

The T/TAC Telegram

New Dimensions in Autism

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T/TAC

Linking People & Resources

Autism and Social Skills

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According to Stephen M. Edelson, Ph.D., Center for the Study of Autism in Salem Oregon, a dysfunction in social behavior is one of the most characteristic symptoms of autism, and it is thought by many to be "the key defining feature of autism." (<http://www.autism.org/social.html>). It is clear that a major focus of working with individuals who have autism is developing social skills. Although there is no cure for autism, educational strategies can be applied to promote and foster the improved social adaptation of persons with autism.

There exists a variety of approaches to developing social skills among persons who live with autism, and a number of research projects provide valuable insight into this issue. Some of the strategies involve direct teaching, role-playing, modeling, self-management, behavioral approaches such as reinforcement through feedback, social skills groups, and the use of social stories. Janice Janzen (1996) asserts that social skills are best learned in the context of natural routines, but that additional learning opportunities are needed for persons with autism. She suggests the formation of structured playgroups for children under the age of 8, and social skills groups for those aged 9 or more. Such structure provides a safe place to rehearse new ways of interacting and engenders opportunities to develop friendships and mentor relationships. She describes a format that is part of the regular school program, with a group of 6 to 8 students gathering for 30 minutes per week. The membership of the group includes learners (students with autism) and "non-disabled" peers.

A similar approach of using peers as "teachers" is described in a study by Pierce and Schreibman (1997), involving two children with autism and eight typical peers. The rationale for the approach is that (a) peers are a natural part of the environment, (b) peers may be more effective than adults in teaching skills, and (c) peers may promote the generalization and maintenance of social behavior. During this study, the eight peers are initially trained in adapted Pivotal Response Training (PRT) techniques such as paying

attention, giving choices, modeling appropriate social behavior, reinforcement, encouraging conversation, and turn taking. These peers then apply the strategies they have learned in their interactions with the two children with autism. The results of this study are encouraging, including an increase in language use by the two children with autism, and the fact that socially adapted behaviors are generalized to situations involving peers who are not part of the study. The authors suggest that schools implement a "buddy system," pairing one "typical" student with another who has a disability. The one limitation apparent through their study is the amount of time, money, and effort required to train PRT to peers. Nevertheless, the authors demonstrate the value of peer interventions.

"Social skills are best learned in the context of natural routines."

In a recent study by Barnhill, Cook, Tebbenkamp, and Myles (2002), social skills targeting nonverbal communication were taught to adolescents with Asperger syndrome and related pervasive developmental delays (all disorders on the autism spectrum). The researchers explain that individuals with these

disorders often misinterpret social cues, misunderstand the emotions of others, and display inappropriate reactions to normal social interactions. The authors used a pre- and post test measure of nonverbal language skills to assess the effectiveness of their intervention. This intervention lasted over a period of 8 weeks and included teaching strategies such as role-playing, modeling, and reinforcement through feedback. Participants were taught to recognize facial expressions for emotions, they were taught the meaning of various sounds and tones of voice, and they were taught that various rates of speech as well as emphasizing certain words could change the meaning of sentences. To aid in their teaching, the authors used pictures from magazines, videos without sound, mirrors, and recreational activities to practice skills and reinforce positive behaviors. Results of this study were mixed. In terms of statistical significance, there was minimal improvement in nonverbal communication skills of participants. However, there was an increase

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Northwestern Consortium

T/TAC

This newsletter is a collaborative effort by the Northwestern Consortium of the Training & Technical Assistance Centers (T/TACs), which includes James Madison University, co-directed by Reid Linn and Cheryl Henderson, and George Mason University, directed by Michael Behrmann.

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in their ability to read facial expressions and in their ability to maintain eye contact. Additionally, participants developed and maintained relationships within the group. Congruent with their own review of the research literature, the authors found that generalization and maintenance of appropriate skills across social settings remains a real difficulty (Barnhill et al., 2002).

A significant strategy for teaching social skills to persons with autism is the use of social stories. According to Dr. Lee Irwin (1999), a social story is one in which the characters demonstrate a bit of appropriate behavior. The behavior in the story is one that the person with autism needs to learn to improve. First developed by Carol Gray, these short, personalized social stories are usually written by parents or teachers, and they can assist the person with autism to interpret challenging or confusing social situations (Gray & Garand, 1993). As research on the effectiveness of social stories was sparse, Norris and Dattilo (1999) conducted a simple, one-participant study to test this social skills training strategy. They worked with an 8-year-old girl with autism, established a baseline level of social behavior during lunchtime at school, and applied individualized social stories to teach her appropriate behaviors. Although results were variable, a 50% decrease of inappropriate behaviors was observed during the intervention period. The authors note, however, that results only reflect a correlational relationship, not a causal one, and that results should be interpreted with caution.

In summary, although the research is not always conclusive regarding which particular methods are most effective, it is clear that there are a variety of strategies that can be utilized to assist persons with autism develop a higher level of social adaptation. Just as autism encompasses a wide spectrum of disorders, all persons with autism are different, and each one of them requires an individualized approach to learning social skills. Therefore, it is important to use the variety of methods available, depending on which one seems to "work" for each individual. Due to the pervasive nature of the problem of social impairment, it is critical that more efforts be made to develop social skills training strategies and activities to assist persons with autism at home, at school, and in the community.

References:

Barnhill, G.P., Cook, K.T., Tebbenkamp, K., & Myles, B.S. (2002). The effectiveness of social skills intervention targeting nonverbal communication for adolescents with Asperger Syndrome and related pervasive developmental delays. *Focus on Autism and Other Developmental Disabilities, 17*, 112-118.

Edelson, S.M. (1997). *Social behavior in autism*. Available from The Center for the Study of Autism website, <http://www.autism.org>

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Early Childhood

Coming Soon!

During each school year, T/TAC staff across the state has the great opportunity to visit numerous classrooms and see effective practices in action. With an increase in the diagnosis of autism, particularly among younger children, the early childhood special education T/TAC staff has worked closely with many teachers and therapists who serve young children with autism. We've observed some knowledgeable and skilled teachers and, for this reason, felt it necessary to highlight some of their efforts. For the past two years, a work group comprised of representatives from JMU, ODU, and VCU T/TACs has been working on a video project that shows effective practices in teaching young students with autism. Filmed at early childhood special education sites throughout Virginia, the video will have two 30 minutes segments, and highlight visual strategies, communication, and social interaction skills. Once completed, hopefully by spring, the video will be distributed statewide.

"On the Spectrum," a 20-minute educational video for primary care pediatric and family practitioners, is designed to promote early identification and intervention of children at risk for autism and other developmental disorders and to help physicians recognize their early warning signs. Developed by First Signs, Inc., a Massachusetts-based non-profit organization, "On the Spectrum" outlines the diagnostic criteria for autism spectrum disorders, provides the guidelines for conducting a developmental screening, and describes how to relay developmental concerns to parents. Differences in development are demonstrated through videotaped examples of typical and atypical behavior in children from four to thirty-six months of age.

"On the Spectrum" features Lesley Stahl of CBS's "60 Minutes," actor and autism advocate Anthony Edwards of "E.R.," and parents of children with autism, including football player Doug Flutie and his wife, Laurie Flutie. Some of the nation's top experts, including Margaret Bauman, MD, Frances Page Glascoe, Ph.D., and Stanley Greenspan, MD are also featured. First Signs plans to release the educational video to a national audience with proper funding in the future.

What We Know Today

- √ Autism occurs in 1 per 250 births
- √ The number of Americans with autism is 1 million to 1.5 million
- √ Autism is the fastest-growing developmental disability, increasing at a rate of 10 to 17 percent annually
- √ The annual cost of autism is \$20-60 billion
- √ \$34 billion of future costs are added each year
- √ 90 percent of the costs are in adult services
- √ The cost of treatment over the lifespan can be reduced by 2/3 with early diagnosis and appropriate early intervention
- √ In 10 years, the annual cost of treating autism will be \$55-300 billion

Excerpt from the opening presentation by Lee Grossman, President of the Autism Society of America, at the 2002 ASA National Conference on Autism Spectrum Disorders.

Grossman, L. (2002). President's message. *Advocate*, 35, 3.

Learn more about it!

Resources related to autism abound! While the T/TACs provide consulting, training, and resources about autism, the major organizations in Virginia with a sole focus on autism are the Virginia Autism Resource Center (VARC) and The Autism Program-Virginia (TAP-VA). VARC, located in Stephens City near Winchester, provides consulting, a resource library, and co-sponsors several statewide conferences. Contact VARC at 877.667.7771. TAP-VA is located in Richmond with branch offices in several locations around the state. Contact TAP-VA at 800.649.8481 to discuss consulting, training, and resource requests.

Numerous websites provide information about autism spectrum disorders. A few that may be of interest are:



The Autism Program of Virginia: www.autismva.org
 Autism Society of America: www.autism-society.org
 Autism National Committee: www.autcom.org
 National Alliance for Autism Research: www.naar.org
 Center for the Study of Autism: www.autism.com
 First Signs: www.firstsigns.org
 Teaching Children with Autism:
www.polyxo.com/socialstories
 Autism Resources: www.autism-resources.com
 Centering on Children, Inc.:
www.shoebtasks.com
 Autism Today: www.autismtoday.com

"Autistic Spectrum Disorders: Best Practice Guidelines for Screening, Diagnosis and Assessment" is now available for download (in Acrobat format) at <http://www.ddhealthinfo.org/pdf/ASDGuidelines1.pdf>. This 192-page document represents intense effort on the part of the California Department of Developmental Services, three regional centers, and a large number of individual clinicians and specialists. Related materials, including a training curriculum, are currently under development. Bound copies of the Guidelines will be available before the end of the year.

Mayer-Johnson's website, www.mayer-johnson.com, provides information about their products, articles about the use of picture communication symbols and augmentative communication systems, software updates, and downloads (of Boardmaker files for Mac and Windows, opportunities to share, tips for using Boardmaker, and tutorials). Please be sure to read the copyright information before downloading and using the PCS system. To share your templates and ideas for M-J products, e-mail your Boardmaker and Speaking Dynamically boards or ideas to mayerj@mayer-johnson.com for review. They may post your boards and ideas on the sharing page!

Don't have access to software programs, such as Boardmaker, to print pictures and line drawings? Log onto www.do2learn.com or www.usevisualstrategies.com to download free pictures and visual schedules for classroom use. Caroline Musselwhite also provides a wealth of information at her site: www.aacintervention.com.

Why VISUALS for Communication for Individuals with Autism?

By: Debbie Yancey, JMU T/TAC

Imagine for just a moment what it would feel like to know you have to answer a question, ask for an item, or label an object held up in front of you without words. Think how it would feel to name a dog as a “4-15-7” because you know for the word “d-o-g” these numbers represent the numerical placement of those letters in the alphabet. Feel the frustrations of wanting juice versus the milk presented and having no way to tell someone your preference.

Imagine sensing others becoming uncomfortable around you because you can't look them in the eye when they are speaking to you. Think of how it must feel to have such a small vocabulary that even when the clothes on your body feel like sandpaper you can only scream and cry to express the hurt.

Imagine going through life being called “weird,” “retard,” or “emotionally disturbed” because your intelligence levels could not be tested in the traditional standard. Think of how it would feel to be frustrated in not being able to understand what other people want from you, so much so that you eventually throw a tantrum, causing others to think of your response as defiant behavior.

Imagine watching the people around you exchange dialogue without meaning because there are so many unspoken rules of social language that you lack. Think of how you could try to fit in and never really be accepted into groups your own age because you have little if any social skill competency.

These scenarios are not uncommon for people with autism. Research has found that people with autism have a processing strength in comprehending spatially organized, non-transient information. How can this learning style be fully utilized to increase communication for people with autism?

Based on research, the book *Visual Strategies for Improving Communication* by Linda Hodgdon, offers strategies that are unique for communication intervention. These strategies are unique in that the initial and primary intervention concern is comprehension of environment, requests and directions, people, and body language. This structure allows for the foundation of expressive language skills. Hodgdon offers teachers, therapists, parents, caregivers, and anyone who works or lives with individuals with autism and other disabilities

Visually Supported Communication and Visually Mediated Communication strategies that help make communication effective and efficient.

Visually Supported Communication and Visually Mediated Communication strategies are cues given in a format that uses the sense of sight to enhance communication. Forms of visual supports include: body language, natural environmental cues, traditional tools for organization and giving information, and specially designed tools to meet specific needs. “Visuals” include anything the individual sees. Using body language, objects, or printed matter to communicate will only become valuable when the individual can understand the meaning of the visual. Visual supports should be easily recognized, easily understood, and universally understood. The form of the visual support can vary from objects to photos to printed matter, depending on the individual's ability, the environment, and what is readily available. What is most important to remember is that there are no prerequisites to using visuals, but that the visuals must be presented in the communication context.

Thinking of implementing the use of visual tools is easy once professionals and family members who work with or live with individuals with autism complete a checklist of all the visuals we depend upon in typical daily tasks. Examples include: pictures/logos for advertisements, calendars, organizers, shopping lists, menus, sticky notes of things to do, etc. Hodgdon incorporates a mini checklist of visual tools in the book *Visual Strategies for Improving Communication*. Using visual tools for communication with individuals with autism increases the opportunities for those individuals to actively participate across their environments as well as increase their independence. Visual tools work, but only if offered in a continuous, appropriate format that includes the purpose of making a real difference in communication with individuals with autism.

For more information on **Visually Supported Communication** and **Visually Mediated Communication** see these resources in the T/TAC library:

Hodgdon, L.A. (1999). *Visual strategies for improving communication*. Troy, MI.: QuirkRoberts Publishing.

Hodgdon, L.A. (1999). *Solving behavior problems in autism*. Troy, MI.: QuirkRoberts Publishing.

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Donnelly, J.A., & Bovee, J.P. (Eds.). (2000). First-person accounts of autism [Special issue, part one.]. *Focus on autism and other developmental disabilities*, 15(4).

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Using Visual Strategies for Student Success: A picture can be worth more than a thousand words
by Brenda Fogus

Visual tools are very helpful for us all; in fact, we use them in our environment daily. Visual representations, like road signs or signs in public buildings, offer us quick instructions and information. Certain symbols and pictures are used to represent very important services such as hospitals, fire departments, and public telephones. These symbols cross language barriers and help us to communicate quickly and effectively. Students of all ages can be more successful with the use of visuals and it is important that their use not be faded simply because a student matures. Visuals can be just as effective for high school students as for elementary students. It is a common error for visual use to be terminated because it is thought that it is no longer needed or appropriate. Rather than abandoning the use, visuals should be used and their appearance simply modified so they are age appropriate.

Visuals are helpful for showing students what to expect in their day, to know what is expected of them behaviorally, and what they need to complete in individual assignments. There are many reasons for using visuals, but the most important benefit is that they promote genuine independence. Knowing what comes in the schedule, what is expected, and the various components of assignments helps students to feel in control and to exert positive independence. When students feel a sense of independence and control in their environment, behavior problems will be significantly fewer, possibly even nonexistent.

According to Hodgdon (1999), visual tools are used to:

- Give students information
- Give directions
- Teach social skills
- Organize their environment
- Establish rules and behavior guidelines
- Teach academic skills and work tasks
- Support learning expressive communication skills
- And many more ways to make communication more effective

A visual tool is simply putting communication messages into a picture or symbol format, which may be paired with words, if desired. For instance, you might represent behavior expectations like “be seated” with a picture of a person sitting, or “stop” or “take a break” with a stop sign or open hand, palm facing forward. These can be single pictures used on cards, a series of cards, or a list of pictures used to represent several ideas. There are lots of visual tools to help students understand and know what to do. Hodgdon (1999) cites some examples of visual tools that can be created, including schedules, calendars, rule charts, lists, printed instructions, and behavior reminders.

The first step in making visuals is to decide what it is that needs to be communicated. Choose a picture or pictures to represent this communication. Choose a size for the pictures and how they will be used (on a board, on one sheet of paper, on a clipboard, in a folder, etc.). Make the pictures and laminate them for longevity. Remember, visuals will be more successfully used if the student is the one using and manipulating them. Finally, as with other instruction, students must be taught very specifically how to use the visuals and then the visuals must be used very consistently.

Visual tools should be specific, age appropriate, as clear and simple as possible and made for student manipulation so they can “feel” as well as see their accomplishments. These tools do need to change over time. New pictures and symbols should be added and old ones taken away when necessary. For instance, visuals that do not work after several weeks of very consistent use should be replaced with new options until the best fit is found. Remember, visuals should be age appropriate and they should be individualized for student understanding; that is, a student’s particular needs should be represented in your visuals.

There are a number of great books to help with designing visual tools. Actual photos can be used and you will find that many books and software programs with huge libraries of pictures for making visuals are available. Check your school’s resources, the Internet (www.Do2Learn.org is one excellent site), or check the resources in your T/TAC library.

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Hodgdon, L. (1999). *Solving behavior problems in autism: Improving communication with visual strategies*. Troy, MI: QuirkRoberts Publishing.

McClannahan, L. E., & Krantz, P. J. (1999). *Activity schedules for children with autism: Teaching independent behavior*. Bethesda, MD: Woodbine House.

From Control to Learning: Developing a Comprehensive Support Plan Through Functional Behavior Assessment and Positive Behavior Support

Carol Schall, Director, Virginia Autism Resource Center

Lonny's Story

Lonny Smith (a pseudonym) has the ideal educational program. He is a 12-year-old young man with severe autism. He uses the "picture exchange communication system" (PECS) to ask for items and activities he wants and needs. In the morning, he has a one-to-one teacher and receives an applied behavior analysis program. In the afternoon, he attends a public middle school with a one-to-one aide and a mixture of inclusion and special education services. He also has one-to-one home support services in the afternoon and on weekends. All of his team members are highly trained in applied behavior analysis, PECS, and the characteristics of autism.

Despite his having the "Cadillac of services," Lonny also has severe challenging behavior. Specifically, he will hit himself and others, scratch, pinch, bite, and scream. The severity of his behavior increased, mostly when one of his teachers had to deny an activity or item he requested. This resulted in the public school being unable to serve Lonny. He began receiving homebound school services. It also resulted in his not being able to use his PECS pictures to avoid the possibility that he might ask for something that would result in an aggressive behavior. His team was greatly concerned that they would not be able to continue this excellent educational program if he could not communicate with PECS. In addition, they wanted to understand his behavior and help him change it now while he is young and relatively small. If left unattended, his behavior is likely to become more severe as he grows.

Lonny's story is not unusual. One of the most challenging aspects of educating young men and women with autism is addressing these "secondary" behavior challenges (Positive Behavior Support Subcommittee Meeting, January 22, 1999). Lonny's disruptive behavior presents challenges, his learning stops

and he and those around him are at risk of harm. If his team is unable to effectively address his behavior, it is likely to become more severe.

In addition to the need to learn better ways to address the behavior problems presented by students with disabilities, recent federal legislation has mandated that schools adopt a new assessment approach for such students. The Individuals with Disabilities Education Act (IDEA) Reauthorization of 1997 introduced a new regulatory process for addressing the problem behavior of students with disabilities (PL 105-17, §615(k)). Clearly, by regulation, schools as organizations must learn new ways to meet the social and behavioral needs of their students with autism.

Functional Behavior Assessment: An Opportunity to Encourage Team Learning

Emily, Lonny's case manager, contacted Carol, a specialist in functional behavior assessment and positive behavior support. The process of completing a functional behavior assessment includes three essential steps (O'Neill, Horner, Albin, Sprague, Storey, & Newton, 1997). They include team interview, systematic observation, and hypothesis development. Carol observed in all educational environments and interviewed all of the staff members. She also taught the team members to collect data in a more comprehensive way using index cards (Carr, Levin, McConnachie, Carlson, Kemp, & Smith, 1994). Carol acted as facilitator to help the team through the process of completing the assessment and writing a plan.

She then convened a complete team meeting with all members of the team, reviewed the data that they had collected, and facilitated the team in "An Initial Line of Inquiry" (Lohrmann-O'Rourke, Knoster, & Llewellyn, 1999). The team identified Lonny's strengths and the problem behaviors he exhibited, the fast and slow triggers that preceded his behavior, and the consequences that were used when his behavior occurred. They also considered Lonny's perspective and analyzed what they thought he got from his behavior.

They realized the underlying need that Lonny was communicating with his behavior: *When Lonny doesn't know what will happen next in his schedule and doesn't know how to ask, 'What will happen next?,' he will ask for something (usually something that he can't have) in order to increase his knowledge of what will happen. If he is told "no" he will bite, scratch, pinch, hit or head bang in order to get what he asked for.* Although he had a visual schedule, it was not specific enough to help him predict what was actually going to happen next. He also had no way to identify when he could and could not ask for activities such as a car ride. When he tried to ask using PECS and was told no, he then resorted to the way he

"What will happen next?"

communicated as a young child (aggression). The team also discovered that Lonny's behavior did not have a singular function. *He also engaged in the problem behavior when he was asked to do a challenging task in order to avoid the task, and when his head hurt.*

These findings were in direct opposition to the interventions that they were using to suppress Lonny's behavior. When Lonny engaged in challenging behavior, sometimes his support staff would give him the activity that he requested while other times they would not. In other words, they intermittently reinforced Lonny's behavior. They realized that they had spent the majority of the year reinforcing the very behavior that they wanted to stop. Their reactive strategies were effective in stopping the behavior in the short term, but were actually causing more problem behavior to occur over the long term.

"They realized that they had spent the majority of the year reinforcing the very behavior that they wanted to stop."

Multicomponent Positive Behavior Support Plan: A Creative Problem Solving Process

Carr, Horner, & Turnbull (1999) noted the significant increase in success when a behavior intervention plan includes both antecedent and consequence strategies. Bambara & Knoster (1998) defined such a plan as including six strategy components:

- Antecedent/Setting Event Interventions
- Alternative Skills to be Taught
- Instructional Consequence Strategies
- Reduction Consequence Strategies Including Crisis Management Plan
- Lifestyle Interventions
- Supports for Team Members

Once Lonny's team identified their hypotheses regarding the functions of his problem behavior, they were able to brainstorm effective and successful strategies for each of the six components listed above.

Through a brainstorming process, they agreed to implement a number of antecedent/setting event strategies. They agreed to teach Lonny new skills to replace the problem behavior, to increase his communication competence, and to accept times when he could not engage in activities that he wanted to do. They also developed a comprehensive array of consequential strategies that identified what they should do when he engaged in the new positive behavior as well as how they should respond when he exhibited the problem behavior. They considered his current life situation and made plans to convene a person-centered plan. Finally, they identified the communication, training, and systemic issues that they shared as a team. Figure 1 is a detailed listing of the strategies that they adopted at this meeting.

Figure 1

Lonny's Positive Behavior Support Plan

Antecedent Strategies

- Provide a detailed visual schedule with every single activity depicted (e.g.: not just "work" but "count money," "read words," etc.).
- When on a break, always offer him deliverable choices with pictures in a file folder.
- Offer frequent sensory breaks (intense physical jumping on trampoline, rolling on the floor, taking walks).
- When he requests something that you can't deliver, show him on his schedule when he can have the activity (e.g.: "We can take a car ride tomorrow.").
- Give him access to a "different work" manila folder that has pictures of other work that he enjoys. Allow him to choose an alternative work session when he appears to be frustrated.
- Use errorless learning to decrease the number of corrections you have to do.
- Use a digital timer to let him know how long he has to wait for an activity or item.
- Try a "migraine band" for his head when he requests pushing/pressing on his face.

Alternative Skills To Be Taught

- Teach Lonny to make his own schedule by placing pictures of the activities that he has to do and offering choices on activities that he wants to do.
- Teach Lonny to accept changes in his routine by changing his visual schedule with him.
- Teach Lonny to request the "different work" folder when he appears frustrated by the work that he is doing.
- Teach Lonny to make deliverable choices by offering him a choice from a manila folder with pictures of activities that he can have.
- Teach Lonny to use sign language.
- Teach Lonny to say "hurt" in words, sign, or pictures when he rubs his head or requests pressing on his face.
- Teach Lonny to accept a "no" response using videotapes of others accepting a no response and using social stories.

Instructional Consequential Strategies

- Have Lonny move the pictures from his schedule to the "done" envelope once he completes the activity.
- Reinforce Lonny with fun activity after accepting change in routine.
- Offer the work that he selects.
- Offer the activity that he selects.
- Converse with him in sign language.
- Offer the Migraine Band when he says hurt.
- Praise Lonny whenever he accepts a no response or makes an alternative choice of an activity.

Figure 1 Continued

Reduction Consequence Strategies Including Crisis Management Plan

At the earliest point that you recognize that Lonny is getting frustrated:

- Offer him the “different work” folder.
- Offer him a sensory break.
- Show him when he can have a requested item on his schedule.
- Offer him “squishy” toys to release frustration.

If he becomes aggressive:

- Redirect him to his current work.
- If you have enough staff support (2 or more people), continue to stay with him until he gets back to work while protecting him and others in the area.
- If working with Lonny alone and he continues to grab at you, leave the room.
- Continue to redirect him back to his work or activity.
- Once he is calm, offer him a sensory break.

Lifestyle Interventions

- Convene a person-centered planning meeting to identify long term goals and redefine his current curriculum in line with the long term goals.
- Train all new team members to work with Lonny before they start working with him.
- Hold a team meeting with all service parties to introduce new team members to Lonny’s support team.
- Continue to hold team meetings on at least a quarterly basis to discuss consistency across service providers.

Support for Team Members

- Jose will develop a “home” schedule with help from Emily and train Mom, Dad, and sister in using it.
- Schedule all team meetings to discuss summer services as soon as possible.
- Convene regular all team meetings with all staff and family at least once every marking period.
- Celebrate Lonny’s success with whole team.
- Train all staff working with Lonny how to correct errors without saying “no”.
- Convene an IEP meeting to plan for fall school services as soon as possible.
- Develop a communication system that will go between all service providers and will include information about successful strategies discovered, unsuccessful strategies tried, new triggers that lead to challenging behavior, and ideas for the other team members.

At the heart of a functional behavior assessment is a problem solving approach that includes multiple methods of team learning and systems thinking. The team learns how to work together and learn from each other in a manner that is mutually supportive and informative. They are assessing the subtle environmental factors that trigger the challenging behavior. According to Tilly, Knoster, Kovaleski, Bambara, Dunlap, & Kincaid, “The process involved in [Functional Behavior Assessment] is not a procedural one. Indeed, FBA is not a set of procedures and protocols, but instead is an integrated problem-solving approach to creating educational supports and interventions with a high likelihood of success. The FBA process is flexible in that different procedures might be used under different circumstances,” (1998, pg. 3-4). The process involves five steps that result in a coordinated, multi-component behavior intervention plan. Additionally, those closest to the problem complete the process. This represents a departure from former ways of addressing problem behavior where reactive strategies were developed by consultants or psychologists who did not “live with” the problem. The student’s team completes the five-step process:

1. Problem identification and definition
2. Problem analysis
3. Intervention development
4. Monitoring progress and evaluating outcomes
5. Intervention revision as indicated by monitoring and evaluation (Lohrman-O’Rourke, et al., 1999; Tilly, et al. 1998; McConnell, Hilvitz, & Cox, 1998; Vaughn, Dunlap, Fox, Clarke, & Bucy, 1997; Fox, Vaughn, Dunlap, & Bucy, 1997; Pennsylvania Department of Education, 1995).

When an interdisciplinary team completes the process with the guidance of a skilled facilitator, the team uses action learning principles in a meaningful training/learning format. Team members who are open to the process find that they have to change their own behavior in order to support the change of the student they are supporting (Chapman, Kincaid, Shannon, Schall, & Harrower, 2002).

Panacea or Pariah? Recommendations to Ensure the Integrity of Functional Behavior Assessment and Positive Behavior Support

While the process provides a tremendous opportunity to support school systems, it is susceptible to the integrity and skill of those implementing it. Misinformed or misguided people can implement a set of procedures and in effect render the process meaningless. By making a dynamic process into a specific protocol without regard to organizational learning, functional behavior assessment and positive behavior support becomes another form in a sea of paper. Therefore, the following recommendations are

essential to protecting the integrity of the process:

1. All training of interdisciplinary teams should use the case study model combined with inquiry and mental model strategies (Davis & Davis, 1998).
2. There must be a core of facilitators who understand the complex issues associated with supporting students with autism in multiple settings. These facilitators can provide training in the necessary knowledge and skills and facilitate dynamic team processes to encourage organizational learning.
3. Every team supporting a student with autism should have access to a behavioral specialist/facilitator so that when students with autism exhibit problem behavior, they can use systems thinking and learn in a team through a supported process.
4. Key leaders in the field of autism should develop and implement bold visions about the knowledge, skills, and abilities needed by educational professionals to meet the challenges presented by students with autism.
5. It is essential to develop an early identification and intervention system so that empowered and effective teams can intervene in student problem behavior before it escalates to severe proportions.
6. Schools must devote resources in the way of time to allow teams to learn this problem solving approach together.

The process of supporting a student with an autism spectrum disorder and challenging behavior requires a tremendous amount of coordination between numerous people. We can use the process of functional behavior assessment and positive behavior support to develop successful change strategies for the student with autism while also supporting communication between team members. The nature of the comprehensive plan that is developed addresses the student's need to learn new behavior and the teams need to coordinate services. Inevitably, this increases the success of the team and the quality of the services for the individual with autism.

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