Inclusion in Action: Strategies for Supporting Young Children with Autism Spectrum Disorder and Their Families

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Getting to Know You….

- Community preschool/ center-based child care provider
- Family provider
- Head Start
- Home visitor

- Director/administrator/ supervisor
- Teacher
- Assistant teacher/ paraeducator
- Have or had a child with ASD in your program

Find someone you do not know (or do not know well).

Share with them why you chose to attend this session.

Activity

- Form a line based on the number of years of experience you have in working with children with ASD.
  - Fold together… Share one strategy you have used.
- Line up again based on how comfortable you feel working with children with ASD (on a scale of 1-10).
  - Fold together again… Share why you gave yourself the number.

Session Objectives

- Examine characteristics of ASD and the impact on learning and development.
- Implement strategies for helping young children with ASD function in preschool and child care settings.
- Implement strategies for communicating and collaborating with parents of children with ASD.

Agenda and Materials

Rate your understanding of ASD on a scale of 1 to 5.

Characteristics of ASD and the Impact on Learning and Development

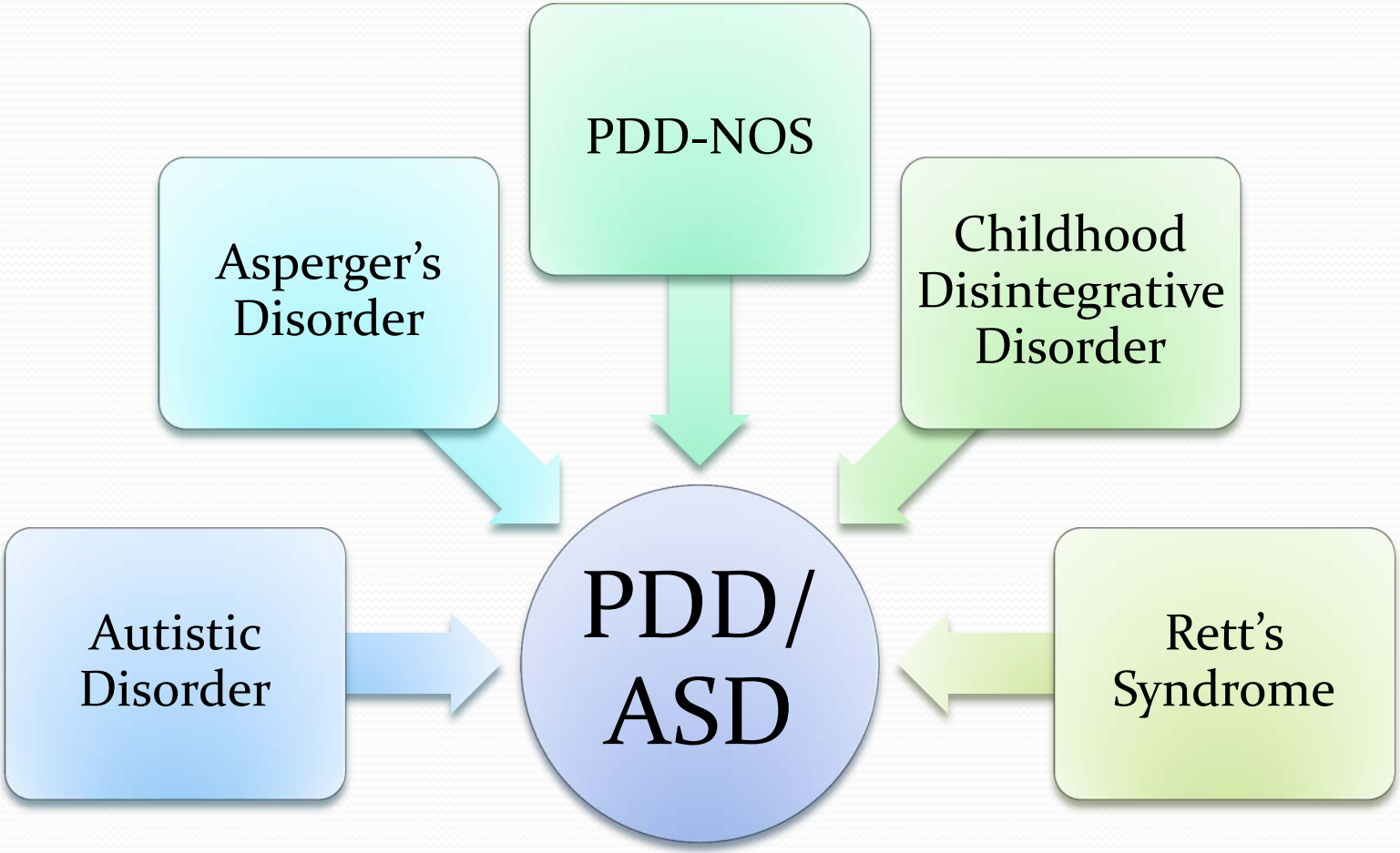
Activity

- In a small group, write down 3 characteristics of children with ASD.
- Also write down how these characteristics affect learning and development.

What is ASD?

- Life long developmental disability.
- Central nervous system dysfunction.
- Presents challenges with:
  - Social interactions
  - Communication
  - Behavior
- Affects understanding and using language and interactions with people and events.
- Affects understanding and responding to things child sees, hears, touches, tastes and smells.
- Considered a "spectrum disorder."

Pervasive Developmental Disorders (Autism Spectrum Disorders)



How Might a Child with ASD Behave in an Early Childhood Program?

- Obsession with specific objects and/or topics.
- Challenges with fine-motor activities.
- Prolonged interest in common occurrences.
- Difficulty with social cues.
- Adherence to rituals.
- Repetitive behaviors.
- Difficulty with context.

What Causes ASD?

- No known single cause.
- Usually the cause for individual cases is unknown.
- Anything that could cause a central nervous dysfunction could be a possible cause.

Possible Causes of ASD

- Genetics
- Metabolic imbalances (chemical processes)
- Viral infections
- Pre, peri or post natal trauma
- Environmental toxins

What DOESN'T Cause ASD?

What is the Prevalence of ASD?

- One in 50 U.S. children has ASD. (Oregon has the second highest rate in U.S. for children ages 6-17).
- 5 times more boys than girls.
- 1.5 million Americans today are believed to have some form of autism.
- 67 children are diagnosed per day.
- A new case is diagnosed every 20 minutes.
- More children will be diagnosed with ASD this year than with AIDS, diabetes & cancer combined.

Medical Diagnoses

- No medical tests for diagnosing.
- Diagnosis is based on the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5).
- Identifies behaviors the child displays that lead to a diagnosis.
- Diagnosis must be based on observation of individual's communication, behavior and developmental levels.
- Multidisciplinary assessment team completes a diagnosis.

Educational Eligibility

Educational eligibility is identified through behavioral characteristics as outlined by State of Oregon requirements (see handout).

Early Recognition of ASD

- Can reliably be diagnosed at 18 months.
- Researchers are pursuing methods for detecting warning signs in children even younger, in some cases as young as 12 months.

Early Warning Signs

- Lack of pre-verbal gestural communication (pointing or gestures).
- Lack of joint attention and eye contact.
- Lack of smiling.
- No single words by 16 months.
- Loss of language or social skills at any age.
- Obsessive interest in certain objects, activities, or parts of objects.
- Unusual responses to sensory information.

What do Autism Spectrum Disorders Look Like?

Communication Characteristics

- May have limited or no speech and/or lack the typical communicative gestures.
- For those who have speech, may have unusual speech patterns and repetitive phrases, questions and topics.
- May revert to use of nonverbal behaviors when confused or anxious.
- May speak in complete sentences but not be able to carry on or maintain interactive conversation.
- May use repetitive/stereotypic sounds or repeat certain questions over and over which makes him seem non-communicative.

Communication Characteristics (continued)

- May have echolalia.
- May have unusual vocal quality.
- May reverse pronouns.
- Difficulty understanding instructions or language out of context.
- Understanding and use of language may be very literal and concrete.

STOP
DRAWBRIDGE
AHEAD

Social Interactions

- Seem to lack the ability to initiate social interactions or maintain conversations or games.
- May show fear of strangers or new activities and materials by avoiding or resisting contact or by coming too close to explore by touching, smelling or staring.
- May cling to people and seek physical contact or may be unusually sensitive to touch (especially light touch).
- May have poor eye contact and limited play and social interactions.

Social Interactions (continued)

- Frequently prefers to be alone.
- May display a complete lack of interest in peers.
- May have difficulty understanding social cues - such as facial expressions, body language and the feelings of other people.
- Play often will not include interacting with peers and sharing toys.
- Play may be limited to functional play and lack imaginative components.

Cognitive Characteristics

- Selective attention.
- Often focus on details and are unable to see the whole.
- Concrete processing.
- Rote memory.
- Difficulty generalizing.
- Have a difficult time understanding abstract concepts such as clean and dirty.
- Have trouble with beginnings and endings.
- May have a very limited number of interests and activities.

Restrictive, Repetitive, or Stereotypical Behaviors

- May play repetitively with objects or toys and may not use them for intended purposes.
- May develop a strong attraction to certain object, routines, and rituals.
- May show anxiety about certain events and schedules.
- May drift randomly from place to place or object to object with no apparent purpose.
- May have difficulty with changes in the environment, schedules and the people around them.

Sensory Issues

- May have extreme over reaction or under reaction to sensory stimulation.
- May be unusually sensitive to environmental conditions and unable to screen out irrelevant stimuli.
- The ability to attend and respond may vary from day to day.

Auditory Stimuli

- May ignore some sounds but over react or be extra sensitive to other sounds.
- May play with, seek out, or selectively react to certain sounds.

Visual Stimuli

- Eye contact may be actively avoided, fleeting or lacking in social intents, or may use peripheral vision.
- May focus intently on the small visual details of walls, furniture objects, print, pictures or body parts.
- May show intense interest in light or shiny, reflective surfaces.

Taste and Smell

- May explore by smelling or mouthing objects, people, surfaces.
- May have eating problems that may be related to the odor, texture or flavor of the food.
- May chew or eat things that are not food.

Tactile/Kinesthetic Stimuli

- May have delayed or no response to obvious painful events.
- May seek out vibrations or engage in repetitive motions such as rocking, bouncing, flapping arms and hands, or spinning with no apparent dizziness.
- May hold or move hands or body in unusual (often rigid) postures.
- May have difficulty with position of body in space and motor planning.
- May walk on tiptoes.

Selected Strategies for Helping Children with ASD Function in Preschool and Child Care Settings

Factors to Consider

- A diagnosis rarely results in precise prescriptions for educational practices.
- Knowing the cause rarely results in precise educational practices.
- Children with ASD are very different from one another.
- Not all information about ASD is accurate.
- Always put the child first.

General Guidelines

- Provide a developmentally appropriate program.
  - Environment
  - Activities
  - Materials
- Provide individualized/specialized instruction within context of ongoing activities, routines and transitions.
- Provide needed supports.
- Build on child strengths and interests.

Interventions Should

- Begin as young as possible.
- Be tailored to the specific needs of the child.
- Be implemented thoughtfully and systematically.
- Be implemented under the guidance of a qualified consultant.
- Be reevaluated as the child develops.

Activity

In your small group, identify 3 strategies you can use to support a child with ASD.

Record your strategies on the chart paper.

Selected Educational Strategies

- Applied Behavior Analysis
- Structured Teaching
- Functional Communication Systems
- Other

Applied Behavior Analysis

- Antecedent, behavior, consequence learning trial.
- Specific targeted skill or behavior.
- Simplified instructional steps.
- Consistent reinforcement.

Larson
First pants,
THEN
your shoes

Structured Teaching

- Physical structure
- Daily schedule
- Routines
- Visual structure

Functional Communication Systems

- Give the child an effective and appropriate means to understand what is happening in his environment as well as a way for him to communicate.
- Use of a functional communication system often decreases challenging behaviors.

Example

Augmentative/Alternative Communication Devices

Example

Using visuals to help clarify choices

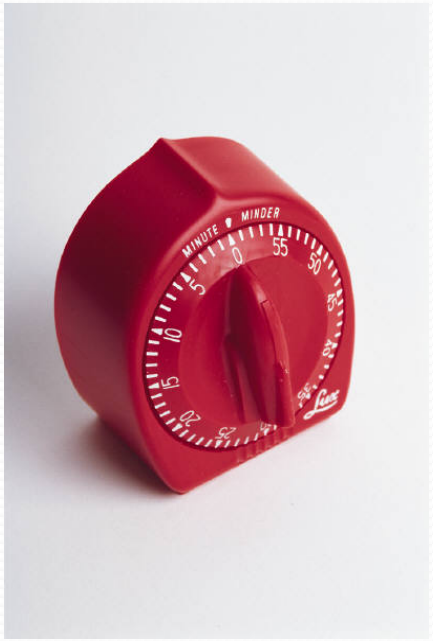
Library

Writing

Table Toys

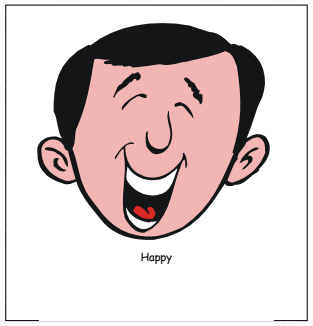
Example

Providing visual prompts



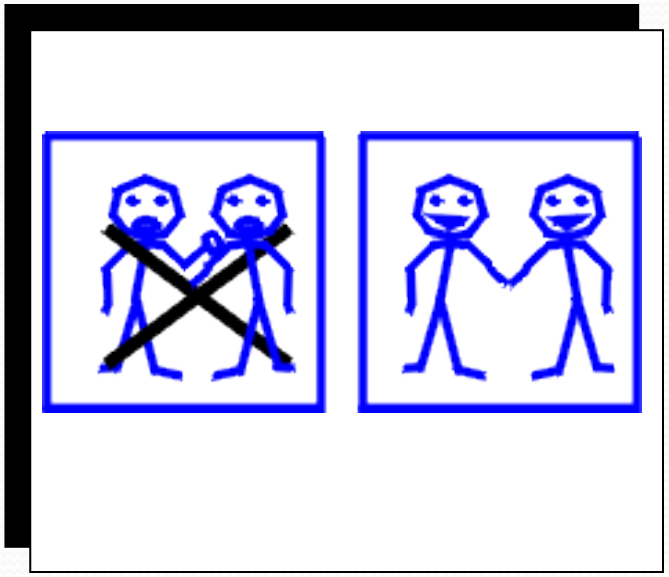
Example

Using visuals for the child to communicate



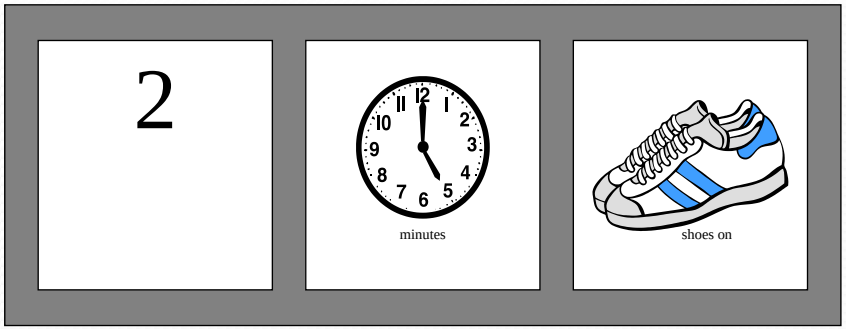
Example

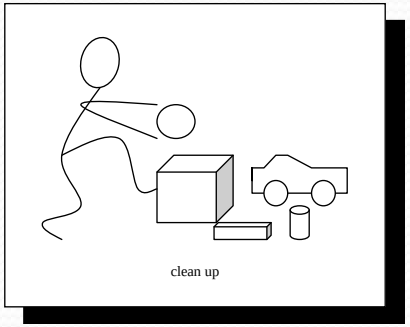
Using visuals to communicate behavior expectations



Example

Providing verbal or visual prompts or warnings





Example

Using a Story Board or Social Story

- Susie is taking a walk with her teacher and the other children.
- Susie runs away from the teacher.
- She must return to the classroom.
- Susie is sad to miss the walk.
- When Susie stays with the teacher, she is happy and sees fun things on the walk.

Example

Using Scripted Routines

Nap/Rest Time Routine

Step 1	1:00	Tell Joey that after circle will be rest time.
Step 2	1:10	When circle ends, remind Joey he needs to get his mat, put is in his spot and wait on his mat.
Step 3	1:15	After Joey has waited on his mat for two minutes, have him choose a book. Sit with him and look at the pictures in the book. Have Joey lay down while looking at the book. You can rub his back if he wants you to.
Step 4	1:20	Tell Joey that he can continue to look at the book and you will check back with him in a few minutes.

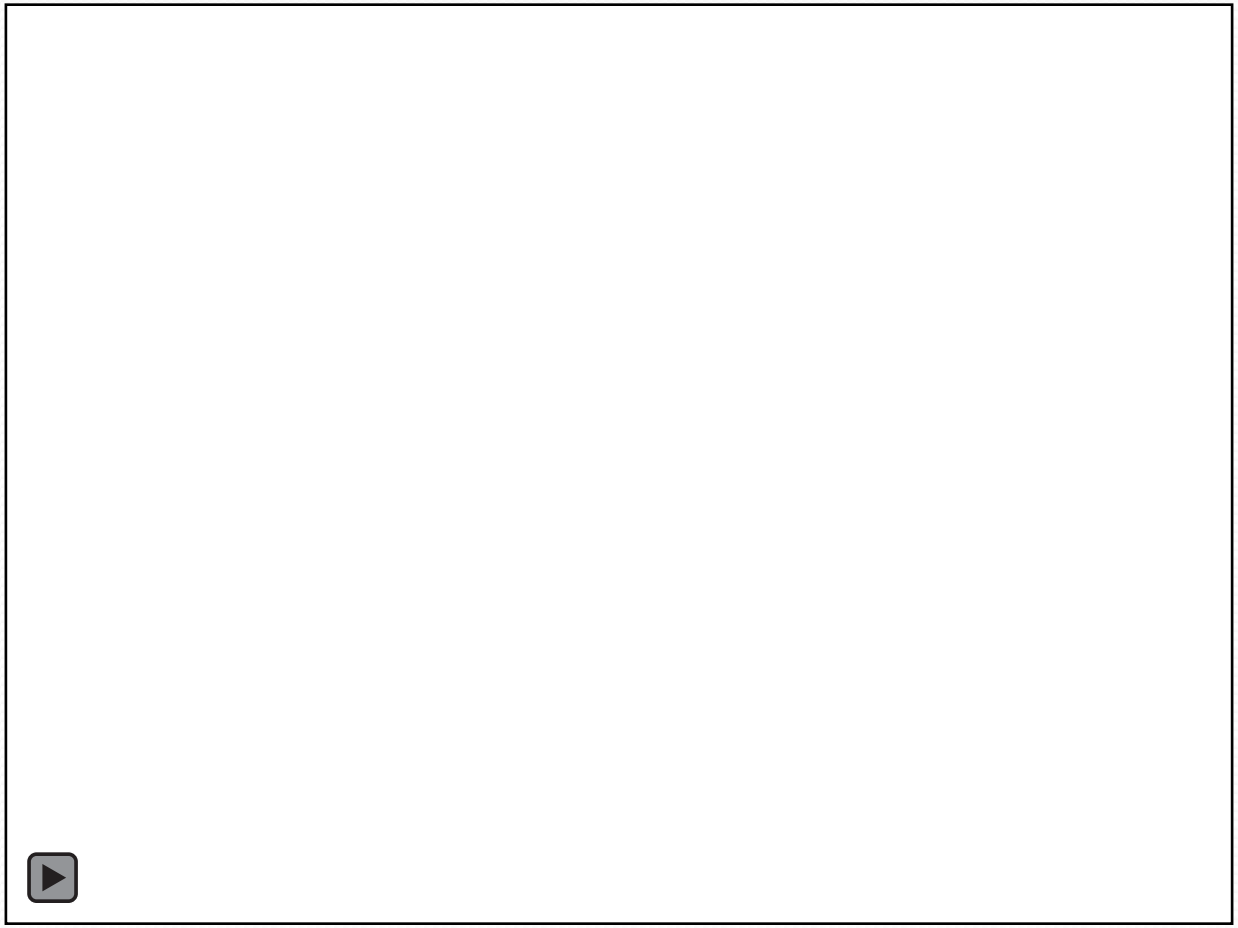
Example

Using Scripted Responses

When Joey uses inappropriate behavior to get adults attention

1. Interrupt the behavior. *("Wait" or "Stop, that's not OK")*
2. Acknowledge needs or feelings. *("I know you want my attention")*
3. Give an acceptable alternative behavior. *("But screaming is not okay. If you want my attention you can use your words.")*
4. Provide assistance to use alternative behavior. *("Say, 'teacher look'")*
5. End with mild reinforcement. ("That's a better way to get my attention")

Video Example



Activity

What additional accommodations can you make that may provide ease to a child around sensory, auditory, visual, taste/smell, and tactile/kinesthetic issues?

Collaborating With Families

Parent Involvement Philosophy

Parents have the right and responsibility to share in decisions about their child's care and education.

Activity

In your small group, identify at least 3 things you can do as a provider to support parents who have a child with ASD.

Record your strategies on the chart paper.

Guidelines for Supporting Parents Who Have Children With ASD

- Get to know the family. Build relationship/trust.
- Start with where the parents are at.
- Take direction from the parents as to how to proceed.
- Be sensitive to parents' struggles.
- Be positive. Build on parent and child strengths.
- Communicate – keep parents up to date on what is happening.

Guidelines for Supporting Parents Who Have Children With ASD

- Listen. Listen. Listen….
- Share/be aware of resources.
- Help parents connect with other parents if requested.
- Don’t use jargon.
- Other?

Closing

Questions?

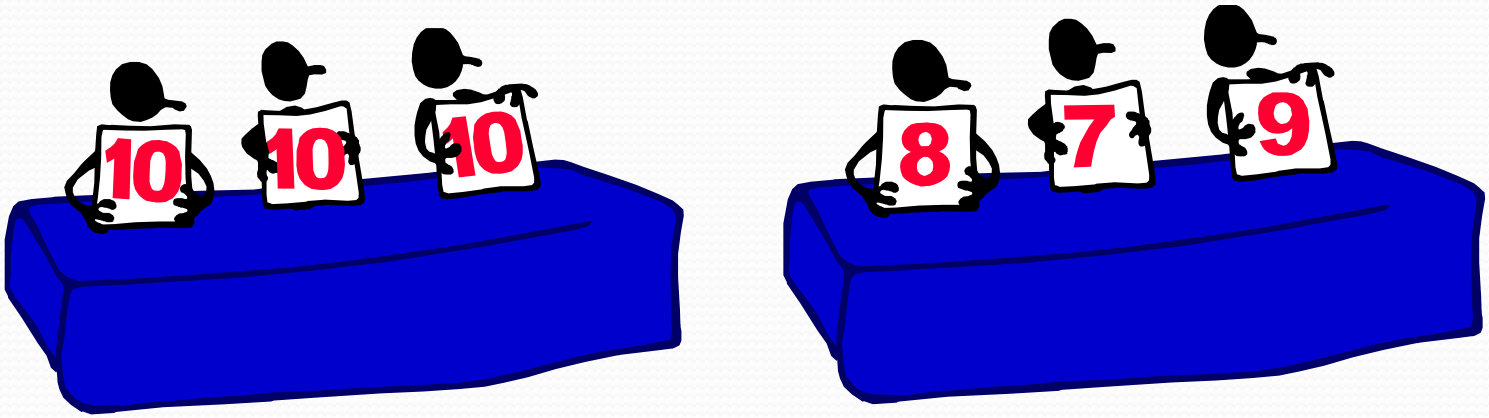
Professional Action Activity

Write down and share with a partner at least one strategy or idea you intend to implement from this session.

Activity

- Line up based on how comfortable you feel working with children with ASD (on a scale of 1-10).
- How many changed your position from where you were earlier today?

Workshop Evaluation



Thank You!