A SPECIAL EDUCATOR’S TOOLBOX:
BEHAVIORAL STRATEGIES FOR TEACHING STUDENTS WITH AUTISM

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Arts in Special Education,
Mild/Moderate Disabilities

By

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May 2012
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DEDICATION

This graduate project is dedicated to my family. I want to thank my mother and father, Debra and Ralph Arellano, for always encouraging me to do my best. They taught me to take life’s challenges in strides, and use what I have learned from them to give me strength and knowledge. I would also like to extend my love and gratitude to my husband, Jesse. Without his patience, encouragement, and support this educational milestone would not have been achieved. Lastly, to my brother, Andrew, and my daughter, Jade, along with my future children, I hope that my commitment to persevere against all odds has inspired you to do what you love and to always reach for the stars.
ACKNOWLEDGEMENT

I would like to thank my committee members who supported my efforts in writing this graduate project.

To my chair, Dr. Ashton,

You have played such an important role throughout my whole graduate experience. The classes I took with you are what ultimately prepared me to write and submit this graduate project. I am grateful that you shaped me into a better writer. I also want to thank you for believing in me and for encouraging me whenever I faltered. You are a busy woman and wear many hats on a daily basis, but you always seem to make time for others. I hope you know how much I appreciate all the time you made for me!

To Dr. Sears,

I want to thank you for making the time to look over my work and give me feedback. I know that you are also very busy and it means a lot to me that you agreed to be part of my committee. The classes I have taken with you have taught me a lot about literacy and have inspired me to be the best special educator I can be. From you, I have learned the importance of staying abreast of current issues and trends in our field, along with the importance of being new and innovative in teaching. Thank you!

To Elizabeth Davidson,
I am very fortunate to have a friend and colleague with the knowledge and experience you have. I have learned so much about autism from you. When I struggle with strategies and techniques for some of my most challenging students, you are always there to help me find an answer. The idea for this graduate project spurred from one of our many collaborations. I want to thank you for helping me find a way to create a project that demonstrated my true passion. I am grateful for the reading material you loaned me when I was knee deep in my research and for the many resources and ideas you shared with me so I could include them in my PowerPoint.
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ABSTRACT

A SPECIAL EDUCATOR’S TOOLBOX:
BEHAVIORAL STRATEGIES FOR TEACHING STUDENTS WITH AUTISM

By

Renee Marie Perez

Master of Arts in Special of Education,

Mild/ Moderate Disabilities

Despite the fact that autism awareness has improved in the last century, many educators, service providers, and parents have limited resources that help them educate and assist individuals who have this disability. The objective for this graduate project was to create and develop an interactive PowerPoint presentation, a resource that is epigrammatic and straightforward, yet also provides behavioral strategies one would need when working with a child with autism. The PowerPoint not only addresses behavior management, but it presents a number of interventions that can be used for each characteristic of autism: communication, social emotional, cognitive, and sensory.

Key words: autism, behavioral strategies
CHAPTER I

INTRODUCTION

Statement of the Problem

Parents, special educators, and service providers working with individuals with autism have frequent feelings of inadequacy and frustration. In order to reach someone with autism, one must first be educated about this disability. It is important to know and understand the characteristics manifested with autism before dealing with the major factors impacting any challenging behaviors that may arise.

Individuals assisting and working with children with autism are in need of an informational resource that is quick and easy to use. They require a tool that will give them facts about autism, as well as provide them with positive intervention techniques and strategies that can be used either in the school or at home when dealing with challenging behaviors. Providing guidelines and procedures to use in working with individuals with autism will ultimately empower those working with them. In turn, these will enable the development of a more positive relationship with the child with autism.

Purpose of the Graduate Project

The purpose of this project is to provide an interactive PowerPoint presentation on a CD that will assist parents, special educators, and service providers in their quest for information on this topic. This resource applies theory and best practices in behavior management for individuals with autism. It is meant to be a “tool box” or easy reference
when someone is looking for or is in need of behavioral interventions that can be used in both the school and home settings.

**Definitions**

In 2006, the Autism Society of America defined autism as “a complex developmental disability that typically appears during the first three years of life and affects a person’s ability to communicate and interact with others”. This term, among others pertaining to the topic, are defined explicitly in the review of literature (i.e., Chapter 2).

**Theoretical Framework**

This graduate project focuses on the theoretical framework, which assumes that the main characteristics of autism impact behavior. It is also based on the theory that if one educates him or herself about this disability, he or she will be able to improve their effectiveness in working with, teaching, and behavior managing and or parenting a child with autism.
CHAPTER II

LITERATURE REVIEW

An individual with autism often exhibits a wide variety of challenging behaviors, such as physical aggression, self-injury, tantrums, and noncompliance. It is important to understand that these behaviors are not only stressful for parents and disconcerting to school personnel, but they can also interfere with the individual’s ability to function in society and learn in the school setting. Highly effective behavioral programs and strategies are now available to parents, educators, and service providers to help individuals with autism, as well as their behavioral needs. This literature review will address the importance of behavior strategies for children with autism. Once the definition, history, and demographics of autism have been introduced, existing critical questions about the topic will be addressed.

History of Autism

The history of autism is a short one. This is due, in large part, to the fact that it did not get its name or attention until after the first decade of the 20th century. Since then, researchers have been scrambling to find answers to a number of questions about this disability. Many disagree on their interpretations of data obtained. As a result, their work has been found often to be inconclusive and disjointed. Theories regarding autism are currently in the testing stage, and “debates are ongoing in the medical community about what causes autism and how to treat it” (Shore & Rastelli, 2006, p. 12). Swiss psychiatrist, Eugene Bleuler (1912), coined the term “autism” in an issue of the American Journal of Insanity. Prior to the term’s existence, those with the condition or those who
displayed autistic like behaviors were regarded as legally insane and often placed in mental institutions.

Autism was first described by Kanner (1943). From his work, it is now known that autism is a complex brain-based neurological condition of development with an onset in the early stages of childhood. The disability can also be referred to as “autism spectrum disorder” (ASD) or “pervasive developmental disorder” (PDD). The American Psychiatric Association (APA, 2000) has published diagnostic criteria for autism and has identified the following five subgroups under the umbrella of PDD: autistic disorder, Rett’s disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS), and Asperger’s disorder. Each of these disorders differ slightly; however, it is what they share that is ultimately significant. All of these disorders illustrate a child with autism having a severe qualitative impairment in reciprocal social interaction and communication skills, along with a restricted range of activities and interests (APA).

APA’s Diagnostic and Statistical Manual-IV, Text Revision (DSM-IV-TR, 2000) provides standardized criteria to help diagnose ASDs. In order to have a better understanding of the disability and how one would qualify as an individual with autism, APA’s current diagnostic criteria are provided below.

The child has a distinct impairment in social interaction with at least two of the following:
• Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

• Failure to develop peer relationships appropriate to developmental level

• A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people

• A lack of social emotional reciprocity

The impairments in communication have at least one of the following:

• Delay in, or total lack of, the development of spoken language

• In children with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others

• Stereotyped and repetitive use of language, or idiosyncratic language

• Lack of varied, spontaneous make believe play or social imitative play appropriate to developmental level

The restricted repetitive and stereotyped patterns of behavior, interests, and activities include at least one of the following:

• Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that are abnormal either in intensity or focus

• Apparently inflexible adherence to specific, nonfunctional routines or rituals
• Stereotyped and repetitive motor mannerisms such as hand or finger flapping

• Persistent preoccupation with parts of objects. (p. 75)

In 2012, Autism Speaks Incorporated depicted that since the discovery of autism, the world has not been able to turn its head away from learning and advocating for those with the disability. On December 28, 2007 the United Nations General Assembly declared April 2\textsuperscript{nd} as World Autism Awareness Day. International autism organizations are now dedicating their time and money for additional research. Supporters aspire to give individuals with autism, diagnosed and undiagnosed, a voice.

**Demographics and Additional Information**

According to the Center for Disease Control and Prevention (2010), if 14 million children are born in the United States every year, approximately 36,500 of them will eventually be diagnosed with ASD. Assuming the prevalence rate has been constant over the past 2 decades, it can be estimated that approximately 730,000 individuals between the ages of 0 to 21 have an ASD. ASDs are reported to occur in all racial, ethnic, and socioeconomic groups, yet are on average 4 to 5 times more likely to occur in boys than in girls (Baio, 2012).

The Autism Society of America (2006) suggests that out of the 1.5 million Americans currently living with autism, 100,000 of these individuals are school-aged children with the diagnosis and are being served under Individuals with Disabilities Education Act (IDEA). This primary federal legislation addresses the educational needs of children with disabilities (IDEA, 2004). Additionally, in 2005 the United States Accountability Office (GOA, 2005) reported that children with autism receiving special
education services increased by more than 500 percent in the last decade. As the number of children diagnosed with autism has increased, so has interest and understanding about the disability.

Autism has made a dramatic impact on the U.S. Increased awareness of the disability has made early intervention services important and necessary. Many health care providers are now trying to educate parents. Early identification has become a form of best practice since it helps families collect information and begin treatment (Eaves & Ho, 2004). Ideally, screenings are conducted before the age of three, and children with autism are typically diagnosed during their second year of life (Vanvuchelen, Roeyers & De Weerdt, 2010). Although symptoms may lessen over time, autism is a lifelong disability and label. There is no cure for autism (Grandin, 1995).

The spectrum of ASD is extensive. Other conditions often coexist with autism, such as mental retardation, hyperlexia, obsessive compulsive disorder, attention deficit/hyperactivity disorder (ADHD), and dyslexia (Shore & Rastelli, 2006). Whether individuals develop autism due to environmental factors or whether it is passed on to them through genetics, is still under debate, and as mentioned earlier, still under study. However, what is evident is that practitioners must be proactive in the rise of this diagnosis. As more exploration of the disability takes place, more questions will continue to arise and need to be answered.

**Research Questions**

The following research questions will guide this review of the literature: 1) How do the specific characteristics of autism play a role in children with this
disability’s behavior? 2) What is known about increasing desired behaviors in children with autism? 3) What is known about decreasing unwanted behaviors in children with autism? 4) Why is it necessary to have crisis management in the home environment or at school for children with autism?

Characteristics of Autism that Affect/Impact Behavior

“One of the most intriguing aspects of autism is the range of each expression of each of the main characteristics” (Dunn-Buron & Wolfberg, 2008, p. 25). All of the following can or will play a role in a child with autism’s behavior: obstacles in communication, struggles with social skills, unique sensory needs, and unusual cognitive abilities and interests. Defining these categories will allow a much clearer picture in how they influence a child with autism’s behavior.

Obstacles in communication. In 1994, the work of Charlop and Hymes affirmed that one hallmark feature of children with autism is deviant or delayed speech skills. Communication skills for each child with ASD may vary. In the severest case, the individual is completely non-verbal; he or she may have a vocabulary of sounds, but not of words. In this case, the child may have a greater comprehension of language than expected based on his or her output. It is important to keep in mind that even though there is minimal or no expressive language taking place, the child can still communicate; the communication will be through actions, not words.

The next area of the communication continuum is where speech takes place, but may require external prompts due to social skills deficits. The child may use echolalia to get his or her point across. This is when he or she immediately echoes the utterance of
someone or something he or she has heard. Sometimes, these children like to take lines from favorite TV shows and repeat them when they feel it can be applied in an appropriate context within a conversation (Stribling, Rae & Dickerson, 2007).

Following the communication continuum, a child could be capable of using original speech to communicate, but may have difficulty with the pragmatics of language. He or she may demonstrate unusual prosody, be very pedantic, or at times, may take another’s sarcastic comments in the literal sense. In this case, he or she may also have issues with auditory discrimination and auditory processing (Dunn Buron & Wolfberg, 2008).

Lastly, on the upper end of the communication continuum, Dunn Buron and Wolfberg (2008) describe that a child may be fluent verbally, but may resist making appropriate eye contact. He or she may also have an inability to pick up on social cues. Whether a child’s method of communication is at this level or on the more severe end of continuum, it is imperative to remember that each method of communication faces challenges. All individuals call for their wants, needs, thoughts, or feelings to be heard by another. If one’s ability to communicate is impaired or ineffective because of impairments due to autism, then behavior may be a part of or solely how these individuals will speak to others. It seems like this info should be under social skills, not unique cognitive abilities.

**Struggles with social skills.** In 2005, Notbohm stated, “Kids with ASD frequently stand out as social oddballs” (p.69). She further explained that children with ASD struggle with learning social awareness because it is not a set of concrete, itemized
skills. The other characteristics of this disability that contribute to impaired social behavior are frequently seen displayed by those with autism. Society has a difficult time understanding why a completely typical looking individual may portray inappropriate, awkward, or rigid behavior; to them, it is appalling and uncalled for. Misunderstanding from both parties is one of the major concerns for teachers and parents today (Galian, Barcalow & Krivda, 2005).

Some individuals with ASD have good social skills and may even seek out interactions with adults, but rarely initiate them with peers (Koegel & Koegel, 2006). Lack of social initiation with peers results in a decrease of learning opportunities. The play behavior of children with ASD typically is very different from that of their peers. They are often content to play alone with toys and do not seek out adults in order to share toy play (Rozga, Hutman, Young, Rogers, Ozonoff, Dapretto & Sigman, 2011). In addition, the restricted patterns of interest may manifest as using toys in a repetitive manner for purposes other than they intended (Wolfberg & Schuler, 2006). For example, a child with ASD may line cars up in a row in the same order each time, or spend time spinning the wheels of the car in the air. Overall, children with ASD engage in fewer different functional play acts and produce less diverse functional play compared with peers of a similar maturational age (Rozga, Hutman, Young, Rogers, Ozonoff, Dapretto & Sigman, 2011).

The deficient social performance of a child with ASD not only impacts his or her emotional state, but also affects with whom he or she interacts. Social skills need to be taught and are essential in having students gain love, acceptance, appropriate interactions with others, and independence in their futures (Laugeson, Frankel, Mogil &Dillon, 2009).
The primary focus in teaching social skills should be to promote positive and effective social interactions, rather than trying to eliminate problem behaviors completely (Feng, Lo, Tsai & Cartledge, 2008). Children with ASD may not ‘get’ or fit into their social world, but they know when someone believes in them, along with if and when that belief begins to dissipate (Notbohm, 2005).

**Unique sensory needs.** In 1979, Ayres depicted sensory integration as a process by which the brain organizes sensory information for appropriate use. Individuals with autism have significant sensory processing disorders that get in the way of them being able to attend to a task, learn, and relate to their surroundings and other people (Mays, Beal-Alvarez, & Julivette, 2011). They can either be “hypersensitive” or “hyposensitive.”

**Hypersensitivity.** The best way to depict a child with hypersensitivity is to think of turning up the volume. In other words, he or she would be overly in tune with noises, smells, lights, crowds, or any touch (Watson et al., 2011). Hypersensitivity can result in some negative or odd behaviors, like tapping or spinning objects, flapping one’s arms, or rocking back and forth. These are known as self-stimulatory behaviors or “stimming” (Shore & Rastelli, 2006).

Some examples of an ASD with hypersensitivity would be screaming in a crowd, covering one’s ears, or generally looking agitated because the environment is too noisy. Students could demonstrate anxiety or frustration in a classroom because they are not able to concentrate (Koegel, Opended & Koegel, 2004). They may also get especially agitated at unexpected noises, such as fire alarms, fire trucks, and sirens. The noise from a coffee grinder or a vacuum could be enough to cause a meltdown (e.g., yelling,
screaming, falling to the floor, kicking, hitting). Colors, shapes, and a lot of visual information to take in can be over stimulating. Smells from meat or fish, perfumes, and cleaning materials can also cause adverse reactions in children with ASD (Notbohm, 2005).

**Hyposensitivity.** Hyposensitivity to sensory input is the direct opposite. An individual with this would appear oblivious to cues from visual, auditory, tactile, kinesthetic, olfactory, and gustatory input (Watson et al., 2011). As a result, this impacts a child’s ability to participate where he or she lives. He or she may appear to be inattentive, bored, or exhibit inconsistent work performance. Low arousal levels are concerning to parents and educators because it is a safety issue. The individual may not attend or respond to dangerous sights, sounds, tastes, or smells (Notbohm & Zysk, 2010). Sensory issues overall impact a child with autism’s behavior in any environment and situation.

**Unusual cognitive abilities or interests.** The cognitive dimension of ASD is vast. Some children may have profound learning problems and are in the early stages of development, where others are quite intelligent. In 2001, Hermelin stated that approximately 10% of children with autism develop ‘savant’ characteristics. The term savant indicates remarkable abilities compared to the child’s overall level of ability. In the classroom, assessment tools are used to assist teachers in identifying the strengths and needs of children with autism. These students will most likely require accommodations in order to meet their specific learning styles (Heaton & Wallace, 2004).
For some children with autism, basic skills (i.e., reading, counting) come to them easily. Others struggle with reading and number skills despite IQs indicating they have the ability to learn these concepts (Dunn-Baron & Wolfberg, 2008, p.27). There can also be problems with organizational skills, working memory, and time management (Adreon & Duroucher, 2007; Verte, Geurts, Roeyersd, Oosterlaan & Sergeant, 2006; Williams, Goldstein, & Minshew, 2006). Although autism is considered a neuro-developmental disorder, those working with children with autism need to keep in mind that not all aspects of brain functioning are necessarily affected (Herbert, 2005 a).

Parents, teachers, and service providers must remember that some children with ASD may perform significantly below grade level or seemed delayed when compared to their typical peers (Munson, Dawson, Sterling, Beauchaine, Zhou & Koehler, 2008). They should ultimately look at academic programs available that will embrace the child’s particular talents and specific strengths. For instance, if a child with ASD is a visual learner, then the teacher should remember that ‘a picture is worth a thousand words’ when helping him or her understand an educational concept (Grandin & Duffy, 2004). Furthermore, in 2004 Grandin and Duffy explained that emphasizing a specific talent or ability can lead to increased self-esteem. Teachers can also use strengths constructively in the classroom to help guide the child in choosing a successful career path.

**Increasing Desired Behaviors**

**Functional analysis.** In order to address a person’s behavioral problems and change his or her actions, completing a functional analysis of behavior (O’Neill et al., 1997) is recommended. Functional analysis is the process of gathering information that
analyzes the purpose or function of a specific behavior or behaviors being displayed (Lang et al., 2008). It may appear a behavior is occurring for one reason, when really it is happening for another.

Results of studies conducted by Iwata, Dorsey, Slifer, Bauman and Richman throughout 1982 to 1994 have demonstrated the use of the analog functional analysis in order to accurately assess the function of the behavior. When completing a functional analysis, it is crucial to identify under what condition the behavior occurs, what antecedents precede the behavior, and what consequences follow the occurrence of that behavior.

Once the function of the behavior has been identified, an intervention plan should be developed to outline strategies for changing the behavior and to give the child appropriate replacement behaviors. A negative behavior can diminish by altering the responses that follow the occurrence of the behavior, the consequence, or the behavior can be influenced by changing the conditions or cues that precede a behavior, the antecedent (Lang et al., 2008).

**Controlling the antecedent.** Implementing antecedent control will trigger more acceptable responses and help reduce inappropriate behavior in children with autism (Tews, 2007). Some strategies known to provide effective antecedent control are to visually structure the child’s environment, schedule, and task completion for the day. Expectations should be clear and set for the individual beforehand. Educators and parents can also try to addresses sensory issues and manage stimulation levels to lessen
anxiety (Shore & Rastelli, 2006). Strategies for assisting children with ASD with their triggers can be taught later so they learn to self-regulate.

**Reinforcement.** Reinforcement is when an action or object follows a behavior (i.e., reward) and that behavior increases over time. It is important to keep in mind that rewards are not always reinforcing. For a reward to be reinforcing, the wanted behavior has to increase after it is used (Neidert, Iwata, & Dozier, 2005). An individual’s preferences and interests should be kept in mind when selecting reinforcers. They can be divided into two categories: positive and negative.

**Positive reinforcement.** Positive reinforcement comes in some form of social interaction, sensory experience, preferred activity, or access to a tangible item the individual wants or likes (Carter, 2010). In classrooms, token systems are very popular. Because point and level systems can be often too abstract for children with ASD, offering them a form of trade is more reasonable (Notbohm & Zysk, 2010). This system of reinforcement asks the child to present a desired behavior in order to obtain an object or visual symbol of preference.

**Negative reinforcement.** Negative reinforcement is a widely misunderstood term; it is not the same as punishment (Mendres & Borrero, 2010). Negative reinforcement should not be used to decrease poor behaviors, but to increase preferred behaviors (Carter, 2010). When negative reinforcement is used correctly, something is removed or ended that is disliked or uncomfortable for the individual in order to increase desired behavior (Neidert et al., 2005). For instance, if a child with ASD wants to be left alone, a
punishment would be to approach him or her, and a negative reinforcement would be to give him or her space until he or she is ready for company.

**Compliance Training**

Compliance training is used with individuals with autism to increase the amount of teachers’ instructional control (Starkweather-Matheson & Shriver, 2005). Children with ASD often exhibit noncompliance, and it is critical they are able to follow another person’s directions. This not only promotes safety, but also allows them to have successful experiences at school, home, and in the community (Ducharme & Drain, 2004). Compliance can be encouraged by using effective cues. For example: “stop & sit” should be used rather than “come back.” Cues should be short, direct, clear, and logical in order for them to be effective (Notbohm & Zysk, 2010).

Another way to get a child with ASD to comply is to use a hierarchy of prompts. In 1997, Fouse and Wheeler gave the following recommendations. First, a teacher could start by giving a verbal command. If that does not work, he or she could supplement it with a visual prompt (i.e., picture card, sign, gesture). If there is still no response of the desired behavior, then the teacher should provide the child with a physical prompt. This could be offering physical guidance from behind or facilitating hand over hand. It is evident that scaffolding of prompts is used when dealing with a noncompliant child, along with giving him or her choices, but no more than two.

One of the most widely recognized behavioral treatment programs that uses compliance training is a program developed by Lovas (Lovas et al., 1981). His form of training and operant conditioning is done in discrete trials. Discrete trial instruction
involves repeated and frequent instructional opportunities during more structured
teaching sessions (Sigafoos, O’Reilly, Ma, Edrisinha, Cannella, & Lancioni 2006). The
teacher is expected to emphasize a systematic presentation of learning, promote accurate
responding, deliver positive reinforcement, and to correct response errors when working
with the child one on one. Learning objectives are defined in behavior specific
terminology, acquisition is established, and student progress is measured through
continuous data collection (Leblanc, Ricciardi, & Luiselli, 2005).

The Sure I Will program by Jenson (Rhodes, Jenson, & Reavis, 1993) is another
published program that presents compliance training based on operant conditioning
principles. There are many to choose from, but what is important is that parents and
educators are trained on how to apply the program they choose and that the program they
use is evidence-based (Fouse & Wheeler, 1997).

Decreasing Unwanted Behaviors

Ignoring misbehavior. Due to the fact that individuals with autism have limited
social-communicative skills, they often learn to use negative behaviors to get attention
(Zelazo, 2001). One way to correct this behavior is to provide social attention only when
the desired behavior has occurred. This strategy is known as ignoring the misbehavior.
This is not always easy for the parent or educator, especially if the inappropriate behavior
is excessive or could be dangerous to the individual or others around him or her. In order
to be successful with this strategy, one must be firm; ignoring should be accompanied by
a cue and stop if, and only if, the behavior has become a safety concern (Fouse &
Wheeler, 1997).
**Differential reinforcement.** Differential reinforcement is when positive reinforcement is used for an acceptable behavior being displayed, while at the same time ignoring the misbehavior that may be accompanying it (Athens & Vollmer, 2010). An example would be if a child with autism bangs his or her head in order to be held. The caregiver could simply prompt, “Hold out your arms.” If the child complies with the directive, he or she should be picked up and held. In this example, the adult ignored the head banging, but rewarded the holding out of the arms because it was an appropriate behavior replacement. This method takes time, but the goal is to have the child decrease the unwanted behavior and learn that the replacement behavior is more effective in getting what he or she wants (Fouse & Wheeler, 1997).

**Time outs and response cost.** There are many forms of time outs. When using them with children with autism, the time out process should be kept simple. The individual is not allowed to access reinforcers for a structured period of time. The time-out should be structured (i.e., with a timer) so the individual is aware of the time he or she is being asked to reflect, and have no reinforcers or social interaction (Notbohm & Zysk, 2010). Talking should only be used for providing necessary prompts (Ducharme & Drain, 2004).

Lastly, response cost is a useful strategy in decreasing unwanted behaviors. This is when a variety of negative consequences reflect a loss of a preferred object or activity as a result of misbehavior (Athens & Vollmer, 2010). This approach is only effective for individuals with higher functioning ASD. It does not work for persons who are developmentally younger or more severely challenged (Fouse & Wheeler, 1997).
also necessary to explain to the individual with ASD that this is a temporary consequence, and clarify that the reward can be earned again at another time.

**The Importance of Crisis Management**

Crisis management is designed to have an immediate impact on behavior, with the intention of diffusing or interrupting a potentially dangerous situation (Galian, Barcalow & Krivda, 2005). “While it may prove effective in the immediate situation, crisis management is a quick fix with no long term educational benefit” (Dunn-Buron & Wolfberg, 2008, p. 163). The Crisis Prevention Institute (2007) recommends parents and educators use caution or avoid using immediate physical contact, unless necessary. Restraints should only be used by trained and certified adults if and when they are observing a child with ASD in a life threatening moment, such as, running into the middle of a street or handling a sharp object in an inappropriate manner.

However, crisis management teams must be developed, have plans, and be prepared for crisis situations for all individuals with autism at all times (Dunn Buron & Wolfberg, 2008). These individuals can avoid meltdowns and catastrophic reactions by being aware of the person’s early warning signs (Fouse & Wheeler, 1997). The overall goal is to promote safety for the individual with ASD and those around him or her.

**Conclusion**

As noted in the introduction, parents and special educators working with individuals with autism often have feelings of inadequacy and frustration. In order to reach someone with autism, one must first be educated about the disability. It is also
important to know and understand the characteristics manifested with autism prior to
dealing with the major factors impacting the ASD.

Knowledge is power. Currently, parents and educators are in need of an
informational resource available to them that is quick and easy to use. They require a
tool that will give them facts about autism, as well as provide them with positive
intervention techniques and strategies that can be used either in the school or home
setting when dealing with challenging behaviors. Providing guidelines and procedures to
use in working with individuals with autism will ultimately empower those working with
them.
CHAPTER III

METHODS AND PROCEDURES

Intended Audience

This graduate project was created for special education teachers, service providers (i.e. occupational therapists, speech therapists, adaptive physical education teachers, instructional aides), childcare providers, and parents of children with autism. It was meant to give these individuals practical tools, techniques, and strategies that are needed when taking on challenging behaviors in the child’s home or school setting.

Development of the PowerPoint

Initially, the author had ambitions of amassing all information available about autism to date. The importance of focusing on the strategies that apply strictly to theory and best practice in behavioral management soon became apparent. The PowerPoint had to be simple, visual, engaging, easy to use, and easy to understand. The slides contain a number of pictures and hyperlinks to avoid being wordy. They allow the reader the opportunity to have full comprehension and mastery of each behavioral technique being presented.

The PowerPoint was developed with the intention of being a self-teaching support for the intended audience. Strategies, visuals, and hyperlinks to helpful and informative websites are provided for each of the main characteristics of autism: communication, social-emotional, cognitive, and sensory. The author also discussed behavioral management and presented additional behavioral techniques for the reader.
CHAPTER IV

EVALUATION

In order to measure the project’s effectiveness, the author could present the PowerPoint slides to a group of colleagues or educational professionals and ask for their feedback. A survey could be distributed after the presentation, where participants would have the opportunity to rate the information provided, as well as the presenter. If there were no problems or concerns, the author may think of giving the CD to the director of student support services in her district and have the resource available to other staff members, new hires, and parents.

The author is open to making future revisions to the final product in order to ensure the success of the CD. The overall goal for the PowerPoint presentation is to have behavioral strategies presented and available to others in a clear and concise manner.
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doi: 10.1007/s10803-010-1051-6

Wiley Publishing, Inc.


APPENDIX A

A Special Educator’s Toolbox: Behavioral Strategies for Teaching Students with Autism

Created by
Renee Marie Perez

The Characteristics of Autism

Communication
Social-Emotional
Cognitive
Sensory

ALL CHARACTERISTICS OF AUTISM IMPACT BEHAVIOR
Communication

- Address behavior through effective communication programs.
- Pick an alternative communication system that will allow the child to communicate wants, needs, thoughts, and feelings across a variety of settings, persons, and tasks.
- Pick a method that is appropriate and effective based on the child’s specific needs.
- Always make it available for the child to use.

Types of Alternative Communication Systems

- Gestures and pointing
- Communication boards
- Object or picture exchange
- Synthesized speech (i.e., Wolf, Message Mate, DynaVox)
- Picture symbols with words
- Printed words or letters
- Sign language
Communication Boards & Synthesized Speech

DynaVox:
http://www.dynavoxtech.com/

Message Mates:
http://www.words-plus.com/website/products/hand/mm.htm

A list of communication apps available for your iPhone & more:
http://www.autismspeaks.org/family-services/autism-apps

Object & Picture Exchange

How to:

The six phases of PECS:

Where to find icons & more:
http://www.boardmakershare.com/
Visual Strategies

- A majority of children with autism are visual learners.
- Due to the fact that educational and social interactions in society take place mostly through verbal communication, breakdowns occur as a result.
- Try supplementing verbal communication with visual tools (i.e., visual schedules, choice boards, communication strips).

Sign Language

- Although many individuals with autism respond to sign language or to sign language paired with verbal cues, it isn't always the best choice for every child with ASD.
- Keep in mind that some children may not have the motor skills to manipulate their fingers to form signs that are recognizable to people outside their immediate family.
- Also, take caution that sign language is not universally understood.
- Consider the overall situation and the child's skills and needs when making decisions regarding the use of ASL.
Social-Emotional

- Improving social performance is essential to meet the child with autism's need for acceptance, love, interaction with others, and independence.

- In order for change to occur you will need to teach skills that promote effective social interactions, rather than trying to eliminate the problem behaviors that exist.

- Always remember that inappropriate social behaviors may occur because of sensory overload, the child’s preference for routine and ritual, and motor planning difficulties.

- Steer away from trying to “cure autism” or mold the child into someone else by eliminating characteristics that define who they are or their unique personality.

Strategies for Social Skills Training

- Increase the child’s repertoire of prosocial behaviors
- Use direct instruction to teach social skills
- Model the appropriate skill, while pointing out important parts
- Match skills to the situations
- Practice in real situations that are meaningful and functional with guidance and feedback
- Videotape the appropriate implementation of the skill
- Develop books that depict social situations
  - http://www.diegreycenter.org/social-stories
  - http://socialthinking.com
More Strategies for Social Skills Training

- Incorporate cueing procedures that maximize the development of independent functioning by the child.
- Avoid too much reliance on verbal cues or physical prompts from others.
- Provide a "social diet" by allowing for social interaction on a scheduled basis and upon appropriate request.
- Factor out social interaction when highly challenging tasks are given.
- Keep in mind that most individuals ASD desire social interaction as a basic human need.
- Be sure to use hand over hand guidance from behind when providing physical guidance.
- Give and create opportunities, along with access to age appropriate neuro-typical peers in school and within the community.

Helpful websites & resources:
- http://www.socialskiltstraining.org/
- http://www.teach2talk.com/
- http://www.autismsocialskills.com/
- http://www.autismteachingtools.com/page/bbhbgt/bbhhgz

Cognitive Abilities

- There is a wide range of brain functioning for the autism population.

- Although autism is considered a neuro-developmental disorder, not all aspects of brain functioning can or will be affected in every case.

- Consider academic programs and experiences that will improve particular talents and highlight the child’s relative strengths.
Educational Recommendations and Resources

- Small group vs. large group
- Play to the child’s interests.
- Family and service providers should aspire to mainstreaming into the students program.
  
  http://www.iecp.us/

- Be open to utilizing “Structured Teaching”- instructional strategies and environmental supports for individuals with ASD developed by the TEACCH program.

  TEACCH= Treatment and Education of Autistic and Related Communication-handicapped Children
  
  http://www.brighttots.com/TEACCH_Method_autism

Sensory

Hypersensitive or hyposensitive?

- Regardless of the level of arousal, a child with either of these will have issues with responding to stimuli, attending, learning, relating to the environment, spatial awareness, and relating to other people as a result.

- Sensory difficulties associated with autism are unique and variable.

What could be affected?

- Auditory modality, oral-motor and gustatory (taste), visual information, tactile and kinesthetic abilities
Interventions for Sensory Issues

Sensory Integrative Therapy
http://www.autism.healingthresholds.com/therapy/sensory/-integration

Brushing Therapy
http://www.youtube.com/watch?v=ZAUpA429y7M

Deep Pressure Therapy
http://www.grandin.com/ine/squeeze.html
http://www.youtube.com/watch?v=ZhtivoYB7C8

Sensory Diets
http://www.sensationalbrain.com/
http://www.superduperinc.com/Handouts/Handout.aspx

More Sensory Interventions

Oral-Motor Stimulation
http://www.nationalautismresources.com/oral-motor.html

Vestibular Stimulation

Auditory Integration Training (AIT)
http://www.auditoryintegration.net/

Irlen Lenses
http://www.irlen.com/

• A Safe Area:
  * Create a place that the child can access with reduced amounts of stimulation when he or she is having a meltdown due to sensory overload.
The Big Picture: Behavioral Management

- Increasing desired behavior can be possible if you are willing to conduct a functional analysis. Click the link below to see what a functional analysis is. The website below will also guide you in the process, along with the printable documents you will need.

  http://www.polyxo.com/fba/

- You will find that strategies function as an antecedent control when it is used as part of the child’s scheduled routine or when used before a behavior occurs.

  http://www.courses.dsu.edu/sped460/OLD/old.chapters/chapter.4/antecedents_for_classrooms.doc

Reinforcement & Types of Reinforcers

- Reinforcers will ultimately increase preferred behavior!

- When deciding which reinforcers to try, consider the child’s preferences.

- Individuals with autism who are developmentally younger or more severely challenged enjoy sensory based reinforcers.

- For higher functioning children, offer a large variety of reinforcers.
Positive Reinforcement

- Positive reinforcement is any object or action applied following a behavior that increases the behavior.
- Positive reinforcers may involve some form of sensory experience, social interaction, activity, or access to a tangible item.

Examples of Positive Reinforcement

**Sensory:**

**Social:**
eye contact, conversation, high fives, hugs, praise

**Activities:**
Puzzles, computer games, board games

**Tangible items:**
http://www.nationalautismresources.com/autism-reinforcers.html

* Note:
It is always wise to utilize a timer when activities and tangible items are being used. This eases transitions and avoids melt downs.
Negative Reinforcement

- Negative reinforcement is not punishment!
- It is also used to increase preferred behaviors.
- Negative reinforcement is the removal or ending of something that is disliked or uncomfortable, in order to increase the desired behavior.

For further explanation & examples see:

Time Outs & Response Cost

- How do I use a time out correctly for a child with autism?
  - Beginning & ending of time-outs are controlled by an adult.
  - No reinforcers are provided during the time out.
  - Social interaction does not occur.
  - Talking is provided only for prompts (i.e., sit in chair).

- Response cost can be a variety of negative consequences that involve a loss of a preferred object, activity, or participation in a required task as a result of misbehavior.

Examples of response cost:
- simple correction
- overcorrection
- positive reaction
- loss of valued object or activity
- loss of earned reinforcers

*Caution:
When applying response cost, be logical, clarify how long it will last, and don’t ever use loss of earned reinforcers.
Crisis Management

- One of the most important things is keeping your loved one safe.

- Children with autism often engage in behavior that threatens the safety of themselves or others.

- It is crucial to know what to do and when!

- The overall goal is to de-escalate the child without physical contact.

- The following links are a few resources that will provide information and appropriate training for crisis management:
  - http://www.handlewithcare.com/trainings/autism
  - http://www.abainternational.org/

* Please remember restraints are a last resort and you must be trained before implementing them!