Children Who Might Be on the Autism Spectrum Disorder and their Pre-School Teachers

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

By

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DEDICATION

This labor of love is dedicated to my family. To my most supportive husband Barak, who has always believed in me. Barak, my entire career and growth is due to your massive help and encouragement and I deeply appreciate it, I love you! To my two beautiful children, Noam and Noga whom I strive to inspire. To my parents Eva and Marchel, who instilled in me the value of higher education. I am where I am today because of the kind of parents you are and the way you raised me, to be brave, open-minded and determined.

And mostly, to young children who are in need of a diagnosis, help is on the way!
Initially, I would like to start by thanking a very special friend, colleague and mentor Hadas Mizrahi for her vast knowledge, creative mind and expertise. Hadas is an expert in sensory processing disorder. I would like to express my deep appreciation for her enthusiasm in supporting me with my project. I appreciate her insight, thoughtfulness, and passion. I thank her for taking the time and making the effort from her busy schedule for assisting me in this process. Hadas consistently encouraged me to excel and challenge myself. I will forever cherish every difficult moment she has helped me navigate through. Hadas, you are professionally and personally an inspiration to me.

Next, I would like to thank my friend Lili. Words cannot express my deep feelings and emotions towards your love, care and support to me. Lili is a marriage and family therapist who used her skills to reduce my anxiety and instill positive outlook at my most difficult moment in my life. Both Lili and her husband Tony have spent countless nights helping me in completing this paper. They have a very special place in my heart and I value our friendship.

Lastly and most importantly, I would like to acknowledge my Chair of the Committee, Stan Charnofsky, for being a part of my journey. I appreciate his kind spirit and I admire his honesty. Thank you so much for all your help. Additionally with much
appreciation, I would like to thank my professor Eric Lyden for taking the time to assist me in this process and offer me his help. His effort and dedication is priceless.

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ABSTRACT

Preschool teachers and children who might be on the autism spectrum

By

Orli Almog

Degree in Master of Science in Counseling, Marriage and Family Therapy

Many children who may not yet be diagnosed with autism are in typical preschool settings. Many of these classes are taught by general studies teachers who have not received special education training. As a Kindergarten teacher for eight years, I came to realize that each year I had at least two children in my classroom who were potentially on the autism spectrum. As a mother of a six year old son with autism, it was easy for me to recognize the different characteristics of these children. Early recognition allowed me to be more understanding of the situation and feel confident in accommodating these students. The goal of this thesis project is to provide general studies preschool teachers with training, a red flag checklist and suggestions to ensure confidence and empower these educators with the capability to provide a path toward diagnosis and to assist the potentially autistic child in the classroom setting.
CHAPTER ONE
INTRODUCTION

Background

“School readiness consists of social-emotional competencies as well as other cognitive and motivational competencies required for success in school”. Children who exhibit challenges in one or more areas of development can be struggling and hinder his/her school achievements.

Adam who is a five year old boy in my class was one of the students that inspired this thesis project. Adam exhibited a lack of social and emotional reciprocity, which is under criteria A-1 diagnostic autistic disorder of the DSM. He would get upset easily if things did not go his way. Adam had difficulties expressing himself and he would mumble a lot without getting his point across and therefore his peers lost interest and walked away. He used to laugh inappropriately when not suppose to and overall was standing out in his behavior compare to the majority of his class.

The above examples were contributing factors to Adam having no friends, having difficulties in academic performance and overall standing out in his environment. According to the Center for disease control and prevention (CDC), a child who is five years old who is easily distracted, has trouble focusing on one activity for more than five minutes and cannot tell what’s real and what’s make-believe, needs to be referred to the doctor. Many parents are not aware of their children’s deficits or are simply in denial. It appears that starting around Kindergarten is when parents are noticing these issues due to the fact that the expectations and demands from children rise: like sitting longer during
circle time or writing next to a table. Teachers who are not well informed about autistic disorders might assume that Adam’s case is a simple instance of a child who has behavior issues and is immature for his age.

Recognizing that there might be more to this, such as being a high functioning child with autism, can save precious time by sharing suspicious behavior with the administrative staff, by making the parent aware of this possibility and by helping the child progress within the typical environment preschool.

**Statement of Problem**

The Individuals with Disabilities Education Improvement Act legislation passed in 2004 mandated that pre-service personnel preparation programs must include training in (a) the use of new instructional technologies; (b) early intervention and response to intervention (RTI), (c) transition services; (d) how to effectively involve parents; (e) evidence-based practices for culturally and linguistic allow for diverse students with disabilities; and (f) positive behavioral supports (West & Hudson, 2010). Despite the significant percentage of children with developmental delays, childhood disorders, and other sensory related challenges, a preschool teacher’s training in special education is limited even in the face of the mandated legislation passed over 10 years prior. According to Pierce College, preschool teacher’s background education will most likely include courses such as, introduction to child development, early childhood philosophies, curricula, health and safety, and home/school relations (Piercecollege.com). General studies teachers who wish to work in a typical preschool environment are unlikely to choose programs or specially designed courses that focus on children with special needs such as “designed for students interested in specializing in or working with children with
special needs. Instruction focuses on accommodating and adapting the physical environment, instructional strategies and curriculum to meet the needs of differently abled children preschool aged and younger, and their families” (Pierce College, 2012).

Therefore, general studies teachers have very restricted ability to recognize behaviors associated with children on the autism spectrum and meeting the needs of these children in their typical environment classroom. Training and educating teachers with tools and ability to respond to challenging behaviors such as displayed by the autism spectrum must be acquired. Knowledge of the criteria of the autism diagnosis and providing the tools to accommodate the needs of preschool students can be beneficial in the process of inclusion for these children in typical preschool settings.

**Purpose of Project**

The purpose of this thesis project is to create a workshop that can provide general studies teachers with a working understanding of what an autism spectrum disorder really is, and how it could be reflected in the classroom daily activities. From being able to detect the possibility of the disorder, to addressing it in a professional manner that will be beneficial to the child. A teacher’s frame of reference reinforces the concepts according to the DSM.

Some learning objectives in creating this project are to:

- Increase comfort in detecting a possibility of a student who might be on the high functioning autism spectrum.
- A better understanding of what ASD looks like.
- The ability to utilize this knowledge by using different approaches.
• Increase awareness of different strategies associated with an ASD.

Limitations of the Project

Identification of an ASD (Autism Spectrum Disorder) is usually made during childhood and by a clinically trained psychologist. General studies teachers are not equipped to clinically diagnose, rather than suspect and detect the possibility of ASD within the child. Even trained MFT’s who were surveyed to provide a diagnosis of a vignette were unable to correctly identify that the child had an ASD. This was according to the journal “Contemporary Family Therapy”. Four out of every five clinicians out of the hundred and seventy-one had difficulties to correctly diagnose (Thomas et al., 2007).

A child who reflects attributes such as on the autism spectrum disorder that is not diagnosed will probably be called “problematic child”, or “different”.

Terminology

This section presents terminology used in this thesis project as they are related to the discussion of ASD. The list is organized in alphabetical order:

Autism Spectrum Disorder (ASD): A broad spectrum of diagnostic characteristics ranging in frequency, severity, and intensity. The DSM-IV-TR (American Psychiatric Association, 2000) indicates that individuals with ASD exhibit qualitative impairments in reciprocal socialization verbal/nonverbal communication, and restricted/repetitive behaviors.
Applied Behavior Analysis (ABA): A data-based behavior modification intervention to examine or change behavior monitored by analytic experimental designs and manipulation of variable to measure treatment effects of behavior change (Jacobson, 2000).

Assessment: Used to describe the intervention planning process involved in working with Autistic Spectrum Disorder.

Diagnostic Evaluation: Used interchangeably with “evaluation” refers to the process in diagnosing Autistic Spectrum Disorder.

Early identification: The prompt detection of developmental delays through medical and developmental screening and at the youngest age possible.

Early intervention: Any treatment that is put into practice consistently with an autistic child before the age of five with the purpose of improving the child’s quality of life.

High-functioning: A non-clinical description of a person with a diagnosis of autism disorder who has average or near-average intellectual ability.

Ritualistic behavior: Rigid routines, such as insistence on eating particular foods or driving to the store using only one specific route when many options exists, or repetitive acts, such as hand flipping or finger mannerisms (e.g., twisting, flicking movements of hands and fingers carried out near the face).

Screening: Refers to the prospective identification of children most likely to have ASD and or developmental delays.
Self-regulation: The ability to manage one’s attention, emotions, and impulses (California Department of Education, 2008).

Social reciprocity: Mutual responsiveness in the context of interpersonal contact, such as awareness of and ability to respond appropriately to other people.

Preview of the Thesis Project

The following chapters are designed to use peer reviewed and empirically based literature in order to give general studies teachers information about children on the autism spectrum in addition to a workshop developed in order to increase awareness and early detection and intervention. Chapter two will cover relevant literature on ASD, its characteristics, prevalence and co-morbidity; and treatment methods. This chapter will also discuss the advantages, as reflected by the literature, of training teachers of special needs children.

Chapter three provides detailed information of the teacher’s workshop on ASD and the instruments formulated to evaluate its effectiveness. In particularly, this chapter will describe the methodology and instrumentation used to examine the usefulness of the workshop. Chapter four will present the findings from the training session. Chapter five will provide a discussion of the findings in relations to the effectiveness of the teacher’s workshop, potential future modifications, and limitations of this current project.
CHAPTER TWO

LITERATURE REVIEW

Introduction

An autistic spectrum disorder, or ASD, is defined as a chronic condition that affects an individual’s social, emotional, and adaptive functioning. Demonstration of the disorder varies greatly depending on the developmental level and chronological age of the individual (Gomez & Baird, 2005). Difficulties in social skill acquisition and generalization are often the most noteworthy challenge for adolescents with ASD (Elder, et al., 2006). Autism is a developmental disorder and can be overwhelming for families in varying degrees. Core deficits are reflected in verbal and nonverbal communication, social interaction and pretend or imaginative play with typical problems including limited eye contact, absence of appropriate peer relationships, an absence of shared attention, and a general lack of emotional or social reciprocity (Hillman, 2006).

Autism Diagnosis

A recent update in the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) has changed the applied diagnostic methods for ASD. The latest revision, published in May 2013, and as described by Lai, Lombardo, & Baron-Cohen (2013), removed the definitions of subtypes, reorganized the diagnostic triad into a dyad, and adopted the umbrella term “autism spectrum.” The new dyad consists of: difficulties in social communication and social interaction, and restricted and repetitive behavior, interests, or activities. While there has been a healthy discourse and a large amount of material published regarding the efficacy of these changes (Wing, Gould, & Goldberg,
the primary method of detection remains unaltered: observation. An educator observing a student with ASD features such as problems inferring and expressing thoughts and emotions, and participating in social-emotional practices, will continue to be a crucial aspect to the diagnosis of ASD as these features are observed across the autistic spectrum of ability (Losh & Capps, 2006). Students with ASD exhibit a variety of exceptional characteristics that can pose challenges for teachers and, in many cases, cause them to become overwhelmed in the classroom. Frequently these students will display deficits in cognition, communication, and socialization. Basic functional and learning skills are often reduced or are even absent (Syriopoulou-Delli, Cassimos, Tripsianis, & Polychronopoulou, 2012).

Adolescents with an ASD may persist on sameness or show a resistance to change. This is often evidenced by their noticeable inability to cope and adjust to minor changes in the environment or in their daily routine relative to those of a similar age group without ASD. This inability to manage and adapt reflects a lack of behavioral flexibility (Lopata, et al., 2006).

Children with an ASD also in general maintain restricted or repetitive behavior, interests and activities. These are often distinguished in their inflexible adherence to nonfunctional rituals and stereotypical and repetitive movements that are known as “stiming” (Dawson & Osterling, 1997). Children and adolescents with an autism spectrum disorder present with an array of symptoms across cognitive, emotional, and behavioral domains. Language and nonverbal communication skills are either absent or significantly delayed (Hillman, Jennifer 2006).
Motor skills seem to be a relative strength for children with ASD. However, there are children, who may exhibit a delay in fine motor skills and a small minority who are significantly delayed in gross motor skills (Gomez & Barid, 2005). Motor challenges seem to be noticeable at the extreme poles of the spectrum. Generally, difficulties in motor functioning are apparent through parent report and direct observation. Challenges in motor functioning often lead to difficulties in both processing as well as in acquiring information from the environment (Wing & Potter, 2002). Fine motor discrepancies make it extremely difficult for children to obtain alternative communication systems (Adolphs et al., 2001). Also, with language and cognitive limitations, teens have significant difficulty maintaining self-control, particularly in school settings. Without a support network of teachers and staff, as well as parents, increasing a child’s participation in appropriate behavior can be complicated (Hillman, 2006).

Autistic symptoms are believed to stem from the lack of components of action and reaction necessary for the development of reciprocal, affectively charged interpersonal relationships (Channon, et al., 2001). Individuals with autism have more difficulty with tasks involving classifying their own complex emotions to include pride and embarrassment, as well as explaining other people’s emotions (Veisson, 1999). High functioning people with autism often have power over a theory of mind, which appears to be the outcome of effortful learning. This version of theory of mind can make it intricate to respond appropriately in complex and rapidly evolving social situations (Adolphs et al., 2001).
**Prevalence**

Estimates of prevalence vary widely, depending on the source of the research. According to the United States CDC (Rice, 2006), approximately 15 percent of United States’ child population have ASDs, this equates to one in 110 children. In research completed by Barned, Knapp, & Neuharth-Pritchett (2011) estimates in American children varied from 1:80 to 1:240 with an average of 1 out of every 110 children (about 9.1%) being diagnosed with ASD. Additionally, there appeared to be a 4:1, male to female ratio of ASD diagnosis. In 2013, the worldwide prevalence was estimated at about 1% of children with a co-morbidity rate exceeding 70% (Lai et al., 2013).

Complicating the matter is that specific prevalence rates for children under 5 are difficult to obtain. Although ASD symptoms are present in the first three years of life, the initial reporting that leads to a diagnosis of Autism or ASD is based almost entirely on the observations made by either caregivers or teachers. As observations are based on changes over time, there are numerous issues with establishing a point whereby symptoms of ASD have manifested. Research completed by Hus & Lord (2011) indicated that caregivers were often self-reporting developmental milestones earlier or later than actually achieved. In so doing, the initial need to seek a professional diagnosis may be premature or, worse yet, may come at a time when the maximum impact of therapy can no longer be achieved. The largest discrepancy in self-reporting on developmental milestones deals with meeting language delay criteria. This phenomenon, known as “telescoping” (Hus & Lord, 2011) was not consistent for other milestones such as independent walking or daytime bladder control. It was surmised that, unlike bladder control and taking a first step, there is not a consistent identification amongst caregivers.
as to what should be classified as meeting the language milestone. Based on the consistency, or lack thereof, of assessed grammatical abilities in the earlier stages of life between ages 4-6 and that of grammatical abilities assessed between ages 6-8, many researchers were lead to choose age 8 as more representative of ASD’s incidence. Prevalence data was collected in 2002 via the Autism and Developmental Disabilities Monitoring (ADDM) Network. A subsequent data collection in 2006 indicated an increase of 57% of ASD incidences in comparison with 2002 percentages (Rice, 2006).

It remains unclear whether these higher percentages reflect the expansion of the diagnostic criteria in the DSM-IV, published in 2000, to include: sub threshold cases, increased awareness, differences in study methodology and an increase in risk factors, or if there was a true increase in the frequency of ASD. There is certainly some reason to believe that the increase could be due to improved awareness and recognition of ASD characteristics in children at a younger age than previously annotated in literature (Lai et al., 2013). Whatever the cause or causes, the increase of ASD diagnosed students being incorporated into public school systems throughout the United States has increased dramatically. In fact, since 1997 no other identified disability group has outpaced autism with regards to the number of students entering general education. From 1997 to 2006, the number of ASD diagnosed students entering general education inclusive classrooms more than quintupled, from 42,517 in 1997 to 224,565 in 2006 (Barned et al., 2013).

Teacher Training to Ensure Successful Inclusion

Given the rapid increase in the ASD student population, early childhood professional educators are likely to have children with special needs, such as SPD, ASD
and ADHD, in their typical classrooms. This integration, called inclusive education, began in the United States in the late 1950’s. Inclusive education has taken root globally and has been reviewed for its impact on students with special needs as well as with typically developed children (Olgeman, 2012). Razali, Toran, Kamaralzaman, Salleh, & Yasin (2013) reviewed the history and efficacy of inclusive education and observed that inclusive education, among children with autism, had been practiced for more than twenty years in the United States prior to the US Federal Government mandating such a course in 2004. The early justification of placing children with ASD in the same classes as typically developing children was based on educational goals such as assisting children with autism to independently go through daily activities. Additionally, inclusive education assists children with disabilities by reducing the anxiety of building friendships and attaining respect from others (Razali et al. 203). There were unexpected positive net effects on typically developing children as well (Ingram, Mayes, Troxell, & Calhoun, 2007). For example, typically developing children became aware of the differences between themselves and others at an early age, thus learning to empathize and relate to disabled children both in the classroom as well as on the playground.

The ability to integrate this special population into a typical program and have a successful outcome relies on the capability of the program and on myriad adults—parents, therapists, early childhood special education teachers, and early childhood general education teachers. In many schools—including schools in Israel, Italy, Sweden and the United States (Huanga & Diamond, 2009) —it is the early childhood general education teachers who assume a substantial responsibility for the successful inclusion of children with disabilities into general education classrooms. Specifically, modified
activities and environments are fundamental conditions for successful inclusion but, more importantly, the capacity for a teacher to provide the necessary modifications is an essential factor for successful inclusion. Many of these modifications, as well as the likelihood that the teacher will have a positive attitude toward including this special population have been associated with the teachers’ overall knowledge of special education.

A study completed in 2010 by Secer examined whether preschool teachers in Turkey had specific attitudes towards inclusion that could be changed with increased knowledge. The study also attempted to determine whether teachers saw their competency, while working in inclusive schools, developing as a result of In-Service Training (INSET). Participants included 66 randomly selected preschool teachers from 33 schools in Konya, Turkey’s Local Education Authority (LEA). Participants included 11 male and 55 female teachers (Secer, 2010). A single group pre and post test design was developed to ascertain participants’ attitudes towards inclusion before and after giving an INSET course which consisted of 30 hours of participation over six weeks (one hour a day, five days a week). The INSET training incorporated the areas of: (1) Special Educational Needs (SEN); (2) the meaning of inclusion; (3) identification and assessment of children in preschools; (4) effective placement; (5) individualized education programs and their preparation; (6) changing attitudes toward children with SEN; (7) the involvement of parents in the education of children with SEN; and (8) support services (Secer, 2010).

The Opinions Relative to Mainstreaming scale was used to determine teacher attitudes toward integrating handicapped children into normal classes (Secer, 2010). This
scale measures classroom control and opinion about inclusion, perceived competencies of classroom teachers, perceived advantages of inclusion, and perceived competencies of SEN students (Secer, 2010).

Results indicated significant differences between pre- and post-test scores on ‘Advantages of inclusion’ indicating that “beliefs (about inclusion) were not positive before the INSET course, but became positive afterwards” (Secer, 2010, p. 48). Specifically, post-test scores for ‘student competencies and advantages of inclusion’ and scores for ‘Negative effect of inclusion’ were lower indicating that attitudes improved significantly on these factors. Also, the results showed that the INSET training for teachers resulted in a higher approval rate of the benefits of inclusion (Secer, 2010).

Although attitudes about inclusion were changed as a result of training, teachers were not sure that they would be able to practice the knowledge learned due to “inadequate resources, such as teaching and learning materials, unsuitable classrooms settings and inappropriate curricula” (Secer, 2010, pp. 50-51). These findings suggest that teacher training alone is not sufficient and additional modifications, such as environmental settings and curricular activities, must be included along with teacher education in order to ensure successful inclusive classrooms.

Secer’s study demonstrated that even after the dedicated training, many respondents still felt inadequately prepared to successfully integrate the classroom of typical developing children and those diagnosed with ASD. Even without this type of training, a number of studies have shown that education providers, regardless of background, are still able to perceive the need for this type of training. Loiacona & Palumbo (2011) interviewed 66 elementary school principals in the southeastern region
of New York to determine if they perceived the training they had received, in route to becoming a principal, provided adequate preparation to evaluate and support their staff when working with ASD students. The key finding in their study was that those who reported not having any formal training in autistic spectrum disorders, 61% felt unprepared and lacked the confidence to evaluate and support their staff. However, the 62% that had had been trained and understood behavior-analytic strategies (BAS) were confident with their abilities to apply those skills. The importance of these subjects recognizing their lack of confidence and knowledge with autism but confident in a BAS environment is two-fold. The first important factor is that the impact of Applied Behavior Analysis (ABA) concepts and their application in BSA instruction can be profound and, in some instances, result in children being indistinguishable from their typically developing peers.

This means that being well versed in ABA, regardless of the knowledge of special needs children, can still lead to positive outcomes for ASD students when using instruction based in BAS. The second critical component is that in most primary educational institutions in the United States, principals are responsible for the evaluation, mentoring, and support of general education teachers as well as special education teachers (Loiacona & Palumbo, 2011). This becomes important, as noted earlier, since general education teachers are the primary force in incorporating ASD students with TD students in an inclusive educational environment. Therefore principals can become a positive mentoring tool for the members of their general education staff. Additionally, these traits provide principals more common ground to evaluate and support special education teachers.
The importance of skilled, confident management staff and educators can be further found through a similar study done by Razali et al (2013). In this study, the respondents were teachers who were asked questions to ascertain their knowledge and understanding of inclusive education as well as the support they received from their management. During the course of the interviews, it became apparent that, while a number of respondents had positive outlooks (over 60%) on the purpose and possible outcomes of this educational model, they significantly lacked the knowledge and skill-set to implement this type of environment in their schools. In fact, 33% of the respondents indicated that, while they had been notified by their management that ASD children would be included in the classrooms, there were no initiatives taken or training provided by administrators to prepare these respondents for the change in classroom setting. In fact, some respondents indicated that they were unaware that this educational model had been introduced into their school. As the primary agent for executing inclusive education, teachers need to be educated, trained, and provided with the skill-sets necessary to successfully implement such a program while simultaneously receiving support from their administrators and managers.

Teachers equipped with knowledge can overcome some of the challenges of children with special needs, predominantly those that are sensory related, which often can be alleviated by simply altering the environment (hence controlling the type and intensity of a sensory input). Additionally, specific activities can be protective or disruptive to children with special needs, so curricula modifications should be applied accordingly. Responsive teachers who are equipped with knowledge and tools can ultimately facilitate activities to support challenges as well as to provide small, but essential modifications in
the classroom environment. Furthermore, teachers who, through observation, become aware of their student’s needs are more capable of advocating for children with special needs and are consequently more apt to pursue resources for positive inclusion and, in some cases, lead to an initial diagnosis earlier than if left to caregivers or clinicians.

**Early Detection Leads to Better Results**

The observational skill-sets developed by teachers during their training and education are uniquely relevant to the early detection of ASD characteristics. As explained previously, the primary source of recognizing the onset of ASD symptoms is through careful observation of a child’s actions and mannerisms. Additionally, being able to compare these observational changes over time in relation to standard milestones for the respective age group, has become the primary indicator for seeking professional diagnoses. Recent studies delving into the correlation of detection age and time of intervention against treatment outcomes has shown an extremely important aspect to ASD; the earlier the detection and intervention in the ASD the greater the results. As described by Jo´nsdo´ttir, S. L., Saemundsen, E., Antonsdo´ttir, I. S., Sigurdardo´ttir, S., & O´lason, D. (2011), a 2008 neuropsychological study provided significant evidence that ‘recovery’ from ASD in young children may be possible based upon intensive behavioral intervention, such as using behavioral analytical strategies (BAS) and their positive effect on behavior mechanisms. Additionally, based on this research, it might be plausible that if at-risk children are identified and treated early enough, the full development of ASD could be prevented. Despite knowing that early intervention can reduce symptoms and improve a child’s ability to learn new skills, the National Institutes of Health estimated in 2007 that “only 50% of children are diagnosed before
kindergarten” (Inglese, 2009, pp. 249). This low percentage is attributed to, in part, the lack of knowledge, understanding and recognition of ASD in young children. Therefore, the burden on educators to receive appropriate workshop training increases exponentially.

In 2012, Syriopoulou-Delli et al. completed a study of 228 Greek teachers based upon their perceptions related to the nature and management of autistic children. More than half of the teachers (53.1%) were found to believe that even with the appropriate training received, they would be unable to recognize ASD characteristics in a student, thereby decreasing the opportunity to refer the child to specialists. The study concluded that initial training in ASD would not be sufficient to provide the needed skill-set to identify the developing signs. And, in fact, continued education and specialized training for teachers was a critical component with profound implications on the future of a child who may ultimately have ASD. As Razali et al. (2013) noted in their study:

“With the increasing incidence of autism, there is an urgent need to have trained teachers to educate them. This is to ensure that they receive the best education to help them become independent and productive members of society. However, according to the National Research Council, U.S. (2001), teacher training is the weakest element in providing effective services for children with autism and their families.” (pg 263)

Given the sheer increase in children diagnosed with ASD in the last 20 years (Barned et al 2011) and that the stated lifetime cost for an individual with autism is estimated at $3.2 million (Razali, et al. 2013), it would seem that cost savings alone would be a powerful, driving force to provide the desperately needed training for teachers to achieve the earliest possible detection, recommend intervention and ultimately provide effective, inclusive educational opportunities.
Maximum Training with Minimal Costs

In the Loiacona & Palumbo (2011) study of the 66 principals, an overwhelming response from those surveyed indicated that teachers and principals of students classified with ASD needed to be professionally trained and skilled not only in ASD identification, but also in instructional methodology. This instructional methodology combined with consistent feedback to students, parents and caregivers is paramount if children with ASD are to achieve their maximum potential. A number of observational studies have shown that many teachers use resources (such as the National Education Association) to develop strategies to support the education of children with ASD (Inglese, 2009) and to create open lines of communication between themselves and caregivers. However, many of these teachers support their ASD students through personal creativity and an overarching interest in making their classrooms a better learning environment for the overall population. The lack of standardized and nationally supported strategies for all teachers to consistently utilize in recognizing the symptoms of ASD, such as the Checklist for Autism Spectrum Disorder (Mayes et al. 2009), decreases the opportunity for early detection and consequently, the opportunity for maximum benefit from available treatments. The shortage of professional support and financial funding for continued education and training, combined with the inability to manage and ultimately succeed in educating both typically developed and ASD diagnosed students in an inclusive educational environment decreases, even more, the effectiveness of early identification and treatment. Therefore, the positive outcome for an ASD student may come down to how much the individual teacher cares for the individual student.
West & Hudson (2010) concluded in their study that teacher interviews were a very cost-effective means in which to identify both the instructional skill-set as well as the required knowledge base of an instructor in a given educational environment, thus empowering success in particular settings. This type of data has the potential to contribute to the design and implementation of exceptional and successful groundbreaking programs for teachers and their ASD students. By virtue of responding to teacher’s interviews directly and by including them in the planning and execution of these programs, the overall costs of implementation of new programs can be reduced. Additionally, the chances of erroneously researching, developing, and rolling out a program that may not meet the needs of the educators or of the students it is attempting to support is also significantly reduced. In summary, the concept of a ‘one-size fits all’ plan to address ASD students’ needs in the educational environment is cost prohibitive and may result in minimal effectiveness. In contrast, providing the front line individuals, early year educators, responsible for both detection and daily education of ASD students with the necessary tools, education and freedom to collaborate in the development of programs suitable for their environment should decrease costs and improve the overall outcomes for those diagnosed with ASD.
CHAPTER THREE

METHODOLOGY

Introduction

The study examines the effectiveness of teachers’ training workshop on empowering general studies educators with the capability to present a path toward diagnosis while also assisting the potentially autistic child in the classroom setting. This chapter describes the workshop designed for this study and the instruments created to evaluate the workshop’s effectiveness.

Sample

Participants

The workshop was presented to students in class during regular class time corresponding to the topic of children with special needs. The participants included 13 first year graduate students at California State University, Northridge in the Department of Educational Psychology. All participants were enrolled in research class, a required course in the Early Childhood Education Master of Arts program.

Demographics

The participants included 13 females between the ages 20-49 years old. Ten participants were between 20-29 years old, two participants between the ages 30-39 years old, and one participant between the ages of 40-49 years old. The sample consisted of the following ethnicities: 62% Caucasians, 23% Hispanics, and 15% Asians. All participants
reported having to work professionally with young children, while 12 of the participants reported having worked with children of special needs. Information regarding their experiences working with specific disabilities can be found in table 1.1.

**Table 1.1**

*Participants’ experiences with specific diagnoses*

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>10</td>
<td>27%</td>
</tr>
<tr>
<td>Speech and Language delay</td>
<td>10</td>
<td>27%</td>
</tr>
<tr>
<td>Sensory Processing Disorder</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>None Specific</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>

**The Workshop**

The workshop consisted of a two-hour session including pre and post workshop questionnaires, and handouts. Details of each component will be described in the following sections.

**Room Setup**

Prior to the students entering the room the classroom was set up for the workshop by hooking the power-Point slides that were projected from computer to overhead
projector (see Appendix C). By arranging a snack table, and displaying books on autism, sensory ball, sensory seating mat, and sand clock on an additional table.

**Presentation**

The power point presentation, *Children Who Might be on the Autism Spectrum Disorder and their Pre-School Teachers*, included 22 slides. The purpose of the first slide was to provide a platform for the presented topic and allow the participants to have a visual image of a child who stands out from his peers. The following slides contained a comparison of typical verses atypical sections from the DSM accompany with photos to enhance the presentation. Following each section, examples were given to reinforce the message. There was a 20-minute snack break mid way of the presentation as participants were invited to look at the different books about autism which reflected in the presentation and other sensory products that were related.

The next part of the power-point presentation offered strategies, tools and specific examples to each of the initial sections from the beginning of the presentation.

**Handouts**

At the beginning of the workshop the handouts were given to the participants. The handouts contained a copy of the power point slides (see, Appendix A). There were eight slides a page with lines to the right. Each slide provided a place to write notes related to the slide.
Instrumentation

Pre- and post-questionnaires were developed for the purpose of evaluating the effectiveness of the workshop. Participants were instructed to provide a four digit number (phone, birthdates, etc.) as their identification for both questionnaires. The four digit number ensured participants’ confidentiality and allowed for efficient data administration.

Pre-presentation Questionnaire

The instrument consisted of eight questions and two scenarios (see Appendix B). Questions 1-6 demonstrated demographic information such as age, ethnic background, job title, as well as professional experience working with children in general and with special needs children. In addition, an assessment of their knowledge on Autism Spectrum Disorder (ASD) was measured with the scenarios in place.

The Scenarios:

Two scenarios were given with the agenda of measuring the ability of the participants to recognize red flags of ASD. Five different answers were provided for each scenario and participants were asked to circle all that apply. The first scenario describes a child who is upset over change in his sitting spot. Answers a-e offered different possibilities for a teacher to handle the situation. The correct answer was ‘e’ which was reinforced during the workshop presentation. The second scenario was in regards to Adam’s social interaction that was emphasized in the workshop presentation. While few of the offered answers were acceptable, the desirable answer is ‘e’ since the key component was the practice and modeling of play to Adam.
Post-presentation Questionnaire

In the post presentation questionnaire (Appendix C) participants were asked to list three valuable things they have learned from the presentation. In addition, they were asked to share what population can possibly benefit from the information provided in the workshop. Another question was given in order to evaluate the usefulness of the information such as: strength of the presentation and the presenter, as well as areas for improvement.

A repetition of the two scenarios which were given in the pre-presentation questionnaires was provided once again to compare pre and post responses. The idea was to ensure that acquired knowledge had significantly increased the ability of the participant’s to identify red flags and to recognize a child who is possibly on the autism spectrum. The next chapter will describe the results of the workshop, including the participant’s responses on the post workshop questionnaires.
CHAPTER FOUR

RESULTS

The present chapter presents and discusses the results of thirteen interviews of students in the research class participating in this research and analyzes the data. The purpose of this study was to provide general studies teachers with the training, red flag checklists, and potential suggestions to ensure confidence and empower these educators with the capability to provide a path towards diagnosis and to assist the potentially autistic child in the classroom setting. It was hypothesized that the students would find the red flag checklist and potential suggestions cited in the interview questions to be most effective in helping potentially autistic children. The research presents the results, first by discussing each of the student’s answers (each student is identified by a four-digit number). Next, the research summarizes the interview data across the individual participants’ responses. In this chapter, participants’ responses as recorded on their post workshop questionnaires are reported along with the comparison between their pre- and post- workshop responses for the scenarios.

Three Most Valuable Things

Responses for the three most valuable things learned from the workshop were divided into five categories in order to identify patterns in responses. With 13 respondents (N=13) 35 responses were offered. The breakdown of these 35 responses can be seen in Figure 1.1. Specific information for each classification will be provided below.
Tools, Solutions, and Strategies

The classification included responses that were specific to the tools, solutions, and strategies to accommodate children who might be on the autism spectrum. A total of 15 respondents (43% of all responses) chose this category. For example, as indicated by participant #1229, replied: “Social stories as a tool”. Participant #1231 responded: “Different strategies to help children with autism such as play strategies and using short commands and getting down to their level. The full list of responses can be found in Appendix D.

Education / Knowledge

Responses in this category included the education and knowledge related to empowering general education teachers. A total of 8 respondents (23% of all responses)
claimed that this information was valuable to them. Participant #0377, for example, replied: “Education can help make a difference.” Participant #7369 replied: “A deeper understanding of what autism is.” The full list of responses can be found in Appendix D.

**Differences between Typical and Atypical Children**

Responses in this classification included the differences between typical and atypical children in regards to self regulation, social interaction, relationship and social context, play, sensory-tactile, sensory-auditory, language and communication. A total of 6 respondents (17% of all responses) claimed that this information was valuable to them. Participant #7071, for example, replied: “Children with autism need to be directed with patience and assertiveness. Atypical children also have difficulties with social interactions, change, and self-regulation.” Another response by participant #9294 replied: “I learned the differences between typical and autistic children.” The full list of responses can be found in Appendix D.

**Modeling**

Responses in this category included recognizing modeling to children who might be on the autism spectrum. A total of 3 respondents (9% of all responses) chose this category. Participant #0490, for example, replied: “Importance of modeling especially for children with autism.” Participant #1229 replied: “Modeling social behavior and getting the peers involved as models to support the autistic child.” The full list of responses can be found in Appendix D.
Red Flag Checklist

Responses in this category included recognizing red flags checklist for children on the autistic spectrum. A total of 3 respondents (9% of all responses) chose this category. The full list of responses can be found in Appendix D.

Population Best Served by the Workshop

The second item in the questionnaire asked participants what population would be based served by the workshop. Many participants listed more than one targeted population that could benefit. The total responses were 23. Among the most frequent answers were teachers (general studies, preschool, kindergarten, teacher assistant). See figure 1.2 for full breakdown of responses.

Figure 1.2
Usefulness of the Information

The third question requires participants to rate the usefulness of the information on a four-point scale when 1 is “not useful”; 2 is “somewhat useful”; 3 is “useful”, and 4 is “very useful”. Their responses were classified into two categories to identify patterns: first pattern is feeling more confident teaching in the classroom. The second one is gaining strategies and tools to support children with ASD. Figure 1.3 provides a full breakdown of the responses. Three of the participants responded very useful, specifically participant #7369 stated “I am currently working at a school with children with autism. I feel more confident in going into the classroom.”

Figure 1.3
Quality of the Presentation

Strengths of the Presentation

Question #4 required participants to state the strength of the presentation. All participants responded (N=13) although some gave multiple answers; overall 20 responses were recorded. Eight responses identified examples from presenter’s classroom experience and personal experience. Seven responses referred to the quality of the presentation, specifically in terms of visual resources (pictures, video clips, charts). Participant #4888 replied: “The photos, YouTube videos, and the comparison of typical versus a typical with reputable sources.” Five responses stated the strengths of the presenter and delivery of the presentation. Participant #2012 stated: “Passionate presenter with a personal connection to the topic.”

Areas of Improvement

For the open-ended question “what areas could be improved?”, all 13 respondents (N=13) answered the question, including 5 participants, who stated that no improvements were needed. Four responses suggested that the presentation required additional scenarios. Participant #7071 stated: “Possibly adding more scenarios when differentiation between typical and atypical children.” Three responses proposed that the presentation could have used additional resources. One response suggested that the presentation should include class participation.
Strength of the Presenter

In response to the question “what were the strengths of the presenter?”, All participants responded (N=13) although some gave multiple answers; overall 30 responses were recorded. Among the most frequent answers were Passionate/Personal Connection to the topic and knowledgeable. Participant #7071 stated: “she was very articulate, enthusiastic, and knowledgeable using her own personal experiences as a teacher and mother, which made the presentation much more interesting.” Participant #9294 stated: “Very detailed in her presentation, knew the material very well and was passionate about the topic. Other strengths included articulate, enthusiastic, interesting and interactive. A full breakdown of responses can be seen in Figure 1.4.

Figure 1.4
Areas for Improvement (Presenter)

To the question “What the presenter can do to improve?”, all participants responded (N=13). Seven responded to no improvement needed. Among the responses, two participants suggested that the presenter should be more engaging and interactive with the audience. Others suggested more visuals needed and additional question time.

Overall Rating of the Presentation

To the question of the overall rating of the presentation, all 13 participants responded (N=13). As seen in Figure 1.5, most of the participants rated the overall presentation as “Excellent”. The remaining participants rated the overall presentation as “Good”. Participant #6871 stated that the presentation was excellent because “gave me more insight into common red flags for autism. Also, how to help a child with autism.”

Figure 1.5
Changes in the Pre- and Post-Presentation Responses to the Scenarios

Scenario #1

In this scenario, Adam was not able to sit in his usual spot during circle time. His behavior was displayed by him being upset over the change. Despite repeated attempts, the teacher was not able to comfort Adam. Adam was not able to engage back to the following activity. All the 5 possible choices (a through e) provided options that a teacher could have offered towards Adam’s behavior. However, the correct answer is “e”, which states that given the inevitable circumstances, the teacher should have prepared Adam for the change in his seat since that was the trigger for Adam to exhibit his behavior. During the pretest, only 3 of the 13 respondents (23%) chose the correct answer. After the presentation, the respondents were given the same scenario with the same possible choices, whereas 8 out of the 13 respondents (62%) chose the correct answer. A breakdown of the respondent’s answers can be seen in Figure 1.6.

Figure 1.6
Scenario #2

This scenario describes Adam wanting to play with his friend whom he loves. However, he does not have the social skills necessary to initiate interaction with his friend. In addition, his friend plays in the sandbox, which is problematic for Adam due to his sensory integration. All the 5 possible choices (a through e) provided options that can help the teacher facilitate helping Adam to socially interact. However, the correct answer is “e”, which states the teacher should model and practice play with Adam. During the pretest, 6 of the 13 respondents (46%) chose the correct answer. After the presentation, the respondents were given the same scenario with the same possible choices, whereas a majority, 12 out of the 13 respondents (92%) chose the correct answer. This indicates the change in the respondent’s knowledge as a result of the information provided by the presenter. A breakdown of the respondent’s answers can be seen in Figure 1.7.

Figure 1.7
CHAPTER FIVE

DISCUSSION AND CONCLUSION

This chapter presents discussion and conclusion from this thesis project in regards to the usefulness of a training workshop to increase early recognition of children who might exhibit characteristics of autism spectrum disorder. In addition, the thesis project provides preschool teachers with training, suggestions to ensure confidence and empower educators with the capability to provide a path toward diagnosis. Teachers were given tools to assist the potentially autistic child in the inclusive classroom environment.

General studies teachers have very restricted ability to recognize behaviors associated with children on the autism spectrum and meeting the needs of these children in their typical environment classroom. Therefore, training and educating teachers with tools to respond to challenging behaviors such as displayed by the autism spectrum can improve the quality of education for the autistic child. The Knowledge of the criteria of the autism diagnosis and providing these tools for teachers to accommodate the needs of preschool children will be beneficial in the process of inclusion for these children in typical preschool settings.

An educator observing a student with ASD features such as problems inferring and expressing thoughts and emotions, and participating in social-emotional practices, will continue to be a crucial aspect to the diagnosis of ASD as these features are observed across the autistic spectrum of ability (Losh & Capps, 2006).

The participants who attended the workshop responded that the information was very useful and helped them in two ways, gaining strategies and tools to support children
with ASD and feeling more confidence teaching these children in the classroom. The majority of the participants responded about the education and knowledge related to empowering general education teachers and claimed that this information was valuable to them.

Given the sheer increase in children diagnosed with ASD in the last 20 years (Barned et al. 2011) and that the stated lifetime cost for an individual with autism is estimated at $3.2 million (Razali, et al. 2013), it would seem that cost savings alone would be a powerful, driving force to provide the desperately needed training for teachers to achieve the earliest possible detection, recommend intervention and ultimately provide effective, inclusive educational opportunities. The research demonstrates the crucial need for early detection by educators through these workshops providing the knowledge for recognizing red flags and tools for early intervention which will maximize the child success and minimize the costs for parents, government, and, state.

One limitation of this study is that there could have been more scenarios that describe different situations in order to provide teachers with additional tools. Another limitation is that this thesis project could have provided additional descriptive information on the disorder of Autism. Lately, the thesis project could have included a greater number of participants for greater feedback.

Implications for future practice would suggest that similar workshops and seminars be developed and conducted by professionals discussing the effective tools for accommodating children who might be on the Autism spectrum. Another valuable contribution could be to create a handbook that can be beneficial for educators that they would derive from this workshop.
Autism is a disorder that affects the individual and their family. It is difficult for the child to regulate his/her emotions and for the parents to feel helpless observing the struggles of their child without understanding and having the tools to help. Preschool teachers are the stepping stones in the path towards helping these parents in realizing their children’s needs. Preschool teachers are the bridge in connecting between the child, caregivers, and school staff. It is known that early detection leads to early intervention which increases dramatically the child’s rate of succeeding in life. Based on this research, it might be plausible that if at-risk children are identified and treated early enough, the full development of ASD could be prevented. It is a privilege to be a part of changing a child’s life for the better.
References


http://207.62.167/schedule/catalog/Pierce_Catalog_2011-12.pdf?
Children Who Might Be on the Autism Spectrum Disorder and their Pre-School Teachers

Orli Almog
California State University, Northridge
April 1, 2014
Autism Prevalence

Identified Prevalence of Autism Spectrum Disorders
ADDM Network 2000-2008
Combining Data from All Sites

<table>
<thead>
<tr>
<th>Surveillance Year</th>
<th>Birth Year</th>
<th>Number of ADDM Sites Reporting</th>
<th>Prevalence per 1,000 Children (Range)</th>
<th>This is about 1 in X children...</th>
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<td>2000</td>
<td>1992</td>
<td>6</td>
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<td>1 in 150</td>
</tr>
<tr>
<td>2002</td>
<td>1994</td>
<td>14</td>
<td>6.6 (3.3-10.6)</td>
<td>1 in 150</td>
</tr>
<tr>
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<td>1996</td>
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<td>1 in 125</td>
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<tr>
<td>2006</td>
<td>1998</td>
<td>11</td>
<td>9.0 (4.2-12.1)</td>
<td>1 in 110</td>
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<tr>
<td>2008</td>
<td>2000</td>
<td>14</td>
<td>11.3 (4.8-21.2)</td>
<td>1 in 88</td>
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</table>

Center for Disease control and Prevention

Self Regulation

Typical

“children anticipate routines, cooperate with fewer reminders, can focus attention on the task at hand, and manage transition”

Atypical

“Insistence on sameness, inflexible adherence to routines...”

Diagnostic and Statistical Manual of Mental Disorders V, 2013 p. 50

(California Department of Education, 2008). P. 7
Social Interaction

Typical
Children 5 years old are expected to: “Participate in reciprocal interactions with familiar adults and take greater initiative in social interaction”.
(California Department of Education, 2008).

Atypical
Deficit in social-emotional reciprocity… of normal back-and forth conversation… failure to initiate or responses to social interactions.
Diagnostic and Statistical Manual of Mental Disorders V, 2013

Relationship and Social Context

Typical
Children five years old are expected to: “respond to other’s distress and needs with sympathetic caring and are more likely to assist
(California Department of Education, 2008).

Atypical
“Deficits in developing, maintaining, and understanding relationship, ranging, for example, from difficulties adjusting behavior to suit various social contexts…”
Diagnostic and Statistical Manual of Mental Disorders V, 2013

https://www.youtube.com/watch?v=2TSxl_iyels
**Play**

**Typical**
According to Piaget, symbolic/socio-dramatic play involves: “using symbolic representations and imagination for play”.

(Levin & Munsch, 2011)

**Atypical**
“Difficulties in sharing imaginative play or in making friends; to absence of interest in peers”.

(Diagnostic and Statistical Manual of Mental Disorders V, 2013)

---

**Sensory - Tactile**

**Typical**
Touch sensations improve as we interact with other people and objects...we inhibit sensations that do not matter and tolerate insignificant touches

Kranowitz C.S., 2005

**Atypical**
“Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects...adverse response to specific sounds ...textures...touching...”

Diagnostic and Statistical Manual of Mental Disorders V, 2013 p. 50
Sensory- Auditory

“...As we Interact purposefully with our environment, we learn to interpret what we hear and to develop sophisticated auditory discrimination skills”

Kranowitz C.S., 2005 p. 117

Language and communication

Typical

English speaking kindergartners are likely to combine nonverbal and verbal language in order to communicate effectively.

(California Department of Education, 2008).

Atypical

“Purely integrated verbal and nonverbal communication”.

Diagnostic and Statistical Manual of Mental Disorders V, 2013 p. 50
What are We Going to See in the Classroom?

Behavior Motivation and Function

- Function
  - Attention
  - Escape
  - Sensory Stimulation
  - Tangible Consequences
ABC of Behavior

Antecedent = Prevention

Behavior

Consequence = Powerful Reinforces

Self Regulation Strategies

• Visual schedule
• Prompt before transition
• Counting down for transition
• Acknowledging and complementing positive choices
• Lining up - strategically placing the child in a location where he/she is less likely to be disturbed (first, last, or between advanced peers, permanent place)
Play Strategies

Develop Play Skills by:
- Connect and engage
- Motivate
- Structure and practice
- Include
- Friend to Friend
- Facilitate playground interaction

Notbohm & Zysk, 2010

Social Interaction Strategies

- Get down to the child’s eye level
- Verbalize emotions
- Model appropriate interactions
- Provide Conflict resolutions tools
Communication Strategies

• Go back to basics: eye level, touch, and verbal commend.
• Social stories to increase awareness of appropriate social cues.

Sensory Integration Strategies

• Expose... gradually, creatively, mindfully
• Be respectful... allow quiet time, moving opportunities, special seating arrangement, holding an item or lap pillow, changing activities frequently
Focusing and Staying on Task

- Reinforce instructions throughout the activity
- Modify the amount of work expected of the student

Beth, Beth and Gennaro, 2010

http://www.youtube.com/watch?v=idOBGNTz-6E
You Can Make a Difference!!!
Knowledge + tools = successful intervention!
Appendix B: Pre-presentation Questionnaire

Participant# __________

Recognizing the signs of Autism Disorder Pretest

Thank you for your input in both this pretest and in the subsequent test of today’s workshop on Autism Disorder. This will become important data for my thesis and with that in mind, you’re thoughtful and well-considered answers throughout the pre and posttests today will be greatly appreciated. You may skip any question you wish but the more detailed your responses, the better I will learn from your experiences.

1. What is your age?
   1) 20-29
   2) 30-39
   3) 40-49
   4) 50 or older

2. What is your ethnic/cultural background? __________________

3. How many years have you worked professionally with young children?
   1) 1-2 years
   2) 3-5 years
   3) 6-9 years
   4) 10 or more years

4. What is your current job title?
1) Teacher: age group ________ population ____________

2) Teacher assistant: age group ________ population ____________

3) Administrator: job title ______________

4) Other (please specify) ________________ population ______________

5. How many children with disabilities have you worked with?
   1) None (skip to question #7)  2) 1 child  3) 2 or 3 children  4) 4 to 6 children  5) 7 or more

6. What have been their diagnoses? Circle all that apply
   1) Autism Spectrum
   2) Speech and/or language delays
   3) Physical disabilities
   4) Sensory Processing Disorder
   5) Attention Deficit Disorder
   6) Non-specific, under study, not yet diagnosed
   7) Other __________________________

7. Your knowledge on Autism Disorder Spectrum
   1) I know nothing
   2) I know a little
   3) I know a lot

Please read the following scenarios and circle all possible options:

#1 Adam is sitting in a circle during group time trying to recover from being upset over change in his usual sitting spot. During that time his kindergarten teacher is verbally instructing an activity to the class. Despite repeated attempts, the teacher was not able to comfort Adam and engage him back to the activity. Adam was unable to neither
attend to the instructions nor participate in the following activity. What should Adam’s teacher do?

a. Tell him to go wash his face, relax and come back to the activity.
b. Take him aside and ask him what happened and how she can help
c. Touch his shoulder gently, get down to his eye level, reflect empathy and excuse him from the activity.
d. Adam is overreacting and should be ignored.
e. Given inevitable circumstances, the teacher should have prepared Adam for the change in his sit.

#2 Almost every day Adam plays by himself during recess. He likes to walk around the playground, swing, and observe other kids play. Adam loves super heroes, he talks about them constantly. He also likes his friend Tom who loves playing in the sand box. How can the teacher facilitate helping Adam socially interact?

a. Adam is a shy boy who enjoys playing by himself.
b. Nobody else loves superheroes so he should play ball, or in the sand box like the rest of the kids.
c. Knowing that Adam loves Tom, his teacher should persist for Adam to go in the sand box to play with his preferred friend.
d. Adam’s teacher should encourage other kids to play superheroes.
e. The teacher should model and practice play with Adam.

What would you like to learn about Autism Spectrum Disorder?

________________________________________

________________________________________

________________________________________

Thank you for your help
Appendix C: Post-presentation Questionnaire

# __________________

Understanding Autism Spectrum Disorder – Post test

1. What were the three valuable things you learned and why?

________________________________________________________________________
________________________________________________________________________

2. What population would best be served by this presentation?

________________________________________________________________________
________________________________________________________________________

3. How useful was the information in this workshop?

   1) Not useful because

      __________________________________________

   2) Somewhat useful because

      __________________________________________

   3) Useful because

      __________________________________________

   4) Very useful because

      __________________________________________
4. What were the strengths of the presentation? Please be very specific


5. What areas could be improved? Please be very specific


6. What were the strengths of the presenter?


7. What can she do to improve?


8. Reflecting back on the information provided, please re-read scenarios 1 and 2 and answer the following:

Read the following scenarios and circle all possible options:
#1 Adam is sitting in a circle during group time trying to recover from being upset over change in his usual sitting spot. During that time his kindergarten teacher is verbally instructing an activity to the class. Despite repeated attempts, the teacher was not able to comfort Adam and engage him back to the activity. Adam was unable to neither attend to the interactions nor participate in the following activity. What should Adam’s teacher do?

a. Tell him to go wash his face, relax and come back to the activity.
b. Take him aside and ask him what happened and how she can help
c. Touch his shoulder gently, get down to his eye level, reflect empathy and excuse him from the activity.
d. Adam is overreacting and should be ignored.
e. Given inevitable circumstances, the teacher should have prepared Adam for the change in his sit.

#2 almost every day Adam plays by himself during recess. He likes to walk around the playground, swing, and observe other kids play. Adam loves super heroes, he talks about them constantly. He also likes his friend Tom who loves playing in the sand box. How can the teacher facilitate helping Adam socially interact?

a. Adam is a shy boy who enjoys playing by himself.
b. Nobody else loves superheroes so he should play ball, or in the sand box like the rest of the kids.
c. Knowing that Adam loves Tom, his teacher should persist for Adam to go in the sand box to play with his preferred friend.
d. Adam’s teacher should encourage other kids to play superheroes.
e. The teacher should model and practice play with Adam.

9. What is your overall rating of the presentation?

1) Poor because ________________________________

2) Adequate because ______________________________

3) Good because ________________________________

4) Excellent because ______________________________

Thank you for your help
Appendix D: Post-presentation Questionnaire

1. Three valuable things:
   - “I know more than I thought I knew. Some of the things I found to be common knowledge I actually limited to my own education and experience.” (#2012)
   - “Autistic children have difficulty with things typical children group with ease must practice with them. Modifying lessons for autistic children and knowledge on Autism will help students thrive.” (6382)
   - “I learned the differences between typical and autistic children. Solutions for difficult situations for Autistic children and tools that is helpful in accommodating Autistic children.” (9294)
   - “Lots of valuable strategies have to include children on the spectrum in the classroom: such as reinforcing behavior that works, breaking down tasks, accommodating the environment.” (7452)
   - 1. “Learned that the prevalence of Autism is rapidly increasing.” 2. “Just because a child dislikes some sensory materials, that’s not Autism.” 3. “Teachers are the most powerful models” (6871)
   - 1. “Importance of modeling especially for children with Autism.” 2. “To work through meltdowns, not just giving because there Autism make it harder to respond.” 3. “Differences between typical and a typical development because it helps know what to look for.” (0490)
   - “Lack of empathy of the ASD child, as well as the need to give them short, direct phrases and invest, in education materials.” (4405)
   - “Children with Autism need to be directed with patience and assertiveness. A typical child also has difficulties with social interactions change and self regulation.” (7071)
   - “The video at the end was powerful and addresses the stigma – Autism looks different. Not to force the child to play with shaving cream, respect the child as an individual. A dipper understanding of what autism is.” (7369)
   - “Intervention and understanding Autistic children’s challenges. There is no cure education can make a difference.” (0377)
   - “Modification in the classroom, modeling social behavior and getting peers involved as models to support Autistic child, social stories used as a tool.” (1229)
   - Difference strategies to help children with Autism; such as play strategies in using short commands, getting down to their level, also giving them the opportunity to talk to the class about their interest.” (1231)
• “Tools to help children with ASD, signs to look for, the comparison of typical vs. a typical.” (4888)
• “Thinking of inflexibility as an understanding elements of challenges, across domains differentiation between typical modeling and being explicit, and techniques for introducing tactile experience. These were practical lessons.” (2467)

2. What population would best be served by this presentation?
• “Undergraduate in early childhood education, child development, anyone who is interested in working with young children.” (2012)
• “Parents, teachers (preschool age), program directors, principles, everyone (since Autism is so prevalent).” (#6382)
• “Parents, teachers, anyone exposed to autistic children on a regular basis.” (#9294)
• “Teachers in early childhood education classrooms. (#7452)
• “Preschool teachers, preschool directors.” (#6871)
• “Teachers and other educational professionals. (#0490)
• “Teachers, pre-service teachers and parents.” (#4405)
• “Teachers, teacher assistants; parents working with children with autism.” (#7071)
• “All. I already use the timer with the child I take care of, and it a great tool to have! (#7369)
• “Parents who have autistic children or children with delay education.” (#0377)
• “Early childhood educators and parents of young children.” (#1229)
• “Preschool and kindergarten teachers. This also would help parents understand how to develop strategies to work with their children.” (#1231)
• “Early childhood educators, principals, parents.” (#4888)
• “Teachers and parents.” (#2467)

3. How useful was the information in this workshop?
• Somewhat useful because “I never looked as autism as a super power.” (#2012)
• Very useful because “I learned about red flags of autism.” (#6382)
• Very useful because “differences and solutions were clearly defined.” (#9294)
• Very useful because “I was able to refer your observations back to a child in my classroom, and say “oh, I should try this strategy” or “yes, I do that too”. (#7452)
• Very useful because “I learned additional strategies like modeling proper social behavior, timers, and additional red flags.” (#6871)
• Useful because “it first identified what to look for and then gave strategies.” (#0490)
• Very useful because “it reminded me of important things to do with all children, especially those with ASD.” (#4405)
• Very useful because “some of the strategies can help facilitate groups of children even without autism. Working in a school, this information can help with recognition of autism and how to help the process of communication.” (#7071)
• Very useful because “I am currently working at a school with children with autism. I feel more confident in going into the classroom.” (#7369)
• Very useful. (#0377)
• Very useful. (#1229)
• Very useful because “I learned different strategies to help children who might not be typical.” (#1231)
• Very useful because “all educators for children should be aware of the signs of autism and how to help those children already diagnosed.” (#4888)
• Useful because “while I am familiar, detailed information from those with more specific experience is good preparation.” (#2467)

4. What were the strengths of the presentations?
• “Passionate presenter with a personal connection to the topic. Love the video in the end”(2012)
• “Defining Autistic characteristics clearly and how to deal with these behaviors.”(9294)
• “You are a fabulous presenter very animated. Thank you for infusing your presentation with classroom and home examples.”(7452)
• “The real life application of strategies like how you asked a child to only focus on drawing flowers so she can finish her work on a set time so she can move on to other activities.”(6871)
• “Lay out and order.”(0490)
• “Good power point presentation, likeable presenter and great pace.”(4405)
• “The difference between typical and a typical children. Understanding what the difficulties are and how to help multiage those challenges in a classroom setting.”(7071)
• “The video at the end, the personal examples from the presenter, combination of video, pictures, resources, visuals and captions”(7369)
• “Very visual and informative”(0377)
• “The real life examples of classroom examples”(1229)
• “The way it was presented the slides was very interesting and gave a lot of information on children with Autism.”(1231)
• “The photos, U-tube videos, the comparison of typical versus a typical with reputable scenarios and the content as a whole.”(4888)
• “Depicting where u can differentiate red flags from typical behavior and especially how behavior related to each other.”(2467)

5. What areas can be improved?
• “Maybe providing a resource to obtain various materials used by occupational therapist.”(2012)
• “Could not think of any.” (9294)
• “No response”(7452)
• “More charts” (6871)
• “Including audience more.”(0490)
• “Possibly add more signs to look for in ACD children.”(4405)
• “Possibly adding more scenarios.”(7071)
• “None.”(7369)
• “What kind of other interventions are available.”(0337)
• “I felt it was very well done!” (1229)
• “Nothing”(1231)
• “Just a few minor grammar.”(4888)
• “I would appreciate more in debt look at possible roots of ASD red flags”(2467)

6. What was the strength of the presenter?
• “Very lovely and appealing to multiple styles of learning moved around, showed video clip, used variety of methods/techniques.”(2012)
• “Very detailed in a presentation, knew the material very well and was passionate about the topic.”(9294)
• “I loves that some of the strategies you offered included class mates.”(7452)
• “The place of the presentation was fantastic.”(6871)
• “Passion and connection to the topic.”(0490)
• “Very likeable, good slides, lots of pertinent useful information.”(4405)
• “She was very articulate, enthusiastic and knowledgeable using her personal experience as a teacher and mother made the presentation much more interesting.”(7071)
• “Her passion and emotional investment and her energy level.”(7369)
• “She is enthusiastic with the topic.”(0377)
• “Knowledge of the topic and personal connection.”(1229)
• “Very passionate about the subject as she has an autistic child.”(1231)
• “Her first hand knowledge, very warm personality.”(4888)
• “Friendly, interactive, presents personality.”(2467)
7. What can she do to improve?
   • “More interactive, not to ask questions till the end.”(2012)
   • “Honestly did a wonderful job, cannot think of improvements.”(9294)
   • “No comments.”(7452)
   • “Add more visuals, charts and maybe provide a list of resources teachers can go to.”(6871)
   • “Bring the audience in more through questions or time to offer experiences.”(0490)
   • “Maybe you can find a video/u-tube video showing ASD child playing/not playing interacting/not interacting with peers.”(4405)
   • “Although she is a great speaker, possibly slowing down in between slides, but the overall presentation was great!”(7071)
   • “Nothing!”(7369)
   • “Just give a little longer introduction time and question time.”(0377)
   • “Again, I really enjoyed, there does not seem to be anything she really needs to improve.”(1229)
   • “Nothing, I love the whole thing.”(1231)
   • “Nothing, she was fabulous!”(4888)
   • “Focus more on introducing herself and the subject before beginning the presentation (or the pre-test.”(2467)

8. What is your overall rating of the presentation?
   • Good because “Clearly organized offers basic information.”(2012)
   • Excellent because “It helped answer my questions about Autism and gave me practical advice on working with Autistic children.”(9294)
   • Excellent because “You commanded a great deal of expertise on the subject and every word you said was important to me.”(7452)
   • Excellent because “Gave me more insight into common red flags for Autism. Also, how to help a child with Autism.”(6871)
   • Excellent because “It covered an important topic in a meaningful way.”(0490)
   • Good because “It was engaging!”(4405)
   • Excellent because “I work with children every day with an understanding of Autism and everyday needs of children with Autism help me know that every child is different and requires different help and attention.”(7071)
   • Excellent because “It was informative, helpful and passionate.”(7369)
   • Excellent because “It has good information and educational.”(0377)
   • Excellent because “I felt it was clear and tangible great delivery and tangible.”(1229)
   • Excellent because “It was engaging and very interesting.”(1231)
   • Excellent because “Firsthand experience, extremely educational and engaged the audience.”(4888)
   • Good because “Thoughtful and helpful information.”(2467)
Appendix E: Diagnostic criteria for 299.00 Autistic Disorder

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3).

1) Qualitative impairment in social interaction, as manifested by at least two of the following:
   a) 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
   b) Failure to develop peer relationships appropriate to developmental level
   c) A lack of spontaneous seeking to share enjoyment, interest, or achievement with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   d) Lack of social or emotional reciprocity

2) Qualitative impairments in communication as a manifested by at least one of the following:
   a) Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communications such as gesture or mime)
   b) In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
   c) Stereotyped and repetitive use of language or idiosyncratic language
   d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
   a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
   b) Apparently inflexible adherence to specific, nonfunctional routines or rituals
   c) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
   d) Persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: 1) social interaction, 2) language as used in social communication, or 3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett’s Disorder or Childhood Disintegrative Disorder.