



AUTISM NEWS

of Orange County
& the Rest of the World

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Cover artwork created by Lars Sonne



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COVER FEATURE

We are pleased to feature one of our local artists, **Lars Sonne**. Read more about Lars on page 9.

Mission Statement

Autism News of 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. 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

Community Support for Individuals with Autism

The African proverb “It takes a village to raise a child” is often heard, especially when families or schools require support that goes beyond their own resources. While most of us at some point are grateful for a helping babysitter, relative, neighbor, tutor, or other social networks, most families with children struggling with autism depend on effective external support to help with the difficult task of raising and educating their child.

Our current issue of the Autism News focuses on **Community Support**, and we are happy to share findings and ideas that are effective and begin forming networks within schools, neighborhoods or workplaces. We hope that the following contributions will also provide ideas for families and communities who are still searching for such support.

Our newsletter has, among others, the following highlights:

- **Jill Locke, Amanda Gulsrud, and Connie Kasari** from UCLA present their findings on support in the schools in their article, “Who Makes a Good Friend for Children with Autism?”
- The contribution by **Eve Müller**, Project Forum, National Association of State Directors of Special Education, **Adriana Schuler**, San Francisco State University and **Gregory Yates**, AUTASTICS Alexandria, give insight regarding helpful social supports. What did adults find helpful? Structured interviews of 18 adults give important information on how to help.
- **Gondy Leroy**, Claremont Graduate University and **Gianluca De Leo**, Old Dominion University, Norfolk, introduce PixTalk, a free software they have developed for children with severe communication problems.
- **David Monkarsh**, Clinical Psychologist in private practice in Orange, shares his passion for helping individuals with autism make smooth transitions over their lifetime. His article, “Transition Starts at Birth,” provides relevant

insight into helpful strategies for integration.

- **Kelly McKinnon**, BCBA, San Juan Capistrano, shares her findings on developing lunch time conversations and pro-social skills for middle and high school students with autism. Her comparison of typically developing peer conversations gives an important training direction.
- **Laurence Chan** and **other students from Troy High School** report about their involvement at the North Orange County SELPA during summer school. Besides getting a glimpse into the special needs of children with Autism Spectrum Disorders, they successfully replicated time-delay interventions and thereby facilitated learning.
- **Bill Allen** and **Linda O’Neal** summarize relevant findings on the promising demonstration project “Bridges to Youth Self-Sufficiency,” which has assisted with the transition of youth to work.
- Our parent section has a fascinating article from **Barbara Boroson**, professional and parent, who shares her “bumpy road” of “love, joy, patience and humility.”
- Support groups have always been helpful for families and individuals with ASD. **Sara Gardner** shares information about the Orange County Support Group for individuals with Aspergers.
- Last but not least we are grateful for seven-year-old **Lars Sonne’s** incredible cover-picture, an art work which gave his father, Thorkil, the courage to start an IT company employing only people with autism.

We thank all our contributors and hope that this issue will raise your spirits. Especially in times of crisis, mutual support and collaboration are important. And we wish for our children that they may find someone who is “crazy about them” and a village that joins hands with families and schools.

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Who Makes a Good Friend for Children with Autism?

By Jill Locke, Amanda Gulsrud & Connie Kasari

It has often been said that “good friends are hard to find,” and this would seem to be particularly true for children with Autism Spectrum Disorders (ASD). Children with ASD have difficulties in several areas of development, including communication and social skills. This may explain why they are often poorly accepted by their peers, and have limited opportunities for engagement with them (Koegel, Koegel, Frea, & Fredeen, 2001; McConnell, 2002). In fact, recent research has shown that children with autism self-report more loneliness and poorer friendship quality than their typically developing age-mates (Bauminger & Kasari, 2000; Chamberlain, Kasari, & Rotheram-Fuller, 2007) and these reports do not seem to dissipate with age. In fact, older children are reporting higher levels of loneliness than younger children with ASD (Bauminger & Kasari, 2000; Chamberlain et al, 2007). Despite these feelings, most children with autism are not isolated in their classrooms as reported by peer nominations of children’s social network status (Chamberlain et al., 2007). Instead, Chamberlain et al. (2007) report that early elementary-aged children with autism included in regular education are often on the periphery of their classroom social structure and tend to associate with a small group of other children, typically female peers, set apart from the most prominent social groupings.

“Peers are critical players in the social success of children with autism.”

Recently, we conducted a social skills intervention in 30 public schools (56 classrooms) in the Los Angeles area. We were determined to learn more about the social interactions of children with autism in their natural environment and whether we could improve their peer relationships by providing a systematic social skills intervention. We were particularly interested in contrasting interventions in the literature that had some empirical evidence for chil-

dren with autism. These interventions included working one-on-one with the target child with autism, or working indirectly through three typically developing peer models or through a combined treatment (i.e. target and peer). Children with autism in first to fifth grades were randomized to one of the three interventions or to the control group of inclusion only. Interventions were conducted twice per week during the school day at the child’s school campus for six weeks, and a number of measures were collected pre- and post-intervention, including measurement of the child’s social network, and interactions with peers on the playground. While we continue to analyze these results (data collection ended in May 2008), we do know that the combination intervention was most effective in changing social networks, and that the peer-only condition was the next most effective intervention. **Intervening with the child alone (as is the case in most social skills interventions) or inclusion only was not effective for changing the child with autism’s social connections in the classroom.** Thus, these data suggest that peers in the child’s classroom are critical players in helping the child with autism succeed socially. While it will be important in future analyses to examine specific characteristics of children and school contexts as they relate to child success, the remainder of this article will focus on what we learned while working with the peers.

Graduate students who were not involved in the interventions with the children, and who were also not aware of the child’s intervention or control assignment carried out observations. They focused on characteristics of peers involved in the peer intervention as well as the combined intervention condition. In addition, information was also gathered from the children themselves.

Selection of Peer Models

The selection of peer models was determined using several resources including recommendations by the target child’s parents, playground observa-

tions, and teacher nominations. We also identified children's informal peer group status or their social networks by asking children to complete a "friendship survey." See Figure 1 for an example of a classroom social network. In general, an overwhelming majority (88.8%) of the 107 selected peer models from our study tended to have higher social network status, namely, they were considered "secondary" or "nuclear" in their classroom social structure, which implies that these children had well established friendships within their classrooms.

Teachers were informed that their classroom would be participating in a social skills intervention program and that he/she would be asked to help identify three children who may be good peer models to the child with autism. In addition, teachers were instructed to select students who were not necessarily the most popular children in the classroom, but children who have a solid repertoire of social skills and may exhibit leadership, helping behavior, patience, and understanding. In the younger grades, **teachers tended to nominate female peers who exhibited empathy and assumed a caretaker role to the target child with autism.** Of the 107 peers who participated in our study, teachers chose 52 females and 55 males. The percentage of female peers was higher in the younger grades (1-3) than in the older grades (4-5), 63% and 37%, respectively.

Observation of Children with Autism

- 33% rigid play and social skills
- 17% unaware
- 20% avoidant

Playground observations of children with autism

Since autism is a spectrum disorder, not all children experience the same challenges on the playground. To better understand the social complexities faced by children with autism and their typical peers we have selected several case studies that represent various profiles on the playground (i.e., rigid, unaware, and avoidant) of children in our study along with a brief explanation of some of the strategies employed during the peer-mediated portion of

the intervention. Roughly 33% of our sample of children was considered rigid in their play and social skills. These children insisted on playing a particular game or with a particular object in a very specific manner. Any deviations from their routines resulted in negative behaviors that may include tantrums, crying, yelling, and physical aggression. In addition, 17% of our sample was classified as *unaware*. Typically, these children were unaware of their social status and inattentive to other children despite peer initiations. These children would often wander on the playground or play running games, mostly alone. They lacked the skills necessary to appropriately interact socially, although an underlying desire for engagement was almost always present. When engaged in conversation with their peers, these children would be off-topic in speech.

Successful Peer Strategies

- Be understanding and compassionate
- Select preferred activities
- Give choices and control
- Be flexible

Approximately 20% of our sample was classified as *avoidant*. These children were often sought out by their peers but would not socially interact with them. Instead, the avoidant child would often fail to respond to his/her peers, run away from them, or decline the invitation to play. The following case studies are three portrayals of these profiles of children with autism on the playground.

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Successful Peer Strategies

- Select a peer leader and her/his friends
- Explain the rules of games
- Have fun together
- Praise a lot
- Make child with autism feel needed

A Rigid Child

“Iris” is a fifth grade girl with autism included in a regular education classroom. On most days, Iris would be solely focused on finding snails in the grass along the fence. Other days, she would insist upon playing on the K-1 playground structure that was off-limits to the upper grades. When she engaged with peers, she only wanted to discuss Pokemon. Any games peers invited her to play had to incorporate her interests in some way or she would throw a temper tantrum. At the start of intervention, Iris was considered socially isolated. Post treatment, she achieved secondary social network status, meaning she was well-connected in her classroom but not considered popular.

How did this change take place? Iris’ **peers were trained to utilize strategies specific to Iris’ needs.** One of her peers, Laura, was extremely patient in handling Iris’ emotional outbursts. Laura was very understanding and compassionate even when Iris yelled at her. In the classroom, Laura volunteered to be her study partner. On the playground, the most successful interactions occurred when the peer models engaged Iris in a game where she felt comfortable. Often, this would include modifying the game rules. When Iris did not want to play the suggested games initiated by the peers, Laura would change the game rules for all children involved and ask Iris if that suited her, otherwise they would compromise on a different game that everybody could participate in. Thus, in this case, **the peers needed to be very flexible initially to accommodate Iris’ interests, but over time, these accommodations became less frequent, and play choice became more balanced among all the peers.**

An Unaware and Off-Topic Child

“Otis” is a fourth grade boy with autism who recently transferred into a new inclusive classroom. During recess Otis played by himself. Often, he would play imaginary fantasy games that would include fighting villains – arms flailing and all. Other times, Otis would walk in a straight line along the edge of the grassy field, where other children would play soccer or freeze tag. When Otis engaged with peers, his conversation would usually be off-topic and irrelevant to the situation. At the start of intervention, Otis was considered peripheral in his classroom social network; he had very few connections with other kids in his classroom. After intervention, he achieved secondary social network status – he was well-connected in his classroom but not considered popular.

Otis’ peers quickly discovered that Otis was very approachable. They mentioned him quickly in the intervention sessions as someone they wanted to help because he was new to their classroom. One of his peers, Emma, was always excited to participate in the intervention sessions. Her two friends happened to be selected as peer models as well. As a result, the other peer models were receptive to Emma’s ideas. She became the leader of the group. **Since Emma always wanted to help Otis, by association, the other two peers wanted to as well.** Emma was very astute regarding Otis’ behaviors. When the three peer models engaged Otis in a game (usually tag), she made sure he knew the game rules and subsequently watched to see if he was having fun. Otis would often get distracted and leave the game. When this happened, Emma would subtly encourage him to return by encouraging him to invite other kids from their class to play (giving him ownership), praising him on how well he runs, or by telling him “we miss you.” These strategies worked with Otis, and over time, his engagement in the game lengthened and he began seeking out his new friends during each recess.

Successful Peer Strategies

- Be helpful and forgiving
- Use effective prompts

An Avoidant Child

“Adam” is a first grade boy with autism included in a regular education classroom. Despite being sought out by peers, Adam spent every recess period on the playground structure. He was reluctant to try new games and would often run away from approaching peers. Although Adam had good gross motor skills, he insisted on keeping his routine. Adam rarely initiated games with others and was unable to sustain engagement with his peers for more than a few minutes. He also had a tendency to inappropriately touch and grab his peers. At the start of intervention, Adam was considered peripheral in his classroom social network; he had very few connections with other kids in his classroom. After intervention, he achieved secondary social network status so that he was well-connected in his classroom but not considered popular.

Adam’s peers were trained to model game-initiating behaviors to him. One of his peers, Lydia, made it her responsibility to care for Adam on the yard. She was very nurturing, willing to help, and forgiving even when he would occasionally pull her hair. On the playground, the peer models managed to engage Adam in a game of monster tag around the structure. Lydia would grab his hand and physically prompt him to stay in games. When Adam started to run off, she would inform the other two peers and as a group they would bring him back into the game. Over time, Adam looked forward to finding his peers on the playground, and would stay in the game with them and other children from the class. He also ceased his inappropriate hitting or pulling hair.

Successful peer models

The most successful peer groups were those in which typically developing children collaborated with one another and maintained a healthy balance

in their “work” on the playground with children who have social difficulties. This working dynamic was often bolstered when the peer models were friends with one another. Thus, they utilized the strategies learned during the group session as a team on the yard when the interventionist was not present.

The most effective peers were also those who were natural leaders and innovative in their methodologies of engaging the target child with autism. We found that some of the most successful strategies that the peers in the study employed involved modifying game rules to fit the needs of the target child with autism. These modification techniques often included simplifying the rules, allowing the child with autism to take “extra turns,” or otherwise tolerating deviations from the set structure. In addition, peers that proved to be the most effective were often relentless in their efforts to monitor and initiate ongoing activities with the child with autism. These peers were extremely sensitive to shifts in the child with autism’s attention and focus and would use strategies such as physically leading them back to activities, providing verbal reminders about engagement and praising appropriate behaviors.

School factors associated with success

Another important factor regarding the success of this intervention related to the school environment and personnel. Along with peer models, adults in the child’s environment contributed to the success of facilitating social development in children with ASD. In this research **we found that the schools that worked collaboratively with us and whose teachers and staff fully stood behind our efforts were also the schools with the greatest success in implementing this social skills intervention.** What might have characterized this “buy in” to the intervention? During our intervention study, we rated the school administration, teachers and paraprofessionals to children with autism on their support and participation in our intervention efforts. A school with “excellent buy in” was one in which the administration, teachers and aides all communicated with each other and us and supported our efforts at the school. These schools took an active interest in our efforts, helped us access the children and campus by

providing us space to work, and also helped us communicate with families by making phone calls or writing special notes home about our intervention.

Overall, we found that while many of the schools' administrative staff received the highest support ratings, the aides of the children with autism received the lowest support ratings. **Paraprofessionals need specific training in the importance of social development for children with autism.** This may seem like a task already targeted by paraprofessionals, but with increasing classroom and academic demands placed on these individuals, social development may not be the focus of their efforts with children with ASD.

“Good friends may be hard to find for children with autism, but good peer models are worth finding.”

Adult support of social interactions on the playground is important, but the line between adults doing “too much” and “too little” is a fine one. Since children with autism tend to be more adult-focused to begin with, it is easy for adults to fall into a routine where the child plays only with them, thereby providing the child with “too much” support. This situation can be avoided by the adult actively facilitating peer involvement. We also see adults who give “too little” support and structure during situations that provide opportunity for social interactions. In these situations, an underlying belief is that children with autism need some “time off” to be kids and not have an adult placing demands on them. While this may be true some of the time, these “times off” do not provide children with autism the opportunity to learn about social engagement and to practice social skills. By and large, children with ASD and their peers need some level of support to successfully navigate the complex social structure of school. But what role should adults play to support social interactions for children with autism?

In order to strike a balance between “too much” and “too little,” a few suggestions may be helpful. We believe that **adults should take a “back seat” in any social interactions and should be primarily assisting with the structural components of these interac-**

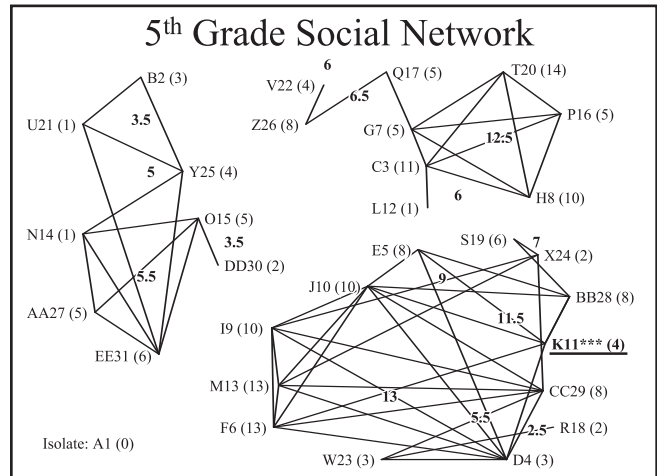


Figure 1: Example of a social network map of a fifth grade classroom. The target child with autism is underlined.

tions. For example, an adult could provide structure for a playground activity, such as freeze tag or soccer, but fade back his or her involvement once all children understand the rules and begin to play. This type of support is particularly important during unstructured times, such as recess and lunch, which provide excellent opportunities for promoting social development.

From this randomized controlled treatment trial, we have learned that it is possible to train typically developing peers to serve as intervention agents who can change the social networks of children with autism. In particular, there seems to be a consistent profile of peers who were the most effective on the playground. Generally, **good peer models tended to be socially competent, patient, understanding, accepting, nonjudgmental and open-minded.** Schools need a comprehensive system of support for children with autism that addresses both cognitive and social development. Utilizing typically developing peers (and encouraging them to engage each other) may be an effective yet natural approach to teaching children with autism social skills. Good friends may be hard to find for children with autism, but good peer models are worth finding.

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Cover Artist: Lars Sonne

The sketch below shows an example of the abilities of some people with ASD. The drawing on the left side of the figure was drawn by Lars Sonne at the age of seven. The right side is the index page of the *Book of European Road Maps*. Lars made the sketch from memory. Only later did his father, Thorkil – an IT specialist – find the book on the shelf and recognized the drawing. The numbers are references to the pages in the book. Thorkil found no errors in comparing the sketch with the actual index page. This reinforced his conviction that people with ASD have skills that deserve to be made visible and accessible to society.

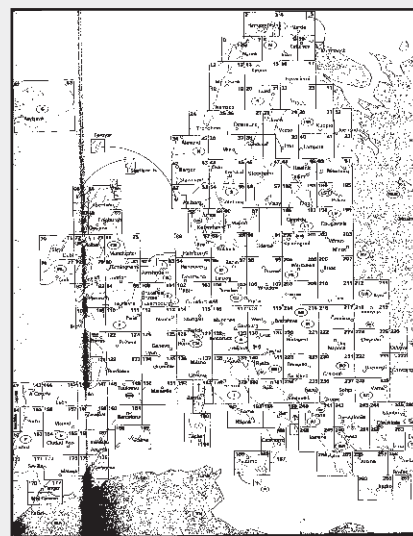
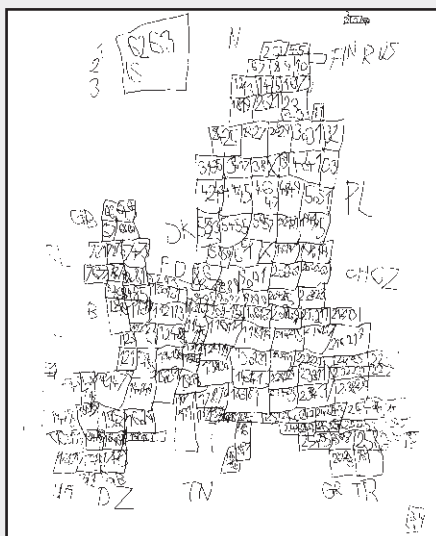
Since then, Thorkil Sonne started Specialisterne, a software testing company. The majority of his employees are people with ASD. For his extraordinary entrepreneurship Thorkil has received the 2008 Danish IT Award.

Today the consultants of Specialisterne use their special skills for software testing, data entry and sever-

al kinds of quality control for large companies such as CSC, Oracle, Microsoft, LEGO, KMD and TDC.

For further information visit:

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Effective Social Supports: Perspectives of Individuals with Autism Spectrum Disabilities

By Eve Müller, Adriana Schuler & Gregory B. Yates

Over the past several decades, researchers and clinicians have thoroughly documented the significant social challenges associated with Autism Spectrum Disorders (ASDs). Very little research, however, has been based on the perspectives of individuals with ASDs themselves, and none has specifically addressed the types of social supports individuals with ASDs perceive to be most effective. Although not all individuals with ASDs are capable of describing their social worlds and generating meaningful recommendations, individuals with Asperger Syndrome and high functioning autism are increasingly speaking out articulately about their experiences and offering important insights into the workings of their inner worlds (e.g., Williams, 1992; Grandin, 1995; Nazeer, 2006). This brief article summarizes the recent findings of Müller, Schuler, and Yates (2008) which are based on interviews with 18 adults with Asperger Syndrome and high functioning autism regarding their perspectives on effective social supports and strategies for improving social connectedness.

Interviewees recommended a variety of social supports which fell into four major categories.

Major Categories of Social Supports

- External supports (e.g., activities based on shared interests, highly structured or scripted social activities, and small groups or dyads)
- Communication supports (e.g., alternative modes of communication, explicit communication, and instruction in interpreting and using social cues)
- Self-initiated supports (e.g., creative/improvisational outlets, physical activity, spiritual practice/organized religion, and time spent alone)
- Attitudinal supports (e.g., patience, tolerance, willingness to initiate)



Eve Müller



Adriana Schuler



Gregory B. Yates

External Supports

Everyone interviewed emphasized the importance of externally implemented supports. Most commonly, interviewees stressed the importance of joint focus and shared interest activities. All described current and/or past membership in one or more groups based on a common interest such as chess, jogging, meditation, hiking, or electronics. All agreed that special interest groups provided much-needed social opportunities, and several noted that these groups created natural opportunities for thematically-focused interactions based primarily on the exchange of information. The majority of interviewees also stressed the importance of membership within ASD-related groups, since these groups not only provided a joint focus, but also enabled interviewees to meet others like themselves. One interviewee noted how relieved he was to find “that I’m...part of this group, and there are other people like me.”

In addition to groups, interviewees described enjoying activities that created a shared focus, but required minimal interaction with one’s companions, such as listening to books on tape, or watching TV or a movie together. Significantly, many interviewees reported that joint focus activities were also important when they were children. For instance, several noted that their happiest social memories revolved around “parallel play” with peers—i.e., engaging in the same activity side-by-side with someone else, such as swinging or playing on the monkey bars. One interviewee said of playing on the jungle gym, **“Being with [other children] didn’t have to mean talking with them, just them being there, doing something I was doing, made me feel like they were my friend.”**

Interviewees also described structured social activities as ideal contexts for interaction. One man, for instance, described how he enjoyed the structure of the

“All agreed that special interest groups provided much-needed social opportunities....”

Catholic mass, and how “comfortable” the ceremony made him feel. This was in marked contrast to the way he felt *after* the mass, when parishioners engaged in unstructured conversation and “subjective talk.” Another interviewee described enjoying 12-step programs because he could “relate to people in a slightly autistic way, [since] they don’t have cross talk” during meetings. Toastmasters International—a public speaking club that follows the same strict protocol each week—was mentioned by some, and several interviewees recalled that they had enjoyed participating in school choirs and bands, or taking part in dance classes, where interaction required minimal social negotiation, but created a sense of community, nonetheless. All of these activities have predictability in common, as well as a high level of social scripting.

“Interviewees frequently mentioned the importance of facilitated social interactions, as well as opportunities for ‘tracking off’ of more socially competent peers.”

Almost all interviewees noted that **one-to-one dialogue was their favorite medium for socializing**. Most interviewees also noted that small groups—particularly in academic settings—could serve as effective means of enabling positive social interaction. In contrast, interviewees often described feeling lost in big classrooms and on large college campuses.

A number of interviewees described how **small groups served as natural “laboratories” for learning about and mastering group dynamics**, with several noting the importance of study groups and discussion groups. In the words of one, these groups “provided sort of a minimal framework, and then having these ideas to discuss led to more [social] connection.”

Interviewees also described their pleasure when working in small groups that shared a common goal or task such as dissecting a fish. In the words of one, he liked it best “when something is goal-oriented, and we’re as a group trying to get something done.” Several

stressed that creating intentional groups within an academic context would help to include the people who are not ordinarily included. Interviewees agreed, however, that as much as they appreciated small groups, it was usually necessary for someone else—e.g., a teacher or another student—to convene and sustain the group.

Interviewees frequently mentioned the importance of facilitated social interactions, as well as opportunities for “tracking off” of more socially competent peers. They described following the social lead of siblings, and taking advantage of what one interviewee described as other people’s **“organizational energy.”** One woman described a childhood friend who served as a sort of **social ambassador** for her, helping to initiate social activities with others, inviting her to come along, and thereby easing the pain of not knowing how to join in on her own. Other interviewees stressed the importance of having other, more socially capable peers, generate activities and set the agenda.

Several interviewees described the importance of observing how non-autistic individuals interact socially, and trying to learn from this. One interviewee described “a combination of watching other people and listening to them.” In the words of another interviewee, “to some extent, I’ve copied other people.” One interviewee described learning via observation that there were particular ways of dressing in order to fit into his dance group. Another described learning from a colleague how to use eye contact, and a third recalled how her younger sister coached her in the rules of communal play, teaching her some conventional ways of playing with dolls.

Communication Supports

Almost all interviewees recommended some type of communication support. For example, because conversation can be so stressful (both face-to-face and on the phone), most interviewees described the importance of **alternative modes of communication**. Many described the value, for example, of internet-based relationships—e.g., relationships established

“Most interviewees stressed the importance of self-initiated supports for coping with day-to-day social stress.”

Benjaminisms

Twenty-Six Years Old

(Benjamin) reads label of medicated mouthwash he needs to take: "Gurgle with one tablespoon four times daily" Absolutely refuses to do it.

Me (mom): Why?

B: I don't want to gurgle with a tablespoon. I don't know how!!!

Twenty-Seven Years Old

Benjamin is working at a workshop. They are trying to find jobs for the clients "in the community." Benjamin is adamant that he does not want to work in the community.

Me: Why don't you want to work in the community?

B: I just don't. I want to stay at the workshop.

Me: Do you know what it means to work in the community?

B: Yes, it means you don't work in the workshop. You work outside the workshop.

Me: Right

B: But what if it rains?

Twenty-Eight Years Old

Benjamin was very excited about a trip to Legoland. He was having trouble waiting. His sister suggested that he relax by meditating, closing his eyes, taking a deep breath. Benjamin did as told.

Anny (in soft tones): Now picture a beautiful blue ocean.

Benjamin (eyes still closed): But I can't see!!!

*Reprinted with kind permission from Rita Eagle (2007) from her book **Help Him Make You Smile: The Development of Intersubjectivity in the Atypical Child**. Jason Aronson, Rowman and Littlefield Publishing.*

via e-mail, chat-groups, listservs, or online "role-playing" clubs. One interviewee explained that these alternative modes were preferable to conversation because "people often say one thing with their voice, and seem to be saying the opposite with their tone.... And when you write...the tone's not there, so you can't have a conflict between tone and what's written."

Interviewees suggested a number of creative alternatives to conventional conversation. For example, one woman described experiencing such intense social stress that she could not talk with anyone around her: "I would communicate by notes. We were in the same room, but I wanted to write notes back and forth." Another interviewee described sitting down at a typewriter with somebody else and conversing via typewritten messages.

The need for **explicit communication** was a common theme. In the words of one interviewee, individuals with ASDs are "just going to need you to spell it out literally. Not metaphorically. Not in a round-about way. They're going to need a literal explanation."

Interviewees also noted **the importance of clarity and specificity**. For example, when giving instructions, one interviewee suggested that teachers tell individuals with ASDs, "First you do 'a,' then you do 'b,' then you do 'c,'" breaking tasks down into their component parts whenever possible. She also suggested that teachers be clear about their priorities: "If it's more important to get this right than to get that right, *tell* them that. Out loud. Totally spell it out."

Several interviewees recommended **direct instruction in the interpretation and use of social cues**. Some recalled that a parent, sibling, or teacher had provided them with needed information about how to use body language, facial expressions, and tone of voice. One interviewee described being taught by a teacher how to give compliments to peers. A number of interviewees described being unaware of offending the people around them, and wished people would let them know directly when they had been hurt. Interviewees suggested that one-on-one instruction and/or small groups that focused on social skills development would have been very beneficial.

Self-initiated Supports

Most interviewees stressed the importance of self-initiated supports for coping with day-to-day social stress. In light of the fact that most interviewees described stress when engaged in unstructured social interactions, it was surprising that most also described creative and improvisational outlets as either a way of practicing social skills or as a means of reducing social anxiety. Several interviewees, for instance, played instruments in orchestras or jazz bands, participated in theater

or dance groups (including contact improvisation), or engaged in communal art projects. Some tried to explain their attraction to theatre—including the writing of dramatic scripts, improvisational theater classes, voice workshops, or role playing games (e.g., Dungeons and Dragons). In the words of one, “by doing [improvisational theater], you realize that it’s actually possible to be spontaneous, to just go with an impulse (*laugh*).”

Another common theme was **finding respite from social stress in physical and outdoor activity**. In the words of one interviewee, “If you take me and throw me into the wilderness, I feel at home. Give me rocks and clouds and birds and tigers...and a big chunk of my mind feels that this is home.” Others described exercise routines that helped reduce social stress, including yoga, bicycling, snowboarding, rollerblading, skiing, kayaking, and sailing. According to one interviewee, “I dealt with my [social] frustration by starting up with the physical fitness thing.” Several interviewees also noted that engaging in physical activities with others enabled them to connect socially without need for much conversation.

“Interviewees’ pride in their autistic identity was frequently apparent, with one noting, ‘Someday I hope people will realize what richness we have in our community.’”

For a number of interviewees, spiritual practice and organized religion played an important role in helping them cope with social difficulties. In most cases, meditation or prayer enabled interviewees to focus in a deeper way on developing social/self-awareness. One interviewee said, “Meditation allows me to orient my life according to my highest aims and desires in life, and it is among my highest aims and desires to relate socially.” Another interviewee reported that Christian spiritual practice “allowed me to be more accepting of myself.” In terms of actual religious community, several described the importance of being part of a group that accepts them unconditionally. One interviewee, for example, described his church as having “given me a safe place to practice [social skills].”



Special interests and skills are a common basis for friendships. Here, UCI scientists share their interest in exotic birds.

Several interviewees described using mediating objects as a means of initiating and sustaining social connections. One interviewee, for example, described bringing musical instruments to parties and sharing them with other partygoers, effectively starting “little jam sessions” as an alternative to more socially demanding conversation. Another interviewee described exchanging candy and small gifts as a way of approaching the man she eventually married, and a third interviewee recalled carrying a pocketful of little toys that he could use as conversation starters with classmates. In each of these instances, mediating objects effectively took the spotlight off of the individual with an ASD and redirected attention to the object itself.

Several interviewees stressed the importance of alone time. One woman described the need to balance social interaction with time spent in solitude. Others described alone time as an opportunity to decompress. In the words of one, “Sometimes I need the down time, dead time, silence, and not to do anything... and that’s how I rejuvenate myself.” Interviewees repeatedly stressed that teachers and parents needed to recognize and accept this need for alone time as a legitimate coping strategy and not something that needs to be “fixed.” As one interviewee noted, “neurotypicals” often assume that constant social interaction is desirable for everyone—even for individuals with ASDs. In the words of one, “My mom’s always telling me, ‘Come on, join the party!’ But I am having fun, just sitting and listening to the music.”

Attitudinal Supports

The majority of interviewees stressed the importance of attitudinal supports from teachers, family members and peers. Commonly used adjectives included “patient,” “caring,” “understanding,” “empathetic,” and “supportive.” One interviewee described the importance of others being able to imagine the inner worlds of individuals with ASDs. Another described an effective teacher as someone who “understood instinctually that I had social relatedness problems.”

Interviewees were in general agreement that a tolerance of differences was critical, and a “nonjudgment-

tal” attitude appeared to go a long way in terms of alleviating some interviewees’ persistent feelings of isolation and social estrangement. Several shared anecdotes about times when a friend, co-worker or family member made them feel accepted for who they were. Many interviewees felt that friends, colleagues, and relatives should not only tolerate but also embrace their differences. Interviewees’ pride in their autistic identity was frequently apparent, with one noting, “Someday I hope people will realize what richness we have in our community.”

Several participants also talked about how to befriend an individual with an ASD, stressing the importance of taking the social initiative and being willing to go beyond superficial chit-chat. Interviewees also emphasized the importance of having the person without ASDs assume greater responsibility for keeping the relationship going, including taking the initiative in terms of making phone or e-mail contact, and organizing shared activities.

Recommendations generated by interviewees for supporting social connectedness should prove useful to teachers, clinicians, and adult service providers—particularly those relating to joint focus activities, structured social environments, and opportunities for tracking off of others. Educators and service providers may wish to consider thoughtful groupings that would facilitate greater social connectedness for individuals with ASDs.

Helpful social connection strategies:

- assignment to small groups or dyads based on shared interests;
- membership within topical clubs;
- enrollment in extension courses at community colleges; and
- participation in structured social activities such as band, choir, or athletic practice.

Interviewees also provided a number of creative suggestions for alternative modes of communication, and practitioners may wish to consider the use of chat-rooms and listservs as ways of leveling the conversational playing field for individuals with ASDs.

Perhaps one of the most surprising findings had to do with the numerous self-initiated strategies via which interviewees were able to manage social anxiety and

stress. These strategies—which include creative/improvisational outlets, spiritual practice and organized religion, physical exercise, and alone time—are remarkable in part because of how similar they are to the ways in which individuals without autism cope with stress. The marked emphasis on the role played by these strategies in reducing social anxiety, however, is likely much more common among individuals with ASDs. Furthermore, interviewees never mentioned relaxing with friends and family, parties, or other types of unstructured social time as a way of unwinding and/or relaxing.

This study has drawn on the perspectives of individuals with ASDs in an effort to better understand the types of social support strategies that have been effective for them. Whenever possible, the research team sought to describe recommended strategies in interviewees’ own words. The research team was particularly impressed by how articulate interviewees were in recommending useful social supports, many of which reinforced existing research in the area of explicit social and communication skills training, and some of which suggested new avenues for study—particularly in the area of self-initiated supports.

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AUTASTICS

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Communication Software for Children with Autism and their Caregivers

By Gondy Leroy & Gianluca De Leo

The availability of relatively cheap personal digital assistants (PDAs) and cell phones have made many digital interventions to help children with autism possible. We developed PixTalk, an open-source and free software, for those with severe communication problems. Using the software on a PDA, images can be selected and combined into a message. Our approach allows caregivers to conduct therapy, e.g., follow the PECS protocol, in the same manner as with paper-based systems. However, a digital approach facilitates using photos or different image styles. Furthermore, it becomes possible to systematically track communication efforts, e.g., frequency of image use or length of messages, which is nearly impossible with paper-based approaches. Such objective feedback can be used to compare and contrast therapies and interventions and to retain a record of a child's progress. For those who do not wish to track communication, they need not fear privacy intrusion. Tracking overviews are only possible when initiated by the caregivers.

We work with special education teachers and therapists across the country, ranging from California to North Carolina. We invite people to download PixTalk (www.communicationautism.org) and work with us to systematically improve it. To facilitate communication between caregivers nationwide, we are developing an online community where caregivers can exchange advice and feedback.

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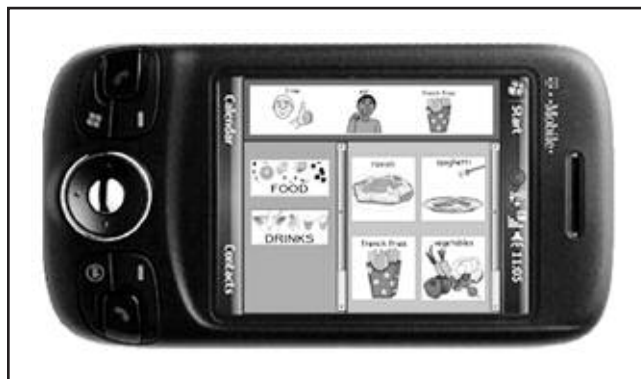


Figure 1a: Operational mode. Selection of images



Figure 1b: Display mode. Visualization of image or sentences

PixTalk is funded by a grant from Microsoft Research "Using SmartPhones to Enable Interaction and Communication with Autistic Children." The online community is funded by a grant from Microsoft Research "An Online Community for Teachers to Support, Observe, Collect and Evaluate Assisted Communication with Children with Autistic Spectrum Disorder."



Transition Begins at Birth

A Developmental Perspective on Community Integration

By David J. Monkarsh

Learning how to participate in a social environment of shared values and meaningful behavior begins at birth. During infancy, we begin a sequential program of skill acquisition that is guided by our families and community members. Acquiring and using adaptive behaviors in both physical and social environments require much practice. Exposure to new situations that allow for observing and imitating the behavior of others broadens a child's understanding of what conduct is appropriate in a variety of settings. Ongoing experience in a broad variety of social circumstances helps to establish a behavioral repertoire that readies an individual for most situations that emerge within the community.

Through establishing a sense of mastery and competence at home, school, and in the community, young children develop feelings of self-confidence that allow them to effectively navigate through both a physical and social world that is constructed and maintained with others. Being able to travel through the community's physical environment serves as a prerequisite for allowing an individual to share experiences with others outside of his/her immediate family. Gaining independent access to the community requires years of training with more experienced community members. This allows an individual to attain a level of skills that permits him/her to move through the community unaccompanied by others.

Adults and older children in all communities are given the responsibility to both formally and informally teach young children these skills throughout childhood, adolescence, and young adulthood. Those who master these skills are able to navigate independently throughout the broader community with a belief that they can use past experience and emerging skills to master the settings in which they will find themselves. Other individuals who struggle with learning and using adaptive behaviors that are required for independent daily life require varying degrees of support and extended teaching. Ongoing skill deficits in a variety of social and educational settings lead to some degree of sustained reliance upon others and limited opportu-

nities to share social and recreational experiences with community members of the same age.

“Being involved in community activities with other children provides a social learning experience that cannot be fully replicated within a child’s home.”

Developing the ability to use these skills spontaneously in varying social environments requires a capacity to apply lessons learned in one situation to other situations. Learning how to generalize skills across settings emerges only with frequent exposure and practice. It is this immersion into shared social experience that facilitates maturing children's abilities to seamlessly use their social and adaptive skills in unfamiliar and unpredictable social environments. Helping all community members learn to function independently to their full capacity is the primary goal of structured and unstructured learning and education.

Some children are unable to develop their social thinking and establish a range of behaviors that allow them to use their skills spontaneously in diverse naturalistic settings. While they may receive structured intervention to address identified skill deficits, many struggle with not having a specific skill or not knowing which skill to use in different settings. Understanding children's skill deficits in diverse settings requires an examination of their functional behaviors and social strengths and weaknesses. While psychometric and standardized assessments provide valid information about a child's cognitive and intellectual development, it is solely through an examination of adaptive behavioral functioning that a dynamic template for structuring skill building interventions can be integrated into daily behavior.

Skills must be evaluated while they're being used, and it is a child's ability to use skills in a variety of settings that determines his/her level of functional independence. Since skills are interrelated and influence each other, difficulties in one skill often impact the

learning and use of multiple other skills. Social learning greatly depends upon paying attention to what others say and do. By focusing upon what others deem important, a child is able to share attention with others in making sense of both the physical and social environment. Since practice and rehearsal are instrumental in the establishment of smooth and competent patterns of behavior, playing and doing things with peers provides the core opportunity for acquiring age-appropriate social and adaptive behaviors.

Learning both the factual and emotional meaning of behavior provides a context for effective personal conduct that brings about rewarded social outcomes. Frequent and continuous practice with same-aged peers allows fluid patterns of mutually satisfying behavior to emerge on a consistent basis. It is only through participating with others in varying aspects of social and communal life that increasingly adaptive social behavior emerges. For this reason, it is essential that all children sustain participation in community-based educational, recreational, and vocational experiences throughout the course of their development.

“An early immersion in community experiences and activities is the best practice for promoting social learning across settings.”

While it is necessary to assure that all children have the opportunity to participate in broad-based activities and educational experiences, a child can function adaptively only within social settings that provide an opportunity for goal-directed behavior. Without the opportunity at an early age to acquire and practice skills in a variety of settings, children’s skills tend to be splintered and reflect discrete abilities that are often scattered and inconsistent. An early immersion in community experiences and activities is the best practice for promoting social learning across settings. Creating a framework for all children to participate in diverse experiences with peers outside of the home can even be seen as a fundamental component of every child’s growth and development. Supporting all children’s participation in the normal routines of community life assures their successful social and vocational integration as they grow into adults.

Many children on the autistic spectrum are now being identified during the preschool and elementary school years. Structured interventions of varying intensity currently focus upon the remediation of skill deficits across multiple domains. Although much effort is spent upon growing skills in group or individual instruction, emphasis is often placed upon the acquisition and utilization of static skills that can be demonstrated primarily in structured environments. While a basic level of skills must be taught, major focus must begin to be placed upon teaching children how to spontaneously use these skills in unstructured settings. At school, playground activities provide ample opportunities for using acquired skills with peers in a spontaneous manner.

Once a level of skill mastery is demonstrated in formal learning settings, programs for applying this knowledge to a naturalistic environment must be generated. Using small group instruction to teach children play skills that are valued and preferential to their peers is of utmost importance. Adaptive Physical Education programs can be conducted during recess and lunch time so that children have the opportunity to learn and practice games in settings where they’ll soon be required to use these skills independently. Having parents work on these same play skills at home provides a basis for practicing and using skills at neighborhood parks and informally arranged play dates. By moving skill use into natural environments, problems of transfer and generalization of learning are minimized because children have extended opportunities to use skills in different places with different people.

Case Example Self-Evaluation

- What did I want to happen?
- What did I say or do to make this happen?
- Did things turn out the way I wanted?
- Was this a good way to get what I wanted?

Debriefing situations that promote a child’s capacity to self evaluate action plans that result in desired and non-desired social outcomes are an integral part of the learning process. Helping children to predict what behavioral choices lead to what social outcomes empowers young individuals to establish a basis for

causal social thinking. Motivational problems in using skills independently often recede once a child understands how to get his or her needs met through appropriate behavior.

Adult play facilitators can provide an experiential bridge to help autistic children successfully engage peers during playground and community-based leisure activities.

Providing integrated play groups helps promote positive experiences that grow a child's esteem and willingness to practice familiar and unfamiliar skills. Participation in formal group activities like scouts, sports teams, recreational programs, religious training, and a broad array of community outings permits a child with disabilities to share similar cultural experiences that shape the development of typical peers. Being immersed in these social and cultural activities help assure that skill deficits that have a neurological underpinning do not become amplified due to a lack of social experience and exposure.

Case Example

Positive Behavioral Support in the Community

- Preview situations and identify appropriate behavioral choices
- Break up complex behaviors into a sequence of smaller actions
- Reward successful efforts and a willingness to practice new behaviors
- Provide guidance in determining if a behavior brings about a good outcome
- Allow an individual to experience natural consequences for his/her choices

Since many children display inappropriate behaviors that make their parents reluctant to take them out into the community, **positive behavioral support services** must be provided that include training about how to provide natural consequences for behaviors that are utilized to avoid novel or non-preferential experiences. Once parents acquire basic skills that allow them to understand the function or intent underlying a child's avoidant or disruptive public behaviors, it is necessary to train parents in how to apply these principles when out in the community. Too many parents are trained by

their children to remain in familiar and cloistered environments that do not promote broadened social exposure. Learning how to offer practice opportunities in new settings that build incrementally upon existing skills allows parents to help their children understand how to use goal-directed behavior for positive ends.

Case Example

Practicing Skills in the Community

- Choose a skill that will help an individual get something he/she wants
- Start with a skill that has already been mastered at home or school
- Practice this skill in a setting similar to where it has been used before
- Physically demonstrate how to use this skill in the new setting
- Use the skill in a new setting until it works and the individual feels successful

Practicing successful behavioral efforts repeatedly with ongoing support permits children to extend their notions of behavior in a gradual and non-threatening manner. Using skills in diverse settings at different times helps children realize that they can meet their needs in a non-disruptive manner.

Efforts to normalize young children's social and recreational experiences in the community provide a running start for the transition into adolescence. While children with disabilities often demonstrate a positive trajectory for skills they acquire as the result of formal teaching and training, their adaptive behavior and social skill development regularly falls behind that of typically developing children. As peers get older, they often are less inclined to engage others who lack the social skills to sustain a mutually satisfying relationship. Increased self-awareness and social consciousness make this time a particularly difficult period for individuals who have not yet learned to engage appropriately in school- and community-based activities.

Difficulties in employing self-help skills are quickly noted, and struggling adolescents who have not yet mastered the art of personal hygiene and appropriate social dress begin to find that their social options are limited. At this age, mobility and orientation skill training must be initiated if a young person is not able to

safely move throughout the community in a supervised or independent capacity. Growing interest and awareness of community resources and how to get to places of personal preference is necessary to sustain individuals' motivation to venture forth beyond existing comfort zones. Learning how to comfortably go to different places with different people at an earlier age makes this arduous task much easier as puberty and adolescence define and guide the developmental process. Actively involving young people in how to explore and enjoy what the community has to offer is an effective means of supporting a young person's emerging understanding of how to enhance their social and recreational experiences.

As the transition into young adulthood approaches, preparing for work through the development of vocational skills is the next frontier. Earlier prevocational skills that were acquired and used at both home and school serve as the platform upon which readiness for work experience is built. Being able to follow schedules, adapt to structured environment routines and demands, sustain on-task behaviors until a task is completed, and successfully manage relationships with others are skills that have hopefully been mastered at an earlier age. Teaching young adults about the unique characteristics of work settings and the rule-governed behaviors that dictate conduct in work places ideally provides an extension of skills that were previously mastered in both educational and community settings. Providing job coaches to guide the transition into a job so that explicit expectations of performance and behavior are previewed and taught allows for a reshaping of an individual's understanding of effective pro-social behavior. Sustaining a program of debriefing and self-evaluation helps individuals learn to take corrective action once a problem arises. Earlier training in moving through new settings and using skills in different community settings hopefully enhance a young person's capacity to function independently in the realm of work.

“Earlier prevocational skills that were acquired and used at both home and school serve as the platform upon which readiness for work experience is built.”

The transition into society begins at birth. It foreshadows a lifelong journey of social learning and experiences that promote an individual's ability to live with

others in a harmonious and mutually satisfying manner. To fulfill the promise of both our individual and collective humanity, each of us deserves an equal opportunity to be meaningfully integrated within our community.

For further information, please contact:

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The Grandparent Autism Network's web site, www.ganinfo.org, has a new video, **The Impact of Autism on Intergenerational Relationships: Children, Parents and Grandparents**, featuring David J. Monkarsh, Ph.D., who has worked with families affected by autism for more than 28 years.

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Using Self-monitoring Systems to Teach Pro-social Skills in Children in a Middle School and High School for Children with High Functioning Autism and Other Related Disorders

By Kelly McKinnon



Teaching conversation skills on the self-monitoring checklist

New Vista School is a grade 6-12 independent school located in Laguna Hills, California, dedicated to providing a safe, nurturing, educational environment serving the needs of students with Asperger's syndrome and high-functioning autism. As part of New Vista's programming, a comprehensive social skill program is in place, including a school-wide positive behavior support program and school-wide social values and expectations model designed to create common social language for all students, teachers and family members. Weekly social skills are identified and taught in social skill classes, and emphasized across the entire school, with explanations of the social skills sent home to parents to support generalization and continuation of social skill language. Finally, individual social skill needs are identified, and incorporated into each child's programming goals.

Procedures:

Koegel, Hurley, Frea (1992) demonstrated that children with autism with severe deficits in social skills could learn to self-manage responsivity to others in multiple community settings.

Self-management is often one of the ultimate goals of education. Self-management methods can be used for behaviors that may go unnoticed, support and ensure generalization, be used to more efficiently run a classroom and to promote greater independence.

Self-monitoring for self-management:

- Effective if behavior is recorded immediately
- Person receives cues
- Behavior may simply change due to monitoring

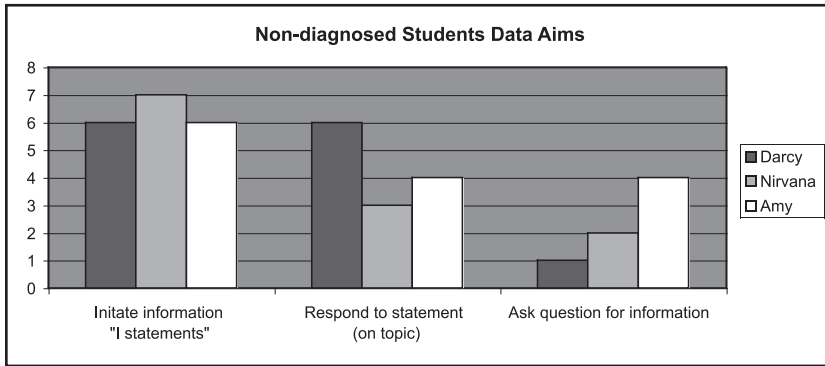
Four students with autism and related disorders were identified as part of a lunch time conversation program, with a goal to increase conversation skills. These students identified themselves as "friends" and sat together regularly at lunch. Baseline data indicated these students rarely spoke to each other while sitting at lunch.

Prior to intervention, three students of similar age, not diagnosed with autism were video taped in a conversation, in an effort to determine specific conversation skills and appropriate conversational data aims.

During the collection of neurotypical data, it was determined that the three student models engaged in self-initiated conversation including "I statements" to share information about themselves, responded to another's comment with another related comment, or asked questions to gain further information, at a rate of an average of six initiating "I statements," four responses, and two questions to gain information in a five minute period. This data was used to determine treatment aims for our students.

Phase 1:

Students in our program were initially given conversation self-monitoring tools to use at lunch, in



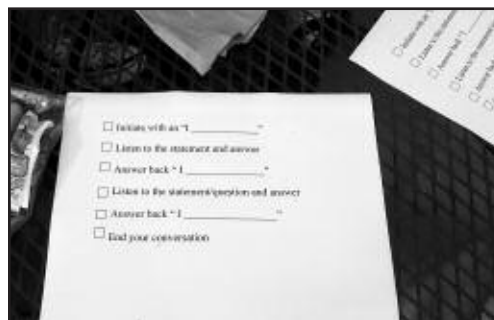
an effort to increase conversation skills. Data indicated that simply giving the students self-monitoring tools without first teaching the expectations on the paper tool was not enough to increase conversation rates. Conversation data after phase 1 resulted in near-zero rates of conversation for our target students, indicating teaching and support were required prior to the use of the self-monitoring tool.

Phase 2:

Students were then taught basic conversation skills to be implemented, based on the skills indicated in the neurotypical data, including initiating conversation using “I statements,” responding to other’s statements or questions and asking questions to gain further information. Students were taught using visuals of the skills expected, video modeling of the students engaged in

checklists to the students.

Students were then recorded, and data collected of lunch-time conversation skills without adult prompting and students use of a self-monitoring tool. Data indicated that our target students met the

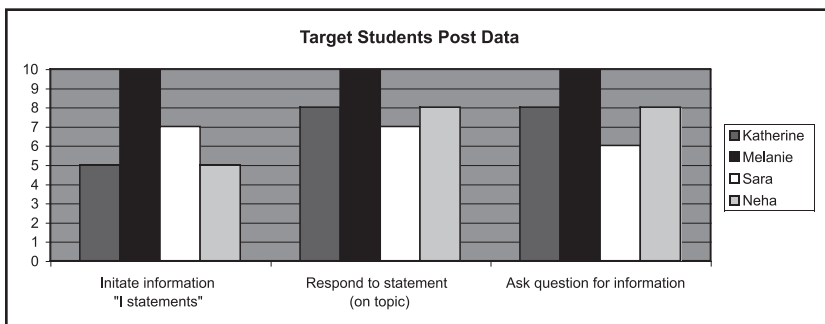


Self-monitoring checklist

conversation aims as the neurotypical peers’ data indicated, with the self-monitoring tools used, tied to the school-wide reinforcement system, and additional adult social praise.

Our four target students demonstrated significant

increases in conversation skills at lunch using the self-monitoring tools. Rates matched, and often exceeded the data aims initially determined from the neurotypical data. It was determined that



conversation, and role-play of conversation skills, with the self-monitoring tools present during teaching and skill rehearsal.

After initial teaching, students practiced outside of the lunch-room setting, using the skills taught

the use of self-monitoring tools to generalize and decrease adult prompting was successful in increasing the students’ conversation skills to rates that matched similar non-diagnosed peers.

Discussion:

Using self-monitoring tools as method of generalizing learned skills should be considered in the teaching programs of children on the autism spectrum. Self-monitoring tools can be helpful because they clearly define expectations, can be used independently, can be carried to multiple environments, and may help reduce “prompt dependency,” as well as help facilitators to reduce the number of verbal prompts they



Using the self-monitoring checklist during lunch period

provide to a student. Prior teaching may be required before using the self-monitoring tool, and it may need to be tied to additional reinforcement. Fading of the self-monitoring tool may need to be planned.

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Find out more about New Vista

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Orange County Aspergers Support Group

By Sara Gardner



The Orange County Aspergers Support Group is for children, teens, adults and families affected by Autism and Aspergers syndrome. We have a variety of social gatherings, educational events and support meetings throughout Orange County each month. We cordially invite you and your family to attend and be a part of this supportive, nurturing group. At our support groups, children ages 11 and up are invited to come with their parents, as well as adults with Aspergers. We also have other age-specific groups including: families of young children, teen groups, young women, and adult groups.

Join the online discussion group at:

<http://health.groups.yahoo.com/group/ocaspergersgroup/>

Join the face-to-face meetings at:

<http://aspergers.meetup.com/229>

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www.autismnewsoc.org

NOC SELPA Internship Report

By Lawrence Chan, Ellice Kang, Jonathan Kim, Ishna Martin, Caitlyn Mones, Jeannine Rosete & Jeremy Wong

As interns from Troy High School, we worked at a summer school within the North Orange County SELPA, gaining our first glimpse into our potential futures. We were brought together to learn something about autism, and we walked away with an experience none of us would forget.

In our first steps into the world of working, we hardly knew what we were really getting into. Anticipation, fear, and excitement all ran through our veins as we stepped onto the NOC SELPA Office site. Here, two NOC-SELPA autism coordinators, Christina McReynolds and LouAnne Boyd, taught us about Autism Spectrum Disorder (ASD). We also learned about various procedures designed to help children with autism, and the strengths and challenges that the disorders involves. We learned that our assignment for the following four weeks would be to replicate a research study in which time delay is used to teach communication and play skills to children with autism (Liber, et al, 2007).

The seven of us were placed into three different groups each assigned to work with a different child, and to assist in the classroom. What we discovered and learned through the next four weeks would prove both exciting and illuminating, opening our eyes and providing us with real world experience.

Time-Delay Procedure

During our internship, we were instructed in the application of the time-delay procedure for specific students. This process involved creating a task analysis for a specific toy, using a step-by-step play sequence that would require the child to either interact with a fellow peer or correctly complete an action.

We first collected baseline data for the child, noting how many times he completed a step unprompt-

ed correctly, unprompted incorrectly, prompted correctly, or prompted incorrectly. In the baseline portion of the analysis, we cued the step to the child without physical prompting. We ran the child through the task analysis until it obtained the same percentage points three times in a row.

Sample Task Analysis				
Task Analysis: <u>TRAIN</u>				
STUDENT: <u>Charlie</u> DATE: _____ SESSION#: _____				
DATA COLLECTOR: _____ RELIABILITY DATA COLL. _____				
CIRCLE ONE: BASELINE, 0SECTD, 2SECTD, 4SECTD, 6SECTD, 8SECTD, 10SECTD				
STEP SEQUENCE AND NARRATIVE COMMENTS	UNPROMPTED CORRECTS	UNPROMPTED INCORRECTS	PROMPTED CORRECTS	PROMPTED INCORRECT
1. ASK PEER TO PLAY				
2. TELL PEER, "LET'S PLAY TRAINS"				
3. GIVE PEER TWO TRACK PIECES				
4. TELL PEER, "LET'S MAKE A TRAIN"				
5. ASK PEER FOR TRAIN PIECES				
6. PUT TRAIN PIECES WITH PEERS				
7. ASK PEER FOR BARRELS TO PUT ON TRAIN				
8. MOVE TRAIN AROUND TRACK 1 TIME				
9. TELL PEER, "YOUR TURN!"				
10. TELL PEER, "THAT WAS FUN"				

If the task steps were too hard or too easy, we re-evaluated the task analysis and started over. If the task analysis was evaluated as appropriately challenging, we moved on to the 0 second time delay. In this portion, we cued the child to the specified step, and if he/she did not initiate the action immediately, we physically prompted to complete the action. This could involve putting the child's hand onto a specific toy or orienting their body towards a peer and having them say a line. If a child resisted during prompting, we simply stepped back and ignored their actions, moving onto the next step. This process was repeated until we got 100% unprompted corrects. We then moved onto a two second time delay, in which we would cue the child, and if he/she did not response for two seconds, we prompted. We then would move onto a four second time delay, then a six second time delay, until we reached a 10 second time delay. This process proved intensive yet yielded beneficial results. While each subject

responded differently to the procedure, they all managed to improve their skills to a noticeable degree. Over all, the time-delay method proved to be an invaluable resource in helping to teach children behavioral and social skills.

Ishna Martin and Caitlyn Mones

After our week of training, we were assigned to specific classrooms. Our classroom was filled with 5 to 7-year-olds with various disabilities. There we learned the value of patience and commitment and how those were two vital characteristics for any teacher. Three teachers were in charge of twelve students, two of which required one-on-one attention. Without us, there would have been nine children left to one teacher. Our teachers frequently let us know how much they appreciated our help and this alone was a great reward.

We ran our time-delay procedure with a child named Daisy, a seven-year-old girl who had “autistic-like characteristics.” During the observation period, we noted that she was an independent player while her other classmates engaged in activity. For the task analysis, we originally chose the “Hungry, Hungry Hippos” game, but our task analysis proved to be much too simple, she was quickly reaching high scores before any intervention. While this was good for Daisy, we needed a slightly more difficult task analysis to demonstrate that the time-delay procedure actually provided results. We then created a task analysis for a “Gears” game, which had phrases exceeding her six syllable limit, and slightly more complex actions. This proved to be difficult, so her average response rate was around 70%. But the results were clear when we noted that during free play, Daisy was actu-

ally using the skills she was taught while interacting with her fellow peers. This revealed that the time-delay procedure was successful in teaching her crucial social skills.

Another lesson we learned from working with children with special needs is a great appreciation for the challenges they face every day. We now understand that while we have the ability to share and speak and socially interact with our peers, there are others for whom these tasks are very difficult to master.

**Lawrence Chang,
Jonathan Kim and
Jeremy Wong**

During our internship, we were exposed to the opposite of our experience as students. We were introduced to teaching, which gives us even more respect for our teachers. Our classroom was filled with precocious little pre-school children who soon turned out to be a rambunctious, albeit sweet bunch. We spent our days trying to keep them on task, which proved to be quite a challenge. One of our children would simply walk in through the door at the beginning of the day and fall face down on the floor. But despite this, the children proved to be generally mild, with few real tantrums.

Throughout the day, we would also visit another classroom to carry out our time-delay procedure. Our subject was a 14-year-old child named John who was in a classroom with other children, but required the assistance of a separate specialist who worked with him. We created a task analysis based on a “Japan Set,” which is simply a set of building blocks based on Japanese architecture. Everything with John ran smoothly. We managed to get him all the way to a two second time-delay before our



internship ended, and we immediately noticed his results. He initially struggled in the baseline portion of the procedure, but once we started prompting him, he steadily improved. We occasionally ran into a hiccup with his speech, but **we used an iPod with his favorite Disney songs on it as a reward to get him to successfully say a phrase.** He even began anticipating steps, learning the sequence in which we had the actual task analysis and initiating the sequence with the peer, which proved that the time-delay technique was working.

We have parted with new knowledge that will help us all in our future goals. We have gained patience, understanding, and a new viewpoint on life.

Ellice Kang and Jeannine Rosete

We walked into the classroom afraid of not being able to complete the tasks that were given to us and we also did not know what to expect. We were assigned to a classroom full of boys ranging from ages three to five years old, all with autism. In the beginning, the students seemed shy, so we found it easy to work with them. When we would instruct them to do their work, they would willingly follow and complete the tasks. However, when the students grew accustomed to us, they began to throw tantrums. We experienced the quite a bit of difficulty with our assigned student.

We were instructed to use the time-delay process with Charlie. We based our task analysis on playing with a pirate ship and sharing with his peer. Charlie responded to the time-delay process well, and by the end of the first week we were able to move on to 0 second time-delay. He also responded well with 0 second time-delay for the first few days, receiving scores of up to 80% correct, but once Charlie grew bored with the repeated procedure and would often tantrum. In addition to his tantrums, whenever we came across a step that required sharing with his peer, he immediately refused to cooperate. We decided to add tangible reinforcers whenever he completed a step correctly, and if he was to share a toy with his peer, we would replace the toy he gave away with a similar toy. Sometimes, simply replacing the toy

would upset Charlie. Therefore, **we would first ask which one of the toys he'd rather keep and which one he would like to give his peer.** This technique gave us amazing results, because through knowing what he wanted, we knew how to avoid an unnecessary tantrum. It also boosted Charlie's scores! At the end of the four weeks, we were not able to get Charlie through to 2 second time-delay, but we often found him repeating several procedures during class time, which showed us that Charlie had learned something from the time-delay process. This gave us confidence in knowing we performed the time-delay procedure correctly.

It was through all the ups and downs, that we realized working with these students and sharing so many priceless moments changed our lives. We only hope that we affected these children as much as they have impacted us.

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Reference

- Liber, D.B., Frea, W.D., Symon, J.B.G., (2007). Using time delay to improve social play skills with peers for children with autism. *Journal of Autism and Developmental Disorders*, 38, 312-323. ♥

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BRIDGES to Youth Self Sufficiency Program

Educating youth and their families to use services and supports as a bridge to greater self-sufficiency

The BRIDGES to Youth Self-Sufficiency project is a five-year demonstration project conducted by the Social Security Administration and the California Department of Vocational Rehabilitation. The participating school districts include: Capistrano, Irvine, Newport-Mesa, Riverside COE, Saddleback Valley, Vallejo, and Whittier.

California's BRIDGES to Youth Self-Sufficiency is a collaborative effort to inform and motivate families and young people with disabilities about work and current work incentives. Staff assist with the transition to work and provide resources and support to maximize economic independence. Additionally, the program helps to dispel myths surrounding working while receiving SSI benefits.

On September 30, 2008, the five year grant ended. The Social Security Administration has given an additional nine months to finish some follow-up data collection. Current efforts are focused on identifying new funding mechanisms to continue the best practices identified by the BRIDGES Program. A new program, BRIDGES Plus, will help local transition-age youth with disabilities become increasingly self-sufficient, resulting in less reliance on public funds. On October 1, 2008 IUSD, CUSD, SVUSD and WUHSD were awarded Projects with Industry Grants from the US Office of Education. This funding source focuses on corporate job development to provide enhanced training and employment opportunities for transition-age youth from 18 to 26 years old.

September 2008 data collection demonstrated a 62% employment success rate for out of school participants with significant disabilities, compared to a

national employment rate of 15-18% for this population. This success rate is achieved by providing benefits counseling and service coordination to all BRIDGES participants through individual and family meetings as well as group workshops. Participants and their families gain knowledge and confidence concerning the use and reporting of public benefits.

BRIDGES PARTICIPANTS WITH AUTISM

As of 3/31/08

- Percent of BRIDGES participants with autism = 14%
- Total number of participants with autism = 61
- 16% of all Bridges participants (both in and out of school) who work are individuals with autism.
- Total working participants = 32 (52% versus about 48% for all BRIDGES participants)
- Total participants identified as out-of-school = 28
- Percent of total working, out-of-school = 15%
- Total working participants identified as out-of-school = 19 (68% versus about 59% for all participants)
- Average hourly wage for participants out-of-school, working = \$8.30 Range = \$2.50-\$17.72/hour
- Average hours per week for participants out-of-school, working = 22.5 Range = 8-40 hours

Currently there are 417 participants, ages 14-26 years old with various significant disabilities. Specific to individuals with autism, please see the data chart.

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Preparation, Integration and Opportunity:

The Key to Successful Employment

By Janis B. White & Janice Almaraz

The transition from school to work is always a time of apprehension and excitement but when you have a disability such as autism, it takes on an elevated sense of anxiety. Transition programs for students with disabilities in the public school system are federally mandated and formal planning for this transition must begin by age 16 (Individuals with Disabilities Education Act Amendments of 1997, 20 U.S.C. [section] 1401 (26)), however successful transitioning begins much earlier. Preparation should include training in on-the-job paid employment, independent living, social skills and self-advocacy. In a recent study, three variables were most **predictive of integrated employment outcomes** for students with severe disabilities:

- 1) duration of community-based training (CBT) that included on-the-job training and community access such as transportation and recreation;
- 2) the least restrictive environment (LRE) which would be the community or on a college-age site; and
- 3) the degree of integration with non-disabled peers during the school day.

Surprisingly, the variable that did not statistically correlate to employment was mental ability as measured by intelligence quotient (I.Q.) (White & Weiner, 2004).

Case Example

Among many successfully transitioning students, a recent example is Orange Coast College (OCC) transition class student Eddie Shaff. Bob Boettiger has been teaching this class since its inception over 20 years ago and, along with long-time para-educators Sharon and Jeff, has strong expectations that his students will succeed in getting jobs. The OCC class is part of the Orange County Department of Education's Special Education Services. For students who are 18 to 22 years old and receiving education through the school district, the program at OCC is a microcosm of the real world that affords students a chance to experience work transitions and community integration with age-appropriate peers.

Eddie's unique transition needs were worked on prior to graduation. He would only take the school bus and was

not open to other means of transportation. To overcome this restriction, his job coach initially followed the school bus in his car to get Eddie used to seeing him, then he rode on the bus with Eddie. Eventually Eddie would ride with the job coach to get to his job. For Eddie, a major part of the preparation was early planning on the part of RCOC Service Coordinator, Jeffrey Johnson, and Eddie's parents. Interagency collaboration with the adult service provider, STEP, enabled Eddie to maintain his job at Hi-Time Liquor. With the support of the wonderful employees there, he met his post-secondary employment goal, and the staff has become a strong support for Eddie's continued success.

Hiring people with developmental disabilities is supported by the **Regional Center of Orange County's Work Initiative** and **First Lady Maria Shriver's "We Include" Program**, which challenges businesses and the State of California to open jobs to people with severe disabilities. If you know of a business that may be interested in hiring people with developmental disabilities, please contact us at www.rcocdd.com. RCOC is working with the Grandparent Autism Network to reach out to businesses. In addition, Debbie Marsteller and Linda Seppala, members of the Work Initiative committee, represent all vendors who support people with developmental disabilities after they leave the school programs and ensure their success for the future. With our community working together and with the right training and support, everyone can be successful and enjoy the dignity of employment rather than welfare.

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Reference

- White, J. & Weiner, J. (2004). Influence of least restrictive environment and community based training on integrated employment outcomes for transitioning students with severe disabilities. *Journal of Vocational Rehabilitation*, 21, 149-156. ♥

Impact

By Barbara L. Boroson

Don't hit that bike, don't hit that bike, I repeated to myself. Learning to drive at sixteen, I tried vigilantly to avoid obstacles in the road. But my caution had no bounds; I would over-focus on that bike, and the car would veer directly toward where I least wanted it to go.

Fifteen years later, the road ahead looked straight and clear. I was happily married, eager to have children, and immersed in my work as a clinical social worker at a non-public school for special education. The students there were so impaired, so unpredictable that they could not be contained in any kind of special program available in the public schools. This school served children ranging from four years old to twenty-one, from learning disabled to emotionally disturbed to profoundly autistic, from socially avoidant to conduct disordered to bi-polar. Each day held new crises, altercations, interventions, and explosions of conflicting tempers, pathologies, and pharmacologies: A five-year-old boy with autism charging down the hall, screaming with his hands over his ears, running from something no one else can perceive; A frantic parent calling with the news that her eleven-year-old daughter has been hospitalized for cutting herself; A non-verbal twenty-year-old hurtling his body against the walls of a small office, trying to vent an inexpressible rage.

These children fascinated me. I was challenged by their challenges and open to their possibilities. Nothing intrigued me more than finding a bridge to a remote child. I loved to look for patterns in their behaviors or obsessions and then try to anticipate and interpret their reactions. My greatest triumphs came in devising new ways to reach and teach these compelling children.

Steeped in this brew of disability, I passed my days providing therapy, defusing daily crises, and debriefing combatants. Several times each year I was called upon to train fellow staff members in safe crisis-prevention and intervention. And when all was quiet, I studied case files: brick-thick stacks of evaluations by psychologists, psychiatrists, neurologists, educators, physical therapists, occupational therapists, social workers, and many, many more. Together the docu-

ments painted colorful, albeit one-dimensional pictures of each child, from pre-natal development right through present-day functioning. I read them all with professional interest, took relevant notes, and filed them away.

And then I became pregnant. Right away my friends expressed worries for me: "Aren't you scared, working at a place like *that* when you're pregnant? What if one of those *crazy* kids tries to hurt you?" But physical safety was low on my list of worries. I had never been hurt on the job, and felt pretty confident with my personal safety training.

Something else entirely had begun to frighten me about working where I did while pregnant. Each day I came face-to-face with the myriad things that can go awry in the miraculous process that creates a human being. All around me I saw disabled, fragile, troubled kids whose futures hung like shadowy question marks above their heads. As the weeks passed, I realized I did not feel "other" from them or their families; I did not believe that disability could never happen to my child. In my world, disability was the norm; nearly all the children in my life at that time were severely impaired. Why *wouldn't* it happen to my child?

I continued reading evaluations, but from a new, deeply personal perspective. Now I focused on the factors that professionals and especially parents posit as explanations for "what went wrong." Every evaluation suggested another cause for the child's dysfunction, dating back even before birth: "Pregnancy was notable for mother's use of cocaine in the second month." "Delivery was notable for use of vacuum extraction." "Labor was notable for use of Pitocin/Demerol/epidural." "Pregnancy was notable for premature delivery at thirty-four weeks... for mother's use of decongestants during the second trimester... for mother bleeding in the first trimester... for mother's use of cigarettes/alcohol/caffeine... for use of forceps during delivery... for volatile relationship between biological parents throughout pregnancy... for mother slipping on ice in the seventh month... for absence of pre-natal care... for mother's exposure to Chicken Pox / Fifth's Disease /

Listeria / Salmonella / mercury / lead dust / second-hand smoke / dry-cleaning chemicals / household cleansers / exhaust fumes / asbestos / carbon monoxide / pesticides,” on and on.

Each evaluation offered me a new worry and I resolved to shield myself and my child against any “notable” prenatal force. I saw how these children suffered; I saw how their parents suffered. I was bombarded with it each and every day. I would ensure that disability would not happen to my child. I believed my first maternal obligation would be to protect my child from all potential agents of harm. And I believed it was within my power to do so.

I focused on avoidance, on circumventing every imaginable hazard: *Don't hit that bike, don't hit that bike.* I was vigilant. I ate carefully and organically, drank only bottled water, kept a distance from colds and illnesses, breathed only fresh or filtered air, and exercised regularly and mindfully. I ingested no pain-reliever or antibiotic; allowed myself no alcohol, no caffeine, no soft cheese, no cold cuts, no tuna. I accepted no novocaine when I had two teeth filled. And I powered through my 28-hour labor with no drugs. Through it all, I felt virtuous and vital and clear of purpose. My eye was on the prize: I would steer clear of each and every risk factor and manage the outcome of my pregnancy.

Finally, after nine months of fastidious safekeeping, our beautiful son arrived. The instant of his birth was dazzling. That first glimpse of his head capped in silky baby hair. The climactic pronouncement: “It’s a boy!” His triumphant inaugural cry. The utter relief of total release. Tears of joy and wonder on my husband’s face. The sudden surge from unprecedented pain to incomparable elation. The rush of pride and awe at having produced a new life, a whole person. A primitive recognition of accomplishment: “I did it!” The pristine exquisiteness of a just-born baby. The thrill of finally meeting him, seeing him, having him. A breathtaking realization: “I’m a mother!” All packed into a fraction of a single electric instant. And in the midst of it all, right within that very instant of astonishing exhilaration, I saw it on the doctor’s face: Something was wrong.

Never before or since have I fallen so hard, so suddenly, or so far. Here was the unthinkable possibility that everything was less than perfect. In that moment, there’s perfect and then there’s everything else. Nothing short of perfect will do. And so, despite all that led to this moment, I was blindsided by the crash.



In retrospect, the shock was more about the look on the doctor’s face than about what was actually said. The doctor told us that our brand-new son had a small vascular problem that could require several surgeries to correct. He said it was “likely due to some flaw in fetal development, possibly in the second trimester.” He said, “Perhaps you had a virus.” *Excuse me?* No, I did *not* have a *virus*.

And just like that, my moment of brilliant sunrise clouded over, and now my radar was on. My husband remembers me asking him, that very first night: “If that went wrong, what else might be wrong?”

The answer to that question unfolded over the next several years. As our son grew, I diligently checked off developmental milestones as they were achieved: Eye contact? Check. Sleeping through the night? Check. Rolling over? Check. Using two-word phrases? Check. Wait a minute—what happened to eye contact?

While he was good-tempered and docile, our infant son was often found frowning in his baby stroller when people peeked in, tiny furrows embedded between his little brows. “He’s contemplating the universe,” I explained lightly, secretly wishing for gurgles and giggles.

While the other two-year-olds in the playgroup were splashing gleefully through the sprinkler, mine was examining the sound a pebble makes when knocked off one step onto another. “He marches to the beat of his own drum!” my parents boasted.

Having memorized local roads and highways, my son would go to pieces if we took an alternate route to a familiar place. “He’ll keep us on our toes,” my husband would acknowledge, turning the car around.

But by the time our son was three, we had some real concerns. He didn’t know how to play with other kids. He grew anxious or frustrated whenever any-

thing was new or challenging to him. We needed to keep life consistent and predictable for him; he couldn't bear anything unexpected. He clung to us for security, consistency, and understanding, and seemed to recognize that separating from us would place him in a world that was incomprehensible and unmanageable to him—so he wouldn't separate. He couldn't count objects, couldn't make eye contact, and often dissolved into unpredictable, high-intensity meltdowns. We were overwhelmed and exhausted. And what exactly was going on remained frustratingly elusive.

Over the years, our road together has been a bumpy one.

Our son rebounded easily from three vascular surgeries that seem to have scarred us in some ways more than they did him. He has benefited from a wide variety of therapies for a wider variety of issues. At school, he has been well placed in a special education program where he works diligently. We shore him up with reliable routines, healthy food, social prompts, and upbeat reassurances and send him on his way each morning, holding our breath until he returns home worn down by the demands of the day.

Today our son is a bright, sparkly seven-year-old. He is articulate and funny, affectionate and handsome. He justly considers himself a "math whiz." He loves to learn, read, play, imagine, and ask questions. He has a kind heart and a gentle spirit. Our son is as loving and loved as he is difficult and draining. He can be impulsive, provocative, hyperactive, rigid, and obsessive. On bad days, if a tiny toy hat from a tiny toy figure goes missing, the day can be ruined for the entire family. At times, if he is not allowed to complete a task or a thought, he screams. He cannot sustain focus. His eye contact is still fleeting. Some days every transition is a battle. He tends to play by himself because he doesn't understand how to join with peers. He has had periods of incapacitating anxiety. He probably fits near the high end of the autism spectrum and most likely has an attention deficit disorder. Though his precise diagnosis is still unclear, he bears the Special Ed Badge of Membership: a brick-thick packet of evaluations, as weighty as our worries.



Sometimes, in my lower moments or his lower moments, I look at my son and wonder how we got here. One day I feel disbelief: How could this have happened, when I worked so hard to prevent it? Another day I feel bitter: My friend drank soda with aspartame every day during her pregnancies and her kids are just fine.

Another day I feel blameless: I know I did everything I could to prevent this, so it must have been "meant to be." Many days, like most mothers of children with special needs, I find ways to blame myself for my son's difficulties. In my case I consider whether I was *too* anxious, *too* uptight, *too* worried during my pregnancy—if I had relaxed more, hadn't been so vigilant, maybe he would

have been okay. Had I learned nothing behind the wheel of the car, fifteen years earlier, focusing too hard on what I most wanted to avoid?

People have said to me that the universe gives us only what we can handle and that my son was meant for me. They say my son is lucky to have a mother who knows so much about children with special needs, who has (nearly) endless patience, who recognizes what help he needs and where to find that help. And that may be true. But I know another truth: My son has given me love and joy, patience and humility of a sort I had never known before.

During my pregnancy, I fixed my gaze on that bicyclist by the side of the road: *Don't hit that bike, don't hit that bike.* Somehow or other, despite or because of my best efforts, I veered straight toward it. I hit that bicyclist head-on, and we are both bruised and battered and tangled inextricably together. So we sit, he and I, by the side of the road, and watch other cars and bicycles glide easily, carelessly past us. And we hold each other and love each other and feel so deeply thankful that our worlds collided.

For additional information, please contact:

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Upcoming Staff Development, Conferences and Parent Trainings

(Partial Listing — November 2008 to January 2009)

Throughout the school year, there are several opportunities for continuing education and support that will be offered by various organizations, however during these summer months, the offerings are more limited.

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. Each session has a specific focus, some pertaining to early interventions, some with more of an emphasis on the older aged student. **Registrations for those outside of Orange County may be limited, therefore call early!**

PLEASE NOTE: You can access online information about sessions (hosted by the **S.U.C.S.E.S.S. Project of Orange County**) at http://sped.ocde.us/cses/Autism/cc_ap/sd/cbs.htm.

Date/Time/Place	Topic/Speaker	Developmental Level	Approximate Fee	Contact
Nov. 12 & 13, 2008 8:30 AM – 3:30 PM OCDE	“Icon to I Can” – Utilizing Visual Supports to Enhance Skills in students with ASD <i>Barbara Bloomfield</i>	All Ages	\$110	S.U.C.S.E.S.S. Project (714) 966-4198
Nov. 13, 2008 4:00 – 8:00 PM RCOC	Transition and the Young Adult with Autism: Behavioral, Social & Employment <i>Jim Ball, Ed.D.</i>	Adolescents	\$30	Karen Schaeffer, RCOC (714) 796-5330
Nov. 14, 2008 8:30 AM – 3:30 PM OCDE	Advanced Day – “Icon to I Can” (for those who have heard this previous presentation) <i>Barbara Bloomfield</i>	All Ages	\$60	S.U.C.S.E.S.S. Project (714) 966-4198
Nov. 15, 2008 8:30 AM – 3:30 PM OCDE	“Make & Take” – Interactive workshop to create instructional material/visual supports <i>Barbara Bloomfield</i>	All Ages	\$55	S.U.C.S.E.S.S. Project (714) 966-4198
Nov. 22, 2008 10:00 AM – 2:00 PM Beckman High School, Irvine	Strategies for Autism Spectrum Challenges at Home and in the Community <i>Donna Williams & Panel of Adults with ASD</i>	All Ages	\$25 (includes boxed meal)	Autism Spectrum of Support (949) 854-7415
Jan. 7, 2009 8:30 AM – 3:30 PM OCDE	“Social Thinking – I LAUGH Model” <i>Michelle Garcia Winner</i>	Developmental Ages 8+	\$65	S.U.C.S.E.S.S. Project (714) 966-4198
Jan. 8, 2009 4:00 – 8:00 PM OCDE	OVERVIEW “Social Thinking & Organizational Skills” <i>Michelle Garcia Winner</i>	Developmental Ages 8+	\$25	S.U.C.S.E.S.S. Project (714) 966-4198
Jan. 9, 2009 8:30 AM – 3:30 PM OCDE	“Thinking About You Thinking About Me” – Perspective Taking and Social Thinking <i>Michelle Garcia Winner</i>	Developmental Ages 8+	\$65	S.U.C.S.E.S.S. Project (714) 966-4198
Jan. 22, 2009 4:00 – 8:00 PM RCOC	Diagnosis and Treatment of Autism in Infants and Toddlers: An Evidence Based Approach <i>Bryna Siegel, Ph.D.</i>	Developmental Ages up to 3 years	\$30	Karen Schaeffer, RCOC (714) 796-5330
Jan. 23, 2009 8:30 AM – 3:30 PM OCDE	Topic to be announced <i>Bryna Siegel, Ph.D.</i>	All Ages	\$65	S.U.C.S.E.S.S. Project (714) 966-4198

Locations: **OCDE** = Orange County Department of Education –
200 Kalmus Drive, Costa Mesa, CA 92628

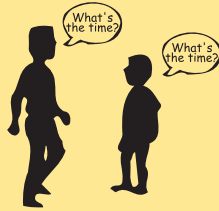
RCOC = Regional Center of Orange County –
801 Civic Center Drive West, Santa Ana, CA 92702

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



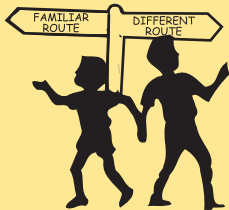
Lacks creative "pretend" play
Carece el juego creativo



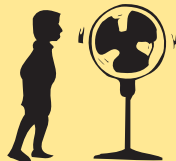
Shows indifference
Demuestra indiferencia



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

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.



Does not play with other children
No juega con otros niños