AUTISM NEWS

of Orange County & the Rest of the World

Winter / Spring 2008 *Volume 4, Issue 3*

Cover artwork created by Shane

CONTENTS

COVER FEATURE

We are pleased to feature one of our local artists, **Shane**, who had help from his friend, **Robert**. Read more on page 4.

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 to parents and professionals of children with autism. The opinions expressed in the newsletter do not necessarily represent the official view of the agencies involved.

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

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

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Editorial

By Vera Bernard-Opitz

Visual Support and Beyond

"Visual support and beyond" is the theme of this issue of the *Autism News*, which presents a wide selection of articles that will hopefully provide an idea or two – or even more – to our wide spectrum of readers. Before presenting our main topic, we are pleased to share a summary of the highly influential work of **Simon Baron-Cohen** and his colleagues on "Sex Differences in the Brain" and their implication for autism.

Visual support methods have become "best practices" in most established autism programs. Individuals with Autism Spectrum Disorders (ASD) of varying ages and developmental levels have benefited from clearly structured environments, explicit schedules, task, or work set-ups, transparent behavior management plans as well as alternative communication systems. Visual support systems are no longer restricted to beginning learners; they have also been helpful for advanced and older learners. While a toddler or preschool child may need to "learn to learn" through simple tasks, such as the famous "shoebox" arrangements, or communicate through the Picture Exchange Communication System (PECS), a teenager may find the concrete steps of contingency maps or the graphic display of strategies to make friends helpful.

Visual support methods have become "best practices" in most established autism programs.

We now have a multitude of visual tools, which have proven helpful for a vast range of intervention targets. Token economies, behavioral contracts, social scripts, social stories or thought bubbles are some of the better known examples of interventions designed to facilitate learning, behavior control and/or social skills. Children have benefited from visual structures, from a picture sequence to prepare them for a dental visit to a visual timer to indicate the duration of talking about their favorite subject. For more advanced students, school and homework has been made easier through visual support, varying from planners specifying what will happen, when, where and with whom, to graphic organizers that can be used to structure an essay or organize a report.

On the other hand, it has become obvious that visual support is only one important part of a comprehensive treatment package. For non-visual learners with ASD, as well as for certain intervention targets, we need to move beyond visual support. While we may be able to teach language through PECS for many children with ASD, some children acquire language more easily through vocal or verbal imitation training, or through verbalizations in play interactions or specific computer programs. **In all cases, it is critically important to focus on the unique needs of the individual with ASD and not on the preference of the interventionist or the favorite intervention of the respective autism program or center.**

The following are some of the highlights of "Visual Support and Beyond":

Sue Baker, C. Psychol., Andy Bondy, Ph.D. and Lori Frost, MS, CCC/SLP clarify misconceptions and myths about the Picture Exchange Communication System (PECS), which has been used with non-verbal children with autism.

Linda Hodgdon, M.Ed., CCC-SLP discusses the advantages of using visual communication and the risks of not using this tool with a concerned mother.

Andrea Walker, S.U.C.S.E.S.S. Project Coordinator from the Orange County Department of Education, coordinates a continuous stream of "best practice workshops" in Orange County. She shares some of the highlights of the recent return of **Barbara Bloomfield**, Speech Pathologist and Consultant from Goshen, New York, whose "make and take" sessions on the utiliza-

tion of visual support are excellent examples of sharing expertise to help in everyday settings.

HyeKyeung Seung, CCC-SLP, Associate Professor, Department of Human Communication Studies, California State University, Fullerton, and **M. Jeffery Farrar, Associate Professor**, Department of Psychology, University of Florida, share their promising findings on embedding vocalization training in play interactions.

Pat Mirenda, Professor at the University of British Columbia, documents how to use contingency maps to teach positive alternatives to problem behaviors.

Vera Bernard-Opitz, Ph.D., Clinical Psychology, summarizes some ideas for prototypes of Shoebox™ trays and folder tasks and shows typical task set-ups.

The importance of adapting visual support to the needs of the child as well as her/his class is captured by **Erin Andrews, Early Childhood Special Education Specialist** in the La Habra City School District.

Jennifer McIlwee Myers is a local author and member of our Advisory Board with Asperger Syndrome. She shares some strategies her parents used to teach various social skills using the TV.

Last but not least, we are grateful for a glimpse into our cover artist's - **Shane's** world, made possible through his kind **teacher, Ruth Moore, Anaheim City School District. He created it with the help of his friend, Robert.**

To all our contributors, Board Members and Sponsors, a big "Thank You" for making the 12th issue of the *Autism News of Orange County & the Rest of the World* possible. We invite our readers to share the articles, alert others to our website and give us feedback.

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Shane's World

By Ruth Moore

Welcome to Shane's world! Shane is a unique artist in the Resource Specialist Program (R.S.P.) at Madison Elementary School. In this artwork Shane, a 6th-grader, is saying good-bye to the staff and friends, because he will graduate this June. To work on his social and communication skills, Shane was assisted by his fellow R.S.P. student, Robert, a 4th-grader. Shane drew most of the components; Robert drew some. I used the collage technique to mix the two students' work. Please note Shane's humor: 1) the cars with the large antennae; 2) the teacher writing "People should be pals," which Shane took from our discussion on making friends and communicating with one another; 3) the drawing of Room 23, his homeroom and friends; 4) the drawing of Room 26, our R.S.P.; 5) the principal, Dr. Hillyer, in his office with his Diet Coke; 6) the assistant principal, Ms. Villegas, with her Starbucks; and finally 7) the letter "M" for Madison on Ms. Villegas' briefcase and on the second Dr. Hillyer's shirt. We will always think of Madison as it is pictured here!

Ruth Moore
Teacher, Anaheim City School District ♥

Sex Differences in the Brain: Implications for Explaining Autism

By Simon Baron-Cohen, Rebecca C. Knickmeyer & Matthew K. Belmonte

"Empathizing" is the capacity to predict and to respond to the behavior of agents (usually people) by inferring their mental states, such as feelings and beliefs and responding to these with an appropriate emotion. "Systemizing" is the capacity to predict and to respond to the behavior of non-agentive, deterministic systems. At a population level, females are stronger empathizers and males stronger systemizers. The "extreme male brain" theory posits that autism represents an extreme of the male pattern (impaired empathizing and enhanced systemizing). Here we suggest that specific aspects of autistic neuropathology may also be extremes of typical male neuroanatomy.

Classic autism and Asperger Syndrome (AS) are the two clearest subgroups on the autistic spectrum of conditions, and both affect males more often than females. We assume that understanding sex differences in the general population has implications for understanding the causes of autism spectrum conditions.

The Empathizing-Systemizing theory of psychological sex differences

Although males and females do not differ in general intelligence, specific cognitive tasks reveal sex differences.

Differences favoring males are seen on

1) the mental rotation test (*2*),
2) spatial navigation including map reading (*3*),
3) targeting (*4*),
4) and the Embedded Figures Test (*5*), though there are conflicting studies regarding the latter (*6*).

Males are also more likely to play with mechanical toys as children (*7*), and as adults they score higher on engineering and physics problems (*8*). In contrast, females score higher on tests of emotion recognition (*9*), social sensitivity (*10*) and verbal fluency (*11*). They start to talk earlier than boys (*12*) and are more likely to play with dolls as children (*7*). All these differences exist at the level of populations, not individuals; from such population differences no inferences can or should be made about individuals.

Although these population differences partially arise from experiential factors, **experiments in animals suggest a biological foundation**: Male rats perform significantly better than females on the radial arm and Morris water maze (*13*). This sex difference is eliminated by castration of males, or by treating females with testosterone neonatally (*14*). Human males also commit fewer errors and require less time to complete a "virtual" maze (*15*). Young male vervet monkeys prefer to play with toy trucks, while young female vervets prefer dolls (*16*). This finding suggests sex differences in toy preferences in children result, in part, from innate biological differences. Biological contributions to social

During a recent visit to Orange County organized by CHOC, Grandparent Autism Net-work (GAN) and the University of California, Irvine, Simon Baron-Cohen inspired the listeners with his research and personality – reflecting both excellent systemizing and empathizing skills. We thank him and the editor of *Science* for consent to reprint the following excerpt from his recent publication (*Science* 4 Nov. 2005: Vol. 310. no. 5749, pp. 819- 82).

Males tend to

- play with mechanical toys as children
- score higher on engineering and physics problems

Females tend to

- play with dolls as children
- score higher on emotion recognition tests, social sensitivity and verbal fluency

Table 1: Classifications of brain type based upon percentiles (*81*)

Brain Type	Extreme E	E	B	S	Extreme S
Brain Sex	Extreme female	Female	Balanced	Male	Extreme male
Defining Characteristic	S « E	S ‹ E	S ≈ E	S › E	S » E
Percentile (per)	per < 2.5	2.5 ≤ per < 35	35 ≤ per < 65	65 ≤ per < 97.5	per ≤ 97.5
Female %	4.3	44.2	35.0	16.5	0
Male %	0	16.7	23.7	53.5	6.1
AS/HFA %	0	0	12.8	40.4	46.8

interest are suggested by studies of human infants: **When one-day-old babies are presented with either a live face or a mechanical mobile, girls spend more time looking at the face whilst boys prefer the mechanical object (*17*).**

According to the E-S theory of psychological sex differences, such differences reflect stronger "systemizing" in males and "empathizing" in females (*18*). Systemizing is the drive to analyze a system in terms of the rules that govern the system, in order to predict the behavior of the system. Empathizing is the drive to identify another's mental states and to respond to these with an appropriate emotion, in order to predict and to respond to the behavior of another person.

The Extreme Male Brain theory of autism at the psychological level

An extension of the E-S theory of typical sex differences is the "extreme male brain" (EMB) theory (*37*). This proposes that individuals on the autistic spectrum are characterized by impairments in empathizing alongside intact or even superior systemizing. Adults with AS are more likely to have a brain of Extreme Type S (Fig. 1).

Reduced empathy in people with AS is evident in

- lower scores on emotion recognition tests (*38*)
- Emotional Quotient (*39*)
- Friendship and Relationship Quotient (*40*) and
- tests of social sensitivity such as the *faux pas* test (*10*).

Intact or even superior systemizing is seen in

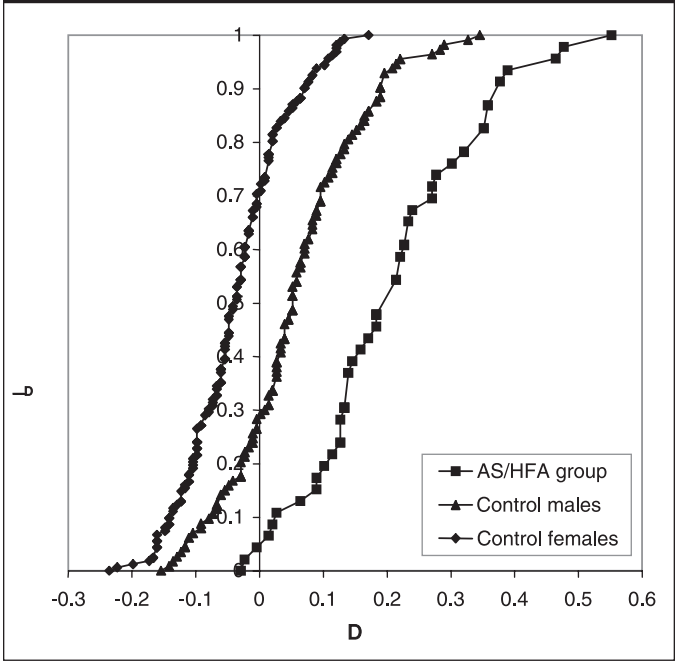
- higher scores on the SQ (*41*)
- tests of folk physics (*42*) and
- the Embedded Figures Test (*43*)
- strong "obsessions" or areas of narrow interest, which tend to focus on systems (*44*).

It is clear how the EMB theory might characterize people with AS, but to what extent does the EMB theory apply to the whole autistic spectrum? People with classic autism have empathy deficits, or degrees of "mindblindness," in that they are delayed in developing a "theory of mind" in childhood and joint attention in infancy (*45*). It is less straightforward to test systemizing in someone with little language or below-average IQ. Nevertheless, characteristic behaviors such as "insistence on sameness," repetitive behavior, obsessions with lawful systems (e.g train timetables), islets of ability (e.g. calendrical calculation), precocious understanding of machines, and superior attention to change-detection all involve a strong interest in rule-based prediction, and therefore can be read as signs of hyper-systemizing.

The EMB theory of autism at the neuroanatomical level

In summary, like an exaggeration of typical males, children with autism show enlargement of the

Figure 1: Cumulative distribution function (_D) of D. This graph shows that the *difference* scores (D) between EQ and SQ significantly differentiate the three populations (males, females, and individuals with a diagnosis of AS/HFA) (*81*)



cerebral cortex that stems more from white matter than grey, and may affect short-distance more than long-distance tracts. Again, like an exaggeration of typical boys, children with autism also show greater growth of the amygdala. **Future research will need to map all aspects of autistic neuropathology that are hyper-masculinized, as well as consider how to explain those aspects that are not.**

"To what extent does the EMB theory apply to individuals on the lower end of the autism spectrum?"

Prenatal androgens produce sex differences in brain and behavior

Which biological mechanisms shape the sex differences described above, and may be pushing the autistic brain to develop beyond the typical male? In this section we review evidence for prenatal androgens as a key biological mechanism. Androgens, including testosterone produced by the testes in fetal and neonatal life, act on the brain to produce sex differences in neural structure and function.

In humans, exposure to atypically high levels of prenatal androgens results in masculine behavior and ability patterns (*68*). For example, females with congenital adrenal hyperplasia (CAH), a genetic condition that elevates fetal testosterone (FT), show "tomboy" behavior (*69*). Normal inter-individual variation in prenatal hormone levels, measured in amniotic fluid, correlates with later sex-typed behavior (*70-73*).

Conclusion

The EMB theory was first formulated by Hans Asperger as a clinical anecdote more than sixty years ago. In the last decade has it been reformulated to be psychologically testable. Using psychometric definitions of the typical male and female brain, people with autism spectrum conditions show an exaggeration of the male profile. Evidence reviewed above suggests this may also apply to aspects of autistic neuropathology. The challenge ahead will be to test this theory across the whole autistic spectrum.

"Rule-based interests are obvious also in individuals at the lower end of the autism spectrum."

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Picture Exchange Communication System (PECS): Myths and Research

By Lori Frost, Andy Bondy & Sue Baker

The Picture Exchange Communication System (PECS) offers a systematic approach for developing communication skills using a picture-exchange system. Originally developed by Andy Bondy, clinical psychologist, and Lori Frost, speech and language therapist, in the USA for pre-school children with autism, PECS is now being successfully extended to a wider range of children with communication difficulties and also to older students and adults.

Over the past ten years or so, PECS has become an acronym that is well recognized in the field of autism intervention (see Frost & Bondy, 2002, for a complete description of the PECS protocol). While many people have heard of PECS, there are a lot of myths and misconceptions about what the Picture Exchange Communication System really is. Outlined below are some of the most common myths (Reed 2005) along with the latest research to address the reality.

PECS at a Glance

Phase I: Teaches students to initiate communication right from the start by exchanging a single picture for a highly desired item.

Phase II: Teaches students to be persistent communicators– to actively seek out their pictures and to travel to someone to make a request.

Phase III: Teaches students to discriminate pictures and to select the picture that represents the item they want.

Phase IV: Teaches students to use sentence structure to make a request in the form of "I want _____."

Phase V: Teaches students to respond to the question, "What do you want?"

Phase VI: Teaches students to comment about things in their environment both spontaneously and in response to a question.

Expanding Vocabulary: Teaches students to use attributes such as colors, shapes and sizes within their requests and comments.

MYTH 1

If we are using pictures of any kind, we are using PECS.

Young child learning to exchange a single picture for a favorite toy.

PECS is a specific protocol for teaching expressive use of pictures for an individual to communicate wants and needs, and to comment about the world. If the basic protocol has not been implemented according to Frost and Bondy's guidelines (2002) then it is not PECS.

MYTH 2

We are using a visual schedule, so we are using PECS.

PECS is an expressive communication system for the individual with severe communication impairment. Visual schedules are about receptive understanding. The Pyramid Approach to Education makes use of visual schedules, but users do not exchange the pictures in a communicative fashion.

MYTH 3

PECS is only for people who do not speak at all.

PECS can provide a very effective functional communication system to individuals with no verbal communication, but it can also teach important skills to those who talk. The PECS protocol emphasizes teaching a person to approach others to initiate a communication interaction. Some people may talk, but don't understand that need for a social approach – they may talk to an empty room or to a refrigerator. These individuals may be able to learn about the social approach through PECS. Other people may talk, but will only do so if asked a question or told to use their words. These individuals may be able to learn about spontaneous, self-initiated communication through PECS. PECS can be an alternative communication system for those who don't speak or an augmentative communication system for those who do.

Child at home using simple sentence structure to ask for a snack.

MYTH 4

PECS is only for young children.

PECS has been used around the world with people aged 14 months to 85 years. While the learning process may be different for people at different ages or with different types of communication impairment, PECS can be an effective functional communication system right across the age range.

MYTH 5

PECS just teaches people to request.

Requesting is the first skill taught in PECS, but the protocol's final phase focuses on teaching commenting (e.g. I see, I hear, I smell). PECS is not about a person just getting his/her needs and desires met, but about communicating with other people in his/her world. Two studies have also found that communication beyond requesting also transfers to a significant reduction in behavior difficulties as PECS skills and speech develop (Bondy and Frost, 1994, and Charlop-Christy et al, 2002).

MYTH 6

If a person asks for something using PECS, we have to honor the request, and that will just produce a "spoiled brat."

The PECS protocol involves honoring every request during Phases I and II. This is the time when the person learning PECS is developing his/her trust in the communication system. If we start saying "No" too early, the person learning PECS may give up trying to communicate, because his/her experience is that it doesn't always work. Once the individual has mastered Phase II of PECS, we can be confident that s/he is a persistent communicator, and it then becomes appropriate to teach the concept that a person can ask for what s/he wants, but the answer will sometimes be "No."

MYTH 7

If we use PECS, the person using the system won't learn to speak.

As with any other alternative communication system, the use of PECS will increase the likelihood that a person will become a verbal communicator. Research on emergence of speech in PECS users reported increased speech in all students, along with gains in social communicative behavior and decreases in problem behavior (Charlop-Christy et al, 2002). Results of a 2004 study (Ganz, J. & Simpson, R.) indicated that PECS was mastered rapidly by the participants and word utterances increased in number of words and complexity of grammar. Lastly, after four to five weeks of PECS teaching up to Phase III, Carr and Felce (2006) showed increases in speech production, either in initiating communication with staff or in responding or both, in five out of 24 children. No children in the PECS group demonstrated a decrease in spoken words after receiving PECS teaching. In the control group, only one of 17 children demonstrated a minimal increase and four of 17 children demonstrated a decrease in use of spoken words after a similar period without PECS teaching.

What we also know is that even if a person doesn't start to speak with PECS, that person will have an effective way of communicating with lots of different people in his/her world.

MYTH 8

PECS is only for people with autism.

PECS was developed at the Delaware Autism Program in the United States and did, therefore, have its origins in the field of autism intervention. What has been discovered over the 20 years since the inception of PECS is that it can serve as an effective communication system for a range of individuals with communication impairment. PECS is being used with individuals with autism, Down syndrome, cerebral palsy, Cri-du-Chat, Angelman's syndrome, developmental delay, language disorder, developmental verbal dyspraxia, head injury … and the list goes on.

Conclusion

It is no myth that PECS has opened doors for many people with communication problems and that these doors are now open in an increasing number of countries. Independent research is accumulating which supports the effectiveness of PECS with a variety of children and adults with complex language needs, as well as supplemental benefits such as reductions in behavior management targets, increases in social interactions, and improvements in speech production and use. Of course, more research is needed to continue to develop the most effective teaching strategies for the various lessons within PECS.

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GOOD IDEA CORNER

Graphic Organizers to Teach Empathy

Many children with Autism Spectrum Disorder (ASD) do not share other people's distress or indicate that they care about others. A lack of empathy has been related to deficient functioning of mirror neurons, and studies have shown that how empathetic we are depends on our mirror neuron activity level. For parents and teachers of children with autism as well as their typical peers the question often comes up: How do we teach empathy? The following graphic organizer and its variation may be helpful.

Graphic Organizers

If you have identified areas where your child has difficulty expressing empathy, you can make a graphic organizer to help her know how to respond in given situations. For example, perhaps she does not know how to respond if a smaller child is crying, or if her mother is angry, or if a friend is scared. Knowing how to show emotion appropriately can be challenging.

Some children with ASD may benefit from a graphic organizer illustrating the situations in which it is appropriate to show you care when someone else is hurt, crying, or expressing another negative emotion, as well as situations in which it is appropriate to respond to someone who is expressing happiness, pride, or another positive emotion. A graphic organizer can list a number of examples for each emotion. Examples that directly relate to the child's own life would be helpful in establishing a connection.

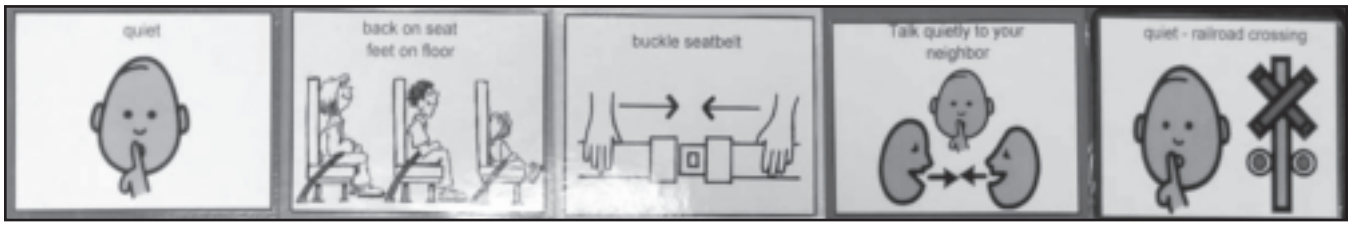
The example in the above figure illustrates how to show people you care and could be used to cue a child with ASD to show empathy appropriately. Additional stems off the main idea can be left blank for the child to fill in with her own ideas.

The above paragraph on graphic organizers was reprinted with the kind permission of the authors and publisher of **Visual Supports for People with Autism, Cohen M. J. & Sloan, D. L. (2007), Woodbine House.** ♥

Visual Supports Leave the Classroom

By Carol Kresal

Much of the staff within the Anaheim City School District has found that the classroom isn't the only place for visual supports. All of their Special Education buses now carry a five-picture strip to help their students understand expected behavior ona bus ride.



It all began when the bus drivers requested training to help them understand how to work with special education students. Following a course in Nonviolent Crisis Intervention (NCI), Marcy Melton, Autism Program Specialist, and myself, a Behavioral Interventionist, spoke on several behavioral aspects of special education children and what behavior scenarios might occur during bus rides to and from school. Many scenarios were reviewed with input from the drivers.

From this training came the idea for a *bus strip* card to help the students know what is expected of them on the bus. Together with the bus drivers we decided on five expectations to be put into pictures: "quiet," "keep your back on seat and feet on floor", "buckle seat-belt", "talk quietly to your neighbor" and "quiet-railroad crossing." Each picture was also backed by a color so the driver can also refer to the rule by color, e.g., "Everyone, please *look at the blue picture and show me 'quiet'*." The strips are held up by magnetic pieces to allow the driver to place them as needed.

To help the students become familiar with the new visuals, I made copies of the bus strip for each special education classroom. The students practiced in their classroom using the visuals and chairs lined up as if they were bus seats. After a week's practice in the classroom, the strips were introduced on the buses. Drivers continue to practice the bus strip cards with students once a week to keep the concepts fresh in the students' minds.

The drivers report that these visual bus strips are a success, allowing the driver to give easily understood instructions while keeping their eyes on the road. Making the trips to and from school safer for everyone is a great thing!

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Visual Strategies are Not a BAD Thing!

By Linda Hodgdon

The Mom sat intently in my workshop. I watched the distressed look on her face during most of the program. When I was done speaking, she came up and asked to talk to me. We sat down for a while and chatted.

Mom understood the concept of using visual strategies. That was not her issue. Her concern was that she felt like it was a "life sentence" for her son. She was afraid to use visual strategies with her son because then he would become dependent on them and would not grow up to be a "normal" adult.

Fear was mounting

Mom was afraid to start something that would eventually handicap her son. She couldn't see beyond that. She saw visual strategies as a "crutch" or a "penalty" to be avoided at all cost.

It's not really like that

As I talked to Mom, she described her son as one of those who responds to things he can see. In many other ways he fit the profile. He had difficulty attending, problems following directions, and a variety of challenges with communication, behavior and social situations. She could see his strengths. But these other issues get in the way of his success. Yet in her heart, she could see his capabilities.

So what about the visual strategies?

Mom viewed the use of visual strategies as a step backwards. She believed that using them would make him more handicapped.

So we talked some more

There is GOOD news here. We are learning some important information about her son. First, we are learning about his learning STRENGTHS. How does he learn best? When he can SEE information.

- He attends better when there is something to look at.
- He can participate more independently when he has some visual cues to help him remember what to do.
- He learns tasks more quickly when we give him visual information.

Here's the question

Do you want your son to be taught in the way he learns best? Do you want to make learning easier for him? Or do you want him to struggle harder to try to keep up with the other students?

To me . . . this is a "no-brainer"

Sometimes people tell me they use these analogies:

- **If your child had a vision problem, would you make sure he had glasses to help him see?**
- **If your child had a hearing problem that could be helped with a hearing aid, would you choose to have the aid?**
- **Now, what about the child who needs some visual cues to help him attend and remember and understand better? Would you choose that option?**

And here's another way to look at the situation

Which child looks more "different"? The one who has a huge blow up because the routine has changed, or the one who has a little cue card on his desk to remind him that something is going to be special today? Which child looks more "different"? The one who has a schedule in his pocket to remind him where to go, or the one who has an aide following him and guiding him around all day?

How about this choice: Would you prefer a student who is ostracized by his peers because he approaches them inappropriately or one who has used some visual tools to learn to greet them and start a conversation in a socially acceptable way?

The long term view

Looking down the road ten or twenty years from now is not easy, but here is a way to think about the future: There is a lot that we have to learn in childhood to help us grow to adulthood. How will this child learn all those skills most easily?

And another thing to think about

What is the long term goal? The goal is not visual strategies. How about effective communication? Effective participation in work and social activities? Personal organization skills for time and life management? Visual strategies are tools to help achieve those goals.

Even in adulthood, visual strategies can help

I wouldn't manage very well without my calendar and my day planner. My "things to do" list helps me remember to stop at the dry cleaners on the way home. These tools from childhood can morph and change to become tools for effective adulthood.

So Mom . . . be glad

We have discovered some tools that will make your son's life much easier . . . much better . . . more productive. Please be glad.

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Linda Hodgdon is the author of the best seller, Visual Strategies for Improving Communication. To learn more or to sign up for her FREE E-newsletter, visit www.UseVisualStrategies.com

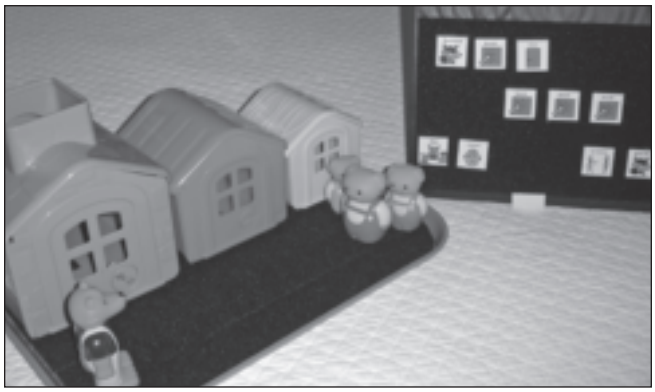
Barbara Bloomfield Returns to Orange County

By Andrea Walker

Barbara Bloomfield, a speech pathologist and consultant from Goshen, New York, has been making presentations to OCDE staff and Orange County parents since fall, 2000. I asked Barbara to join the S.U.C.S.E.S.S. Project's training matrix after hearing her and a colleague, Maureen Ryan, at a TEACCH conference in North Carolina. Their superior expertise in the use of visual supports provided exactly what we needed to augment the concepts within Structured Teaching/TEACCH: physical structure, use of schedules, work systems, and the visual structure of tasks.

We have managed to remain on her busy schedule with annual sessions in November and February. These photos are from her November Advanced Day presentation for about 40 participants who had heard her two-day lecture, "Icon to I Can." These "reunions" provide an opportunity for sharing, networking, mentoring and now mini "make & take" activities.

Barbara brings a wealth of ideas that are displayed throughout the lecture room, while teaching her creative ways to use them with students and their families. We encourage the participants to bring their cameras to capture these practical strategies and suggested ways to present information. They leave feeling empowered and motivated.



Telling stories with visual support: 3-D objects can be used to act out the story of the "Three Little Pigs." They can be moved into action (i.e. run, hide, open, jump) position (i.e. in, under, up, over) or be used to emphasize size and color.

Hands-on workshop by Barbara Bloomfield.

I would estimate that since her first visit to Orange County, Barbara has presented to over 1,000 participants, who then share their knowledge with other staff and families. I can't even imagine how many students have directly and indirectly benefited from her creativity, generosity and passion for what she does. Thank you, Barbara, on behalf of so many! We look forward to our next session with you.

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Can Vocal Imitation Help Children With Autism Learn to Increase Their Vocabulary?

By HyeKyeung Seung & M. Jeffery Farrar

HyeKyeung Seung using toys to elicit vocal imitiation for requests.

Background and significance:

While visual communication systems such as PECS are frequently used with young children with Autism Spectrum Disorder (ASD), vocal imitation training may provide an advantage for children who produce a few vocalizations. Children with ASD can be deficient in imitation skills (Rogers & Pennington, 1991), which is associated with their deficits in orienting to social stimuli. Imitation has been examined as one of the predictors of later language development, though the primary focus of such studies has been on imitation of actions (McDuffie, Yoder, & Stone, 2005). Vocal imitation training was used in the early phases of behavior therapy. Instructions utilizing a computer within a discrete trial paradigm have been shown to be more effective in teaching vocal imitation to nonverbal children with autism than comparable play-interactions (Bernard-Opitz, Sriram & Sapuan, 1999). While both lines of research have stressed the consistency and predictability as crucial components in facilitating learning, recent research has identified the development of joint attention as a precursor to language development (Gulsrud, Kasari, Freman, & Paparella, 2007; Kok & Bernard-Opitz, under revision).

Our study examined the effect of vocal imitation training within a naturalistic play context, focusing on the child's attention to the trainer's face. It was hypothesized that vocal imitation training would help children with ASD develop dyadic eye gaze, which then may assist them in developing their vocabulary. Research questions in this study included:

1) Can children with autism learn vocal imitation?
2) Does vocal imitation training increase dyadic eye gaze as a measure of social connectivity?
3) Does vocal imitation training subsequently increase word production?

Baseline:

• Word production/comprehension probe (CDI)
• Communication skill probe (CSBS-DP)

Participants: Four children age two to five years old who were diagnosed with ASD participated in the study (Table 1). At the beginning of the study, each of the children spoke fewer than 50 words. The diagnosis of autism was confirmed by the presence of significant deficits in social and communication sub-domain scores on the Vineland Adaptive Behavior Scales-II (Sparrow, Cicchetti, & Balla, 2005) and experienced clinical judgments by the first author.

Participant	Age	Gender	Interventions	Schooling	Language level
JC	2;6	female	OT, SLP, GCF diet	no	Few vocalizations
AR	3;4	male	SLP	yes	Few single word productions
SC	4;7	male	OT, SLP	Home school	Few single word productions
JM	4;8	male	OT, SLP	yes	Few vocalizations

Table 1: *Brief Description of Participants.*

"Excellent improvement does not indicate a cure."

Training (T):
/a/, /u/, /i/: T1-T10
/ma/, /mu/, /mi/: T11-T15
/pa/, /pu/, /pi/: T16-T20
/ba/, /bu/, /bi/: T21-T25
/mamumi/,/papupi/,
/babubi/: T25-T30

Procedures:

The children were trained by the first author and her trained research assistant three times weekly. Each training session was videotaped from two angles behind one-way mirrors. Thirty trials of vocal imitation training per session were presented. Training consisted of six phases of five sessions each. The first ten sessions of training (Phases 1 & 2) consisted of imitation of three vowels, /a/, /u/, /i/ (Phase 1 was also considered the training phase); in the next five sessions (Phase 3) imitation involved each vowel combined with a bilabial consonant, /m/; another consonant, /p/, was added to each vowel for the next five sessions (Phase 4) ; the third consonant, /b/, was added to each vowel for the next five sessions (Phase 5). The final five sessions (Phase 6) involved imitation of multisyllables: /mamumi/, /papupi/, and /babubi/. These bilabial consonants were selected both because children can see the lip movements and because these are sounds which many typically-developing children acquire early.

The vocal imitation training was embedded within play activities using toys and books (cars and a ramp, airplane, bubbles, balls, playdough, etc.). While the trainer followed the child's lead, she initiated vocal production at a teachable moment (i.e., when the child looks at the trainer who is holding an object near her face). If the child imitated the vocalization or made an attempt to vocalize, the toy was given to the child to play with. Children's communication skills were measured at the baseline and post training using a caregiver questionnaire, the Communication Symbolic Behavior Scales-Developmental Profile (CSBS-DP, Wetherby & Prizant, 2002).

Coding: Research assistants coded the target behaviors (dyadic eye gaze, vocal imitation, word production) from the videotapes. The assistants had received training on coding from the second author. A standard coding sheet was utilized in coding the behaviors.

Results: The average number of vocal imitations was summarized in each of the 6 phases. As shown in Figure 1, three of the four children presented a trend of increased imitation.

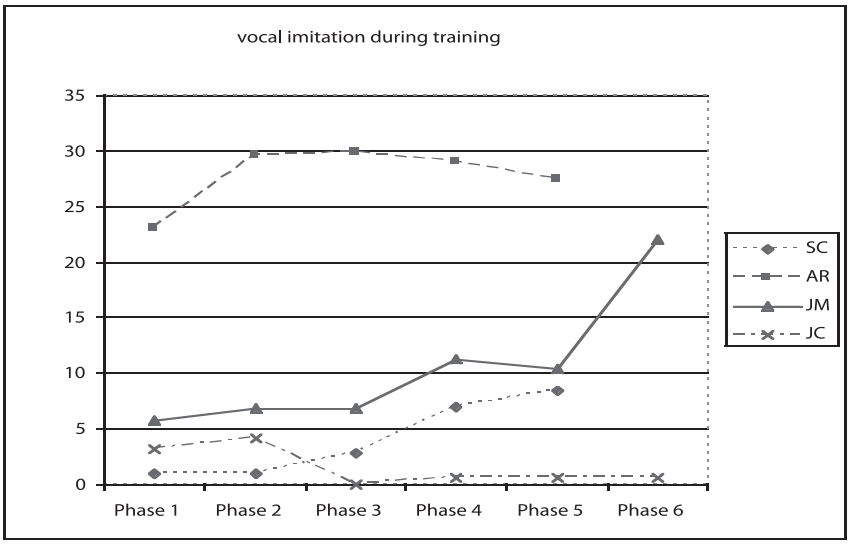

Figure 1: *Vocal imitation by four children.*

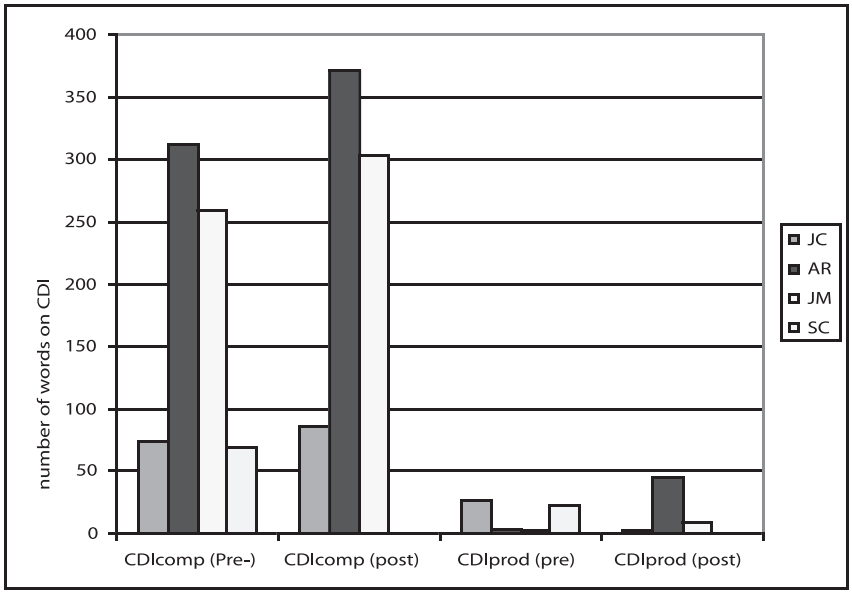

Figure 2: *Vocabulary production before and after the vocal imitation training.*

Vocabulary comprehension and production at the baseline and post-training were measured by parent report using the MacArthur Communicative Development Inventory: Words and Gestures (Fenson et al., 1993). As shown in Figure 2, three of the four children improved their vocabulary comprehension over the course of the training as measured by the CDI. Additionally, two children, AR and JM, increased spontaneous word production. SC withdrew from participation after the 25th session (due to transportation and family issues) and thus no post training data were available. JC produced fewer words than during pre-training.

Summary:

Data from this preliminary study suggest that vocal imitation training may be beneficial for children with autism whose language production is significantly delayed (i.e., those producing less than 50 words at ages 2 and 4 years). Carpenter et al. (2002) indicated that imitation is a pivotal skill for language development in children with autism. The four children in this study presented with highly variable profiles. These results indicate the need for further examination of the efficacy of vocal imitation training with more participants. Variations in nonverbal intelligence may have played a role in the outcome and thus may need to be used as a covariate.

Mundy and Neal (2000) proposed a model illustrating what may be the critical role of joint attention deficits in the developmental trajectory of children with autism. Their model suggests that early intervention in teaching joint attention skills may decrease the discrepancy of autistic children's developmental path from that of typically developing children. Kasari et al. (2006) have reported that intervention focused on joint attention helped children with autism increase their use of joint attention. Combined with the current findings, this suggests that vocal imitation training utilizing joint attention routines may be valuable as a method to help children with autism who present with severe language delays to develop their language skills.

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Contingency Maps:

A Visual Support Strategy for Individuals with Autism and Problem Behavior

By Pat Mirenda

Contingency maps are pictorial representations of environment-behavior-consequence relationships (Brown, 2004; Brown & Mirenda, 2006; Mirenda & Brown, 2007). The aim of a contingency map is to make the "rules" that govern both inappropriate and appropriate behaviors transparent to the learner by graphically demonstrating both current and alternative antecedent-behavior-consequence pathways. As such, contingency maps represent the following components and their interrelationships:

1) graphics of the antecedent that precedes both the problem and the alternative (new) behavior,
2) graphics of both the problem and alternative behaviors,
3) graphics of the functional reinforcer that will be provided contingent on alternative behavior(s), and
4) graphics of the consequence that will follow problem behavior(s).

Brown (2004) described a clinical case example of the use of a contingency map with **James, a five-year-old boy with Autism Spectrum Disorder** (ASD) who attended kindergarten in his small suburban school. Although James' verbal skills were beginning to emerge, his primary mode of communication was through gestures and problem behaviors such as tantrums (i.e., screaming, crying, hitting, and running away). His tantrum behaviors were most problematic at school, and often resulted in James being removed from class and placed in a time-out chair for a short period of time.

A Functional Behavior Assessment (FBA; O'Neill et al., 1997) revealed that James' tantrums occurred primarily in response to specific types of noises -- including crying children, sirens, loud motorcycles, and loud appliances -- and that they served the function of allowing him to escape from the noise. Following the assessment, James' support team agreed to teach James that, when he was confronted with an aversive noise, he should cover his ears and point to the closest door to ask to leave the environment. Unfortunately, though the support plan appeared to be technically sound and was vigorously supported by James' team, this intervention failed to produce meaningful change; James continued to engage in tantrums whenever he encountered specific types of noise.

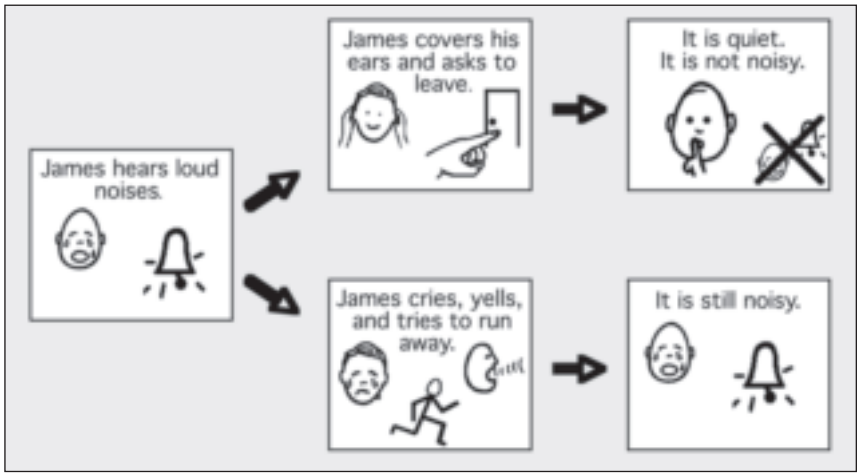

Figure 1: *Contingency map created for James to explain the contingencies for alternative behaviors (covering his ears and pointing to the door) and problem behaviors (crying, yelling, running away; Brown, 2004). Boardmaker© by Mayer-Johnson LLC. All Rights Reserved Worldwide. Used with permission.*

Because many members of James' team believed him to be a strong visual learner, a decision was made to depict the antecedent-behavior-consequence contingencies of his support plan using a contingency map, as shown in Figure 1.

Using the pictures on the contingency map, James' educational assistant explained to him that, if he heard a loud noise, he should put his hands over his ears and ask to leave by pointing to the door. She also explained that if he asked to leave, he would be allowed to move to a quiet place. On the other

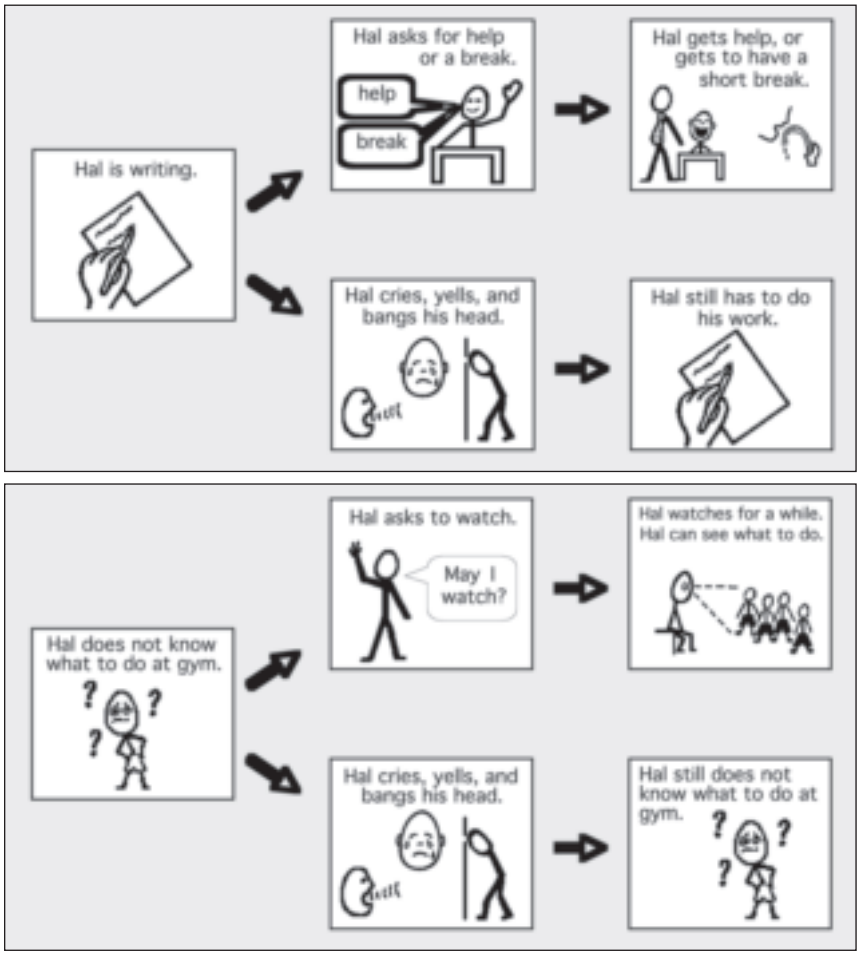

Figure 2: *Hal's contingency maps for writing tasks and gym class. Boardmaker© by Mayer-Johnson LLC. All Rights Reserved Worldwide. Used with permission.*

hand, she told him that if he encountered a loud noise and had a tantrum, he would no longer be removed to get away from the noise. The contingency map was presented to James several times each day and before every major transition at school, with a brief explanation. Within a few days, his problem behavior was reduced to near-zero levels and he began to place his hands over his ears and gesture to leave without prompting when he heard a loud noise. It seemed that the contingency map assisted James in learning the new behavior-environment contingency and to understand the advantage of engaging in the alternative behaviors of covering his ears and pointing.

Mirenda and Brown (2007) also described the use of a contingency map with **Hal, a six-year-old boy with ASD**. Hal had strong verbal skills but had difficulty understanding complex spoken messages. He also had a high need for structure and order and, when unpredictable events or changes occurred, often engaged in problem behaviors that included screaming, yelling and crying. Shortly after starting first grade, Hal also began to engage in self-injurious behavior (SIB) that included hitting his head and banging his forehead on hard surfaces. Although Hal's peers had been accepting and seemingly unfazed by his crying and screaming, they were quite distressed by his SIB and appeared to be afraid of him.

As a result of the emergence of SIB, a FBA was conducted, and it was determined that Hal's behavior occurred primarily during paper-and-pencil seatwork activities in his first grade classroom and during his Thursday physical education (PE) class. Observations suggested that the Thursday PE class was unique in several ways, including the fact that it was led by a different teacher and usually involved novel, varied, and highly unpredictable activities. It appeared that the function of Hal's behavior was to escape from difficult paper-and-pencil tasks and to avoid the unpredictable PE activities. An intervention was designed in which Hal was encouraged to use his speech to (a) ask to watch his PE class instead of actively participate in it and (b) ask for either a break or help during paper-and-pencil tasks. All of these verbal messages were well within Hal's ability; however, despite the provision of appropriate instruction during the target activities, Hal continued to engage in problem behavior and did not use his speech to ask for appropriate alternatives.

Hal was then provided with contingency maps before each activity that depicted both the desired (i.e., new) and undesired (i.e., problem) behavior pathways (see Figure 2).

Hal immediately began using appropriate speech to ask for help or a break during seatwork activities in his classroom and or to ask for permission to sit on the sidelines and watch during PE class. Concurrently, his problem behaviors were reduced to near-zero levels. He began to complete his grade one worksheets, at first with frequent breaks but gradually with fewer breaks required; and to participate in PE after watching his peers perform each new activity from the sideline. The dramatic reduction in Hal's problem behavior was maintained throughout the remainder of his grade one year and continued into grade two.

In a multiple-baseline investigation, Brown and Mirenda (2006) provided an empirical demonstration of the effectiveness of contingency maps with **Kirk, a 13-year-old with ASD** and extreme prompt dependency at school. When Kirk completed an assigned task, he never informed the teacher that he had done so; thus, he often sat unoccupied for long periods of time until someone noticed that he had finished. Kirk never engaged in the desired alternative behavior of showing the teacher his completed work, even after he was reminded to do so verbally (e.g., "Kirk, if you finish your work and don't bring it to your teacher, you will not get a treat [i.e., his choice of a preferred snack item]. If you finish your work and show it to your teacher, you will get a treat."). However, when the same verbal information was paired with pictorial depictions of the contingencies, Kirk immediately began to engage in the alternative behavior of showing his work to the teacher, across three classroom routines. It appeared that the contingency map acted as a concrete reminder to Kirk about the consequences of independent versus prompted task performance. Contingency mapping adds a new alternative to the existing repertoire of visual support strategies for individuals with ASD in the form of an intervention that can be used to teach them why and under what conditions they should engage in an alternative replacement behavior.

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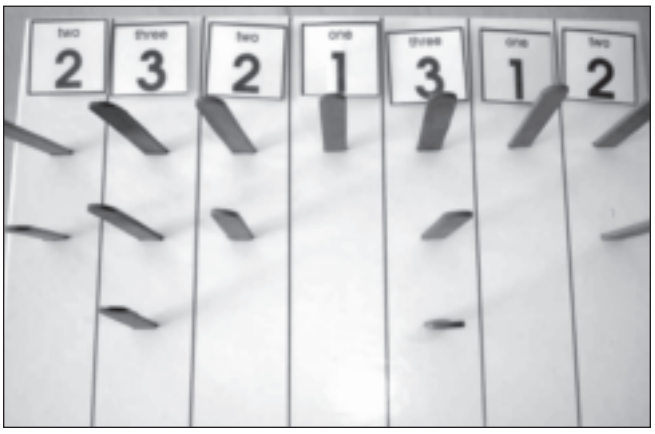
Prototypes of Shoebox™ Tasks, Trays and Folders for Children with ASD

By Vera Bernard-Opitz

Shoebox, tray and folder tasks are used to provide children with autism clear visual instructions about what to do, how to do it and when to complete the task. Especially within the TEACCH system, a clear work sequence from left to right or top to bottom has been shown to be helpful in making children as young as two years old work independently (Mesibov et al, 2004). Older children, adolescents, and adults have mastered a variety of cognitive, communicative, pre-academic and academic, fine-motor, or self-help skills, using the simple set-up of a shoebox, a tray or a folder (Mesibov & Howley, 2003; Earles-Vollrath et al, 2006; Cohen & Sloan, 2007).

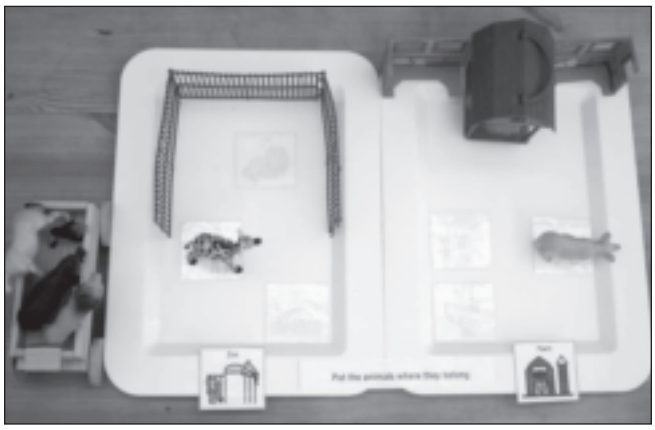
Shoebox™ tasks were developed within the TEACCH program by former TEACCH therapist, Ron Larsen, who now offers a wide range of activities designed for young students beginning the process of "learning how to learn." With a team of individuals, including adult workers with autism, these "one unit" shoebox tasks are shipped to classrooms all over the world (www.shoeboxtasks.com). While this material serves as a good foundation for skill development, adaptation to the individual skill level as well as interest is necessary. While one child may be able to insert plastic chips or ice cream sticks into cutout slots, another child may work on counting skills with the same task set-up.



In workshops, we construct tasks with the participants, which serve as prototypes. One task setup can be used for different levels of difficulty, and often, different target areas. In the **tray tasks** below, matching is practiced either using same shapes, such as colored t-shirts, same colors of different shapes, sizes, patterns within same objects, letters, numbers, amounts or words. The level of difficulty should be adapted to the changing skills of the child.

While children with autism love the predictability of this system, small changes and variation are important. The end result should be a comparable task in the regular setting, such as for matching and sorting tasks arranging the mess on a desk, sorting silverware into the kitchen drawer, finding the appropriate jackets for CDs or cleaning up their own room.

Instead of assuming a "one-size-fits-all" sequence of task development, it is important to **assess the skill level and individual learning style before setting up tasks**. Some children respond very well to pictured or written instructions, while others can benefit from situational or object-cues. Sorting small toy animals into categories of "farm" or "zoo" may be easy for one child, while for another child the task seems "easier" when pictures or even the written



labels are used. Here the regular developmental sequence cannot be taken as a guideline. A fourth child may understand the task much better if a toy scene would be set up and he could just "ride" the horse into the barn and "march" the elephant into the zoo. For children with autism the typical development sequence from concrete object to more abstract material is not always the easiest sequence!

Folder tasks have the advantage of easier storage, but require that a child has learned to relate to two-dimensional set-ups. Folders can be designed in many different ways, but they should provide clear visual boundaries between items and cues for where to place pictures. Parts of a folder, such as a page with laminated Velcro strips, can be used for a variety of teaching goals, such as matching objects or emotions either in a horizontal or vertical arrangement.

Number of pictures, size, added word cards and the level of task complexity need to be monitored closely, so that even slower learners get a chance to make daily progress.

Developing tasks that are meaningful for children with autism and that help them to participate in integrated settings is a goal that should be remembered every new day.

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Note: *We thank Kohlhmmer publishing for the permission to share the above translation from the coming book by Bernard-Opitz, V. & Häussler, A. (in print in German, and soon to be published in English by Autism Asperger Publishing Company) Practical Solutions for Children with ASD: Material for Visual Learners. Kohlhammer Publishing.*

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Differentiating Visual Strategies for Children with Autism

By Erin Andrews

"I don't want to go to the purple area!" Matthew cried. "Why not?" I asked. "I don't know what to do there," he answered. And with that, a need for a new visual support was identified. With Matthew's mother, we developed a folder containing pictures of all the toys he could choose from in the purple (play) area. After handing Matthew the purple transition card he would get his folder and together we would select a toy and talk about how he could play with it. Looking at the picture choices he would choose one. "I want to play with LEGO's," he would say. "What could you do with the LEGO's" I asked? "Maybe you could build a house" I prompted. "Or I could build a spaceship," he replied. And with that he headed to the play area with a purpose.

Over the years, I have realized the invaluable nature of visual supports in my classroom for preschool children with autism. Visual strategies help my students organize their day, understand boundaries, clarify meaning, cultivate receptive and expressive language, manage behavior and promote independence. I have also learned the importance of adjusting the visual supports based on the needs of the individual students or the class as a whole. Special education teachers spend a great deal of time and effort differentiating instruction to meet the unique needs of our students. It is important that we make the same effort when using visual supports.

"Visual supports need to be adjusted to the needs of the individual students."

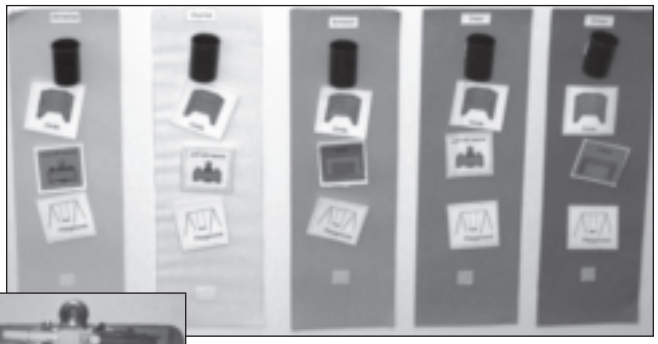
When I began implementing visual supports in my classroom I felt overwhelmed with all the work that needed to be done. I decided to break it down and identify the needs of my students and tackle those areas first. For example, I had a desire for my students to have smoother, more independent transitions. With that in mind I implemented daily picture schedules. These schedules allow my students to transition independently as well as lessen anxiety by giving a clear visual sign of what is next.

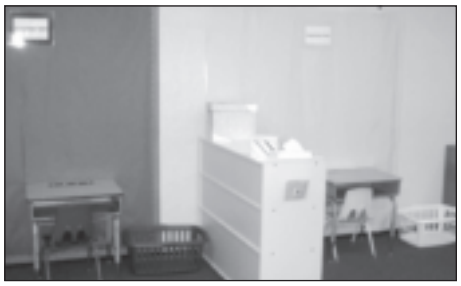
Visual strategies help students to:

- Organize their day
- Understand boundaries
- Clarify meaning
- Use receptive and expressive language
- Manage behavior
- Achieve independence

This year I have noticed that one little boy has clearly outgrown his picture schedule, therefore, I prepared a written list as his schedule. This new schedule will easily transition with him to general education kindergarten next year.

Today in my classroom we use pretend objects, picture schedules, work schedules, simple sign language, written lists, illustrations and real pictures to clarify instruction and to meet the unique needs of my students.





Even the physical structure of my classroom is set up in such a way as to visually support my students. Visual supports change as the needs of my students change. I must be able to adjust strategies and

come up with new ideas when the old ones just aren't working or are no longer needed.

Last school year the level of my class was such that most of the students had a clear understanding of first and last. This proved to be problematic when it came time to line up. **There was a mad rush to be first and tears would eventually follow for the student who was last.** I solved this problem by creating a visual schedule which would allow each child to be line leader for the day. Each morning I would attach a new name to the sentence strip which read "Today the line leader is…". The students would check the strip upon arriving each morning to see if it was their day to be line leader. The strategy worked immediately and the students learned to take turns and wait patiently for their day to be line leader. This year, however, I have had to re-evaluate this strategy. The students this year do not yet understand the concept of first and last and do not struggle to be first in line, consequently, they do not require the line leader sentence strip.

Adjusting a sorting activity is another example of differentiating the visual strategies used in my classroom. I had been working with a young student on sorting objects and pictures into categories (i.e. food and animals). This task usually consists of using real pictures and sorting them onto picture mats with colored, line drawings of food and animals. This particular child was having the most difficult time and after making little progress, I began thinking of new ways to present the task. We started using play food and toy animals and asked him to sort the food into a real lunch box and the animals into a toy farm. The visuals were much clearer for him and we started to see some progress.

Visual schedules have also proved helpful during circle time. I was having a very difficult time getting my students to sit for any period of time. I reasoned that their anxiety might lessen if they knew how long I expected them to sit and what activities were planned. With that in mind I created a circle time schedule called "What will we do today?" I made a picture for each activity: saying good morning, singing a song, taking attendance, colors, ABC's and calendar. As we complete each activity I move the picture to the "all done" strip. This simple picture schedule has helped to calm anxieties and allow the students a clear understanding of what is expected.

Individuals with autism have unique needs, and it is important that we clearly identify these needs and help to address them. Implementing visual strategies is one way in which we can help support our students. Continuously reassessing our students and the strategies we use with them is another way to make sure their educational, social and behavioral needs are being met.

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The Visual Aid In Your Living Room

By Jennifer McIlwee Myers

All television is educational. You may not like what it teaches; you may not even notice that it is teaching your child; but it is teaching every moment that it is on. My parents made the best of it, and so can you.

Asperger's Syndrome was unknown when I was young, so my parents had to come up with their own teaching tools. By the time my younger brother was diagnosed with Autism Spectrum Disorder (ASD) they had built up quite a repertoire. The television (and later, the computer) was a major tool for them.

Of course, as with many tools, this one can work for or against you. Young children in general, and especially children and teens with ASD, absorb what they see on TV uncritically. The confusing and chaotic real world is reduced to the two senses of sight and sound in a repeatable format that is extremely appealing. Children then absorb what they see on TV as the truth.

There is a very simple technique that I wish all parents of kids with ASD would use: When we watched TV together, my father used to ask quite often, "What do you think would happen if someone did that in real life?"

Unless someone finds some way to say, in a very clear and literal way, that not everything on TV is true, there is severe danger here. Children with ASDs will imitate what they see on TV in attempts to make friends, play with the other children, or to be seen as important.

By asking me what would happen if scenes portrayed on TV were to occur in real life, my father turned the problem into a positive. Instead of the TV teaching me potentially dangerous behaviors, it became a source of information about how the real world worked. My father and the TV be-came teaching partners.

My parents also waited for the commercial break to speak with us and insisted that we wait for the breaks to ask our questions, thereby modeling and reinforcing lessons in patience and not interrupting.

This is not a minor thing. Children with ASDs are even more likely to interrupt than typical children of the same age. This can worsen the considerable social problems we with Asperger's (and other ASDs) face. Kids at school may be taught or pressured to include the non-typical child in games and play, but if the child with ASD interrupts and refuses to wait his or her turn, the others will soon reject that child from their games. Also, when the child with an ASD interrupts frequently in class, the other children will grow (understandably) irritated and tend to dislike the interrupting child.

"What do you think would happen if someone did that in real life?"

So using family viewing time as a lesson that there are times when one can speak and times when one should be quiet was very helpful to my brother and me. It provided valuable practice for the challenging game of stopping oneself from interrupting, holding the thought in mind, and then finding way to communicate that thought at the appropriate time.

The other tremendous benefit of waiting for the commercial to discuss the show was that it provided a way of teaching us that commercials are different from the show.

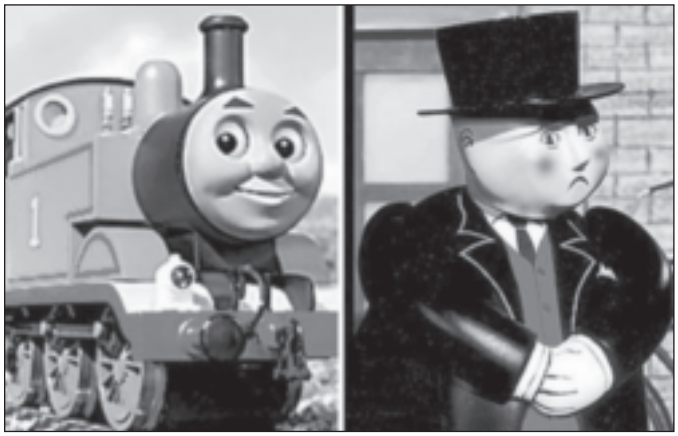
"Distinguish fiction from reality."

In a world drenched in advertising, people with ASD are ill-equipped to figure out that advertising is not the same thing as information or entertainment. Think about how subtle and tricky that difference is! The people on children's shows are often teaching something factual or useful (like the alphabet or how to share). The people in the commercials (that run during the same show) are using exaggeration, misstatement, and technical truths to cajole, persuade, and inveigle. How on earth is a child to grasp the difference without help?

My parents talked about commercials and advertising, frequently pointing out the ridiculous and clever statements and images in the ads. This could be pretty simple and concrete, like comparing a box of cereal or can of soda that we had in the house to the one on TV – or it could be complex, like discussing the technical reasons that certain phrases are used in commercials to avoid litigation.

One mother I highly respect went so far as to keep a mirror in a kitchen drawer so that she could prop it up on the table when her children were eating a new cereal that they'd begged for from the TV ads. She would ask the children, "Watch yourselves eat. Are you smiling and singing like the children in the ad? Do you feel like dancing around because of the cereal like the children in the ad?"

Of course, that was a while back. Nowadays, using a mirror to compare children's images to a tape or Tivo of the ad could give a great visual boost to that technique.



So my parents used the TV as a visual aid in teaching us what did and didn't work in real life, and that much of what is on TV simply isn't true. But there were specific uses for specific shows as well.

Every show on TV, including the ones your child likes most, includes tons of useful information. One particular lode of data is the massive amount of body language and facial expressiveness that is on every show with characters. Thomas the Tank Engine has facial expressions; so does Captain Kirk.

"Ask questions during breaks."

Freeze-framing shows and either talking about the facial expressions in view or comparing them to a traditional visual aid is a great way to get a child to look for and recognize expressions.

Yes, I know, there are books of facial expressions for both children and adults with ASD. However, those books are rather dull, and often have only one or two pictures of each expression.

Taking books, or icon or photo cards with facial expressions, and matching them to TV show characters can help a child make the huge leap from memorizing one picture of one expression to seeing it on many faces in many contexts. This is a game that can start very simply, by picking out one face or emotion and asking the child to freeze frame the video when such-and-such a character looks angry (or sad, or happy). Seeing facial expressions on a page is not nearly as meaningful as capturing those expressions as they go by in a life-like setting.

Of course, with me being a 'hyper-verbal aspie,' my father worked on my expression recognition in a way that was very easy for him. He didn't know I had Asperger's, nor that "Asperger's syndrome" existed. He didn't understand my problems with people reading. All he knew was that I wanted him to explain Star Trek to me in detail, and that is what he did.

Without knowing what he was doing, my dad

taught me about faces. The contrast between Captain Kirk's face and Mr. Spock's was confusing to me, and so (during commercials only!) I asked why Kirk's face was "scrunched up" and turning bright red. My dad was quite willing to explain. It was a leg up on the social world that I use to this day.

"Freeze frames, and discuss facial expressions."

One thing that you may have noticed is that my parents watched TV with us. By watching TV as a family and commenting on it, they made it a positive tool. However, if a child watches much TV alone or without parental awareness, anti-social lessons may be learned all too easily.

"Watch TV with a parent instead of by yourself."

Children with severe autistic symptoms (such as extreme lack of facial expressions) are often assumed to not even notice what their family watches when they are in the room. Children with AS are assumed to have mental filters commensurate with their vocabularies and "little professor" image. Both of these assumptions mean that children with ASD are often allowed to watch inappropriate shows or be in the room while others are watching them.

Soap operas and reality shows are terrible sources of social models, and parents don't think to turn them off when little ones are in earshot. I've personally seen two children who got themselves into big trouble "perseverating" on *The Apprentice*. To the children (one with AS, one with PDD), it was obvious that Donald Trump was the important person everyone wanted to impress, so they decided to act like him on the playground to get other children to like them. Needless to say, shoving matches, bloody noses, and tears were the result.

And the tears were not all from the children with ASD. Young children can be very hurt by being called "A loser who has always been a loser," repeatedly. Those of us who have ASD often don't know how to fix it when we cause such pain, making such behavior doubly damaging on both sides.

Then there is the *Walker, Texas Ranger* case that has become notorious among those who work with children with ASD. A boy with high-functioning autism was constantly kicking and punching other children on the playground. No punishment seemed to slow him down. Fortunately, an expert in the field was brought in who actually listened to the boy in a non-accusing way. The boy was verbal enough to explain to her that he had learned from watching his favorite TV show that if you hit and kick bad people, then everyone would like you. He confidently stated that he was getting better at hitting, so much so that the other children would surely start liking him soon.

These painful incidents could have been completely avoided by parents who were aware that when a child watches television, he or she is always learning something. The simple question, "What would happen if someone did that in real life?" could have done those children a world of good.

There is a powerful visual teaching tool in living rooms, family rooms, dens, and recreational rooms across America and indeed much of the globe. It will teach your children; take the time to make sure that they are getting the best of it.

For further information, please contact:

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E-mail: 2HPlus4@ca.rr.com

REACT Foundation has now awarded 90 Mini Grants Approved to teachers of children with autism throughout OC, as well as 8 Family Scholarships. With a focus on early intervention treatment, REACT continues to grow and support children in Orange County.

REACT Foundation's
4th Annual Fundraiser
will be held at the Coto de Caza Golf & Racquet Club on
Saturday, May 17th.
For more information, email **office@reactfoundation.org** or visit **www.reactfoundation.org**.

Upcoming Staff Development, Conferences and Parent Trainings

(Partial Listing — April to June 2008)

Throughout the school year, there are several opportunities for continuing education and support that will be offered by various organizations. The **Regional Center of Orange County** (RCOC), and the **S.U.C.S.E.S.S. Project of Orange County** strive to provide affordable fees to both families and staff. Each session has a specific focus, some pertaining to early interventions, some with more of an emphasis on the older-aged student. **Registrations 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
April 15-17, 2008 8:30 AM – 3:30 PM Daily Fountain Valley School District Office	"Preschool Fundamental Training" – Division TEACCH staff *Roger Cox, Ph.D. & Susan Boswell*	Developmental ages – under 6 years	$425 (includes book)	Southern Calif. Autism Training Collaborative (SCATC) (951) 826-6508
April 22, 2008 4:00 – 8:00 PM RCOC	"PECS: Making a Difference" *Andy Bondy, Ph.D. & Lori Frost*	All Ages	$30 (includes boxed meal)	Contact Karen Schaeffer (714) 796-5300
May 1, 2008 8:30 AM – 3:30 PM Costa Mesa Community Center	"Social Discovery & Discovering Social Strategies for students with ASD, ADHD, NVLD & Beyond" *Carol Gray & Michelle Garcia Winner*	All Ages	$75	S.U.C.S.E.S.S. Project (714) 966-4137

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*

CHILD DEVELOPMENT CENTER
UNIVERSITY OF CALIFORNIA, IRVINE
and ORANGE COUNTY
DEPARTMENT OF EDUCATION

PROUDLY ANNOUNCE

THE 2ND ANNUAL CONFERENCE ON ATTENTION DEFICIT HYPERACTIVITY DISORDER, HIGH FUNCTIONING AUTISM AND BI-POLAR DISORDER

APRIL 11, 2008
7:30 AM – 3:00 PM

CONFERENCE LOCATION:
Orange County Department of Education
200 Kalmus Drive, Costa Mesa, CA

"Make and Take Workshop" for Grandparents!

Make **visual supports to help grandchildren improve their skills and**
Take **home practical tools and useful information!**

SATURDAY. MAY 31, 2008
9:00 AM – NOON

Orange County Department of Education
Building D – Rooms 1004 -1006
200 Kalmus Drive, Costa Mesa, CA

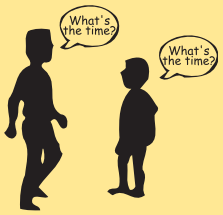
****Reservations are Required by May 17, 2008****

Call (714) 573-1500 or send an
E-mail to gangrandma@cox.net

SOME EXAMPLES OF AUTISTIC BEHAVIOR

ALGUNOS EJEMPLOS DEL COMPORTAMIENTO DE PERSONAS CON AUTISMO

Avoids eye contact
Evita el contacto visual



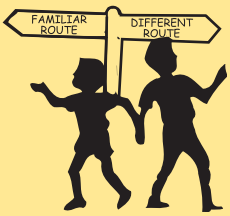
Copies words like a parrot ("echolalic")
Repíte las palabras como un loro ("en forma de echo")

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

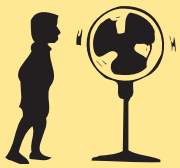
Lacks creative "pretend" play
Carece el juego creativo

Shows indifference
Demuestra indiferéncia

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 gíran

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