

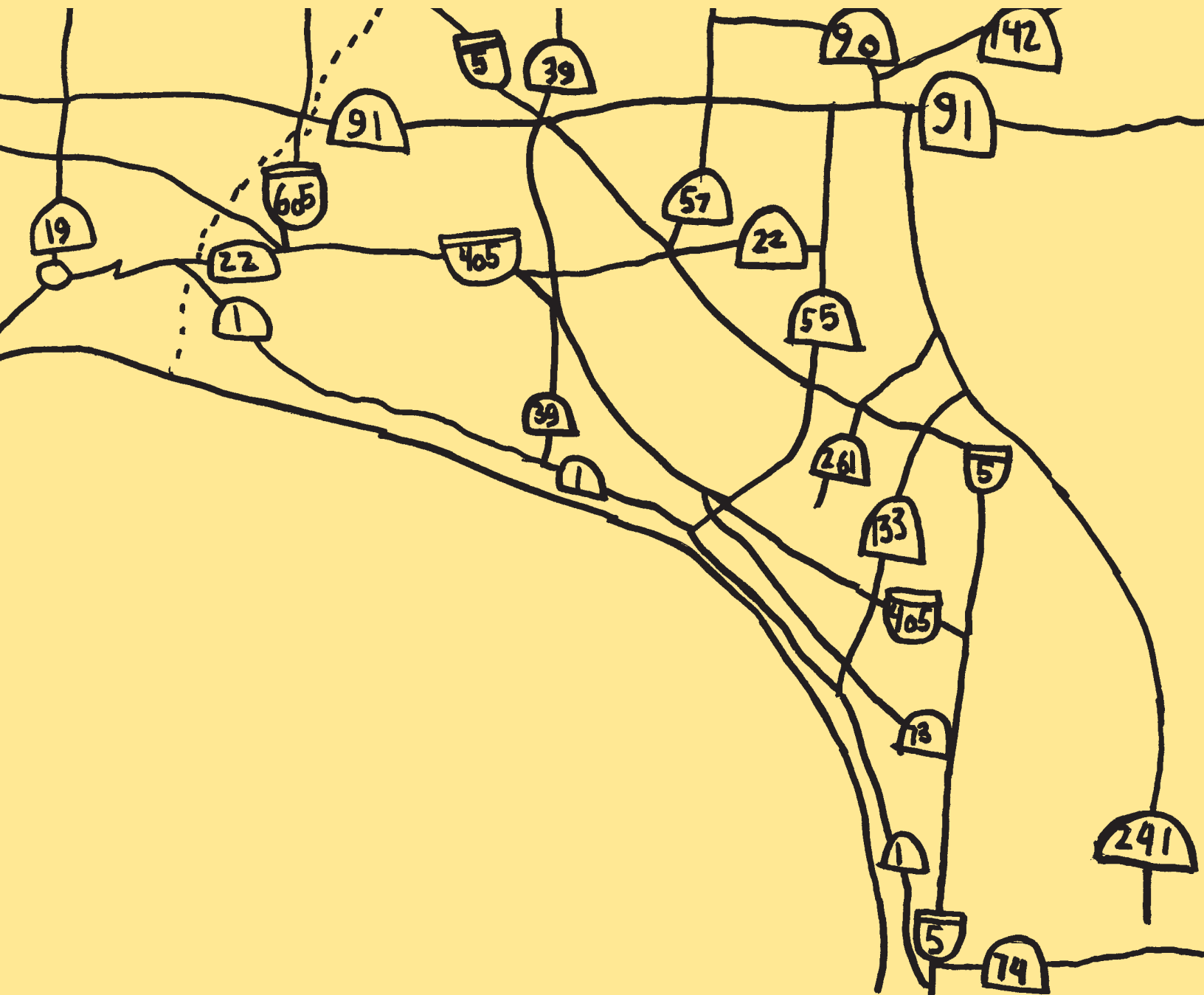


# AUTISM NEWS

of Orange County  
& the Rest of the World

Summer / Fall 2005

Volume 2, Issue 2



Cover illustration by Alfredo "Freddy" Mondragon

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## COVER FEATURE

We are pleased to feature one of our local artists, **Freddy Mondragon**. Read more about Freddy on page 4.

### Mission Statement

**Autism News Orange County & the Rest of the World is a collaborative publication for parents and professionals dedicated to sharing research-based strategies, innovative educational approaches, best practices and experiences in the area of autism.**

### Submission Policy

The Autism News of Orange County *RW* is available free of charge to parents and professionals of children with autism. The opinions expressed in the newsletter do not necessarily represent the official view of the agencies involved.

Contributions from teachers, therapists, researchers and relatives/children of/with autism are welcome. The editors select articles and make necessary changes.

Please submit articles in Microsoft Word using font size 12, double spaced, and no more than four pages in length (2600 words). Photos are encouraged and when submitted with articles the permission to include is assumed.

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## Editorial

By Vera Bernard-Opitz

Just as a very specific key is needed to open a very specific lock, treatment approaches for individuals with Autism Spectrum Disorders (ASD) need to be matched to the unique profile of each person. Therapists, educators and parents have to consider the children's/youth's/adult's strengths and deficits, developmental characteristics, interests, learning channels, teaching targets and – last not least – the environmental context.

Instead of earlier assumptions that “one treatment fits all,” we now have a range of interventions that have become “best practices.” Still empirical support for many of these interventions is scarce. Treatment comparison studies and research to optimize treatment to patient matches are still lonely exceptions. What is innovative in the current applied research and practice field for people with ASD? Our present newsletter tries to shed some light on this question. While we cannot possibly cover the existing multitude of treatment and educational options, we have managed to get important contributions from a wide spectrum of people involved: from renowned researchers and autism centers to caring professionals involved in developing and applying educational strategies and optimizing teaching methods, materials and learning environments. As always, the perspective of people with ASD and their families is a crucial component of our newsletter.

**The following articles can be considered highlights:**

- **Candace Wilkinson and Marian Sigman (University of California, Los Angeles)** summarize the innovative treatment research projects conducted at the UCLA Center for Autism Research and Treatment. In collabora-

tion with seven other autism centers in the country, their efforts aim at understanding the underlying problems of autism and identifying effective treatments. Questions such as the following have immediate application:

- o How can repetitive behavior be controlled through medical interventions?
  - o How can children be effectively integrated through social skills training?
  - o How can parent training contribute to the development of friendships?
  - o How can specific methods enhance language development?
- **Judy Sylva (California State University, Fullerton) and Vera Bernard-Opitz (Editor)** introduce Precision Teaching or Fluency Training, an innovative teaching method for children and adolescents with ASD and other disabilities. Autism frequently includes a lack of spontaneity and motivation, as well as insufficient generalization of learned skills. Therefore a method which breaks tasks down into small steps, makes behavior automatic, and stresses self-motivated learning is an important adjunct to current instruction.
  - **Ron Larsen**, a former therapist in the TEACCH program, describes a simple idea, which has traveled to many autism centers around the world. Known as “ShoeboxTasks,” an impressive array of work activities is described, which aim at independent performance in pre-academic, fine-motor and vocational tasks.
  - **Morgan Pasqualetto and Bill Thompson (Orange County Department of Education)** share their exciting work with video modeling in the Special Class at Reilly Elementary School. Confirming previous research, students showed a high level of interest and increased learning in selected social skills.
  - **Cinda Bottorf and Janis White (Regional Center of Orange County)** summarize exciting trends noted in early intervention programs in Orange County. Increased emphasis



has been placed on optimizing services, involving parents and providing specialized assistance for transitions.

- **Christina Romanosky, Mark Akstinas and Andrea Walker (Orange County Department of Education)** present the Interagency Assessment Centers, which have become a model in Orange County for helping children under the age of 36 months. Multi-disciplinary assessment and individualized instruction using a range of best practices and openness for applied research are some of the crucial components.
- **Teri Book (For OC Kids)** describes the perspective of a youngster with ASD coping with the death of his beloved grandfather. Her account provides an important insight into the often hidden emotional world of people with autism.
- Our artist for this newsletter is **Freddy Mondragon**. Freddy has a special affinity for drawing maps. Many thanks to his parents and teacher for sharing his talents with us.

As before, we thank all our contributors for sharing an important aspect of their knowledge and experience with the population we are dedicated to. We invite our readers to send in manuscripts for the coming issue, which will focus on Integration and Transition. Hoping you all had a great summer and will have a wonderful fall!

**Vera Bernard-Opitz, Ph.D.**

*Clin. Psych., Editor*

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 and share it with friends and colleagues!

**Artist:**  
**Alfredo "Freddy"**  
**Mondragon**



**By Melissa Stoneman**

It is not unusual for people with autism to demonstrate a strong interest in a particular topic. For some children, it is trains, and for others, Disney characters. However, for Freddy, freeways really pique his interest. Freddy has shown an attraction to freeway systems since he was six years old. He used to take sidewalk chalk and draw freeways on the cement outside his classroom. The detail that was included in these early drawings was incredible. Freddy would draw exit signs, merging lanes, and speed limit signs. Freddy then amused us all by insisting the other students should follow his freeways and road signs as they rode their bikes.

Although we all acknowledged Freddy's outstanding artistic ability and his affinity for memorizing details about freeways, we were shocked when Freddy began drawing a freeway map of Orange County on the classroom white board. The map was extremely detailed and surprisingly accurate. We could hardly believe it!

Since his original freeway map three years ago, Freddy has continued to expand his maps to include freeway maps of the entire state of California, the United States, and Hawaii (yes, there are freeways in Hawaii). He has become the "Thomas Guide" on campus, and the staff frequently consults Freddy when they need to know how to get somewhere.

We hope that Freddy will be able to functionally use these skills as an adult, perhaps working for the OnStar Corporation.

Freddy is eleven years old and currently attends California Elementary School in Costa Mesa, California.

**Melissa Stoneman**

*Teacher – Special Schools Program*

*Orange County Department of Education* ♥

# Innovative Treatment Approaches for Children with Autism

By Candace J. Wilkinson and Marian Sigman



Candace J. Wilkinson



Marian Sigman

## 1. Introduction

Over the past 20 years, there has been significant progress in identifying the core deficits in autism, in arriving at criteria for the diagnosis, and in creating and testing diagnostic instruments that are reliable and valid. In contrast, much less progress has been made in designing and evaluating interventions aimed at the remediation of the deficits in autism. This is true for the amelioration of both the core deficits and associated symptoms manifested by individuals with autism. According to a recent survey (Green, et al., *in press*), parents of children with autism reported using a large number of treatments, many of which lack empirical support. A major aim of the UCLA Center for Autism Research and Treatment (CART) is to create and assess a set of effective interventions that address the core deficits (in social, communicative, and language skills) and associated problem behaviors that interfere with the adaptive functioning of children with autism.

## 2. UCLA CART

The research and treatment conducted over the past 50 years at UCLA has set the standard for many of the research models currently used to understand autism and identify effective treatments. The UCLA CART was established in 2003 as part of the Studies to Advance Autism Research and Treatment (STAART) program, funded by the National Institutes of Health (NIH). UCLA is one of eight STAART Centers in the country as well as one of nine sites in the Collaborative Programs of Excellence in Autism (CPEA) network. With an emphasis on collaboration, CART scientists consist of leading autism experts in a variety of areas including genetics, psychopharmacology, brain imaging, developmental psychology and psychosocial interventions.

## 3. Summary of Treatment studies

As shown in **Table 1**, the scope of current CART research studies is wide-ranging and includes focusing on genetic risk at the molecular level to investigating infant-caregiver interactions as well as social interactions of the children with their peers and in mainstream school settings.

These studies cover nearly all of the areas outlined in the NIH Roadmap for autism research. For example, the studies address the Autism Roadmap aim to “identify individual characteristics that predict response to behavioral, pharmacological and other treatments.” Three studies focus on the characterization of the early signs of autism, genetic susceptibility and brain functions that underlie social communication – all are areas that are relevant for the design of innovative treatments. The six projects that are treatment studies are described below. Following the best practice guidelines for assessment, the Autism Diagnostic Observation Scale

Level of focus		CART study (Principal Investigator)
Molecular – genes		Speech and language genetic markers in autism (Geschwind)
Brain function – MRI		Functional imaging of social communication in autism (Bookheimer)
Drug response	*	Citalopram treatment in children with ASD (McCracken)
Early signs of language and cognitive delay		Infants at risk of autism: a longitudinal study (Sigman)
Child’s anxiety symptoms	*	Cognitive-behavioral treatment of anxiety in children with autism (Wood)
Parent-child	* *	Facilitating caregiver-child communication (Sigman); Joint attention and symbolic play intervention (Kasari)
Parent-child-peers	*	Parent-assisted friendship training in autism (Frankel)
Child-peers at school	*	Peer-related school interventions in autism (Kasari)
*Treatment study		

(ADOS; Lord et al., 1999) and the Autism Diagnostic Interview-Revised (ADI-R; Lord et al., 1994) are employed to confirm the autism diagnosis for the children enrolled in these studies.

### 3.1 Extension of joint attention and symbolic play intervention

It is well known that delays and deficits in joint attention and symbolic play constitute two important developmental problems in young children with autism. A recently completed study, directed by **Connie Kasari, Ph.D.**, provides some very encouraging findings that **joint attention and symbolic play interventions can improve subsequent language development for children with autism** (Kasari et al, *in press*). It examined the efficacy of targeted interventions of joint attention and symbolic play in 58 children with autism between the ages of 3 and 4 years (46 boys). Children were randomized to a joint attention intervention, a symbolic play intervention, or a control group. Interventions were conducted 30 minutes daily for 5-6 weeks (see ANOC Oct. 2004-Vol. 1, Issue 3: Kasari C).

Results show that relative to the control group, children in the treatment groups improved significantly: those who received the joint attention intervention improved in joint attention, whereas the children in the play group intervention improved in symbolic play skills. Importantly, skills were generalized from the experimenter to the parent and maintained over one year. Moreover, children in both experimental groups made significantly greater gains than the control group in language development over the one-year follow-up period (15-17 months language gain compared to 7.5 months in the control group). Language development by age 5 or 6 remains one of the most powerful predictors of good social outcome for children with autism. Thus, interventions as the one described here hold much promise for improvements in developmental outcome for children with autism.

### 3.2 Facilitating caregiver-child communication

We know that the lack of joint attention characteristic for many children with autism interferes with their access to the kinds of reciprocal social interactions that have been shown to benefit language development. The aim of the study, directed by **Marian Sigman, Ph.D.**, is to learn more about how the interactive behavior of caregivers affects the development of

communication skills in children with autism. The study includes an evaluation of a parent-training intervention, randomly assigned to half the subjects, that targets communication in the context of parent-child play interactions. The study is enrolling 80 families with young, nonverbal children with autism (age 6 and younger) in one of two parent-training interventions. One group receives an intervention designed to help parents secure the best and most appropriate services for their child with autism from the State Regional Centers and the public school system. The other group receives this services intervention plus specific training to improve playtime interactions between the mother and her child with autism.

This study builds on previous similar research in this lab that has provided evidence for a link between children's early nonverbal communication and subsequent language gains over a period of 4-16 years. **Language outcome of children with autism was predicted by:**

- 1) **Early responsiveness to an adult's offer for joint attention, and**
- 2) **Parental behaviors observed during the early play interactions.**

That is, the children who developed superior language skills as they grew older were those with parents who were more responsive to their children's interest and activity during the early play interactions, as compared to the children of parents who were less responsive initially. Clearly, these findings have important implications for parent training, but also may be helpful in designing more effective interventions for children with limited joint attention skills.

### 3.3 Peer-related school interventions in autism

Regardless of age and ability, most children with autism suffer from poor or absent peer relationships across their life span. Although a number of peer intervention models have been employed, these models have not been subjected to systematic comparison, nor have they been implemented in regular school programs. The treatment study, directed by **Connie Kasari, Ph.D.**, covers a 6-week period with a 3-month post treatment follow-up assessment. It looks at new interventions that can be used in the regular school setting to improve the social skills and interactions of 60 higher-functioning children with autism (i.e., IQ of 70 or higher) who are

integrated in typical elementary school classrooms (grades 1-5). The study's aim is to examine the social inclusion of children with autism in the classroom as a result of two different targeted peer interventions, a combined intervention condition, or no treatment. Eligible children are assigned randomly to one of the four conditions. One treatment focuses on specifically improving the social skills of the child with autism. The other treatment focuses on peer engagement skills of typical classmates with the target child with autism. The combined condition offers a more comprehensive intervention, working with both the child with autism and their typical peers. The no-treatment comparison group reflects the current state of practice in local school districts, in which there are no systematic peer-related interventions, just exposure to typical models. Findings will help inform both schools and researchers about the best methods of intervention, as well as identify which subsets of children might be most helped with each intervention method. The study also will determine the individual characteristics of child, teacher and classroom that predict better social inclusion outcomes.

#### 3.4 Parent-assisted friendship training in autism

Social problems are life-long problems for children with autism and other social communication disorders, yet few effective treatments exist. Customary counseling given to help these children has not focused on facilitating their development of friendships, because the skills they may learn in therapy often are not used at home or in school. Moreover, of the interventions commonly used to improve children's peer relations, almost none have used parents to promote skills at home or school. The intervention study, directed by **Fred Frankel, Ph.D.**, focuses on improving the friendships of 100 high-functioning children with autism (or Asperger's disorder) who are included in typical elementary school classrooms from grades 1-5. This study looks at the efficacy of parent-assisted friendship training in comparison with a wait-list control group over a 12-week intervention period and 12-week follow-up period. It is based upon the published treatment manual, *Children's Friendship Training* (Frankel, 2002).

#### 3.5 Cognitive behavior treatment of anxiety in children with autism

As anxiety disorders are commonly diagnosed in children with high functioning autism (HFA), investigators have called for the development of anxiety treat-

ments for this specific population. Cognitive behavioral therapy (CBT) has been found to be efficacious for anxiety disorders in typically developing children. A unique feature of the UCLA CART is a pilot research program to help fund autism projects for investigators new to the autism field. The aim of a current pilot grant study, directed by **Jeffrey Wood, Ph.D.**, is to modify and apply a validated cognitive behavioral treatment for anxiety to children with autism who also have significant anxiety symptoms. The study is enrolling 16 children aged 7-13 years who have both HFA and an anxiety disorder. Children will be randomly assigned to immediate treatment or a 3-month wait list, thus all study participants eventually will receive the treatment. Using a well-designed treatment manual, the CBT program includes traditional anxiety treatment components as well as new modules specific to HFA, including emotion education, social skills/friendship skills training, and peer tutoring/mentoring. In addition to multiple measures of children's anxiety, children's social functioning and service use will be assessed to see if CBT can also positively impact these outcomes. If CBT is found to be efficacious, it will be the first evidence-based psychological treatment to be successfully adapted for children with HFA.

#### 3.6 Citalopram treatment in children with autism spectrum disorders and high levels of repetitive behavior

For children with autism, symptoms of repetitive behaviors are common and frequently form a source of significant interference in adapting to educational and social settings. These repetitive movements are also commonly associated with emotional distress and may involve tantrums and self-injurious behaviors. While such behaviors can be responsive to behavioral treatments, they are often difficult to manage by psychosocial efforts alone and so lead clinicians to attempt trials of treatment with medications. Because of the success of drug treatment for the management of repetitive behaviors in obsessive-compulsive disorder, and evidence supporting abnormalities in the serotonin system in autism, researchers have called for studies to explore the possible benefits of serotonergic-acting medications, such as citalopram, for the control of these repetitive movements associated with autism spectrum disorders (ASD).

Directed by **Dr. James McCracken** at UCLA (and also at four other sites in the STAART network), this

research involves a 12-week, double-blind, placebo-controlled trial of citalopram in a sample of 144 children and adolescents (5-17 years old) with ASD and a high level of repetitive behaviors. Specifically, this treatment study focuses on the frequency and severity of such repetitive behaviors as stereotypic movements, repetition of routine behaviors, repetitive play, perseverative speech, and over-focus on restricted interests. The study assesses individual differences seen in the improvement in controlling these repetitive behaviors with successful dose response to citalopram treatment. The study also will evaluate longer-term safety and tolerability of citalopram for up to 28 weeks of medication exposure.

**4. Conclusions**

In conclusion, the innovative treatment approaches being studied with increasingly rigorous research designs are quite promising. The preliminary findings of the studies reviewed here offer much hope for advancing effective treatments for children with autism.

As summarized in **Table 2**, autism treatment research designs are enhanced for evaluating treatment outcomes by including key elements in the studies, namely a focus on developmental processes, individual differences, multimodal outcome measures and efforts to generalize results to wider, naturalistic settings.

While the current CART studies necessarily are long-term research efforts, more immediate benefits also are available to families with children with autism (or with infants who have an older sibling with autism) who may be eligible to participate in the studies and receive free evaluations, feedback and treatment trials. In addition to the research program, and an autism evaluation clinic (founded by Dr. B.J. Freeman), the CART mission also is to serve as a community resource and forum for exchange among researchers, service agencies, practitioners and families. Additional information about all current studies, as well as details about the mission and activities of the UCLA CART, can be found at the CART website ([www.autism.ucla.edu](http://www.autism.ucla.edu)).

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**TABLE 2: Innovative elements for autism treatment research models**

<b>Developmental focus:</b>	<b>Individual differences:</b>	<b>Multimodal outcome measures:</b>	<b>Generalize to wider settings:</b>
Infants Early childhood School age Adolescence Adults	Employ best practice measures for early diagnosis  Match best treatments for specific needs of each child  Identify autism subgroups	Evaluate full range of abilities and skills:  • Social • Language • Cognition • Emotion  Include measures to assess interactions between child and caregivers & teachers	Apply findings to naturalistic settings:  • Home • Therapy • Peers • School  Parent and caregiver training to maximize child's development

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## Precision Teaching: Making Learning Effortless

By Vera Bernard-Opitz

*Seven year old Erin shuffles the stack of sight words, takes a deep breath, sets the timer to 20 seconds and reads card after card as fast as she can: “EXIT, STOP, WOMEN, ENTER, PULL, STOP, WOMEN, .... PUSH ....” When she hesitates on a card, she tosses it aside. After the sound of the beeper she counts the labeled cards and adds the number to a celeration chart. She compares it to the session goal, sighs, reads the missed cards and starts all over again. When the timer beeps the next time, she beams, since she has reached her frequency goal. Her therapist beams along with her and gives her a “high five”.*

A timer, standard celeration charts and self-monitoring are some of the crucial components of *Precision Teaching*, a method, which stresses the need for the learner to become automatic, fluent and effortless in what he does. It can help teachers, therapists and parents enhance the outcome for students with autism, and other disabilities, as well as help the children have fun going fast, beating their own performance standards and experiencing mastery and efficacy instead of effort or failure (Kubina, et al, 2002). As I write this I can concentrate on my thoughts and don't have to worry about my finger position and the right letters finding the way to the computer screen. Such automatic production is necessary to do most things in life, be it talking, social greetings, calculating, brushing teeth or riding a bike. If we stumble over words in a foreign language, chances are, that we rather refrain from talking or reading in that language and spend more time on more familiar ways to communicate. Lack of spontaneous speech, problems with generalization and noted effort in a wide range of behaviors are obvious challenges for children with Autism Spectrum Disorder (ASD).

*Precision Teaching* can be a helpful adjunct to current instruction since it breaks teaching goals down into manageable components, making learn-

ing easy, enhancing speed of production, endurance and generalizing behavior across learning channels and settings. It is characterized by basic small teaching steps, which must be attained within short periods of time - 10, 20, 30 or 60 seconds. Teaching sessions should be carried out several times a day so that the learned response becomes automatic and endures over time (Pennypacker, Koenig and Lindsley, 1972; White and Haring, 1980).

*Precision Teaching* is a method developed in the 1960s, at Harvard University, by Ogden Lindsley (Lindsley, 1990). It grew out of the tradition of behaviorism and direct instructions and was first tested in a Montessori class for children with learning difficulties. It is also called '*Fluency Learning*' and has been used successfully with university graduates, as well as students with diverse problems such as autism, attention deficit or severe intellectual disabilities (White, 1986). Individuals with ASD have benefited by enhanced communication, reading, writing, play and many other skills (Leach, 1999, Leach et al, 2003; Fabrizio & Moors, 2003). From the original training center at Morningside Academy in Seattle, Washington, programs have been imported into research centers, schools, private practices and the homes of children (Johnson & Street, 2004). While involved teachers and parents rave about improved learning, less effort in spontaneous responding and better generalization, research documentation for children with ASD is only now beginning and has not reached the mainstream journals.

**Examples of teaching targets** (Bernard-Opitz, 2005)

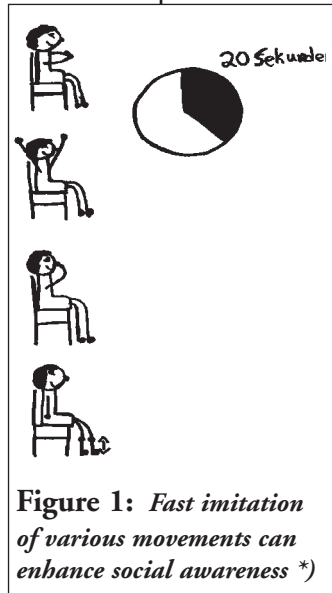
- To develop legible **handwriting**, the student practices drawing slashes, semicircles or circles in various directions for periods of 20 or 30 seconds (Vargas & Vargas, 1991). This ensures that the child has automated the principles of writing before he/she attempts to master the much more complex task of forming letters. Based on the frequency of correct responses during the first 10 trials the child sets his own

performance standards. For each improvement, he/she receives or – at a later stage – gives him/herself a “token”, such as a sticker, a star or a smiley face.

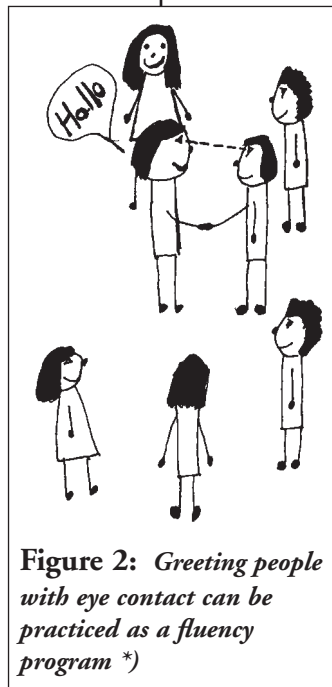
- **Imitation** is a core skill, which is delayed or even deficient in many children with ASD (Sigman & Ungerer, 1983; Williams, Whiten & Singh, 2004). Getting children to be proficient in imitation has clear advantages, one being an increase in observing others, which is a basic component of social skills and peer play (Leach, 1999). Again fluency is a main component.
- In a more advanced stage of **concept acquisition**, the children are taught to achieve preset goals such as answering 20 questions about the calendar in one minute. They enter the number of correct/incorrect responses on a logarithmic learning curve and try to improve their answering rate every day until they reach the predetermined standard.
- Even various aspects of **social behavior** can be enhanced greatly by using Precision Teaching, such as eye contact, joint attention, social scripts or peer play.

Teaching targets requiring fluency training cover all curriculum areas, from matching objects into categories, talking to peers or playing a variety of sports. Presently task sequences, materials and fluency standards for persons with ASD are developed (Bernard-Opitz, 2005, Fabrizio & Moors, 2003). While case studies are promising regarding the effect of fluency training on spontaneity and generalization, more research is urgently required.

Children with Autism Spectrum Disorders present with a spectrum of challenges, which require a variety of teaching methods. Precision teaching is one of the methods, which can help facilitate curricular decisions, make teaching steps smaller and more precise learning less of an effort and learners more successful. The following case exemplifies this.



**Figure 1:** Fast imitation of various movements can enhance social awareness \*)



**Figure 2:** Greeting people with eye contact can be practiced as a fluency program \*)

*\*) Reprinted with permission from Bernard-Opitz, V. (2005) Autism Spectrum Disorders: A training manual for parents, teachers and therapists, (German: Kohlhammer publication “Kinder mit Autismus-Spektrum-Störungen”; English in print in Pro Ed).*

**Selected References:**

The complete list of references can be requested from the Editor at [vbernard@ocde.us](mailto:vbernard@ocde.us).

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## Case Study Precision Teaching: Helping Roby

By Judy Sylva

Roby is a seven-year old boy in the second grade. At the age of four he received a diagnosis of autism and has received services for the last three years under the Individuals with Disabilities Education Act (IDEA). Being the younger of two children and the only son, he frequently had his needs met before he even knew he had them! He was first placed in a special day class in a program for students with severe speech and language disorders at a special education preschool center. He continued in a kindergarten-level special day class, but showed limited progress on his language and communication development. At the end of kindergarten, the IEP team, including his parents, decided to fully include Roby with his peers in the first grade at his neighborhood school. In many novel situations, Roby withdraws and behaves as an on-looker. When he is confronted with a somewhat unfamiliar situation where he is expected to respond, he may resort to tears or quiet echolalia. He currently has the support of an individual instructional assistant, a



*Roby preparing for a fluency lesson*

resource specialist, a behavioral program supervisor and the general education teacher. The intervention is closely linked to the school program and substantially supported by his parents.

Roby's intervention program was developed to increase (a) meaningful and spontaneous expressive and receptive language, (b) appropriate social interaction with teachers, peers, and other adults, and (c) school success with typical peers. Several behavioral

**Table 1: Concepts currently in fluency training**

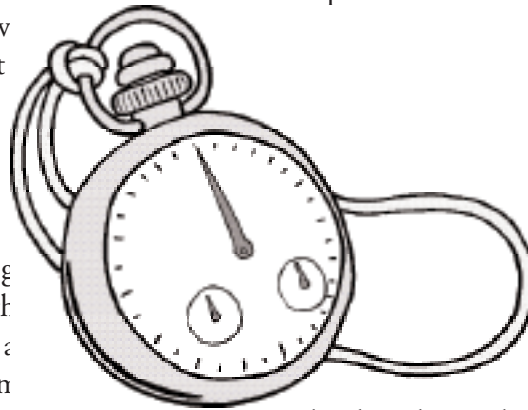
Adjectives	<ul style="list-style-type: none"> <li>• Retention test (needs to be within 10% of average responding)</li> <li>• If retention test meets criterion then use endurance test (40 second probe)</li> </ul>
Addition	<ul style="list-style-type: none"> <li>• Endurance test (1 minute)</li> <li>• Depending on the results the sum will increase by one or up to 3 more</li> </ul>
Subtraction	<ul style="list-style-type: none"> <li>• Drop any number minus 3</li> <li>• For any number minus two divide into slices/lessons (e.g. 8-2)</li> </ul>
Hockey	<ul style="list-style-type: none"> <li>• Give extra practice taking the ball/puck away</li> <li>• Put into fluency (20 sec. probes) starting easy</li> </ul>
Echoic	<ul style="list-style-type: none"> <li>• Continue doing 8 and 9 syllables</li> <li>• Add some new cards; some with questions</li> </ul>
What...? questions	<ul style="list-style-type: none"> <li>• Endurance test (40 sec. probe)</li> </ul>
Prepositions	<ul style="list-style-type: none"> <li>• Add on top and under</li> </ul>
Receptive compliance	<ul style="list-style-type: none"> <li>• Increase to one minute</li> <li>• More prepositions; more complex; more actions</li> </ul>

intervention strategies have been used to promote these program goals; however, the purpose of this case study is to briefly describe the implementation and effect of precision teaching. It was hypothesized that the most salient barrier between Roby's knowledge and its application is fluency. He does not have access to his fund of knowledge at a rate that allows him to use it in a meaningful way. Here *Precision Teaching* was considered to be helpful (Kubina & Wolfe, 2005).

The previous overview shows Roby's targets in fluency teaching (Table 1). The materials used are either flashcards, made by the therapist or Roby's family, or actual objects from environment. Most fluency probes are completed in 20-second segments except for (a) those utilizing objects in the environment which require one-minute probes to account for movement within the environment and (b) echoic probes that require Roby to listen to a verbal utterance and repeat it.

The results of the probes are charted on a standard celeration chart (SCC), which is used in precision teaching to monitor student progress in terms of reaching a target rate of performance and to monitor

the rate of errors (Potts, Eshleman, & Cooper, 1993). Training is required to teach paraprofessionals and teachers to utilize and interpret the SCC. They enter the results of his fluency probes on the SCC every session. A performance criterion is set based on the child's performance of each skill under a variety of



echoic phrases was identified. It was anticipated that making progress as quickly as possible might be anticipated by measures of accuracy and percent correct. In order to be successful and to have the skills necessary for day-to-day classroom activities a goal of increased fluency was

developed. In the echoic fluency example, the response for lesson 1 was a 6 syllable phrase, lesson 2 was a 7 syllable phrase, lesson 3 was an 8 syllable phrase, and lesson 4 was a 9 syllable phrase. Examples of the 9 syllable phrases are: "I like to ride my bike in the park" and "The cat is under the blue table."

Roby's performance can also be graphed on a line chart (See Figure 1). It is clear that the boy can imitate phrases with eight syllables or less at an increasing rate without errors; however, his performance

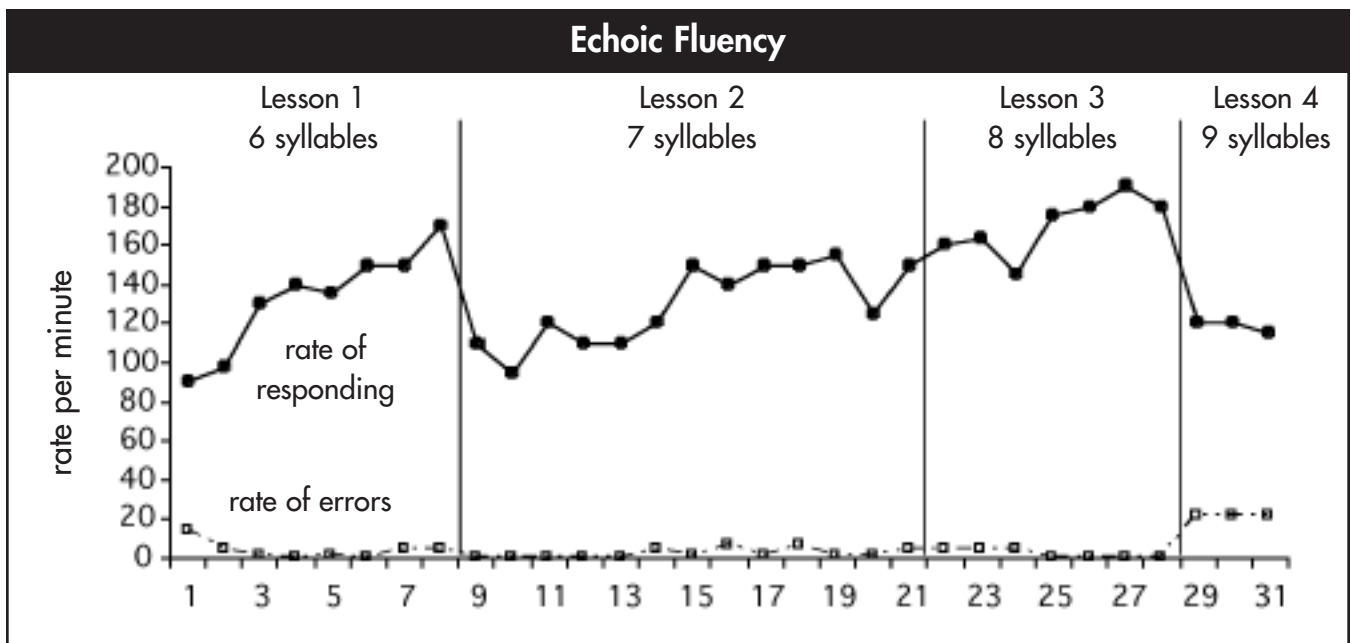


Figure 1: Illustration of performance across and within lessons.

rate at nine syllables drops, and the error rate increases to the highest rate of any other lesson. One would expect the performance rate to be at least as high as the shorter syllable phrases. This finding indicates that Roby should continue to practice the longer phrases until he reaches the same performance rate as for the shorter phrases or plateaus and reduces his rate of errors.

In precision teaching, performance rate targets are determined empirically based on the student's own performance (Binder, 1996). On a first-time probe an age-matched peer was shown to accurately imitate 126 syllables in a series of nine syllable phrases per minute. While Roby has obviously made improvements in echoic fluency, he still needs some practice to express longer sentences more clearly and quickly.

The use of Precision Teaching in Roby's program has been beneficial in teaching him to use language in a variety of settings in two different ways. First, the echoic fluency example is based on the hypothesis that as Roby's fluency at echoing longer utterances becomes stronger he will begin to spontaneously express longer sentences in instructional and social contexts. Second, the use of celeration charting and decision rules in precision teaching allow the educational team to quickly identify problems and to progress the child's lessons at a pace that is consistent with his learning. This improves communication among the educators and family members with regard to lesson planning and daily expectations for Roby's performance in the classroom.

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## ShoeboxTasks

By Ron Larsen

The idea for ShoeboxTasks originated about 9 years ago during a time when I was working as a therapist for the North Carolina TEACCH program, a state funded agency serving the needs of individuals with autism, their families, and involved professionals. At that time, a good portion of my work involved one-on-one sessions with young, newly diagnosed children. As you might imagine, as a fairly new therapist to the world of autism, I learned by making many mistakes and acting upon false assumptions. Quite often, these beautiful young children would deconstruct my attempts to engage them in activities quicker than I could intervene.



Despite a highly structured setting with the student sitting opposite myself, it was often difficult to arrange the various elements of the activity completely without the student focusing on one aspect of it and acting upon it. I found out rather quickly that I did not have enough hands to control the distinct parts of the activity until such time that it could be presented to the student fully and its purpose demonstrated. It was out of this frustration that ShoeboxTasks began to take form. If we can accept the fact that there are no new ideas, we might say these tasks were adaptations of many prototypes preceding them. It can also be said, at this time, that the simple, structural format of the ShoeboxTasks has benefited many young students with autism who are beginning the process of learning how to learn.

What are the elements that have contributed to the success of using the Tasks?

- ShoeboxTasks simple, one-unit construction eliminates the need for a teacher to set up an activity with multiple components. Everything needed to complete the task is already in place, ready for the student to use.



- The clear, visual lines help to eliminate distractions. The student is more apt to see the whole unit, thereby more easily discerning the intended purpose of the task. By appealing to the visual strengths of the student, the tasks are designed with clarity of purpose in mind, attempting to eliminate confusion. The entire task becomes the focal point of the student.
- Many of the tasks involve putting objects into holes and watching them disappear. According to parents, this appears to be a high-interest activity for young children with autism; however, in the home, it comes in the form of things disappearing into heating grates and AC units.
- Some of the tasks involve separating out the individual pieces on the lid enabling the student to deal with each piece separately. This design helps the student who may become confused by taking a handful of items from a container with the end result of not knowing what to do with them. In addition, this design eliminates the potential for the student to turn the task into a sensory feedback opportunity, which can happen when small hands come in contact with small objects.

ShoeboxTasks answer important questions for individuals with autism, and they do so in a visual manner:

- **What is the work?** As stated before, simplicity of design makes the tasks self-explanatory or in need of very little demonstration.

- **How much work is there to do?** Each task has a set number of pieces to be manipulated. The student can see these pieces and take comfort in knowing how much s/he will be working with.
- **When is the work finished?** When each of the pieces has been put into the designated opening and there are no pieces left to deal with the activity is finished. It can then be placed into a “finished basket” (a learned routine) and the student can enjoy a sense of completion.
- **What happens next?** There may be additional activities visible to the student’s left or it may be time for a *fun* activity such as computer time or dinosaur puzzles that immediately follow the work session. This is a learned routine built into the student’s work setting.

ShoeboxTasks are being used as beginning level activities for young students who are beginning the process of learning. Individuals with autism, have more to deal with than just doing an activity. These may include the a new setting, the activity, an adult and the presence or absence of motivation to complete the task. The learning process in life is a two-way street. This



might be a radical change in perspective for a child with autism who has been on a one-way street since birth. When considering all of the learning and adaptations, starting the structured learning experience with tasks that are simple and lend themselves to increased independence can be helpful. It is much easier to build a program of learning upon layers of success.

In addition to being used as One-on-One level activities, ShoeboxTasks provide excellent introductions to children learning to work independently. It is impor-

tant that students learn very early how to work independently, without the help of a teacher or peer. ShoeboxTasks allow the development of independent work habits. The student learns to perform a number of work activities, using a system that enables them to *understand how much work they are to do, where they get it from, where it goes when finished, and what they will do next*. The simplicity of ShoeboxTasks helps facilitate the process of becoming independent in such a setting.

Experience has shown that a variety of tasks of short duration is important to the student in the educational settings.

In addition to being used by young students who are new to the learning process, ShoeboxTasks are used by older, more severely challenged individuals, as a way to begin developing rudimentary vocational skills. They have also been used successfully by visually impaired students who learn through touch. Research has not been done to establish the effectiveness of ShoeboxTasks in educational settings, although a number of therapists are using them informally to assess a variety of instructional skills for children.

And finally, the task, *Red Buttons in Water*, epitomizes why ShoeboxTasks exists. Designed in Texas during a TEACCH training, the activity first consisted of a tennis ball container, an upside down cardboard shoebox, and an assortment of buttons. It was put together for a young man who resisted doing anything for the training team. We knew he liked water so the idea for dropping buttons in the container filled with water presented itself. After watching one button float down the tube and disappear, he couldn't resist doing it himself. The student liked it so much, he became willing to perform other work activities in order to get another turn with the buttons. This task opened a learning door for him. ShoeboxTasks are reportedly opening doors for other children on their paths to independent learning.

*For further information, contact*

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## Video Modeling: A Fun and Effective Approach to Teaching Appropriate Behaviors

By Morgan Pasqualetto and Bill Thompson

In working with students with autism, we are always trying to incorporate their unique interests and learning modalities. It has intrigued us that while many students often struggle in attending to instruction, these same students become fascinated when a video or some form of instructional programming is featured on TV.

One student, in our Orange County Department of Education's Special Classes program at **Reilly Elementary School – Mission Viejo, California**, really exemplified this fascination. "James" is a student who struggles to remain on task in the group setting. He has a hard time keeping his hands off instructional materials. Before you can explain the function of the items, he wants to manipulate them. Even more problematic, he will often refuse to participate in taking turns, rather wanting every interaction to be "his turn." At home, he is enthralled with videos and is quick to memorize the interactions. At school, this tendency is also observed, as he is instantly "locked in" to a video activity.

In reviewing the interests of James, as well as other students in our program, we considered **video modeling** as a possible strategy. Video modeling is a method where students observe filmed models "correctly" performing an identified skill or activity. Short video clips clarify visually what sequences and reinforcers to expect.

Video modeling has been used to teach a variety of skills such as shopping (Haring et. al, 1987), conversation (Charlop & Milstein, 1989), and social skills (Quill, 2000). These methods appear to enhance the speed of learning, and lead to a higher level of generalization of skills (Charlop, Le, and Freeman, 2000). We decided that implementing this tool might be of benefit, especially with James' specific skill base and interests.

To put this plan into action during our social skills training group, the so-called "Social Club," we sought out the assistance of general education peers at our site. These students were excited at the opportunity of being "on film" and with their parents' consent they acted out specific skill sequences for the "Social Club" students. The selected social skills were *taking turns* during the



*With clear expectations, some students with autism are learning to enjoy games such as Jenga™.*

game of Jenga™ as well as a *sharing* exercise that focused on using Legos™ to construct a tower.

We also developed video modeling snippets in the area of critical (self help) skills such as tooth brushing, nail clipping, and walking in a line. These students performed the exercises and we were able to edit the program so the instructions were clear.

After we captured these specific skills on video, we showed them to our Social Club group members. The students in the group, including James, were asked to watch the short video (1 to 2 minutes) where their ‘typical’ peers had acted out the selected activity. In watching the peers on video, our students were immediately captivated, displaying high levels of interest.

To reinforce the video, we presented corresponding cards featuring the photographed sequences of the activity. This provided a future outlet to fade the video instruction and access the photo sequences as the cue for the activity.

Prior to the video modeling program, a game such as Jenga™ appeared to be an immense challenge for James. It is necessary for the “player” to access precise fine motor skills, problem solving, patience and restraint as one tries to remove one block from within the unstable set of blocks and then place it on top of the tower. These same skills are often observed as areas of weakness for James. After reviewing the videotaped model, he appeared to show outstanding patience, even when competing in this unfamiliar game. In addition, he kept his hands to himself, waited for his turn, and showed outstanding problem solving in maintaining the game.

While James made progress, there were still areas where he struggled in the game setting. At times, he may become frustrated if he is not given a specific marker or if

he is not selected to go first. Just the same, the videos have proven to be a valuable source of information for us in continuing to refine specific activities as a way to help James. It also allowed us to consider what additional supports might be necessary or helpful to further advance James’ skills.

Viewing video segments depicting correct behaviors and responses has had a notable impact on James. We recognize that there are a multitude of approaches for students with autism. What works well for one student, may have a less positive effects for another. As always, one needs to consider the match between the student’s interest and learning needs when selecting educational methods. Just the same, it appears that accessing visual supports and integrating visual models has been helpful for our students.

Fortunately, this can also be a source of academic growth as well as fun!

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**Bill Thompson**

*School Psychologist, OCDE ♥*

## VIDEO MODELING SUGGESTIONS

### Tooth brushing

1. Play the video with the students watching and imitating the hand motions for tooth brushing with the song (*Brush your Teeth* by Raffi).
2. Play the video and slowly introduce having the students hold their own toothbrush using their toothbrushes to perform the hand motions with the song.
3. Ask the students to practice brushing the teeth of a stuffed animal or baby doll.
4. Request that they brush their teeth while looking in a mirror. Gradually introduce toothpaste.
5. Keep the music playing and encourage to brush their teeth without forcing them to do so.
6. Ultimately the video and song are faded as the students learn to tolerate tooth brushing.

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## Early Intervention Services in Orange County

By Cinda Bottorf and Janis White

### Early Intervention Programs that Make A Difference

While current research is still being conducted, professional opinion world-wide indicates great potential for early intervention services as a key to helping children with autism develop social, communication, and behavioral skills which facilitates learning in a variety of environments.

### Regional Center of Orange County (RCOC) provides two separate service streams:

- **Early Start – I.D.E.A. Part C** is a service for infants and toddlers under the age of three, whose developmental skills are evaluated at one-third below typically developing peers; or children who are born with other high-risk factors or birth events.
- **Ongoing – Lanterman** is the other service for those over three who have a diagnosis of mental retardation, autism, cerebral palsy, or uncontrolled seizures, presenting with significant disabilities.

Currently, over 2900 children are being served by the Early Start program at RCOC. RCOC vendors 38 infant programs in addition to individual therapies and Applied Behavioral Analysis (ABA) programs. From December 2003 to March 2005, 83 percent of children exiting the Early Start program did not continue to qualify for RCOC services. A list of these young children is maintained in order to track and monitor their specific progress as they receive individualized services addressing their unique needs. Details of this tracking list are currently being expanded to include outcomes information for the current 390 Early Start children on that list. Out of all the Early Start children who are determined to be eligible for ongoing services at the age of three, 56 percent have autism as part of the diagnosis.

The increasing number of toddlers and young children being identified with autism has certainly changed the focus of many early intervention efforts in Orange County over the last four years. At RCOC, substantial changes have been made in the ways children's development is assessed, services are provided, and families supported. A team approach is utilized to determine the best intervention plan for each child, with a focus on specific areas of delay and concern, realistic and measurable goals, and overall child and family needs. The multidis-

ciplinary team includes the parents, the RCOC service coordinator, a behavior specialist, a speech-language pathologist, along with an occupational or physical therapist. **All members of the team participate** in developing and revising program plans that will provide maximum benefit for each child. The plans outline developmentally appropriate goals which are designed to strengthen fundamental, core learning and communication abilities and social reciprocity.

**83% of children exiting the early start program did not continue to qualify for Regional Center services.**

RCOC specialists have also worked attentively with early intervention program staff to set quality standards of instruction, therapy, parent training and reporting. Regular reviews of child progress are maintained; together, we continue to develop reliable measurement tools so that we can get a true picture of a child's progress at frequent intervals. By looking at both developmental progress and measurable outcomes, we can refine the child's service plan by making adjustments along the way. These adjustments often improve the effectiveness of the treatment program.

### Important Components for Early Intervention Programs

*Parent education and involvement* - It is important for parents to be equipped with the knowledge of characteristics of autism enabling them to set appropriate and realistic expectations. Children with autism do best with maximized engagement – in other words, getting them to interact with people around them. Parents need to learn how to incorporate their child's emerging skills into their family's daily routines, as well as how to respond appropriately to any behavioral challenges that occur.

*Understanding of normal child development* - A valuable component of early intervention programs is to understand the process of typical development and communication, in addition to developmental milestones. This perspective helps understand if a behavior is really different from the norm.

*Focus on the core deficits of learning* - Very young children with autism require specific training to learn to imitate others, to understand and use non-verbal communication signals, and to develop an awareness

of how their actions impact the emotions of others; they often require specific experiences to generalize new skills to a variety of settings.

*Principles of applied behavioral analysis (ABA)* - ABA is a valuable tool when determining a child's basic skill levels, the behaviors that are necessary to perform functional tasks and the consequences to behavior that will help promote continued skill development.

*Understanding the role of play skills in communication and learning* - In addition to addressing measurable, often structured goals, intervention must also foster the development of the child's play skills and symbolic learning in more typical settings.

Smooth transition from early intervention programs to school and other settings is critical. To this end, RCOC provides a Transition Specialist to avoid any gaps or barriers from inhibiting the continuation of a child's progress. We inform and support families as children move to the pre-school environment at age three and go on to work cooperatively with community preschools and school district programs with family approval.

**A team approach including parents is needed to provide the best possible Early Intervention.**

Current professional consensus is that early intervention sets the stage for continued positive outcomes for children with autism spectrum disorder. Early intervention can assist children on the spectrum in improving social understanding and communication techniques and begin to "close the gap" in developmental delays. Ongoing efforts by RCOC staff and plans for the future include continued focus on the whole family in order to provide the support, knowledge, and skills that they need for helping their child with autism grow to his or her potential. At RCOC, we watch the trends, monitor the latest research, and respond by developing new service resources based on a best-practices approach. It is important to continually seek to understand how autism affects the development of young children and the dynamic within the family so we can provide quality services and supports.

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## The Interagency Assessment Centers of Orange County, California

By **Christina Romanosky, Andrea Walker and Mark Akstinas**

### Program Overview

The Interagency Assessment Centers (IAC) are one of many early intervention programs serving the special learning needs of children with autism. These programs, which first began in South Orange County, in Laguna Niguel, have become a model for interagency collaboration. *The Orange County Department of Education (OCDE), Regional Center of Orange County (RCOC) and local school districts are involved.*

The IACs offer an extended assessment and intervention program for children 24 to 36 months of age with an autism spectrum disorder or a suspicion of the diagnosis. The program includes intensive classroom instruction and support services for families referred by Regional Center of Orange County (RCOC). The **Crown Valley-IAC** first opened its doors in September 1997 in the South Orange County area. In the early years, the program ran three days per week for 2.5 hours. It accommodated 12 children from the ages of 30-36 months who attended either an A.M. or P.M. session. Later a fourth instructional day was added. One day was set aside to accommodate parent trainings, consultations, and home visits. The classroom was staffed by an Educational Specialist/Teacher and four Paraeducators providing a 5:6 adult to child ratio. To accommodate the growth in referrals the IACs have gradually expanded in the number of classes and the creation of a second center, **North Orange County-IAC**, in Buena Park.

As a result of recommended guidelines (e.g., *Educating Children with Autism*- National Research Council, 2001) in the field and support from RCOC, the IAC has evolved into a 20 hour per week program. In addition, to accommodate the high demand for such early intervention programs, the ratio was

modified to its current 5:7 adult to child ratio. The program is supported by a School Psychologist, Speech and Language Pathologist, Occupational Therapist, and a Program Administrator.

Children are provided with intensive instruction in both individual and small group settings. Upon entry into the program, children are assessed by the multi-disciplinary team to obtain a baseline level of performance and determine programming needs. Skills are measured in the areas of cognition, communication, adaptive development, social-emotional functioning, fine and gross motor skills, as well as sensory processing. Individualized outcomes or learning objectives are then determined based on the unique needs of each child. A variety of instructional strategies and methodologies are utilized that address the unique learning style of children with autism as specified within an *Individualized Family Service Plan* (IFSP). Some include the principles of Applied Behavioral Analysis (ABA), positive behavioral supports, functional analysis, structured teaching, visual supports and various communication strategies. While the children are taught new skills through direct 1:1 instruction, emphasis is also placed on generalizing mastered skills across environments. In addition, classroom instruction focuses on developing each child's skills in the areas of communication, play, social interaction, and self-help. Progress is measured daily through a variety of data collection methods such as instructional plan sheets, behavioral charting, and anecdotal notes. This data is used to help monitor each child's individual gains and help identify areas of need.

**Parent Training and Support**

Parents are a critical part in the success and growth of their child. As a result, parent training and support continues to be an integral part of the IAC. Parents receive monthly individual consultation

**September 1997:**  
Crown Valley IAC opened with one class

**December 2001:**  
Crown Valley IAC expanded into second class

**September 2002:**  
North Orange County IAC opened with one class

**October 2004:**  
North Orange County IAC expanded into second class

**Tentative 2006:**  
Central Orange County IAC currently being planned

from all involved specialists. In addition, support staff provides center-based trainings. These trainings address topics such as communication and language development, behavioral support, play-based interventions, community resources, and program transition issues. In addition, parents are encouraged to take advantage of the resources and trainings provided through Regional Center and the S.U.C.S.E.S.S. Project of Orange County.

*A Parent Support Group* is conducted monthly by a Clinical Psychologist in cooperation with Orange County Health Care

Agency. The Centers also maintain a variety of resources for parents in the form of books, articles, and videotapes to help increase their understanding of autism, child development, and speech and language development.



**Child Transition**

Approximately three months prior to a child's third birthday, the multi-disciplinary team begins their final assessment. For the children who entered the program before 32 months of age, this review serves as a post-test in which families and staff can evaluate the progress the children have made. The results are shared not only with families, but also

with districts in which the children reside. Test results, as well as information regarding strategies and interventions used within the IAC are critical in helping to determine an appropriate school placement. Throughout the process, the preschool team works to ease the transition from a program that focuses on family needs (IFSP) to one that focuses on the students unique educational needs. At age three an *Individualized Education Program* (IEP) is developed. The IAC team works closely with families, receiving districts, and Regional Center to help create a smooth educational transition.



### **Program Evaluation**

The IAC uses a variety of evaluation methods that include parent needs assessment, parent satisfaction surveys as well as pre and post testing data from standardized instruments across the areas of cognitive development, speech and communication, social-emotional development, adaptive behavior and motor skills. In addition, information gathered regarding instructional strategies and analysis of classroom data is utilized to help determine and modify individual goals. The goal of early intervention is to give our children the necessary skills for future success in the least restrictive environment. Program evaluation data collected indicates that children who enter the IAC demonstrate substantial growth in a number of developmental areas. In addition, feedback from both parents and RCOC Service Coordinators confirm an overall high level of satisfaction with the IAC program and staff.

### **Community Outreach**

The IAC staff has also done Ground Round presentations at local hospitals for physicians and residents in training regarding early autism diagnosis and treatment. These presentations typically include a parent of a child with autism to discuss their experience with early diagnosis and intervention. This has served to help physicians learn how to deal more sensitively to early parental concerns regarding their child's delays in development. The IAC also serves as a fieldwork site for physicians in training to help in understanding early signs of autism and effective early intervention strategies.

Last year, Connie Kasari, Ph.D. Professor, Graduate School of Education and Information Studies, UCLA and her doctoral student, Connie Wong, conducted a research project which focused on facilitating joint attention and play. Ongoing parent training and support was provided and will be evaluated (See ANOC-Oct. 2004-Vo1. 1, Issue 3, pgs. 4-7; see also page 23 of this issue for upcoming schedule).

### **The Future of the Program**

As the rate of newly diagnosed autism cases continue to rise, the demand for quality early intervention programs, such as the IAC, will grow.

To help meet this need, plans are in place to create an IAC program to serve Central Orange County. The Santa Ana Unified School District, in collaboration with OCDE and RCOC, is currently working towards creating a third IAC center in Santa Ana. While each of our programs shares a common philosophy and vision, we also have adapted our programs to meet the unique needs of the communities we serve. OCDE and RCOC continue to be dedicated to provide strong programs, and to work collaboratively with families and school districts so that children with autism can realize their full potential.

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## “Cranpa, How’re You Feeling?”

By Teri Book

Over several years Roben and David Head have adopted four children who were exposed to illegal drugs during the prenatal period. I know for sure they never intended to adopt an entire brood of autistic children, but that is exactly what happened. To say that there is never a dull day in the Head household is an understatement. In addition to these four children, they have adopted two additional children, as well as having their own two biological children, who are grown and living at home. Until recently Roben’s father also lived with the family.

Over the Christmas holidays in December 2004, Roben’s father died somewhat un-expectantly, although he had been infirm for many years. Evan, the oldest of the children diagnosed with autism, had developed a special bond with his grandfather, starting from the time he first came to the Head family. Roben’s dad would sit and hold Evan for hours when he was a young child as he coped with symptoms of withdrawal.

Many people believe that children with autism are not affectionate and do not show love and concern for other people. Many people also think that these children lack a sense of humor or compassion; they also believe that children with autism don’t feel emotions felt by typically developing children. Sometimes it may be hard to see that children with autism do have emotion and humor. However, it’s been my experience they do have them, but they may appear to express them differently from typically developing individuals.

In the case of Evan and his grandfather, the story goes that Evan was a frequent visitor in his Grandpa’s room. He would sit in the big, over-stuffed Lazy Boy recliner and rock like crazy or watch one of a million Disney movies with “Cranpa.” “Cranpa” enjoyed Evan’s company and was always glad to see him and over time the two of them developed a very special way to greeting each other. Evan would see his Granddad and say “Cranpa, how you’re feeling?” and “Cranpa” would answer with “With my fingers son, how are you feeling?” and Evan would finish the interaction with “With my toes, Cranpa.” This was just one of the many scripted exchanges the two of them would have on a regular basis.

Everyone in the family got a real kick out of these little dialogues, and so it went until Grandpa passed away suddenly last December. After his death Roben and David became concerned because Evan decided to start

sleeping in his Grandfather’s bed. When the bed was removed Evan wanted to know why, and not wanting to upset the boy, his parents decided not to mention death, as they were unsure what Evan reaction would be. So, they told Evan that Grandpa had moved out. “Where did he go?” asked Evan. “To heaven” was their reply. Without them knowing it, Evan left the room ran down stairs and confronted his much older sister Amy (one of the Head’s biological children) and with plenty of drama said, “Amy, something terrible has happened, Cranpa died!”

Well this was big news to Evan’s parents who didn’t think that he would make the connection between heaven and death. Nor were they prepared for the depth of his despair. Evan insisted on sleeping on the floor in his Granddad’s room and would wander the house reciting the scripted conversations from his relationship with his “Cranpa.”

Roben was concerned about this unusual perseverative behavior but at first did not make the connection between this behavior and an expression of grief. What she eventually figured out was that this was Evan’s way of expressing loss, his remembering of his “Crandpa,” and an attempt to understand what had happened and to make sense of it in his world. The scripting was Evan’s way of mourning his Grandfather, and keeping his memory alive. This is a more concrete way to try and remember and keep alive the feeling they have for people that pass. Evan’s insistence on sleeping in his Grandfather’s room allowed him, in some small way, to try and keep that very special connection, a connection many people might not have even realized existed.

Many people might wonder if a child with autism could have appreciated the joke in the scripted interaction: “How are you feeling Crandpa?” This seems to me to be just the kind of joke a child with autism would enjoy. It is concrete, ritualistic, and can be done in many variations. My guess is that this was just a private joke between a special boy and his granddad. One of the most important things to be sure of when interacting with children on the spectrum is to never underestimate them. If you do, you will be caught off guard. Something I have experienced first hand - too many times to count.

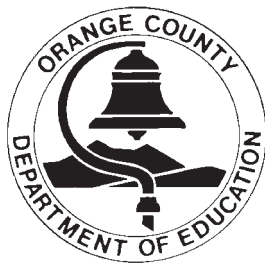
**Teri Book, RN, MSN, CPNP**

*For OC Kids* ♥

We are grateful for the ongoing sponsorship of this newsletter by the following agencies:



**Council for Exceptional Children** (Chapter 188) is the largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. CEC advocates for appropriate governmental policies, sets of professional standards, provides continual professional development, advocates for newly and historically underserved individuals with exceptionalities, and helps professionals obtain conditions and resources necessary for professional practice.



WILLIAM M. HABERMEHL  
County Superintendent of Schools

**Orange County Department of Education** provides 'world-class' educational programs for over 163,000 students. These include General Education, Alternate and Correctional Education, Outdoor Science, Regional Occupational Program (ROP), and Special Education and Student Programs. OCDE partners with local school districts and community college districts, as well as local, state and federal governmental agencies. Staff Development, administrative, business, educational and support services are available.



**For OC Kids** is a UCI-CHOC collaborative program dedicated to the earliest diagnosis and treatment of autism and related disorders. It is committed to the support, education and empowerment of families and professionals. It is supported by the Children and Families Commission of Orange County.



**The Regional Center of Orange County** is a nonprofit organization that coordinates services to more than 14,000 Orange County residents who have developmental disabilities. These disabilities include mental retardation, cerebral palsy, autism, epilepsy and related conditions. The Regional Center is operated by a volunteer board of directors under contract with the State of California's Department of Developmental Services. The mission of the Regional Center is to advocate, support and provide services to people with developmental disabilities from birth through adulthood. The Regional Center receives state and federal funding to provide services to eligible individuals and families.

## Upcoming Staff Development, Conferences and Parent Trainings

(Partial Listing — September to December 2005)

There are several opportunities for continuing education and support that will be offered by various organizations. For OC Kids, the **Regional Center of Orange County** (RCOC), and the **S.U.C.S.E.S.S. Project of Orange County** strive to provide affordable fees to both families and staff. Each session has a specific focus, some pertaining to early interventions, some with more of an emphasis on the older aged student. Registrations may be limited, therefore call early!

Date/Time/Place	Topic/Speaker	Dev. level	Approximate Fee	Contact
September 14 4:00 – 8:00 PM O.C.D.E.	<b>Overview</b> “Social Thinking– I LAUGH Model” <i>M. Garcia-Winner</i>	Older students – + 8 yrs and older	\$30	S.U.C.S.E.S.S. Project (714) 966-4137
September 19 and 20 8:30 AM – 3:30 PM O.C.D.E.	Links to Language Training <i>Pam Payne &amp; Lauren Franke, PhD</i>	Early to middle age developmental levels	\$250 (includes manual)	S.U.C.S.E.S.S. Project (714) 966-4137
September 29 4:00 – 8:00 PM Regional Center	Transition Issues – Adolescence into Adulthood <i>Peter Gerhardt, EdD</i>	Adolescents and older aged students	\$30	Regional Center of OC (714) 796-5330
Oct. 11 – Dec. 13 Tuesdays, 6:30 – 8:00 PM O.C.D.E.	SEE-PAC - Parent Education Series	Early	Materials fee only	For OC Kids (714) 939-6118
October 21 8:30 AM – 3:30 PM O.C.D.E.	Coaching Comprehension- Creating Conversation <i>Lauren Franke, PhD</i>	All ages	\$60	S.U.C.S.E.S.S. Project (714) 966-4137
Oct. 31 and Nov. 1 8:30 AM – 3:30 PM O.C.D.E.	“Icon to I Can” – Visual Supports within Structured Teaching <i>Barbara Bloomfield</i>	All ages	\$160	S.U.C.S.E.S.S. Project (714) 966-4137
November 2 8:30 AM – 3:30 PM O.C.D.E.	Advanced Day for “Icon to I Can” (those who have attended first level) <i>Barbara Bloomfield</i>	All ages	\$60	S.U.C.S.E.S.S. Project (714) 966-4137
November 7 4:00 – 8:00 PM Regional Center	“Understanding Autism” <i>Robert Koegel, PhD &amp; Lynn Koegel</i>	Early to school age	\$25	Regional Center of OC (714) 796-5330
December 5 8:30 AM – 3:30 PM O.C.D.E.	Refresher Day for Links to Language (those trained in Links) <i>Lauren Franke, PhD</i>	All ages	\$45	S.U.C.S.E.S.S. Project (714) 966-4137

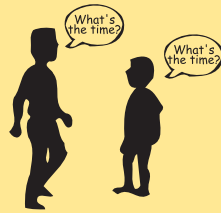
**Locations:** O.C.D.E. = Orange County Department of Education – 200 Kalmus Drive, Costa Mesa, CA 92628  
Regional Center of Orange County – 801 Civic Center Drive, Santa Ana, CA 92702

# SOME EXAMPLES OF AUTISTIC BEHAVIOR

## ALGUNOS EJEMPLOS DEL COMPORTAMIENTO DE PERSONAS CON AUTISMO



Avoids eye contact  
Evita el contacto visual



Copies words like a parrot ("echolalic")  
Repite las palabras como un loro  
("en forma de echo")



Shows preoccupation with only one topic  
Demuestra preocupación/interés en solo un tema/asunto



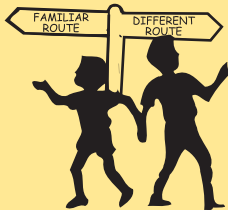
Lacks creative "pretend" play  
Carece el juego creativo



Shows indifference  
Demuestra indiferencia



Displays special abilities in music, art, memory, or manual dexterity  
Demuestra capacidades especiales en musica, arte, memoria or destreza manual



Does not like variety: it's not the spice of life  
No demuestra interés en variedad



Shows fascination with spinning objects  
Demuestra fascinación con objetos que giran



Shows fear of, or fascination with certain sounds  
Demuestra miedo de/ó fascinación con ciertos sonidos



Laughs or giggles inappropriately  
Risa/reír inadecuadamente



Shows one-sided interaction  
Demuestra interacción que es unilateral



Does not play with other children  
No juega con otros niños

### Some Examples of Autistic Behavior Algunos ejemplos del comportamiento de personas con autismo

- Difficulty with social interactions.  
Tienen dificultad para socializar con otras personas.
- Problems with speech.  
Tienen problemas con su lenguaje.
- Disturbed perception.  
Tienen una percepción anormal de los sucesos que acontecen a su alrededor.
- Abnormal play.  
Su forma de jugar es anormal.
- Resistance to change in routine or environment.  
Se resisten a cambios en sus actividad rutinarias ó a su medio ambiente.