant practice in social situations and increased comfort level as a result of supports, eye contact develops or can be targeted more directly.
- Note that the social challenges, while very real in each instance, will be decidedly different for individuals along the autism spectrum. Whereas a student with limited verbal ability or word retrieval issues might have trouble contributing to a conversation, an extremely verbal and single-minded student might have trouble allowing a conversational partner to get a word in edgewise. As such, it is generally not effective to pair students with these disparate needs in social skills classes or speech groups, as it becomes even more challenging for the needs of either of them to be met.



- It is important to note that students with autism, especially more verbal students who perform well academically and are therefore less inclined to have consistent adult supports, can be the target of teasing and bullying. As a result of their social challenges they often do not “pick up” on non-verbal cues such as tone of voice or the hidden intention of a request or comment. Students with autism often go along with the teasing and/or bullying because they do not identify that it has a negative intent. The desire to make friends, coupled with the difficulty in doing so, means they often encounter peers with dishonest intentions. It is important to be on the lookout for this and to respond quickly if teasing and bullying become an issue. See [Strategies for Bullying](#) for highlights of useful strategies from *Perfect Targets*, as well as suggested reading in [Resources](#).
- Many individuals with autism are very logical and will play according to the rules *always*. If the rule is that basketballs are not allowed on the playground during recess, a student may become agitated when a special activity for PE includes basketballs on the playground. Similarly, he may not understand special circumstances in game play such as penalty shots, and his insistence on following the rules as he has learned them may become problematic.
- Generalization and flexible thinking are often challenging for students with autism. So, for example, playing dodge ball is usually not a wise idea: you are asking the child to understand that the ball can be thrown at other children, but not adults, and only during this game—confusing!

Are there Specific Strategies for Supporting Social Skill Development?

- Reinforce what the student does well socially—use behavior-specific praise and concrete reinforcement if needed to shape pro-social behavior
- Model social interaction, turn taking, reciprocity
- Teach imitation, motor as well as verbal
- Teach context clues and referencing those around you—e.g., if everyone else is standing, you should be too!
- Break social skills into small component parts, and teach these skills through supported interactions. Use visuals as appropriate. See example for [face washing](#) from the Kansas Autism Spectrum Disorders website
- Celebrate strengths and use these to your advantage. Many individuals with autism have a good sense of humor, a love of or affinity for music, strong rote memorization skills, or a heightened sense of color or visual perspective—use these to motivate interest in social interactions or to give a student a chance to shine and be viewed as competent and interesting.



A Success Story:

A student with a great interest in numbers but not sports was kept occupied at the basketball net with a peer by shooting from sequential numbers chalked on the floor. After several sessions of this activity, he got off the school bus one day and asked to “shoot hoops with Jason!”

- Identify peers with strong social skills and pair the student with them so he has good models for social interaction. Provide peers with strategies for eliciting communication or other targeted objectives, but be careful not to turn the peer into a teacher—strive to keep peer interactions as natural as possible.
- Create small lunch groups, perhaps with structured activities or topic boxes. (Teach the group to pull a topic out of a box and have the students discuss things related to this topic, such as ‘The most recent movie I saw was.....’ This can be helpful for students who tend to talk about the same things all the time since it provides supports and motivation and the benefit of a visual reminder of what the topic is.)
- Focus on social learning during activities that are not otherwise challenging for the child (e.g. conversational turn-taking is not likely to occur if a child with poor fine motor skills is being asked to converse while cutting, especially if it is in a room with overwhelming sensory distractions.)
- Support peers and student with structured social situations with defined expectations of behavior (e.g. first teach the necessary skill, such as how to play Uno, in isolation, and then introduce it in a social setting with peers)
- Provide structured supports or activities during recess. If there is a group of students playing YuGiOh each lunchtime, consider teaching YuGiOh to the student with autism who likes to play cards.
- During group activities it is beneficial to help the student define his role and responsibilities within the group. Assign a role or help him mediate with peers as to what he should do (e.g. Sallie is the note taker today.) Be sure to rotate roles to build flexibility and broaden skills.
- Remember that if you leave it up to the class to pick groups/ partners, students with special needs are sometimes chosen last, causing unnecessary humiliation.
- Educate peers, establish learning teams or [circles of friends](#) to build a supportive community – See *Resources: With Open Arms*



A Success Story:

What a circle of friends can do: Andrew has Asperger Syndrome, and the kids on his school bus have been teaching him to call other kids vulgar names. Andrew has no idea what the words mean, but likes the attention he is getting from his peers.

Hannah, a girl from his Circle told the teasers to stop it, but they wouldn't. She made Andrew's Circle facilitator aware of the situation. The kids who were teasing were then dealt with by the adults at the school. Also, both Andrew's parents and his resource teacher were made aware of the situation so they could teach him how to identify when he was being made fun of and strategies to use to deal with the problem.

(from "With Open Arm"s, p 85)

- Use video modeling—see [Model Me Kids](#)
- Teach empathy and reciprocity. In order to engage in a social interaction, a person needs to be able to take another's perspective and adjust the interaction accordingly. While their challenges often display or distort their expressions of empathy, individuals with autism often do have capacity for empathy. This can be taught by making a student aware — and providing the associated vocabulary — through commentary and awareness of feelings, emotional states, recognition of others' facial expressions and non verbal cues.
- Use social narratives and social cartooning as tools in describing and defining social rules and expectations. Developed by autism consultant Carol Gray, she describes: a '*Social Story™ describes a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. The goal of a Social Story™ is to share accurate social information in a patient and reassuring manner that is easily understood by its audience. Half of all Social Stories™ developed should affirm something that an individual does well. Although the goal of a Story™ should never be to change the individual's behavior, that individual's improved understanding of events and expectations may lead to more effective responses.*' Source: [The Gray Center](#).
- Develop listening and attending skills and teach ways to show others that he is listening.
- Teach a highly verbal student to recognize how, when and how much to talk about himself or his interests. Directly teach the skills relating to what topics to talk about with others, being aware of the likes, dislikes and reading from the body language and facial expressions of conversational partners.
- Teach social boundaries—things you should not talk about (or *whom* you might talk to about sensitive subjects) and maintaining personal space (an arm's length is often used as a measurable distance for conversation.) A social narrative example from the social narrative bank at [Kansas Autism Spectrum Disorder](#).

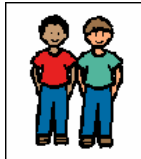


Body Space



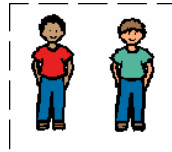
Sometimes I stand too close to people.

I am almost



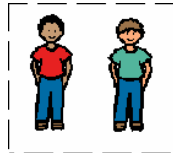
touching them.

This bothers people.



I can stand near people.

I leave a little space



between us.

I will try not to stand too close to

people.

- Teach Relationship Circles to assist in understanding social rules and boundaries, and how these vary based on how well you know someone. Source: *With Open Arms* p 67-70 [James Stanfield](#).
- For older students, it is important to learn about the changes that take place in their bodies and appropriate hygiene as they grow, and communication supports and visuals should be employed to help explain and teach. See [Resources](#).



What Strategies Can Be Employed to Promote Socially - Appropriate Behavior?

Each individual on the autism spectrum has oddities in his behavior. These may vary from repetitive physical movements with a likely sensory basis (arm or hand flapping and other self-stimulatory actions) to aggression and destructive behaviors that are often the result of frustration or even pain. Obsessions, inflexibility, adherence to seemingly non-functional routines, adherence to rules, literal thought patterns, and resistance to change are all examples of common behavioral manifestations of the neurological differences, as well as associated anxiety, frustration and disorganization that are often present in an individual with autism's life.

Examples of Common Behaviors in Autism

- Little or no eye contact
- Seems deaf
- Uneven development of skills
- Resistance to changes in routine
- Marked hyperactivity and/or extreme passivity—which may alternate
- Less demonstration of typical signs of affections
- Odd body movements or postures (flapping, spinning, etc.)
- Little or no apparent fear of real dangers, but often significant fear of seemingly benign situations or things
- Inappropriate laughter or crying
- Inappropriate attachment to objects
- Eating, sleeping, toileting oddities
- Aggressive or self-injurious actions
- Pica—eating non-food items

While many of these behaviors can be disruptive to learning or interaction, it is critical to seek to understand the cause, or the function, of each behavior. Key to supporting an individual with these atypical behaviors is recognizing them not as conscious choices but as neurological symptoms of the disorder. Instead of only thinking of the elimination and remediation of a behavior it is often helpful to consider the support strategies to help a student cope with, manage or replace these behaviors—or the sensations that drive them. It is also important to remember that some 'behaviors' in autism can actually make for a model student—many individuals are strict rule followers or excellent rote learners, who can have a positive influence on the classmates around them.



In evaluating the function of a behavior, it may be helpful to differentiate between those that are a result of neurology, such as the repetitive behaviors like flapping or difficulty with maintaining eye contact, and those that are responses to frustration or communication difficulties. Absolutely essential to any behavior support is the understanding that behavior usually represents a form of communication. In the case of most 'problem' behaviors, a look for the underlying cause often reveals anxiety, confusion, frustration, or injury, since acting out is often the only way the individual can communicate. Attention-seeking behavior can even have an overtly social function, in that a child who cannot say 'come play with me' might dump all his toys so his caregiver joins him in his space.

In a world that is swirling all around, routines and predictability can be calming; therefore, supporting the student with information and organization from every aspect (physical environment, daily routine, academic modifications, etc) can result in increased learning and autonomy as well as improved behavior. Supporting behavior also includes working on flexibility, communication and self-advocacy, and the teaching of appropriate responses and replacement behaviors. Responses to behavior can include ignoring the behavior (called extinction in ABA terminology--and often essential to reshaping attention-seeking-behavior), redirecting, or delivering previously established consequences. Recognizing the effort that changing behavior represents to the individual, it is absolutely essential to provide consistent and positive reinforcement to reward the student for developing the desired, socially appropriate behaviors.

The topic of behavior is generally one of the most challenging areas for staff working with students with autism to comprehend. It is difficult to break out of the mode that maladaptive behavior is willful and defiant in its intent, but for the most part this is not the case in students with autism. **While it may be impossible to *always* identify the underlying cause or communicative intent of a behavior, it is helpful to *always* consider this.** In addition, it is much more helpful to the student to err on the side of caution and assume behavior is the result of anxiety, stress, frustration, avoidance or anger due to the challenges associated with autism, and to strive to provide the supports that will help to avoid the recognized behavior in the future.

It is vital that behavior is supported across all settings according to an established plan, with staff consistent in the development of appropriate behavior and the ignoring/extinction/consequences of disruptive or socially-inappropriate behaviors. Being calm, patient, positive and reassuring are vital if the student is to accept support and feel comfortable and successful in school. Providing a safe and supportive atmosphere where sensory needs are addressed and the student feels organized, valued and supported provides a framework for a successful learning environment and opportunity for teachers and peers to see the unique strengths and personality of a student with autism.



What Are Some Ideas for Supporting the Student and Preventing Behavior?

- Recognize behavior as communication. Always seek to understand the *communicative intent* of behavior and build alternate modes of communication for the student.
- Think preventively and proactively.
- Establish a classroom behavior plan for all students to promote expected behaviors.
- Develop an individualized Positive Behavior Support Plan for each student with autism—See below and additional information in [Resources](#) and [Appendix](#)
- Provide behavior specific feedback and ample praise and reinforcement. Catch your students being good and reward! (e.g., ‘It was wonderful how nicely you walked in the hall and stayed in line. Give me a high five!’)
- Provide organization and support transitions—See section [Classroom Checklist](#)
- Communicate expectations, use daily and short term schedules, warn of changes to routines or personnel, prepare the student for unexpected events such as fire drills, field trips or field day, substitutes, etc.
- Offer choices and provide the student some control—within reason (e.g., ‘Which one should we work on first, math or reading?’ or ‘Do you want to do 10 math problems, or 15 math problems?’) Even if the student does not have a true choice, he is made to feel that he has some input and is not directed throughout every step of his day.
- Consider sensory needs and interventions—See Sensory section, [Resources](#) and sample supports in [Appendix](#).
- Respect the student’s personal space—and teach him to recognize and respect the personal space of others.
- Provide a home base or safe place where the student feels safe and can regroup, calm down, or escape overwhelming situations or sensory overload such as a separate room, a tent or corner within a classroom, or a particular teacher’s or administrator’s classroom or office. Proactively teach the student how and when to use this strategy, using visual supports or cue cards as needed.
- Practice flexibility and self-monitoring—start this when the student IS calm and help to provide a framework for what ‘calm and ready to participate’ actually is.
- Utilize breaks as a way to return to a calm state or as a reward for ‘good working’, but be watchful of how and when breaks are given. Providing a break in the middle of an outburst during a less-preferred activity may help to build that negative behavior, since it becomes a strategy for the student (e.g., ‘If I scream, I get to avoid math and sit on the bean bag!’). Teach the student to request a break before he acts out, using a visual cue.



“I Need a Break”



- Provide communication options and seek to give the student an opportunity to express emotions, confusion or his perspective.
- Teach contingencies and waiting strategies. See [Resources](#) for suggested reading. **Out and About** offers a variety of simple strategies such as Countdown (5, 4, 3, 2, 1); first, then; a WAIT cue card that can be implemented in a variety of settings.
- Teach and provide the student with a list of strategies for calming when anxious, stressed or angry.

When I am Stressed, I can:

- *Take deep Breaths*
 - *Count to 10*
- *Repeat a positive message*
 - *Squeeze a ball*
 - *Ask for help*
- *Ask to Take a break*
- *Ask permission to go to room 10*

- Use a system that reinforces the student for exhibiting desired behaviors, especially rewarding those behaviors that replace disruptive behaviors. See [Reinforcement Strategies](#)
- Be aware of, and work to avoid, known triggers and antecedents that may result in frustration, overload, anxiety or maladaptive behaviors. Make a list and share it, so the student’s entire team is aware of these possible triggers.
- While they are occurring, ignore behaviors (use ‘extinction’) that are intended to gain attention, since remarking on or otherwise addressing the behavior often delivers the desired attention, even if the response has negative intent. Employ redirection strategies instead. Teach alternative behaviors (e.g. how to get someone’s attention with a gentle tap on the shoulder) at another time.



- Know the student's learning style and ensure modifications/ accommodations are sufficient and appropriate so as to increase competence and motivation and minimize frustration.
- Use video modeling to show desired behaviors, or to compare or evaluate with the student his behavior in a targeted situation (i.e. 'this is the way your classmates walk in the hall. This is how you walk in the hall. What might you be able to do to differently? How can we support you in attaining this goal?')
- Evaluate behaviors that need to be changed, considering the factors in place before the behavior occurred, the details of the behavior itself, and the events that followed—talk to others to gain their perspective, and develop an understanding of the function of the behavior (what purpose did it serve?) so that a replacement behavior or strategy might be developed. Enlist the support of behavior specialists in analyzing behaviors that need addressing.

Often the most obvious piece of behavior management is the positive behavior support plan, where many of these suggested strategies are identified in specific for the student; the analysis of behavior is described, and the steps to preventing undesirable behavior and promoting positive behavior and development of the individual are outlined. For a student with behaviors that impede learning (his or that of those around him), IDEA requires a positive behavior support plan developed by the team as part of an IEP. A trained behavior analyst should be involved in evaluating the student's behavior as well as developing the support plan. Training those who are responsible for implementation and the ongoing monitoring of the effectiveness of the plan are two areas that sometimes fall by the wayside in a busy school environment, but these are essential to the plan's success. Recognizing that needs and circumstances change, it is important that the plan be reevaluated and revised as needed.

What is Positive Behavior Support?

According to the [Association of Positive Behavior Support](#)

Positive Behavior Support (PBS) is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. Positive behavior support combines:

- *valued outcomes* that are considered effective when interventions result in increases in an individual's success and personal satisfaction, and the enhancement of positive social interactions across work, academic, recreational, and community settings;
- *behavioral and biomedical science*: Applied behavior analysis research demonstrates the importance of analyzing the interaction between behavior and the environment, and recognizing that behavior is considered purposeful and is under the control of environmental factors that can be changed. Biomedical science shows that information related



- to an individual's psychiatric state and the knowledge of other biological factors can assist professionals in understanding the interaction between the physiological and environmental factors that influence behavior.
- *validated procedures* that employ best practices and ongoing evaluation, using data collected to evaluate outcomes (program evaluation measures, qualitative research, surveys, rating scales, interviews, correlational analyses, direct observation, and self-report information)
 - *systems change to enhance quality of life and reduce problem behaviors*, recognizing that effective implementation of a plan will require that issues of resource allocation, staff development, team building and collaboration, and the appropriateness to the implementation team be considered and addressed in the development of the plan.

According to [Northern Arizona University, Institute for Human Development](#) Positive Behavior Support is an approach to helping people improve their difficult behavior that is based on four things:

- An *Understanding* that people (even caregivers) do not control others, but seek to support others in their own behavior change process;
- A *Belief* that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services;
- The *Application* of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
- A *Conviction* to continually move away from coercion - the use of unpleasant events to manage behavior.

For more information consult:

[Northern Arizona University's](#) description of the mindset and framework for developing supports that are effective and positive (also in Spanish)

[Association of Positive Behavior Support](#): which offers fact sheets on PBS Practices, PBS examples and case studies, and suggested readings



What are Some Ways to Support Organization?

Between the executive function deficits (short term memory, attention, sequencing, etc.) and the language and social challenges of autism, keeping pace with the world around becomes extremely challenging. Anxiety and stress are ever-present in most students with autism. If a student is having a hard time modulating the intake of sensory information, he might find it impossible to organize his thoughts and work since he is concentrating on keeping his body in control. Strict routines are often a way of providing some order to the chaos that individuals with autism otherwise experience. Knowledge of what is coming next is helpful in reducing anxiety, as unexpected changes to routines can result in significant distress and resultant behaviors. The use of organizers and schedules can be helpful in reducing anxiety and increasing focus on the actual tasks at hand. Just as a busy teacher or business person might use a day timer or PDA to organize important dates and times, and a To DO list to stay on track, a visual schedule is essential to keeping an individual with autism focused, productive and informed of what is coming next.

- Utilize visual schedules and supports in establishing and perpetuating routines, ensuring compliance (such as putting the homework in the appropriate folder) and managing behavior
 - Provide a schedule of daily activities. Depending on the needs of the student, this can be photos, symbols or written information. The schedule needs to provide information on what is happening, in what order, and whether there are any changes to the regular routine (e.g. substitute teachers, assistants, assemblies, field trips, fire drills etc.)

Even once a child has learned an established routine the daily schedule is a critical tool for communicating expectations and changes. A personalized schedule provides a strategy an individual with autism is likely to need to use for life--organizing school, college or a job.



*Sample Daily
Schedule (Middle
School Student)*

<u>Starting Bell</u>	<u>Subject</u>	<u>Where</u>	<u>Materials I Need</u>	<u>Ending Bell</u>
8:10	Homeroom	Room 117		8:15
8:15	SRA Reading	Room 117	Purple SRA Books	8:59
9:04	English	Room 117	Spelling Book yellow folder	9:48
9:53	Science	Room 117		10:37
10:37	Nutrition	Outside	Snack	10:52
10:57	Social Science	Room 117		11:41
11:46	Math	Room 117	Purple Folder	12:30
12:30	Lunch	Outside	Lunch OR Wallet	1:05
1:10	Reading	Library	Book	1:25
1:25	PE	Locker Room/Outside		2:10
2:15	Elective			3:00

A visual schedule for a kindergarten student using Velcro picture activities — preparing for the day can involve the child in building the schedule to build sequencing, vocabulary and set expectations.



- Some students require even greater level of detail such as the sequences of activities within a period (e.g. period 2 Reading: 1) reading group, pages 22-25, 2) comprehension questions, 3) silent reading at my desk)



- The simplest visual schedule format—readily available in any situation with paper and writing instrument:

1. _____

2. _____

3. _____

- Create 'to do' lists and checklists for completing tasks or assignments. Streamline and teach to mastery by creating supports that can be generalized across activities (e.g. Get worksheet. Take out a pencil. Write name on paper. Write date. Read directions) and supplement with those that are task-specific
- A student will need to be taught to reference his schedule, checking off activities as they are completed and eventually using it to build independence for managing time and activities
- Organize materials, time and activities
 - Use binder organizers, color-coded folders by subject or teacher, etc.
 - Use labeled desk organizers (divide the desk into areas, work to complete, text books, pencils/pens etc.) and classroom supports (e.g. label the 'homework in' bin)
 - Give written directions- step by step directions for projects, group activities, multi-step in-class directions, due dates, assignments and tests, using icons and pictures as needed.
 - Teach use of homework planners, day timers and palm pilots to older students. For some students information may need to be input for them in order to utilize the planner, day timer, or palm pilot
 - Manage time and deadlines using tools like time organizers, visual calendars, computers, countdown timers (www.Timetimer.com) or watches with alarms. Break long assignments into chunks and assign time frames for completing each chunk.





The TimeTimer™ shows how much time remains in an activity

- Schedule a regular (weekly?) time to clean and organize the work space and update planners.
- Create organization for group activities and provide help or strategies for identifying the student's role within the group and his responsibilities.
- Create visual schedules for specific tasks and routine.
- Prepare for transitions and teach flexibility and problem solving
 - Warn the student of changes in routine or upcoming transitions (e.g. 'in five minutes we need to clean up the paints and go to reading groups')
 - Use social narratives to prepare for novel events- field trips, fire drills, assemblies etc.
 - Organize problem solving, teaching step by step strategies to organize thoughts for problem solving, sequencing, etc.
 - Work on flexibility and handling changes in very small steps, using visual supports and rewards, so that the student learns to control his anxiety because of these previous successes.

What Strategies Can Help With a Student's Sensory Needs?

Sensory integration provides a crucial foundation for more complex learning and behavior. For most of us, effective sensory integration occurs automatically, unconsciously, without effort. For many individuals with autism, the process is inefficient, demanding effort and attention with no guarantee of accuracy. Being aware of possible sensory issues and altering the environment where possible (e.g. minimizing exposure to loud noises, using low odor dry erase markers, selective seating arrangements) can help to reduce their impact on a child's function.

Teaching sensory modulation (appropriately grading responses in relation to incoming sensations) and treatment for sensory dysfunction should be addressed by trained personnel, usually by an occupational or physical therapist trained in



sensory integration therapy. Staff should use evidence based practices; while there is still a lot to be learned about sensory processing disorder, some interventions have been shown to be more effective than others. If a student is suspected of having sensory integration issues that affect his ability to perform at school, trained personnel should evaluate the child's needs and, if present, should employ a plan that practices interventions through fun, play-based activities and share appropriate ongoing supportive strategies with the rest of the student's support team so they may be integrated throughout his program and day.

It is important to note that sensory challenges can affect the student's ability to learn, take in information, listen, process information, respond to requests, participate in social situations, write, participate in sports, and maintain a calm and ready to work state. Some research, anecdotal observations and personal accounts from people with autism have provided important insights into sensory dysfunction, but research is still exploring the impact and factors associated with sensory challenges in autism. Either through internal imbalances, or in response to environmental sensations, it has been reported that the sensory, as well as emotional, regulation of an individual with autism can become overwhelmed and result in anxiety and distress. Working to maintain a modulated state in the individual is an effective strategy for maximizing his ability to learn, maintaining focus and reducing reactive behavior.

- Accommodate sensory modalities known to be difficult or cause discomfort to an individual student. Examples:
 - A sound sensitive student might find a gym teacher's whistle assaulting and the echoes of a busy locker room disturbing—pairing the student with a teacher not inclined to use a whistle, and allowing him to dress when the locker room is empty, might greatly improve the student's tolerance of, and interest in, Physical Education class
 - Some students find standing close to others difficult, so this would need to be addressed when deciding where to place a student in line when moving around the school or sitting in the cafeteria or classroom
 - Since taking in simultaneous sensory information from two modalities (such as visual and auditory) can be very difficult for some individuals, it is important that you not impose social norms on those who take in and filter sensory information differently. It can be difficult for students with autism to look at you and listen simultaneously. From a social modeling aspect it is important to gain eye contact before speaking, but expect that a student might avert his eyes but still be listening.
 - Beware of a highly decorated classroom, which can be visually over-stimulating and distracting for some students.
 - Transitioning in a loud school hallway can be difficult, so some students may need to transition earlier than other students or may require a few minutes to unwind after walking in a noisy hallway.



- Typical classroom occasions such as singing the happy birthday song or participating in less structured, noisy activities such as lunch, assemblies and indoor PE classes can put a child with sensory issues into distress mode. It might be helpful to allow the student an “out” in these instances, such as being the person responsible for getting napkins during a birthday celebration (allowing the child to walk to the cafeteria while the rest of the class sings) or being a behind the scenes ‘production manager’ for an assemblies.
- Employ the sensory integration techniques as recommended by the student’s occupational or physical therapist, recognizing that certain sensory input is stimulatory and arousing, while other input can be calming and aid in developing focus and attention. Be sure to understand which activities should be used at what times.
- The trained therapist should help to create a program to teach the student to recognize his emotional and sensory arousal levels and needs, and over time build self-monitoring and self-delivery of the appropriate sensory input or strategies for modulation.
- Use visual supports in teaching the student how to recognize his arousal state as well as his emotions. Provide options about what he might do to return to a ‘ready to work’ state. See examples in the [Appendix](#).
- Consult with the OT about **sensory considerations and interventions** www.autism-mi.org/about_autism/interventions_supports/sensory.html or implementation of a program such as [The Alert Program](#), *How does your Engine Run?*


To learn more about sensory and arousal considerations, see [Resources](#).

- In summary, there is much that can be done to help alter the environment and provide learning opportunities and supports that will make the world a less overwhelming—and therefore more inviting—place for a student with autism. Consider using the [Classroom Checklist](#) for strategies that have been implemented across settings.

Note the irony in that, to appropriately support individuals on the autism spectrum, effective intervention requires us to be the opposite of autistic--overtly communicative, decidedly social and collaborative, and continually flexible and open-minded. Seek first to understand, next to support, and then relish the gifts and surprises that unfold in students with autism spectrum disorders.



For Specific Members of the School Community

 With an understanding of the basic characteristics and intervention strategies often found to be helpful for students with autism, it may also be beneficial to consider the experiences of students in the school community and their needs in specific settings and relationships. While these targeted sections are intended to address recognized issues relating to the specific needs of a component of the school community, it is also critical to reinforce the need for teamwork and reliance on the personnel who know an individual student best.

Every member of the school community has a right to feel knowledgeable and empowered in interacting with all of a school's students, so it is critical that lines of communication are open across the school team. While a bus driver rarely attends an IEP meeting, it does not follow that the needs of a child on the bus—and the strategies available to the bus driver—should not be part of the IEP planning process or the workings of the team. At all levels of interaction, it is important for the success of all involved that ask questions are encouraged and answered—of the child's teachers, paraprofessional or parent, so that each staff member feels supported and effective. The better each staff member knows each student, the more effective the support and the gifts and strengths of the student with autism will be recognized and appreciated.

A bulleted, comprehensive list of ideas across settings, many of which are included here, can be found at [Strategies at Hand](#).



BUS DRIVERS AND TRANSPORTATION SUPERVISORS



Bus Drivers/Transportation Supervisors

Many students with autism start and end their day on the bus, and their transportation circumstances can vary considerably. Routing issues are important, but it may also be necessary to schedule accommodations for the child's sensory, behavioral, medical or organizational needs. A student might be placed on a smaller bus and/or accompanied by an aide, or may require supports or considerations in the midst of a full bus and busy situation. Understanding autism, as well as the particular characteristics of an individual child, is important for the transportation department planning for the child, as well as the drivers and aides who may transport him.

Things to think about:

- Awareness of the characteristics of autism as well as the specifics of a student can be helpful in avoiding or managing upsetting situations
- Be aware of the impaired judgment, sensory issues or significant fears that might provoke unexpected behaviors in a student with autism—a lack of respect for traffic considerations may result in a tendency to dart into the street, or the presence of a dog on the sidewalk might mean the child refuses to get off of the bus—know what to do to avoid or manage particular needs
- Be mindful of communication challenges; solicit guidelines for communication from his family or special education staff, knowing that you may need to wait for a response to a question or use an alternative communication device or strategy such as pictures
- Be aware that a need for adherence to routine may result in anxiety (and behavior) surrounding changes to the bus route, substitute drivers, seat changes, etc—reduce anxiety by communicating with the student in advance, using visuals wherever possible
- For a child with medical issues such as seizures, it is important to develop a protocol for safety and management with the family and school nurse
- Be aware of the social vulnerability of this population of students and the propensity for them to be victims of bullying behaviors
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond—and that is the overt behavior of which you are likely to become aware; consider the communication difficulties of a student with autism and make every attempt to fully understand the elements of a situation before reaching judgment regarding fault or behavior
- Transitions are difficult for some students – this may result in trouble getting on or off the bus
- Many students with autism like predictability and have good long term memory—a student might be able to assist a new or substitute driver with the route



Strategies

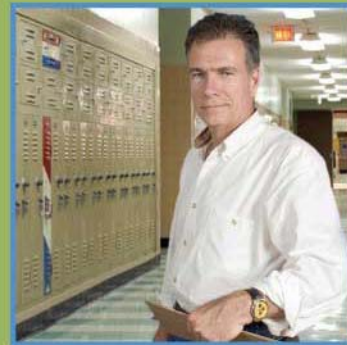
- Adjust the route—shorten, or use preferential pickup/drop off situations (e.g. to the calmer side of the school, earlier or later than the rush of students, etc)
- Consider if the support of an aide is needed
- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Reinforce the behaviors you wish to see with behavior-specific praise (e.g. “I love the way you went straight to your seat and buckled up!”)
- Use [About Me](#) to get to know relevant facts about each particular student’s likes, fears, needs, etc. Ask specific questions regarding safety and impulsivity.
- Visual schedules can be helpful in establishing and perpetuating routines, ensuring compliance (such as buckling a seat belt) and managing behavior. Following is a generic example, but a custom schedule can easily be made using a digital camera to take a picture of each step or action.
 1. Wait at the bus stop
 2. Get on the bus
 3. Sit down
 4. Buckle my seat belt
 5. Ride quietly to school
 6. Get off the bus
- Provide written rules or pictures of expectations of bus behavior for the child—as well as the school staff and parents so that they may provide additional support (e.g., if there is no eating on the bus, mom needs to know not to send the child out the door with a bagel)
- Work with the school team to provide social narratives or rule cards that might help a student understand a rule or expectation (e.g. why sitting too close is annoying to another rider, why a bus may be late, or what traffic is). Especially for a student who might have trouble understanding subtle social cues, provide ‘Unwritten rules for the bus’ and input on what the social conventions are on a particular route (e.g. seniors sit in the back)
- Give positive directions, minimize the use of ‘don’t’ and ‘stop’ e.g. ‘Please sit in your seat’ can more effective than ‘Don’t stand up’. This provides the student with the direction of exactly what you would like him to do.
- Allow ear plugs or allow use of music or headphones
- Allow hands on sensory items (e.g. squeeze toys)
- Consider peer buddies to support and shield a vulnerable student. It may be helpful to have support from school staff in finding a way to pair students.



- For a student with particularly challenging behavior, work with the school team to develop and employ an element of the positive behavior support plan specific to the needs on the bus



■ CUSTODIAL STAFF



Custodial Staff

Things to think about:

- Awareness of the characteristics of autism as well as the specifics of a student can be helpful in avoiding or managing upsetting situations. Know who the students with special needs are.
- Be aware of the complex communication, social and behavioral needs of these students, as well as that some children may have impaired judgment or be at risk of running away; alert school staff if you see something of concern.
- Be alert that the smell of cleaning supplies or the sound of a vacuum cleaner might represent a sensory assault—know what to do to avoid or manage a student’s particular needs.
- Be aware of the social vulnerability of this population of students and the propensity for them to be victims of bullying behaviors; inform other staff if you observe situations that are of concern.

Strategies:

- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Be aware of communication and social concerns that might make talking to a student with autism difficult. Be prepared to wait for a response, whether it is an action or verbal answer.
- Give positive directions and minimize the use of ‘don’t’ and ‘stop’ e.g. ‘Please stay on the sidewalk’ can be more effective than ‘don’t walk on the grass’ for a student who might not hear the don’t or for one who isn’t sure where the acceptable place to walk may be.
- Use [About Me](#) to get to know relevant facts about each particular student’s likes, fears, needs, etc.



GENERAL EDUCATION AND SPECIAL AREA TEACHERS



General Education and Special Area Teachers (including Physical Education, Music, Art, Library)

Teachers of students with autism in the general education setting should be supported by the school team in understanding and providing effective supports and interventions for these students. Communication among IEP team members, including the parents, is critical to recognizing areas of strength and need and being prepared to support a student with autism in a way that is beneficial to the student, as well as the remainder of the class. Inclusion and mainstreaming are not the same as dropping a child into a classroom—and significant planning, coordination, collaboration and supports are essential to building a positive experience for all involved. In addition, it may be necessary to start with small but successful periods of inclusion, building these opportunities as the student gains competence and confidence in varying settings.

Critical to appropriate support is a positive mindset that you can be successful, with the caveat that your definition of success might adjust along the way. Celebrate small victories.

Knowing the characteristics of autism and the particular qualities of a student will allow for appropriate planning on his behalf. Be prepared to adjust expectations—for example, in an art class, it might be appropriate to provide pre-cut samples for a project to a student with fine motor challenges, while also expecting that student (with his great memory and love of color) to be the class advisor on color combinations.

Activities that are often challenging for students with autism include:

- multi step directions and activities
- following verbal directions
- organization and following the schedule
- circle time, since it generally means sitting, listening to auditory information and verbal output
- centers time, since this involves academic tasks, sometimes unclear expectations, following directions
- free play, because it involves social skills, co-operative play and verbal skills with very little structure
- group instruction
- assemblies, music and PE classes for students with sensory issues



Strategies

- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Be aware of the characteristics of autism and general strategies—for quick reference reminders use [Autism Basics](#) or [Asperger's Syndrome Basics](#).
- Use [About Me](#) to get to know relevant facts about each particular student's likes, fears, needs, etc. Ask specific questions regarding safety and impulsivity.
- Promote a welcoming environment, and provide opportunities for your student (and others!) to develop social interaction skills and extended learning
 - Teach understanding and acceptance—see [Resources](#) for suggested reading, including books and programs to use with the students
 - Pair the student with positive role models
 - Allow times for students to work in pairs, small groups
 - Be aware that students with autism can become isolated within the classroom (interaction only occurring between an aide and student) and be on the lookout for isolation and preventing its occurrence by working with the students and the paraprofessional to support social exchange among peers
- Ensure that organization, communication and sensory issues are addressed (see [General Strategies](#) and [Classroom Checklist](#))
 - Establish clear routines and habits which support regular activities and transitions. Alert student to changes in routine, staffing, etc.
 - Consider seating--situate the student for optimal attention to instruction or sensory needs
 - Pay particular attention to the general strategies outlined for supporting communication and organization (simple directions, wait-time for processing verbal requests or directions, visual schedules, prompts and cues, etc.)
 - Be tuned into sensory issues particular to your class (e.g. echoing locker rooms and loud, fast activity can make P.E. over-stimulating and overwhelming)
- Provide written rules of the classroom, including 'unwritten' conventions if necessary. Use social narratives to help a student understand a rule or expectation, as learners with autism often increase compliance if they understand why a rule exists. (e.g. It is important to remain quiet (no noise or talking) while the teacher is speaking. If it is noisy, the students will not be able to hear her.)
- Use descriptive praise to build desired behaviors (e.g. 'I like the way you put your trash in the trash can!')
- Consider needs/supports for class presentations (i.e. cue cards, visual supports or a power point presentation for a child with impaired expressive language skills), field trips, etc.
- Utilize teacher training on multi-modal instruction! Find ways to teach and reinforce by expecting your student to learn not only by hearing, but also seeing (pictures, maps, diagrams, patterns), doing (movement and hands on activities), saying (repeat after me...) and even singing.



- Collaborate with the student's special education staff to provide strategies for modifying curriculum, supports such as visuals, communication access, organizational tools, and directly teach study skills (note taking, time management, etc.)
- Make sure that activities such as field trips, class presentations, assemblies, and plays are addressed ahead of time. Think about ways the student can be included and discuss and plan for them with the support team.
 - Field Trips: use a social narrative to describe to the student where the trip is, who he will be with, what will occur and the schedule for the day. When possible include pictures (websites and Google Images are great resources)
 - Assemblies/ Plays/Presentations: prepare the student ahead of time with materials and social narratives; be attuned to sensory issues; be creative such as offering the student an opportunity to be “producer” with a run down of the program and the ability to sit off to the side away from other students and out of the noise.

In addressing curricular issues and making **academic modifications or accommodations**, it is important to keep the following suggestions in mind. These might be adjustments made by the general education teacher or in collaboration with a student's special education teacher or paraprofessional. For a student participating in an inclusive setting, the more he is able to follow along and participate in the activities of the classroom *in real time*, the better he can access the curriculum as well as the social objectives being targeted by inclusion.

- Define core curriculum objectives and concentrate on those—for some students this may be as simple as one or two basic components within a unit
- Concentrate on teaching less content, but teach to mastery and where appropriate, fluency
- Make sure student/support staff have classroom materials ahead of time
- Pre-teach relevant new vocabulary and key concepts, concentrating on those that build and repeat throughout the curriculum
- Make the information presented by the teacher accessible to the student: know the amount of verbal information the student can process, consider ways to break the information into manageable parts, highlighting key points, providing outlines, study notes, etc
- Use visuals wherever possible—to organize, improve comprehension and assess
- Review information
- Recognize that functional academic skills—note taking, test taking, true/false, organizing information, etc. may need to be taught and reinforced directly, separately from subject area content
- Consider homework—establish a method for recording assignments, present defined expectations, consider if accommodations or more time is needed



- Consider long term projects—support managing a timeline for due dates, chunk the assignment into smaller parts with a completion schedule and checklists
- In assessing, reduce expectations of performance in areas of difficulty for the student—to test concept knowledge, replace essays with multiple choice or fill in the blank questions with word banks or replace paragraphs with webs that show relationships, etc,
- Teach and test regularly and in small chunks: check for comprehension
- Consider allowing more time or an alternate setting for testing
- Review, repeat and move on when the student demonstrates proficiency
- If the student has difficulty learning a concept or skill, re-think how material is being presented understanding is being assessed
- Supply study guides ahead of tests
- Pre warn the student and paraprofessional when you give a pop quiz

Reading

- Students are likely to have difficulty comprehending material, predicting events, and reading between the lines/infering from the text.
- Be aware of a high proportion of students with high functioning autism who are adept at encoding and word calling, but may have significant issues with comprehension. Some students may be diagnosed with hyperlexia.
- Provide summaries or pre-exposure to a new reading book prior to its initiation. Identify the story line, plot, main characters and setting—with visuals as possible—to situate the student to the book.
- Provide specific structure to questions when expecting an answer for comprehension. Use multiple choice, cloze sentences with a word bank, or starter responses. Whereas it might be very difficult to answer “John, how did the wolf find grandmother’s house”?, a student with autism might show comprehension when asked, “John, the wolf found grandmother’s house by crossing the river and _____”?
- When giving choices, know how many choices are appropriate. Some may be able to pick from four choices, some from only two. Reducing the number of choices is a simple way of making a task simpler for the student, while still expecting independence and indication of learning.



Writing

It is essential to recognize that writing involves expressive language skills, word retrieval, organization of thoughts and fine motor skills, all of which are often challenges for students with autism. Strategies to support each of these areas of need are often required.

- Use visuals to prompt language—pictures, word banks, etc.
- Begin with cloze sentences or sentence starters
- Actively teach brainstorming, developing descriptive vocabulary, etc.
- Use template organization tools for all writing assignments—webs, outlines, etc. How to use of these tools will need specific instruction, and consistent and repeated use of the same tools is likely to result in greater independence and success.
- Provide significant structure and direction for the assignment.
- Consider using keyboarding, dictation and computer graphic organizer programs to support your student. Consider an [AlphaSmart](#) or other traveling keyboard that can be used across settings.
- Look for content rather than length of a written piece, knowing that writing may need to be evaluated by alternate methods than those used for the class in general. For example, rather than expecting the three paragraphs assigned, consider whether the student responded to the questions and the content objectives of the assignment.

Social Studies

If a student with autism has an interest in this area, he might become the class's resident expert on a certain topic, such as Egypt or modes of transportation. This might be a chance to allow this student to shine, as well as provide a motivational opportunity by using his particular area of interest to motivate flexibility or availability to learning new subject matter. Additional suggested strategies for those who might need additional assistance to grasp subject matter:

- Employ timelines, maps and visuals to support concepts and ideas
- Use videos (check out [YouTube](#)) to bring to life past events
- Teach idioms and analogies
- Act or role play



Science

As in other subjects, if a student with autism has a particular interest he might become the class's expert on the solar system, dinosaurs or rocks. Build confidence and interest in learning by celebrating this strength, while stretching flexibility and interest in other areas. Strategies and considerations:

- Support hands on activities
- Be aware of impulsivity and safety concerns
- Define rules for lab work
- Whenever possible, point out relationships between science concepts and real life experiences

Math

Although some students with autism excel in mathematical ability, and others might have an affinity for the rote aspects of memorizing math facts and functions, the language of math and associated abstract concepts can be difficult for many students with autism. Recognizing that this area often represents great variability in skill levels means that instruction is likely to need great individualization—a student who can perform double digit multiplication in his head may have great difficulty conceptualizing negative numbers or measurement. Word problems in particular are a notable area of struggle. Use the student's areas of strength to build his self confidence and motivation to working on areas of challenge.

- Break math down into specific parts, using visuals and manipulatives
- Use strategies such as [TOUCHMATH®](#) to support computation
- Students with autism often learn the patterns involved in a skill, rather than the concepts, so beware of over-learning—a child who spends months learning how to add and months learning how to subtract, may then take months *to learn to look for the sign* on a mixed addition/subtraction page
- For skills that require precise learning and execution, employ errorless teaching strategies that ensure correct development of a skill from the start, as corrective teaching is generally less effective and unlearning bad habits can be very difficult for students with autism



Physical Education

- Be aware of a student's particular motor, timing, language and attentional issues that might affect his performance and interest, and make appropriate accommodations
- Be attuned to the high sensory input inherent in echoing locker rooms, whistles, students running and shouting, and how this might affect your student
- Recognize that while a student may not be able to keep up with the pace of learning and activity of the whole class, he still might be able to learn components of a sport or activity that will offer a valuable social outlet or exercise opportunity
- Break tasks into small scaffolded components and celebrate successes—a student who learns how to shoot hoops has gained a valuable skill in turn-taking and an opportunity for social interaction with peers, even if he has not mastered the ability to participate in a 5 on 5 game
- Solicit the assistance of special education staff in providing training in appropriate locker room behavior, social conventions regarding privacy, etc. using social narratives, etc.

Music

Many individuals with autism have musical strengths, which can be celebrated, used to reinforce and motivate, and teach. A sense of rhythm and interest in music can be used to motivate a child to participate in an activity. Since music is processed in a different area of the brain than language, some individuals with limited language ability are able to sing, and song can be used to teach concepts or aid in memory development.

However, it is worth noting that the issues with timing, processing and motor planning often make choral responding—singing or reciting with a group—very difficult. It has been noted that if a student with autism *initiates* the choral (such as the Pledge of Allegiance) he can be successful, whereas the timing required for *joining in* can impede this ability.



Art

Strong visual skills, a heightened sense of visual perception or a unique perspective can often result in significant artistic ability in some individuals with autism. Others might take a special interest in color, and be the class expert on color combinations and the application of the principles of the color wheel.

Because of sensory/tactile issues, some students may have a difficult time with art class or certain art projects (e.g. clay on the hands, odors from materials, etc).

Computers and Technology

Even a very young child with autism can show great affinity for technology, being able to immediately find the 'on' button on any TV he encounters, or the rewind knob on any VCR. Visual acuity and varied ways of storing/accessing information and creating thought processes often make some individuals with autism adept at computer utilization and programming, stereo operation, film making, etc. A student with autism may be a great asset in developing technological resources, but his communication challenges may prevent him from being able to explain how something works. Use a student's problem-solving and technical expertise to make other tasks easier (replace handwriting with typing, produce a video instead of writing a paper) or to motivate attention to other areas being targeted.



■ LUNCH AND RECESS AIDES



Lunch/Recess Aides

Many schools schedule a student's familiar aide or teacher with a break or lunch during the child's recess or lunch. However, in most cases, this is the most critical time for a child with autism to have experienced staff support, particularly those who are trained in supporting social interactions and helping a child to become more independent. Recess and lunch are typically the least structured times of a student's day, and therefore, the most difficult for a child with organization, communication and social challenges. The support required during these times ranges from the practice of negotiating cafeteria tables, busy lunch lines and ordering (fast, with 67 hungry kids just behind you!) and figuring out how to keep busy and have fun on an expansive playground with no set rules. In addition to the organizational and sensory issues, this is a time where deficits in communication and social ability become readily apparent and exceptionally painful.

If scheduling is such that lunch and recess responsibilities fall to unfamiliar staff, some understanding of autism and basic strategies will be helpful in making a difference for a student.

- Being aware of the characteristics of autism (see [Autism Basics](#) and [Asperger's Syndrome Basics](#) summaries) as well as the specifics of a student can be helpful in avoiding or managing upsetting situations; some children may be at risk of wandering or running away; a door buzzer, fire alarm, certain odors or a school bell might represent a sensory assault—know what to do to avoid or manage particular needs
- Be mindful of communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or use of a communication strategy such as picture exchange might be necessary
- Be mindful of the student's need to develop daily living skills, and promote as much ability and independence as possible (e.g. let him get his napkin, teach him to enter his meal code in the cafeteria computer, etc.)
- Explore opportunities for school staff to think creatively—recess can be a great time for a push-in intervention from the speech pathologist or occupational therapist, who could model strategies and set up games that daily staff (and peers) could continue on days when they do not provide direct therapy
- Be tuned into the strategies modeled by the student's trained support staff and ask for their help with areas of concern
- Friendly greetings, acceptance and patience can help to make the child feel comfortable in the school and small responsibilities can help him to feel like a contributing member of the community—celebrate successes!



Strategies:

- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Use [About Me](#) to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Create a quiet spot, if necessary, for mellow activities or a less hectic lunchtime
- Ask familiar staff to practice or help troubleshoot skills outside of the chaos of scheduled times—start the lunch line routine five minutes before others arrive, ask the OT to teach techniques for learning to swing independently, etc.—build skills toward independence
- Use a visual menu for making choices in the cafeteria
- Reduce the number of choices or make a choice and practice ordering (with necessary visual supports, etc) earlier in the day
- Visual schedules can be helpful in establishing and perpetuating routines, ensuring compliance (such as putting the tray and silverware in the appropriate places) and managing behavior.

Clearing My Lunch

- ✓ Put my plate, silverware and trash on my tray
- ✓ Walk carefully with the tray to cleanup area
 - ✓ Toss trash (only!) into trashcan
 - ✓ Put my silverware in the gray tub
 - ✓ Place my plates on the counter
 - ✓ Stack my tray in the cubby
 - ✓ Give myself a sticker!

- Visual prompts and cues can be employed to help a child make choices, or know how to initiate or respond (e.g. cue card 'I would like pizza please')
- Seek help in learning how to create structured settings—organizing a game of follow the leader, setting up Uno at a lunch table, etc. Use the child's existing skills and interests to motivate him to participate, since the social demands are enough for him to work on
- Set up and explain rules of playground games. If the playground is too much for a student, designate a quieter area for board games or cards with a peer.
- Use descriptive praise to build desired behaviors (e.g. "I like the way you put the ball back where it belongs")
- Give positive directions to allow for incomplete language processing. Minimize use of 'don't' and 'stop' e.g. instead of 'Don't stand in the

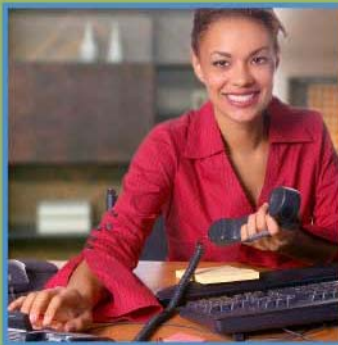


hallway' try 'Please sit at your lunch table' for a student who might not hear the 'don't' – or for one who isn't sure where the acceptable place to sit might be.


- Allow peers the opportunity to be a lunch buddy (this often works better than assigning a buddy, as it selects students who are motivated to take on this role)
- Be aware of the vulnerability of this population of students and the propensity for them to be victims of bullying behaviors
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond—and that is the behavior of which you are likely to become aware; consider the communication difficulties of a student with autism and make every attempt to fully understand the elements of a situation before reaching judgment regarding fault or behavior
- Work with the school team to provide social narratives to help a student understand a rule or expectation, e.g. why sitting too close is annoying to another student, bathroom etiquette and hand washing, etc.
- Work with the school team to provide written or visual supports for 'Unwritten rules for the cafeteria or recess' and input on social conventions
- Consider peer buddies to support and shield a vulnerable student—it may be helpful to have support from other staff in finding a way to pair students.
- For a student with particularly challenging behavior, work with the school team to develop and employ an element of the positive behavior support plan specific to the needs at lunch/recess



OFFICE STAFF



Office Staff

 A school's administrative staff often represents a consistent and welcoming community within the school, and can provide an excellent opportunity for individuals with autism to practice social interactions and perform small tasks and jobs.

- Awareness of the characteristics of autism as well as the specifics of a student can be helpful in avoiding or managing upsetting situations—know the communication, social and behavioral needs of each student
- Be mindful of communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or use of a communication strategy such as picture exchange might be necessary
- Be tuned into the strategies modeled by the student's trained support staff
- Friendly greetings, acceptance and patience can help to make the student feel comfortable in the school and errands or small responsibilities in the office can help him to feel like a contributing member of the community—celebrate successes!
- Once a routine has been broken into steps and effectively taught, most students with autism will consistently and reliably perform—and then become a dependable assistant

Strategies:

- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Use [About Me](#) to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Visual schedules can be helpful in establishing and perpetuating routines, ensuring compliance (such as putting the attendance records in the appropriate box) and managing behavior.
- Social narratives might be employed to help a student understand a rule or expectation (e.g., It is important to say good morning to Mrs. Smith. Saying hello is being friendly. It makes others happy when you are friendly.)
- Visual prompts or cue cards can be employed to help a child make choices, or know how to initiate or respond
- Use descriptive praise to build desired behaviors (e.g. "It was great that you put the attendance sheet in the mailbox!")
- Remember to create strategies to include all students on all school correspondence. Many students who do not have a homeroom like the other classes miss school picture day, yearbooks, information on extracurricular activities, etc. because papers do not go home.
- Support school announcements over the intercom with written notes home for students who might have trouble processing—or recalling—information.



■ PARAPROFESSIONALS



Paraprofessionals

A paraprofessional assigned to a classroom of children with special needs or a 1:1 aide for a student with autism is in a unique position to effect great changes in that individual's life and function, and to help set the tone for his place in the school community. It is also likely that little training with respect to autism spectrum disorders has been given to prepare for this role. In addition, since the primary responsibility of a paraprofessional is viewed as supporting the student, it is likely that IEP meetings and other opportunities for learning about the abilities and needs of a student, and strategies that might be effective in supporting him, have occurred without the paraprofessional's involvement.

It is essential to have knowledge of the characteristics of autism in general, and the assigned student in particular. Know his learning style, preferences, needs and strengths. In addition, it will be helpful to understand the special implications about any of the other school environments described in this Target section in which the paraprofessional participates with the student. If support is provided at lunch, then be aware of the sensory and communication needs—and strategies to employ—during lunch. Implementation of the behavior support plan and sensory strategies are likely to fall primarily in the paraprofessional's hands, as may academic modifications or supports.

Of all the individuals who support a student over the course of a school day, a 1:1 aide is the most likely to become the one on whom the student becomes most dependent. As such, it is critical to maintain the mindset of trying to work oneself out of a job; otherwise, there is the risk of developing the 'Velcro aide' syndrome (overly attached) and creating a prompt-and-personnel-dependent student. Remember to strive towards raising expectations and promoting independence in the student at whatever level he is capable of handling.

Think of your primary responsibility not as an ongoing support for the student, but as working yourself out of a job.



Strategies:

- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Be proactive about learning about the student—ask questions, request to take part in meetings and trainings, know the strategies to be employed, etc.
- Become expert in understanding and supporting his communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or communication strategy such as picture exchange might be necessary
- Use [About Me](#) to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Carve out a quiet spot in the school, if necessary, for when the student needs time to regroup
- Be creative about finding opportunities to practice or troubleshoot skills outside of the chaos of scheduled times—bus loading, lunch line, locker room, etc. and work on building skills toward independence
- Build your student's independence
- Practice skills across settings and promote generalization
- Recognize that the paraprofessional's actions, attitude and responses can help—or hinder—the growth and behavior of the student
- As the student becomes more independent, the IEP team might decide to alter the level of intervention—such as replacing a 1:1 pairing with a classroom aide situation. To test and practice increasing a student's level of independence use the [Invisible Aide](#) strategy.



The Ten Commandments of Paraprofessional Support

1. Thou shalt know well both your students and the disabilities they manifest.
2. Thou shalt learn to take your students' perspectives, and realize that they have significant difficulty taking yours.
3. Thou shalt always look beyond your student's behaviors to determine the functions that those behaviors serve.
4. Thou shalt be neither blinded by your by your students' strengths, nor hold them to standards they cannot meet.
5. Thou shalt master the art of rendering the appropriate degree of support for your students' level of skill development and behavior.
6. Thou shalt exercise vigilance in fading back prompts and promoting competence and independence in your students.
7. Thou shalt be proactive both in seeking out information to help your students, and in preparing and implementing the support that they need to be successful.
8. Thou shalt neither usurp the teachers' role, nor be albatrosses around their necks.
9. Thou shalt leave your egos at the school house door!
10. Thou shalt perform your duties mindfully, responsibly and respectfully at all times.

Source: How to Be a Para Pro by Diane Twachtman-Cullen


How to Be a Para Pro <http://www.starfishpress.com/products/parapro.html> offers further reinforcement of these specific areas, as well as vignettes and troubleshooting suggestions, or see other educational/social support options in Resources.



■ PEERS



Peers

 In some research on behavior in autism, classmates are referred to as 'peer confederates.' Establishing this mindset of peers as the guys in the trenches and collaborators in the mission is essential to building an environment that appropriately and wholly supports, values, challenges and provides growth to a student with autism. Typically developing children will vary in terms of temperament and interest, but in general most will eventually give up on a child who does not reciprocate, unless they are provided with a bit of specific understanding and skills themselves. Despite this, children are often natural teachers and instinctively toss aside the 'can't' mentality that generally develops once we become adults. While not all children will take a specific interest in engaging or supporting children who are different, almost all can benefit from efforts at improving understanding and building sensitivity and acceptance.

Autism education or sensitivity training can occur in a generalized manner, where students learn about differences and sensitivity not related to a particular student. These class activities or assemblies do not have to target autism specifically, as formulating open minds and hearts is helpful to individuals with needs of all sorts. Autism Awareness Month (April) offers many opportunities to focus a class on learning more about the statistics and impact of autism.

Assembly content and classroom programs will vary with the age levels of the students. For younger children the message might be more about knowing the word autism and treating people who might be different with tolerance and understanding. Peers in upper grades might learn more about specifics of autism (signs) and what they might do to help. As with other supports, employing a team approach is usually beneficial, as it provides various perspectives, as well as a body of resources for the students who might want to discuss concerns or ideas at a later time (parents in the community, siblings of students with autism, and professionals such as school psychologists, counselors, and teachers).

One school has used the following format for a general autism awareness assembly, followed up by more direct discussion and reinforcement of learning.



Autism Assembly

Multi-Purpose Room

30 minutes

Introduction

1 minute

- Who we are and why we are doing this?

What is Autism?

2.5 minutes

- Definition, examples, statistics, gender bias, rising incidence, co-morbidities
- Show video clips of various people with autism with different communication abilities
 - *Temple Grandin*
 - *Normal People Scare Me*
 - *Autism Everyday*
 - *Five for Fighting*

Being a Parent of a Child with Autism

2.5 minutes

- Challenges, family life, etc.

Treatments for Autism

2 minutes

- Intensive, early, ABA, TEACCH, speech, OT

Social Aspects of Autism

2 minutes

- Impact of social piece, how you can help

School Social Support Club Member

4 minutes

- Personal connections, what the club has done so far

Closing

1 minute

- Thanks and what we will do in classrooms

Breakout Sessions In Classrooms

30 minutes

- Distribute school psychologists, special education staff, parents and members of the social club throughout the breakouts

- General discussion and question and answer (if needed, jumpstart conversation with three anecdotes for the club members to read/act out)

Distribute "***How to be a Friend***" handout

Reinforce learning by filling in "***What I Learned About Autism***" puzzle pieces.



In addition to addressing the obvious—peers—it is also important to reach out to those who know the classmates best and are often their primary source of information and advice, the parents of the peers. Since many of these parents will not have had autism experience themselves, they may not understand or have the tools they need to appropriately support their children in making allowances or fostering relationships with children who seem different or challenging. Involving the overall school community in awareness and sensitivity building is often beneficial, as compassion usually builds with understanding. This can take the form of assemblies or PTO presentations to parents in general, or may require a more direct approach within a classroom or grade level. Some families may prefer to protect their student's privacy (which is their right), while others might be inclined to share information in a letter or meeting about their student's challenges and interests with his classmates' parents, finding that greater understanding and perspective reduce fear and improve acceptance.

Many schools have found it helpful to have a parent, caregiver or school representative who knows the student well introduce the student at the beginning of a school year or a new inclusion opportunity. If the family or team feels that protecting the student's privacy is important, the student may not even be mentioned by name and general sensitivity training may be all that is addressed. Out of respect for the student, a more specific introduction is often done while he is not in the room. It is important to present the student as a person with unique abilities and similarities (a family, siblings, pets, love of music, favorite foods, video games and movies), as well as present some of the challenges and differences the students might notice or need to be aware of, such as sensory needs. For younger children, it sometimes helps to point out that autism is not something you can 'catch.' Workshop activities that help typical students understand how difficult it might be to have specific learning disabilities or autism, such as having the student with the best handwriting in the class use his non-preferred hand, while wearing an oven mitt, to try to produce an equally neat presentation. Allowing time for observations and questions is critical to making the peers feel like active players in the process.

Curriculum and books that teach about differences and acceptance often can be worked into the social studies curriculum in classrooms, or targeted peer groups can use these as a way to set the tone for classroom supports or social skills groups. Use [*How to Be a Friend*](#) or [*Ideas from The Friend Program at SARRC*](#) or investigate these tools that employ literature and DVDs to spark discussion, and also include lesson plans for exploring, role playing and developing an understanding and supportive school population:



Trevor, Trevor by Diane Twachtman Cullen
www.starfishpress.com/about/dianet.html

The Autism Acceptance Book by Ellen Sabin
www.wateringcanpress.com/html/aboutellen.html

Wings of Epoh by Gerda Weissman Klein
<http://shop.wingsofepoh.org/main.sc>

With Open Arms by Mary Schlieder, M.S.
www.schoolswithopenarms.com/contact.php

The Sixth Sense II by Carol Gray
www.thegraycenter.org/store/index.cfm?fuseaction=product.display&product_id=45

It is important in developing skills in peers that they serve as appropriate models and social partners, so creating mini-therapists is not the objective of peer training. However, it is often helpful to put communication and social differences in context, so teaching some basic understanding of autism and specific strategies for interacting with a particular student are often effective.

Another option is the [Circle of Friends](#) approach—a trained group of peer mentors who provide good social role models and are scheduled to interact with a specific student on a consistent basis; activities can include teaching scripts and how to ‘chat’ (using topic lists or boxes), noncompetitive games, book clubs, extracurricular activities and more.

Peer Training should also occur in an ongoing fashion, where students are supported and trained in working in pairs or small groups by trained staff, who work to fade the intensity of their interventions on behalf of the student with autism and allow the natural supports of the students to take over as much as possible.

Student Clubs for Autism Speaks (SCAS)


[Student Clubs for Autism Speaks](#) help further the mission of Autism Speaks by creating the opportunity for students to engage and actively participate in positively affecting the lives of people with autism. Through education, awareness, friendship and fundraising, SCAS includes students at the middle school, high school and college level.



SCHOOL ADMINISTRATION, PRINCIPALS, INTERDISCIPLINARY TEAM MEMBERS



School Administration, Principals, Interdisciplinary Team Members

 An inclusive-minded, informed administration sets the stage for a successful inclusive school. It is essential that school administrators and principals have a positive attitude about their students with special needs, as their attitudes establish expectations and the tone for the entire school staff and students. Knowing the benefits of inclusion, to the students with exceptional needs as well as the typical population is helpful in developing this perspective. Keeping this information in perspective is also essential, as the wishes of the family and the needs of the student might mean that inclusion might start with five minutes a day—and build from there with increasing competence and confidence.

Just valuing inclusion is not enough, and being informed and prepared is essential for a positive experience for everyone involved. For schools with students on the autism spectrum, it is critical that the administrative staff know the characteristics of autism, and the particulars of each specific student, in making decisions about classroom and staffing assignments, training and support for the team and programming for the student. Staffing is critical, since untrained or ineffective staff supports can aggravate a challenging situation or cause increased anxiety and difficulty for a student. Be informed about whether a student's needs are being met, and listen to the concerns of the family and other staff members, knowing that 'good teaching' for a typical student might be the wrong approach for a student with the complex needs of autism.

In many schools the school psychologist or case manager will be the gatekeeper for referrals and special education services. It is helpful that this coordinator is aware of the characteristics of autism, as well as the greater risk of co-morbid emotional and behavioral disorders that might benefit from surveillance and targeted treatment. Students with autism may experience aggression, self-injury, depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), and tics, but children and youth with autism often do not receive targeted treatments for these issues since parents and school personnel may not recognize them as separate or treatable disorders. Symptom overlaps, varying presentations and cognitive factors may make separating out diagnoses difficult and there are no screening tools for these other disorders in individuals with autism. Similarly, other educational challenges, such as dyslexia, vision problems, and auditory processing disorders can occur in students with autism, without the usual cues suggesting assessment (e.g., a student with limited verbal ability is not likely to say "mommy, I can't see the blackboard.") Concerns raised by IEP team members should be considered in the context of these issues, as effective assessments and accurate diagnoses are essential to appropriate intervention planning.



Since school administrators are often called in to challenging situations, it also is important to be involved in and knowledgeable about a child's **positive behavior support plan (PBS)** and the strategies in place for that student. Respecting the needs of the student and embracing the mindset that behavior is communication are essential at times when intervention is necessary.

- Be flexible and open-minded
- Provide introductory and on-going staff training and awareness, ranging from raising the skill levels of special education staff, to supporting general education teachers, specials providers, bus drivers, lunch aides, etc. in their understanding and knowledge of autism and their students
- Support the exchange of information and promote collaboration among departments and staff, as this is essential for supporting a student across settings. Distribute the tools in the [Appendix](#) as appropriate
- Work to include 1:1 or classroom support paraprofessionals in trainings, IEP meetings, related therapies (speech, OT, etc.) sessions and positive behavior support planning and evaluation; often these individuals spend more time with a student with autism, across settings, than any other staff in the school
- Promote opportunities for regular team meetings and open communication
- Be proactive—support the IEP team in developing positive behavior plans with an emphasis on providing the supports and interventions necessary to AVOID behaviors. See [Resources](#), [Appendix](#) for information on PBS.
- Support school staff in thinking creatively—recess can be an ideal time for a push-in intervention from the speech pathologist or occupational therapist, who even once a week could model strategies and set up games that daily staff (and peers) could continue over the rest of the week
- Prepare for transitions. Invite the student to view a new classroom or school prior to the first day so that he has time to take in the new surroundings (and staff, if possible) without overwhelming sensory stimuli.
- Get personal. Friendly greetings and a sense of acceptance can help to make a student feel comfortable in the school. Use *About Me* in Resources to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Learn something about each student to form a personal connection, and celebrate successes with behavior specific praise (e.g. "I like how you are walking in the hall so quietly!")
- Be mindful of a student's communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or communication strategy such as picture exchange might be necessary



- Be cognizant of the student's need to develop living skills, and promote opportunities for inclusion in the school community and steps toward independence as possible
- Allow opportunities for staff to practice skills outside of the chaos of certain situations so that they might develop the skill without all the confounding sensory and social issues (e.g. allow a child to go early to dress for P.E. in a quiet locker room or to practice using a tray or ordering lunch a few minutes before classmates arrive)
- When planning fire drills, etc., know that this can be extremely anxiety provoking for a student with autism. Warning these students and staff in advance will go along way in helping the students manage the noise and change in routine the fire drill triggers.
- Be aware of the vulnerability of this population of students and the propensity for them to be victims of bullying behaviors—proactively build a school culture where bullying is not acceptable through awareness building, peer sensitivity, strategies and procedures
- Students with autism are not socially savvy; therefore, if a student is being bullied or tortured quietly, he is likely to react or respond—and that is the overt behavior of which you are likely to become aware; consider the communication difficulties of a student with autism and make every attempt to fully understand the elements of a situation before reaching judgment regarding fault or behavior
- Provide staff and peer training and team collaboration opportunities
- Ensure that students are part of the school community and informed of school events and opportunities—this is often overlooked for students in specialized classrooms who might not participate in homeroom. For students with autism it would be helpful if emails or memos were sent home to the child's parents if announcements are made during school regarding important school information; students with autism may not go home and let their parents know of announcements that they have heard in school.
- Promote opportunities for social interaction and development--find ways to include students in school productions, extra curricular activities and clubs
- Consider peer groups for social skills trainings, and peer buddies to support and shield a vulnerable student.
- Provide peer supports and training
- Meet frequently with the student's IEP team to see if the PBSP is working and that it is being implemented across all environments. Support efforts with [Classroom Checklist](#), [Reinforcement Strategies](#) and [Data Collection](#).
- Be considerate of the family's needs and expectations. Be sure to include them in all meetings and discussions involving the student.
- Be respectful to parents when meeting as a team. If everyone is using a formal title, such as Mrs. or Mr., do not refer to them as "the mom" or "the dad."



In many schools, when a student exhibits a maladaptive behavior that is seen as aggressive, dangerous or refractory to other interventions, the principal, case manager or another administrator is called in to the situation. In these instances, it is essential to remember that behavior is a means of communication, and not necessarily an overt desire to inflame or harm others. It is rare that an extreme behavior just occurs one day, as usually there is a pattern of inappropriate supports and interventions and a build up of frustration over time. If called in to assist:

- Be familiar with the details of the student's positive behavior support plan
- Remain calm
- Take care not to embarrass or reprimand the child immediately and in view of others
- With the student, use limited verbal directions. Less can be more. Excessive talking and agitated adults can escalate a situation. A few minutes of quiet can help everyone. Then short simple sentences.
- Use established guidelines for communication and be prepared to wait for a response
- Give choices to help to engage the student and de-escalate his sense of being pushed around, e.g. 'Do you want to talk about this in the nurse's office or in my office?'
- Employ written input/visual choices/cartooning/social narratives to investigate the student's perspective, feelings and interpretation and to teach why his actions were unacceptable
- Sending the message to the student that the team is working to understand his perspective and trying to figure out why he exhibited maladaptive behavior (and then following up by instituting appropriate supports and preventive measures) will be more helpful to changing the student's behavior than a consequence such as suspension
- Obtain the facts relating to the situation from a variety of sources, remembering to gather information on the behavior, as well as the events and conditions leading up to the behavior (especially sensory issues that are often not considered) and the consequences typically employed for similar behaviors that have occurred previously (responses or inadvertent rewards for maladaptive behaviors can build, rather than reduce, them)
- Recognize and consider that interventions and strategies in place, even if well-intentioned, may be contributing to the development of the behavior
- Take care in interacting with the student's parents, who generally dread reports of behavior. Remember that this happened at school, and while the child is their responsibility, the conditions that led to the behavior were outside of their control. Be mindful of their perspective and insights in working as a team in assessing the underlying cause of the behavior and developing a plan for promoting effective replacement behavior.



■ SCHOOL NURSES



School Nurses

It is important to be aware of any medications or additional health issues that a student has—or may be inclined to have, such as those described in the Other Challenges section. Be aware of multiple medications and co-morbid conditions—physical or psychological.

It is also important to be aware that, in addition to traditional medical care, some families may follow the advice of physicians and alternative medicine providers who follow less conventional approaches to treat the underlying medical issues or symptoms of autism; these can range from dietary supplements or acupuncture to chelation of heavy metals. To better understand some of these approaches, visit the [Autism Research Institute website](#) .

Many students with autism have other health needs, as well as the illnesses and bumps and bruises that all children experience. The nurse's office should be a safe and supportive place for students with special needs, but effective interaction will require some programming.

- Awareness of the characteristics of autism as well as the specifics of a student can be helpful in avoiding or managing upsetting situations; some children may be at risk of running away; a door buzzer, fire alarm or school bell might represent a sensory assault—know what to do to avoid or manage particular needs
- Be mindful of a student's communication challenges; solicit guidelines for communication from his special education staff, knowing that wait time for a response to a question, use of an alternative communication device or communication strategy such as picture exchange might be necessary.
- Since a trip to the nurse's office may not be an everyday occurrence, it is often helpful to get to know the student prior to an emergency situation; spend time in his day, invite him to visit the nurse's office, etc. so that fear of the unknown is not coupled with injury or illness
- Understand the student's medical needs, and converse with the family and/or physician with respect to special interventions or medications
- Many children with autism are on medications or special diets; even if these are not taken during the school day, it might be helpful to know what those medications are and possible side effects; be aware that the medical team/family may wish to keep other caregivers (teachers, aides) blind to changes in medication so as to elicit unbiased observations of the effects of interventions
- Consider using a questionnaire so that this information is available in the case of side effects or an emergency
- Remember that behavior is communication—consider injury, pain, etc. if a child has significant new behaviors



Strategies:


- Be calm, positive and an appropriate behavior model for the student with autism as well as other students—greetings, etc.
- Use [About Me](#) to get to know relevant facts about each particular student's likes, fears, needs, etc.
- Allow a student with autism the support of a familiar aide or caregiver while in the nurse's care, as this should offer better access to communication, increased compliance and reduced anxiety (e.g. the aide might ask the student to open his mouth—and *then* you can look in)
- Getting a child to take medication can be challenging—ask about strategies that have been used successfully at home; other strategies that have been *employed* successfully are use of visual schedules, social stories, or reward systems to promote compliance with taking medication
- Utilize a [visual pain scale](#) so that a student can give a framework of the severity of the pain, and pictures so that he can point to where the pain is felt
- Use visual supports and examples where possible (e.g. “open your mouth” might be replaced with “do this” and appropriate modeling)
- Allow students a place where they can keep things like a change of clothes to independently manage situations that require medical intervention such as soiling.



SCHOOL SECURITY



School Security

 All too often there are news reports of the misinterpretation of an individual with autism's behavior resulting in the use of excessive force and harm to the individual. It is critical that security staff—and ideally the local first responders—are knowledgeable about who the individuals with autism in the community are, and the characteristics of autism. A student with autism might not respond to his name, or to a specific command to do or stop doing something. Understanding the issues with communication, anxiety, unreasonable fears, and sensory issues as well as lack of appropriate fear, and a tendency for some individuals with autism to wander or run away (elope) are critical to successful and safe support.

This information piece was developed as a wallet card, specifically to inform first responders about an interaction with an individual with autism. Additional information, including training videos and materials in many languages, is available at Dennis Debbaudt's [*Autism Risk & Safety Management*](#).



From: Debbaudt Legacy Productions' On Scene Autism Information Card

The person you are interacting with:

Communication:

- May be non verbal or have limited verbal skills
- May not respond to your commands or questions
- May repeat your words or phrases; your body language and emotional reactions
- May have difficulty expressing needs

Behavior:

- May display tantrums or extreme distress for no apparent reason
- May laugh, giggle or ignore your presence
- May be extremely sensitive to lights, sounds or touch
- May display a lack of eye contact
- May have no fear of real danger
- May appear insensitive to pain
- May exhibit self-stimulating behavior: hand flapping, body rocking or attachment to objects

In Security Situations:

- May not understand rights or warnings
- May become anxious in new situations
- May not understand consequences of their actions
- If verbal, may produce false confession or misleading statements

Tips for Interactions with Persons with Autism:

- Display calming body language; give person extra personal space
- Use simple language
- Speak slowly; repeat and rephrase question
- Use concrete terms and ideas; avoid slang
- Allow extra time for response
- Give praise and encouragement
- Exercise caution
- Person may have seizure disorders and low muscle tone
- Given time and space, person may deescalate their behavior
- Seek advice from others on the scene who know the person with autism.

Debbaudt, D. and Legacy, D. On Scene Autism Information Card. Debbaudt Legacy Productions. Port Saint Lucie , Florida - Waterford , Michigan . 2004.



Resources

For additional books, websites, videos, and more, visit our Resource Library on the [Autism Speaks](#) website.

For comprehensive collections of publications related to autism and interventions, visit these publishers:

Autism Asperger Publishing Company www.asperger.net/bookstore.htm

Future Horizons, Inc. www.futurehorizons-autism.com

Inclusion Press www.inclusion.com

Jessica Kingsley Publishers www.jkp.com

Books

(For certain selections websites are listed where additional resources, books by the same author, on-line supports or downloads, information on associated curriculum and videos, etc. are available.)

Asperger's Syndrome

An Educator's Guide to Asperger Syndrome,
(Organization for Autism Research, 2005)

Guidelines for inclusive classrooms, elementary through high school. Request or download free.

www.researchautism.org

Asperger's and Girls

By Tony Attwood, Temple Grandin, Teresa Bolick and others
(Future Horizons, Inc, 2006)

www.tonyattwood.com.au/

The Complete Guide to Asperger's Syndrome

By Tony Attwood (Jessica Kingsley Publishers, 2006)

Diagnosis, behavioral patterns and practical strategies and supports.

www.tonyattwood.com.au/

*The OASIS Guide to Asperger Syndrome: Completely Revised and Updated:
Advice, Support, Insight and Inspiration*

By Patricia Bashe and Barbara Kirby (Crown, 2005)

www.aspergersyndrome.org

*Perfect Targets; Asperger Syndrome and Bullying; Practical Solutions for
Surviving the Social World*

By Rebekah Heinrichs (Autism Asperger Publishing Company, 2003)



Inclusion and Social Supports

All My Life's a Circle; Using the Tools: Circles, MAPS & PATHS

By M. Falvey, M. Forest, J. Pearpoint & R. Rosenberg (Inclusion Press, 2003)
Inclusion supports and guides for person-centered planning. Tools for transition planning.

www.inclusion.com

Do-Watch-Listen-Say: Social and Communication Intervention for Children with Autism

By Kathleen Ann Quill (Paul H. Brookes, 2000)

www.brookespublishing.com

Incorporating Social Goals in the Classroom: A Guide for Teachers and Parents of Children with High-Functioning Autism and Asperger Syndrome

By Rebecca A. Moyes (Jessica Kingsley, 2001)

Outlines social deficits, and offers strategies and lesson plans.

Out and About, Preparing Children with Autism Spectrum Disorders to Participate in Their Communities

By Jill Hudson, Amy Bixler Coffin (Autism Asperger Publishing Company, 2007)

Easy to read, practical explanations and examples of simple and effective strategies.

Power Cards: Using Special Interests to Motivate Children and Youth with Asperger Syndrome and Autism

By Elisa Gagnon (Autism Asperger Publishing Company, 2001)

Skillstreaming in Early Childhood; New Strategies and Perspectives for Teaching Prosocial Skills

Skillstreaming the Elementary School Child; New Strategies and Perspectives for Teaching Prosocial Skills

Skillstreaming the Adolescent; New Strategies and Perspectives for Teaching Prosocial Skills

By Dr. Ellen McGinnis, Dr. Arnold P. Goldstein (Research Press, various)

www.skillstreaming.com

Social Relationships and Peer Support, Second Edition

By Rachel Janney, Ph.D. and Martha E. Snell (Brookes Publishing, 2006)

Social Skills Groups: What Does the Research Tell Us?

By Linda Geller, Ph.D. Autism Spectrum News, Fall 2008, Vol.1, No.1

www.aboutourkids.org/files/institutes/assets/social_skills_groups_asn.pdf

The Guide to Dating for Teenagers with Asperger Syndrome

By Jennifer Uhlenkamp (Autism Asperger Publishing Company)

www.asperger.net/bookstore_9041.htm



The Hidden Curriculum: Practical Solutions for Understanding Unstated Rules in Social Situations

By Brenda Smith Myles, Melissa L. Trautman, and Ronda L. Schelevan (Autism Aspergers Publishing Company, 2004)

The New Social Stories: Illustrated Edition

By Carol Gray (Future Horizons, 2000)

www.thegraycenter.org

The Social Times

A supplement to any social skills program.

www.asperger.net/social_times/index.htm

Article: *Toward a Behavior of Reciprocity*

By Morton Ann Gernsbacher

<http://psych.wisc.edu/lang/MGcover.html>

With Open Arms; Creating School Communities of Support for Kids with Social Challenges Using Circle of Friends, Extracurricular Activities, and Learning Teams

By Mary Schleider, M.S. (Autism Aspergers Publishing Company, 2007)

www.schoolswithopenarms.com

You're Going to Love This Kid: Teaching Students with Autism in the Inclusive Classroom

By Paula Kluth, Ph.D. (Jessica Kingsley Publishers, 2003)

www.paulakluth.com

Educational Interventions and Strategies

1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorder

By Veronica Zysk and Ellen Notbohm (Future Horizons, 2004)

www.ellennotbohm.com

Activity Schedules for Children with Autism: Teaching Independent Behavior

By Lynn E. McClannahan and Patricia J. Krantz, Ph.D. (Woodbine House, 1999)

An Educator's Guide to Autism

(Organization for Autism Research, 2004)

Guidelines for inclusive classrooms, elementary through high school. Request or download free.

www.researchautism.org

How to be a Para Pro; A Comprehensive Training Manual for Paraprofessionals

By Diane Twachtman-Cullen (Starfish Specialty Press, 2006)

www.starfishpress.com



Rethink Autism: A web-based autism treatment platform for parents and professionals

www.rethinkautism.com

Solving Behavior Problems in Autism

By Linda Hodgdon (Quirk Roberts Publishing, 1999)

www.usevisualstrategies.com

Strategies at Hand; Quick and Handy Strategies for Working with Students on the Autism Spectrum

By Robin D. Brewer, Ed.D. and Tracy G. Mueller, Ph.D. (Autism Asperger Publishing Company, 2008)

Teach Me Language: A Language Manual for Children with Autism, Asperger's Syndrome and Related Developmental Disorders

By Sabrina K. Freeman, Lorelei Dake and Isaac Tamir (Skf Books, 1997)

Ten Things Your Student with Autism Wishes You Knew

By Ellen Notbohm (Future Horizons, 2006)

www.ellennotbohm.com

Article version has also been translated into Spanish, available by request through website.

The Puzzle of Autism: What Educators Need to Know

National Education Association strategic intervention guide that can be downloaded from the NEA website.

www.nea.org/specialed/nearesources-specialed.html

Visual Strategies for Improving Communication; Practical Supports for School and Home

By Linda Hodgdon (Quirk Roberts Publishing, 1995)

www.usevisualstrategies.com

Also available in Spanish: *Estrategias Visuales para Mejorar la Comunicación*

Perspective from Individuals with Autism

Born On A Blue Day, A Memoir of Asperger's and an Extraordinary Mind

By Daniel Tammet (Simon & Schuster Adult Publishing Group, 2007)

www.optinnem.co.uk

Nobody Nowhere: The Extraordinary Autobiography of an Autistic

By Donna Williams (Avon, 1994)

Pretending to Be Normal: Living with Asperger's Syndrome

By Liane Holliday Willey (Jessica Kingsley Publishers, 1999)



The Autism Answer Book
By William Stillman
www.williamstillman.com

Thinking in Pictures, Expanded Edition: My Life with Autism
By Temple Grandin (Vintage, 2006)
www.templegrandin.com

Sensory Issues

Answers to Questions Teachers Ask About Sensory Integration
By Jane Koomar, Carol Kranowitz and others (Future Horizons, 2001)
www.sensoryresources.com

How Does Your Engine Run? A Leader's Guide to The Alert Program for Self-Regulation
Mary Sue Williams and Sherry Shellenberger (TherapyWorksInc, 1996)
www.alertprogram.com

Just take a Bite: Easy, Effective Answers to Food Aversions and Eating Challenges
By Lori Ernsperger and Tania Stegen-Hanson (Future Horizons, 2004)

Playing, Laughing and Learning with Children on the Autism Spectrum: A Practical Resource of Play Ideas for Parents and Carers
By Julia Moor (Jessica Kingsley Publishers, 2002)

Raising a Sensory Smart Child: The Definitive Handbook for Helping Your Child with Sensory Integration Issues
By Lindsey Biel and Nancy Peske (Penguin, 2005)
www.sensorysmarts.com

The Out-of-Sync Child: Recognizing and Coping with Sensory Integrations Dysfunctions
By Carol Kranowitz (Perigee Trade, 1998)
www.out-of-sync-child.com
Publications available in multiple languages.

Specific Issues

A Guide for Transition to Adulthood
(Organization for Autism Research, 2006)
Request or download free.
www.researchautism.org



Family Life and Sexual Health (F.L.A.S.H.) curriculum
Printed curriculum or download options, including lesson plans for special education.

www.metrokc.gov/health/famplan/flash/

Girls Growing Up on the Autism Spectrum; What Parents and Professionals Should Know about the Pre-teen and Teenage Years
By Shana Nichols (Jessica Kingsley Publishers, 2008)

Girls Under the Umbrella of Autism Spectrum Disorders; Practical Solutions for Addressing Everyday Challenges
By Lori Ernsperger, Ph.D. and Danielle Wendel (Autism Asperger Publishing Company, 2007)

Gray's Guide to Bullying (Spring 2004 Jenison Autism Journal)
By Carol Gray
www.thegraycenter.org

How Well Does Your IEP Measure Up? Quality Indicators for Effective Service Delivery
By Diane Twachtman-Cullen PhD and Jennifer Twachtman-Reilly
www.starfishpress.com

Toilet Training for Individuals with Autism and Related Disorders
By Maria Wheeler (Future Horizons, 2004)

Teaching Teenagers with Autism to Answer Cell Phones and Seek Assistance When Lost
By Hannah Hoch, Ph.D., BCBA, Bridget A. Taylor, Psy.D., BCBA, & Angela Rodriguez, B.A. Alpine Learning Group, Inc.
http://alpinelearninggroup.org/resources/documents/teaching_teenagers_answer_cellphones.pdf

[*Sexuality Education for Children and Adolescents with Developmental Disabilities*](#). By DiAnn L Baxley and Anna Zendell (Florida Developmental Disabilities Council, 2005)

Wrightslaw: From Emotions to Advocacy - The Special Education Survival Guide, 2nd Edition
By Pam Wright and Pete Wright (Harbor House Law Press, 2007)
www.wrightslaw.com



Books for Students with Autism, Siblings, Peers

A is for Autism, F is for Friend: A Kid's Book for Making Friends with a Child Who Has Autism

By Joanna Keating-Velasco (Autism Asperger Publishing Company, 2007)

www.aisforautism.net

Different Like Me: My Book of Autism Heroes

By Jennifer Elder (Jessica Kingsley Publishers, 2006)

Do You Understand Me? My Life, My Thoughts, My Autism Spectrum Disorder

By Sofie Koborg Brosen (Jessica Kingsley Publishers, 2006)

Everybody is Different: A Book for Young People who have Brothers or Sisters with Autism

By Fiona Bleach (Autism Asperger Publishing Company, 2002)

Join In and Play (Learning to Get Along); Listen and Learn; etc.

By Cheri J. Meiners (Free Spirit Publishing, various)

www.freespirit.com

My Friend with Autism: A Coloring Book for Peers and Siblings

By Beverly Bishop (Future Horizons, 2003)

Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism (Illustrated)

By Mary Wrobel (Future Horizons, 2003)

The Autism Acceptance Book; Being a Friend to Someone with Autism

By Ellen Sabin (Watering Can Press, 2006)

www.wateringcanpress.com

The Mind That's Mine

By Melvin D. Levine, Carl Swartz, Melissa Wakely (All Kinds of Minds, 1997)

www.allkindsofminds.org

The Sixth Sense II

By Carol Gray (Future Horizons, 2002)

www.thegraycenter.org

The Social Skills Picture Book; Teaching Play, Emotion and Communication to Children with Autism

By Jed Baker, Ph.D. (Future Horizons, 2001)

www.jedbaker.com



The Social Skills Picture Book for High School and Beyond

By Dr. Jed Baker (Future Horizons, 2006)

www.jedbaker.com

Trevor, Trevor

By Diane-Twachtman-Cullen

www.starfishpress.com

What did you say? What did you mean? An illustrated guide to understanding metaphors

By Jude Welton (Jessica Kingsley Publishers, 2003)

Wings of Epoch

By Gerda Weissman Klein (FableVision/SARRC, 2008)

www.fablevision.com

Additional Helpful Websites

Association for Positive Behavior Support

Research information, application strategies, information on school-wide PBS programs, fact sheet summaries of PBS practices and a section on autism. Case study examples.

www.apbs.org

Autism Internet Modules (AIM)

Free interactive empirically-based training modules on autism topics. Presented in small increments with pre/post testing.

www.autisminternetmodules.org

Autism Research Institute

www.autism.com

Autism Society of America

www.Autism-Society.org

Autism Speaks

www.autismspeaks.org

- Glossary – from 100 Day Kit
- Resource Guide
- Resource Library
- Spanish Language Resources
- Video Glossary



Dennis Debbaudt's Autism Risk & Safety Management
Information & Resources for Law Enforcement, First Responders, Parents,
Educators and Care Providers
www.autismriskmanagement.com

Do2Learn
Easy to use and downloadable resources including social games, organizational
tools, picture cards, etc.
www.do2learn.com

James Stanfield
Curriculum and videos for work, social and life skills, conflict management and
sex/relationship education.
www.stanfield.com

James Williams
Speaker and author with high-functioning autism, works with parents support
groups and schools.
www.jamesmw.com

Kansas Autism Spectrum Disorders
Free examples and banks of visual strategies, social narratives and power cards,
and podcasts of speakers such as Linda Hodgdon and Paula Kluth.
<http://kansasasd.com>

Make Beliefs Comix
Program that enables you to create your own comics.
www.makebeliefscomix.com

Mayer-Johnson
Boardmaker software and other products, as well as web-based trainings, for
making symbol-based communication and educational materials.
www.mayer-johnson.com

Pyramid Educational Consultants
Picture Exchange Communication System (PECS)
www.pecs.com

Silver Lining Multimedia
Picture This photo software and other tools and supports for visual learners.
www.silverliningmm.com

The National Professional Development Center on Autism Spectrum Disorders
www.fgp.unc.edu/~autismPDC/

The SPD Foundation
Information on sensory processing disorder.



Videos/DVDs

ASD Video Glossary

Autism Speaks' glossary of terms commonly associated with the diagnosis and features of autism.

www.autismspeaks.org

Autism Everyday

A poignant view of the challenges of raising a child with autism.

www.autismspeaks.org/sponsoredevents/autism_every_day.php

Autism, the Musical

Documentary film about children with autism, their families and their promise.

www.autismthemusical.com

Children with Autism: One Teacher's Perspective

Documentary profiling a teacher's experience and views from middle school students with autism. Free on-line.

www.modelmekids.com/autism-documentary.html

FRIEND (Fostering Relationships in Early Network Development) Program Awareness and strategy tool and related materials designed to help peers support a classmate with autism, developed by the Southwest Autism Research & Resource Center (SARRC).

www.autismcenter.org

Including Samuel

Documentary film about including children with disabilities; free 12-minute trailer on the website.

www.includingsamuel.com

Model Me Kids: Videos for Modeling Social Skills

A collection of videos and social skills training tools.

www.modelmekids.com

Normal People Scare Me: A Film About Autism

From a young film maker with autism.

www.normalfilms.com

Skillstreaming

Prosocial skill programs staff training videos

www.skillstreaming.com



SOULS: Beneath and Beyond Autism

Beautiful black and white photos and a message that there is more to individuals with autism than first impressions might reveal.

www.starfishpress.com/products/souls-dvd.html

Storymovies

Carol Gray's Social Stories TM acted out by real children, parents and teachers.

www.storymovies.com

The Visual Strategies Workshop

5 video set filmed live at a presentation of Linda Hodgdon's popular workshop.

www.usevisualstrategies.com/P-video1.html

Understanding Asperger Syndrome: A Professor's Guide

12-minute video for use by college students to educate professors and teaching staff about the disorder. Free viewing.

www.researchautism.org/resources/AspergerDVDSeries.asp

What Kind of World do you Want?

By Five for Fighting

Inspirational videos about individuals with autism set to music.

www.whatkindofworldyouwant.com/videos/list/filter/autismspeaks

Wings of Epoh

Video, book and curriculum designed to teach social understanding and acceptance of differences.

<http://shop.wingsofepoh.org>

Writing Social Stories with Carol Gray-DVD and Booklet

www.thegraycenter.org/store/index.cfm?fuseaction=product.display&product_id=44

Carol Gray's three hour social stories workshop.

www.thegraycenter.org



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- [Easy to Use Data Collection for School Personnel](#) by Lori Ernsperger
- [Examples of Sensory/Emotions Visual Supports](#)
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Assessments (also see [Autism Internet Modules](#) (AIM))

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Autism Basics

What does autism look like?

Autism is a term commonly used for a group of neuro-developmental disorders also known as Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The core symptoms of autism are challenges related to:

- **communication**
- **social interaction**
- **restrictive or repetitive behaviors and interests**

Individuals with autism can also experience other difficulties, including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions. The features, abilities and severity of symptoms vary considerably among individuals with autism.

These differences may also present as exceptional abilities, and autism can occur with or without other learning challenges. It is important to think of each individual with autism as intelligent, even if language or behavioral difficulties might not reveal abilities in the way one might expect. A student with autism may display some or all of the following characteristics, which may represent challenges from a certain perspective, or strengths from another (e.g. a student who appears inflexible or rigid may also be the most compliant with the rules of a classroom):

- Difficulty understanding language, gestures and/or social cues
- Limited or no speech, or verbalizations that repeat or maintain a particular topic
- Limited or no eye contact
- Difficulty relating or participating in a back-and-forth conversation or interaction
- Social awkwardness
- Intense or odd interests in unusual topics or objects, unusual play
- Repetitive behaviors, such as pacing or lining things up, spinning, hand flapping, or rocking
- More or less sensitivity to light, sound, smell, taste or touch than usual
- Abnormal fears and/or lack of appropriate fear of real dangers
- Difficulty managing transitions, changes in routine, stress, frustration
- Strong visual skills
- Good rote and long term memory (math facts, sports statistics, etc.)
- Adherence to rules, Honesty
- Intense concentration or focus, especially on a preferred activity
- Understanding and retention of concrete concepts, patterns, rules
- Musical, mathematical, technological or artistic ability or interest

Where does it come from?

There is no known cause of most cases of autism, though the best scientific evidence points toward a combination of genetic and environmental influences. Autism is a neurological/biological disorder, not a psychological/emotional condition.

Autism is found in all social, racial and ethnic groups, and is 3-4 times more prevalent in boys than in girls. Autism occurs in 1 out of 150 children, up from 1 in 10,000 in 1980.

What do I need to keep in mind?

- Individuals with autism can learn and many make dramatic improvements, especially with early and intensive intervention
- Communication challenges can encompass a broad range, both in terms of understanding and speaking (understanding gestures or spoken language, delays in processing, inability to form sounds or full sentences, word retrieval difficulties, misunderstanding idioms or sarcasm, timing of body movements or conversational exchanges, remaining on topic, etc.)
- Many people with autism are visual learners, or have attention difficulties that make visual supports essential
- Most are concrete thinkers and literally interpret jokes, idioms or sarcasm
- Social skills are underdeveloped, but interest in friendships and social interaction is often present
- Anxiety and frustration are common
- *Each student* is an individual - with a distinct set of likes and dislikes, strengths and challenges, and a unique personality

How can I make a difference?

- Be welcoming and supportive. Meet the student where he is and learn from him. Respect the individual. *Please* do not talk about him in his presence.
- Set clear expectations and boundaries. Be consistent. Develop structure. Practice and provide repetition to build understanding and skills.
- Recognize that behavior IS communication.
- Develop strategies to compensate for or overcome challenges—offer preferred seating, additional response time, organizational supports (written schedules, lists, labels, etc.), visual information paired with verbal directions, etc.
- Be aware of the student's sensory needs, and adjust supports and expectations as appropriate. Avoid or prepare for known triggers, such as fire alarms. Give breaks for self-regulation.
- Expect growth and keep standards high, with small steps and supports to allow the student to exhibit success. Promote age appropriate interests, behavior, independence and life skills.
- Reward what you want to see utilizing positive reinforcement strategies. Use the student's interests to engage and motivate him.
- Educate peers and promote acceptance and understanding. Support social development with role playing, modeling, rewards. Include with typical peers.
- Communicate among team members, including parents. Ask questions, share what works and problem-solve what does not. Keep learning. Be creative.
- Assume intelligence, teach competence, promote independence and be respectful.
- Relax, have fun, celebrate successes and treasure the individual!

Asperger's Syndrome Basics

What does Asperger's Syndrome look like?

Asperger's Syndrome, sometimes viewed as a high functioning form of autism, is a neuro-developmental condition that is one of the Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The core symptoms of Asperger's Syndrome are challenges related to:

- **social interaction**
- **restrictive or repetitive behaviors and interests**
- **but not delays in language development or intellectual ability**

Individuals with Asperger's have average or higher intelligence, with many exhibiting exceptional skills, knowledge or abilities. Individuals with Asperger's Syndrome can experience other difficulties, including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions.

These differences may also present as gifts. A student with Asperger's may display some or all of the following characteristics, which may represent challenges from a certain perspective, or strengths from another (e.g. a student who appears inflexible or rigid may also be the most compliant with the rules of a classroom):

- Difficulty understanding figurative language, idioms, gestures and/or social cues
- Literal or excessive speech, often with concentration on a particular topic
- Limited or no eye contact
- Difficulty relating or participating in a back-and-forth conversation or interaction, such as a game
- Inflexibility, Social awkwardness
- Intense or odd interests in unusual topics or objects, unusual play
- Repetitive behaviors, such as pacing or lining things up, or self-stimulatory actions like spinning, hand flapping, or rocking
- More or less sensitivity to light, sound, smell, taste or touch than usual
- Anxiety, Abnormal fears and/or lack of appropriate fear of real dangers
- Difficulty managing transitions, changes in routine, stress, frustration
- Ability to decode written language (read) at an early age (but not necessarily comprehend)
- Strong visual skills
- Good rote and long term memory (math facts, sports statistics, etc.)
- Adherence to rules, Honesty
- Intense concentration or focus, especially on a preferred activity
- Understanding and retention of concrete concepts, patterns, rules
- Musical, mathematical, technological or artistic ability or interest

Where does it come from?

There is no known cause of most cases of Asperger's Syndrome, though the best scientific evidence points toward a combination of genetic and environmental

influences. Asperger's Syndrome is a neurological/biological disorder, not a psychological/emotional condition.

Asperger's is found in all social, racial and ethnic groups and is diagnosed up to ten times more frequently in boys than in girls. The autism spectrum disorders, including Asperger's Syndrome, occur in 1 out of 150 children, up from 1 in 10,000 in 1980.

What do I need to keep in mind?

- Individuals with Asperger's can learn and many make dramatic improvements. Academics are often an area of strength.
- Communication challenges can encompass a broad range of subtle differences, both in terms of understanding (gestures, others' perspectives, idioms or sarcasm,) and speaking (word retrieval, timing conversational exchanges, remaining on topic, inappropriate comments, etc.)
- Many people with Asperger's benefit from visual supports and other accommodations helpful to visual learners and those with auditory processing challenges or difficulty focusing attention. Most are concrete thinkers and make literal (and often incorrect) interpretations of jokes, idioms or sarcasm.
- Social skills are underdeveloped, but interest in friendships and social interaction is often present—and students are often painfully aware of social status.
- Individuals with Asperger's are often the victims of bullying behavior.
- Anxiety, depression and frustration are common.
- *Each student* is an individual - with a distinct set of likes and dislikes, strengths and challenges, and a unique personality.

How can I make a difference?

- Be welcoming and supportive. Meet the student where he is and learn from him. Respect the individual. *Please* do not talk about him in his presence.
- Set clear expectations and boundaries. Be consistent. Develop structure. Practice and provide repetition to build understanding and skills.
- Recognize that behavior IS communication.
- Develop strategies to compensate for or overcome challenges—offer preferred seating, additional response time, organizational supports (written schedules, lists, labels, etc.), visual information paired with verbal directions, social curriculum, etc.
- Be aware of the student's sensory needs, and adjust supports and expectations as appropriate. Avoid or prepare for known triggers. Give breaks for self-regulation.
- Expect growth and keep standards high, with small steps and supports to allow the student to exhibit success. Promote age appropriate interests, behavior, independence and life skills. Specifically teach social skills and understanding.
- Reward what you want to see utilizing positive reinforcement strategies. Use the student's interests to engage and motivate him.
- Educate peers and promote acceptance and understanding. Support social development with role playing, modeling, rewards. Teach self reliance. Include.
- Communicate among team members, including parents. Ask questions, share what works and problem-solve what does not. Keep learning. Be creative.
- Assume intelligence, teach competence, promote independence, be respectful.
- Relax, have fun, celebrate successes and treasure the individual!

About Me: Personal Information Form

It also helps to send along photos of family or favorite activities or people!

Student's Name:

Person completing this form:

Phone:

Email:

What are some of the things that you are most interested in?

What upsets you?

What are you afraid of?

What makes you laugh?

What is ONE thing you would like to improve upon this year?

What calms you down when you are overwhelmed or upset?

What rewards work well for you?

What do you do after school or on weekends?

What days or times are convenient for Parent Meetings (during the school day)?

What is the best way to contact your family?

What issues would your family like to discuss or hear more information about?

Ten Things

Every Child with Autism Wishes You Knew

by Ellen Notbohm

from the book *Ten Things Every Child with Autism Wishes You Knew* (2005, Future Horizons, Inc.)

Some days it seems the only predictable thing about it is the unpredictability. The only consistent attribute -- the inconsistency. There is little argument on any level but that autism is baffling, even to those who spend their lives around it. The child who lives with autism may look “normal” but his behavior can be perplexing and downright difficult.

Autism was once thought an “incurable” disorder, but that notion is crumbling in the face knowledge and understanding that is increasing even as you read this. Every day, individuals with autism are showing us that they can overcome, compensate for and otherwise manage many of autism’s most challenging characteristics. Equipping those around our children with simple understanding of autism’s most basic elements has a tremendous impact on their ability to journey towards productive, independent adulthood.

Autism is an extremely complex disorder but for purposes of this one article, we can distill its myriad characteristics into four fundamental areas: sensory processing challenges, speech/language delays and impairments, the elusive social interaction skills and whole child/self-esteem issues. And though these four elements may be common to many children, keep front-of-mind the fact that autism is a spectrum disorder: no two (or ten or twenty) children with autism will be completely alike. Every child will be at a different point on the spectrum. And, just as importantly – every parent, teacher and caregiver will be at a different point on the spectrum. Child or adult, each will have a unique set of needs.

Here are ten things every child with autism wishes you knew:

1. I am first and foremost a child. I have autism. I am not primarily “autistic.” My autism is only one aspect of my total character. It does not define me as a person. Are you a person with thoughts, feelings and many talents, or are you just fat (overweight), myopic (wear glasses) or klutzy (uncoordinated, not good at sports)? Those may be things that I see first when I meet you, but they are not necessarily what you are all about.

As an adult, you have some control over how you define yourself. If you want to single out a single characteristic, you can make that known. As a child, I am still unfolding. Neither you nor I yet know what I may be capable of. Defining me by one characteristic runs the danger of setting up an expectation that may be too low. And if I get a sense that you don’t think I “can do it,” my natural response will be: Why try?

2. My sensory perceptions are disordered. *Sensory integration may be the most difficult aspect of autism to understand, but it is arguably the most critical. It his means that the ordinary sights, sounds, smells, tastes and touches of everyday that you may not even notice can be downright painful for me. The very environment in which I have to live often seems hostile. I may appear withdrawn or belligerent to you but I am really just trying to defend myself. Here is why a “simple” trip to the grocery store may be hell for me:*

My hearing may be hyper-acute. Dozens of people are talking at once. The loudspeaker booms today's special. Musak whines from the sound system. Cash registers beep and cough, a coffee grinder is chugging. The meat cutter screeches, babies wail, carts creak, the fluorescent lighting hums. My brain can't filter all the input and I'm in overload!

My sense of smell may be highly sensitive. The fish at the meat counter isn't quite fresh, the guy standing next to us hasn't showered today, the deli is handing out sausage samples, the baby in line ahead of us has a poopy diaper, they're mopping up pickles on aisle 3 with ammonia....I can't sort it all out. I am dangerously nauseated.

Because I am visually oriented (see more on this below), this may be my first sense to become overstimulated. The fluorescent light is not only too bright, it buzzes and hums. The room seems to pulsate and it hurts my eyes. The pulsating light bounces off everything and distorts what I am seeing -- the space seems to be constantly changing. There's glare from windows, too many items for me to be able to focus (I may compensate with "tunnel vision"), moving fans on the ceiling, so many bodies in constant motion. All this affects my vestibular and proprioceptive senses, and now I can't even tell where my body is in space.

3. Please remember to distinguish between *won't* (I choose not to) and *can't* (I am not able to).

Receptive and expressive language and vocabulary can be major challenges for me. It isn't that I don't listen to instructions. It's that I can't understand you. When you call to me from across the room, this is what I hear: *"*&^%\$#@. Billy. #s%^*&^%\$&*....."* Instead, come speak directly to me in plain words: "Please put your book in your desk, Billy. It's time to go to lunch." This tells me what you want me to do and what is going to happen next. Now it is much easier for me to comply.

4. I am a concrete thinker. This means I interpret language very literally. It's very

confusing for me when you say, "Hold your horses, cowboy!" when what you really mean is "Please stop running." Don't tell me something is a "piece of cake" when there is no dessert in sight and what you really mean is "this will be easy for you to do." When you say "Jamie really burned up the track," I see a kid playing with matches. Please just tell me "Jamie ran very fast."

Idioms, puns, nuances, double entendres, inference, metaphors, allusions and sarcasm are lost on me.

5. Please be patient with my limited vocabulary. It's hard for me to tell you what I need when I don't know the words to describe my feelings. I may be hungry, frustrated, frightened or confused but right now those words are beyond my ability to express. Be alert for body language, withdrawal, agitation or other signs that something is wrong.

Or, there's a flip side to this: I may sound like a "little professor" or movie star, rattling off words or whole scripts well beyond my developmental age. These are messages I have memorized from the world around me to compensate for my language deficits because I know I am expected to respond when spoken to. They may come from books, TV, the speech of other people. It is called "echolalia." I don't necessarily understand the context or the terminology I'm using. I just know that it gets me off the hook for coming up with a reply.

6. Because language is so difficult for me, I am very visually oriented. Please show me how to do something rather than just telling me. And please be prepared to show me many times. Lots of consistent repetition helps me learn.

A visual schedule is extremely helpful as I move through my day. Like your day-timer, it relieves me of the stress of having to remember what comes next, makes for smooth transition between activities, helps me manage my time and meet your expectations.

I won't lose the need for a visual schedule as I get older, but my "level of representation" may change. Before I can read, I need a visual schedule with photographs or simple drawings. As I get older, a combination of words and pictures may work, and later still, just words.

7. Please focus and build on what I can do rather than what I can't do. Like any other human, I can't learn in an environment where I'm constantly made to feel that I'm not good enough and that I need "fixing." Trying anything new when I am almost sure to be met with criticism, however "constructive," becomes something to be avoided. Look for my strengths and you will find them. There is more than one "right" way to do most things.

8. Please help me with social interactions. It may look like I don't want to play with the other kids on the playground, but sometimes it's just that I simply do not know how to start a conversation or enter a play situation. If you can encourage other children to invite me to join them at kickball or shooting baskets, it may be that I'm delighted to be included.

I do best in structured play activities that have a clear beginning and end. I don't know how to "read" facial expressions, body language or the emotions of others, so I appreciate ongoing coaching in proper social responses. For example, if I laugh when Emily falls off the slide, it's not that I think it's funny. It's that I don't know the proper response. Teach me to say "Are you OK?"

9. Try to identify what triggers my meltdowns. Meltdowns, blow-ups, tantrums or whatever you want to call them are even more horrid for me than they are for you. They occur because one or more of my senses has gone into overload. If you can figure out why my meltdowns occur, they can be prevented. Keep a log noting times, settings, people, activities. A pattern may emerge.

Try to remember that all behavior is a form of communication. It tells you, when my words cannot, how I perceive something that is happening in my environment.

Parents, keep in mind as well: persistent behavior may have an underlying medical cause. Food allergies and sensitivities, sleep disorders and gastrointestinal problems can all have profound effects on behavior.

10. Love me unconditionally. Banish thoughts like, "If he would just....." and "Why can't she....." You did not fulfill every last expectation your parents had for you and you wouldn't like being constantly reminded of it. I did not choose to have autism. But remember that it is happening to me, not you. Without your support, my chances of successful, self-reliant adulthood are slim. With your support and guidance, the possibilities are broader than you might think. I promise you – I am worth it.

And finally, three words: Patience. Patience. Patience. Work to view my autism as a different ability rather than a disability. Look past what you may see as limitations and see the gifts autism has given me. It may be true that I'm not good at eye contact or conversation, but have you noticed that I don't lie, cheat at games, tattle on my classmates or pass judgment on other people? Also true that I probably won't be the next Michael Jordan. But with my attention to fine detail and capacity for extraordinary focus, I might be the next Einstein. Or Mozart. Or Van Gogh.

They may have had autism too.

The answer to Alzheimer's, the enigma of extraterrestrial life -- what future achievements from today's children with autism, children like me, lie ahead?

All that I might become won't happen without you as my foundation. Be my advocate, be my friend, and we'll see just how far I can go.

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Ellen Notbohm is author of **Ten Things Every Child with Autism Wishes You Knew**, **Ten Things Your Student with Autism Wishes You Knew**, and **The Autism Trail Guide: Postcards from the Road Less Traveled**, all ForeWord

Book of the Year finalists. She is also co-author of the award-winning **1001 Great Ideas for Teaching and Raising Children with Autism Spectrum Disorders**, a columnist for *Autism Asperger's Digest* and *Children's Voice*, and a contributor to numerous publications and websites around the world. To contact Ellen or explore her work, please visit www.ellennotbohm.com .

Ten Things

Your Student with Autism Wishes You Knew

These ideas make sense for other kids too

by Ellen Notbohm

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Author's note: *When my article Ten Things Every Child with Autism Wishes You Knew was first published in November 2004, I could scarcely have imagined the response. Reader after reader wrote to tell me that the piece should be required reading for all social service workers, teachers and relatives of children with autism. "Just what my daughter would say if she could," said one mother. "How I wish I had read this five years ago. It took my husband and I such a long time to 'learn' these things," said another. As the responses mounted, I decided that the resonance was coming from the fact that the piece spoke with a child's voice, a voice not heard often enough. There is great need – and I hope, great willingness – to understand the world as special needs children experience it. Ten Things Every Child with Autism Wishes You Knew became a book in 2005, and the voice of our child returned in this article to tell us what children with autism wish their teachers knew.*

1. **Behavior is communication.** All behavior occurs for a reason. It tells you, even when my words can't, how I perceive what is happening around me.

Negative behavior interferes with my learning process. But merely interrupting these behaviors is not enough; teach me to exchange these behaviors with proper alternatives so that real learning can flow.

Start by believing this: I truly do want to learn to interact appropriately. No child wants the negative feedback we get from "bad" behavior. Negative behavior usually means I am overwhelmed by disordered sensory systems, cannot communicate my wants or needs or don't understand what is expected of me. Look beyond the behavior to find the source of my resistance. Keep notes as to what happened immediately before the behavior: people involved, time of day, activities, settings. Over time, a pattern may emerge.

2. **Never assume anything.** Without factual backup, an assumption is only a guess. I may not know or understand the rules. I may have heard the instructions but not understood them. Maybe I knew it yesterday but can't retrieve it today. Ask yourself:

- Are you sure I really know how to do what is being asked of me? If I suddenly need to run to the bathroom every time I'm asked to do a math sheet, maybe I don't know

how or fear my effort will not be good enough. Stick with me through enough repetitions of the task to where I feel competent. I may need more practice to master tasks than other kids.

- Are you sure I actually know the rules? Do I understand the reason for the rule (safety, economy, health)? Am I breaking the rule because there is an underlying cause? Maybe I pinched a snack out of my lunch bag early because I was worried about finishing my science project, didn't eat breakfast and am now famished.

3. **Look for sensory issues first.** A lot of my resistant behaviors come from sensory discomfort. One example is fluorescent lighting, which has been shown over and over again to be a major problem for children like me. The hum it produces is very disturbing to my hypersensitive hearing, and the pulsing nature of the light can distort my visual perception, making objects in the room appear to be in constant movement. An incandescent lamp on my desk will reduce the flickering, as will the new, natural light tubes. Or maybe I need to sit closer to you; I don't understand what you are saying because there are too many noises "in between" – that lawnmower outside the window, Jasmine whispering to Tanya, chairs scraping, pencil sharpener grinding.

Ask the school occupational therapist for sensory-friendly ideas for the classroom. It's actually good for all kids, not just me.

4. **Provide me a break to allow for self-regulation *before* I need it.** A quiet, carpeted corner of the room with some pillows, books and headphones allows me a place to go to re-group when I feel overwhelmed, but isn't so far physically removed that I won't be able to rejoin the activity flow of the classroom smoothly.
5. **Tell me what you want me to do in the positive rather than the imperative.** "You left a mess by the sink!" is merely a statement of fact to me. I'm not able to infer that what you really mean is "Please rinse out your paint cup and put the paper towels in the trash." Don't make me guess or have to figure out what I should do.
6. **Keep your expectations reasonable.** That all-school assembly with hundreds of kids packed into bleachers and some guy droning on about the candy sale is uncomfortable and meaningless to me. Maybe I'd be better off helping the school secretary put together the newsletter.
7. **Help me transition between activities.** It takes me a little longer to motor plan moving from one activity to the next. Give me a five-minute warning and a two-minute warning before an activity changes – and build a few extra minutes in on your end to compensate. A simple clock face or timer on my desk gives me a visual cue as to the time of the next transition and helps me handle it more independently.
8. **Don't make a bad situation worse.** I know that even though you are a mature adult, you can sometimes make bad decisions in the heat of the moment. I truly don't mean to melt down, show anger or otherwise disrupt your classroom. You can help me get over it more quickly by not responding with inflammatory behavior of your own. Beware of these responses that prolong rather than resolve a crisis:

- Raising pitch or volume of your voice. I hear the yelling and shrieking, but not the words.
- Mocking or mimicking me. Sarcasm, insults or name-calling will not embarrass me out of the behavior.
- Making unsubstantiated accusations
- Invoking a double standard
- Comparing me to a sibling or other student
- Bringing up previous or unrelated events
- Lumping me into a general category (“kids like you are all the same”)

9. Criticize gently. Be honest – how good are you at accepting “constructive” criticism? The maturity and self-confidence to be able to do that may be light years beyond my abilities right

- Please! Never, *ever* try to impose discipline or correction when I am angry, distraught, overstimulated, shut down, anxious or otherwise emotionally unable to interact with you.
- Again, remember that I will react as much, if not more, to the qualities of your voice than to the actual words. I will hear the shouting and the annoyance, but I will not understand the words and therefore will not be able to figure out what I did wrong. Speak in low tones and lower your body as well, so that you are communicating on my level rather than towering over me.
- Help me understand the inappropriate behavior in a supportive, problem-solving way rather than punishing or scolding me. Help me pin down the feelings that triggered the behavior. I may say I was angry but maybe I was afraid, frustrated, sad or jealous. Probe beyond my first response.
- Practice or role-play – *show* me—a better way to handle the situation next time. A storyboard, photo essay or social story helps. Expect to role-play lots over time. There are no one-time fixes. And when I do get it right “next time,” tell me right away.
- It helps me if you yourself are modeling proper behavior for responding to criticism.

10. Offer real choices – and only real choices. Don’t offer me a choice or ask a “Do you want...?” question unless are willing to accept no for an answer. “No” may be my honest answer to “Do you want to read out loud now?” or “Would you like to share paints with William?” It’s hard for me to trust you when choices are not really choices at all.

You take for granted the amazing number of choices you have on a daily basis. You constantly choose one option over others knowing that both *having* choices and being *able* to choose provides you control over your life and future. For me, choices are much more limited, which is why it can be harder to feel confident about myself. Providing me with frequent choices helps me become more actively engaged in everyday life.

- Whenever possible, offer a choice within a ‘have-to’. Rather than saying: “Write your name and the date on the top of the page,” say: “Would you like to write your name

first, or would you like to write the date first?” or “Which would you like to write first, letters or numbers?” Follow by showing me: “See how Jason is writing his name on his paper?”

- Giving me choices helps me learn appropriate behavior, but I also need to understand that there will be times when you can't. When this happens, I won't get as frustrated if I understand why:
 - “I can't give you a choice in this situation because it is dangerous. You might get hurt.”
 - “I can't give you that choice because it would be bad for Danny” (have negative effect on another child).
 - “I give you lots of choices but this time it needs to be an adult choice.”

The last word: *believe*. That car guy Henry Ford said, “Whether you think you can or whether you think you can't, you are usually right.” Believe that you can make a difference for me. It requires accommodation and adaptation, but autism is an open-ended disability. There are no inherent upper limits on achievement. I can sense far more than I can communicate, and the number one thing I can sense is whether you think I “can do it.” Expect more and you will get more. Encourage me to be everything I can be, so that I can stay the course long after I've left your classroom.

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Presuming Intellect: Ten Ways to Enrich Our Relationships Through a Belief in Competence

By William Stillman

1. *Don't define people by their diagnosis.* Remember playing tag? Nobody wanted to be *IT*. And if you were *IT*, you wanted to get rid of *IT* because being *IT* was stigmatizing, a detriment, and something undesirable—that was the game; being *IT* was to be avoided and feared. Remaining *IT* longer than we'd like becomes challenging to catch up to the others, to belong, and to feel accepted. When we define someone by their diagnosis, our perception of them may become something to be dreaded: someone defective, someone who has the *IT* with which we don't wish to risk an association of any sort. For that person, this attitude is the lubricant that greases the wheel for the vicious cycle of a selffulfilling prophecy. That is, when people define you as having *IT* and that's all you know of yourself, you will reflect back precisely what others project upon you. This is a natural and defensive reaction; and if you don't speak or can't articulate your feelings, your outpourings of "behaviors" will only further validate the diagnosis (hence the vicious cycle).

2. *Shatter myths and stereotypes.* Clinical diagnosis is but a framework for explaining "behaviors" or atypical attributes. This may include judgments about severe intellectual and physical limitations, and further speculation about other incapacities. It can also set a negative precedent of using "us and them" language in labeling someone as different, retarded, autistic or mentally unstable. However, it wasn't so long ago that persons who were epileptic, homosexual, or even those lefthanded, were labeled as mentally deviant. This led to unfair, inaccurate and unjust myths and stereotypes. All of psychology and psychiatry is educated *guesswork*; no single clinician can state with absolute authority what someone experiences in the way that medical science usually can. In considering three factors, insight, foresight and hindsight, we need to encourage others and ourselves to look beyond our history of deficitbased labeling in favor of perceiving a person's humanity—regardless of their diagnosis or way of being. The label which may perpetuate clinical myths and stereotypes is an incomplete truth; it should be but one point of reference in fully supporting the whole person.

3. *Don't talk about people in front of them.* Have you ever been in conversation with two or more people and someone talks out of turn, interrupting, belittling or disputing your contributions? Or have you temporarily lost the use of your voice as others tried to interpret your wants and needs? How did either instance make you feel? If we don't value what people have to offer, especially if they are unable to speak at all, we send a message of superiority versus inferiority. When we



define people by their diagnosis and perpetuate myths and stereotypes, we presume the authority to talk about them in front of them as an entitlement. After all, it shouldn't matter if we share information about someone's "behaviors" with their parents, doctors, and others in front of them because they are retarded, autistic, and unaware—right? Wrong! Presuming intellect requires us to believe an individual's intellectual competence is intact. This means we do not speak about them in front of them in ways that are hurtful, embarrassing or humiliating. We must also gently but firmly advocate by disallowing others from doing it as well. We need to include people in conversation by directing questions *to them* not about and around them. It also means we employ person-first language (boy *with* autism, not *autistic* boy) because it compels us to be conscious of the words we use when discussing someone. So, before you speak, ask yourself if you would welcome someone talking about you in precisely the same way without a voice to defend yourself. We cannot have a mutually respectful and trusting relationship if we talk about someone in front of them.

4. *Interpret "behavior" as communication.* Have you ever been so angered that words escaped you in the moment, and the only way you could express yourself was by screaming or throwing something? You probably felt justified in your actions because it was the only way you could vent your expression of extreme upset. But what would life be like if you could *never* retrieve the words you wanted when you needed them *and* you always seemed to be grappling with overwhelming or frustrating circumstances that caused you to react in extreme ways as the only option? In the same way you could rationalize your own behavior, let's remember that we *all* have good reasons for doing what we're doing, and we're doing the best we know how to do in the moment. You wouldn't want to be defined or stereotyped by the times you just *had* to yell and shout would you? We need to extend the same courtesy to others by not jumping to conclusions about their "behaviors" as willful misconduct, noncompliance, or "attention seeking." You may respectfully deconstruct "behavior" in terms of *communication* by appreciating the following three reasons why people may engage in what others call "acting out" or "aggressive behaviors." 1) The inability to communicate in ways that are effective, reliable and universally understandable. 2) The inability to communicate one's own physical pain and discomfort in ways that are effective, reliable and universally understandable. 3) And the inability to communicate one's own mental health experience in ways that are effective reliable and universally understandable.

5. *Offer communication enhancements and options.* We have become a culture that values instantaneous, rapid-fire response to our need for information. This includes the immediacy with which we communicate to one another through e-mail, instant messaging, text messaging, and round-the-clock accessibility via cellular telephones. When others do not communicate with us on par with the manner with which we've become accustomed, we may lose patience, become bored or distracted, or dismiss their communication attempts altogether. This may be especially true of those challenged in articulating language such as small children, the elderly, and those with a neurological difference resulting from



stroke, Tourette's, Alzheimer's, Cerebral Palsy or autism. We may wrongly interpret the inability of others to speak as quickly as we'd like as an incapacity when, in fact, most often just sensitively allowing for process time beyond what is standard is all that is required for those individuals to cognitively retrieve spoken language. In providing support to others, we must acknowledge that not everyone is neurologically "wired" for verbal communication; this is *not* the same as not having something to say. It is unacceptable to accept that because someone doesn't speak, there's nothing we can or should do. There are myriad communication options and opportunities to offer as speech alternatives. These may include pointing to "yes" and "no"; some basic sign language; photographs and symbols; computers and other keyboards; and technology of all kinds. The person will guide us to the device, or combination thereof, that makes sense for her. Engaging in conversation by discussing someone's most passionate of interests in the context of a mutually-pleasing relationship is a great incentive to entice someone into trying a communication alternative that is new and different. Honoring another's communication requires us to acknowledge that we might not like what we hear.

6. *Offer age-appropriate life opportunities.* When we are unprejudiced of an individual's intellect, there is a belief that the individual likely possesses a juvenile aptitude, childish thought processes, and skills on par with someone who is chronologically much younger. This stereotype of the "perpetual child" leads some to interact with the stigmatized individual in ways that are pretentious, patronizing, and insulting. It also means that we limit the life opportunities that we offer someone in favor of preserving the "perpetual child" mindset. Instead, we provide adolescents, adults, and even persons who are elderly, with dolls and toys, and reading and viewing material suited and intended for very young children. You can only know what you know; and if someone is only ever afforded such opportunities, a childlike affect persists and permeates our interactions. *But*, if we presume intellect and acknowledge that an individual's "behaviors" might really be cries of boredom or offense with educational curriculum, vocational options, or recreational activities that are dehumanizing, we will know better how to partner with an individual in planning *age-appropriate* learning, work and freetime opportunities. The greatest obstacle to implementing this is our own attitude in how we perceive supporting someone with a different way of being.

7. *Make compassionate accommodations.* Have you ever been trying to read or listen attentively to something, and someone near you is constantly coughing? You can react one of two ways: either with annoyance, or with consideration. Reacting with annoyance will only foster bad feelings between both parties; you may feel as if the person should know to be more socially considerate, and the person, who may be struggling to care for themselves, may feel hurt or attacked. Reacting with consideration may include gently approaching the individual to offer them a cup of water, a mint or lozenge, or to simply commiserate about a human experience we've *all* endured at one time or another. Responding with the latter approach requires discounting initial impressions and making a compassionate accommodation, not only in our thoughts but in our deeds. In considering compassionate accommodations for the individual with a



different way of being, think in terms of *prevention* instead of *intervention*. *Prevention* means knowing fully what an individual requires *in advance* of a situation, environment, or activity in order to feel safe and comfortable and able to participate. This relates to the ability to think, communicate, motor-plan movement, and assimilate with the senses. It means foregoing the antiquated model of multiple, overwhelming community integrations (which often sets the overloaded individual up for an *intervention*) in favor of simple, subtle, and interest-based activities in a qualitative relationship context.

8. *Respect personal space and touch.* If we perceive someone in our care to be less than equal, be it a child, adult or someone elderly, we seem to take ownership of touching their physical being with a sense of entitlement in order to gratify our own needs. For example, instead of allowing someone the time required to bathe, eat or dress for themselves, we may grow impatient and begin handling them ourselves to “get the job done.” Or, in desiring to be affirmed, we initiate physical touch by embracing, back-rubbing or hair-tousling—all of which may be intrusive, unwelcomed and without permission. (In recent years, some colleges have even implemented “touch protocols” for dating co-eds to avoid misinterpretation of any sexual intent.) Conversely, many of us are extremely uncomfortable brushing against others in the cramped quarters of an airplane, bus, subway, or train. Personal space and touch are a matter of individualized perception for each of us based upon our culture, upbringing, and relationship experiences. A friendly slap on the back, which you’ve been conditioned to convey as communicating “hello,” may send shock waves through the nervous system of the recipient. Instead, respectfully await the invitation *in*. Await the acknowledgment that coming closer, touching, even eye gazing, is welcomed once it’s communicated by the person with whom you are developing a relationship. The invitation *in* may be as subtle as someone who rarely makes eye contact locking eyes with you and tracking your movement, or the individual who carefully, gently, extends a finger to initiate touching you. Be very mindful of the mixed messages we send to children whom we routinely embrace and then confuse once we define such as “inappropriate” come adolescence. It is also fair to state your own acceptable preferences for touch limitations.

9. *Seek viable employment for others.* The system that serves people with different ways of being endeavors to be altruistic and well-intentioned but it is an industry nonetheless; one that, in seeking viable employment opportunities for its clients, attempts to conjoin with mainstream industries that may be unassuming of intellect. More often than not, this translates to menial tasks that are believed to require no thought: adult training facilities, repetitive factory work, janitorial cleanup, emptying trash receptacles, or replenishing the fast-food salad bar to name a few. For most others, such jobs are temporary steppingstones; but for persons who are perceived as largely incapable, these employments have become a norm that perpetuates stereotypes. In seeking to pursue viable employment, we need to think in terms of cultivating gifts, strengths, and talent areas as early on in one’s life as possible. Begin by identifying an individual’s most passionate of interests—those subjects or topics for which she wants most to talk about, watch, draw or write, reenact, engage with, and read about. When



we value passions instead of labeling them as obsessions (unless they seriously impair one's quality of life), we are better poised to creatively envision a blueprint of possibilities for one's future. This may include higher education, virtual employment via the Internet, or self-employment opportunities.

10. *Acknowledge that we are all more alike than different.* Remember the last time you drove somewhere and, upon arriving, had no recollection of the drive? How about when you hear a song you haven't heard since high school, and memories you associate exclusively with that era come flooding back? Or what about the times you've halted, blocked, stuttered or stammered over calling up someone's name? These are examples of common neurological blips, misfires and disconnects that make us all kindred in our humanity. While others may have traits that appear more exaggerated, like physically rocking or handflapping, you may catch yourself engaging in a similar action if you've been shaking your leg, tapping a pen, or twirling your hair or a piece of jewelry. When we embrace the philosophy of presuming intellect we are in a position to become agents of transformation. Doing so requires forgiveness of our own ignorance—which need not hold negative connotations—as well as seeking the forgiveness of others whom we have not held in the same regard as our typical peers. We have become a culture that elevates perfectionism to exalted heights, which is an unrealistic and potentially damaging aspiration. When we acknowledge the kinship we share with one another, we are most apt to value diversity in our lives within the context of mutual respect, co-collaboration for greater good, and the presumption of intellect.

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Supporting Students With Autism: 10 Ideas for Inclusive Classrooms

by Paula Kluth

As I speak with colleagues in primary and secondary schools, I have noticed that many teaching veterans understand how to include students with learning disabilities, cognitive disabilities, emotional disabilities, and physical disabilities in general education classrooms; but they remain puzzled at how to support and teach students with autism in these same environments and learning experiences.

These tips are designed for the teacher who is just beginning to work with a student with autism. These simple ideas may work for a myriad of students but they are particularly helpful for educating students with autism, Asperger's syndrome, and other spectrum labels. They can help a teacher of any grade level or subject area plan lessons and engineer a safe and comfortable classroom for students with autism and other unique learning characteristics.

1) Learn About the Learner From the Learner

Oftentimes, educators needing information about a student will study the individual's educational records. While these documents are certainly one source of information, they are seldom the most helpful source of information. Teachers wanting to know more about a student with autism should ask that student to provide information. Some students will be quite willing and able to share information while others may need coaxing or support from family members. Teachers might ask for this information in a myriad of ways. For instance, they might ask the student to take a short survey or sit for an interview. One teacher asked his student with autism, to create a list of teaching tips that might help kids with learning differences. The teacher then published the guide and gave it out to all educators in the school.

If the student with autism is unable to communicate in a reliable way, teachers can go to families for help. Parents can share the teaching tips they have found most useful in the home or provide videotapes of the learner engaged in different family and community activities. These types of materials tend to give educators ideas that are more useful and concrete than do traditional educational reports and assessments.

Observing the student in another classroom setting can also be useful. In particular, these observations should focus on the student's successes: What can this student do well? Where is she strong? What has worked to create success for the student?



2) *Support Transitions*

Some students with autism struggle with transitions. Some are uncomfortable changing from environment to environment, while others have problems moving from activity to activity. Individuals with autism report that changes can be extremely difficult causing stress and feelings of disorientation. Teachers can minimize the discomfort students may feel when transitioning by:

- Giving five and one minute reminders to the whole class before any transition.
- Providing the student or entire class with a transitional activity such as writing in a homework notebook or for younger students, singing a short song about “cleaning up”.
- Ask peers to help in supporting transition time. In elementary classrooms, teachers can ask all students to move from place to place with a partner. In middle and high school classrooms, students with autism might choose a peer to walk with during passing time.
- Give the student a transition aid. Some students need to carry a toy, object, or picture, or other aid to facilitate their movement from one place to the next.

3) *Give Fidget Supports*

Oftentimes, learners with autism struggle to stay seated or to remain in the classroom for extended periods of time. While allowing learners to move frequently is one way to approach this need, some students can be equally comforted if they have an object to manipulate during lessons. One student I know likes to pick apart the threads on patches of denim. Another folds and unfolds a drinking straw during long lecture periods.

Students having such a need might be offered Slinky toys, Koosh balls, straws, stir sticks, strings of beads, rubberbands or even keychains that have small toys attached to them.

Allowing students to draw can be another effective “staying put” strategy. Many learners with and without identified needs appear better able to concentrate on a lecture or activity when they are given the opportunity to doodle on a notepad, write on their folders, or sketch in a notebook.

4) *Help with Organizing*

While some students with autism are ultra-organized, others need support to find materials, keep their locker and desk areas neat, and remember to bring their assignments home at the end of the day. Consider implementing support strategies that all students might find useful. For example, students can attach a



small “going home” checklist to the inside of their lockers or be reminded to keep a small set of school supplies in each classroom instead of having to carry these materials in their backpacks. Teachers can also:

- Have students copy down assignments, pack book bags, put materials away, and clean work spaces together. Specific skills can even be taught during this time (e.g., creating to-do lists, prioritizing tasks);
- Ask all students to do two-minute clean-up and organization sessions at the end of class; or
- Provide checklists around the classroom- especially in key activity areas. For instance, a checklist can be placed near a classroom assignment “in box” (e.g., Did you complete the assignment? Is your name on the paper?) or on the front of the classroom door (e.g., Do you have a pencil? Notebook? Homework?).

5) *Assign Class Jobs*

Many students with autism are comforted by routines and predictability. Class routines and jobs can provide this type of structure while also serving as opportunities to provide instruction and skill practice. A student who likes to organize materials might be put in charge of collecting equipment in physical education. A student who is comforted by order might be asked to straighten the classroom library. In one elementary classroom, Maria, a student with autism, was sometimes given the chore of completing the lunch count. Counting the raised hands and having to record the right numbers in the right spaces helped to build Maria's literacy and numeracy skills.

6) *Provide Breaks*

Some students work best when they can pause between tasks and take a break of some kind (walk around, stretch, or simply stop working). Some learners will need walking breaks – these breaks can last anywhere from a few seconds to fifteen or twenty minutes. Some students will need to walk up and down a hallway once or twice, others will be fine if allowed to wander around in the classroom.

A teacher who realized the importance of these instructional pauses decided to offer them to all learners. He regularly gave students a prompt to discuss (e.g., What do you know about probability?) and then directed them to “talk and walk” with a partner. After ten minutes of movement, he brought the students back together and asked them to discuss their conversations.

7) *Focus on Interests*

Whenever possible, educators should use interests, strengths, skills, areas of expertise, and gifts as tools for teaching. For instance, student strength areas



can be used to facilitate relationships. Some students who find conversation and “typical” ways of socializing a challenge, are amazingly adept at connecting with others when the interaction occurs in relation to an activity or favorite interest.

One of my former students, Patrick, had few friendships and seldom spoke to other students until a new student came into the classroom wearing a Star Wars tee-shirt. Patrick's face lit up upon seeing the shirt and he began bombarding the newcomer with questions and trivia about his favorite film. The new student, eager to make a friend, began bringing pieces of his science fiction memorabilia to class. Eventually, the two students struck up a friendship related to their common interest and even formed a lunch club where students gathered to play trivia board games related to science fiction films.

Any of the interests students bring to the classroom might also be used as part of the curriculum. A student who loves weather might be asked to write a story about tidal waves, investigate websites related to cloud formation, or do an independent research project on natural disasters. A student fascinated by Africa might be encouraged to write to pen pals living on that continent or asked to compare and contrast the governments of certain African nations with the government of the United States.

8) *Rethink Writing*

Writing can be a major source of tension and struggle for students with autism. Some students cannot write at all and others who can write, may have a difficult time doing so. Handwriting may be sloppy or even illegible. Students who struggle with writing may become frustrated with the process and become turned off to paper/pencil tasks.

In order to support a student struggling with writing, a teacher may try to give the child gentle encouragement as he or she attempts to do some writing- a word, a sentence, or a few lines. Teachers might also allow the student to use a computer, word processor, or even an old typewriter for some lessons. In addition, peers, classroom volunteers, teachers, and paraprofessionals can also serve as scribes for a student who struggles with movement and motor problems, dictating as the student with autism speaks ideas and thoughts.

9) *Give Choices*

Choice may not only give students a feeling of control in their lives, but an opportunity to learn about themselves as workers and learners. Students, especially those who are given opportunities to make decisions, know best when during the day they are most creative, productive, and energetic; what materials and supports they need; and in what ways they can best express what they have learned.

Choice can be built into almost any part of the school day. Students can choose which assessments to complete, which role to take in a cooperative group, which



topics to study or which problems to solve, and how to receive personal assistance and supports. Examples of choices that can be offered in classrooms include:

- Solve five of the ten problems assigned
- Raise your hand or stand if you agree
- Work alone or with a small group
- Read quietly or with a friend
- Use a pencil, pen, or the computer
- Conduct your research in the library or in the resource room
- Take notes using words or pictures
- Choose any topic for your term paper

10) *Include*

If students are to learn appropriate behaviors, they will need to be in the inclusive environment to see and hear how their peers talk and act. If students are to learn to social skills, they will need to be in a space where they can listen to and learn from others who are socializing. If students will need specialized supports to succeed academically, then teachers need to see the learner functioning in the inclusive classroom to know what types of supports will be needed.

If it is true that we learn by doing, then the best way to learn about supporting students with autism in inclusive schools is to include them.

Source:

© 2005 Paula Kluth. Adapted from: P. Kluth (2003). "You're going to love this kid": Teaching students with autism in the inclusive classroom . Baltimore: Brookes Publishing.



Organization for Autism Research's

6 Steps to Success for Autism

Your classroom is already a diverse place. With the increasing inclusion of students with autism, the challenges associated with managing a classroom will grow. This section outlines a simple and highly flexible six-step plan you and your team can use to prepare for the inclusion of a child with autism in your classroom.

Step 1: Educate Yourself

You must have a working understanding of autism and what that means for your particular student(s). Different behaviors are very much a part of autism. Sometimes children with autism may behave in inappropriate or disruptive ways but their behaviors are more related to their autism than they are deliberate, negative acts. Learning about autism and about how it affects your student specifically is the first step to success.

Your education about autism will evolve as your relationship with the family and the student develops and your knowledge about the disorder and skills in dealing with its impact on the classroom grows. Maintaining an open attitude to learning and working closely with the parents and school team will help you succeed in the long term.

Step 2: Reach Out to the Parents

Parents are your first and best source of information about their child. Step 2 is establishing a working partnership with your student's parents. Ideally, it will begin with meetings before the school year. After that, establishing mutually agreed modes and patterns of communication with the family throughout the school year is critical.

Building trust with the parents is essential. Communication with families about the progress of the student should be ongoing. While the information you exchange may often focus on current classroom challenges, strategies employed, and ideas for alternative solutions, do not forget to include positive feedback on accomplishments and milestones reached.



Step 3. Prepare the Classroom

There are ways you can accommodate some of the needs of children with autism in your classroom that will enhance their opportunity to learn without sacrificing your plans for the class in general. Of course, there are practical limitations on how much you can modify the physical characteristics of your classroom, but even a few accommodations to support a child with autism may have remarkable results. The [Educator's Guide to Autism](#) provides a schematic that offers a visual representation of the "ideal" classroom for a child with autism.

Step 4: Educate Peers and Promote Social Goals

You must make every effort to promote acceptance of the child with autism as a full member and integral part of the class, even if that student only attends class for a few hours a week. As the teacher of a child with autism, you must create a social environment that encourages positive interactions between the child with autism and his or her typically developing peers throughout the day. Children with autism, by definition, have difficulties in socialization and in understanding language and social cues. But with appropriate assistance, children with autism can engage with peers and establish mutually enjoyable and lasting interpersonal relationships.

Research shows that typically developing peers have more positive attitudes, increased understanding, and greater acceptance of children with autism when provided with clear, accurate, and straightforward information about the disorder. Assuming there are no restrictions on disclosing that your student has autism, educating your class about autism and its effect on their fellow student can be an effective way to increase positive, social interactions between the child with autism and his classroom peers.

Remember that many social interactions occur in settings outside the classroom. Without prior planning and extra help, students with autism may end up isolated during these unstructured times. You may want to create a "circle of friends," a rotating group of responsible, peer buddies for the student with autism, who will not abandon him, serve as a model of appropriate social behavior, and protect against teasing or bullying. This tactic can also be encouraged outside of school.

Step 5. Collaborate on the Implementation of an Educational Plan

Since your student with autism has special needs beyond academics, his or her educational plan is defined by an Individualized Education Program (IEP). The IEP is a blueprint for everything that will happen to a child in the next school year. As the principal observer and teacher of the child, you play a key role in the development, implementation, and evaluation of the child's IEP. You will be responsible for reporting back to the IEP team on the student's progress toward meeting specific academic, social, and behavioral goals and objectives in the IEP. You will also be asked for input about developing new goals for the student



in subsequent IEP meetings.

IEPs are created by a multidisciplinary team of education professionals, along with the child's parents, and are tailored to the needs of the individual student. Special and general education teachers, speech and language therapists, occupational therapists, school psychologists, and families form the IEP team and meet regularly to discuss student progress on IEP goals.

Before the IEP team meets, an assessment team gathers information about the student to make an evaluation and recommendation. Then, one person on the evaluation team coordinates all the information, and the team meets to make recommendations. The IEP team then meets to write the IEP based on the evaluation and team member suggestions.

IEPs always include annual goals, short-term objectives, special education services required by the student, and a yearly evaluation to see if the goals were met. Annual goals must explain measurable behaviors so that it is clear what progress should have been made by the end of the year. The short-term objectives should contain incremental and sequential steps toward meeting each annual goal. For some tips on writing objectives and developing measurable IEP goals for learners with autism, please see the [Educator's Guide to Autism](#) from OAR.

Step 6. Manage Behavioral Challenges

For students with autism, problem behaviors may be triggered for a variety of reasons. Such behaviors may include temper tantrums, running about the room, loud vocalizations, self-injurious activities, or other disruptive or distracting behaviors. Because children with autism often have difficulties communicating in socially acceptable ways, they may act out when they are confused or fearful about something.

Your first challenge is to decipher the cause, or function, of the particular behavior. Look for patterns in these behaviors such as when they do, or do not, consistently occur. Communicating with families and other team members and observing the behavior in the context in which it occurs is essential to learning the function of the behavior.

It's important to use consistent, positive behavioral reinforcement techniques to promote positive and pro-social behaviors for children with autism. The student's IEP should contain concrete and explicit positive behavioral goals, as well as a wide range of methods for promoting these goals. The student's parents and IEP team may be able to suggest visual recognition techniques and incentive systems that you can use to reinforce positive behaviors.

Teachers may choose to ignore other negative behaviors or give predetermined consequences. The key is to be consistent with how you react to the behaviors over time and to use as many positive strategies to promote pro-social behaviors as possible.



As you follow these steps and learn more about children with differences, you will become a mentor to other educators when they face similar challenges for the first time. Your curiosity will fuel your education about autism; your communication skills will help you create a meaningful alliance with parents.


Most of all, your collaboration skills will help you work as a key part of the team that will support the child with autism throughout the course of the school year, and your patience, kindness, and professionalism will make a difference in the lives of all your students.

<http://www.researchautism.org/educators/autismsteps/index.asp>



Organization for Autism Research's

Steps to Success for Asperger Syndrome

 Having a child with Asperger Syndrome in your class will have a different impact on your classroom environment than having a child with autism. Each individual with Asperger Syndrome is different and will present his or her own unique challenges.

Children with Asperger Syndrome often display considerable academic strengths. The effects of the disorder require different teaching strategies to discover and capitalize those strengths for successful learning. Students within the school environment also face many obstacles to successful social interactions and relationship building.

The first challenge is to recognize Asperger Syndrome as a serious challenge for the student and you. It can be very deceptive, almost hidden to the untrained eye at first. Children with Asperger Syndrome can, at times, look and act like much like their typical peers. Further, these children tend to perform as well or better academically as their typical peers potentially masking the effects of the disorder.

Asperger Syndrome is a neurological disorder; individuals with the disorder often have difficulty controlling certain behaviors. Most often these behaviors are a function of Asperger Syndrome and not the result of the individual's willful disobedience or noncompliance.

To read more about Asperger Syndrome, please refer to the [Educator's Guide to Asperger Syndrome](#) and other Asperger Syndrome resources listed on www.researchautism.org.

SIX-STEP PLAN

Following the six-step plan, detailed below, will help prepare you for the entrance of a child with Asperger Syndrome in your classroom, as well as foster inclusion throughout the school. The six steps are simple and highly flexible—think of them as continuing and often concurrent actions.

Note: The steps are outlined first with links to more detailed discussion. To read the most complete version, please view the OAR [Educator's Guide to Asperger Syndrome](#)



Step 1: Educate Yourself

Different behaviors are a large part of Asperger Syndrome. Learning about Asperger Syndrome and the specific characteristics of your student will help you effectively manage the behaviors. Here are some helpful hints that can guide everyday school life for students with Asperger Syndrome.

- **Operate on “Asperger time.”** “Asperger time” means, “Twice as much time, half as much done.” Students with Asperger Syndrome often need additional time to complete assignments, gather materials, and orient themselves during transitions.
- **Manage the environment.** Any change can increase anxiety in a student with Asperger Syndrome. Strive to provide consistency in the schedule and avoid sudden changes.
- **Create a balanced agenda.** Make a visual schedule that includes daily activities for students with Asperger Syndrome. Some parts of the daily schedule or certain classes or activities should be monitored or restructured, as needed.
- **Share the agenda.** Students with Asperger Syndrome have difficulty distinguishing between essential and nonessential information. In addition, they often do not remember information that others acquire from past experiences or that come as common sense. Thus, it is important to state the obvious and “live out loud.” By stating what you are the child can better understand the meaning behind your actions.
- **Simplify language.** Keep your language simple and concise, and speak at a slow, deliberate pace. Students with Asperger Syndrome to have difficulty “reading between the lines,” understanding abstract concepts like sarcasm, or interpreting facial expressions. Be clear and specific when providing instructions.
- **Manage change of plans.** Make sure the student with Asperger Syndrome understands that sometimes planned activities can be changed, canceled, or rescheduled. Have backup plans and share them with the child with Asperger Syndrome. Prepare them for change whenever possible; tell them about assemblies, fire drills, guest speakers, and testing schedules. Recurring transitions, such as vacations and the beginning and end of the school year, may cause anxiety for a child with Asperger Syndrome.
- **Provide reassurance.** Because students with Asperger Syndrome cannot predict upcoming events, they are often unsure what to do. Provide feedback and reassurance frequently so that the student knows he is moving in the right direction or completing the correct task. Use frequent check-ins to monitor student progress and stress.
- **Be generous with praise.** Find opportunities throughout the day to tell the student with Asperger Syndrome what they did right. Compliment attempts as well as successes. Be specific to ensure that the student with Asperger Syndrome knows why you are providing praise.



Step 2: Reach Out to the Parents

The parents of your student with Asperger Syndrome are your first and best source of information about their child; they can provide you with information about their child's behavior and daily activities. Ideally, this partnership will begin with meetings before the school year. After that, it is critical to establish mutually agreed-upon modes and patterns of communication with the family throughout the school year.

Step 3: Prepare the Classroom

Having learned about the individual sensitivities and characteristics of your student with Asperger Syndrome, you now have the information you need to organize your classroom appropriately. You can manipulate the physical aspects of your classroom, making it more comfortable for children with Asperger Syndrome without sacrificing your general plans for the class. The [Educator's Guide to Asperger Syndrome](#) contains information about specific approaches for structuring the academic and physical environment to address the needs of your student with Asperger Syndrome.

Step 4: Educate Peers and Promote Social Goals

Children with Asperger Syndrome have social deficits that make it difficult for them to establish friendships. However, with appropriate assistance, they can engage with peers and establish mutually enjoyable and lasting relationships.

The characteristics of Asperger Syndrome can cause peers to perceive a child with the disorder as odd or different. This can lead to situations that involve teasing or bullying. Children with Asperger Syndrome often cannot discriminate between playful versus mean-spirited teasing. Teachers and school staff must be aware that students with Asperger Syndrome are potentially prime targets of bullying or excessive teasing and must watch for signs.

One strategy is to assign a "buddy" in the classroom. Research shows that typically developing peers have more positive attitudes, increased understanding, and greater acceptance of children with Asperger Syndrome when provided with clear, accurate, and straightforward information about the disorder. Thus, educating students about the common traits and behaviors of children with Asperger Syndrome can lead to more positive social interactions between your student with Asperger Syndrome and his or her peers.

Many social interactions occur during unstructured times in settings outside the classroom where students with Asperger Syndrome may end up isolated. You may want to create a "circle of friends," a group of responsible peers for the student with autism, who will not abandon him, serve as a model of appropriate social behavior, and protect against teasing or bullying. This tactic can also be encouraged outside of school.



Step 5: Collaborate on the Educational Program Development.

Read about Individualized Education Programs (IEPs) at www.researchautism.org.

Step 6: Manage Behavioral Challenges

School is a stressful environment. Commonplace academic and social situations may create extreme stress for students with Asperger Syndrome. The stressors may include: difficulty predicting events because of changing schedules; tuning into and understanding teacher's directions; interacting with peers; anticipating changes, such as classroom lighting, sounds/noises, odors, etc.

Tantrums or meltdowns (terms that are often used interchangeably) typically occur in three stages that can be of variable length. These stages and associated interventions are described more fully in the [Educator's Guide to Asperger Syndrome](#). Students with Asperger Syndrome rarely indicate that they are under stress. While they may not always know when they are near a stage of crisis, most meltdowns do not occur without warning. There is a pattern of behavior, which is sometimes subtle, that suggests an imminent, behavioral outburst. Prevention through the use of appropriate academic, environmental, social, and sensory supports and modification to environment and expectations is the most effective method.

<http://www.researchautism.org/educators/aspergersteps/index.asp6>



What Are Visual Strategies?

For more information about using visual strategies,
visit our web site...

Sign up for Linda Hodgdon's **FREE** E-Newsletter,
filled with information, teaching ideas,
resources and helpful tips.

www.UseVisualStrategies.com



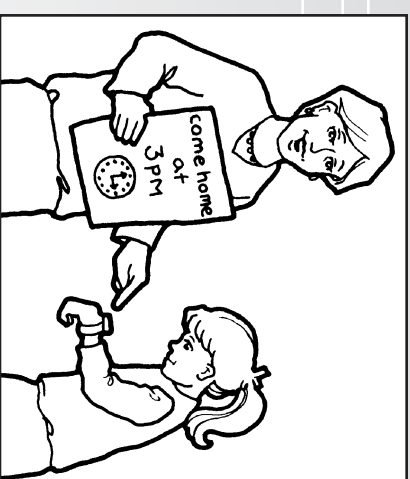
www.AutismFamilyOnline.com

Become a member of the FAMILY.
It's the perfect place to go for information,
Q&A, training, discussion forum, and other resources
for professionals & parents of students
with Autism, Asperger's Syndrome and
related learning challenges.



What Are Visual Strategies?

What are Visual Strategies?



Tools for
Overcoming Communication Challenges
Linda Hodgdon, M.Ed., CCC-SLP



What are Visual Strategies? is available printed as a "little book." These "little books" are available to purchase as single copies or in quantities at a discount. These "little books" are perfect for distributing to groups, passing out at meetings, sharing at conferences or other opportunities to share important information.

What are VISUAL STRATEGIES?

Tools for Overcoming Communication Challenges

Visual strategies are things that we see that enhance communication. A primary purpose for using visual strategies is to support understanding. Visual strategies provide information in a form that many students can understand more easily than auditory information.

When we recognize that students have different learning styles, we discover that most students with autism spectrum disorders (autism, Asperger's Syndrome, PDD and more) and many others with communication or behavior challenges demonstrate a strength in understanding visual information compared to their ability to understand talking and conversation.



To obtain additional copies of this "little book," visit www.UseVisualStrategies.com

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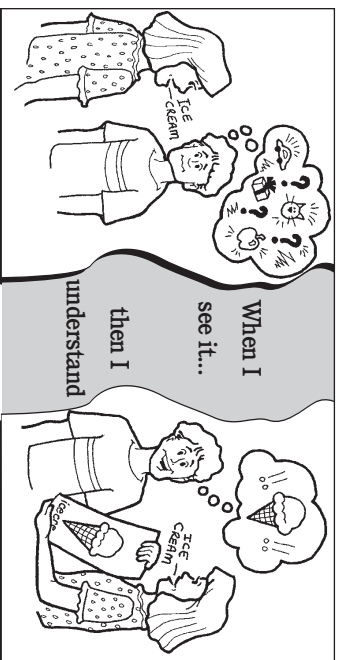
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That means they generally understand what they **see** better than what they **hear**.

Yet we tend to communicate with them primarily by talking. Using visual tools to support communication

capitalizes on their ability to gain information from the sense of sight.



Dear Linda...

... I feel so alone sometimes when I try to get people to understand that **visuals** are not a luxury but a **vital need** for my son to understand the chaotic environment of a classroom...

I just received your book on behavior and can't wait to dive in. I never thought Michael had behavior and can't wait **he doesn't understand** what he needs to do. No one understands that he needs to **SEE** it!

When communication breaks down for Michael he needs to work things out with **visual choices** so he can do something other than cry or scream and say no.

Thanks for listening... I think you do understand them so powerfully because I read your books I feel work like a miracle with my son...

Monica, (Michael's Mom)

Are visual strategies only useful for students with autism?

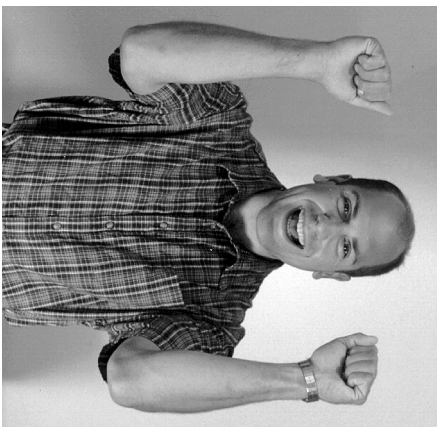
No, no, no. We have learned a lot about the value of visual strategies by using them with students with autism spectrum disorders. But we have also learned how important it is to use visual supports for students with other communication or behavior challenges. In fact, visual tools are used successfully in classrooms for all students.

Can you give some examples?

Photographs, line drawings, computer clip art, pictures from catalogs or magazines, food labels, signs, logos, real objects and written language can be used as visual tools to support communication.



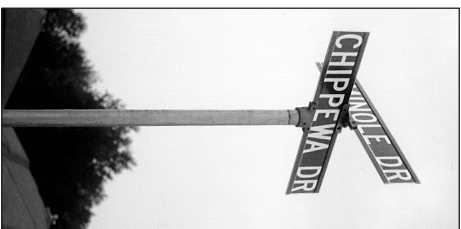
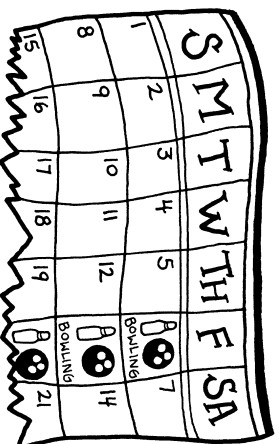
Playground



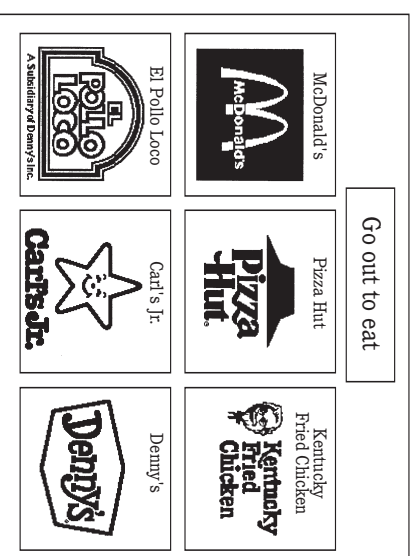
Visual supports can include:
Body Language:
 Facial expressions, body movement, pointing, eye contact

Cues in the Natural Environment: Furniture arrangement, signs in the environment (in/out, men/women), menus, directions on a vending machine

Traditional Tools for Organization: Calendar, day planner, TV guide, shopping list, cooking instructions



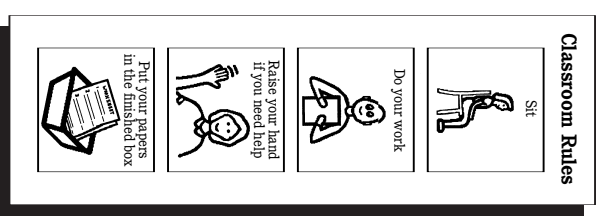
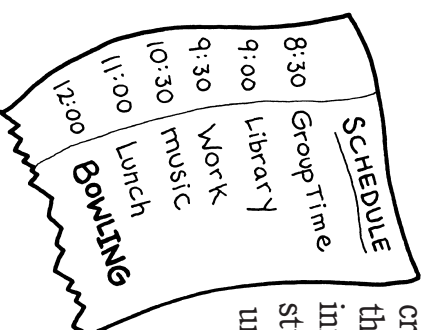
Specially Designed Tools: To develop a schedule, provide choices, give information, give directions, establish rules, teach skills, teach self-regulation and more



One goal is to teach students to identify, understand and respond appropriately to the visual cues and information that already exist in the environment.

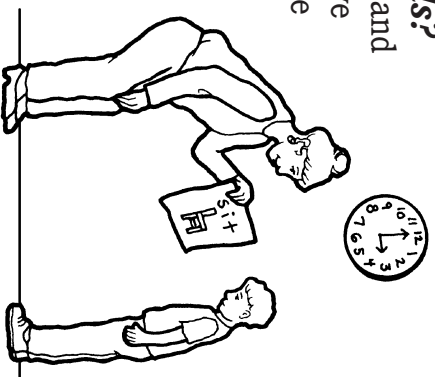
Another goal is to identify a student's specific communication needs and challenges. Then visual tools can be

created to give the precise information the student needs to understand.



How do you use visual tools?

They are easy to use. Just talk and show. We become more effective communicators if we use simple language and support our communication by showing the student something visual to help him understand what we are saying.



What are reasons to use visual tools?

We use visual strategies to accomplish a purpose. Watching students gives us lots of information about what they need.

Pay attention to:

- *When & why they have behavior problems*
- *If they have difficulty following classroom routines*
- *How they handle change*
- *Problems during transitions*
- *How they follow directions*
- *Their ability to effectively let you know what they want*
- *When they seem to understand and when they seem to be confused*

Our goal is to discover when students have difficulty or need support. Defining the student's needs will guide the decision about what kind of visual tools to use.

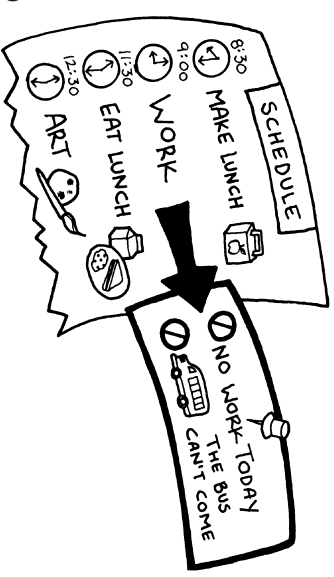
What are the possibilities?

Visual tools provide structure to help students by creating an environment that is more predictable and understandable. They can be used at home or school or transported to other environments.

For example:

Schedules are the most common visual tools used to give students information. They help students know what is happening during the day and anticipate transitions

from one activity to another.



Visual timers create a visual way for students to understand the passage of time. Timers help students handle transitions more easily.

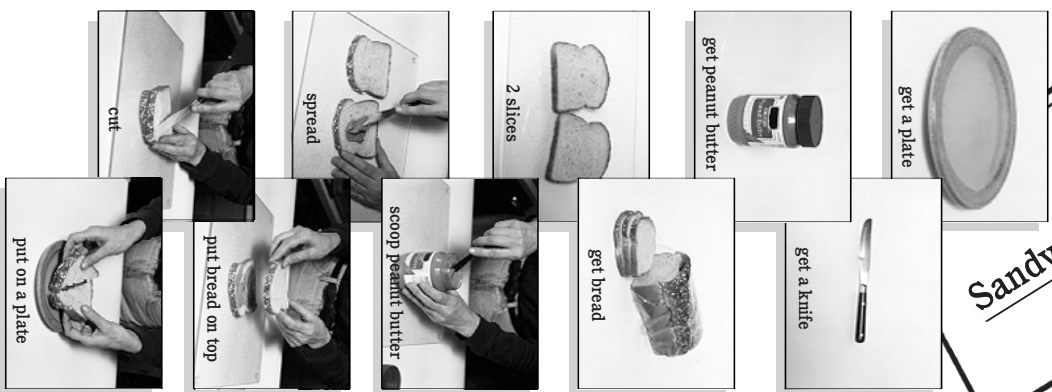
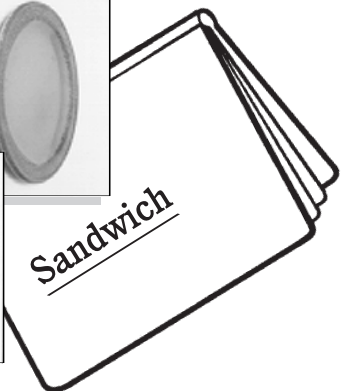


What Are Visual Strategies?

Task organizers or step-by-step directions guide students through a series of steps to accomplish a task.

Choice boards display the options available to choose from.

Classroom or home rules help students remember what to do or state options to unacceptable behavior.



Do you have more examples?

Yes. A powerful purpose for visual strategies is to give information. It is common to give students information verbally and to assume they understand.

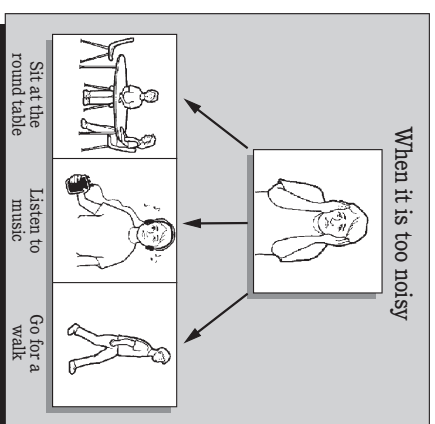
Anxiety or behavior problems can emerge when students really don't understand, or they don't remember what to do or how to handle a situation.

For example:

People locators help students understand where significant people are, when they will leave, or when they will return.

Transition and travel helpers can prepare students for predictable activities and routines or for excursions that are not part of the normal routine.

Behavior helpers guide students to prepare for activities and anticipate what will happen and what will be expected of them.



What Are Visual Strategies?



Where do you keep visual tools?

Sometimes visual tools are hung on the wall or refrigerator. (Make sure to hang them at the right height so students can see them easily.) They can be placed in communication books or mini photo albums so they can be easily accessed. Carrying visual prompts in a pocket or placing them on a desk can be useful. There are endless possibilities. What is important is that they can be found quickly and easily when they are needed.

Do you use visual strategies for students who talk?

Sometimes people question using visual strategies for students who already talk. Traditionally, communication boards and other augmentative communication supports have been used to help non-verbal students or those with limited verbal ability express themselves better. The current use of visual strategies for supporting *understanding* has shifted that focus. It is very helpful to use visual tools to aid understanding for both non-verbal and verbal students.

Remember:

*Just because students talk. . . .
it doesn't mean that they understand everything*



Aren't visual strategies just for young children?

No. They are appropriate for individuals of all ages. The visual tools we use for younger children will change and look more mature as they grow older. Think about the visual supports we use to help organize our own lives. Shopping lists, calendars, cooking recipes. . . the list is long. Our students with communication challenges can benefit from the same tools we use, however, they generally need more visual supports than we do.

How To Be a Friend to Someone With Autism

- **Take the Initiative to Include Him or Her** - Your friend may desperately want to be included and may not know how to ask. Be specific about what you want him to do.
- **Find Common Interests** - It will be much easier to talk about or share something you both like to do (movies, sports, music, books, TV shows, etc.).
- **Be Persistent and Patient** - Remember that your friend with autism may take more time to respond than other people. It doesn't necessarily mean he or she isn't interested.
- **Communicate Clearly** - Speak at a reasonable speed and volume. It might be helpful to use short sentences. Use gestures, pictures, and facial expressions to help communicate. Speak literally – do not use confusing figures of speech (He may truthfully tell you, “the sky” if you ask “What’s up?”)
- **Stand Up For Him or Her** - If you see someone teasing or bullying a friend with autism, take a stand and tell the person that it's not cool.
- **Remember Sensory Sensitivity** - Your friend may be very uncomfortable in certain situations or places (crowds, noisy areas, etc.). Ask if he or she is OK. Sometimes your friend may need a break.
- **Give Feedback** - If your friend with autism is doing something inappropriate, it's OK to tell him nicely. Just be sure to also tell him what the right thing to do is because he may not know.
- **Don't Be Afraid** - Your friend is just a kid like you who needs a little help. Accept his or her differences and respect strengths just as you would for any friend.

Adapted, Peter Faustino



Ideas from the FRIEND Program about being a friend to a person with autism

- Treat him like anyone else and talk to him like you would talk to another one of your friends. Don't be too formal and don't talk to him like he's a little kid.
- Don't tease. Sometimes he may not understand the teasing or sometimes he may think that you're being friendly when you're really not. If other kids tease him, pull them aside and tell them to stop.
- Be helpful, but don't be too helpful. If you're too helpful, it may make him feel more different. Let him try to do it first by himself, then help out if he needs it. Include him in group activities like games and team sports if he can. Ask him to do things with you, but don't just explain it to him; show him what to do so he can imitate you.
- Don't ignore him, even if you think he doesn't notice you.
- Find out about his disability. Read some stuff on the Internet or ask a teacher or a guidance counselor for books. You also can ask his mom or dad when you see them.
- Ask a teacher or guidance counselor if you're confused about something he is doing. There's a reason kids do things. If you figure it out, you might be able to help him.
- Be patient. Sometimes it takes kids with autism longer to do something or to answer a question. You also may need to slow down when you communicate with him.
- Take time to say "hi" whenever you see him. Even when you're in a hurry and pass him in the hall, just saying "hi" is nice.
- Don't be afraid to go up to him if he needs help. Take your time and ask what you can do to help. Sometimes he may not understand what happened (that he lost his turn in the game, he can't cut in line) and will be better once he understands the situation.
- Just work with him and try to help him learn. That will make you feel good and it will help him, too.



- Encourage him to try new things because sometimes he may be afraid to try new stuff.
- Find out what his special interests or abilities are and then try to find ways to let him use them.
- Say something to him when he does good things. You can cheer, give “high-fives” or just tell him “great work”. He likes to be complimented, too.
- It’s OK to get frustrated with him sometimes or to want to play alone or with somebody else. If he won’t leave you alone after you’ve asked him to, tell a teacher or other adult who can help you.
- Don’t be afraid to ask him to do something. He is a neat kid and can do a lot of things.
- Find something to like, a special skill to admire or a special interest he has. Some kids with autism are great with math, spelling, or computers or they have a great memory for the class schedule. Who knows? Maybe he will help you!

*Adapted from The FRIEND Program
at Southwest Autism Research and Resource Center (SARRC)*



Strategies for Bullying

According to ***Perfect Targets***, Rebekah Heinrichs' book that outlines various aspects of bullying and solutions to support students, bullying can take several forms:

- physical (hitting, pushing, tripping, grabbing, destroying another's property or school work)
- verbal (teasing, making fun, threats, name-calling, or non-verbal communication)
- social (intent to isolate others through rumors, shunning, humiliation, etc)
- educational (adults from the school team who use their position and power to cause distress to students—can include sarcasm, humiliation, favoring certain students, etc.)

Research has shown there are general characteristics of an individual inclined to bully others, as well as typical victim profiles. The characteristics of a child on the autism spectrum often fall within the victim profile—social, interpersonal and communication difficulties, anxiety and poor sense of self, feelings of not being in control, younger, smaller or weaker, and typically well-protected or overly directed by family members or well-intended adults. In particular, students with Asperger Syndrome or others who perform well academically and are less likely to have full time adult support (and therefore, protection) are often the targets of bullying. As with other areas of intervention for special needs students, finding ways to help the child to become more assertive, self-reliant and able to self-advocate is a critical piece of reducing a student's victim characteristics.

Several strategies are available to develop a community that minimizes bullying and helps to develop a welcoming environment for all. Options include staff and school community awareness and training, positive adult modeling, developing a school code of conduct and reporting, using formative and pro-social instruction as well as consequences, and involving parents when bullying occurs. Specific intervention strategies excerpted from *Perfect Targets* are outlined as follows:

Strategies for Dealing with Targets of Bullying (pg. 106-7)

- listen, be compassionate and use a calm voice
- provide as much privacy as possible
- take reports seriously and reassure students that they were right to come to you and that you will advocate for them
- decrease self-blame by identifying the bullying behaviors as wrong and unjustified
- be proactive in manipulating the classroom environment for success (e.g., helpful peers)
- look for cues that students may need help developing social competence



- discuss whether other bullying has occurred
- continue to monitor behaviors and have a follow-up conversation with the student
- take into consideration any exceptionalities and how they may impact bullying situations; individualize strategies accordingly

Strategies for Dealing with Students who Bully

- stay calm but use a firm, straightforward style
- provide as much privacy as possible
- give a brief, clear summary of the unacceptable behavior(s) and consequences, if appropriate
- note the behavior so a pattern can be established if behaviors continue
- do not get drawn into arguments or lengthy discussions
- correct the bully's thinking errors (e.g., blaming the target)
- identify the target's emotions to help promote empathy
- consider other ways to help build empathy for the target(e.g., role-play incident with the bully taking the target's role)
- re-channel the bully's need for power into more positive, socially appropriate endeavors
- model respect and look for opportunities to pay attention to positive behaviors
- provide formative /pro-social consequences whenever possible (e.g., making amends)
- take into consideration any exceptionalities and how they may impact bullying situations; individualize strategies and responses accordingly

Extracted from: Perfect Targets; Asperger Syndrome and Bullying; Practical Solutions for Surviving the Social World, By Rebekah Heinrichs



Classroom Checklist

By: *Lori Ernsperger, PhD*

This informal checklist is to assist school personnel in creating a positive classroom environment. Each guideline should be reviewed and determined appropriate in meeting the needs of the student. Not all guidelines will apply to each student, setting or classroom.

	YES	NO	Action Plan
Visual and physical boundaries defined			
Workstations are labeled with picture and word			
Classroom is free of clutter			
Space provided for small group and 1:1 instruction			
Space provided for whole group instruction			
Auditory/Visual cue is utilized for transitions			
Furniture is appropriate size			
Furniture placement defines boundaries			
Open spaces are minimized			
Materials are clean and in good working order			
Visual Timers are utilized			
Shelves are clearly labeled			
Students return materials to proper location			
Sensory strategies are written on schedule			
Materials are age appropriate			
Transition items are visible and utilized			
Life domains are addressed in the schedule			
Quiet space is provided for Break Area			
Comfortable seating is provided in Break Area			
Teacher resources are in a secured location			
Teacher's desk is out of the way			
Data collection center is clearly marked			
Data collection center is accessible			
Carpets are used to filter noise			
Outside distractions are minimized			
Safety standards are implemented			
Doorways are secured			
Safety plan is written and posted			
Classroom Schedule is posted and visible			



Token economy system is utilized			
Reinforcement tangibles are established and utilized			
Class schedule is reviewed daily			
Schedule reflects any upcoming changes			
Individual schedules are developed			
Schedule is well-rounded with a variety of activities			
Staff schedule is written and posted			
Staff schedule depicts all job responsibilities			
Related service personnel are included on schedule			
Schedule includes a weekly staff meeting			
All staff have a written job description			
Staff bulletin board is visible			



Positive Behavior Support

I. WHAT IS POSITIVE BEHAVIOR SUPPORT?

Positive Behavior Support (PBS) is an approach to helping people improve their difficult behavior that is based on four things:

1. An **Understanding** that people (even caregivers) do not control others, but seek to support others in their own behavior change process;
2. A **Belief** that there is a reason behind most difficult behavior, that people with difficult behavior should be treated with compassion and respect, and that they are entitled to lives of quality as well as effective services;
3. The **Application** of a large and growing body of knowledge about how to better understand people and make humane changes in their lives that can reduce the occurrence of difficult behavior; and
4. A **Conviction** to continually move away from coercion - the use of unpleasant events to manage behavior.

Coercion involves attempting to control the behavior of others through threat of, or escape from unpleasant events. Coercion minimizes the dignity of the other person, often provokes retaliation, and sometimes causes physical and emotional harm. One example of coercion involves overpowering someone and physically forcing him to do something he doesn't want to do. If he doesn't comply, he is forced and continues to be forced until he gives up fighting. A common and relatively minor example includes taking privileges away from a person when she misbehaves. However, even minor coercion can be harmful in that it can take away from the dignity, autonomy, and sense of self-control of the other person. Equally important is that when minor coercion that was once effective ceases to work, caregivers tend to increase the level of coercion rather than decrease it. They may increase the length of time required to spend in time-out, the amount of privileges taken away, or the tone of voice used.

PBS involves a commitment to continually search for new ways to minimize coercion. This does not mean parents or caregivers should be judged harshly if they occasionally resort to yelling. We all fall back on patterns of caregiving that have worked for us in the past, especially when we are challenged by difficult behavior. PBS simply means that we, as caregivers, recognize the times when we have resorted to coercion, and continually seek to find alternatives that we can use next time we're challenged with similar behavior.

II. WHY DO WE NEED POSITIVE BEHAVIOR SUPPORT?

Many people with difficult behavior have been misunderstood and mistreated throughout our history. People with developmental disabilities, in particular, have been subject to a wide array of disrespectful, humiliating and even painful,



conditions in the name of "effective treatment". In recent years, however, there has been a growing body of research that demonstrates that even the most challenging behaviors can improve with the help of one or more of the approaches outlined below. The combination of these is the field called Positive Behavior Support. This document is an attempt to summarize current knowledge in the field so that more families/caregivers and providers can know that there are alternatives to punishment, and what those alternatives are.

III. *WHAT'S INCLUDED IN POSITIVE BEHAVIOR SUPPORT?*

A. Functional Behavioral Assessment (Understanding Behavior)

Functional behavioral assessment (FBA) is the process of learning about people before intervening in their lives. It is a systematic process for describing difficult behavior, identifying environmental factors and setting events that predict the behavior, and guiding the development of effective and efficient behavior support plans. FBA is the foundation of positive behavioral support. Three important beliefs underlying FBA are:

1. All behavior that persists serves some purpose,
2. Every person is unique, and
3. The best way to help someone change their behavior is to first understand the reasons behind the behavior.

One of the misapplications of behavior analysis has been the wide-spread use of behavior management, or behavior modification, procedures that prescribe consequences for difficult behavior without first assessing the reasons for the behavior. The need for FBA can be seen when two different people display the same behavior for two different reasons. One person may run away from a caregiver when asked to perform a certain task because he has learned to avoid the work by running away. Yet another person may show the very same behavior because she has learned that she can get individual attention from the caregiver (e.g., being chased and brought back) when she runs away. The intervention methods chosen for these two individuals should be different based on their unique assessments, rather than the same based on the similar appearance of their behavior. Unfortunately, without a functional behavioral assessment people with similar behaviors tend to be treated with similar consequences. Many things go into a comprehensive FBA. These include:

Clear Description of the Behavior

What does the challenging behavior look like? What does it sound like? Does it occur in conjunction with other behaviors or in isolation? Is there any warning? How long does it last? How long has it been a problem? Similarly, what would an alternative desirable behavior look/sound like?

Typical Routines

When is the challenging behavior more likely to occur? When is it less likely? What are the activities or expectations, and with whom does it



occur? It is also helpful to ask these who, what, when and where questions of the alternative desirable behavior.

Rationale

A rationale is needed for why the behavior is deemed difficult and why it requires change. Sometimes minor infractions are viewed as major problems by one caregiver but insignificant by others. Is the behavior harmful to self or others, or is it merely distracting? Sometimes the questions must be asked, "Whose problem is it?"

Strengths/Needs

What skills does the person have that could become a source of success and esteem? These are often the very behaviors that are viewed as difficult. For example, a student with boundless energy may not be able to sit still in class, but could become a tremendous help to the crew that cleans the cafeteria tables. What limitations does the person have that prevent her from accomplishing the simple things, and achieving the recognition that other girls take for granted?

Likes/Dislikes

What kinds of events, books, movies, foods, music, etc., does the person enjoy? What does he hate? Some behavior challenges are nothing more than a statement of preference or refusal for people who cannot speak or be heard otherwise. Understanding what a person enjoys can help to break up the day and serve as a means to connect with others.

Values/Culture

Who are the heroes in this person's life? Does he value the qualities found in TV action characters, in his father or uncle, in her grandmother, or the popular girls at school, and what are those qualities? How do the values and routines of the immediate family, extended family, neighborhood or village, impact the individual's behavior? Does she find greater importance in caring for a baby or sick grandmother than in attending school or getting to work on time? Is he a part of a group where loyalty to a family or gang member is demonstrated by getting even? Does the school culture encourage using words to tell the teacher, or not tattling and using fists?

Biomedical/Physical Factors

Ear infections, stomach aches, headaches, over-sensitivity to certain sounds, hunger, fatigue, over-stimulation, boredom or the way things feel to the touch, can all vary among individuals. Yet these factors can be a significant reason for many behaviors like head banging, chronic whining, striking out at others, or running out of a room. The person's diet and medications are also important considerations, as are things like depression, attention deficits, seizure disorders, and many more. Understanding specific disabilities and their impact on behavior is a necessary requirement of any FBA.



Environmental Factors

Do the challenging behaviors occur more in some settings than in others? Do they occur less in some settings? Differences in noise level, the density of the crowd, the expectations of the setting (e.g., a classroom versus a playground), can all make a difference. Is the person's schedule too unpredictable? Is it too predictable? Does she do better in warm weather or cold, bright sunlight or indoors? Do shirts with collars or certain fabrics irritate the skin and increase challenging behavior? Both the physical and social environments should be considered here.

Motivation

What does the person gain through her behavior? Does she get attention, assistance, food or objects that she wants? What does he escape or avoid through his behavior? Does he get out of doing chores by complaining? Does he avoid a scolding or grounding by lying? Also, what is the motivation for behaving? Does working hard pay off? Does telling the truth? Does dressing himself result in any greater reinforcement than remaining dependant on others to dress him? Does "good" behavior go unnoticed while "bad" behavior gets an immediate reaction? This is one of the most significant factors to consider in any FBA and should include a description of the setting events, antecedents and consequences of the behavior.

Intervention History

A good assessment also seeks to learn from the past. What has worked and what hasn't worked are important questions to answer, as are who has helped and who has not. Also, many people with challenging behaviors have been treated harshly for years, or have experienced severe trauma at some point in their lives.

Learning History

What has the person been learning through her history of displaying difficult behavior? Has she learned, for example, that "good" behavior goes unnoticed while "bad" behavior gets an immediate reaction? Has he learned that the longer he persists at complaining, fighting or tantruming, the more likely he is to get his way?

Learning Style

How does the person learn best? Can she follow simple or complex instructions? Can he translate what he hears into action, or has he learned to tune out verbal instructions. Does she learn best by seeing, feeling, doing, or by teaching others?

Relationships

Many people with developmental disabilities and difficult behavior have few meaningful relationships that are lateral rather than hierarchical, that are equitable rather than inequitable, and that involve people in their lives who are not reimbursed in some way for their time. To what type of person



is the individual attracted? What type of people does she avoid?
Meaningful peer relationships are critical for social development and quality of life.

B. Preventing Challenging Behavior by Enhancing Quality of Life

Many behaviors we view as challenging are nothing more than a logical reaction to an illogical life. People with challenging behavior often have minimal control over where they live, with whom they live, what they do for a living, what they have for dinner, and so on. Simply helping people who depend on others for support to dream of and live the kind of lives that most people take for granted, can reduce challenging behavior tremendously. All prevention approaches listed below should occur in the context of the person's real-life settings. That is, these approaches include things that can be done by or for the individual in the classroom, in the home, in the car, on the street, in the park, supermarket, and other real-world settings, rather than in the clinic. If skills are to be taught in a clinic setting, then specific strategies should be included that will ensure generalization to the natural settings.

Person-Centered or Family-Centered Planning

Full participation in dreaming of a desired future and charting the course needed to get there, with the encouragement and support of people closest to us, is something many of us do on a continual basis. Similar options must exist for people who challenge the service system. Focusing on the strengths of people or their families, and on other people around them who might help, is a necessary step to improving behavior.

Exposure to Options

True choice does not exist unless it is informed choice. However, simply telling people of the variety of living arrangements, jobs, entertainment options, and other life choices available to them is usually not sufficient. Many people must repeatedly see, touch and feel a wide variety of experiences in order to truly have informed choice.

Exposure to Appropriate Role Models

We are all influenced by the people with whom we live, work, eat, play, etc. Fortunately, most of us are able to learn by watching and listening to others, rather than having to experience everything for ourselves. Helping people improve their behavior is as much about inspiring them as it is about instructing and rewarding them. If the peers and caregivers in a person's life are not good examples, then it only makes sense for the individual to set his sights low. If, on the other hand, the person is included with others at school, at work, and in the community who are good role models, she will set her sights higher.

Exercising Choices

Many people with challenging behavior do not have much experience making choices about minor daily events (much less about significant life goals), and having those choices respected. Challenging behavior often arises from a lack of choice about what to wear, what to eat, what to



watch, or where to go for fun. Repeated practice in exercising choices builds a sense of competence and prevents many challenging behaviors.

Assistive Technology and Supports

Challenging behavior often results from heavy dependence on others for such things as personal hygiene, transportation, information, communication, and entertainment. Assistive technology and other accommodations can result in far less dependence on others, fewer reminders, and fewer behavioral challenges. Assistive technology can include a communication device for those who cannot otherwise get their needs met, or listening to a book on tape for those who have trouble reading, or a watch with several alarms for those who have trouble remembering.

A Sense of Belonging

Are there certain people, or groups of people, with whom the individual feels most at home? What feedback from others best communicates a clear message that she is appreciated for who she is? Does he feel any sense of belonging to the classroom, the school, and the residential or neighborhood community? Or does he feel most accepted by a local gang? Who accepts him unconditionally, and who requires him to earn his place?

Altering the Environment

Some people benefit by organizing different settings in such a way that each environment is associated with different expectations and activities (e.g., eating, group activities, private space, free time, etc.). For others, simply minimizing distraction, playing calm music or eliminating background noises, can make a meaningful difference in challenging behavior. Environmental modifications help most when the antecedent events that provoke challenging behavior are avoided, as well as the consequences that reinforce the behavior.

Addressing Biomedical or Physical Factors

Sensory integration such as deep pressure, joint compression, brushing or swinging, can help many people become more receptive, ready to learn, and less distractible. Medications to reduce seizure activity, impulsiveness, infections, depression or hyperactivity, are also necessary for some people. Adequate sleep, proper nutrition, physical exercise, and pain management are other important factors to consider.

C. Teaching/Encouraging Desirable Behavior

Establishing Helpful Routines

We are all creatures of habit. Some people rely more heavily on routines than others. Some become extremely frustrated when their routines change. Helping people establish predictable routines around personal care, eating, dressing, working, and transitions are all important elements of PBS. Printed or picture schedules are some ways to let a person know what's coming next.

Building a New History of Success



Many people with challenging behavior have experienced failure throughout their lives. Helping people recognize and celebrate their successes, no matter how small, can help them become more open to trying and more positive about themselves. Attempting to build a history of success by filling a person's day with more rewards for the many accomplishments that often go unnoticed, rather than corrections for all the challenging behavior, is extremely important.

Setting Realistic Expectations

Many behavior problems arise from expectations that cannot be met. For example, it is unrealistic to expect someone with difficulty understanding and sequencing auditory information to follow verbal instructions involving multiple steps. It is also unrealistic to expect someone who cannot sit still for more than five minutes to behave during a one-hour assembly. Setting realistic expectations also includes not setting expectations too low that people are not challenged, and raising expectations when new skills are learned.

Clarifying Expectations

Often, it is not that the expectations are too difficult or too hard, but that they are not understood. Using pictures to represent the steps in a person's schedule can be extremely helpful for some people. Objects are needed for others when the pictures don't have any meaning. Still others may fully understand written and spoken language, but may need to be taught such things as making eye contact when spoken to. Some people do not know that others prefer it when you look at them. Many people get into trouble simply because they "don't know any better."

Teaching and Reinforcing Effective Alternative Behavior

Any behavior that persists over time serves some purpose. It is unrealistic to expect people to stop doing something that works for them without giving them something to do in exchange. If an individual hurts herself to escape from the noise and the crowd of the dinner table, then she should be taught another, equally effective way she can ask to be excused from the table. This could be signing, pointing to a symbol taped to the table, or pressing a button on a communication device. Furthermore, whenever she attempts the new behavior, her communication should be honored and she should be allowed to escape.

Teaching Behaviors that are Naturally Reinforced

Our goal is not to create dependence on caregivers, but to teach skills that are valued and rewarded by others. If a person misbehaves in order to get attention from the teacher, then teaching her to say, "Teacher, how am I doing?" may be naturally rewarded by the teacher's response. One of the most powerful, yet seldom-taught class of behaviors is the skill of rewarding others by smiling, hugging, saying thank-you, or complementing them. For many people, these behaviors need to be taught directly.

Fading the Supports Needed for Desirable Behavior

Too often we assume that once new behaviors are taught, people will automatically use those behaviors on their own. Unfortunately, this is seldom the case. Fading first the prompts and then the rewards is a necessary step to any lasting behavior change, and is a skill that



caregivers must develop. If the only time a person who is teased by others uses words instead of fists is when a caregiver is present to remind him, then our work is not finished.

D. Intervening when Challenging Behavior Occurs

All intervention approaches listed below should occur in the context of the person's real-life settings. That is, these approaches include things that can be done by or for the individual in the classroom, in the home, in the car, on the street, in the park, supermarket, and other real-world settings rather than in the clinic. If skills are to be taught in a clinic setting, then specific strategies should be included that will ensure generalization to the natural settings.

Preparing Oneself for Challenging Behavior

Knowing those behaviors and situations that challenge us the most is a necessary step for supporting people who hurt us, embarrass us, scare us, or offend us. We can avoid negative and emotional reactions best when we purposefully and consciously plan how we wish to handle a given situation. We can act more compassionately when we remember the message behind the behavior. It is when we are caught off guard that we make the most mistakes.

Minimizing the Power of Challenging Behavior

We often do not know why a given behavior persists. It may be reinforced by attention of caregivers or of peers. It may be reinforced by escape from demands, or by getting one's way in a power struggle. It may be a combination of all of those things. For this reason, it is best to minimize the power or the impact of the challenging behavior when it occurs. Not acknowledging the behavior, not allowing it to interrupt the group or change your focus, not providing a reaction, or giving in to the demands of the individual are all ways to minimize the power of the challenging behavior and diffuse a dangerous situation.

Interrupting Challenging Behavior (if necessary)

The purpose of interruption is to help the individual stop the challenging behavior or to minimize the harm caused by the challenging behavior. Examples include removing someone from the room to stop the disruption her behavior is causing others, or blocking blows to the head to minimize injury to self. Not all behaviors require interruption. Many can be ignored or redirected, or are brief isolated events that occur once and are done. When interruption is necessary, it should be done gently, safely, and calmly.

Redirecting to Effective Alternative Behavior

At the same time we strive to minimize the power of the challenging behavior, we must often remind people of what they could be doing instead to get their needs met. Redirection can take the form of verbal reminders, pointing to one's schedule, handing the person his coat, and much more. The purpose of redirection is NOT just to stop the challenging behavior, but to remind people that doing something else will get their needs met.



Reinforcing Effective Alternative Behavior

No ignoring, redirecting, or interrupting approach will be successful if it is not accompanied by the reinforcement of effective alternative behavior. The child who is redirected to raise his hand rather than shouting out in class had better be called on when he does raise his hand. If telling the truth is preferable to lying, caregivers must find a way to reinforce truth-telling, even if the behavior admitted to was horrible. If using words or pictures to communicate is preferable to screaming and tantruming, then the reinforcement for communicating with words or pictures should be more powerful than the reinforcement they get for screaming and tantruming.

Using Consequences (if necessary)

There are times when all of the above approaches are still not enough to prevent or teach the person that the challenging behavior is no longer necessary or effective. When that happens, we need to increase our understanding of the function of the behavior and keep trying new ways to prevent and/or redirect. At those times, we should get an another perspective from someone who is objective and skilled in PBS. As we continue to seek new and effective positive approaches, it may be necessary to impose some consequences for the challenging behavior. While consequences that a person finds undesirable are a form of coercion that many of us try to avoid, there are times when caregivers need to do something to manage the behavior while other positive solutions are being sought. In those situations, it is best to use consequences that are planned in advance, rather than imposed as a surprise or as retaliation. Preferably, the person would be involved in discussing and deciding on the consequences before hand. Consequences for challenging behavior should also be relevant to the behavior, such as cleaning up a mess after having made a mess. Consequences should be respectful in that they don't shame or humiliate the person, and they should be reasonable (e.g., giving someone else one's video privileges for the rest of the day rather than the rest of the month). Lastly, they should provide opportunities for the person to practice the desirable behavior more often, not less often. If someone bullies others, then a consequence might be supervised practice helping others (e.g., turn-taking, holding the door open, complementing, carrying books, etc). The advantage of this is that the person has more opportunities to experience the rewards that go along with kindness, rather than fewer opportunities.

E. *Managing Crisis Situations (if necessary)*

All crisis management approaches listed below should occur in the context of the person's real-life settings. That is, these approaches include things that can be done by or for the individual in the classroom, in the home, in the car, on the street, in the park, supermarket, and other real-world setting rather than in the clinic. If skills are to be taught in a clinic setting, then specific strategies should be included that will ensure generalization to the natural settings.



Stopping Harm to Self or Others

When challenging behavior becomes violent or self-injurious, what options does the caregiver have to help the individual, while also protecting the rights of others? Should the person be removed and if so, how? Where should she go and for how long? Should she be alone or supervised? Should we talk to her or not? What are the expectations of the person while she is removed? What are the expectations of the caregivers? Whatever the actions of the caregivers, they should be calm, unemotional, and not use excessive force.

Seeking Help from Others

When should we seek help from others? Should it be when the individual's behavior has become dangerous or when the caregiver's reactions have deteriorated and are no longer therapeutic? How do we communicate that need for assistance? What are the roles that others should play? Should the principal be the stern disciplinarian or the kindly big brother? How about the police, probation officer, judge, grandmother, etc.? What are the best methods to ensure that others involved understand the individual and the goals of the behavior support plan?

Dealing with Others' Expectations

Often, caregiver reactions to crisis situations are influenced more by the expectations of the people in the supermarket or the other students in the classroom than they are by what is the most effective way to deal with the behavior. Outside observers are quick to make judgments such as "spoiled child," or "that's not fair," and those judgments do affect how we respond to challenging situations. Caregivers need tools to deal with the expectations of others, whether real or perceived, if they are to be effective in helping the individual gain control of his behavior.

F. *Evaluating Behavior Support Efforts*

Any PBS plan should be a living document serving as a tool for families/caregivers and subject to changes when needed. As with the development of the original PBS plan, any changes to the plan should be based on information reflecting the success or lack of success of the plan, or changes in the individual's behavior or life circumstances. Monitoring, evaluating, and revising PBS plans should include the following:

Objective, Observable, Measurable Data

Has the number of times that the person runs away decreased or increased? Has the duration of the tantrums decreased or increased? Has the rate of using the communication device increased? Has the rate of hurting others to communicate decreased? Any decisions about whether the plan is working or not should include objective and measurable data.

Monitored Continually

Data on both challenging behavior and the desirable alternatives should be monitored on a regular basis (e.g., collected every day, graphed, or summarized each week). Baseline data (before the PBS plan began) should be collected over time and compared to Intervention data (after the



PBS plan began), also collected over time. Any decisions about whether the plan is working or not should be based on consistent data gathered over time, rather than on single and subjective observations or impressions

Revised when Data Indicate and when Team Decides

Frequent changes to PBS plans are not recommended. Often, it takes several days or weeks to determine if the elements of the plan are working. Decisions to change any components of a PBS plan should be based on what the data indicate, and should be made in collaboration with the other team members rather than by individual caregivers. If it is not clear whether the behavior is improving, it may be best to continue the plan without change until the effects of the plan become clear. If it is obvious that the behavior has become worse, changes should be considered sooner. One important piece of any decision to change or revise a PBS plan is whether or not the plan has been implemented as intended. Are rewards sincere, are caregivers truly calm and unemotional when challenged? Has the plan been implemented in the spirit in which it was developed?

G. *Supporting Caregivers*

All caregivers, whether parents, teachers or direct support personnel, play some role in encouraging or discouraging difficult behavior among the people in their care. Caregivers expected to implement behavior support plans should be involved in the assessment process, in developing and in evaluating those plans, although they are frequently excluded. Even in the best of situations, however, caregivers need ongoing support in order to remember what they should do and why, to be relieved during difficult times, and to be encouraged for weathering through those times.

Involving Caregivers in Plan Development

Often the people responsible for day-to-day implementation of behavior support plans are not involved in the assessment or plan development, and have not had the opportunity to have their opinions considered or their questions answered. Unless provisions are made to help the caregivers understand why they're asked to ignore some behaviors and respond to others, they will most certainly make mistakes.

Understanding Caregiver Values/Culture/Beliefs

Sometimes caregivers are expected to compromise their own values when supporting someone with challenging behavior. A simple, but common example of this is asking someone who has strong objections to cursing to "just ignore it." While it may seem like an easy thing to do for some caregivers, it creates a great deal of stress for others.

Providing Training and Technical Assistance

It is not enough to tell caregivers what to do, or to give them a behavior support plan to read. They need to be able to ask questions, watch someone demonstrate, receive frequent reminders and frequent feedback on how they're doing.



Providing Effective Role Models

Helping someone improve her behavior can be a slow process, with subtle and often unrecognizable changes in the person's behavior. It is healthy for caregivers to focus on the quality of the care they provide as their source of satisfaction, rather than focusing only on the desired changes in the other person's behavior. After all, the only thing that caregivers have control over is how they live up to their own expectations. Unfortunately, many caregivers don't have high expectations of themselves. They have never seen someone deal with violent behavior gently and effectively. They don't know that there are alternatives to retaliation or restraining people. By providing effective role models, caregivers are sometimes inspired to be better, and to set their expectations higher.

Providing Frequent and Relevant Feedback

Knowing that the person supported is doing better is a reward that often keeps caregivers hanging in there. Sometimes that improvement is very small and goes unnoticed. Sharing charts and graphs with the caregiver that documents improvement can be an effective reward for her efforts. Many times, however, the behavior change comes too late, and the caregiver finds herself frustrated and burned out before any real progress is noted. Feedback should also focus on how the caregiver behaves. Do his rewards outnumber corrections? Are his instructions more effective? Has he been more patient, even though the person's behavior has not yet improved?

Ensuring Caregivers have Ongoing Emotional Support

All caregivers need the opportunity to share frustration when the stress becomes too great, to grieve when they have failed to live up to their own expectations, and to celebrate when they have been successful. This support may come in the form of parent groups, relationships with fellow teachers or direct support personnel, email discussions, exercising, reading books, membership in religious communities, and much more. Whatever form it comes in, all caregivers need some way to obtain emotional support in order to prevent them from burning out.

Responding to Caregiver Requests in a Timely Fashion

Caregivers need to know there is help available to them when they need it. It may be the school counselor or psychologist. It may be the service coordinator or respite provider. Whoever they trust to help them with challenging behavior, that help needs to be available soon after the request. It is when requests are not honored that caregivers stop asking.

Providing Opportunities for Professional/Personal Growth

Caregivers need the chance to grow as individuals, separate from the people they support. This growth may include the chance to reflect on and refine one's professional leadership skills or one's spiritual beliefs. It may be attending a conference or reading a good book. Regardless of the form, caregivers must have an avenue to learn and grow in ways that best meet their needs.

Northern Arizona University, Institute for Human Development

www.nau.edu/ihd/positive/ovrsw.shtml



Reinforcement Strategies

By: Lori Ernsperger, PhD

■ Since all people are motivated by positive reinforcement, using rewards or reinforcement strategies is a key element for teaching students with autism. Most typically developing students are reinforced through task completion and teacher praise, but students with autism are not typically reinforced through these internal methods. They require external motivation to maximize their learning and increase adaptive behaviors. Therefore school personnel must identify appropriate reinforcers and use them effectively throughout the school day. Remember, high quality reinforcement increases and maintains desired adaptive behaviors across settings.

Types of Reinforcers

Edibles
Tangibles
Social Praise
Activities

Caution: Edibles should seldom be used, and then only while other reinforcers are developed.

Guidelines for Selecting Reinforcers

Selecting reinforcers for students with autism is a continuous process which changes throughout the school year. Not all students are motivated by the same items. Selecting appropriate high-quality reinforcement involves:

- observing the student in the classroom
- completing a reinforcement survey
- interviewing the student or other adults

The reinforcement interests of some students may be readily apparent. Reinforcing other students require investigation. Some students may have little experience playing with certain toys and games and therefore must be taught to enjoy specific items or activities. There are a few basic tenets for using reinforcement:

- Reinforcers are contingent upon the student's behavior. The student is *only* reinforced after meeting the criteria for the task or exhibiting the desired behavior.
- Use a variety of reinforcers to avoid satiation. Each student should have a variety of reinforcers that are rotated frequently. If the same reinforcement is used every day, it will lose its potential as a change agent.
- Use age-appropriate reinforcers based on the chronological age, NOT on the developmental age. This makes finding reinforcers more



challenging for secondary students, but the goal is to help the student be functional and independent and viewed in a positive manner by peers.

- Don't allow free access to strong reinforcers.
- Select reinforcers which can be readily removed from the student's environment and easily manipulated by the staff.
- Pair high-quality reinforcers with praise to further develop more natural reinforcement. The goal of reinforcement is to eventually fade concrete rewards to natural rewards (e.g. a sense of pride, payment for a job well done, etc.) and social interaction with an adult or peer.

Key Concept: Avoid Bribery

Reinforcement depends on the student's completion of a task or of his exhibiting a desired behavior. Therefore reinforcement is NEVER to be used as bribery. For example, reinforcement would not be provided to a student in the middle of a tantrum. Nor would a student receive a high-quality reinforcer to entice him into working. Bribery teaches the student that he does not have to comply in order to achieve the desired outcome.

Reinforcement Schedules

Reinforcement is provided to the student after the student has met the predetermined criteria for a task or has exhibited a targeted or desirable behavior. The rate of reinforcement will be determined based on the task and the individual skills of the student. A reinforcement schedule will assist the staff in determining the appropriate timing for reinforcement. There are several options for reinforcement:

- Continuous and immediate
- Intermittent
- Delayed
- Provided within the natural setting

When first teaching a new skill or desired behavior, reinforcement should be immediate and continuous. This immediate and continuous reinforcement will develop repetition of the desired behavior. As the student progresses with a newly acquired skill or behavior, the reinforcement schedule will be thinned and become more intermittent. An intermittent schedule is like a slot machine: The student may receive the pay-off at different intervals, but the student does not know when those pay-offs will occur. Delayed reinforcement is used in a token economy system (see below) where the tokens are earned and can be exchanged for the reinforcement at a later time. Delayed reinforcement should be systematically scheduled to increase the desired behavior. Inconsistencies with delayed reinforcement increase student frustration and trigger problem behaviors. Again, the goal of reinforcement is to help the student become naturally self-motivated.



Back to School Idea: Reinforcement Hierarchy

Include a written list of the top ten student reinforcement items as part of the student profile. Simply brainstorm all of the reinforcement items from your observation and assessment. List them in order from most powerful to least powerful for increasing or maintaining the desired behaviors. Review the list once or twice a month to make additions and deletions.

Reinforcement Hierarchy

Student Name: _____ Date: _____

List of reinforcement from most preferred to least preferred:

*Projects: Art, puzzles
Praise
Edibles
Games: Chase
Chores in Class
Favored People*

*Media: Video
Sports/playground
Special Rules: Line-up 1st
Small Toys
Computer*

A-List

1. _____
2. _____
3. _____
4. _____

B-List

1. _____
2. _____
3. _____
4. _____

C-List

1. _____
2. _____
3. _____
4. _____

Token Economies

Token economies are one of the most-used behavior management techniques for reinforcement. A token economy uses stickers, coins, points and the like to reward a student who demonstrates the desired replacement behavior. The



token is used as visual evidence to the student that he or she has achieved a desired behavior.

Token economies are flexible and easy to implement across settings.

1. Identify an appropriate sturdy token board.
 2. Identify appropriate tokens such as coins, stars, chips, or stickers. An appropriate token can be very rewarding in itself. Place Velcro on the back of each token.
 3. Determine the reinforcement to be exchanged for the tokens. Begin the token economy process with the student earning as few tokens as possible.
 4. Be consistent in exchanging the tokens for the reinforcement.
 5. Gradually increase the number of tokens needed for exchange.
- Token economies provide an easy to use system for reinforcing desired behaviors while teaching an alternative behavior which meets the desired function for the student.



Back to School Idea: Token Economy Puzzles

Another way to create a token economy is to create a picture of the high-quality reinforcer that motivates the student. For example, if a student enjoys working on the computer, take a picture of the computer, laminate the picture, and cut it into several pieces. The number of pieces into which the picture is cut is based on how long the student is able to maintain the desired behavior.

After the picture has been divided, put small pieces of Velcro on the back of each piece and secure it to a piece of cardboard. At this time the student is taught that he must earn the pieces of the puzzle in order to receive reinforcement. The completed picture of the computer is a visual cue to the student of his success and reward.

Differential Reinforcement

Differential reinforcement of adaptive behaviors is an active behavior management strategy that focuses on catching the student being good. High-



quality reinforcement is provided to the student for avoidance of the problem behavior.

The staff is trained to reinforce the student when the target behavior is not being displayed. All staff must continuously observe the classroom and ask themselves: "What behaviors can I immediately reinforce for this student?" Although differential reinforcement does not involve teaching a replacement skill, it does focus on a positive approach to problem behaviors.

Back to School Idea: Reinforcement Challenge

Providing reinforcement may not be a natural act for all staff members in the classroom. It may be helpful to create a classroom staff challenge to increase the amount of reinforcement provided by each team member. Keep a running tally of every reinforcement a staff person provides to a student. A simple piece of masking tape placed on some clothing can be used as the tally sheet. Have each staff member keep track of the amount of reinforcement they provide in one day. Award a special prize to the winner and challenge them all to improve the following day.



Easy to Use Data Collection for School Personnel

By: Lori Ernsperger, PhD

■ Data collection is a key element in teaching students with autism. It provides school district personnel and parents with vital information on the gains made by the student. Reliable data collection must be periodically obtained throughout settings for students with autism. Most notably, data collection is a vital component of a legally defensible autism program. Unfortunately, solid data collection methods have been replaced with teacher observations and anecdotal notes. If programs and school personnel are to be accountable, data collection methods must be systematically addressed.

Data collection is an on-going process that provides a permanent record of student learning and the acquisition of new skills. Although data collection must be completed regularly for every student, it does not have to be cumbersome. The IEP team determines the appropriate data collection methods for meeting goals and objectives for each student.

Guidelines for Data Collection:

- Data collection must include specific mastery criteria and measurable outcomes.
- It must be individualized for each student.
- Data collection methods may be implemented at various times throughout the school day.
- All staff have responsibility for data collection.
- Data collection forms should be included as part of a student profile.
- Create a data collection area in the classroom for easy access.
- Analyze data regularly to determine program effectiveness and student outcomes.

Data Collection Forms

Data collection forms may vary from state to state. Contact your local school administrator for data collection forms that may be issued by the school district. If no specific district forms exist, the staff may create their own data collection forms. In general, data collection forms include the following information:

1. Student name
2. Date
3. Goals and objectives
4. List of target behaviors
5. Table or graph to collect information
6. Reinforcement list
7. Materials



8. Adequate space to report types of prompting
9. Comments

Key Concept: Data Collection: Keep It Short and Simple

Specific data collection methods do not have to be used after every lesson or activity. Data collection may occur at different intervals throughout the day or week. Be sure to vary the times and activities when data is being collected in order to cover all domain areas. Also, consider easy to use data collection tools, such as those offered by [Super Duper Products](#). Their Stopwatch/Counter is an easy and effective tool for frequency counts and duration data.

Behavioral Data Collection Forms

One type of data collection form may be a behavior log for recording the frequency and duration of problem behaviors such as calling out in class, out of seat, or crying in class. A behavior log would include:

1. Student name
2. Date
3. Target behavior
4. Antecedents (things that happened or situation prior to the behavior)
5. Consequences (what happened after the behavior occurred)

School personnel should measure and record the duration and frequency of problem behaviors. The following data collection forms provide the multidisciplinary team with specific information regarding effectiveness of a behavioral intervention program:

***Behavioral Data Collection
Duration***

Student Name: _____ DOB: _____

Target behavior: _____

Observer: _____

Date	Time	Setting/Antecedent	Duration	Comments
------	------	--------------------	----------	----------



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Steps for Completing the Duration Form:

1. Fill in Student Name and Date of Birth
2. Clearly define the target behavior
3. Fill in the name of the Observer
4. Identify antecedents or triggers to the target behavior
5. Measure and record the elapsed time per episode of the target behavior

Behavioral Data Collection
Frequency/Rate of Behavior

Student Name: _____

DOB: _____

Target behavior: _____

Observer: _____

Date	Time	Setting/Antecedent	Frequency/Rate	Comments
------	------	--------------------	----------------	----------



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Steps to Completing the Frequency Form:

1. Fill in Student Name and Date of Birth
2. Clearly define the target behavior
3. Fill in the name of the Observer
4. Identify antecedents or triggers to the target behavior
5. Begin by recording the frequency of the target behavior. Frequency counts can be taken utilizing a tally mark on a clipboard or a piece of masking tape attached to the student's desk or by using a hand counter that can be purchased.

Behavioral data collection methods should be implemented throughout the behavior change process. Baseline data should take place prior to any proactive and reactive programs occur, in order to determine the effectiveness of the behavior intervention plan. On-going data collection results in accountability for the multidisciplinary team and a positive outcome for the student.

Back to School Ideas: Data Collection Schedule


Determine a rotating schedule for data collection. Identify specific days and times for collecting data for each student and for each domain area. For example, Monday, Wednesday, and Friday might be data collection days for self-help, social, and fine and gross motor skills, while Tuesday and Thursday will be data collection for sensory, cognitive/academics and play. Be sure to rotate the domains each week to ensure quality data collection.



Examples of Sensory/Emotions Visual Supports

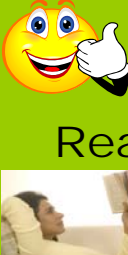
By: Sonia Dickson-Bracks

Color-coded for mood (cold vs. hot), visual symbols such as this strip of three blocks can be used to develop awareness of arousal levels, to prompt for self-identification of arousal level, or to serve as a visual prompt of strategies appropriate to the student to help return to 'ready to work' state. Personalize for the student, cut, laminate and keep visible to the student at all times, initially teaching him to identify his current 'state,' then teaching related intervention strategies, and ultimately fading to where he identifies his state and seeks out the appropriate strategy for self regulation.




LOW
Sleepy

I need to alert myself
I cannot pay attention



Calm
Ready to work

I feel good
I feel ready to work
I can focus well



I am high!!!
I am yelling
I am not able to
focus



WHAT DO I NEED TO DO?



To get ready to work I can:

eat crunchy foods
walk outside
jump
eat lemon sours
drink lemonade
chew gum



I AM CALM

I feel great
I can focus
I can work
YES!



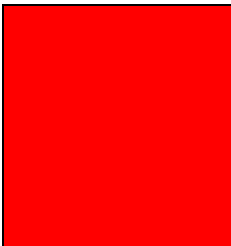
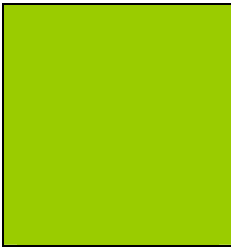
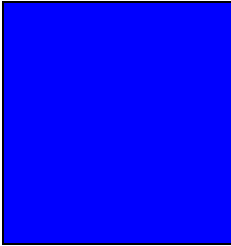
To get to calm I can:

breathe 1..2...3...4...5
do arm pushes
ask for squeeze
joint compressions



How do I feel?
My Sensory System

1. *I am feeling:*

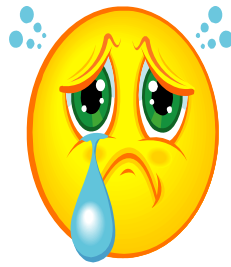


What do I need to do?

I need to: _____ -



Feelings and emotions: SAD



*When I feel sad
I sometimes cry
I may sit and feel very tired and want to cry
Maybe I need help and need to talk to someone*

*When I feel sad,
It may help to:*

cry

talk to someone

ask for help

spend time alone



Feelings and emotions: Frustrated



When I am frustrated I may yell

*I may feel like shouting and yelling
and running away*

I may also feel sad, maybe like I want to cry

*I can tell my teacher or friend 'I am frustrated'
I need to figure out how to calm down
I can ask for help*



Feelings and emotions: EXCITED!



*Feeling excited is a great feeling.
It means I am happy and I am smiling and waiting for
something good to happen, or someone I like to see!!!!*

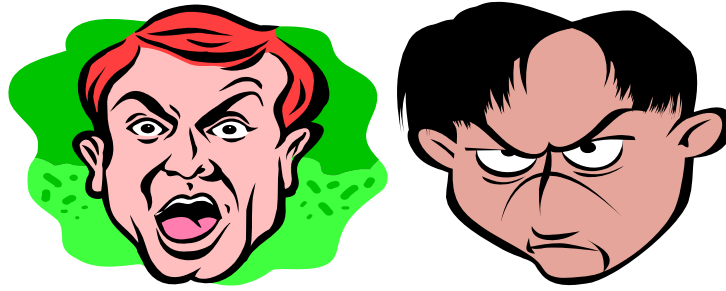
*Sometimes when I am excited, I can feel high and act a little
wild.*

I can be disruptive to others.

I might need to use strategies to return to a calm state.



Feelings and emotions: ANGRY!



*Feeling angry can really be difficult
When I feel angry I might use behavior to express how mad I
really am!*

When I am ANGRY I need to:

stop

calm down

get help!



Feelings and emotions: CONFUSED!!



When I am confused, I need help

I may need a schedule so I know what is happening next

*I may need more information,
Where am I going?*

What am I doing?



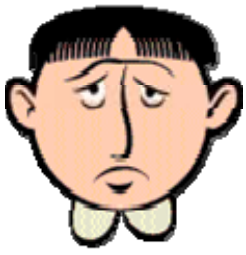
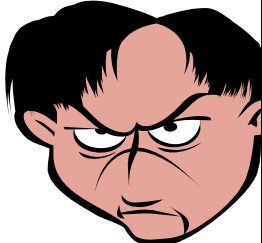

What is happening?

What else do I need to know?

I can tell someone 'I am confused'

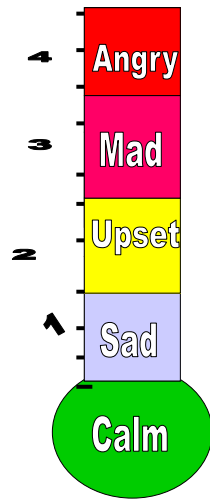


How do I feel?

<i>I am confused</i>	<i>I am frustrated</i>	<i>I am sad</i>
		
<i>I am angry</i>		<i>I am excited</i>
		



Emotions Level



Invisible Aide Game

By: Sonia-Dickson-Bracks

OVERVIEW

PURPOSE: To assess specific areas/issues related to independence, organization, social confidence, and self advocacy; to initiate fading of one-to-one aide support

GUIDELINES: Initially, game should be implemented during one class period per day, starting with the easiest period. A Class Period = the moment the student steps out of previous class until he leaves the target class. The student and staff will de-brief on the game (review and discuss what occurred) during their individual daily session. Based on this evaluation, they will determine whether to repeat the same period the following day, or target a different period. Once all periods have been assessed, plan and determine next steps for further assessment or program development and implementation.

PLANNING THE GAME

Together the student and staff determine which period would be the best to pretend the student is alone (not accompanied by the aide). This is based on comfort in the specific setting (classroom, teacher, students and subject). The student and staff should also develop specific gestural cues in order to provide a “time out” from the game. (See Exceptions to the Rules)

Once plan and period are determined, the staff will notify the teacher (in advance) of this plan. As an option toward promoting self-advocacy, the student and staff can decide if the student should notify the teacher.

RULES OF THE GAME

Once the game begins, both student and staff will make every effort to act/pretend as if the staff is not present. That is, the student will not seek assistance from the aide, nor will the aide offer assistance. The student may rely on natural supports (peers, teacher) as appropriate to the setting. Neither will engage in conversation with one another. The staff try to stay out of the student’s line of sight (i.e., stay behind the student while walking and when seated in the classroom). Exceptions to “the rules of the game” should only occur when the pre-determined cues are used.

EXCEPTIONS TO THE RULES (“Time out” prompts & gestural cues)

- **“I need help”:** The student feels he needs help and wants a “time out” from the game (e.g., he makes eye contact with the staff and touches his own nose).



- *“Are you okay? Do you need help?”*: The staff is observing signs of stress that are of relatively significant concern (e.g., he touches the student on the shoulder and when student turns around, he rubs his forehead);
- *“Are you sure you want help? Remember the game is on”*: The student has initiated conversation or indicated he wants help but did NOT use the pre-determined cue. This may be because he forgot the game was on or just out of habit. The staff in turn will provide a “reminder” cue that means “are you sure you want help? Remember the game is on” (e.g., he rubs his hands together). At that point, the student should make a conscious decision to either use the “I need help cue” or acknowledge (nodding) that he forgot or doesn’t need help. However, if he doesn’t use the cue but appears distressed, the staff should provide assistance.

DOCUMENTATION

Staff will document observations throughout the game. The completed form will be used during debriefing at the end of each day. (See *Invisible Aide - Observation Form*).



Invisible Aide – Observation Form

DATE: _____ TARGET PERIOD/SUBJECT: _____

RATIONALE (Period Selection): _____

(Comfort: Classroom, teacher, students and subject).

REVIEWED "TIME OUT" CUES: _____ TEACHER NOTIFIED BY: _____

OBSERVATION START TIME: _____ END TIME: _____

TRANSITION FROM LAST TO TARGET PERIOD:

OBSERVATIONS DURING TARGET PERIOD: (Record on separate sheet)

OVERALL INDEPENDENCE RATING (1 – 3): _____

ORGANIZATION RATING (1 – 3): _____ Was student organized during class activity?
Describe/Explain:

Did student record homework, other work to complete, etc., based on assignment from teacher? Record assignments here:

SELF-ADVOCACY RATING (1 – 3): _____ Did student seek assistance from teacher or peers when needed? Describe/Explain:

SOCIAL CONFIDENCE RATING (1 – 3): _____ Did student appear confident/comfortable during observation? Did student exhibit signs of discomfort? Describe/Explain:

GAME RULES: ADHERENCE/EXCEPTIONS **If exceptions required, record circumstances:

Student Initiated (Describe):

Staff Initiated (Describe):

Were cues utilized? YES / NO Reason (Explain):

Outcome (Describe):

If rules changes or altered, record reasons for change or exceptions:



DE-BRIEFING

STUDENT RATINGS (Refer to above questions to help student make assessment)

OVERALL INDEPENDENCE RATING (1 – 3): _____
STUDENT COMMENTS:

ORGANIZATION RATING (1 – 3): _____
STUDENT COMMENTS:

SELF-ADVOCACY RATING (1 – 3): _____
STUDENT COMMENTS:

SOCIAL CONFIDENCE RATING (1 – 3): _____
STUDENT COMMENTS:

RECORD COMPARISON & DISCUSSION OF DEBRIEFING:

OVERALL INDEPENDENCE RATING

ORGANIZATION RATING

SELF-ADVOCACY RATING

SOCIAL CONFIDENCE RATING

Learning Objectives to consider:

DETERMINE NEXT TARGET PERIOD:

RATIONALE:

ADDITIONAL COMMENTS:



Baseline Autism Quiz

By: Sonia Dickson-Bracks

Baseline Autism Quiz

Name

Date

- 1. When a child receives a diagnosis of autism, he needs to meet diagnostic criteria in three areas. What are the three areas?**
 1. sensory, behavior and language
 2. communication/ language, social and behavior
 3. language, social and special diets
 4. language development, behaviors and sensory

- 2. What are the current statistics for the prevalence of autism spectrum disorders in the USA?**
 1. 1:150
 2. 2:190
 3. 1:166

- 3. When supporting a student with autism, what key areas will you need to address first in order to support learning, social skills and independence?**
 - communication, organization and sensory
 - behavior, learning and friendships
 - social, play, academics

- 4. What is a Positive Behavior Support Plan?**
 - A plan that is put in place after a functional assessment is completed to address behaviors and teach replacement strategies for those behaviors
 - An intervention plan that is used to provide consequences for behaviors when they occur
 - A system that all staff need to follow and take data on

- 5. Why do some individuals with autism exhibit behaviors?**
 - because they are willful and stubborn
 - because they often have challenges expressing their needs verbally so they use behavior to communicate
 - because they are angry
 - the students hate school and want to avoid all work

- 6. Sensory dysfunction is:**
 - a process by which you motor plan a movement
 - challenges processing incoming sensory information that affects the your response to the environment
 - when a student is hypo sensitive to smell

- 7. ABA stands for:**
 - Autism Behavior Analysis
 - Applied Behavioral Analysis
 - Autism and Behavior and Advice



8. When supporting a student in the classroom, what is the staff's primary role?

- helping the student to access the academics, socialize with peers and develop skills that will help him manage the group/ classroom setting
- doing everything for the student and make sure he has everything he needs
- speaking for the student, staying next to him and never leaving his side

9. A schedule provides a student with autism with:

- a list of what he has to do in the exact order its written
- a visual representation of the day's events that he must follow at all times
- a system by which he can organize himself, understand daily occurrences, be warned of unexpected changes, and know the who, what, where of the day

10. What does ASD stand for?

- Autism, Symptoms and Disorder
- Autism Spectrum Disorder
- Autism, Solutions and Decisions

10. Why is autism described as a spectrum disorder?

- it covers a range of symptoms from mild to severe, and the symptoms present in each individual differently
- the spectrum is an overview of what autism may be
- It affects students of all races and ethnic backgrounds

11. If you had to define what you think autism is to someone who does not know, how would you describe it?

12. In the classroom it is your role to help support the student and also to help the student be part of the group. How best do you think you can help the student you support?



Sensory Processing Quiz

By Sonia Dickson-Bracks

Sensory Processing Quiz

Name

Date

1. **List the five senses:**
2. **List the two “hidden senses”:**
3. **What is hypersensitivity?**
 - a. under responsive to a sensation
 - b. senses running all around
 - c. over responsive to a sensation
4. **What is hyposensitivity?**
 - a. over responsive to sensory input
 - b. sensitive to everything
 - c. under responsive to sensory input
5. **Tactile defensiveness is a condition in which:**
 - a. an individual is extremely sensitive to touch, which may lead to misinformation or behavioral responses regarding touch
 - b. an individual needs light touch and craves brushing
 - c. an individual likes to be brushed with a feather or withdraws from strong smells
6. **The Vestibular System refers to:**
 - a. structures within the inner ear
 - b. structures within the muscles and joints
 - c. structures within the chest cavity
7. **Dysfunction within the vestibular system may manifest itself in two different ways.** Some individuals may be hypersensitive to vestibular stimulation and have fearful reactions to ordinary movement activities (e.g., swings, slides, ramps, inclines) OR some may actively seek very intense sensory experiences such as excessive body whirling, jumping, and/or spinning.

True False
8. **Proprioceptive System refers to:**
 - a. the system that provides the body with information about head position and ear ache
 - b. components of muscles, joints, and tendons that provide a person with a subconscious awareness of body position
9. **What is sensory dysfunction?**



Group Case Study Activities

By: Sonia Dickson-Bracks

Team Case Study

Review your case (see cases) and use the following to plan and guide your team discussion and presentation.

1. What visual supports could you develop, including schedules, organization tools and academic accommodations?
2. Does your student need support for social skills? If, yes what supports could you put in place and how and when would you implement them?
3. Why do you think behaviors are occurring? Can you develop possible reasons (underlying/ communicative intent) for the behavior?
4. What prevention/ intervention and positive supports could you develop to help decrease disruptive/ negative behaviors?
5. Are there any other concerns you have? What supports would you put in place to promote independence in the classroom?

For the team presentations, make sure each team member speaks. You are encouraged to draw any examples/visuals you feel would be helpful (and it is good practice!)



CASE STUDY 1

Martin is a seven year old boy with a diagnosis of PDD (NOS). He is in second grade in a general education setting. Martin receives speech, OT and Adapted PE as related services.

You have been assigned to support Martin as a 1:1 aide in the school setting. Martin is a bright, funny student with a positive smile and personality. Martin likes coming to school and enjoys being with peers, however he tends to walk right up to peers and ask the same two or three questions, "What's your name?", "I like Blue's Clues, what do you like?" and "I like pizza, do you?" He tends to be socially isolated because of his behavior; he stands right next to peers and will follow them around at recess and lunch-- the boys find it annoying and tease him, the girls try to hold his hand like a little boy and baby talk with him.

Martin loves reading but when he has to do reading comprehension questions/activities he becomes upset, cries and puts his head on his desk. Martin focuses well but often after recess and when he returns from PE, it takes Martin fifteen minutes to get back to work, as he is either excited or lethargic.

Martin continually asks "When is it time for...?" If there is a change in staff and/or routine he becomes upset and keeps repeating "I want to go home".

Martin loves PE but has a difficult time with motor planning and especially does not like games with balls. He goes to Adapted PE to help with this, but has a lot of fear so during Adapted PE he either tries to run away or lies on the ground.

Martin has verbal skills but sometimes finds it difficult to express the language of emotions, such as anxiety, fear, when he is upset, etc. and this inability to express his feelings often results in negative behavior. He never asks for a break.



CASE STUDY 2

Sophie is nine years old and in fourth grade, and has a diagnosis of autism. She is new to the school and you will be assigned to support her during the school day.

Sophie likes school but her parents acknowledge that it is very difficult to get her out of the car and into the school--she yells and screams and tantrums. Once she is in school she is fine.

Sophie likes recess and lunch so she perseverates on when lunch will be. She has a difficult time following more than one verbal direction and is very easily disorganized. Sophie has verbal skills but she mostly uses memorized scripts to communicate, usually from movies and favorite TV shows. This makes it very difficult for her to interact with peers and they just see the talk as strange. If her attempts at connecting with other students do not work, Sophie walks away and tends to prefer to play alone. The girls in the class often snicker at her, but they are not trying to be mean--just confused by the strange-sounding scripts and unsure of what to do.

Sophie reads but has a difficult time with comprehension and resists activities such as writing and journal activities. When asked to write in her journal about a weekend, she writes about a cartoon, and it tends not to make sense.

Sophie loves to tickle children and adults, as she loves it when the person reacts. Even when she is told to stop she continues to try to tickle peers, which creates another obstacle to social interaction.

Sophie gets confused and upset when the teacher talks a lot to the class or asks the students to follow complex directions that require several steps (e.g., take out your social studies book, turn to page 73 and look at the map.) Often she will either script a cartoon or start tickling others.

Sophie's parents have asked the school staff to give them some information on Sophie's school day so they might better understand her behavioral issues, as well as be able to work with her on targeted skills at home, so the team needs to develop a communication log.



CASE STUDY 3

Jamie is a new student in your Learning Center classroom. He is five years old and has a diagnosis of autism. He will be included in general education for 30% of the day as well as PE, lunch and recess.

Jamie is a very happy young boy, he likes school and is well liked by peers and staff.

Jamie has limited verbal skills; he can say approximations of sounds and some words, but unless you know him well, he can be difficult to comprehend. Jamie has a few PECS icons that he uses (bathroom, break and some food choices), but generally he comes with a book of PECS options that he does not use--he either grabs a person's hand for help, or uses behavior to show he is overwhelmed or unhappy.

Jamie's reports say that he gets anxious about when activities will occur and he has a difficult time with transitions and changes to the routine. Jamie becomes attached to familiar staff and has a difficult time when there is a substitute teacher.

Jamie becomes very upset if a student sits on his spot on the carpet and group time. He likes to touch everything, including others' belongings; while this does not affect his work, it is often upsetting to other students.

The parents and IEP team are looking for appropriate times for Jamie to be in the inclusion setting, but need suggestions and a plan. The goal is for him to have access to social skills and appropriate models of behavior and social play, as he tends to play alone and needs support with interactive play, group play and initiating, sharing and turn taking.

Jamie has a difficult time with academics and learning due to focus.

The team recognizes that Jamie also needs behavior interventions. The preschool team identified triggers for behavior as: just before lunch (possible reasons?), changes in routine, and challenging tasks such as sitting to work, writing and counting, etc.



CASE STUDY 4

Halley is ten and in fourth grade. Halley has a diagnosis of autism and has been assigned to you. You will help include her in a general education setting.

Halley receives speech and OT. Halley has been attending the same elementary school since Kindergarten and is well known and accepted by peers. However, peers tend to say hi to her and play sometimes, but the gap in social skills is widening and fourth grade is a crucial year.

Halley often asks when specific activities are going to take place, and becomes upset when a change happens. She is often slow to transition and reluctant to move from one activity to another.

Halley does not just go and play with her peers. If left unattended she wanders off on her own. She is able to sit comfortably in the lunch room, but often sits alone.

Halley likes to get up often from her seat and wanders around. She also tries to hug students all the time, which is not age appropriate in fourth grade.

Halley loves animals and painting. Uno is a favored activity. She does not know how to pump her legs on the swings, and is confused by the activity and disturbed by the chaos of large group games. She loves to run.

You have been asked to support Halley in the school setting during lunch and recess, so you can support social skills.



CASE STUDY 5

Robert is eleven and in fifth grade. He has a diagnosis of autism. Robert spends time in the learning center classroom and goes into general education setting at recess and lunch and for science and social studies. The teacher has asked for information on autism, and a brief explanation of what the issues are--she has never had a student in her class with autism before.

You are assigned to be Robert's paraprofessional, accompanying him to both the learning center and general education classes.

Robert becomes nervous about his day. As soon as he gets to school he asks questions about what time math is and if it is time for recess.

Robert is interested in his peers but has a difficult time with social skills. He often sits alone at recess and lunch and when he goes to class, rarely initiates conversation with his peers.

When he is in the general education setting Robert has a difficult time remaining in his seat for the duration of the science and social studies lessons, though he generally does well during hands on lab activities and projects. He often gets up and wanders around. The general education teacher is okay with Robert's movement as she has been told it is necessary for him, but recognizes it is very distracting to the other students.

Robert has a hard time with math and writing. He often resists working and tries to climb under the table, put his head on the desk and, when pushed to work, will pull hair and pinch those around him. The team recognizes his assignments will need some modifications, but they don't know what kind.

Robert has a hard time working for longer than eight minutes. He tends to lose focus and resist more work, but an IEP goal is for him to work longer and focus. What can you do to develop ways to encourage this goal?

Robert also has some self stimulatory behaviors, such as spinning the wheels on toy cars, spinning pencils, etc. As soon as adult attention is taken off him, he will try to engage in these self stimulatory actions. However, he does stop when verbally redirected. Another goal is to shape and establish independent work skills, so he is not as reliant on adult prompting to remain on task.

The learning center teacher needs information from you on what you need in the classroom setting, and has asked that you identify key areas for which you will need materials and supports.



Autism/Asperger Simulation Activity

By: Lori Ernsperger, PhD

The following simulation activity is intended to be implemented with school teams to increase awareness and understanding of students with autism. The activity takes 5-10 minutes and can be used with staff at any grade level, or with peers from upper elementary and older. The steps for implementation include:

Prep Work:

1. Copy the following sheets on Pink, Blue, or White paper. If the paper says "Talk to the person with the Blue sheet" that page should be on Pink paper and vice versa. The sensory sheet is copied on to white paper.
2. Cut the papers in half.
3. Collate the pages into sets of Pink/Blue/White. The number of sets is determined by the number of participants. Each participant will receive one half-sheet of paper.

Activity:

1. Tell the group that they are going to do a fun interactive activity. Don't share too much in the beginning. Let them come to their own conclusions.
2. Have participants get into groups of 3, this activity does not work with groups of 2 or 4 people.
3. Hand-out the sets of Pink/Blue/White papers to each group. Each participant should take a half sheet of paper and quickly review the instructions on their sheet only. Let participants know that they are not to read each other's paper.
4. After a few seconds, tell the groups to begin. The participants with the Pink/Blue sheets should quickly begin talking about food.
5. The participants with the White sheets may need some encouragement to interrupt their colleagues to discuss the sensory system. Walk around and encourage all participants to follow the directions exactly as they have on their papers.
6. After two minutes, stop the group. Most groups will have uncovered the hidden meaning of this activity.
7. Discuss the hidden intent of this activity. Ask the following questions:
 - What did it feel like to play your role in the group? Have the participants explain in one word how it felt, i.e. awkward, lonely, annoying, uncomfortable, sad.
 - Ask the participants with the White sheets if they observed the non-verbal cue their peers were using when they were speaking. Did they observe the non-verbal cue?
 - How was it different for the people with the Pink/Blue sheets vs. the person with the White sheet?
 - Relate their experience to students with autism and their peers. How does this two-minute simulation impact the educational experience of students with autism?
 - Discuss the importance of teaching social skills to help to avoid these situations.
 - Discuss the impact on bullying and depression for older students.



Participant #1: Please follow directions below.

1. Have a normal conversation with the person with the Blue sheet only.
2. Talk only about the following topic: Food, which includes-
 - ◆ Favorite restaurants
 - ◆ Best meals
 - ◆ Recipes
 - ◆ What did you have for dinner last night
3. The person who is speaking should clasp their hands in front of them when they are talking. This non-verbal signal will indicate who is talking.
4. Carry-on a conversation for 3-5 minutes. Have fun!

Participant #1: Please follow directions below.

1. Have a normal conversation with the person with the Blue sheet only.
2. Talk only about the following topic: Food, which includes-
 - ◆ Favorite restaurants
 - ◆ Best meals
 - ◆ Recipes
 - ◆ What did you have for dinner last night
3. The person who is speaking should clasp their hands in front of them when they are talking. This non-verbal signal will indicate who is talking.
4. Carry-on a conversation for 3-5 minutes. Have fun!



Participant #2: Please follow directions below.

1. Have a normal conversation with the person with the Pink sheet only.
2. Talk only about the following topic: Food, which includes-
 - ◆ Favorite restaurants
 - ◆ Best meals
 - ◆ Recipes
 - ◆ What did you have for dinner last night
3. The person who is speaking should clasp their hands in front of them when they are talking. This non-verbal signal will indicate who is talking.
4. Carry-on a conversation for 3-5 minutes. Have fun!

Participant #2: Please follow directions below.

1. Have a normal conversation with the person with the Pink sheet only.
2. Talk only about the following topic: Food, which includes-
 - ◆ Favorite restaurants
 - ◆ Best meals
 - ◆ Recipes
 - ◆ What did you have for dinner last night
3. The person who is speaking should clasp their hands in front of them when they are talking. This non-verbal signal will indicate who is talking.
4. Carry-on a conversation for 3-5 minutes. Have fun!



Participant #3:

Please follow directions below:

1. Speak directly to your group.
2. It is your responsibility to share with your group the following facts:

The Sensory System

<u>Tactile System</u> : located on the skin. This area has a density of cells distributed all over the body, which includes the mouth, hands, and feet.	The function of the tactile system is to provide information about the environment and object qualities i.e. soft, sharp, dull, cold, hot.
<u>Visual System</u> : Located in the retina of the eye-stimulated by light	Provides information about objects and persons. Helps us define boundaries as we move through time and space.
<u>Auditory System</u> : Located in the inner ear and stimulated by air/sound waves.	Provides information about sounds in the environment i.e. loud, soft, low, near, far.
<u>Gustatory System</u> : The taste system is located on the tongue and closely related to smell	Provides information about different types of taste i.e. sour, bitter, salty, spicy, sweet.
<u>Olfactory System</u> : Located in the nasal structure.	Provides information about different types of smells i.e. musty, acrid, putrid, flowery, sweet.

3. It is extremely important that your group thoroughly understand the facts of the Sensory System. So, please be bold in your attempts to share the information.

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