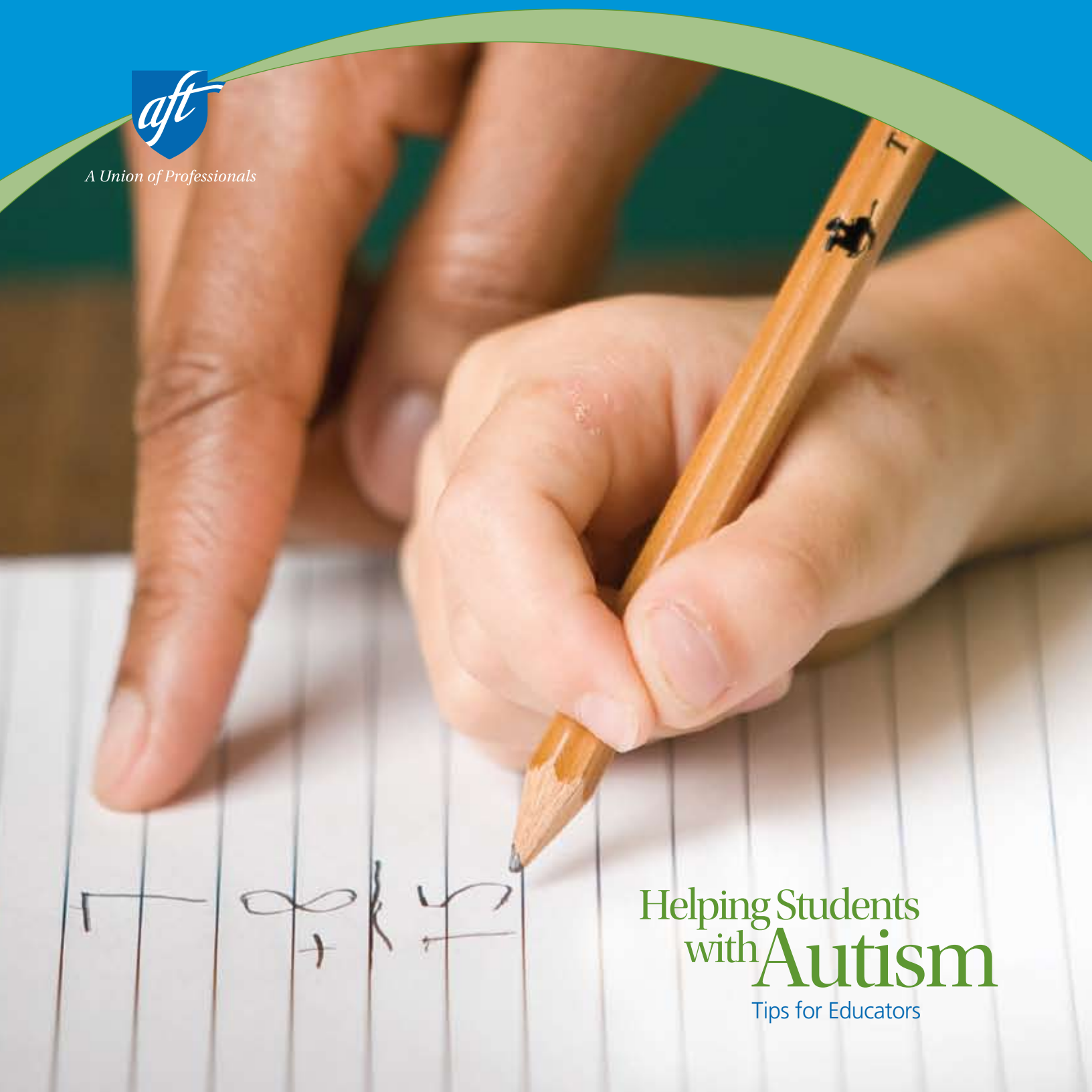




A Union of Professionals

A close-up photograph of a hand holding a wooden pencil, writing on lined paper. The hand is positioned in the center-right of the frame, with the pencil tip touching the paper. The paper has horizontal lines and some faint, handwritten letters are visible. The background is a solid blue color with a green curved border at the top.

Helping Students with **Autism**

Tips for Educators

This booklet was written by Easter Seals
in collaboration with the AFT.



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Easter Seals provides exceptional services, education,
outreach, and advocacy so that people living with autism
and other disabilities can live, learn, work and play in our
communities. For more than 90 years Easter Seals has been
supporting individuals with disabilities and their families
live better lives. Easter Seals offers a variety of services to
help people with disabilities address life's challenges and
achieve personal goals.

Helping Students with Autism

Tips for Educators

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A close-up photograph of two children sitting on a dark wooden bench. The child on the left is wearing light green pants with red and white stitching and a small colorful patch on the knee. The child on the right is wearing dark blue denim jeans. Their hands are resting on their laps. The background is a blurred green lawn.

No two individuals with autism are **alike**.

Introduction

Autism is a developmental disability considered the result of a neurological condition that affects brain function. According to the Autism Society of America, there are 1.5 million people living with autism in the United States. Students with autism find it difficult to relate to other people in a meaningful way. Students may show restrictive and/or repetitive patterns of behavior or body movements, and often have some degree of intellectual disability. While great strides are being made, there is no single known cause or cure, nor a known singular effective treatment for every individual with autism.

Autism is one of the educational eligibility categories for special education. Individualized Educational Program (IEP) teams can deem children eligible for special education services under the category of autism.

According to the Centers for Disease Control, as many as one in 150 children have an autism spectrum disorder. The use of the term “spectrum disorder” implies that no two individuals with autism are alike. Autism Spectrum Disorder is defined by challenges in three areas: social, communication and restrictive/repetitive behavior. Autism Spectrum Disorders usually become evident within the first three years of life and occur four times more often in boys than in girls.



An **effective** educational program will capitalize on the student's **interests**.



Tips for Educators

When working with students with autism, an effective educational program will capitalize on the student's interests, offer a predictable schedule, teach tasks as a series of simple steps, actively engage the student's attention in highly structured activities, and provide regular reinforcement of behavior.

Encouraging Social Skill Development and Peer Relationships

Students with autism have challenges in the areas of social skills and communication. It is reasonable to assume that the majority of students with autism will have goals and objectives in their educational program to address social skills. With effective intervention, students with autism can increase their success in these areas.

Direct instruction in social skill development should occur in the same way that other educational needs are addressed. Students with autism require specific instruction to improve their social skill development. Specific curriculums to teach social skills have been developed (e.g., skillstreaming). These curriculums can be a great starting point for social skill instruction. Students with autism also need opportunities to learn

and practice social skills in a natural environment. Generalization of social skills from a structured learning setting must be practiced and performed in a natural setting.

Encouraging interaction with peers is one area of focus. Causton-Theoharis & Malmgren (2006) have provided 10 specific strategies to encourage peer-to-peer interaction:

- Ensure that the student is in a rich social environment
- Highlight similarities between the student with autism and peers
- Redirect conversation to the student with autism
- Directly teach and practice interaction strategies in natural settings
- Use instructional strategies that promote interaction
- Teach others how to interact with the student with autism
- Make rewards for behavior social in nature (e.g., playing a preferred computer game with a peer)
- Give the student responsibilities that encourage peer interaction
- Systematically fade direct support
- Make independence a goal

Common Terminology

Autistic Disorder People with autistic disorder have moderate to severe impairments in communication, socialization and restrictive/repetitive behavior.

Asperger Syndrome People with Asperger Syndrome function in the average to above average intelligence range and have no delays in language skills, but often struggle with social skills and restrictive and repetitive behavior. Asperger's can be diagnosed later in life more than other disorders on the spectrum as their typical language development and typical intelligence can make it more difficult to recognize in young children.

Rett Syndrome Children with Rett syndrome display typical development until approximately five to 30 months and begin to regress, especially in terms of motor skills and loss of abilities in other areas. A key indicator of Rett syndrome is the appearance of repetitive, meaningless hand movements or gestures, and is primarily diagnosed in girls.

Childhood Disintegrative Disorder Individuals with Childhood Disintegrative Disorder display a significant regression in skills that have previously been acquired. Severe deficits in communication, socialization and/or restrictive and repetitive behavior occur after a period of normal development.

Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) People who do not fully meet the criteria for the other specific disorders but do share the same characteristics with challenges in the areas of social, communication and restrictive/repetitive behaviors are given the diagnosis Pervasive Developmental Disorder—Not Otherwise Specified.

Students with autism do want to develop relationships with their peers. Educating both the student with autism and their non-disabled peers is necessary. When non-disabled students receive accurate and straight-forward information about autism and, more importantly, when they receive information about specific strategies to use, they can interact more frequently and more effectively resulting in positive social interactions.

Addressing Challenging Behavior

Two of the core challenges for students with autism are communication and socialization. These communication and social deficits, at times, can result in students with autism responding to situations in an inappropriate manner. Behaviors exhibited by students with autism may include loud vocalizations, leaving the instructional area, self-injury, aggression or other inappropriate behaviors. The important thing to note is that this behavior is exhibited because of the communication and social deficits. With a quality, systematically implemented positive behavior support plan, students with autism—even those with the most challenging behavior—can achieve a reduction in inappropriate behavior and success in an educational environment.

To effectively address challenging behavior, the educational team must understand “why” a behavior is occurring. A functional behavior assessment can be completed to assist with determining why a behavior is occurring and should include:

- A clear description of the problem behavior(s)
- Activities, times and situations that predict when behaviors will and will not occur (i.e., setting events)
- Consequences that maintain the problem behaviors (i.e., functions)
- Summary statements or hypotheses
- Direct observation data to support the hypotheses

Upon the completion of a functional behavior assessment, a positive behavior support plan can be developed and should include:

- Modifications in the environment that reduce the likelihood of the problem behavior
- Teaching plans for developing replacement skills and building competencies of the student
- Natural and minimally intrusive consequences to promote positive behavior and deter problem behaviors
- A crisis plan (if needed)

Specific training, including coaching and modeling of the implementation of the positive behavior support plan should occur for all team members responsible for implementing the plan. A quality, well-implemented positive behavior support plan can be highly effective in promoting behavioral growth.

The Important Role of Paraprofessionals

The primary role of a paraprofessional is to assist the teacher in providing a meaningful education for a child with autism. A paraprofessional can assist the student in achieving their educational goals through direct instruction and indirect support in the classroom. A paraprofessional can help mediate communication, socialization and behavioral challenges and encourage the student to have success in the educational environment.

It is important to highlight that paraprofessionals should be working in concert with the educational team. Clear roles should be defined for all team members. Clear instructional plans and schedules developed by the educator/other professionals and the paraprofessional should outline expectations for all team members. Collaboration will provide everyone the opportunity for success.

Providing Instruction

Students with autism will have an Individualized Educational Program (IEP) as defined by local special education agencies. Addressing the goals and objectives in the IEP as well as assisting students to participate in the general education curriculum can be one of the responsibilities of the paraprofessional. Written instruction plans for implementation of the IEP objectives should be developed to ensure

quality instruction and should be shared with the paraprofessional. Instructional plans for the objectives should include:

- Materials needed for instruction
- Prompting strategies to promote learning
- Performance that is expected of the student
- Method to collect data on the student's performance

Each objective on an IEP must be addressed. It is helpful if each objective has some form of educational plan to address the area of need. Some teams prefer to have members design instructional plans based on their expertise (e.g., speech pathologist writes instructional plans for expressive language objectives, special education teacher writes program for literacy objectives); some teams prefer to develop the instructional plans collaboratively.

Within a general education setting a student with autism may be expected to participate in the typical instruction of the classroom. In this setting a paraprofessional should focus on ensuring that the student with autism understands the content and assignment and has the support needed to participate. A paraprofessional may need to provide additional information to a student to ensure comprehension. Students with autism are typically visual learners. Support in the general education setting might include writing a list of steps that need to be completed or using a highlighter to visually emphasize the key

points discussed verbally by the teacher. Translating the content relayed verbally to visual information can promote success for an individual with autism.

The important thing to note within the realm of instruction is that a paraprofessional should have support to implement the educational program.

Promoting Peer Interaction

A paraprofessional can also be helpful in encouraging peer interaction and promoting success with peer relationships. Paraprofessionals in the classroom must walk a fine-line between working in proximity to the student for whom they are providing support to ensure success while encouraging the student with autism to interact with their peers.

Working with Related Service Professionals

Students with autism often have related service professionals as part of their educational service delivery team. Effective collaboration enhances outcomes for students with autism. Students with autism may have many professionals responsible for delivering their educational program, including but not limited to: speech/language pathologist, occupational therapist, behavior analyst, physical therapist, psychologist, and social workers. Professionals working in-concert will deliver a more effective educational program.

Opportunities for collaboration include:

- Develop instructional plans for educational objectives.
- Collect data on instructional objectives on the same forms. All team members can then review where and with whom progress is being made and where and with whom additional assistance might be needed.
- Complete assessments together. Utilize standardized and functional assessment information gathered by all team members to inform program development.
- Establish a time or electronic forum to allow for communication. Share areas of success the student is having as well as collaborate with each other to build cross-disciplinary skills.

Common Characteristics in Students with Autism Spectrum Disorders

Communication:

- Language is significantly delayed
- Some do not develop spoken language
- Experience difficulty with both expressive and receptive language
- Difficulty initiating or sustaining conversations
- Robotic, formal speech
- Repetitive use of language
- Difficulty with the pragmatic use of language

Socialization:

- Difficulty developing peer relationships
- Difficulty with give and take of social interactions
- Lack of spontaneous sharing of enjoyment
- Impairments in use and understanding of body language to regulate social interaction
- May not be motivated by social reciprocity or shared give and take

Restrictive/Repetitive Behavior:

- Preoccupations atypical in intensity or focus
- Inflexibility related to routines and rituals
- Stereotyped movements
- Preoccupations with parts of objects
- Impairments in symbolic play



Parents are the life-long advocates and social **partners** of their children.

Working with Families

Collaboration between parents/care-providers and the educational system is pivotal for success. Parents are the life-long advocates and social partners of their children. With parental involvement, everyone benefits and students can achieve their highest potential. Parents are the expert on their child and are able to provide a wealth of information. It is important to build a trusting relationship with families. A phone call or home visit prior to the start of the school year may assist with forming the relationship. Throughout the year, information about areas of success and areas of need should be provided. Every parent wants to hear about their child succeeding. Be sure to have frequent communication about accomplishments.

Building a Relationship with Parents and Families

Honoring a parent/family member's extensive knowledge about their child is one way to begin a positive relationship with parents/families. The Organization for Autism Research has developed an array of questions that you may want to consider asking families prior to the school year:

1. What are your child's strengths?
2. What works best for your child in terms of rewards or motivation?
3. Does your child have any balance, coordination, or physical challenges that impede his or her ability to participate in gym class?
4. How does your child best communicate with others?
 - a. Spoken language
 - b. Written language
 - c. Sign language
 - d. Communication device
 - e. Combination of the above
5. Does your child use echolalia (repeating the last words heard without regard for meaning)?
6. Do changes in routine or transitions to new activities affect your child's behavior?

If yes, what type of classroom accommodations can I make to help your child adapt to change and transitions?

7. Does your child have any sensory issues that could be an issue in class or at school?

If yes, what type of sensitivity does your child have?

- a. Visual
- b. Auditory

- c. Smell
- d. Touch
- e. Taste
- f. Other

8. What behaviors related to autism am I most likely to see at school?

- a. Are there triggers for these behaviors?
- b. In your experience, what are the best ways to cope with these challenges and get your child back on track?

9. What is the best approach for us to use to communicate with one another about your child's progress and challenges?

10. Is there anything else you would like me to know about your child?

Helping Parents and Families Make Treatment Decisions

Families are faced with significant challenges in trying to filter through the large volume of information that is available about autism treatments. As a trusted source, educators may be asked by parents for assistance in evaluating information about treatments. Providing accurate information about autism treatments and knowing where to send parents for accurate information is helpful.

The Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities maintains current information about

autism and the research that is being completed regarding autism treatments. This is a great first step in information gathering.

The Association for Science in Autism Treatment recommends that parents ask the following questions before making treatment decisions:

- Does this approach have empirical support in peer-reviewed journals?
- How can I obtain this and other relevant literature?
- According to this literature, what percentage of individuals make objective and meaningful progress?
- How does this treatment work? How can I obtain a written copy of the procedures?
- Are there risks or adverse side effects?
- What are the criticisms and limitations of this approach? How do the proponents respond?
- How will the treatment be individualized?
- What are the necessary experiences and credentials to carry out this treatment approach safely and effectively?
- What experiences and credentials does this service provider have (years of supervised and independent experience, number of individuals with autism, types of behaviors treated, etc.)?
- What mechanisms are in-place for oversight of this service provider such as licensing board, credentialing board or provider agency?
- What are the costs in terms of finances, time, materials, etc.?

- What roles do the parents, other family members and school personnel play?
- How will progress or lack thereof be evaluated?
- Are target behaviors stated in observable, measurable terms?
- Are the assessment procedures logical and thoroughly described?
- Are the intervention procedures logical and thoroughly described?
- How will gains in treatment generalize to everyday settings?
- How will we know when to change specific and general strategies?
- How long is the individual expected to need treatment? With this service provider? Others?
- How often should the service provider and the parent communicate? What types of information would be helpful to the service provider?

Resources

AFT Resources

Member-to-member advice on autism, *American Teacher*, Nov 2007

www.aft.org/pubs-reports/american_teacher/nov07/autism2.htm#Member

Students with Autism

www.aft.org/tools4teachers/autism

Recommended Reading

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Twachtman-Cullen, Diane. *How to be a Para Pro: A Comprehensive Training Manual for Paraprofessionals*. Starfish Specialty Press, LLC, 2000.

Additional Resources

Association for Science in Autism Treatments: www.asatonline.org

Autism Society of America: www.autism-society.org

Autism Source: www.autismsource.org

Autism Speaks: www.autismspeaks.org

Easter Seals: www.easterseals.com

Ohio Center for Low Incidence Disability and Autism: www.ocali.org

Organization for Autism Research: www.researchautism.org

Treatment and Education of Autistic and Communicatively Handicapped Children: www.teacch.com

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



With **effective** intervention,
students with autism can be **successful**.

COVER PHOTO BY LEN SPODEN

PHOTO PAGE iii BY JIM WEST
PHOTO PAGE 14 BY KAREN SACHAR



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