



# AUTISM NEWS

of Orange County  
& the Rest of the World

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Cover illustration by Dane Bottino

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## COVER FEATURE

We are pleased to feature one of our local artists, Dane Bottino. Read more about Dane on page 26.

### 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

We are happy to share another newsletter with our readers, full of highlights of local conferences and workshops, latest research developments as well as teaching ideas and ways to cope. In doing so, we have tried to integrate perspectives and intervention approaches that sometimes seem incompatible:

- 1) Service and therapy needs for individuals with Autism Spectrum Disorders (ASD) should consider that the smaller, but recently louder voice for “higher-level” children should not extinguish the cries for help of the larger “lower-level” group. We have tried to balance the interests of both groups in the present issue.
- 2) The spectrum of people with autism needs a spectrum of empirically validated treatment approaches. Behavioral and developmental interventions can be considered important keystones for individual children at specific points in their development. They can complement each other very well, as indicated in articles in this issue.
- 3) How do we do what we do? This question is important when it comes to raising typical children as well as children with special needs. Do we lead them on the way in an encouraging manner stressing their contributions to achievements or do we lose our positive coping skills and teach prompt-dependent robotic behavior? Researchers and parents have important things to say on this issue.

### The following topics are presented:

- What are crucial therapy needs for young children with autism? The research by **Connie Kasari** (UCLA) demonstrates the importance of acquiring joint attention and symbolic play for the children’s later language development.
- Can we improve established systems of non-verbal communication? The article by **Bryna Siegel** (UCSF) on VIA (Visual Interaction Augmentation) stresses the integration of developmental and

behavioral approaches in facilitating early communication skills in non-verbal children with autism.

- What is the role of self-efficacy in helping children on the autism spectrum and what are concrete methods to enhance their beliefs in themselves? **Gary Mesibov** (TEACCH) links specific procedures to empowering children.
- How can children on the higher end of the autism spectrum get help with unwritten behavior expectations? The “hidden curriculum” by **Brenda Smith Myles and Amy Schapman** gives concrete examples of problems we need to overcome.
- Who can help to do it all? **Mike Tischio** shares the excitement of getting the support of enthusiastic students from Troy High School.
- What can be done to provide solutions to social skill deficits? **Kelly McKinnon** outlines a modular system and many good ideas to help children improve their social skills.
- Can we share teaching-tasks with computers? **Charlotte Witsoe** reports about the innovative PALS program (Progressive Academic Learning System), which can complement parents’ and professionals’ efforts.
- Last but not least: How can parents of a child with ASD cope with the everyday demands of raising their child? **Mary Kate Saunders** gives a very personal insight into the ups and downs of parenting and encourages parents to “keep on dancing”.

We very much hope that the present ANOC issue encourages you to expand your perspective, provides you with practical ideas, as well as coping skills needed for being the best you can – as parents, teachers or professionals involved in autism.

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

**Clin. Psych., Editor**

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## Teaching Joint Attention and Play Skills to Young Children with Autism

By Connie Kasari

Parents of young children with autism may first suspect their child has a developmental problem when the child does not relate to them or to objects in typical ways. Oftentimes concern focuses on early communication abilities and play skills. Indeed, these areas are scrutinized for a diagnosis of autism in young children with autism (Baron-Cohen, Allen & Gillberg, 1992). Typically both of these developmental skills emerge within the first 2 years of life. **Joint attention skills involve sharing attention with others through pointing, showing, and coordinated looks between objects and people. Symbolic play involves the representational use of objects**—pretending one object represents another as when a sponge represents a cracker, or imagining that dolls have personal attributes and abilities, as when the doll drives the car.

A number of studies have now found that joint attention and symbolic play skills are extremely delayed or different in children with autism. These skill areas have been used as a basis for identification of autism in young children. For example, using videotapes of early development, several researchers have noted that infants later diagnosed with autism do not smile and look to others very often, and do not play appropriately with toys (Charman, Baron-Cohen, Sweetenham, Baird, Drew & Cox, 2003; Osterling & Dawson, 1994). Indeed, parents often notice that their child seems to be happy to be on his own, may not respond to his name, and may not bring toys to “show” the parent. Although the failure of the child to talk and express himself often becomes the major benchmark of concern that parents seek help for, a nagging worry is the child’s seemingly lack of reciprocal engagement.

The ability to engage someone non-verbally (with eyes, smiles and gestures) and the ability to



talk are related. Young children communicate with others long before they actually “talk” with words. Studies of both typically developing children and children with autism find that children who engage the caregiver in sharing communications (e.g., pointing to events or toys of interest, showing toys, and looking between events and people to share interest) acquire language faster (Mundy, Sigman, & Kasari, 1990; Tomasello & Farrar, 1986). In a study

of children with autism, preschool children who also played with toys in more imaginative and symbolic ways did better with peers during the school years (Sigman & Ruskin, 1999). From both theoretical and empirical

perspectives, then, **joint attention and symbolic play skills should be a focus of interventions with young children with autism.**

Because these skills are highly abstract, however, they present particular issues for intervention. How does one teach skills that involve cognitive representations of absent attributes, or require the use of a pointing gesture as a means to indicate something of interest to another? Indeed, these skills are rarely the direct focus of an intervention with children who have autism.

### Children acquire language faster if they

- point to events or toys of interest
- show toys, and
- look between events and people to share interest



In a recent study we tested the efficacy of teaching joint attention skills and symbolic play skills to young children with autism. The study was part of the UCLA Program Project within the Consortium of Programs of Excellence in Autism (CPEA) network of studies funded by the National Institutes of Health. Our questions were whether we could teach these types of skills to children with autism in a brief intervention, and if improvements in joint attention and play would facilitate language development.

### Participants

Participants included 58 children with autism (46 boys) between the ages of 3 and 4 years. All children received a clinical diagnosis of autism and met criteria for autism on the Autism Diagnostic Interview-Revised. They also participated in the same early intervention program for 6 hours per day. This program was based on applied behavior analysis principles and did not include lessons on joint attention or symbolic play.

### Methods

For study purposes, children were randomized to a joint attention intervention, a symbolic play intervention, or the control group. The intervention children were given a one on one targeted intervention (focused on joint attention skills OR play skills) for 30 minutes per day for an average of 6 weeks. The control children remained in their early intervention program where they also received one-on-one intervention but not focused on joint attention or play skills.

For the intervention children, the approach used to teach them involved both applied behavior analysis and developmental principles. Each child



## Facilitating & Maintaining States



- **Follow your child's lead.**
  - Allow your child to determine what toys the two of you will be playing with; wait and see what your child does.
- **Respond to your child's focus of attention.**
  - Show interest in what your child is interested in.
  - If your child is interested in a doll, then focus your attention on that doll and/or maybe on a similar doll.
  - If your child is interested in blocks, then pay attention to the blocks.
- **Imitate your child's actions.**
  - Do what your child does. This may spark your child's interest.
  - If your child makes the doll jump, then make your doll jump.
  - If your child starts stacking the blocks, then you should start stacking some blocks. Make your own stack or add blocks to his stack.
- **Expand on the child's actions.**
  - Present new ideas of how to play with the toy by involving more actions or objects. Stay with the theme your child is interested in but add more elements to the play scheme. It's okay if your child does not seem interested in how you expanded the play, you can try something else.
  - After you make your doll imitate jumping, then make your doll jump into a car, or jump up the stairs of a dollhouse, or jump into a pretend pool (splash!).
  - After stacking some blocks, place some toy characters on top of the stack, or make a sound when you put a block down (boom!).
- **Occasionally violate an established routine in a playful manner.**
  - Surprise your child by occasionally doing something unexpected. This can bring new interest to the toy and additional attention to you.
  - After the dolls have jumped into a car several times, make the doll do a somersault into the car or make the doll fall down while jumping and cry.
  - Crash the blocks down or take a block out of the middle of the stack.
- **Provide language contingent on the child's focus.**
  - Talk about what your child is doing and/or looking at.
  - "Look, you have a doll! The doll is jumping!"
  - "That's a red block! You're making a fire station!"

Excerpt from the Training Manual

received approximately 5-8 minutes of discrete trial work at a table to "prime" the child for the skill we wanted him/her to learn, and then worked the rest of the session on the floor with a variety of materials in order to encourage spontaneous and flexible initiation of the skill. Each child was taught one specific skill at a time, which was determined from a variety of developmental tools. The brief excerpt above is from the Training Manual.

To test the efficacy of the interventions, both structured assessments of joint attention along with play skills and mother-child interactions were col-

lected pre and post intervention by independent assessors. These assessments tested for the very skills we taught in the intervention (e.g., pointing, showing), but they differed in that the actual test objects were not used in the intervention. The testers were not familiar to the children nor did they have knowledge of the children's treatment status. A standardized language test was also given pre and post intervention.

**Results**

**Results yielded significant differences between the intervention groups and the control group.** Children who received the joint attention intervention significantly improved in their ability to point and show, and to respond to joint attention when given a structured test of joint attention. More importantly, compared to the control group, they showed more child initiated and spontaneous joint attention when playing with their mothers (see Figure 1). These data are particularly important because they demonstrate generalization of the skills the child learned with the interventionist to their mother.

**Joint Attention**

Children in the play-group also demonstrated significant differences compared to the control group. On a structured measure of play and in interaction with their mothers, **children who received the play intervention demonstrated significantly improved levels of play as well as increased diversity of play.** That is, the children learned to play with toys in many different ways so that their play was not repetitive but was creative and sponta-

neous (see Figure 2). These data suggest that we can teach children joint attention along with play skills, and more importantly the children generalize their skills to new contexts and people.

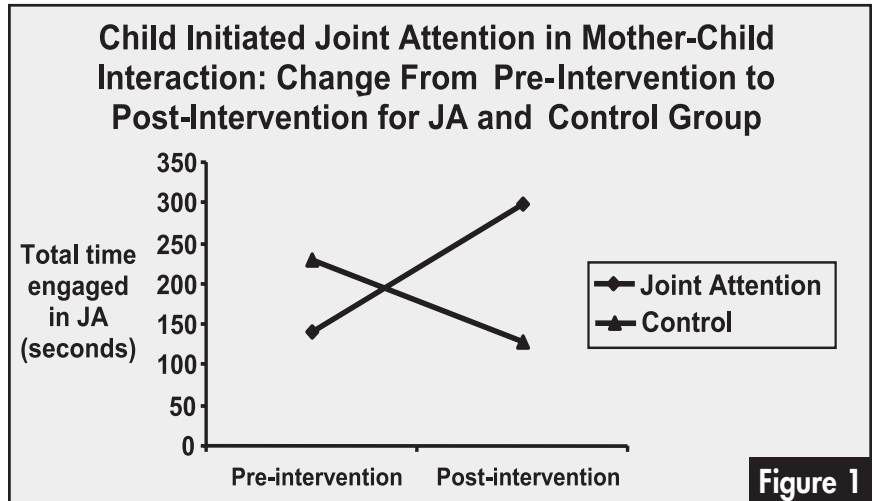


Figure 1

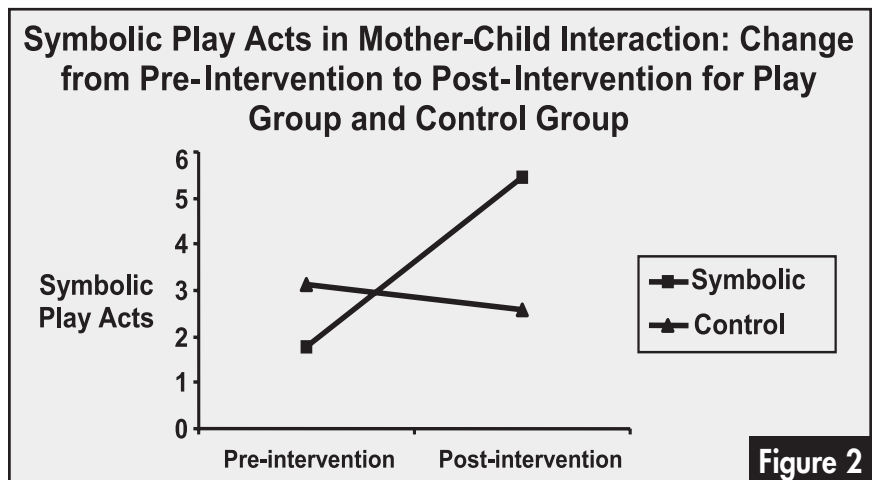


Figure 2

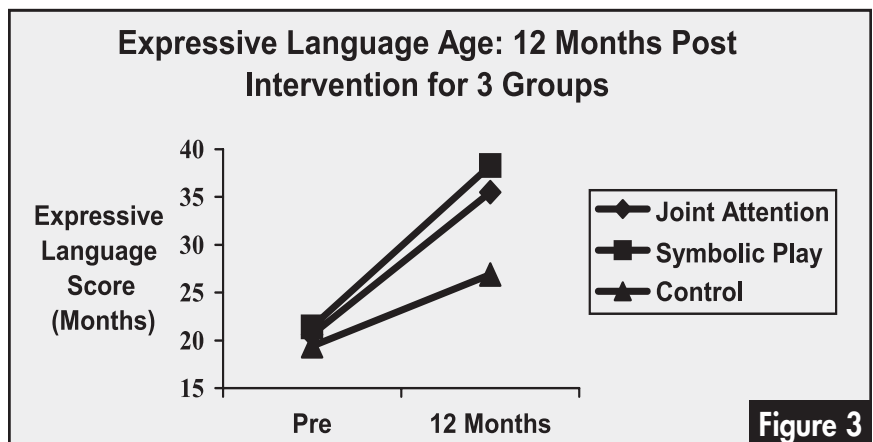


Figure 3

A second question concerned whether the changes were associated with better language skills. Verbal and receptive language skills were assessed one year after intervention, and both intervention groups made significantly more progress than children in the control group. Over about 14 months, the joint attention group of children made approximately 15 months gain in expressive (verbal) language and the play group of children made about 17 months gain. The control group of children made 7.5 months gain in the same amount of time (see Figure 3). **Thus, improving joint attention and play skills seem to set the stage for improvements in language skills.**



### Conclusion

This randomized controlled trial provides promising data on the specificity and generalizability of joint attention and play interventions for young children with autism. Increasing skills in joint attention and symbolic play was also associated with improved expressive language skills. These findings have several implications for current practice in early intervention programs.

- 1) First, most assessments and curricula available to early interventionists do not include specific skills of joint attention or symbolic play. Thus, it may be necessary for staff members to augment current assessments and curricula in order to address these particular areas of development.
- 2) Second, this study used a combination of teaching approaches— both developmental procedures (e.g., following the child's lead, expanding on child's language, imitating the child, and creating play routines) and behavioral techniques (e.g., discrete trials, prompting). The combined approach resulted in quick results with most children requiring only

**Joint attention and play skills should be an integral part of early intervention programs for young children with autism.**

5-6 sessions to achieve mastery of the skill being taught.

3) Finally, in future work, both joint attention and play skills should be incorporated into each child's program as both had positive effects on the development of expressive language skills.

In summary, the findings from this study suggest that joint attention and play skills should be an integral part of

early intervention programs for young children with autism. Future studies, however, are needed to examine the long-term effects of these interventions on children's overall development.

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# VIA

## Visual Interaction Augmentation

By Bryna Siegel

### A Case Example

*Keenan, age 25 months, had developed babbling, but used only few words or sounds for communicative purposes. Usually they were one word sentences often babbled at play activities rather than people. Parents felt they could 'understand' him though they remained uncertain when he was either not understanding them or being non-compliant. On rare occasions, social reference had been observed with Keenan uttering 'car' (a high value object) and then looking toward his mother with a reach gesture to the car.*

VIA, which stands for "Visual Interaction Augmentation" was initiated with his favorite food, waffles. By the fourth trial, Keenan reached for the waffle photo independently, and a few trials later also echoed 'W-a-a-fa-' which the 'listener' had by now repeated many times loudly, slowly and with high inflection and questioning tone, while directing gaze between Keenan and the icon and pointing to the icon. Waffle was given forthwith. Other children, not surprisingly, have required more trials, but likely, Keenan's babbling, rare words, and rare calls for joint attending all predisposed a rapid initial response to VIA. Keenan was using many icons throughout his house which he spontaneously presented to his parents within the first two weeks of initiation of treatment. Grasping the general concept of VIA in receptive candidates is usually evident in the first couple of days.

### What is VIA?

**Visual Interaction Augmentation** is a new experimental approach to visual augmentative communication. When we think of 'visually augmentative communication' we often think of methods like the Picture Exchange Communication System (Frost, L. & Bondy, A., 2002) or products like communication boards (Mayer-Johnson LLC), or devices



### Main features of VIA

- **Stresses non-verbal communicative signals**
  - eye-gaze
  - gestures
  - body language
  - facial expressions
- **Adds paralinguistic features**
  - Vocal tone
  - Motherese
  - Appropriate grammar

that synthesize voice like a DynaVox (DynaVox Systems). VIA builds on the approaches used with these, and produces a teaching strategy stressing developmental and linguistic aspects in children with autism. It does this in three key ways: First, it teaches children the meaning of non-verbal communication by showing how eye-gaze, gestures, and facial expressions can enhance communicative 'signals'. Second, it adds linguistic features, which have been helpful for typically-developing children, such as vocal tone and simplified speech. Third it may contribute to the children's understanding of mental states of others, so-called 'Theory of Mind' by showing the child that the others *can* see exactly what the child has 'in mind' (c.f., Baron-Cohen, 1995).

### Starting at the Beginning: Problems with 'Para-linguistics'

The first communication difficulty that children with autism have begins with 'para-linguistics', the part of communication that does not involve actual words, but that amplifies spoken language via the message embedded in gaze, facial expression, body language, and vocal tone. Since paralinguistic deficits in autism are notable even before spoken language should be emerging, we assume that construction of communication skills needs to start from the bottom up. It must include teaching para-linguistics



if the words of the child with autism are to have the same foundation as that of a typically-developing child's language. Since communicating is a strain for many children with autism, it should be made as easy as possible. Additional cues, especially visual ones, can facilitate comprehension and can motivate the child to communicate more in the future.

### Building Para-Linguistic Training into Augmentative Communication

When we start to teach language to a pre-verbal child, how do we know where to start? Most children have had extensive language testing by speech and language therapists. What does it tell us other than that the child is delayed (which everyone probably already knew)? It tells us where to start.

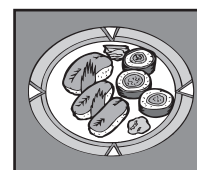
**So, for a child at the six-month receptive language age, one might say in a high-pitched voice: 'Do you want some J-U-I-C-E??' 'J-U-I-C-E??' We talk like this to six-month-olds while waving the juice, and smiling and nodding—to show something nice is going to happen—and does—as soon as the child looks at the juice, the speaker, or between the two. This is very much how VIA works.**

As adults, especially adults accustomed to being with young children, we make fairly automatic changes in how we talk to a newborn, a six-month-old, a one-year-old or a two-year-old toddler. We naturally change the rate, pitch, degree of inflection, and loudness based on the child's size, as well as how the child reacts. We also simplify grammar, voice only important parts of an utterance, and repeat key words—especially for the youngest children. The child's receptive language age needs to be used to guide the para-linguistics in teaching communication to a language delayed child with autism. This is sometimes called speaking in 'motherese' or 'parentese'.

The difference between how we would talk to a typical six-month-old and a child with autism at a

**Starting to teach words without para-linguistics is akin to starting a car in second gear; it can be done, but it requires more effort, and is a strain on the engine.**

six-month receptive language age is that we would use a photograph of the exact object that is being offered. The photo, as in PECS, is 'exchanged', but it is a social exchange—with smiling, nodding, pointing and gazing between the child and the received photo—to make the request a 'conversation', complete with verbal and non-verbal components. We add the para-linguistics so that the child learns to look toward the face to see if the adult has that look that means he is about to get his request met (or not). This may help with developing an understanding of the intent of the listener. In general literal photos are more motivating than icons like the Mayer-Johnson icons—especially when you don't have a word label in your mind to specifically associate to the object. Think about sushi: would you rather order sushi from a line drawing of generic fish on a square representing rice, or would you be more motivated by a photo that shows whether you're getting tuna, salmon or a cooked prawn?



### Keeping Communication Training True to a Developmental Model

Many people are familiar with the work of Ivar Lovaas and how he has pioneered the use of Discrete Trial training to use methods of applied behavior analysis to teach young children with autism (Lovaas, 1987). There are both advantages and disadvantages to this method and comparison research on instructional procedures would be useful. Among others the following questions arise:

- 1) ***Does grammar develop better with instructions using telegraphic speech or normal language models?*** In Discrete Trial teaching language is often presented to the child in a telegraphic manner (like saying 'Touch nose!' followed by 'Good touching nose!'—the latter not even being a grammatical English sentence.) In

comparison in VIA training, language is presented the way it is to a younger child, with as much of the grammar ‘voiced’ as is consistent with the ‘mean length of utterance’ (MLU) that the child receptively understands.

- 2) *Is it more efficient to train one sample of an object to mastery before generalizing or is training using multiple samples easier?* In Discrete Trial training teaching often focuses on a high level of mastery for recognition of

one example of one object before moving on to another example. In typical development, children learn multiple examples simultaneously and then actually label a prototype that quickly forms. An 11-month-old who begins to say ‘nose’ is likely able to apply it to his nose, his mommy’s as well as Winnie-the-Pooh’s. With VIA, many examples of the same word—though all words for things the child really cares about are pictured.

**PRACTICAL STEPS IN IMPLEMENTING VIA**

DIMENSIONS	STRATEGIES
<b>Developing Icons</b>	<ul style="list-style-type: none"> <li>• Simple photos of specific examples of high value items</li> <li>• 3-D icons (e.g., goldfish crackers glued shut in a clear box) if non-verbal MA &lt; about 9 months.</li> </ul>
<b>Selecting Things to Request</b>	<ul style="list-style-type: none"> <li>• Based on hierarchy of reinforcers</li> <li>• Photos of high reinforcement icons first</li> <li>• Requests first</li> <li>• Put away high value objects to create communicative press</li> <li>• Train with single photo and brief exposure to requested item</li> </ul>
<b>Prompting Requests</b>	<ul style="list-style-type: none"> <li>• Full prompting &gt;&gt; fully faded prompt to help child hand over icon to ‘listener’</li> <li>• Gaze between child &amp; icon held close beside ‘listener’s’ face</li> <li>• Gesture (e.g., shoulder shrug=‘What?’)/ point to icon</li> <li>• Exaggerated facial expression to mark Q/ Yes/ No</li> <li>• ‘Motherese’ inflection and pitch</li> </ul>
<b>Choice-Making</b>	<ul style="list-style-type: none"> <li>• High contrast choices (Thomas the Tank Engine v. broccoli)</li> <li>• After simple choice-making established, sequence icons (e.g., bring ‘open door’ icon, plus ‘ball’ icon from toy chest)</li> </ul>
<b>Syntax and Conversation</b>	<ul style="list-style-type: none"> <li>• Natural grammar with ‘motherese’ emphasis on key words (e.g., ‘Do you want W-A-F-F-L-E??’)</li> <li>• No telegraphic speech (e.g., ‘Want waffle?’ ‘Give waffle!’)</li> <li>• No agrammatical nor non-conversational speech (e.g., ‘Good giving waffle!’)</li> <li>• Abandon need for icon w/ any verbalizing—treat any verbalizing like early ‘babytalk’—to differential reinforce verbal communication</li> <li>• Reformulate utterance (e.g., ‘J?’ ‘Oh! Juice!’)</li> </ul>
<b>Icons in Context</b>	<ul style="list-style-type: none"> <li>• Icons located in natural environment (e.g., sippy cup on fridge)</li> <li>• After mastery in natural environment, portable belt loop/ key ring of small icons-to-go</li> </ul>

### Motivating Communication with VIA

Anyone who has a child with autism or has tried to teach such a child to talk knows all too well that it is very difficult to have a 'conversation' about anything that does not really interest the child. When we construct initial cards for a young child with autism, we do so from a list of things on that child's reward hierarchy—the things in life he cares about, will ask for and will work to get. Applying the behavioral strategy of incidental learning (Koegel & Koegel, 1995), cards are located throughout a child's natural environment—where ever it might be that he might request that object, action or activity. There are neither communication books nor sentence strips. It is assumed that a strip of paper saying 'I want' does not add to the information already being communicated by a single photo, and only serves to make the process of successful communication more lengthy—and therefore less immediate and motivating. VIA is seen as a transitional strategy to provoke spoken communication, and any contextually-understood verbal effort is differentially reinforced as the more meaningful communication. This is just like when parents will accept a one-year-old's 'ba' for 'bubbles', 'binky', or 'Barney'—but will respond by meeting the request *and* verbally modeling the correct word. This way the child is reinforced for beginning to develop conversational expectations.

### Integrating Approaches

In teaching children with autism, clear progress has been made through the use of various visual communication systems. Comparison research is urgently required to fine-tune teaching methods. A possible combination of developmental and behavioral strategies has a chance to enhance development of communication more than the isolated use of one of these methods.

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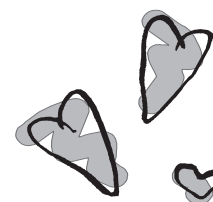
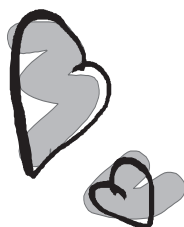
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**Thank  
You!**

## Self-efficacy and Students with Autism

By Gary Mesibov

Self-efficacy is a relatively new theoretical construct that has important implications for our work with children with autism and their families. Growing out of Bandura's impressive research over the past few decades, it is replacing self-concept as the most appropriate target of intervention efforts (Bandura, 1985). Although self-concept is important because it emphasizes positive feelings about one's self, feeling good about one's self does not always lead to feeling capable of meeting the demands of current challenges. Self-efficacy has been proposed as something that adds empowerment and the notion that one has the confidence that important challenges can be met and important achievements can be fulfilled.

Although this discussion simplifies Bandura's impressive volumes, self-efficacy can be narrowed down to the following critical factors that can promote one's feeling of personal skills and potential:

### Critical factors that can promote one's feeling of personal skills

- 1) **I am able to solve the problems I need to solve to meet my current challenges**
- 2) **The harder I work, the more I can accomplish**
- 3) **When I get stuck, I can go to other people and they can help me to achieve the goals that are important to me**
- 4) **I can control myself and resist drives to act in inappropriate ways when I need to**

#### 1) "I can do it" attitude

Self-efficacy theory reminds us that feelings of competence are extremely important for everyone and extra measures should be taken to offer autism-friendly strategies that help our students to under-



**"Self-efficacy is the belief in one's capabilities to organize and execute the sources of action required to manage prospective situations."**

Bandura, 1986

stand their competence and effectiveness. For example, it is very important for students with autism to feel that they are competent and can meet the challenges that confront them. Sometimes we inadvertently make them prompt dependent on us or we see these students becoming frustrated because they cannot get things exactly right. Part of their problem is often that they don't know what correct means or how to accurately evaluate their own performance. Many investigators are using **visual schedules or activity lists** (work-systems is the term we use in the TEACCH program) to help organize specific activities or daily routines for students with Autism Spectrum Disorders (ASD). Self-efficacy suggests that these lists might also be used to communicate concretely what the students have accomplished. For example, at the end of the day, a teacher could go over the checkmarks on a student's schedule to remind him that these represent **important accomplishments** and that they document that the student has successfully met the day's challenges. The same could be done with the activity schedules or work-systems.

#### 2) Slogan: "The harder I try, the better I do"

Self-efficacy also suggests that the harder one works the more one can accomplish. For students



with ASD, this simple truth needs to be communicated concretely and meaningfully. People with ASD have difficulty understanding how they impact situations and how their effort is correlated with positive results. Very often, they are in situations where the connections between what they are working on and what final results are achieved can be blurred. In our own TEACCH program, we emphasize having **clear beginnings, clear ends, and clear progressions for tasks and representing them visually**. That way, people with ASD can clearly understand when they are making progress and precisely how much progress they are making. If they can be encouraged to work more quickly at certain times or to put more effort into their tasks, then the connection between hard work and positive results can be experienced and understood. It is also recommended that **simulated games and activities** be developed so that short spurts of additional effort can be seen to produce quicker and more effective results. In our work with people with ASD, we have also observed that concrete slogans or sayings that make sense to them can be motivating and useful if the students are encouraged to repeat these slogans at regular intervals, and especially during strategic activities. **Slogans like, “The harder you work, the more you achieve,” or “Greater effort brings greater results,” or “The harder I try, the better I do”** can be very powerful motivators and stimulators of positive and more productive behaviors in students with ASD.

### 3) “I can get help!”

Understanding that others can be a source of assistance during times of confusion or uncertainty is a third important self-efficacy message for these students. Students with ASD tend to fall on the two extremes of this dimension and need to find a more satisfactory middle ground. For example, they often ask for help no matter what the activity, having developed what is called prompt dependence from training strategies that rely too heavily on adult prompting, cueing, and other forms of direct assistance. At the other extreme are those who never initiate behaviors

**HELP!**



that might lead to productive assistance and effective problem-solving strategies. They seem to fall into the group that Seligman (1972) describes as having “learned helplessness:”, a state of extreme apathy and lack of initiation that comes from many years of unsuccessful and nonproductive approaches to a variety of people and situations. One of the most basic and important communication skills that needs to be taught early to all students with autism is that of requesting assistance when needed. All students should be assessed and their strongest potential ways of seeking assistance should be identified and then practiced. Once they have some experience in requesting assistance, visual cues should be posted in strategic places to help with the organization and initiation that these youngsters find so difficult. After this is done and put into place, similar opportunities to request assistance should be practiced in similar, but different, situations so that generalization will occur.

### 4) “I can do it by myself!”

For those who are extremely prompt-dependent and rarely act without an adult’s intervention, it is essential to help them develop independent skills so that they learn to expect that they can accomplish things on their own and begin to act on this belief. **Teaching students with ASD to act without adult assistance is one of the most important and enduring skills** that you can help them achieve self-

efficacy and many other important psychological and personal attributes.

**Visual schedules, if properly taught, can be powerful strategies for disengaging students with ASD from their narrow obsessions.**

5) “I can control myself”

The final area of self-efficacy is resisting strong desires to act in ways that are inappropriate or counter-productive. This is very difficult for students with ASD because their narrow and intense interests are extremely hard for them to resist. Although we are

**FINISHED**



often frustrated when they only want to talk about a certain topic or have difficulty withdrawing from their favorite computer game, we should also understand how difficult this is for them because part of having an ASD involves these very intense and perseverative preoccupations. Several strategies we have developed in our TEACCH program have proven helpful. If developed individually and practiced extensively, visual schedules are embedded in rou-

tines that inform students what is expected of them and strongly motivate them to go to that next activity, even if they are doing something that is hard for them to resist. These schedules can be powerful vehicles for disengaging students with ASD from their current activities.

Along with schedules, the TEACCH approach highlights the concept of finish as a way for people with ASD to understand it is time for a transition and to compel them to complete what they are doing and move on to the next activity. The **concept of “finished”** can be extremely powerful, especially in helping students with ASD to move on to the next activity.

Using the word “finished” repeatedly to signal transitions and practicing it showing students with ASD that an activity is completed can be a powerful combination and terrific way to help them to disengage from an activity and move on to the next one.

Self-efficacy can be a powerful force to help all people, and especially those with ASD, to feel that they are capable and able to meet common challenges in their everyday lives. Students with autism can benefit greatly from training in this area. Knowing that they can solve the problems they need to solve, work harder in order to do better, get the help they need if they need it, and resist their strong urges when it is important to do that can increase their feelings of competence and satisfaction. Teaching self-efficacy can be an important part of many counseling and educational programs.

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## My Experience With The TEACCH Program

By Greg Tamkoc

My name is Greg Tamkoc and I am 17 years old. I am a senior at Marina High School in Huntington Beach, California. I have been able to participate in the TEACCH Core Training program in California for the past three years. I have been lucky to be picked to “teach the teachers” how they might help students with autism. I also learned from them some things that will help me with my work at school, like how much help a written schedule is for me. I also learned that I need to work on asking for things I need, whether it is my snack or things I need to get my work done.

My experience with the TEACCH Program has been great. It has shown to teachers across the United States who work with students with autism that kids can do well with autism. I also think that I really did an excellent job overall, and the participants really enjoyed working with me, I have a lot of people to thank for giving me the opportunity to showcase and show off my skills. The people that I would like to thank are: Linda Forsythe, for arranging for me to participate in TEACCH, Dr. Steve Love, for directing me, giving me a gift every year for doing a great job at TEACCH, and for putting me on the slideshow on the last day of the TEACCH workshops. Without Dr. Love's direction and guidance. I would have never been able to do the things that I did in TEACCH. I also want to thank Lou Ann Boyd and Analee Kredel for being my TEACCH trainers, Kim Doyle for being a



great Ocean View School District TEACCH representative, Jim Hemsley and Irene White from WOCCSE, for observing the TEACCH students, (especially me), Marilou Lundberg, my friend and former Ocean View School District Special

Ed Coordinator, for coming to visit me, Bev Hempstead, Ocean View School District Director of Student Services, Crissy Werner, my speech teacher from my junior year in high school, for coming to TEACCH, and Dennis Masuda, my case carrier, for coming to see me in TEACCH. I would also like to thank the people at Autism News for letting

me write a letter and be published in their newsletter. I read a copy of the Autism News and liked it. I would like to say thanks to the TEACCH people from North Carolina, for letting me be a part of TEACCH.



Also, I would like to thank Betsy, who was one of my TEACCH friends, for doing a great job at TEACCH. The last person that I would like to thank is Andrea Walker, for letting me take goodies from the participant snack table, giving me hugs, inspiring me to write this article, and for being the person that I could talk to in between my TEACCH assignments. I hope that every person from TEACCH, WOCCSE, Ocean View School District, The Orange County Department of Education, and the people from the TEACCH Division, and the State of North Carolina enjoys reading this article. ♥

## Making Sense of the “Hidden Curriculum”

By Brenda Smith Myles and Amy Schapman

Impairment in social interaction is a hallmark characteristic of students with Autism Spectrum Disorders (ASD; American Psychiatric Association, 2000). Although challenges with relating to and interacting with others are manifested differently in each individual, there is universal recognition that social problems dramatically impact daily life in home, school, and community.

Children and youth on the autism spectrum are often routine bound, ritualistic, and rule enforcers. Social skills, which are generally not rule-governed, are executed differently across communicative partners and environments. For example, how a child might greet a friend looks and sounds differently than how a student might greet a teacher, making this and similar social skills difficult to generalize. One skill area, the hidden curriculum (Myles, Trautman, & Schelvan, 2004), addresses these social incongruities and, thus, is an essential social skill for individuals with ASD.

### Defining the Hidden Curriculum

Lavoie (cited in Bieber, 1994) described the hidden curriculum as important social skills that everyone knows, but no one is taught. This includes assumed rules, adult or student expectations, idioms, and metaphor. Understanding the hidden curriculum is difficult for everyone, but it is especially difficult in students who have a deficit in social interactions.

The following example of Charlie illustrates the difficulty students with ASD have with understanding the hidden curriculum:

*Charlie was a popular eighth grader, despite his social awkwardness. His peers accepted him and were understanding of his Asperger Syndrome diagnosis. One day Charlie was ‘hanging out’ with his friends in the hall before class. Matthew began cursing in frustration about his grade of B in social studies. Charlie picked up on the cursing and associated it with frustration. The bell rang and*

*Charlie went on to his next class. As he sat down, he realized that he left his math book in the locker. His teacher, Mr. Way, would not let him go back to his locker, and immediately Charlie got upset and began to curse. Mr. Way sent Charlie to the principal’s office, leaving Charlie confused about what he did wrong. He thought it was okay to use curse words when he was frustrated at school. Charlie did not understand the hidden curriculum – as is true for most adolescents – cursing may be acceptable around peers, but you should never curse when an adult is present.*

There is no one comprehensive list of all hidden curriculum items. Table 1 provides a brief listing of hidden curriculum items that may be applicable to children and youth with ASD in school and community settings (*Asperger Syndrome and the Hidden Curriculum* - Myles et al., 2004). Not all hidden curriculum items are listed, and there are many more to be discovered as social situations occur.

### Sample Hidden Curriculum Items

- Treat all authority figures with respect (i.e. police, firefighters). You would not address a policeperson like you would your brother.
- Not all people you are unfamiliar with are strangers you can’t trust. You may not know the bus driver or the police officer, but these are people who help you.
- What may be acceptable at your house, may not be acceptable at a friend’s house. For example, although it is acceptable to put your feet up on the table at home, your friend’s mom may be upset if you do that in their home.
- People do not always want to know the honest truth when they ask. Your best friend does not want to hear that she looks fat in a new dress she just bought for the school dance.



- Teachers do not all have the same rules. One teacher may allow gum in the classroom, while another gives out fines for chewing gum.
- Teachers have assumed expectations for their students. They are expected to greet the teachers, sit down when the bell rings, and listen quietly to announcements.
- When a teacher gives you a warning, it means that she wants the behavior to stop and that most likely there will be a consequence if the behavior occurs again.
- It is absolutely impolite to interrupt someone when talking, unless it is an emergency.
- Acceptable slang that may be used with your peers, i.e., dawg, phat, may not be acceptable when interacting with adults.
- When the teacher is scolding another student is not the best time to ask the teacher a question.
- When a teacher tells another student to stop talking, it is not an appropriate time for you to start talking to your neighbor.

People are not always supposed to say what they are thinking.

### Teaching the Hidden Curriculum

Instruction of hidden curriculum items will help children and youth with ASD make sense of their world. Teachers, parents, and other caregivers can teach these hidden curriculum items if equipped with appropriate strategies. The following paragraphs detail some instructional and interpretive strategies to teach the hidden curriculum.

Instructional strategies that have been used to teach hidden curriculum items include *direct instruction*, *social narratives*, *cartooning*, and the *Power Card Strategy* (Myles & Southwick, 1999). The goal of these instructional strategies is to foster competence, self-awareness, self-calming, self-confidence, and self-management when encountering the hidden curriculum.

### Direct Instruction

Students with ASD do not often incidentally develop or understand the hidden curriculum necessary in the school and community environments. It then becomes important that the teacher provides direct instruction to facilitate skill acquisition. The *One a Day* method is an effective means of teaching the hidden curriculum. For example, the classroom teacher writes one hidden curriculum item on the whiteboard each morning and introduces this item to students as a first activity. Once students understand the hidden curriculum item, they are asked to indicate how it will impact them at school or at home (Myles et al., 2004).

### Social Narratives

Social narratives or brief stories about a hidden curriculum item can be written by educators at the child's instructional level. Pictures or photographs are often used to confirm content and social narratives, and to promote self-awareness, self-calming, and self-management. Minimal guidelines exist for creating social narratives other than to ensure that the content matches student needs and takes student perspective into account (Myles et al., 2004). The most often used social narrative is Social Stories™ (Gray, 1995, 2000).

### Cartooning



Cartooning has been used in a number of intervention strategies for students with ASD. "Comic Strip Conversations", a type of cartooning developed by Gray (1994), promotes social understanding

through a static presentation of simple figures in a cartoon-like format. Adults can use cartoons to draw social situations that can help students understand the hidden meanings in transient conversations.

**Power Cards**

The Power Card Strategy was developed by Gagnon (2001) to assist students in understanding social situations, routines, meaning of language, and the hidden curriculum. This strategy capitalizes on a child's hero or special interest to make the learning experience meaningful. It consists of two parts – a brief scenario using the child's special interest and a hero in a situation that is difficult for the child and the actual Power Card. The Power Card is the size of a trading card and includes the picture of the student's special interest or hero and a problem solving process for the student's problem behavior.

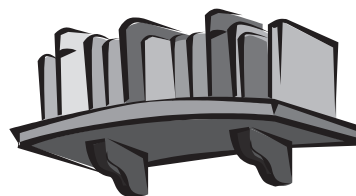


1. Follow a bedtime routine. Fireman Steve takes a bath, brushes his teeth, and reads for 15 minutes before turning off the light.
2. Close your eyes and try to lie still.
3. Stay in bed after the lights are out.



**Summary**

Difficulty understanding the *hidden* curriculum is not specific to children with ASD, however, their impairments in social interactions puts them at a disadvantage to their peers. To minimize these disadvantages, it is important that as parents and educators, we are equipped with strategies to help students make sense of the hidden curriculum.



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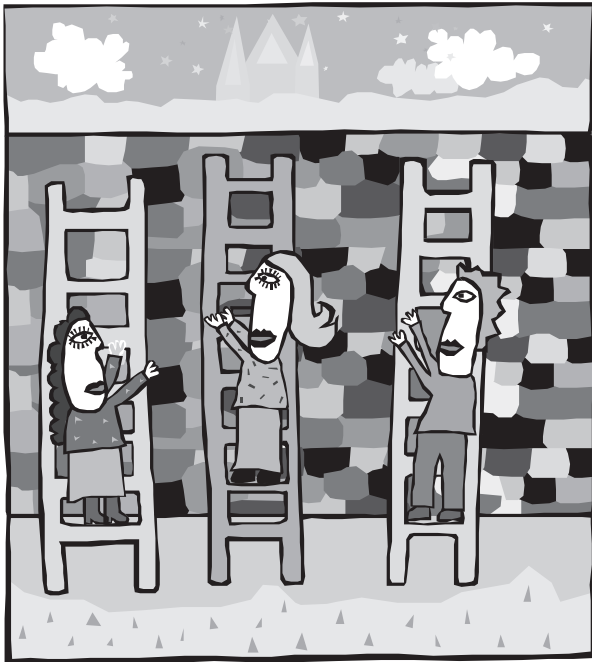
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**For more information, please visit the website: [www.asperger.net](http://www.asperger.net) ♥**

# Teaching Social Skills to Children on the Autism Spectrum

By Kelly McKinnon

Social skills/rules are explicit as well as implied and are everywhere. They are easiest to notice when they are missing. For example, when a child stands too close, talks on and on about their favorite train, or doesn't join others to play. This has been the case all too often for children with autism. Over the years, advancement in treatment has meant that many children with autism have been supported in 1:1 autism programs geared toward teaching cognitive and academic skills. However social skills, the very thing we all need to communicate and connect with others, have not been sufficiently addressed. As a result, many children end up frustrated and socially isolated. The long-term ramifications such as, the ability to enter the job market, have friends and get along with family members are of concern.



While cognitive and academic deficits are often the focus of training programs, they actually are not part of the diagnostic criteria for autism. Instead **impaired social skills** are part of the entire scale as those listed below:

- **Nonverbal behaviors**
  - Eye gaze

- Facial expression
- Body posture
- Gestures
- **Social relations**
  - Age-appropriate peer play
  - Social emotional reciprocity
- **Communication**
  - Delay or lack of spoken language
  - Ability to initiate or sustain conversation
  - Stereotyped and repetitive use of language
- **Interest and Play**
  - Restricted patterns
  - Inflexible and nonfunctional routines
  - Lack of varied, spontaneous, social imitative play
  - Preoccupation with parts of objects.



**While cognitive and academic deficits are often the focus of training programs, they actually are not part of the diagnostic criteria for autism.**

In 1996, the Early Intervention Program of the New York State Department of Health initiated a comprehensive review of the literature on the different interventions of autism. The final product, "Report of the Recommendations of the Clinical Practice Guidelines: Autism/Pervasive Development Disorders: Evaluation, Assessment, and the Intervention for Young Children," outlines the recommendations of a panel of experts working in the field of autism. The results stated "the panel strongly recommends implementation of **behavioral and educational intervention** for children with autism". An obvious core need within these intervention programs are social skills.

**ABA (Applied Behavior Analysis) uses instructional technology designed to change behavior in a systematic and measurable way with “applied” meaning functional and meaningful.**

One of the important methods that have been implemented to teach social skills has been the ABA approach. ABA (Applied Behavior Analysis) uses instructional technology designed to change behavior in a systematic and measurable way with “applied” meaning functional and meaningful. The aim is that the child uses the skills in his/her daily life and in his/her community. It should be stressed that ABA does not necessarily mean 1:1 work, table work, or only writing behavior plans for problem behaviors, but instead is a *systematic way* to increase desired behaviors (new social skills) and decrease undesired skills, with a method to generalize skills to naturally occurring environments.

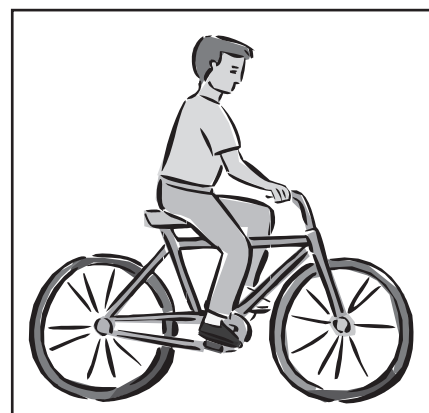
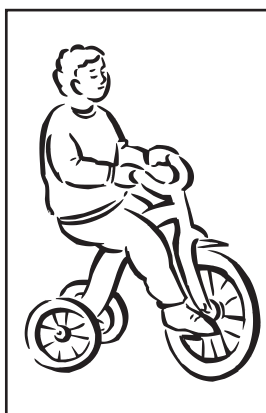
While neurotypical children are reinforced both inherently and socially for exhibiting social skills, subtle social recognition and feeling good about self and others tends to evade children with Autism Spectrum Disorders. It is therefore unlikely that waiting for a child to emit a social response, and then, responding with attention or praise, leads to sufficient high rates of social interaction.

**A social skill program needs to have the following components:**

- 1) It needs to address all social skill areas.
- 2) It needs to integrate social skills in a sequential order.
- 3) It needs to be taught in a systematic and measurable way.

It is not sufficient to base a social skills program on the development of unrelated splinter skills. For example, even though a child may be able to initiate a conversation with a written script, if that child is not able to respond back to the other person’s questions and does not make eye contact, this lack of prerequisite social skills will result in many missed social opportunities.

An approach of “**scaffolding and building**” of social development is the key in our program “Social Skills Solutions”. Within the scaffolding process, necessary social skills to meet each platform level of the scaffold are broken down and taught in a systematic method. This can be compared to learning to ride a bike; you learn to sit and pedal first, and then to balance. You start off on a tricycle, and then move on. This is also true with teaching social skills. We have to start with a foundation. Looking at the previous example, a child must learn to respond to basic questions before they can initiate and hold



onto topics of conversation. They have to learn to have joint attention before they are able to respond to basic questions. Following this scaffolding of development, a **Module System** was developed that looks at social skills in a systematic flow, where prerequisite skills are developed in the early modules, and then considered across the other modules. Its use and assessment considers:

**Module 1:  
Joint attention/acknowledging others**

*A child must be able to tolerate sitting near peers, orient toward and pass items to a peer before being able to play and converse with that child.*

**Module 2:  
Acknowledge and greet others**

*When a child does not greet or wave back to others, families are embarrassed, so this skill should be taught.*



**Module 3:  
Interact with others, through play and common interest**

*Teaching children the basics of play such as functional toy play, play next to peers and later reciprocal toy play is an important first step in both language development and further socialization for children.*

**Module 4:  
Remaining calm and self-monitoring**

*It is important to teach a child to deal with challenging settings early on and skills such as waiting, handling the word “No”, or seeking help.*

**Module 5:  
Acknowledge and respond to language/conversation**

*Once children are able to acknowledge, attend and play with others, answering questions and talking about what they are doing are much easier to do.*

**Module 6:  
Perspective Taking**

*As children grow older and expand their experience they learn to put themselves in other’s shoes. Learning to both identify emotions and state what makes you feel a certain way, along with reasons that emotions may be caused are important skills later in life.*

**Module 7:  
Problem solve, plan, know what comes next and think critically**

*Being able to make predictions, explain reasons why things happen (cause & effect) based on both obvious cues as well as nonverbal cues are important for advanced social understanding as well as reading comprehension.*

**Module 8:  
Advanced language and social pragmatics**

*Finally, “fine-tuning” the more complex aspects of both verbal and nonverbal language, including idioms, paraphrasing and word semantics is necessary to be a fully functioning verbal adult.*

Determining social skill areas of needs using the module system is the first step in developing a baseline of skills to be broken down and taught in a systematic and measurable way- and the basis for an ABA program. Using other best-practice techniques of an ABA program often include:

- Teaching is errorless, which means that the student is prompted the first time a new skill is taught to ensure success. As success occurs prompts are slowly faded.

***Commenting during play checklist***

***Sample of comment visual cards:***

*“I like \_\_\_\_\_”*

*“Look I \_\_\_\_\_”*



*Great! 😊*

- Reinforcement schedules can and should be used to ensure that a student will be likely to demonstrate a skill again and again. With success, this schedule can also be thinned.
- Teaching strategies are matched to preferred learning channels, such as visual prompts for visual learners (see visual card).
- Data are taken to make sure progress is occurring and that next steps are in place for skills.

For further information, contact Kelly McKinnon, MA, BCBA.

[www.kellymckinnon.com](http://www.kellymckinnon.com)

Visit us online @  
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## Troy High School Interns Spend Their Summer with Developmentally Delayed Students

By Mike Tischio

### Background

Annually the Troy Tech Internship Program connects students with over 150 local organizations for summer internships. Students take on roles and must document 150 hours of involvement in written or video form to get high school credit. The students are monitored by advisor teachers who observe them at regular intervals over the summer. The site mentor of the summer internship program is Ms. LouAnne Boyd, the Autism Coordinator for the North Orange County SELPA.

In the spring of 2002 Ms. Lore Flavell, a Troy High School teacher and mother of a young son with autism, in researching effective strategies for teaching children on the autism spectrum wondered if there was a way that Troy High School interns might be used to help provide the techniques of discrete trial training (DTT). She contacted Ms. LouAnne Boyd the Autism Coordinator for the North Orange County SELPA who considered the idea and indicated that proper training and supervision would be required to implement such a plan.

In the summer of 2003 Ms. Flavell and Ms. Boyd piloted a program with one Troy High School student to work with Ms. Flavell's son. This student was trained and supervised by Ms. Boyd and began work with Ms. Flavell's son in their home. The results were so pleasing that Ms. Flavell contacted the Troy Tech Internship program headed by Laurie Dwonum. It was proposed to instruct other student interns as DTT assistances for several special education preschoolers for the following summer.

### The Process

Approval was sought for program development at the SELPA and district levels. With the help of Lourene Happoldt, Director of Special Services in the Fullerton School District, a classroom in Woodcrest Elementary School was chosen to pilot a summer program. The Special Education Directors

of Buena Park, La Habra and Lowell School Districts were notified of the proposed program. Coordination of the various districts of the SELPA was done by Joe Gillentine who helped secure the buy in of the local school district personnel.

### The Setting

Developmentally delayed students would be served in a classroom designed to make use of structured teaching, visual supports and functional communication systems. Ms. Boyd hoped to establish a model for future classrooms based on the Orange County Department of Education's S.U.C.S.E.S.S. program. The Troy High School interns would help engineer the environment and be positive examples for the next year's classroom staff.

### Implementation

Prior to the start of the summer, seven Troy interns were given three days of training in discrete trial techniques, three days in training in how to help the designated students and two days to allow preparation of materials and set up of the classroom. The interns learned discrete trial methods as well as how to set up individual work stations, how to utilize picture communication systems, and how to create positive interactions with students. In addition, they were taught general ABA principles. They also learned how to record and tract instructional data for each trial and lesson. These young adults responded with enthusiasm and energy. Their 'can do' attitude was inspirational and no doubt contributed greatly to their positive experience.

### Results

As the summer progressed the interns were supervised daily by Ms. Boyd and Mr. Tischio, program specialist for the North Orange County SELPA. Their questions were addressed and the group learned to solve difficulties that arose during the day. Often the students would stay longer to pro-

duce materials necessary for additional lessons or to replace damaged goods.

Summers end came and it was obvious from the data collected that the seven Troy interns had made a positive impact on the young students. In addition they were instrumental in helping some students exceed their summer goals. Rachel Bracken, one of the student interns commented "I loved working with different kids because I could see the wide, wide span of difference between autistic kids." With support and supervision the interns not only proved capable of providing quality instruction to young to a range of students with developmental disabilities.

As a result of the program piloted in summer 2003, there are now twenty Troy students eagerly looking forward to a similar experience at several sites. This shows how creative thinking combined with collaborative effort can result in an effective alternative to the growing problem of providing good programs.

During the summer of 2004 a new set of Troy interns worked with Ms. Boyd and Mr. Tischio. A total of 18 students served at 2 schools in 2 different school districts. Each intern followed 1 pre-school or Kindergarten student and again utilized discrete trial instruction methods. The intern also constructed small group and whole group lessons that would address their student's IEP goals. In following up with the pre-school students, it was obvious that the summer was again a great success. One student, now in Kindergarten had not only remembered the lessons mastered in July nearly 8 weeks later, but was also able to progress quickly in his drills and meet selected IEP goals almost 3 months early. The North Orange County SELPA Autism Program, under Ms. Boyd's direction plans to continue what has become not only a popular choice for high school interns, but an effective means of instruction during the summer months.

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**Autism North Orange County**  
**Special Education Local Planning Area (SELPA) ♥**

**The following article confirms that brief intervention conducted by supervised students makes a difference. The research was done with Honour's students of Psychology at the National University of Singapore and was recently published in the journal *Autism: The International Journal of Research & Practice*, 2004, 8, 319-333**

## **Comparison of Behavioral and Natural Play Interventions for Young Children with Autism**

Vera Bernard-Opitz, *National University of Singapore*  
 Siowing, *National University of Singapore*  
 Tan Yew Kong, *National University of Singapore*

### **ABSTRACT**

The article reports the results of a pilot study comparing traditional behavioral approaches and natural play interventions for young children with autism over a 10 week period. Two matched groups of eight young children with autism participated. Using a crossover design, children in both groups showed positive gains in compliance, attending, play and communication with their therapists and parents. Improvements in attending and compliance were higher following the behavioral condition compared with the natural play condition. Seven participants had reduced autism scores after the intervention. The findings suggest that behavioral and play approaches affect behavior in different ways and that autistic symptomatology of young children may be amenable to treatment. The discussion focuses on the active ingredients of treatments and the need to base efficacy research on well-planned treatment comparisons. ♥

## PALS: Progressive Academic Learning Systems

PALS is an educational software program for children with autism or learning disabilities. It is easy to use, fun, educational as well as a great babysitter. It consists of 165 comprehensive lessons presented on two CDs, which consist of 42,000 tasks, pictures, sounds and animations. It aims at children of a developmental age between 3 and 7 years and covers curriculum at the Kindergarten to first-grade level.

Lessons range from colors and shapes to about 900 sight words and different stages of telling time.



*Tasks such as the pictured “telling time” have varying levels of difficulty and different samples of clocks.*

PALS uses a discrete trial format based on the extensive research of Lovaas and Koegel. The lesson sequence integrates discrete trial methodology with developmental aspects. Lessons move from match-to-point-to and concrete-to-abstract. The program can be used on a home or classroom computer. PALS was developed by a team of professionals and parents deeply involved in the challenges of autism. The following features make the program remarkable.

**ASSESSMENTS:** The assessments test the child on all of the relevant PALS lessons. This establishes individually tailored starting points. Ongoing progress assessments and controls for maintenance are part of the program.

**Chris**

= Study Lesson  
 = Assessment Test    80%

Colors (Match)	100%	<div style="width: 100%; height: 10px; background-color: #e0e0e0;"></div>	
Colors (Point-To)	71%	<div style="width: 71%; height: 10px; background-color: #e0e0e0;"></div>	
Shapes (Match)	100%	<div style="width: 100%; height: 10px; background-color: #e0e0e0;"></div>	
Shapes (Point-To)	100%	<div style="width: 100%; height: 10px; background-color: #e0e0e0;"></div>	
Colors and Shapes (Match)	40%	<div style="width: 40%; height: 10px; background-color: #e0e0e0;"></div>	

The above table gives an intake assessment of the child Chris.

**REPORTS:** Reports can be viewed and printed after each session, or can be used to document long-term progress. They are presented with a bar graph. Detailed information is given regarding successful, prompted or unsuccessful trials for each individual task. This provides an amazing amount of information at the click of a button.



PALS was designed to be used independent of adult supervision. While the program moves in a predictable discrete trial format, the following features have been included to enhance independence:

- Timer which can be set for the desired session length
- Inactivity buzzer that sounds if the child’s mind (or body) has gone somewhere else

In addition, mouse games have been added to teach beginning computer skills

As a school psychologist, and co-developer of PALS, I have run some preliminary trials using the beginning lessons of the PALS CD in two classrooms serving children with autism. Initial results were promising: several children were able to learn concepts (such as before and after numbers) after only a few sessions on PALS, which they had not learned in the classroom. Better yet, the tasks were generalized to desktop activities. PALS CDs have been distributed to various special education classes, and we will continue to gather data. If your group/class would like to participate in contributing data please contact us. PALS is affordable and comes with a 15 day unconditional refund.

For more information, and to play a demo, go to the PALS website at [palsprogram.com](http://palsprogram.com)

To talk to us please call (866) 725-4357 toll free or (714) 544-4346 local.

**Charlotte Witsoe, MA**  
**School Psychologist ♥**



## I Will Keep On Dancing

By Mary Kate Saunders

Because there are many challenges associated with raising a special-needs child, it is often difficult for others to understand how parents maintain a positive attitude. I've titled this article "I Will Keep On Dancing" as a tribute to an encounter I had with another special-needs mother. We were at the opening of a festival where a band was playing. She and her husband went out to dance. When she returned, she was crying. She confided in me that she loved to dance, but had not danced with her husband for 6 years, since their special-needs child was born, because she had not felt enough joy in those 6 years to be able to dance. It struck me as being so incredible that the effect her child had on her life was so devastating and brought such sadness. Now don't get me wrong, I am no saint. I have banged my head against the wall and cried out loud to God to please make it easier (literally, a very low evening). But generally, I try to stay positive and see the glass half full. I am blessed with a strong faith and believe that Kian, my son, was chosen for our family and we were chosen for him. I have heard some go as far as to say this is a special blessing and we are so fortunate to have been given his special needs. Do I go that far? Some days I may concur, but as every special needs parent can agree, there are days that it does not feel like a blessing in any way, shape or form. I do believe that we are all dealt a hand of cards in this life and we are judged on how well we play them. Everyone has challenges; they come in different shapes and sizes and at different times in our life. I just feel that I got mine earlier than most!

Another thing that I have learned is that it does not matter how large or small your child's special needs are, when your child is not "typical" (the word my husband and I prefer) it puts you into the special needs world. I could spend three pages telling you about Kian and give you a litany of his medical problems, but I won't. We were once at a dinner party and the hostess kept referring to her special-needs child. I was confused because all of her chil-



dren attended the same private school that our typical son attends. I thought that I must not have ever met her special-needs child. Then I realized that the child she was referring to as her special-needs child was a child with a mild heart condition, yet typical in every other way. Inside I wanted to scream out "You don't even know the slightest thing about having a REAL special-needs child", yet I realized that to her, this was a life-altering problem, rendering her child "special needs". I try to accept that even if your child needs glasses, it may be a major disaster for parents that have never encountered more.

Do I have any gems that get me through? I can say that I feel people are born with a positive or negative outlook. I think it is hard-wired and hard to change. You are lucky if you are positive. Also, I feel very blessed to have a wonderful husband, who is a true partner. I feel fortunate to have my faith, which has only become stronger since having my son.

If you are a new parent of a special-needs child, this is my advice to you. Find someone that you can

talk to honestly about your feelings and fears during the first several years. You may need to have a professional; I was fortunate enough to have an older sister. You need an outside person, since it is difficult to envision that a mother and father can accept their child's disability and support each other at the same time. Acceptance is a slow, evolving process. It does not occur over night. There will continue to be disappointments along with the joys.

And lastly, make time for yourself, your partner, and the rest of your family. In order to continue to be the best special-needs parent you can be, you need to look after yourself and your marriage. This is a life-long commitment. Good Luck to us all, and please, keep on dancing!

**Mary Kate Saunders** ♥

Kian Thomas Saunders was born on January 26, 1994. He was healthy and had an Apgar score of 9/10. We were truly blessed to be unaware of his medical conditions early on. We had 9 months of bonding bliss, before we began to suspect any problems. I, his mother, am a physical therapist and when he did not reach some of his early milestones, my radar went off. My sister, a special education teacher, was also concerned. It took us until he was 3 to receive his definitive diagnosis. That is an entire journey that I shall not go into. Kian was diagnosed with an Inverse Duplication of Chromosome 15. He has autism, a mitochondrial proliferation, and a carnitine deficiency. He is ten years old and functions on the level of a three year old. He has some language, he can tell us his basics "wants". He is not potty trained (yet). He has no safety awareness and needs to be watched at all times. All this said, he is one of the greatest joys of our lives and we wouldn't change him. He is challenging, yet we have learned more about life and love, acceptance and tolerance, through him, than we ever would have known!

## Dane Bottino

Dane started drawing when he was about 2 years old and his family felt he used this skill to express himself. He spent his time drawing to express his emotions, desires and ideas. His mother reports at the age of 3, Dane would draw detailed pictures on things he desired.

Drawings were done on whatever paper Dane had available, - newspapers, tablets or telephone books, where he would illustrate on every page, front and back. Vivian, his mother, remembers him staying up all night, 'until he felt a series of pictures were complete ... sometimes thousands of drawing on the same theme.'

Dane's subjects range from whimsical characters, like the Dragon on the cover, to realistic animals. Dr Seuss characters are a favorite. He did a series on the history of art - from cave paintings to Andy Warhol. At 16, Dane attends San Clemente High School in the Capistrano Unified School District and continues to express himself in his art and music.



Dane's artwork has been used as the book cover for "Art of the M.I.N.D." - the Art Collection of the UC Davis M.I.N.D. Institute (Susan J. Willoughy). He has been featured on television programs produced by the Discovery Channel and the BBC.

We are pleased to feature one of our local artists, Dane Bottino, in our third Autism News of Orange County (& the Rest of the World). ♥

## Upcoming Staff Development, Conferences and Parent Trainings

(Partial Listing – January to May 2005)

There are several opportunities for continuing education and support that will be offered by various organizations. **The Regional Center of Orange County (RCOC)** and the **S.U.C.S.E.S.S. Project of Orange County** strives to provide affordable fees to both families and staff. Most of the sessions are held at the RCOC in Santa Ana or the Orange County Department of Education in Costa Mesa. 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!

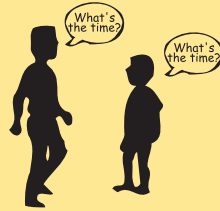
Date/Time/Place	Topic/Speaker	Dev. level	Approximate Fee	Contact
Jan. 19 4:00-8:00 PM OCDE	<u>Overview</u> 'Hidden Curriculum' <i>B. Smith Myles</i>	Older students – +8 yrs and older	\$25	S.U.C.S.E.S.S. Project (714) 966-4137
Jan. 24 4:00-8:00 PM RCOC	Behavioral Challenges Assessment & Treatment <i>Michael Powers, PhD</i>	All ages	\$25	Karen Schaeffer (714) 796-5330
Jan. 28 & 29 8:30-3:30 PM OCDE	Apraxia <i>Dr. Edy Strand</i>	All ages	Varies for CSHA members, non-members, students, etc.	California Speech/ Hearing Association – District 8
Feb. 18 8:30-3:30 PM OCDE	Advanced Day – 'Icon to I Can' (For those who have attended first level) <i>Barbara Bloomfield</i>	All ages	\$55	S.U.C.S.E.S.S. Project (714) 966-4137
Feb. 22 & 23 8:30-3:30 PM OCDE	Links to Language Training <i>Pam Payne &amp; Lauren Franke, PhD</i>	Early to middle age developmental levels	\$245 (Includes manual)	S.U.C.S.E.S.S. Project (714) 966-4137
March 15 4:00-8:00 PM RCOC	Understanding Autism and Pivotal Response Training <i>Robert Koegel PhD &amp; &amp; Lynn Koegel</i>	All ages	\$25	Karen Schaeffer (714) 796-5330
March 23 4:00-8:00 PM OCDE	<u>Overview</u> 'Social Thinking – I LAUGH model' <i>M. Garcia-Winner</i>	Older students +8 yrs and older	\$25	S.U.C.S.E.S.S. Project (714) 966-4137
March 24 8:30-3:30 PM OCDE	Day 1 Social Thinking <i>M. Garcia-Winner</i>	Older students +8 yrs and older	\$55	S.U.C.S.E.S.S. Project (714) 966-4137
March 25 8:30-3:30 PM OCDE	Day 2 Social Thinking <i>M. Garcia-Winner</i>	Older students +8 yrs and older	\$55	S.U.C.S.E.S.S. Project (714) 966-4137
April 11 8:30-3:30 PM	Refresher Day for Links to Language (For those trained in Links) <i>Dr. Lauren Franke</i>	All ages	\$45	S.U.C.S.E.S.S. Project (714) 966-4137

# 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



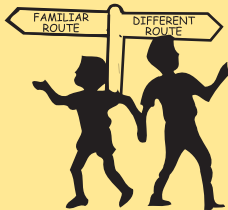
Lacks creative "pretend" play  
Carece el juego creativo



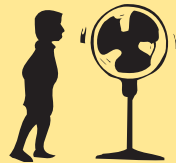
Shows indifference  
Demuestra indiferencia



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.