

## SELECTED SERVICE OPTIONS FOR AUTISM SPECTRUM DISORDER

*Note: This document is intended to be used as supplementary information with the training curriculum entitled “ Special Education Law: Children with Autism Spectrum Disorder”. Service options listed are not appropriate for every child, but have been presented for your consideration. Please review, investigate and discuss any options which you feel may be appropriate for your child with educators, evaluators, advocates, other parents of children with ASD and other professionals involved in the education of children with ASD to determine the appropriateness of any option for your child.*

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<p><b>Applied Behavioral Analysis (ABA)</b> ABA is a scientific approach to addressing important academic, clinical, and social concerns. The goal is to teach the student to do the right things at the right times and to demonstrate that the teaching was responsible.</p>	<p>In behavior analysis, an objective is defined; behaviors are identified, quantified, &amp; graphed; a teaching procedure is selected and put into practice; a research design is used to show that the procedure is responsible for learning; the procedures are thoroughly described; and the person is taught to do the right things at the right times.</p>	<p>Most people respond well to the typical arrangements of society. This is not the case for individuals with autism. Often, for these individuals, it is necessary to modify the environment, the way information is presented, or the way we teach. This can be due to the tendency of individuals with autism to pay attention to irrelevant details of a situation. This is also evidenced in the impaired language abilities of these individuals. These language deficits also impact an autistic person’s ability to develop appropriate social relationships with others.</p>	<p>A student who would not participate in large group instruction was taught to observe and record his peers raising their hands and answering questions. Once he did this accurately, he was asked to participate in math. He was given computer privileges for hand-raising and question answering. He was not given those privileges for science and writing; although information on his participation in those activities was still collected. Once he participated to the target level in math, he was offered the computer privilege for participation in science, then in writing workshop. The privilege was then delayed to the point that he was participating without the privilege in place. It was shown that he learned to do the right things at the right times, and that the procedure was responsible.</p>	<p><a href="http://www.behavior.org/autism/">http://www.behavior.org/autism/</a></p>
<p><b>Assistive Technology</b></p>	<p>An evaluation is conducted to</p>	<p>Many children can benefit</p>	<p>A child with autism has</p>	<p><a href="http://www.amug.org">www.amug.org</a></p>

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<p>Assistive technology refers to any item or equipment that is used to increase, maintain, or improve functional capabilities of the user.</p>	<p>determine a child’s current level of functioning in daily tasks and determine if there are tools/technologies that can be used to increase, maintain or improve functioning of the child. There is a range of technologies, from low-tech (not needing batteries or complicated equipment) to high-tech (needing specific equipment or computers), that are available to assist with social skills, attention skills, organizational skills, academic skills, etc.</p>	<p>from the use of some assistive technology. The ability to process visual information is a great strength for children on the autism spectrum, and, many benefit from the use of visual aids or communication systems.</p>	<p>started school in a new classroom and has been having repeated tantrums throughout the day. This prompted a visit from his previous teacher who observed that in the new classroom they were not using picture schedules to let the child know what was going to happen before it happened. There was a posted schedule, but it was written in words only. The previous teacher explained that the child required pictures used in conjunction with the words to facilitate understanding. When the pictures were added to the schedule, the child’s tantrums were reduced significantly.</p>	
<p><b>Augmentative and Alternative Communication</b>  Augmentative and alternative communication includes all methods of communication other than the use of speech and can include the use of facial expressions, gestures, sign language, picture communication systems, writing, visual aids, electronic devices, etc.</p>	<p>An evaluation will be conducted to determine what means of communication are currently being utilized by the child and to determine how effective these modes of communication are. The evaluator will then make suggestion of how to enhance and develop communication skills with the use of augmentative/alternative communication.</p>	<p>Impaired communication skills are one of the main indicators that lead to an autism spectrum diagnosis. The communication needs of each individual child can be quite varied. For example, some children are verbal, but may need prompts to indicate how to respond appropriately to questions or how to read the non-verbal cues of others. For children who are non-verbal, developing alternative means of communication is necessary and may be a combination of many modes</p>	<p>“Sara” performs well academically, but tends to fall behind her peers because she has great difficulty in handwriting at a rate that keeps up with the lecture. “Sara” is a much better typist, and to ensure that she can get all the required notes during class she uses a word processor to take classroom notes.</p>	<p><a href="http://www.asha.org">www.asha.org</a></p>

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<p><b>Augmentative and Alternative Communication --Facilitated Communication</b> According to the Facilitated Communication Institute, Facilitated Communication is an alternative means of expression for people who cannot speak, or whose speech is highly limited (e.g. echoed, limited to one or a few word utterances), and who cannot point reliably.</p>	<p>FC is based on the premise that individuals with autism and other developmental disabilities have intellectual abilities that are not always evident based on their limited abilities to communicate or function in a “normal” manner. FC provides an individual with a medium to communicate using typed language output on a variety of mechanisms with the aid of a facilitator. A facilitator will provide the physical support necessary to allow an individual to communicate.</p>	<p>of communication based on their strengths.</p> <p>Individuals with autism may have difficulty controlling physical movements, which impairs their ability to use keyboards of any kind without assistance. There are many individuals who attempt to communicate with vocalizations, signs, gestures, etc., but are not able to communicate effectively using these modes. For those individuals, communication can be quite frustrating, but with the use of a facilitator, they are able to express themselves and be understood.</p>	<p>“Molly”, a 13 year old with autism and poor fine motor skills, was also diagnosed as severely mentally retarded. Her communication was limited to simple one-word approximations of words. Her mother noticed that, with physical assistance, she is able to point to desired objects at home, which led her mother to ask about Facilitated Communication. With the assistance of a facilitator, “Molly” is able to respond and speak in full sentences. She no longer has a diagnosis of mental retardation.</p>	<p><a href="http://soeweb.syr.edu/thefci">http://soeweb.syr.edu/thefci</a></p>
<p><b>Augmentative and Alternative Communication --Picture Exchange Communication system (PECS)</b> is a form of augmentative communication that uses Mayer-Johnson picture symbols (line drawings representing commonly used words) to support use of speech or make up for lack of speech.</p>	<p>With PECS, a child is taught that the pictures are representations of words that can be used to express desired objects/activities, feelings, descriptions, etc. The “exchange” occurs when the child learns that, by giving someone the picture representation of the word or words, he/she is communicating. Many start with single words to represent an idea, which can develop to picture sentences and for some, use of words in place of the pictures.</p>	<p>Children on the autism spectrum have a wide variety of communication needs; however, many benefit from the use of visual representations to aid understanding and expression of ideas and concepts. Children who cannot communicate effectively using words alone may be more effective communicators with the use of a picture communication system.</p>	<p>“Johnny” resists participating in many classroom activities, but really enjoys playing on the therapy ball during O.T. sessions. By creating a small sentence strip with the picture symbol for “I want” along with options for “Johnny” to select what he wants using picture symbols, he can now let the teacher know that he wants to play with the therapy ball. This may explain why he resists participating and the therapy ball can then be used as a reward for completing classroom activities. Now that the teacher knows what he</p>	<p><a href="http://pecs.com/page5.html">http://pecs.com/page5.html</a></p>

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			wants she can use that as an instructional tool to further develop his communication and participation in the classroom.	
<p><b>Floor Time</b> is a form of “play therapy” developed by Stanley Greenspan, MD in order to provide opportunities for a child to reach necessary developmental milestones that he/she may have missed. It is called Floor Time because it is based on the premise that you meet a child directly in their play environment.</p>	<p>Floor time involves spontaneous play sessions that are one-on-one with the child and the caregiver. In these play sessions, the caregiver follows the lead of the child to encourage the child to engage in two-way interaction during that play.</p>	<p>Many children on the autism spectrum have difficulty with social interactions. Some need assistance with learning how to play appropriately and engage in interactions with others.</p>	<p>A child consistently chooses only to play with blocks by stacking them and knocking them over. For this activity, the child does not need or look for interaction with others. In this situation, the caregiver can interrupt this play by helping to stack the blocks or knocking over the blocks in an attempt to elicit a response from or create an interaction with the child. The caregiver is using the child’s interest in the blocks to create an opportunity to build social skills.</p>	<p><a href="http://www.coping.org">www.coping.org</a> <a href="http://www.autism.org">www.autism.org</a></p>
<p><b>Home Programs</b> are often recommended for young children with autism as part of an “intensive” program that capitalizes on frequent opportunities to learn new concepts. Programs are also designed for older children to help provide consistency across different settings in which they interact and learn.</p>	<p>Home programs are designed to carry over concepts that are learned during the day at school or provide additional learning opportunities. Home programs also provide the parents of a child with autism the opportunity to observe trained personnel working with their child, so that they can better support their child’s learning as well. In some instances, complete programs for young children are provided at home.</p>	<p>Children with autism often need more frequent opportunities to learn new concepts and to retain information they have already learned. Often, a school setting needs to be designed or duplicated at home to create an environment that is conducive to learning based on the needs of the child with autism.</p>	<p>A child has adapted well to the structured learning environment at the school she attends, but is extremely difficult to manage when she gets home. Implementing a home program can help to create a structured learning environment with trained staff that can model and explain teaching/behavioral strategies with the parents/siblings so that the child is provided with consistency at school and at home. Many children benefit from having additional learning opportunities and</p>	<p><a href="http://www.nationalspeech.com">www.nationalspeech.com</a></p>

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			similarly structured learning environments at home. A child's behavior and progress at home and may improve more rapidly due to additional opportunities for learning and additional structure at home.	
<p><b>Integrated Play Groups (Social Supports)</b> Integrated play groups are designed to assist children with autism with natural play activities with peers and siblings.</p>	<p>These groups help children on the autism spectrum with reciprocal social interaction, communication, play and imagination. Play groups should be led by a trained adult facilitator.</p>	<p>Weakness in social skills is a major component in identifying children on the autism spectrum. It is common that these children have difficulty in engaging in play activities or imaginative play. Lack of appropriate play skills leaves children excluded from many activities and further inhibits social development.</p>	<p>A child who has not learned the concept of taking turns can easily interrupt a simple game of catch. In one instance the child with autism may choose to simply keep the ball, not aware that they are expected to pass it to the next person. This type of behavior cannot only stop the game, but can decrease the chances of other kids wanting to play with this child. An adult facilitator can work with a child to help learn how to take turns. For example, a facilitator can verbally remind the child, "Robert, your turn. Pass the ball to Kelly", each time he receives the ball. Over time, the facilitator should be able to eliminate the verbal reminder to pass the ball.</p>	<p><a href="http://www.wolfberg.com">www.wolfberg.com</a>  <a href="http://www.autisminstitute.com">www.autisminstitute.com</a></p>
<p><b>Occupational Therapy</b> can provide intervention that helps children to develop appropriate social, play, motor, daily living and learning skills.</p>	<p>An occupational therapist can help a child with autism perform normal daily tasks, respond to sensory stimulation, and develop play skills. An occupational therapist will address gross and fine motor skills, ability</p>	<p>Children with autism may need assistance with skills routinely learned by other children without much assistance. Some common skill building activities could include self-help skills, such as dressing or developing</p>	<p>A child with autism could be very functional in many areas of school life, but has difficulty with fine motor skills. For this child in an inclusive setting, having to ask the teacher to help you button your pants after using</p>	<p><a href="http://www.aota.org">www.aota.org</a></p>

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	to perform daily functions and age appropriate tasks, as well as facilitate play with others.	handwriting skills.	the bathroom is quite humiliating. Spending time with an occupational therapist that can help develop the fine motor skills for buttoning will have a huge impact on this child's ability to fit in an inclusive setting without unnecessary embarrassment.	
<b>Occupational Therapy</b> -- <b>Sensory Integration</b> is used to address dysfunction in a child's sensory system or limitations in processing of information from his or her senses (sight, hearing, touch, taste and smell), which can have a major impact on a child's physical and mental state, behavior and capacity to function at daily activities.	An Occupational Therapist trained in Sensory Integration will evaluate a child and recommend treatment that addresses weaknesses in their ability to process sensory information in a natural and automatic way.	Symptoms of sensory integration dysfunction are varied, but could include: children who are constantly seeking out sensory input by whirling their bodies or crashing into objects, children who are clumsy, children who are overly or under sensitive to sounds, touch, taste, or visual stimuli.	For a child who is overly sensitive to touch, an Occupational Therapist might suggest use of a "sensory diet" providing opportunities to desensitize a child's aversion to touch. This sensory diet might include a skin brushing technique, water play, sand play or deep pressure massage.	<a href="http://www.sinetwork.org">www.sinetwork.org</a>
<b>Positive Behavioral Supports</b> Positive behavioral support uses functional behavior assessments to understand the relationship between a student's behavior and the characteristics of his or her environment. The functional behavior assessment should identify multiple strategies to effectively reduce problem behavior including changing systems, altering environments, teaching skills, and focusing on positive behaviors. The PBS process is a team-based approach that	People behave for a variety of reasons. Problem behavior, like any behavior, has different causes. Using a systematic approach of information gathering to correctly identify the cause of a problem behavior is recommended to most efficiently arrive at an effective remedial strategy.	All children at some point benefit from positive behavioral supports that help change their behavior. It is particularly important for children on the autism spectrum who may not have the language to explain why they are exhibiting certain behaviors. Determining why a person is behaving a certain way can be difficult under these circumstances. This requires one to be a good detective. Being a good detective is enhanced by the tools that one uses.	"John" is a 5-year-old boy with autism who bangs his head on the floor when asked to work with a service provider. An assessment has led to the hypothesis that he does this to either escape the demands or maintain access to an item of interest. An analysis shows that it is to escape the demand. A strategy of asking John to do something preferred just before asking him to work with the service provider is used. Johan goes without incident with the service provider. He is then given a	<a href="http://groups.ms.ncom/theautismhomepage.behaviormodification.msnw">http://groups.ms.ncom/theautismhomepage.behaviormodification.msnw</a>

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relies on a strong collaboration between families and professionals from a variety of disciplines.			system for making choices with respect to the work he will be asked to complete. This results in no further difficulties working with the service provider	
<b>Pragmatics</b> refers to the practical ability to use language in a social setting, such as knowing what is appropriate to say, where and when to say it, the give and take nature of a conversation, and the ability to know what the other person does or does not already know.	A speech language pathologist will design a program that can be administered in 1 to 1 sessions, with a peer, in small groups or incorporated into classroom activities. The program could include using social scripts, teaching use of eye contact, teaching conversational turn taking, etc.	Children on the autism spectrum that are verbal, may still have great difficulty with the appropriate use of language in a social setting. Some children may not know when to use “outside voice” vs. “inside voice”, referring to the loudness of their speech. Other children may choose only to talk about things that they are interested and do not listen to feedback, but rather continue talking about a preferred topic.	“John” loves airplanes and he is able to name and discuss every model of airplane that has been created since Orville and Wright. However, “John” is unable to participate in regular daily conversation. For example, when asked, “How are you?”, “John” is likely to respond, “jet fighters can fly at xx miles per hour”. With pragmatic training, “John” may practice how to respond to the question “How are you?” and perhaps even to ask the question to a communication partner to simulate an actual conversation.	<a href="http://www.pediatricneurology.com/autism.htm">www.pediatricneurology.com/autism.htm</a>
<b>Social Stories</b> are short, simple narratives created to help children on the autism spectrum learn routines and understand/prepare for social situations.	Social stories are written from the child’s perspective to explain the who, what, where, why and when of social situations. The written format is accompanied by illustrations to facilitate understanding. While simple in nature, there is a specific formula to be used in writing a social story (Carol Gray).	Children with autism often have difficulty in dealing with new situations or understanding routine situations. Use of social stories can introduce new concepts or expected encounters.	A child is visiting a dentist for the first time and the child’s parents are concerned that all the apparatus used by the dentist might be intimidating. In sharing a story about what to expect during a dental visit, the child may be less fearful and more cooperative upon arrival at the dentist’s office.	<a href="http://www.thegraycenter.org">www.thegraycenter.org</a>
<b>Speech Therapy</b> is provided to individuals in order to improve useful	Evaluation and services should be provided by a speech-language pathologist	Some children with autism may have verbal skills while others may not, but most have	Some individuals with autism “use echolalia, a repetition of something previously heard.	<a href="http://www.nidcd.nih.gov/health/pubs_vsl/austim.htm">www.nidcd.nih.gov/health/pubs_vsl/austim.htm</a>

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communication.	who will determine what therapy methods would be most effective to improve communication skills. For some children verbal communication is possible, but for some, other options will have to be explored (see augmentative communication and assistive technology).	difficulty effectively using language. Of those who do have verbal skills, there still may be many communication problems related to how they use verbalizations. Some children will use a combination of skills to communicate, such as sign language, gestures, picture symbols, speech, etc.	<p>One form, immediate echolalia, may occur when the individual repeats the question, “Do you want something to drink?” instead of replying with a “yes” or “no.” In another form called delayed echolalia, an individual may say, “Do you want something to drink?” whenever he or she is asking for a drink.”</p> <p>A speech therapist would work with these individuals to develop more appropriate uses of speech.</p>	
<p><b>TEACCH</b> is an approach to teaching children with autism that is focused on the individual. Through a Psycho Educational Profile (PEP), a multi-dimensional assessment, it is determined what skills are missing, emerging, or attained.</p>	<p>Based on this evaluation an education program is developed, utilizing a variety of approaches based on the needs of the child. There is no one philosophy accepted as the appropriate treatment for children with autism, but the methodologies chosen will be a reflection of what was found in the PEP assessment.</p>	<p>Approaches to dealing with behavior are focused on understanding and treating the underlying reason for the behavior, as opposed to attacking the behavior. It is believed that changes for students using this method may take longer than other behavioral methods, but are more effective and have long-term impact. This approach may appeal to those who do not like the concept of behavior modification. It suggests that understanding people with autism and building programs around those functions is a better approach than attempting to</p>	<p>A child has an extreme interest in water, demonstrated by continuous trips to the water fountain, water play in the sink, requests for a drink of water and an attraction and/or focus on images of water. Rather than attempt to interest the child in a science lesson on the theory of evolution, you may focus on evolution of aquatic animals and use stimuli that will be of interest to this child. Providing opportunities utilizing water play during instruction may reduce trips to the water fountain, playing in the sink, or other undesirable</p>	<p>www.teacch.com</p>

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		normalize their behavior. The focus is on creating structured teaching environments that cultivate strengths and interests as well as work on deficits.	behaviors.	

Additional general websites to list: [www.autism-society.org](http://www.autism-society.org), [www.autism-resources.com](http://www.autism-resources.com), [www.autism.org](http://www.autism.org)