Improving Communication Skills

An Overview of Communication Problems in Children with ASD

By The National Institute on Deafness and Other Communication Disorders (NIDCD)

What is autism spectrum disorder? Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. The term “spectrum” refers to the wide range of symptoms, skills, and levels of impairment that people with ASD can have.

ASD affects people in different ways and can range from mild to severe. People with ASD share some symptoms, such as difficulties with social interaction, but there are differences in when the symptoms start, how severe they are, the number of symptoms, and whether other problems are present. The symptoms and their severity can change over time.

The signs of ASD begin in early childhood, usually in the first 2 years of life, although a small minority of children may show hints of future problems within the first year of life.

Who Is Affected by ASD?

Autism spectrum disorder affects people of every race, ethnic group, and socioeconomic background. It is five times more common among boys than among girls. The Centers for Disease Control and Prevention (CDC) estimates that about 1 in every 68 children in the U.S. has been identified as having ASD.

How Does ASD Affect Communication?

The word “autism” has its origin in the Greek word “autos,” which means “self.” Children with ASD are often self-absorbed and seem to exist in a private world in which they have limited ability to successfully communicate and interact with others. Children with ASD may have difficulty developing language skills and understanding what others say to them. They also often have difficulty communicating nonverbally, such as through hand gestures, eye contact, and facial expressions.

The ability of children with ASD to communicate and use language depends on their intellectual and social development. Some children with ASD may not be able to communicate using speech or language, and some may have very limited speaking skills. Others may have rich vocabularies and be able to talk about specific subjects in great detail. Many have problems with the meaning and rhythm of words and sentences. They also may be unable to understand

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Three Strategies to Strengthen Communication for Adults with Autism and Learning Differences

By Jolene Liang
Social Skills Coordinator
CIP Long Beach

Communication is an essential skill that contributes to success with relationships. Individuals with ASD particularly focus on growth in their communicative skills for a majority of their lives. With young adulthood comes the combination of self-identity development and the presentation of more abstract social situations. A common challenge many young adults with ASD experience involves handling these complicated social conflicts that call for higher level processing needs. As a result, advocacy and communication become difficult as interpersonal goals and awareness of social constructs become convoluted. This challenge is well depicted in the following case:

A student, Tom, brought up a peer conflict he was having with one of his friends. Tom is a 24-year-old college student studying film and has a successful peer group he socializes with regularly. Tom mentioned his challenges with a peer who was making negative comments towards his career pursuits during their social outings. Tom expressed his care for his friend, however he also identified his uncertainty in continuing his friendship due to his peer’s repeated statements, despite Tom’s independent efforts of advocacy. “I’m not really sure what I want to say,” he commented.

These words are relatable to many individuals on the spectrum and indicate roadblocks present in self-awareness, information processing, and therefore impacting adeptness in communication. Thus, a support plan to address these specific barriers is needed. The following are ways to address these common roadblocks.

Three Strategies to Strengthen Communication

1. Self-Reflect - Self-awareness is foundational in order to achieve communicative keystones, such as self-advocacy and disclosure. This construct is well represented in this Continuum of Growth (McMannon, 2016).

Hence, what are the specific obstacles present and how do we coach self-awareness strategies? Elmose (2016) describes self-awareness challenges individuals with ASD experience as involving difficulty differentiating between their own or others’ preferences, difficulty relating their own behaviors according to social contexts, and difficulty identifying their own and others’ thoughts and feelings. These outlined obstacles further define the roadblocks adults with ASD experience in processing social constructs, cues, and pathways for inappropriate behaviors that may be present in social conflicts.

One strategy many companies, organizations, and relationship bloggers use to increase awareness of identity and align standards involves the use of outlining core values. Core values can be defined as a stable, motivational construct or belief that outlines a desirable end (Rohann, 2000). Encouraging individuals with ASD to outline their personal core values can assist in their self-reflection and identify interpersonal goals they strive to achieve in relationships. Outlining interpersonal goals can address self-awareness challenges by bringing to light existing values, morals, and thus reasoning for actions.

In our example, Tom’s barrier in communication involves a lack of self-awareness of his wants and needs in friendship. When asked to identify his 3 core values, Tom identified the importance of having friends who are (1) kind and caring, (2) supportive, and (3) able to resonate with him. From this exercise, Tom can create a construct to which he can utilize in building meaningful and valuable relationships.

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2. Identify Boundaries - Core values, or interpersonal goals, directly connect to boundary lines present in relationships. Lue (2010) further outlines that core values act as personal guidelines that identify what is acceptable in relationships. Thus, it is the next step to identify whether behaviors or experiences with others align or conflict with outlined values.

For example, Tom identified his peer’s
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Gift From Massachusetts Family Will Support Students with Diverse Learning Challenges

By Lesley University

Lesley University’s Threshold Program has received a philanthropic gift of $1 million from donors Chris Gaffney and Karen Kames, of Newton, Massachusetts, which will provide scholarships for students and fund a new staff member in the Threshold Alumni Center.

Their daughter, Olivia, is a second-year student in the Threshold Program, a certificate program designed to support students with diverse learning challenges.

“A program like this can change someone’s life,” says Threshold Program Director Ernst VanBergeijk. “Each year, the demand for scholarships exceeds what we’re able to offer. With a gift like this, we’re able to increase our ability to reach students from different backgrounds and income levels and give them access to an education that will make it possible for them to be employed, to be independent.”

“I can’t overstate how impactful this gift is to our community,” says Cara Gorham Steet, Threshold’s associate director who manages the alumni program. “It’s going to make a life-changing experience possible for students from very low-income backgrounds. It will also fund continuing supports for those same students, and for hundreds of others, once they graduate and begin to navigate the world as independent adults.”

“This gift will directly lift, and keep, young people with disabilities out of poverty.”

Kames, who graduated from Lesley in 1983 with a master’s in education, knew that Threshold would be the right fit for her daughter as she charted her path towards adulthood.

“When we were looking at programs for Olivia, we looked at a number of schools but Lesley was the only one that offered the kind of 360-degree support that we were looking for,” Kames said.

Threshold students live in dormitories on campus, forming supportive connections with each other while learning a range of important life skills from handling their own finances to entering the work world. Students learn to manage everyday tasks like shopping, laundry and cooking and to develop social skills that help them form and maintain relationships with roommates, colleagues and friends.

For Olivia Gaffney (above), who attended Learning Prep School in Newton, being a part of the Threshold program has been life changing. Eager for independence but anxious about leaving her close-knit family in Newton, she overcame her initial homesickness and quickly grew to enjoy campus life and a circle of new friends. Over 18 months, she learned to live on her own, getting herself to classes, the dining hall and the gym and navigating Boston and Cambridge by public transportation. She holds two part-time internships at Lesley’s Office of Advancement and at the Boston Medical Center’s Autism Clinic.

“It was an amazing first year,” says Gaffney, her father. “For 21 years, she was never in the house alone—to go from that to living in a dorm full-time, independently...it’s a huge leap. She came home at the holidays and was a different person. And she continues to mature and to increase the aperture of her independence.”

Gaffney and Kames were also impressed by Threshold’s Alumni Center, which is designed to serve graduates throughout their lives, whether they need help finding a job or housing, navigating social issues at work or at home, or even planning for retirement.

“The really vibrant alumni presence and the way the center is set up to support them for the rest of their lives was very appealing to us,” says Kames.

“Chris and Karen’s magnificent gift relates directly to Lesley’s fundamental values by providing access to education for deserving students from diverse backgrounds and by serving the evolving needs of Threshold alumni,” said Tim Cross, Lesley’s vice president for institutional advancement.

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Chris Gaffney and Karen Kames’s $1 million gift will provide scholarships and help expand alumni services for Lesley University’s Threshold Program

Olivia Gaffney has learned valuable life skills during her time in the Threshold Program and has two internships

Overview from page 1

body language and the meanings of different vocal tones. Taken together, these difficulties affect the ability of children with ASD to interact with others, especially people their own age.

Below are some patterns of language use and behaviors that are often found in children with ASD.

• Repetitive or rigid language. Often, children with ASD who can speak will say things that have no meaning or that do not relate to the conversations they are having with others. For example, a child may count from one to five repeatedly amid a conversation that is not related to numbers. Or a child may continuously repeat words he or she has heard—a condition called echolalia. Immediate echolalia occurs when the child repeats words someone has just said. For example, the child may respond to a question by asking the same question. In delayed echolalia, the child repeats words heard at an earlier time. The child may say “Do you want something to drink?” whenever he or she asks for a drink. Some children with ASD speak in a high-pitched or sing-song voice or use robot-like speech. Other children may use stock phrases to start a conversation. For example, a child may say, “My name is Tom,” even when he talks with friends or family. Still others may repeat what they hear on television programs or commercials.

• Narrow interests and exceptional abilities. Some children may be able to deliver an in-depth monologue about a topic that holds their interest, even though they may not be able to carry on a two-way conversation about the same topic. Others may have musical talents or an advanced ability to count and do math calculations. Approximately 10 percent of children with ASD show “savant” skills, or extremely high abilities in specific areas, such as memorization, calendar calculation, music, or math.

• Uneven language development. Many children with ASD develop some speech and language skills, but not to a normal level of ability, and their progress is usually uneven. For example, they may develop a strong vocabulary in a particular area of interest very quickly. Many children have good memories for information just heard or seen. Some may be able to read words before age five, but may not comprehend what they have read. They often do not respond to the speech of others and may not respond to their own names. As a result, these children are sometimes mistakenly thought to have a hearing problem.

• Poor nonverbal conversation skills. Children with ASD are often unable to use gestures—such as pointing to an object—to give meaning to their speech.
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A Group-Format Parent Training Program to Improve Communication Skills in Young Children with ASD

By Anna Milgramm, BA, Stephanie A. Fox, PhD, Kristin V. Christodulu, PhD, and Erica Davis, LMSW

The first few years of life are an important period for communication and language development. Even before the emergence of spoken language, typically-developing children engage in communicative interactions with caregivers through gaze, directed facial expressions, gestures, and vocalizations. These early communicative interactions with caregivers set the stage for later linguistic, psychosocial, and emotional development (Cohen, 2010).

Communication and language impairments are a central feature of autism spectrum disorder (ASD). Deficits in reciprocal and nonverbal communication are necessary criteria for diagnosis (American Psychiatric Association, 2013). Communication challenges are often one of the first concerns reported by parents whose children later receive an ASD diagnosis (Kozlowski, Matson, Horovitz, Worley, & Neal, 2011). Moreover, the severity of communication challenges in infants and toddlers with ASD predicts later autism symptom severity (Lobban-Shymko, Im-Bolter, & Freeman, 2017). This suggests that language is an important skill to target through early intervention, as improvements in language have the potential to alter the long-term course of development.

There is a strong empirical base supporting the importance of early intervention for promoting children’s receptive and expressive language skills (Zwaigenbaum et al., 2015). One evidence-based intervention for promoting language development among toddlers as young as twelve months is the Early Start Denver Model (ESDM; Rogers & Dawson, 2010). The ESDM is a manualized, early intensive behavioral intervention (EIBI) that is typically administered through one-on-one therapist-led instruction. It is administered during the first few years of life to capitalize on neural plasticity and the critical period for linguistic development (Dawson & Zanolli, 2003).

Unfortunately, families often face several barriers when trying to access EIBI services for their children. Intensive interventions are time-consuming, tend to have long waitlists, and can be very costly (Shattuck & Grosse, 2007). To address these barriers, recent research has focused on teaching parents the skills they need to act as their children’s interventionists in the home and community. Since parents spend time with their children every day and in multiple contexts, the benefits of the intervention are likely to generalize across situations and persist beyond the intervention time frame (McConachie & Diggle, 2007). Additional support for parent-mediated interventions comes from knowledge that parental behaviors, including sensitivity to children’s cues, are strong predictors of children’s nonverbal and verbal language abilities (Siller & Sigman, 2002).

A modified, parent-delivered version of the traditional, therapist-led ESDM (P-ESDM) resulted in significant gains on the PATH Curriculum Checklist, a measure that assesses a wide range of skills, including receptive and expressive language, joint attention, and social interaction with adults (Rogers et al., 2019). The P-ESDM consisted of 12 consecutive 1.5-hour sessions with intervention topics that include increasing child attention and motivation; using sensory social routines; enhancing nonverbal communication; and building imitation skills.

see Training on page 35

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by Leslie A. Sickels, LCSW
Clinical Social Worker
Spectrum Services

Neurodiverse relationships, in which one or both partners are on the autism spectrum, can be among the strongest partnerships. However, neurological differences present unique challenges, particularly related to communication. Partners may report feeling as though they are “speaking different languages” or that their communication styles are incompatible (Myhill & Jekel, 2015). Due to difficulties in social communication for individuals on the autism spectrum, the lens through which they engage in conversation may vary from their neurotypical counterpart. These differences can be a source of strength by helping both partners shift their paradigm but can also cause significant stress and frustration when they are not congruent. This can result in both partners feeling unheard or misunderstood by their significant other. Strong communication is pivotal in any relationship. This article will explore four areas that impact communication between neurodiverse partners and will offer concrete strategies to target these concerns.

Timing

When considering ways to strengthen communication, the timing of a conversation is vital. Are conversations happening while one partner is rushing to leave the house for work in the morning? Perhaps it is occurring immediately after a partner has arrived home at the end of a long day and has not yet had time to decompress. The time and conditions when conversations occur for neurodiverse couples are extremely important. Partners should identify times in their schedule that work best for engaging in conversations, especially more important ones. This requires couples to be thoughtful and planful, when possible. Assuring that the partner on the spectrum has time to transition into the conversation, either upon arriving home at the end of their day or from another preferred activity, will further support more successful discussions. In addition, couples may choose to set aside a specific time each week to talk about larger or more complex topics in their lives and relationship. Considering when communication is occurring and how to better approach other relevant stressors will increase the likelihood of both partners being able to fully attend and participate in the conversation.

Processing

Along with challenges in social communication, individuals on the autism spectrum may display differences in their processing style (American Psychiatric Association, 2013). This can require more time to consider a conversational topic or to plan a response in the way they hope to communicate it. Neurotypical partners may experience frustrations with feeling that their partner does not care about or is not thinking about an issue or concern as much as they are. However, it is likely that their partner may simply need additional time to process and consider the topic to most effectively and fittingly react and respond. When processing challenges exist, it is useful to give the neurodiverse partner advanced notice of topics that might be heavier or more stressful, so they can consider it before engaging in a conversation. Another strategy to support processing is for the partner on the spectrum to write down topics coming up in conversation with their spouse. This strategy of note-taking allows partners to come back to the information later and can also help with outlining strategies for executing required follow-up. Lastly, reminders are a useful technique in supporting effective communication. This entails the partner on the spectrum entering reminders into their calendar or their neurotypical partner supporting communication with a reminder note at home or via electronic reminder.

Mind Reading

Mind reading is a phenomenon that exists in most relationships. When someone is connected to their partner, they often expect the person to intuitively know what they are thinking or need, without being explicitly told. While mind reading is an ineffective strategy in any relationship, it can be especially upsetting in neurodiverse partnerships. These couples approach topics from different lenses and have varying frameworks to create solutions. This is often a result of challenges with Theory of Mind.
Building Communication Competence through Milieu Speech-Language Therapy

By Erin Del Duca, MS, CCC-SLP/TSSLD
Shrub Oak International School

Speech and language therapy treatment is typically viewed in two ways: pull-out versus push-in. Pull-out therapy occurs outside of the student’s classroom for an allotted amount of time, typically without his or her peers, while push-in therapy, in the school setting, is when services are provided to the student in the classroom setting or in the context of everyday routines with their peers and teachers present (Roberts et al., 1995). This article will look at the benefits of push-in or “milieu” therapy services as compared to the traditional pull-out model. When providing services in the context of the classroom there are a variety of strategies that can be used to build communication competence for students.

The push-in model of providing speech and language services to students can take on several forms. Within the classroom setting the speech-language pathologist (SLP) can present a lesson to all students on a specific target that could benefit all students, such as social skills (McGinty et al., 2006). A second approach that allows for language strategies to be implemented into a lesson is when the SLP and teacher plan and teach a lesson as a team. The skills being targeted or the material that needs to be presented will help guide the team on whether the SLP will lead or assist in lessons or routines in the classroom setting. Even if the therapist is unable to attend or assist in a lesson, they can obtain materials from the teacher and modify and/or add supplemental materials for their students.

Milieu (push-in services) or those provided within the student’s natural environment can benefit the student’s communication development in different ways. Generalization of skills is one of the major goals of SLPs when teaching communication goals to our students and “…considerable research has shown that most children with disabilities are less likely to generalize their communication skills unless the environment where communication skills are taught is very similar to the environment where they are used” (Roberts et al., 1995). Teaching communication skills in the natural environment would allow students to practice skills and seamlessly generalize them with a variety of communication partners. Providing services in the classroom setting allows for the SLP to collaborate with various disciplines and team members which will allow for these individuals to be a part of the planning, treatment and carryover. At Shrub Oak International School, a majority of service delivery occurs in various settings across a student’s day - from academic classes, to the farm; to the dining hall and job sites. This allows for transdisciplinary collaboration, generalization of skills and full team ownership of students’ goals. As a result, students have demonstrated growth in communication skills, as evident by data collection, staff reports, and parent reports.

It is important to recognize that although there are benefits to providing services within the natural environment, there are times when a student can benefit from the traditional model of pull-out services. Clinicians should gather evidence from reviewed sources, reflect on previous experiences, and view each student as an individual in order to make the decision that will best meet the needs of each student on their caseload (McGinty et al., 2006). When providing services for students with communication needs there is an extreme amount of variation and it is crucial to account for these differences and realize there will not be a “one size fits all” approach to treatment but rather a combination of both models dependent on the ever-changing needs and challenges of each student (Wilcox et al., 1991).

While providing therapy in the context of the classroom, strategies will be used that will support the integration and development of communication. Visual supports are used to assist students in processing incoming verbal language because visuals are easier to understand (Rao et al., 2006). Picture symbols, visual schedules, choice boards, graphic organizers, and task analyses are all examples of visual supports that can be used to provide additional support to students in the classroom to increase communication and independence in completing tasks. Just like when deciding on a service delivery model, it is important to recognize that visual supports that are unique and based on the needs of each student will help the student (Rao et al., 2006). Visual supports can be used to develop and support the various domains of language.

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There’s More to Communication than Language, Grammar, and Vocabulary

Karl Wittig, P.E.
Advisory Board Chair
Aspies For Social Success (AFSS)

Autism, in the general sense, is often defined as a disorder involving deficits of communication. This is certainly true for nonverbal autistics, as well as for those who cannot be “reached” even though they are capable of expressing speech. What about those autistics who are fully verbal and capable of language, though? Since diagnostic criteria were expanded in 1994 (with DSM-IV), these probably constitute the majority of the autistic population. Surely they have no problems with communication. Or do they? In fact, nothing can be further from the truth.

When I was diagnosed on the spectrum in 2000, Asperger Syndrome had just started to gain significant media attention, with newspaper and magazine articles about AS and autism suddenly proliferating. Asperger Syndrome began to be referred to as the “little professor syndrome” because children (usually very young) who are on the spectrum often perseverate about a specialized area of intense interest in which they demonstrate great expertise. Additionally, they often speak with an extensive vocabulary (at least concerning the specific interest) as well as flawless grammatical usage of language. In fact, this is just what I was like at a very early age (as was documented by my family). Such a child cannot possibly have difficulty with communication, can they? At least, that is the typical reaction to these individuals.

What is often not taken into account is that language is only a means of communication and not its final objective. The fundamental purpose of communication is to convey some form of meaning, be it factual information, an idea, a feeling, or (perhaps most significantly) an intention. The language, be it English or any other, is nothing more than a vehicle through which these are conveyed. It is therefore a great mistake to regard competency, or even great proficiency in such, as indication of a comparable ability to communicate with another person. There are many other considerations involved.

The Real Nature of Communication

As an engineer who has studied and worked in the field of electronic communications, I am very familiar with the theories upon which these are based. The fundamental problem is for a transmitter, or sender, to convey a message over a channel that can distort or even corrupt information to a receiver that then examines the resulting signal and reconstructs, with a minimum of error, the original message that the transmitter intended to send. In addition to forming the basis of most digital communications that are widely used today, these same principles have been applied in other areas such as psychology and even philosophy to analyze many aspects of human communication. Errors in communication have been responsible for countless human misunderstandings, often result in lawsuits (or so I have been told by attorneys), and have probably even started wars. As such, this is an essential skill for living in human society and even for survival itself.

Modern communication systems are designed such that the sender can anticipate how the transmitted message might be corrupted, and how it could be read by the receiver, and thus sends the signal in a manner that minimizes the probability of error in its reception. The receiver then uses similar knowledge to interpret the received signal such that it most likely corresponds to the intended message. In human communication, this requires the person communicating to understand the state of mind of the other person and how they will respond to the communication. It also requires the second person to be receptive to all of the “signals” sent by the first. This requires the first person to have a “theory of mind” of the second, and the second to perceive and understand the nonliteral and nonverbal expressions of the first.

Autistics, even when fully verbal and perhaps highly articulate, often have considerable difficulties in precisely these areas. Unfortunately, these deficits often go completely undetected by those who equate language ability with the ability to communicate. Such heightened expectations can lead to just about everything ranging from exasperation with the autistic person when miscommunications happen but are at least recognized, to serious misinterpretations that can have adverse and even severe consequences for the autistic.

see There’s More on page 33
Building Strategies to Support Communication and Address Challenging Behaviors

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Services for the UnderServed, Inc.

Individuals with Intellectual and Developmental Disabilities who face the greatest challenges most often have failed to acquire a means of effective communication. Most adults and children alike without verbal behavior are likely to develop a strong repertoire of challenging behavior. The young adult who has not learned an effective way to tell his mother when he has a migraine may hit his head with a fist as a way to try to make the pain go away, if only for a second. The toddler who wants a snack may bite his teacher because in the past, his teacher has tried to calm him down by giving him choices of snacks and preferred games as a means to ending the challenging behavior. While these examples are specific, they are in no way unique to the majority of people who have not developed verbal language.

Applied Behavior Analysis is a widely used methodology in which evidence-based practices are applied to identify the function, or the reason, that a behavioral response is presented by a learner. ABA practitioners use this information to develop a behavior support plan inclusive of both proactive and reactive strategies to increase adaptive, or appropriate behaviors, and thus decreasing the motivation for problematic behaviors. According to Skinner (2012), requesting, or manding, is typically the first communicative response form taught to a person who has limited communication skills. Manding uses the principle of motivation to produce an immediate benefit for the speaker and more generally, teaches the value of communicating to others. Following the use of a preference assessment, a contingency is set up that requires the learner to communicate the ‘wanting’ of an item. Upon making the request through the appropriate form, the learner then immediately receives access to the requested item. This contingency is taught through practice repetition of only providing access to a preferred item/person/activity/environment upon the request being made by the speaker. Once manding becomes a skill in the learner’s repertoire, the door now opens for additional verbal behavior modalities to be taught.

What at times can be confusing to support providers and caregivers is what constitutes “language.” Similar to how there are different tongues and native languages, such as English, Spanish, French, there are also different forms within the umbrella of “verbal behavior.” Skinner details and reviews the different forms of verbal behavior, including vocal language (spoken word), sign language, gestures, device output, and picture exchange. A common mistake when discussing someone’s skillset would be by saying the person is “non-verbal” yet really they are able to communicate via sign language, making them “non-vocal.” Through sign language this person is able to make their wants and needs known, which is ultimately the purpose of being able to communicate with others.

As such, an important step in teaching language is for the support providers to assess and select an appropriate response form. If there are strong echoic skills, providers should strive for vocal language; if there is minimal or no echoic skill present, but imitative behaviors are good, sign language may be the focus; for a learner with minimal or no echoic or imitative skills, but good matching skills, a picture exchange or augmentative device is likely the best route. While these beginner skills may not be apparent in the initial phase of assessment, there should be thoughtful consideration of motor functioning, the availability of the system for the learner, and other disabilities that may impede the learning of the above-mentioned skills. Most importantly, it is essential for the support system to understand the pros and cons of all systems, understand the literature associated with each and to always strive for vocalizations by pairing the modality with the spoken word.

While teaching communication as a means to replace problematic behavior proactively, it is still imperative to understand that it is not a fully inclusive process. In order to improve appropriate communication but also to minimize the challenging behavior, the behavior must be placed on what ABA terms “extinction.” Cooper, et al. (2007) defines extinction to mean that a behavioral response does not allow the person to access the ‘relief’ or the sought-after result. This, after time, removes the desire to respond in the problematic form. As supporters of children or adults, it is up to the practitioners to implement this balancing act.

Brookville Center for Children’s Services (BCCS) offers therapeutic and educational services to children in their own home, nursery school, preschool and school age programs. Our programs in Nassau County (Long Island, New York) have several locations: New Hyde Park, Westbury, Brookville and Woodbury. BCCS has a great reputation in providing research based interventions that focus on maximizing the skills of children within the Autism spectrum and other disabilities in the home and community settings including but not limited to:

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see Strategies on page 24
The Risks and Consequences of High or Low Functioning Autism Labels

By Makenzie Sandler, BCBA, LBA
Director of Clinical Services
Life’s WORC and The Family Center for Autism

People with Autism Spectrum Disorder (ASD) experience the world differently, not to a greater or lesser degree. The dynamic of one’s social abilities, expressive and receptive language development, intellectual skills, restrictive interests as well as repetitive behaviors all vary. Currently, the Diagnostic and Statistical Manual (DSM-5) identifies three levels of support to specify the Autism Spectrum diagnosis. However, each person with an Autism Spectrum Disorder diagnosis is unique. Over the years, the subjective labeling of people with Autism as high or low functioning popularized. The person’s ability to blend into a crowd, speak, self-manage, and socialize became arbitrary markers in deciding if they are labeled with high or low functioning Autism. This binary scale of further labeling someone with high or low functioning Autism has been adopted by a vast majority of people, including people with Autism themselves. On such a large and varied spectrum, it’s disheartening to place someone with Autism on a 2-point scale. There is no medical indicator to decide if a person is high or low functioning. Furthermore, there are risks and consequences of using such a limiting label on such a large spectrum.

Identifying someone’s ability to function in their overall life as either high or low creates social constructs and unrealistic expectations for the person. The arbitrary label puts them in a specific lane of future opportunities or lack thereof. Sweeping generalizations and stereotypes form, such as: people that are high functioning can graduate, have jobs and live a “normal” life; and low functioning people cannot take care of themselves, have difficulty with communication, will never have a job and engage in maladaptive behaviors. There an estimated 50,000 people with Autism transitioning into adulthood every year with the majority being unemployed or underemployed (Grayson, 2017). If we ticked the boxes of high or low for each of these blossoming adults, we would be doing them a disservice and have been since they were provided this binary categorization. If we tell someone they are higher up the ladder than someone else, they feel as though they do not belong with people that have different strengths or greater challenges. Someone identified as “higher” functioning often feel that they’re smarter, stronger, and better at everything. Then when this “higher” up person joins a vocational program or group, they have an extremely difficult time adjusting because they feel that they have been misplaced with “them,” even if some of the new peers are similarly identified as “high” functioning. The person starts distancing themselves from others or dependent on others. Strengths, abilities and challenges should be separated. Someone with Autism rather than trying to self-manage and learn to build on their strengths while working through their challenges. This “higher” functioning person may avoid asking for help or avoid work responsibilities that they feel are beneath them.

On the contrary, the person with low functioning Autism is deemed the one that needs a substantial amount of support. This person’s support network ensures there is an extra adult to watch the person with low functioning Autism. As the person gets older, they are not exposed to as many opportunities. They become more sheltered and afforded less opportunities. The people around them hold overall lower expectations. Safety becomes a key priority. The person starts to internalize that the outcomes of most parts of their life are uncontrollable, they learn to be helpless and dependent on others.

Thus, the risks of categorizing someone with Autism into a high or low functioning group are significant. As children grow and develop, their strengths should be identified and abilities supported. Their challenges may be significant and should be navigated to break down barriers, increase independence and develop self-coping as well as self-management skills. Strengths, abilities and challenges should not be lumped together having the opportunity to be better than others or dependent on others. Strengths, abilities and challenges should be separated and examined on their own. Someone with an Autism Spectrum Disorder can thrive in their transition to adulthood to their best capabilities if they are supported as a unique person with opportunities to grow and challenges to overcome.

Learn more at www.LifesWORC.org and www.FamilyCenterforAutism.org. The author can be contacted at msandler@lifeswrc.org or (516) 741-9000.
The Development of Theatre Arts to Facilitate Social and Communication Skills for People with ASD

By Sam Goldstein, PhD and Aubrie Therrien, MPH
The EPIC Players Inclusion Company

There is an emerging though limited body of research demonstrating the effectiveness of theatre-related activities to teach emotional recognition and expression, non-verbal behaviors and gestures, listening and conversation skills, eye contact, as well as strategies to handle a variety of social situations. Theatre arts offers a safe place for youth with Autism Spectrum Disorder (ASD) and other developmental disabilities to learn and experiment with new behaviors, make mistakes to learn from them, form meaningful relationships with others and develop critical communication skills transferable to activities of daily life.

Traditional education and treatment methods for ASD have been demonstrated to teach valuable skills; however, generalization has long been a problem. That is, it has been a challenge for individuals with ASD to take what they learn in controlled environments and demonstrate their knowledge in a correct way, at the right time and in the right place. It is now thought that theatre experiences offer important opportunities for socialization for youth with ASD, but even more important, opportunities to generalize learned skills. Acting involves conveying to others how a character is feeling and thinking. In this way, acting can be used to teach emotional recognition, expression, nonverbal behavior, gestures, listening skills, eye contact, and strategies to handle social situations. Other aspects of theatre including set design, staging, choreography and lighting also rely on social and linguistic skills leading to collaboration, compromise and cooperation. Theatre is a highly structured environment and may fit very well with the sometimes rigid, black and white thinking of individuals with ASD. Activities associated with creating theatre can provide an opportunity for students with ASD to have purposeful and meaningful experiences in a controlled, structured environment.

Several theatre programs have involved individuals with ASD, including the widely known Miracle Project in Santa Monica, California. In 2008, the project achieved wide recognition after winning an Emmy award for an HBO documentary profiling five young project participants. Other programs throughout the U.S. have included those at the Florida Repertory Theatre in Fort Myers, Florida; the Phoenix Theatre in Phoenix, Arizona; and the Red Kite Project in the Chicago Children’s Theatre. In New York City, The EPIC Players (www.epicplayersnyc.org), a neuro-inclusive theatre company, is one such organization devoted to theatre arts for individuals with developmental disorders including Autism Spectrum Disorder. EPIC Players is dedicated to creating professional performing arts opportunities and supportive social communities through the arts for persons living with developmental disabilities.

Through neuro-inclusive main stage productions, musical cabarets, original showcases, and skills-based arts and career

see Theatre on page 34
Introducing the Use of Behavior Skills Training to Achieve Staff Proficiency in the Use of PECS

By Christina Muccioli, SDA, MSEd, Mary Donahue, PhD, and John Goodson, MA
AHRC New York City

Learning to communicate using speech and language is one of the primary tasks for young children. When delays are observed in language acquisition, they are considered one of the earliest indicators of developmental deficits that could potentially lead to social, behavioral, and academic difficulties. According to the Ad Hoc Committee on Service Delivery in the Schools, communication is an individual’s ability to receive, send, process, and comprehend concepts or verbal, non-verbal, and graphic systems (American Speech-Language-Hearing Association, 1993). They define speech as the articulation of speech sounds, fluency, and/or voice while language is the comprehension and/or use of spoken, written, and/or other systems. Young children with communication and/or language deficits have diverse profiles and varied needs for intervention. Additionally, the complexity of language systems and the relationships between language and communication development and other areas of child development make successful and sustained intervention especially complicated. Nevertheless, of the children served under IDEA Part B, almost 90% receive speech and language therapy or services (Hebbler et al, 2007). Estimates of the overall incidence of speech and language deficits range between 2% to 17%, depending on the definition of “speech and language impairment” (Nelson, Nygren, Walker, & Panoscha, 2006).

According to Kaiser and Roberts (2011), following decades of research and intervention evaluation, progress in the understanding and treatment of speech and language disorders has grown most in the following areas: (a) social, symbolic, and pre-linguistic foundations to spoken language; (b) parent-implemented language interventions; (c) the language foundations for literacy; (d) the relationship between language and social behavior; and (e) the use of augmented and alternative modes for communication. The authors also suggested a set of principles and practices to guide the understanding of and interventions for early language intervention:

1. All children are communicators
2. Early language impairments place children at significant risks for social development and literacy growth
3. All children with language impairments

see PECS on page 25

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Communication Modality Decisions for Individuals with ASD

By Mary Jane Weiss, PhD, BCBA-D
and Jennie Labowitz, MS, NCSP, BCBA

Individuals with autism spectrum disorders (ASD) have complex needs, and their challenges include social deficits, communication difficulties, and behavioral challenges (APA, 2017). The needs of individuals with ASD necessitate the expertise of several professions, including behavior analysis and speech therapy. The dual expertise of these disciplines is most obviously needed in addressing the communication needs of nonvocal learners with ASD. Approximately half of individuals with ASD do not communicate effectively through vocal means, and many are helped with alternative/augmentative communication modalities.

The selection of the alternate communication modality is a complex process, often fraught with differing opinions of professionals, and complicated by parental worry about selecting the right path. In fact, the use of an alternative communication modality universally helps the individual with ASD in several important ways. First, it gives a voice to the individual, enabling them to convey their needs and preferences. Second, providing the individual with control over their environment which reduces the incidence of challenging behaviors, as frustration is reduced. Third, it builds independence and supports maximal autonomy by increasing the self-efficacy of the individual with ASD.

Interdisciplinary teams often struggle with this modality choice, consequently, the exact direction to go in for communication can be a source of confusion and dispute. At times, there is an ideologival predisposition to prefer a particular modality. For example, the clinician may be trained thoroughly in Picture Exchange Communication System (PECS), and see its value in rapid acquisition, ease of use, and universal comprehension. Alternately, the clinician may subscribe to the Applied Verbal Behavior model of intervention and have a strong preference of sign language as an alternate modality. When two professionals on the team prefer different modalities, it can be difficult to navigate. The conversation may be further complicated by parental concern about whether the use of an alternative system will preclude the development of vocal communication. These decisions, however, should never be about ideology or about trainer preference/expertise. The decision about the communication modality to be used by a learner with ASD should be about individualization, which modality will work best for each learner. In essence, the team matches the learner to the modality that is best suited to their needs, characteristics, learning style, and preferences.

Literature Review

As mentioned, at least 30 percent of individuals with ASD are not effective vocal communicators (e.g., Wodka et al., 2013), and these learners require the provision of an alternate modality (e.g., Mirenda, 2001). Historically, these learners have been given PECS or sign language, or an augmentative device (Mirenda, 2001; 2003). Recently, more learners with autism have been using tablets with various speech-generating software (Malone et al, 2009; Lorah et al., 2015); (e.g., functional communication training (Ringdahl, et al., 2016), and social repertoires (e.g., Sigafoss et al, 2009). For the purposes of discussion, the modalities are usually abbreviated in the following manner: Manual Sign (MS); Picture Exchange (PE); Speech Generating Device (SGD), including the voice output tablet.

In recent years, there have been a number of studies focused on assessing the acquisition and use of communicative responses using these various modalities. In

see Modality on page 30
Communication Challenges in College Students with ASD

By Gina Apicella, MS, BCBA and Sarah Davison, MS, CCC-SLP
Chapel Haven Schleifer Center, Inc.

In addition to the typical challenges faced by young adults pursuing post-secondary education, those with an autism spectrum disorder (ASD) diagnosis face unique challenges related to deficits in social communication. These include deficits in social-emotional reciprocity, such as taking turns in a conversation; failure to initiate or respond to social interactions; deficits in nonverbal communication, such as difficulty reading and recognizing body language forms (e.g. interpreting another’s emotional state from facial expressions, gestures, intonation and vocal inflection, etc.); and difficulty making and maintaining relationships (American Psychiatric Association, 2013).

With the most recent statistics placing the prevalence of ASD at one in every 59 children (Centers for Disease Control and Prevention, 2014), the number of individuals with ASD attending college will most likely continue to increase in the upcoming years. According to a study evaluating predictors of postsecondary outcomes for students with ASD, Nasamran, Winter, & Los (2017) reported that 62% of their sample, consisting primarily of those described as higher-functioning individuals with ASD, were enrolled in or had graduated from a postsecondary institution. With promising statistics such as these, special attention should be paid to potential communication challenges unique to these young adults and to strategies which support increased communicative success with different partners in a variety of contexts. For college students with ASD, those who utilize social skills more than just “sometimes” were found to be more likely to experience postsecondary success, which is consistent with previous findings (Nasamran et al., 2017).

Communication challenges associated with ASD often manifest in ways related to the social communicative deficits noted above. With this knowledge, we are tasked with identifying ways to make college students with ASD more competent social communicators. One challenge related to deficits in nonverbal communication in those with ASD is difficulty reading facial expressions and accurately interpreting others’ nonverbal cues. In a college classroom for example, determining how one is expected to modify communication behaviors when asking questions, or knowing how frequently one should ask questions or focus on a topic without the inquiry having a negative impact on others can be daunting. College classes are often much larger than high school classes, which in and of itself comes with unwritten social rules; these rules are more transparent when an individual accurately reads the nonverbal cues of those around him/her when participating in a lecture or group discussion. These communication skills, including how to adjust one’s behavior and verbalizations in response to the feedback received by others can be taught and rehearsed outside of the classroom ahead of time, and can lessen the likelihood of others (peers or professors) becoming upset or frustrated with the individual during class. Video modeling has been proven effective in offering a means of observing a social interaction and focusing in on the nonverbal behaviors of others with the availability of frequent repetition by utilizing a recorded video (Ferraoili & Harris, 2011).

Another challenge related to the core social communicative deficits associated with ASD is in the building and maintaining of relationships (APA, 2013). The college years are often the height of a young adult’s social life, however, building this social life requires many skills. Eaves & Ho (2008) found that 75% of parents see College on page 26
Language Intervention for School-Aged Children

By Maria Pizzano and Kyle Sterrett Doctoral Students UCLA Graduate School of Education

Spoken language remains the most efficient means of communication. The ability to speak functionally with others consistently and robustly predicts positive life outcomes for individuals with autism spectrum disorder (ASD; Howlin et al., 2004). Not surprisingly, most interventions have focused on improving language in very young children during critical periods of development when language seems to be more easily acquired. Indeed, it has been widely thought that interventions to improve spoken language would be ineffective outside this early critical period and to be effective had to be of high dose, namely many hours per week. In addition to age of child and dose of intervention, two other questions that have been debated include: 1) whether it is beneficial or detrimental to use speech generating devices (SGD) to teach language, and 2) how parents should be involved in treatment. Informed by current research, we will address each of these points to provide a framework for understanding the potential of interventions targeting spoken language in school-aged children with ASD.

Point 1: Swinging open the developmental window

Despite these interventions, around 30% of children with ASD do not develop functional spoken language by age 5 (Anderson et al., 2007). Few interventions have been developed for children over 5 with severe language delays and a misconception persists that developing language in this population is an unreachable goal. One approach to intervening with older, yet still language-learning children, is to adapt early intervention for older children. An example is the application of an evidence-based early intervention called JASPER (Joint Attention Symbolic Play Engagement and Regulation) to minimally verbal children with ASD over the age of 5. One JASPER study included the addition of a speech generating device and parent training to optimize spoken language outcomes while considering systematic changes in dose depending on the child’s initial response to intervention (Kasari et al., 2014). Results indicated that the intervention significantly increased children’s levels of communication and spoken language. This preliminary work has shifted our perspectives on language interventions for school aged children by showing language development is possible through targeted intervention.

Point 2: Speech Generating Devices are a tool to grow spoken language

There are No IEPs in College: Succeeding with Accommodations

By Heidi Hillman PhD, BCBA-D ESA School Counselor Eastern Washington University

For many students, college is a series of firsts. With independence comes responsibility for many things they previously had assistance with. These firsts are challenging for many, however students with Autism Spectrum Disorder (ASD) face additional, unique challenges — significant impairments in social and communication skills, repetitive behaviors and narrow interests — compounded by a lack of understanding of ASD among staff and peers (American Psychiatric Association, 2013; Glennon, 2016; Van Hees, Moysen, & Royers, 2015). Autistic college students are also confronted with the expectation of advocating for themselves, a service provided by their parents during high school. Under federal law, colleges are required to provide accommodations to students with disabilities. However, many students with ASD do not understand how to effectively advocate for their needs.

Increasingly, after completing high school autistic students continue onto college. To help autistic students successfully integrate into college, it is important to understand colleges have different responsibilities from K-12 when it comes to accommodations. This article will specifically discuss four differences: laws, responsibility for accommodations, documentation, and the role of parents. It should be noted that the term "college" in this article refers to community college, colleges, and universities.

Responsibility for Accommodations

Colleges are not mandated - like K-12 schools - to identify students with disabilities. Once in college, the primary responsibility for accommodations rests with the student. A college student does not have to disclose that he or she has autism, however to obtain academic accommodations students must identify themselves with the Disability Support Services (DSS) Office and make a request for accommodations. Prior to admission, colleges may not inquire about prospective students’ disabilities. Students may include information about their autism diagnosis in their applications, but it is voluntary and does not guarantee accommodations.

Even though colleges must provide equal access to students with disabilities, colleges aren’t required to offer accommodations beyond reasonable ones. Each college is different in the level of support provided; some offer the bare minimum while others offer more. A student meets with a coordinator in the DSS office, who determines whether a student meets the requirements for reasonable accommodations and what type. After a decision is made, a letter stating the accommodations is drafted, which the student gives to each of their professors. It is ultimately the student’s job to make professors aware of the accommodations.

Parental Role

In high school, communication with parents is an integral part of the accommodation process. College students are considered to be their own legal guardian unless there is a court order to the contrary. Parents do not have access to any student information unless the student provides written consent. Most college DSS personnel understand this is a transition for both students and parents and welcome parents’ involvement during the accommodation process. However, most DSS offices require students to initiate the accommodation requests, articulate their needs, and pursue resources rather than relying on parents to advocate.

Documentation

Section 504 and IDEA require K-12 schools to conduct evaluations of a student suspected of having a disability at no cost to the parents or student. Colleges, however, are not legally required to pay for such evaluations, and the cost falls on the student. Students entering college provide documentation stating their specific functional limitation supporting their accommodations request. Colleges also have requirements stating that documentation
By Dania Jekel, Executive Director
The Autism/Asperger Network (AANE)

It’s easy to say the wrong thing to someone, even when you have the best of intentions. Everyone has done it, and whether you realize it yourself or someone points it out to you, mistakes like these don’t feel good.

All of us learn social and communication skills from many sources, including parents, teachers, social situations, maybe even movies, TV, or videos. Over time, we often learn the “proper” thing to say even in difficult situations, such as funerals, or when someone is sick. To various extents, some of us are also able to use our intuition to figure out the complex subtleties of social communication.

Perhaps like you, over the years I have learned ways to enhance my communication with those on the autism spectrum: be concrete, don’t assume knowledge, use a soft voice, don’t use sarcasm or metaphors, be direct but non-judgmental. But there was a gap in my knowledge. I was never directly taught what not to say to someone on the spectrum.

At a recent meeting of an adult support group I facilitate, a conversation about language morphed into a discussion of phrases the group members had heard over and over throughout their lives. These comments had the effect of making them feel stupid, lazy, or incompetent. With their permission, I thought it would be helpful to share some of these phrases.

“You don’t look autistic.”
“Just calm down!”
“Can’t you try harder?”
“Just get organized.”
“Why don’t you manage your time better?”
“You did it yesterday; why can’t you do it today?”
“Can’t you act your age?”

At their core, all of these comments have the same problems: they portray a fundamental lack of understanding of the person’s neurological differences. They invalidate and dismiss the person’s often tremendous efforts, and they assume the issue could be solved easily by reprimanding the person. Moreover, these comments assume that what might be obvious, simple, or come naturally for one person will be the same for another.

Whether you are on the spectrum yourself or a neurotypical partner, parent, professional, friend, or sibling, here is a friendly suggestion: what you say to someone on the spectrum is important. Even if you have good intentions, if your comment is interpreted as hurtful or dismissive, it can be absorbed into the person’s self-esteem. Remember, people on the spectrum are probably perceiving and experiencing the world differently from most people around them and can be especially sensitive to language. Be patient, especially if you are feeling frustrated. Try to think and filter your words before you speak and imagine how you might feel if someone was making those comments to you. We can all help make the world a bit kinder for those on the autism spectrum.

For more information about The Autism/Asperger Network (AANE), please visit www.aane.org. This article is reprinted with permission. You may view the original article, published on February 7th, 2019, at www.aane.org/what-not-to-say.
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For more information contact Ira Minot, Executive Director, at (570) 629-5960 or iraminot@mhnews.org
Communication in Brain May Be Remarkably Constant in Autism

By Chapel Haven

P

atterns of brain activity in people with autism are unusually consistent over seconds — and even years, two new studies suggest.1,2

One study shows that patterns of connectivity remain stable in autistic adolescents, whereas they tend to change and specialize in controls. The other study found that connections remain fixed longer in people with autism than in controls. Both focused on so-called ‘functional connectivity,’ the extent to which the activity of pairs of brain areas is synchronized.

Together, the studies may help untangle seemingly contradictory findings on connectivity in autism: reports of both underconnectivity and overconnectivity in the brain.

“Maybe the primary abnormality isn’t just that things are too weakly or strongly connected, that it has more to do with the timing of brain connections,” says Jeff Anderson, professor of radiology at the University of Utah, who led the second study.

The studies also highlight the importance of measuring brain activity over varying time periods and at different ages.

Researchers who home in on a single age may overlook differences that appear over time, says Marella Dapretto, professor of psychiatry and biobehavioral sciences at the University of California, Los Angeles, and lead researcher on the adolescent study.

“You miss some of the bigger picture.”

Studying brain activity over time provides a rare window into the development of connectivity.

“This is one of the only papers I’ve seen so far that tries to tackle that by doing it longitudinally,” says Lucina Uddin, associate professor of psychology at the University of Miami in Florida, who was not involved in the work. “You see that there may be a different developmental trajectory in autism.”

Connections between social and decision-making networks (red spots) typically grow over time, but autistic individuals don’t show this pattern.

Tracking Teenagers

Dapretto and her team scanned the brains of 16 adolescents with autism and 22 controls at rest when they were 11 to 14 years old, and again about three years later.

The researchers measured connectivity among three brain networks thought to be altered in autism: the default mode network, which plays a role in self-reflection; the salience network, which directs attention; and the central executive network, which governs decision-making and other cognitive tasks.

In controls, from early to late adolescence, connectivity increases significantly between the central executive and default mode networks. And as activity increases in one, it decreases in the other. This shift suggests that the networks become more specialized, performing distinct functions.

In the autism group, however, connectivity in these networks remains stable and does not appear to specialize.

This altered development may arise from genetics or as a result of an individual’s experiences or environment.

“There [are] also abnormalities or alterations in the way the brain gets wired as a result of how the brain develops,” Dapretto said.

By Rachel Zamzow

Neurodiverse from page 9

and can cause unintentional insensitivities between partners (Mendes, 2017). Thus, clear and concrete messaging of needs and desires is vital for effective communication. In addition, mind reading often results in the partner on the spectrum offering specific feedback or their personal viewpoint on a discussion, when their partner may only want supportive listening. Being clear about needs in a conversation can offer structure to the neurodiverse partner’s response and conversational engagement. This often requires psychoeducation for a neurotypical partner to support them in learning ways to more clearly and effectively communicate their needs to their spouse.

Defensiveness

Neurodiverse couples often report difficulties around defensiveness in their relationships. This can be caused by the misreading of cues, past bullying, the need to defend oneself’s decisions/perspectives, or feelings of being criticized. Regardless of the root cause, it can severely impact partners’ experiences of communication and connectedness. Setting intentions in neurodiverse couples therapy helps clarify the reason why a partner is sharing more critical feedback or engaging in a difficult discussion. When couples understand that they both have “good intentions” in their relationship, it can ground partners in the way information is being delivered and received. To further support information delivery, the timing of sharing feedback or offering a different lens is crucial. If feedback is being shared when a couple is in an active argument, it is likely to be harder to receive and incorporate. Couples are advised to share feedback after the conflict has dissipated and they are both calm. It is also crucial for the neurotypical partner to be mindful of their information delivery, offering further clarity and context for this feedback, as their partner may not have the same social understanding.

Conclusion

Recognizing patterns of maladaptive communication and incorporating strategies to support clearer, more effective conversations are helpful building blocks in strengthening a neurodiverse relationship. The above strategies related to timing, processing, mind reading, and defensiveness can support couples in overcoming the potential challenges of communication. 

See Neurodiverse on page 32

Learn More About Transition Options This Spring at Chapel Haven Open House

By Chapel Haven

Chapel Haven Schleifer Center cordially invites prospective families to sign up now for our Saturday, April 13, 2019 open house! Open houses are being held both at our New Haven, Conn. campus and at Chapel Haven West, in Tucson, AZ. This event takes place from 10 a.m. to noon, includes a light breakfast and offers a program overview along with campus tours.

Our open houses are an ideal time to learn more about our programs and services, including overviews and tours of the REACH and Asperger Syndrome Adult Transition (ASAT) programs, based at our New Haven, CT campus. For those interested in Chapel Haven West in Tucson, the open house is an ideal time to learn about the curriculum, meet students and staff and tour the Tucson campus.

Chapel Haven Schleifer Center is underway with a $41.5 million campus transformation, which plays a role in self-reflection; connectivity increases significantly between the central executive and default mode networks. And as activity increases in one, it decreases in the other. This shift suggests that the networks become more specialized, performing distinct functions.

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See Neurodiverse on page 32
Researchers Explore Virtual Reality to Build Crucial Social and Safety Skills

By Dana Weidig
Outreach Manager
The Center for Autism Research at Philadelphia (CHOP)

Those in the autism community are familiar with missed social connections, but misunderstood behaviors have the potential to escalate quickly during interactions with law enforcement. A recent study found that 1 in 5 young adults with ASD will be stopped and questioned by police before age 21 and about 3% will be arrested. A 2017 study found that young people with autism who have serious psychiatric problems are 9 times more likely to have an encounter with the police than do others on the spectrum.

Several times a year, we see reports in local or national media involving an autistic individual whose behavior or failure to respond to orders was misinterpreted by an officer, leading to their arrest, injury, or even fatality. These devastating incidents are understandably worrisome for families and caregivers who wonder, “What would happen to my loved one in the same situation?”

Some of the core symptoms of autism spectrum disorder - social anxiety, unusual gestures, reduced eye contact and difficulty processing verbal and body language - can resemble a police officer’s standard profile of a suspicious person. Add flashing lights and the blare of a siren and it can be paralyzing for someone with autism who may have extreme sensitivity to light, sound or touch.

It’s therefore critical to teach individuals with ASD at an early age how to safely interact with police. While many police departments around the country offer training to help officers recognize and respond to people who have social and cognitive challenges, these trainings are often not mandated, and individuals with ASD rarely receive training that involves active participation.

Researchers at the Children’s Hospital of Philadelphia’s (CHOP) Center for Autism Research are taking a high-tech approach to addressing this challenge. With a $1.7 million Small Business Technology Fast-Track grant from the National Institutes of Health (NIH), the scientists are partnering with tech startup Floreo, Inc. to test a virtual reality (VR) program to improve the safety of interactions between police and adolescents and adults with ASD. “Immersive VR gives us a unique and important opportunity to help individuals practice critical interactions that will help them stay safe and improve their ability to live independently in their communities,” says Julia Parish-Morris, PhD, who is leading the study at CHOP.

The VR program was developed and refined with input from police officers and individuals on the autism spectrum. It is designed to give users the opportunity to practice safe interactions with a police officer in simulations that are close to real-life experiences. It will also let parents or therapists observe the user’s behavior and provide feedback and instruction in real time. In pilot tests, we found that the VR technology was extremely well-tolerated by participants,” said Dr. Parish-Morris. She explains that for the next phase of the study, “VR participants are wearing headsets, with tech startup Floreo, Inc. to test a virtual reality (VR) program to improve the safety of interactions between police and adolescents and adults with ASD. “Immersive VR gives us a unique and important opportunity to help individuals practice critical interactions that will help them stay safe and improve their ability to live independently in their communities,” says Julia Parish-Morris, PhD, who is leading the study at CHOP.

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Researchers are testing a virtual reality tool to help autistic teens and adults safely practice and prepare for interactions with law enforcement officers, leading to their arrest, injury, or even fatality. These devastating incidents are understandably worrisome for families and caregivers who wonder, “What would happen to my loved one in the same situation?”

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Learning the Powerful Language of Inclusion: A Mother’s Journey to Acceptance and Hope

By Cecilia Scott-Croft
Executive Director, Borough of Manhattan Community College

This article was developed from three major strands. First, the document’s inception originated from the author’s experience as an early-childhood special educator, a parent, and an administrator working with families. Second, the background came from the writer’s qualitative research about the perspective of parents and pediatrists on the impact of a diagnosis of autism spectrum disorder of their children and patients. And, last, the depth of this article is based on the author’s experiences as a parent with a child on the autism spectrum. The terms caretaker, primary caregiver and parent are all used interchangeably in this article to describe individuals caring for children diagnosed with autism.

Diagnosis

More than five years ago, my son was diagnosed with autism. As a toddler, he struggled with his communication and socialization skills. During that time, he exhibited challenging behaviors. While I strongly suspected my son had autism, I could not bring myself to utter the word “autism.” The notion of my child having a lifelong disability crippled me. I vividly recall a strong surge of fear one morning when Matthew was a preschooler. I had to stop mid-travel to calm myself. It was then, at that very moment, that I knew my son had autism.

The research of Gray (2002) posited that parents experience a sense of loss and grief after their child’s diagnosis of autism. Similarly to the stages of grief associated with the research of Kübler-Ross (1973) related to death and dying, parents grieve the loss of being unable to raise a typically developing child. This manifests itself in anger, resentment, stress, shock, and fear (Chiang, 2014). They continue to experience stages of grief as they learn to cope with the fact that their child has a lifelong disability (Hall & Graff, 2011).

Perspective Taking

I was afraid to disclose my son’s diagnosis to my family and close friends. I felt I might experience judgement and/or pity. In the midst of those feelings, I was overwhelmed by the many hurdles I encountered as I attempted to access services for my son. I scanned well over 200 pages from a service provider. This led to feelings of immense pressure. My concerns may have overwhelmed me, but my son’s diagnosis has enriched my life. Looking back on my journey, I am grateful for what I experienced. It helped me learn a lot about autism. Learning about the mysticism and complexity of autism reframed my perspective about raising a child with a disability. I have chosen to become the well-informed, knowledgeable mother of an intelligent, joyful, funny, and kind 8-year-old boy. He wakes up every day excited about life. Once afraid of escalators, heights, and large crowds, he has surpassed those challenges. Once unable to speak, my son talks nonstop. He has found his happy place. Once I learned to live, love, and enjoy my son without fear, I uncovered countless resources and a community of support. My 8-year-old just happens to be on the autism spectrum.

The research tells us that autism is a disorder marked by considerable delays in social and communicative skills. It further posits that one in 59 children are diagnosed each year. Autism is more prevalent in boys than girls. Characteristics of autism include rigidity, strong preferences, and obsessive-compulsive tendencies. Autism can present with co-occurring disorders such as anxiety, and gastrointestinal and feeding/eating issues. The causality of autism is attributed to biological and genetic factors (Autism Speaks, 2013).

Challenges for Parents

Working with families who are caring for children with varying intellectual abilities and special needs has taught me a great deal about life. Caregivers of children with special needs face many challenges. Primary caretakers are working with service providers and families. The odds are stacked against us to do the very best for our children. There are so many resources and a community that can support you.

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including expressive language, receptive language and social communication.

Deficits in the area of social communication can include delayed play skills, decreased initiation of interactions, and difficulty engaging or maintaining conversation. The development of these skills in the classroom setting can be supported by the use of video modeling. In video modeling, the student is shown a video that displays a particular skill in an environment with limited distractions and then provided with the opportunity to practice the skills with his or her peers or staff (Green et al., 2013). Teaching social skills in the classroom setting allows for peers to be readily available to practice a variety of social skills, such as turn taking, in the naturally occurring environment, which can certainly benefit all students in the classroom.

Making the decision to provide milieu speech and language services in order to build communication skills can be beneficial to both students and the staff working with the student. Providing services in the natural environment, whether that be in the classroom or on the job site, can promote increased generalization of skills and the opportunity for staff to observe and practice how to incorporate communication targets into their lessons and classroom routines. The use of visual supports and video modeling in the classroom can help build communication competence and foster independence while looking at each student and tailoring these strategies to ensure that their needs are being met.

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References


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act of reinforcing the associations with appropriate behaviors and minimizing the association with challenging behaviors.

With these strategies and methods, support providers and caregivers often now have at least some essential basic tools to help their learner. In the case of the young adult with the migraine, the Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCABA) would identify the function (pain) of self-injury, and develop a protocol to teach this young man to communicate that he is in pain. Through the association of the mand for ‘help’ with the presentation of pain medication, he can now learn that signal to others means he will get the medication to help his pain. For the toddler who wants a snack, the same teaching and pairing process can teach him an appropriate way to mand for ‘crackers’ when he is hungry. By placing biting on extinction, meaning he will not get the crackers following that act of reinforcing the associations with challenging behaviors. The contingencies have now changed such that there will no longer be a rationale for biting, but plenty of motivation for manding.

Imagine for a moment being unable to tell the person closest to you when something hurts, that you are hungry, or that someone mistreated you. Communication is a vital part of everyone’s daily lives. Delays in learning effective communication have such a detrimental effect on the interactions a person has with their surroundings; At the root of most behavioral challenges is a deficit in being able to effectively communicate. Putting ABA technology to use through the use of preference assessments and observations, it is amazing to see how making a simple request can open so many doors not believed to be available before.

For more information about Services for the UnderServed, Inc. and the work with adults with developmental disabilities contact Amanda Aduta at aduta@sus.org or Vivian Atanassio, VP of Behavioral Services at vatanassio@sus.org, or visit www.sus.org.

References


Individuals with Autism Spectrum Disorder commonly suffer from other medical conditions, or comorbidities, that can sometimes mask or even exacerbate symptoms of autism. At the top of the list are psychiatric conditions, neurological issues and even gastrointestinal problems. In fact, 70 percent of individuals diagnosed with autism also have a comorbid psychiatric diagnosis while 41 percent have two or more diagnoses (Sarris, 2014). The most common comorbidities are ADHD, Oppositional Defiant Disorder and Social Anxiety Disorder.

It’s not uncommon for comorbidities to play a role in communication disorders in individuals with autism (Pinborough-Zimmerman, et al. 2007). The first step is properly diagnosing autism and any underlying comorbidities in order to improve quality of life and open the pathway to effective communication (Bauman, 2010). Higher functioning children tend to be diagnosed with something other than autism – such as ADHD – first (van Steensel, 2013). One of the problems with the ADHD diagnosis, however, is that it tends to get overused in schools when compulsive thoughts or fixations are mistaken for ADHD.

For example, if a child isn’t paying attention in class because he is busy looking out the window at the train tracks and counting the numbers on the box cars, that behavior mimics ADHD when it could actually be autism. The child is paying attention, but he’s not paying attention to what the teacher wants him to pay attention to. He’s overly focused on the trains. Many patients have been misdiagnosed with ADHD even though their focus was just fine once properly treated. The problem was they were so trapped in their own thoughts that they would not interact and could not really communicate what they were experiencing. Teachers were not wrong with their observations of the behaviors, but the cause of the behaviors was incorrect.

The proper treatment approach is key when dealing with autism and its comorbidities (Frye, et al. 2016). It is important to treat the autism first and the comorbidities second. Individuals with autism see and experience the world in a completely different way than the rest of us because of the way their brains are wired. An autistic brain has never experienced anything other than constant overload, which heightens anxiety levels. The anxiety, in turn, can cause agitation, impulsivity, irritability, outbursts and self-injurious behavior. Once medications are introduced to bring that anxiety level down, other – more positive – emotions, interests and behaviors begin to emerge. Treatment also helps expand the ability to communicate and express the constant overload that leads to some of the behaviors exhibited.

Once an individual’s anxiety is under control, he feels better and, as a result, his behavior and communication tend to improve. He can better explain if he is tired, has a headache or is experiencing gastrointestinal pain – all of which could be responsible for symptoms like agitation, irritability or outbursts. Even with nonverbal children, treating the anxiety associated with autism opens the ability of a child to be receptive to learning methods of expressive communication. The idea is to get the brain down to a calmer state, where interventions can be effective. A great example to illustrate this is that of a panic attack. If you have ever seen or tried to interact with someone in a full-blown panic attack, you understand it is nearly impossible to intervene well. The individual is not processing anything but the panic. In this state, the brain is over-loaded. Anything you say – no matter how nice and calming it is – will not be properly received and processed. Once the individual is able to calm down from that panic attack, then you can intervene and hopefully teach them the skills to avoid panic attacks in the future.

The opposite approach – treating the panic attack first – may not be as effective or can actually exacerbate the problem because you are not getting to the underlying cause of the panic attack. In someone with autism, often times that panic attack – see Comorbidities on page 34

PECS from page 15

9. Teaching and supporting parents are essential to successful communication intervention

10. Full participation in home and classroom environments is critical to early language intervention

PECS is derived from B.F. Skinner’s perspectives on communication development contained in his writings on verbal behavior and behavioral science. PECS was first introduced into the literature in 1994 based on the research by Andy Bondy and Lori Frost (Bondy & Frost, 1998). PECS encourages communication through the systematic progression of training phases that help learners understand the following:

• the technical components of requesting,
• the utilization of persistence and routine in communication,
• the use of discrimination while making choices,
• the efficacy of producing sentences with referents and
• the introduction of more complicated communication productions such as commenting.

Students are taught to “exchange” picture icons for desired items. PECS successfully addresses:

• issues with prompt dependency,
• the gaps resulting from prerequisite skills deficits, and
• functional communication gaps.

Use of PECS in AHRC-NYC Schools

AHRC has seen firsthand the effectiveness of PECS with its’ student body and has utilized the system where appropriate as a primary communication intervention strategy, particularly with its younger students diagnosed with autism spectrum disorder. Staff is introduced to PECS by:

• Presentation at their New Hire Orientation (i.e. videos and practice).
• Attendance at PECS’s Level 1 and Level 2 trainings.
• Provision of more intensive learning opportunities and school-wide training initiatives for those staff members who demonstrate interest in learning more about PECS and to those whose job

see PECS on page 37
Improving Communication Skills: Using Behavior Analytic Science Effectively

By Cresse Morrell, MS, BCBA, LBA (CT)
Vice President of Clinical Operations
Milestones Behavioral Services

Learners with Autism Spectrum Disorder (ASD) often face significant challenges learning socially appropriate and effective communication skills. Because these challenges are present across all ages and stages of development, programming targets can range from communicating basic wants and needs to navigating complex conversations. Practitioners must be skilled in creating a variety of interventions that best address these diverse communication needs.

Another factor affecting service delivery for the ASD community is the workforce of practitioners. Recently certified practicing behavior analysts may not have had a wide range of programming experience. Some of this growth can be partially attributed to the overwhelming need for service in the ASD community. As such, it is increasingly important to ensure that interventions are developed and implemented with fidelity and integrity. A parsimonious approach to programming those standards of practice is to incorporate the seven dimensions of Behavior Analysis as described by Baer et al. (1968). Since some of those dimensions may prove to be more challenging or complex to weave into practice, the use of a set of guided questions specific to each dimension can assist in isolating the most relevant components.

Developing appropriate and effective programs requires the practitioner carefully to construct the foundation and framework upon which the program will start and progress in mastery. As referenced above, a good starting point may include having the team answer a set of guiding questions. What follows are some important components to consider when during the process to developing, implementing, and monitoring effective programs.

- Where will the program be taught? Why?
- Where will the skill be used once the program meets criteria?
- How will you know that the skill is being used in the appropriate place(s)?
- How do typical peers use the skill? How will you ensure that your student does the same?
- How will you take data? Frequency, independence, percent correct?
- How will you define final criteria for use of skill?
- How will you ensure that the skill is under the appropriate stimulus control?
- How will you define the behavior?
- How will you describe the procedure? Make sure you include all potential situations that could occur.
- How will you decide if the behaviors taught are socially significant for that student?
- How will you ensure that the appropriate function is identified?
- Include use of reinforcement, punishment, use of motivating operations, shaping, fading, thinning of schedules of reinforcement, chaining.
- How often will you measure the behavior?
- How will you determine criteria for mastery?
- How will you know when to make a change?
- How will you ensure that everyone is measuring the same behavior?

Many of the above questions are standard to behavior analytic programming; however, several warrant a more in-depth discussion. What follows are specific considerations across some of the questions using the example of teaching manding (requesting) to a learner who is beginning to communicate using vocal speech.

Effective communicators have the ability to ask for wants and needs in any environment (home, school, the mall, an airport, or a brand new environment). In order to ensure generalization occurs, programs should be taught in every environment the learner visits so that responses are robust and can be used across all people and places. Communication skills cannot be limited under the stimulus control of a single environment.

Another measure of successful intervention is the production of socially important
communicative function.

College from page 17
identified their children’s social needs as unmet when measuring outcomes of young adults with ASD. Only 33% of the young adult participants, with a mean age of 24, reported having at least one friend. The training of peers to act as social mentors has well-documented empirical support for its effectiveness with children and adolescents on the autism spectrum (Laushay & Heflin, 2000; Harter, Symon, & Freia, 2008). Peer mentorship programs taking place on university campuses, such as those described by Roberts & Birmingham (2017), Siew et al. (2017), and Wenzel & Rowley (2010) have revealed positive outcomes in college students with ASD, suggesting that training peers to be social mentors may continue to be an effective social skill intervention into young adulthood.

Additional challenges for college students with ASD choosing to pursue postsecondary education, developing strategies to assist with the social communicative challenges of college as well as the social deficits of ASD are imperative. Many universities are beginning to incorporate non-academic supports into their disability services, with one of the areas of focus being social skills. However, it is essential that young adults with an ASD diagnosis develop social cognition – the ability to comprehend why it is important to use a particular set of social skills in one situation versus another, for example, in order to be more effective communicators overall. For most neurotypical individuals, considering others’ points of view “comes naturally,” and this skill helps humans predict how others will react to their statements and behaviors. We all appreciate when others consider our thoughts and feelings, but it is actually a very complex process that is challenging for individuals with social cognitive deficits and for individuals on the autism spectrum. The good news is that many individuals can learn this multifaceted skill over time. An important part of any young adult’s college experience is social inclusion and satisfaction. Although social satisfaction may be defined differently for everyone, challenges related to autism spectrum disorder should not make satisfaction unattainable.

About Chapel Haven Schleifer Center
Chapel Haven Schleifer Center is an award-winning, nationally accredited school and transition program serving 250-plus adults with a variety of abilities and needs. The Asperger’s Syndrome Adult Transition (ASAT) program is a highly specialized program to help adults gain competence and confidence in social communication while pursuing college, independent living, employment and a satisfying circle of adult friends. Please join us for our Saturday, April 13 open house. For more information, contact us at admission@chapelhaven.org.

Gina Apicella, M.S., BCBA, is Director of the Asperger’s Syndrome Adult Transition (ASAT) Program and Sarah Davison, M.S., CCC-SLP, is a Speech-Language Pathologist for the ASAT Program at Chapel Haven Schleifer Center, Inc. For more information, visit www.chapelhaven.org.

References
Partnering with Your Child’s Doctor to Navigate the Special Needs World

By Amy Kelly
Director of Family and Community Services
Devereux Advanced Behavioral Health

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We all want the best medical care for our children, and a crucial part of obtaining proper care is finding a doctor who is knowledgeable, experienced and compassionate. Finding the right doctor is especially important for children with special needs, who often require more frequent doctor visits and a higher level of medical attention.

My 17-year-old daughter, Annie, has been to dozens of doctors and specialists because she has autism spectrum disorder and a few other mental health diagnoses. When she was diagnosed before she turned two years old, I immediately knew I needed to find a good doctor. But more than that, I quickly learned that I needed to work closely with our pediatrician to make the most of Annie’s appointments and her overall care.

Below are four tips to help foster a positive relationship with your child’s doctor:

1. **Come prepared with a list of questions and concerns.** There can be so many issues and worries to address when you learn your child has special needs that it can sometimes be overwhelming. I always kept a folder with Annie’s medical information, any new test results or recommendations, and a sticky pad full of questions I compiled since the prior appointment. I brought this folder to each doctor visit. Being prepared allowed me to fill the doctor in on Annie’s most recent therapies and medical concerns and gave me the opportunity to ask specific questions I had been saving up for that visit.

2. **Get to know the office staff.** The nurses, physician assistants and administrators at your doctor’s office are incredible important people. Take time to get to know them – and vice versa. They can make a significant difference in the quality of the appointment. For example, I would send a holiday card to our doctor’s office every year with a note from our family. Sometimes, I’d even drop by with a fruit basket or something unexpected to say, “thank you.” In my experience, these gestures go a long way.

3. **Take one or two “test runs.”** Even at a very young age, Annie knew when we were going to the doctor. She would begin to cry and tantrum when we turned onto the street where the doctor’s office was located. She had a lot of anxiety, which quickly turned into my own anxiety. So, we worked with our pediatrician to “plan” Annie’s visits. At the start of the appointment, Annie would sit in the waiting room for a few minutes and be called back to a room. The doctor would pop by and say “Hi,” and then Annie would get a small prize. The next visit, we extended the wait, and she let the doctor listen to her heart and check her ears. Then, Annie got another prize. Over time, Annie realized her doctor was kind – not someone to be feared. Today, Annie feels very comfortable with her doctor. In fact, she will even ask him to check her ears!

4. **Speak up if you aren’t sure of something.** True partnership means both the parents and the doctor feel free to ask important questions. This means two things: giving truthful and complete answers to the doctor and feeling comfortable to ask your doctor questions.

Your relationship with your child’s doctor is essential to making sure your kids receive the attentive, informed and comprehensive care they deserve. By investing time in that relationship, you and your doctor (together) will help your child to thrive.

About Amy Kelly

Amy Kelly is the mother to Danny, Annie and Ryan. Annie is diagnosed with moderate to severe autism, verbal apraxia, intellectual and developmental disabilities and general anxiety disorder. Amy is the Director of Family/Community Services for Devereux Advanced Behavioral Health, one of the nation’s oldest and largest non-profit providers of behavioral healthcare, and serves as a family representative.

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must be less than five years old. It is important to note that high school IEP’s and 504 Plans are not sufficient documentation for accommodations in colleges.

**Tips for College Success**

Here are a few tips for students of the autism spectrum considering college:

1. The DSS office should be at the top of the list when visiting prospective colleges to assess accommodations the college provides and whether they meet your needs. The level of support for students of the autism spectrum varies from one institution to another. Most colleges offer accommodations such as note-takers, extended time on tests, alternative testing arrangements, and alternative formats of textbooks, but some colleges go above and beyond by providing services tailored for autistic students. Approximately 60 U.S. colleges offer autism support programs such as social skills training, support groups and mentors, tutors trained in how to work specifically with students of the autism spectrum, and time-management workshops. Be aware that many of these colleges charge an additional fee for these services.

2. Update your disability documentation with a licensed psychologist - preferably during the later part of junior or senior year of high school so the documentation is less than five years old. You can ask for recommended college accommodations to be put in the documentation, serving as a discussion starter when you meet with the DSS Office.

3. All colleges require general education classes and these classes can be completed at a community college instead of at college. This will allow you to integrate into college life at a smaller college and not be overwhelmed by a large college, and it helps you save money.

4. You don’t have to take a full course load of classes. Start with one or two classes and grow into a full load. Many students take a full load because of a financial aid requirement but find themselves overwhelmed and struggling. Taking it slowly the first few semesters might be worth the time and expense.

5. Most professors often rely on lectures and tests. To mitigate the heightened anxiety about lectures, students on the autism spectrum may request an accommodation of recorded lectures. Professors are not required to allow their lectures to be recorded, but students with an accommodation to record lectures are legally permitted to.

6. The best time to transition to college life is during the summer, when the campus is quieter and less crowded. Students can explore campus noting where services are located, plan their route to classes, and gain a feel for campus. For students living on campus, choose a dorm that is an environment you feel comfortable to live in. For example, if you prefer quiet, request a dorm tailored to upperclassmen rather than the freshman dorm. In addition, it might help to move in as soon as the dorms open, allowing time to become familiar with the environment and amenities before classes begin.

7. Distance from home is a significant factor in college success. Students on the autism spectrum often benefit from being able to frequently visit home. Look for colleges within a two-hour range that have the majors you are interested in. Smaller colleges are sometimes more advantageous when it comes to accommodations. They offer smaller class sizes, individual attention, more opportunities to ask questions, and the ability to become familiar with professors and classmates.

8. Enjoy the experience! Unlike high school, in college you can choose classes that interest you and college students are usually more accepting of your quirks.

Parents experience some degree of angst as their children navigate the college admissions process. Understandably, parents of autistic students often experience an additional amount of anxiety. However, with the proper planning, your child can experience a successful college journey. A good first step to college success would be to start building your child’s self-advocacy skills in high school by allowing them to share control of their educational process.

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For more information Heidi Hillman can be reached at hhillman@emu.edu.

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Improving Communications with Children with Autism and Special Needs
Using Augmentative and Alternative Communication Strategies

By May Ng, MBBS, MSc, LLM, PhD
Consultant Paediatrician
United Kingdom

As a paediatrician, we are taught that the developmental progress of a three to four-year-old child should include well over 500 words and that a child should be able to describe things and situations in a meaningful way. This milestone is one that all parents strive for as it is an important part of a child’s normal development. However, in children with Autism Spectrum Disorders (ASD) or special needs, communication issues are common and many children are often slow to begin talking or may not learn to talk at all (Osterlin et al., 1994). Augmentative and Alternative Communication Strategies (AAC) were originally developed to assist people with severe speech impediments as a means to provide non-vo-cal options of communicating with others (Paul, 2008). Using AAC as an approach to improve communications is based on the concept that all children have a need to communicate even if their speech is not present. Some examples of AAC methods are:

Sign Language

The use of sign language in ASD and children with special needs who fail to acquire spoken language is well documented as a communication modality. However, it is reported that children with problems with fine motor development are less likely to benefit from this form of AAC.

Picture Exchange Communication System (PECS)

PECS uses visual pictures and symbols as a form of communication with a child with limited verbal communications (Charlop-Christy MH, 2002). At its most basic, the child hands you the picture or indicates by pointing to a picture of what they want. It encourages engagement and initiates a communication between the child and parent or caregiver. PECS is later extended over several stages over a period of time. For example, the child would learn to use two PECS symbols: the first symbol for “I want” and the second symbol for the item requested.

There is no evidence to indicate that the use of PECS cards would interfere or inhibit the development of speech in later years. PECS cards can provide an alternative means of communication for a child with special needs or autism who is unable to speak (Tincani, 2004)

Aided High Technology

Voice-Output Communication Aids

Non-verbal children with ASD have been shown to benefit from voice output communication devices which supplement or replace speech (Bernard-Opitz et al., 2001). These require an external power source such as batteries or electricity, and permit the storage and retrieval of electronic messages, symbols and pictures, allowing the user to communicate using a speech output. For example, when the symbol or picture is touched on the device, it produces a voice saying the word out loud at the same time. Today, there are also symbol-support ed communication apps like Proloquo2Go which can be programmed directly into an android or ipad which produces a voice-output. Light et al. (1996) also reported positive language outcomes in children with ASD when voice output communication devices were included with signs, gestures, and natural speech as a components of a comprehensive communication system.

Conclusion

AAC approaches are compatible with the development of speech as well as used as means of improving communications for children with ASD and special needs. However, there is still a paucity of large scale research in this area and many studies have small sample sizes. Early interventions using AAC for children with ASD and special needs has been shown to make a dramatic difference in improving the function and form of communication (Lord, 2001). There is a growing belief in the speech therapist community that AAC approaches have a beneficial impact on speech development and will reduce the frustration and anxiety caused to children by their lack of or delayed speech development.

see Augmentative on page 36

References


Tech Startup Daivergent Turns to AHRC NYC to Fill Jobs with People on the Autism Spectrum

By Dylan Watton
Communications Coordinator
AHRC New York City

Leon Campbell says he is patient, attentive, and devoted to details. “I always make sure my work is accurate within the confines of the rules that are given to me,” he explains. Leon works on “all manner of things with data—extracting it from online sources and promptly putting it in other online sources, labeling images, among other things.” Many in the workforce find these tasks too monotonous to carry out on a daily basis, but for Leon and hundreds of his peers, this is exactly the kind of work they enjoy and do best. Leon is on the autism spectrum and has an aptitude for repetitive, detailed work. Through AHRC New York City’s Employment and Business Services, Leon was connected with an opportunity to use these skills to the fullest. He is thriving in his job at Daivergent, a tech startup providing a variety of companies with access to a workforce that can tackle their most intricate data needs.

Raising Awareness of a Unique Workforce

“We work with companies that have these data requests, for tasks that they need completed by an exceptional talent pool that they can draw from and support them,” says Byran Dai, the co-founder and CEO of Daivergent. He started the company in December 2017 using his savings and funding from the Entrepreneurs Roundtable Association, and has since seen it grow from two initial hires (including Leon) to supporting more than 850 candidates across the country working with nearly two dozen corporate clients. Around 80-100 people in the candidate pool are working on active projects at a given time.

“We recognize that there is a unique ability and aptitude among this autism talent pool in many of these different domain areas like data labeling and annotations for building artificial intelligence products, or helping customers in the health care space do secure data entry,” Byran said. “So we say ‘Is this type of task something that you’d look overseas for or they’d look for people who really wouldn’t be the best suited because the work is very complex and it requires a lot of focus?’”

Daivergent works with service providers, such as AHRC New York City, to find candidates who are best suited for this work. “Daivergent has become an indispensable employment partner with AHRC NYC” says Marco Damiani, CEO of AHRC NYC. “They are helping hundreds of people with autism and other intellectual/developmental disabilities realize their potential by putting them in a position to succeed professionally. Technology is one of AHRC NYC’s key initiatives and it is exciting to partner with a company that is being an innovator in its field.”

Byran’s dream for Daivergent is borne out of personal experience. His 19-year-old brother, Brandon, has autism. “When was growing up with him, it was always very apparent that he’s not the same as me, not just because we are separated by almost 10 years in age but also the fact that our interests are different; the way we communicate [and] the way we approach life, the way we structure our interests are different; the way we engage with the world is very different,” Byran said. Byran’s relationship with Brandon further changed four years ago after their mother passed away. “She was always the one that was the caretaker for Brandon,” he explained. “When that happened I found myself wanting to feel that there was a

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effects. This requires the practitioner to understand both topography (what the behavior looks like) and function (the purpose the behavior serves). While topography can and should be shaped to what is socially acceptable, addressing the function of communication is the first and most important factor. Delivering a communication program in a discrete trial format may not allow for generality or consider function. For example, vocally or non-vocally responding with the word “cookie” in the presence of a cookie is only functioning as a mand if there is an existing motivat-
ing operation in place. Merely repeating an instructor’s vocal prompt does not mean re-
questing is being taught. Practitioners must ensure that responding is under the correct stimulus control and that programming is appropriately matched to that function. Careful consideration must be given to the choice of items specific to the amount of

the item or amount of time spent engaging with the item, how much and how frequently the learner has accessed the item, and how quickly the learner receives the item or access to the item after manding. Simply put, if a person doesn’t want an item, you do not have an opportunity for teaching manding.

An important element to consider when designing contingencies for manding programs is how teaching strategies will be implemented. Reinforcement contingencies for manding for an item should produce delivery of that item. Praise and tokens are not functional reinforcers for manding for a cookie. The reinforcer for manding for a cookie is receiving a cookie. It is also of great importance to fade prompts immediately. When using vocal prompting proto-
cols, fading procedures must be in place. If a vocal prompt is controlling the learner’s vocal response, that relation is not func-
tional. Moreover, if those prompts are not faded carefully and quickly, development of a completely separate relation can occur.

It is probable that either tactic or simply a stimulus (the vocal prompt) and a response (the word cookie) are the results of ineffec-
tive prompt fading in this example.

When analyzing data for manding pro-
grams, practitioners should evaluate data from teaching interactions across the learner’s day and not just in sessions. Not only does this provide a more robust data set, the process also adds additional assurance that the program is being taught across environ-
ments. Analysis of data includes looking at criteria for mastery. Peer behavior should be one of the variables considered in deter-
making mastery criteria. If the goal of the manding program is to teach the learner to use the skill optimally, the frequency with which it occurs should match peer behav-
ior as closely as possible.

While the above illustration is only a snapshot of the depth and careful consider-
ation that diligent programming requires, the use of the seven dimensions of Behav-
ior Analysis when constructing interven-

References

www.mhnews-autism.org
general, acquisition has been demonstrated across modalities, with stronger and more consistent data on acquisition in PE and SGD formats, compared to manual sign. Sigafous et al. (2009) and Son et al. (2009) demonstrated that both PE and SGD were successful in increasing communicative responses in individuals with ASD. McLeod et al. (2016) found that three of four participants acquired the communicative responses across three modalities: MS, PE, and SGD. One participant failed to acquire through manual sign. Generalization and maintenance data were stronger for PE than SGD than for MS. Van der Meer et al. (2012) demonstrated differential acquisition and idiosyncratic preferences across modalities for learners with ASD and emphasized that faster acquisition and improved maintenance resulted from the use of preferred modalities.

An additional consideration in the literature is the role of the team members. Ganz (Ganz et al., 2014; Ganz, 2015) emphasized the need to incorporate the preferences of the learner and of the family in the decision on modality. Torelli et al. (2016) emphasized the need to examine parental preference, as well as participant preference, and demonstrated a means for examining their alignment. In general, three items are assigned to each of the three modalities. In other words, a total of nine items might be taught, three initially assigned to each of the three modalities. In general, all items are taught in all modalities, as well. Mastery is defined as 10 independent requests. Errorless teaching is used, and prompts are delivered in a most intrusive to least intrusive hierarchy. Common modalities may include:

- Picture Exchange. A two-inch by two-inch icon representing the target edible is centered on the front of a small binder. The student exchanges the icon to a communicative partner.
- Speech output device (iPad® with Proloquo2Go®). The participant activates the speech output device by: touching the category folder (food), and then touching a picture of the target edible.
- Manual Sign. A two-step sign, or a two-step approximation of the sign is identified by the SLP. Approximations that are acceptable are identified and trained.

**Choice:** If more than one modality is associated with acquisition, then choice is assessed through a variety of means. For example, Signal or color cards that have been paired with each modality might be available for the learner to indicate which modality they would like to use. If PE and SGD are the effective modalities, both might be present and available in a free-choice context.

**Additional Assessments:** In addition to looking at acquisition and preference, additional extensions include:

- Spontaneous use: Data are collected on the spontaneous use of all modalities across the instructional day in natural contexts, to provide validation of the assessment.
- Social Validity: Parents and teachers are asked questions about which modality was easiest to understand (as a communication partner) and which modality seemed to be preferred by the learner.
- Parent/Instructor Preference: Parents and teachers are queried about their own preferences in working with/re-responding to the communications.

**Summary**

It is important to match the individual with ASD to the best communication modality option for them. This decision should be based on an individualized, data-based assessment of differential acquisition across modalities. In addition, it is important to examine the preferences of the learner and their stakeholders, to ensure that the learner will use and be supported to use the selected modality. Acquisition can be assessed by teaching communicative responses for multiple items across multiple modalities. When relevant, preferences can be assessed in a choice format. It is also important to ultimately examine spontaneous use and social validity, to get information on the real life impact the communication modality has on the learner’s independence, autonomy, and self-determination.

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**References**


**Development of an Assessment Tool**

The decision to create a protocol for the determination of the best modality for communication is an interdisciplinary team decision. A process must be created that allows all the team members to be guided by data and that respects the expertise of all members of the team. Speech-Language Pathologists (SLPs) are in the best position to determine the modalities to assess, the vocal approximations to consider, the signs to use, and the software/apps to use on the SGD. SLPs should be consulted about how to equate the responses as well (e.g., what would an appropriate two-step sign be for a particular item?). The behavior analysts may conduct preference assessments to determine the most highly preferred items to be taught as responses.

**Elements of a Sample Protocol**

**Acquisition:** Following a preference assessment, items are assigned to modalities. In general, three items are assigned to each of the three modalities. In other words, a total of nine items might be taught, three initially assigned to each of the three modalities. In general, all items are taught in all modalities, as well. Mastery is defined as 10 independent requests. Errorless teaching is used, and prompts are delivered in a most intrusive to least intrusive hierarchy. Common modalities may include:

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**Additional Assessments:** In addition to looking at acquisition and preference, additional extensions include:

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- Parent/Instructor Preference: Parents and teachers are queried about their own preferences in working with/re-responding to the communications.
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By B. Madeleine Goldfarb, MA, CFM Director, Noah’s Ark Institute

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Challenges. “I’m a lot more comfortable working with

defined work. We want to help people learn

us to break large-scale projects into smaller

projects that can be done in bite-size chunks. We try to do is that we recognize

that among this population, different users might have different strengths and

weaknesses, and we try to match them with the project that best suits their strengths.”

The platform also contains built-in curriculums to allow for social and professional

development that users can access. Some are geared toward personal interests like video game design, Photoshop, and
graphic design, while other curriculums are focused on augmenting professional

skills, such as recognizing body language in the workplace and general Microsoft

suite lessons.

Daivergent recruits employees by working directly with service providers such as

AHRC New York City and The Arc of Kentucky; advocacy organizations including

Autism Speaks; university accessibility offices; and family groups. “We try and do

a lot of outreach on social media, so we have folks that come in that might not be

affiliated with an agency or organization yet. They come to our platform and we like
to provide that connection,” Byran said.

Use of an online module allows Daivergent’s workers to put themselves in the professional

situations where they are most likely to succeed. “We have people who work in their local libraries, people who

work out of their own home.” Cameron said. Cameron added that interoffice messaging

apps such as Slack encourage close communication on both work projects and

shared personal interests, increasing opportunities for socialization in a population that often struggles with it.

Gaining Confidence Through the Workplace

Workers at Daivergent have been thriving as a result of the customized employment

model the work-readiness platform provides. “We do feedback surveys and the

thing we get the most is that they love flexibility of setting their own schedules—

we have people who work from 2 a.m. to 5 a.m. because they just prefer nighttime,”

Cameron said. “I have people that ask me for more work when they are done with

their tasks because they are so thrilled to gain that confidence and grow and put

themselves out there.”

Alexis Prendergast is among those workers seeing a boost in confidence since begin-
ing at Daivergent. She found out about the company via ACCES-VR, a New York

State program that facilitates employment opportunities for people with disabilities. “I

used to work at the library at my school, Manhattanville College,” she said. “I basically just shelved books.” Alexis

is never felt comfortable around her old coworkers, in large part due to her social challenges. “I’m a lot more comfortable

with these guys,” she said. “I was keeping the fact that I had autism a secret from pretty much everyone at my school, so I

was always kind of iffy about social interaction in case I screwed something up. But

everyone here knew, so it kind of doesn’t matter if I say something silly.”

Seeing the success of employees such as Leon and Alexis is pushing Byran and his

company forward. “There is an attribute among people in the autism population that is well equipped and adept at this kind

of work,” Byran said. “We are fortunate to have ability to offer a training layer as well as a communication and community layer

beyond just work experience.”

Dylan Watton is the Communications Coordinator at AHRC New York City. He

has been with the agency for nearly five years, previously working as a Direct Sup-
port Professional. He can be reached at Dylan.Watton@ahrcny.org or 212-780-

2597. For more information, please visit www.ahrcny.org.

Footnotes

1. Anne Kadet, September 4, 2018. “Start-


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media/PDF-89/Accenture-Disability-Inclusion-Research-Report.pdf

They often avoid eye contact, which can make them seem rude, uninterested, or inattentive. Without meaningful gestures or other nonverbal skills to enhance their oral language skills, many children with ASD become frustrated in their attempts to make their feelings, thoughts, and needs known. They may act out their frustrations through vocal outbursts or other inappropriate behaviors.

How Are the Speech and Language Problems of ASD Treated?

If a doctor suspects a child has ASD or another developmental disability, he or she will refer the child to a variety of specialists, including a speech-language pathologist. This is a health professional trained to treat individuals with voice, speech, and language disorders. The speech-language pathologist will perform a comprehensive evaluation of the child’s ability to communicate, and will design an appropriate treatment program. In addition, the speech-language pathologist might make a referral for a hearing test to make sure the child’s hearing is normal.

Teaching children with ASD to improve their communication skills is essential for helping them reach their full potential. There are many different approaches, but the best treatment program begins early, during the preschool years, and is tailored to the child’s age and interests. It should address both the child’s behavior and communication skills and offer regular reinforcement of positive actions. Most children with ASD respond well to highly structured, specialized programs. Parents or primary caregivers, as well as other family members, should be involved in the treatment program so that it becomes part of the child’s daily life.

For some younger children with ASD, improving speech and language skills is a realistic goal of treatment. Parents and caregivers can increase a child’s chance of reaching this goal by paying attention to his or her language development early on. Just as toddlers learn to crawl before they walk, children first develop pre-language skills before they begin to use words. These skills include using eye contact, gestures, body movements, imitation, and babbling. Here, scientists study a broad range of topics, from basic science investigations that explore the molecular and genetic components of ASD to translational research studies that test new types of behavioral therapies. Some of these studies involve children with ASD who have limited speech and language skills, and could lead to testing new treatments or therapies. You can visit the NIH Clinical Trials website and enter the search term “autism” for information about current trials, their locations, and who may participate.

The NIDCD supports additional research to improve the lives of people with ASD and their families. An NIDCD-led workshop focused on children with ASD who have limited speech and language skills, resulting in two groundbreaking articles. Another NIDCD workshop on measuring language in children with ASD resulted in recommendations calling for a standardized approach for evaluating language skills. The benchmarks will make it easier, and more accurate, to compare the effectiveness of different therapies and treatments.

NIDCD-funded researchers in universities and organizations across the country are also studying:

- How parents can affect the results of different types of language therapies for children with ASD.
- Enhanced ways to improve communication between children with and without ASD. This could involve a communication board with symbols and pictures, or even a smartphone app.
- Factors that may better predict whether an infant is at risk for developing ASD when an older sibling has the disorder, and when the infant shows problems in early social communication skills.
- Techniques to help researchers better understand how toddlers with ASD perceive words, and the problems they experience with words.
- Cost-effective ways to prevent or reduce the impact of conditions affecting speech, language, and social skills in high-risk children (for example, younger siblings of children with ASD).
- The development of software to help people with ASD who struggle with speech to communicate complex thoughts and interact more effectively in society.

Where Can I Find Additional Information About ASD?

Information from other NIH Institutes and Centers that participate in ASD research is available on the NIH Health Information page by searching on the term “autism.”

In addition, the NIDCD maintains a directory of organizations that provide information on the normal and disordered processes of hearing, balance, taste, smell, voice, speech, and language.

For more information, contact us at:

NIDCD Information Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
Toll-free Voice: (800) 241-1044
Toll-free TTY: (800) 241-1055
Email: nidcdinfo@nidcd.nih.gov

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- Techniques to help researchers better understand how toddlers with ASD perceive words, and the problems they experience with words.
- Cost-effective ways to prevent or reduce the impact of conditions affecting speech, language, and social skills in high-risk children (for example, younger siblings of children with ASD).

References


Neurodiverse from page 22

Building skills in clearer, more direct communication further offers neurodiverse couples the tools needed to address any other stressors that might be present in their partnership.

For more information about Leslie A. Sickels, LCSW and the clinical services she provides, visit LeslieSickelsLCSW.com. If you are a therapist and want to learn more about supporting neurodiverse couples, Neurology Matters offers a training and certification program available at: https://www.nihsensory.org/neurodiverse-couples-institute/

References


Partnering from page 27

on several special needs boards in the community, locally and nationally. In addition, she participates with other patients and families in efforts supported by the American Board of Pediatric Foundation and the Autism Speaks Autism Treatment Network to address children with special needs and the importance of quality care.

To learn more about Devereux Advanced Behavioral Health, visit www.devereux.org.

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he received the Thurman Munson Award from @AHRCNYC, he said on Twitter the following day. “It was an honor to be in the same room with people who on a daily basis assist those who need a helping hand. Thank you to @AHRCNYC for the award.”

Over the past decade, Alliance Building Services has hired over 200 individuals supported by AHR NYC, said Gary Green. “We should never forget that as part of the business community of New York City it is our responsibility to provide jobs for these individuals. We are thrilled to make a difference.”
Virtual from page 23

CHOP autism researchers partnered with tech company Floreo, Inc., and with police departments to create a realistic virtual experience to increase the number of individuals with ASD who are able to live independently, safely and be gainfully employed," added Floreo CEO, Vijay Ravindran. “We are excited to find out if virtual reality can help these individuals develop the social skills they need.”

More information about this research can be found at CenterforAutismResearch.org. Those interested in participating in this research study may email zittera@email.chop.edu.

CarAutismRoadmap.org provides resources for children, adults, and families seeking evidence-based guidance, information, and support.

Footnotes

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function of learning and experience,” DaPreto says. For instance, social struggles may affect brain development in autistic adolescents.

Lasting Links

In the second study, Anderson and his colleagues scanned the brains of 52 individuals with autism and 38 controls, aged 15 to 57 years. They measured connectivity across intervals from 1 to 31 seconds in 17 networks and 361 regions. (Standard analyses look only at instantaneous connectivity.) They found that connectivity between regions lasts significantly longer in the autism group than in controls. The difference is greatest in networks that play a role in sensory processing, attention and self-reflection. “These networks hold on to brain activity for too long; they are too stable,” Anderson says. However, he says, “it doesn’t allow you to do the complex types of processing that combine information from different parts of the brain together.” For example, social interactions might require connections to be more flexible.

Identifying the patterns linked to autism features may help researchers target treatments. Watanabe says. Tools such as transcranial magnetic stimulation may interrupt persistent brain signals.

In an ongoing study, Anderson’s team plans to study how the timing of connectivity shifts during development. And Da-Preto’s group aims to track connectivity patterns into adulthood.

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Additional Articles of Interest


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function of learning and experience,” DaPreto says. For instance, social struggles may affect brain development in autistic adolescents.

Lasting Links

In the second study, Anderson and his colleagues scanned the brains of 52 individuals with autism and 38 controls, aged 15 to 57 years. They measured connectivity across intervals from 1 to 31 seconds in 17 networks and 361 regions. (Standard analyses look only at instantaneous connectivity.) They found that connectivity between regions lasts significantly longer in the autism group than in controls. The difference is greatest in networks that play a role in sensory processing, attention and self-reflection. “These networks hold on to brain activity for too long; they are too stable,” Anderson says. However, he says, “it doesn’t allow you to do the complex types of processing that combine information from different parts of the brain together.” For example, social interactions might require connections to be more flexible.

Identifying the patterns linked to autism features may help researchers target treatments. Watanabe says. Tools such as transcranial magnetic stimulation may interrupt persistent brain signals.

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Additional Articles of Interest


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This is yet another of the many autistic challenges in areas that most neurotypicals require at most a modest effort to master (when they are not natural and instinctive) and, as such, cannot understand why they are so formidable for many autistics.

Misidentification of Deficits

Autistics have long been known to have deficits in theory of mind. Also, according to research on the psychology of communication, verbal articulation constitutes a small part of human communication – much meaning is conveyed by facial expression, body language, and vocal infonation. Autistics are well-known to interpret and use these in their most literal sense and have difficulty understanding subtextual and metaphoric language (the same things that

always baffled me in my English classes many years ago!), or for that matter any figurative expression the actual meaning of which they are not familiar with. Much of spoken and written communication requires that one “read between the lines” to properly understand it. I always loved this expression – taken literally, I was never able to see anything between two lines of text other than blank white space! As such, autistics can have significant deficits with verbal communication even when there is no deficiency in their language usage.

Formal education in both English and foreign languages consists primarily of vocabulary, spelling, grammatical usage, and most generally learning how to read and write. In particular, standard reading examinations usually test for little or nothing besides literal understanding of the passage presented (and perhaps occasionally the subject, idea, or concept that the passage deals with). As such, any autistic who is able to perform above a minimal level, let alone excel in these areas, will not be identified as having communications deficits even though these may be quite significant. Once again, this actually happened with me, especially since knowledge about autism was nonexistent at the time. It is essential that all autistic students be identified as such so that they can be properly assessed for deficiencies in other types of communication skills which can then be properly addressed using whatever means are appropriate. Failure to do this can result in a lifetime of misunderstandings between the autistic and family, teachers, friends, acquaintances, or just about anyone. These can have especially serious consequences when employers, law enforcement, or other officials or authorities are involved.

To make matters even worse, autistics are now believed to often suffer from alexithymia – a condition in which the ability to identify and articulate emotional and other internal states is impaired. This not only results in yet another deficit of self-expression but can affect the ability of autistics to communicate with medical and mental health professionals, psychologists, counselors, and others whose job it is to help them with the very difficulties that they are as such unable to accurately describe. For example, one of the most typical questions that many therapists ask their patients is "what are you feeling?" Is it any wonder that, with the exception of Cognitive-Behavioral Therapy, most forms of psychotherapy have long been known to be ineffective for autistics?

The upshot of all of this is that many autistics live with significant communications deficits that are often not recognized. More extensive efforts need to be made to better identify those who are living with these challenges so that they can be properly treated, and all necessary services and accommodations made available to them. This in turn will require greater public awareness of these issues, particularly among those who work with or are otherwise involved in the lives of people on the autism spectrum.

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Theatre from page 14

classes, EPIC Players breaks down the social stigma surrounding neuro-diverse communities, increases critical employment opportunities for individuals with ASD and seeks to pioneer increased inclusion in the mainstream arts.

To date, a number of studies have reported results incorporating theatre activities and drama games as interventions for children and adolescents with ASD. In 2015, Ah-Jeong Kim and colleagues in the Department of Theatre at California State University Northridge investigated the impact of participation in theatre on youth with ASD and the possibilities that such participation might yield improvements in personal and interpersonal relationships. Their study explored the impact of inclusive theatre experiences involving the development, rehearsal and performance of theatrical productions on youth with ASD. In the study, eighteen youth with ASD and nine non-ASD peers participated. This study stands as an inclusive collaboration between the University, the Teenage Drama Workshop and The Miracle Project. This partnership culminated in five public performances of an original musical using pre- and post-test questionnaires, as well as structured observations. The examiners evaluated changes among youth in a number of conceptual areas. They found improvements in self-reports of self-esteem, behaviors related to empathy, comfort with others and trust. This study is one of the few efforts to systematically examine the impact of the theatre participation on youth with ASD. The authors concluded, and the data supports that, inclusive theatre experiences can build the potential for improving the communication and socialization skills of youth with ASD. Theatre can have a significant and positive impact on self-esteem, empathy and comfort with others.

Additionally, in 2015 Suzanne Redding and colleagues at Butler University provided theatre rehearsal and production for students with ASD in a 10-week theatre experience. These authors evaluated changes among youth in a number of conceptual areas. They found improvements in self-reports of self-esteem, behaviors related to empathy, comfort with others and trust. This study is one of the few efforts to systematically examine the impact of the theatre participation on youth with ASD. The authors concluded, and the data supports that, inclusive theatre experiences can build the potential for improving the communication and socialization skills of youth with ASD. Theatre can have a significant and positive impact on self-esteem, empathy and comfort with others.

is brought on by the inability to effectively communicate. By treating the autism first and giving that individual the tools to communicate emotion and pain, the anxiety attacks may never need to surface.

Treating autism and comorbidities isn’t a “one size fits all” approach. There are several factors to consider when putting together a treatment plan, and what works for one person might not work for another person. Treating autism and comorbidities is an individual and unique approach to every patient. Therefore, every treatment plan is individualized. If a patient comes to Springbrook Behavioral Health in crisis, the treatment answer is very different than if it’s a calmer ‘get to know you’ outpatient visit.

Springbrook staff work closely with one another to monitor all aspects of treatment. In the best designed study thus far examining theatre arts and ASD, Blythe Corbett and her colleagues at Vanderbilt University in 2017 examined the efficacy of a peer-mediated theatre-based intervention for social competence in youth with ASD. Thirty participants with ASD, 8 to 14 years old, were randomly assigned to a treatment or a wait list control group. Immediately after the intervention, positive group effects were seen in improvements in social ability, better communication, group play with toys in the company of peers, immediate memory for faces, delayed memory for faces, and theory of mind. Most interesting, and most important, in this study is that results from a two month follow up showed that positive group effects were still detected on communication symptoms. That is, the improvements observed immediately after the intervention were still maintained within participant communications two months later.


Comorbidities from page 25

Our interdisciplinary team meets weekly to review each Autism Spectrum Disorder and Outpatient Psychiatry patient’s progress and treatment plan based on the Functional Independence Skills Handbook, or FISH curriculum, which was designed by our behavioral analyst, William Kilion, PhD, BCBA, at Springbrook. We all get a lot of fun when each other’s goals and therapies will have the best result. Our goal is to promote growth and independent living for every child, using the means that are most effective for each individual. Contact us at https://springbrookautismbehavioral.com.au for information about our private consultation or to tour our campus.

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behaviors as diverging from his core values of (1) kind and caring and (2) supportive, therefore resulting in uncertainty to continue his friendship. Conversely, Tom could use his outlined core values to encourage his own behavior and maintain the relationship. The outlined core values are perceived as valuable by Tom, and his friendship with the child with ASD is maintained.

3. Advocate and Disclose - Social conflicts appear more manageable when broken down into clear and specific guidelines based on goals and boundaries. Language models, such as the sandwich method or constructive criticism, can be used in tandem with these findings to advocate more effectively. As mentioned prior, Tom identified his peer’s actions as violating the boundary of his kind and caring. Through the outlined core values, Tom was able to advocate for his own needs and maintain his relationship.

Training from page 8

Recently, the Center for Autism in Albany, NY implemented an accelerated 6-week, group-format parent training program based on the standardized ESDM (Fox, 2017). Sessions took place twice per week for 60-90 minutes and followed the standardized session guidelines provided in An Early Start for your Child with Autism by Rogers, Dawson, and Vismara (2012). A group format was selected due to previous work suggesting its success in promoting parenting skills while simultaneously fostering social support among families (Stahmer & Gist, 2001). Parents were randomized to either an immediate treatment group (n = 5) or delayed treatment control group (n = 7). The parents who participated in the program had children who ranged in age from 21 to 42 months. Nine of the target children in the study had diagnoses of ASD, while one child had an older sibling with ASD and was therefore at high genetic risk for the disorder.

From pre- to post-treatment, parents in the immediate treatment group showed qualitative gains in their children’s expressive language. While children whose parents were in the delayed treatment group remained stagnant during the waitlist period, they also showed a qualitative increase in language from pre- to post-treatment. Parents in both groups showed reliable increases in narration of their children’s play. Parent narration of play has been shown to be directly related to the development of spoken language (Tamis-Lemonda, Bornstein, & Baumwell, 2001). Additionally, parent knowledge of ASD and the ESDM curriculum increased significantly and parents reported a high level of satisfaction with the program.

In line with our goal of increasing the feasibility and accessibility of the ESDM for families in the Capital Region, the University at Albany Center for Autism is currently offering a 12-week version of the group-format parent training program described above. This community-based program is being provided at no cost to parents of five male children between the ages of 24 and 46 months with ASD. Prior to the start of the program, parents and their children completed several assessments, including the Autism Diagnostic Observation Schedule, Second Edition (Lord et al., 2012), a five-minute non-standardized play interaction, and the MacArthur-Bates Communicative Development Inventory (Fenson et al., 2007). Parents and their children will also complete the assessments following completion of the program to evaluate improvements in child communicative and parent skill acquisition. Weekly 60-minute sessions involve didactic presentations of the intervention topic as well as opportunities for parents to troubleshoot difficulties encountered while implementing the previous week’s skill at home.

Additional research on the efficacy of parent training interventions is clearly needed, but the findings outlined here, as well as in recent review articles (e.g., Neivill, Leeuwenburgh, & Stratis, 2018), suggest that they are a promising approach for improving communication skills in children with ASD during a sensitive time in development.

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References
Law Enforcement from page 31

you decide to answer questions now with- out a lawyer present, you have the right to stop answering at any time.9

Simply advising the suspect of their rights does not fully comply with the Mi- randa rule. The suspect must also volun- tarily waive their Miranda rights before questioning can proceed.10 An express waiver is not necessary.11 The waiver must be “knowing and intelligent” and it must be “voluntary.” These are separate require- ments. A theoretical right that cannot be exercised is meaningless (Cicchini).12

ASDs are hallmarked by a lack of un- derstanding of idiomatic speech.13 Children with ASD do not infer the meaning of mental state verbs in context, make inferences about social scripts, understand metaphor, or pro- duce speech acts, all of which are the basis of successful social communication, as they elaborate meaning or convey intentions.14

The officer has read the Miranda warn- ing and says, “Do you waive your rights?” The words can be misinterpreted to mean “wave your right hand.” This misunder- standing is the difference between stopping the interrogation and having your child helpless, without rights or representation, at the will of the interrogator.

To the question, “do you waive your rights”, the answer is, “No.”

Even if innocent, deny guilt, tell the truth and say nothing incriminating; you don’t want to hand police something sus- pect. They look for two things: motive and opportunity. They may take portions of a statement out of context to support their conclusions.

Suggested language when invoking your right to silence:

I respectfully decline to answer on the basis of the Fifth Amendment, which— according to the United States Supreme Court—protects everyone, even innocent people, from the need to answer questions.15

This advice is not based on caprice but is part of the protections afforded to every citizen.

Considering the communication differ- ences, idiomatic speech patterns or con- crete learning styles associated with ASD, modern interrogation will present insur- mountable hurdles and put the subject with ASD at a considerable disadvantage.

Controversial aspects of interrogation are detection of deception, presumption of guilt, and techniques employed in real- world interrogations.16 Other tactics, such as confronting suspects with guilt and dis- allowing denials, extended questioning, and presenting false evidence are no more than bullying and coercion.

The interrogator’s determination of suspected guilt is a reliance on nonverbal behavioral cues and analyses of linguistic styles that are believed to indicate deception.17 The tactics used in interrogation are the areas of deficit for people with ASD.

Communication deficits including lack of eye contact and circumscribed speak patters are the indicators an interrogator may ascribe as lack of trustworthiness, culpability or guilt. The person doing the questioning is a trained interrogator with possibly years of experience. Our children have zero experience. Zero is no match for the professional.

Recommendation: Law Enforcement Trainings Developed by Organizations.

Advocates must work with law makers to mandate training on working with citizens with ASD at every level of law enforcement.

Working with lawmakers, Florida suc- cessfully passed CHAPTER 2017‐43. The verbiage for the legislation can be a sample for passage in other jurisdictions: “…requiring the Department of Law En- forcement to establish a continued employ- ment training component relating to autism spectrum disorder; providing a definition; mandating training on working with citizens with ASD at a considerable disadvantage.

Consideration of the communication differences, idiomatic speech patterns or concrete learning styles associated with ASD, modern interrogation will present insurmountable hurdles and put the subject with ASD at a considerable disadvantage.

Controversial aspects of interrogation are detection of deception, presumption of guilt, and techniques employed in real-world interrogations. Other tactics, such as confronting suspects with guilt and disallowing denials, extended questioning, and presenting false evidence are no more than bullying and coercion.

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9. Miranda v. Arizona, 384 U.S. at 475


PECS from page 25

descriptions would require the utilization of PECS (speech therapists, behavior therapists (teachers) and behavior teaching assistants).

• Development of educational policies and procedures regarding the use of data collection and tracking for children to ensure accountability and consistency.

Obstacles Encountered

However, despite AHRC’s best efforts to ensure consistency, continuity and fidelity, obstacles to implementing sound and efficacious PECS’s usage were encountered. Some of the issues were:

• Staff turnover inhibited the quality of delivery of PECS in the classrooms. This issue impacted the training of staff and the inability to identify multiple staff to conduct early PECS’s phases.

• Inconsequential (and sometimes con-</p>

sequential) deviations from PECS’s protocol that seriously hampered the quality of the intervention.

• Staff not following the protocols:

  o Introduction of verbal prompts in the training phases

  o Rushing through the PECS phases before the child understands the meaning behind the icons, and

  o Unintentionally limiting access to the PECS books to only certain times of the day.

Implementing PECS correctly in the manner it was designed is often difficult and technically-demanding for the staff – many of whom are inexperienced teachers and have little to minimal experience educating children with an autism spectrum diagnosis. In fact, staff sometimes will reference utilizing PECS with students, when in reality; they are using a visual communication system bereft of the strict PECS protocols.

Fortunately, the utilization of PECS has had positive communication outcomes for our students. Nevertheless, there was a general consensus that we needed to identify a better way to assist staff in the daily implementation of PECS and the monitoring of its use. Staff continued to struggle and make errors, even after attending formal Level 1 and Level 2 trainings.

Behavior Skills Training

To address the staff training challenge to PECS implementation, the Applied Behavior Analysis Behavior Skills Training (BST) approach was introduced to staff. Behavior Skills Training (BST) is a method for teaching new skills to beginners by specialists in this technique. This methodology includes the use of instructions, modeling, rehearsal, and feedback (Gianoumis, S., Seierling, L., & Sturmey, P., 2011). Because BST involves performance and competency-based components in addition to verbal and written instruction, it is more time consuming than traditional training approaches. However, we believe this approach will lead to more accurate and consistent implementation of PECS and better student outcomes.

BST has been used to teach discrete trial instruction and social skills development to educators who work with students with autism, though there is little research about using Behavior Skills Training to teach the implementation of PECS. There have been efforts to identify which components of BST are the most responsible for the acquisition of new skills (e.g. Warn-Horner & Sturmey, 2012). Some research has suggested that providing feedback-based training is the most critical (LaBrot, Z., Radley, K., Dart, E., Moore, J., & Cavell, H., 2017); however, the variability of skill acquisition across trainees in these experiments has not ruled out the interdependency of all BST components as being responsible for its overall effectiveness as a teaching tool (LaBrot et al., 2017). As a result, all four of the Behavior Skills Training components - instructions, modeling, rehearsal, and feedback - have been utilized in this PECS training intervention.

The instruction component can be either written or verbal, and the manner in which instruction is delivered by the trainer to the trainee involves the following steps:

1. First, offer an explanation as to the manner in which the skill is to be delivered

2. Second, provide an example of how the skill is to be taught through role modeling by someone proficient in this case, the use of PECS

3. Third, afford ample opportunities for the trainee to rehearse and practice overtime

4. And finally, provide constructive performance feedback including any needed corrections.

The approach was implemented July, 2018 and is still being executed. Twelve preschool classrooms utilizing an ABA approach across three preschool sites were chosen. A total of 12 teachers, 36 teacher assistants and 72 preschoolers with an ASD diagnosis are the focus of this intervention. Individual and small group staff instruction is provided, both with adult (teachers and assistant teachers) and student models.

AHRC believed that by adding video modeling to the Behavior Skills Training, the training experience would be enhanced as staff would have a better understanding of what was expected. By visualizing the intervention, the staff would see firsthand how to implement PECS. Video modeling is completed on site, using staff and students as models for correct PECS implementation. Using on-site video models allows staff to see the correct PECS implementation within the classroom, including any common challenges encountered in the environment. In addition to serving as a component of the BST, these video models also serve as an on-going reference for staff in improving PECS delivery.

Conclusion

Given PECS’ well-supported history as a communication intervention for children with autism spectrum disorder and the continued emphasis on AAC for supporting learners with language impairments, AHRC will continue to use the Picture Exchange System in its preschools. By monitoring and reflecting upon how we deliver this instruction, we were able to identify the obstacles to intervention integrity. This allowed us to make sound decisions and create an action plan for improvement in the service delivery of PECS to our preschoolers.

The approach to overcoming the implementation and Video Modeling will:

• Facilitate an overall understanding of the systematic implementation of PECS

• Ensure that at least one staff member within each classroom is highly proficient in PECS implementation

• Provide our preschoolers with access to high-quality PECS instruction and

• Promote positive change in children outcomes

Although the staff training intervention is still in the early stage to date, data on both student progress and staff performance has been very promising.

Christina Muccioli, SPD, MSEd, is Vice President of Education. Mary Donahue, PhD, is Associate Vice President of Behavioral Strategies and Quality Improvement, and John Goodson, MA, is Assistant Director of Education at AHRC New York City. For more information, visit www.ahrcny.org.

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Free Support Group for Families of Adults with Asperger’s Syndrome and High Functioning Autism

The focus of the support group is to assist families in understanding the complex issues related to their adult child impaired with Asperger’s Syndrome or High Functioning Autism. At many of our meetings, we have speakers address various topics of importance related to these syndromes.

Website: www.FAAHFA.com
Facilitators: Bonnie Kaplan, Parenttalk@gmail.com
Judith Omidvaran, Judyomid@aol.com

Meeting Dates 2019: 4/28, 5/19, 6/9, 9/22, 10/27, 11/17, 12/15
2020: 1/26, 2/23, 3/22, 4/26, 5/17, 6/7
Location: Westchester Arc - The Gleeson-Israel Gateway Center 265 Saw Mill River Road (Route 9A), Hawthorne, NY 10532

Socialization and Life Skills Group for Adults with Asperger’s Syndrome and High Functioning Autism

This group is focused on Employment and Vocational Issues, College Coaching and Supports, Socialization, Self-Advocacy, Dating, and Relationships

Website: www.ASDGroupsWestchester.com
Facilitators: Robin Kaufman, PhD, and Lauren Greiner, PhD
ASDGroupsWestchester@gmail.com (914) 497-1590

primary caretakers of children diagnosed with autism cope with multiple stress factors: lack of finances, inadequate services for their children, and minimal support. Caregivers must balance the developmental needs of their children with their own housing and fiscal needs. Moreover, caretakers struggle with the shame of having a child diagnosed with autism. Understanding of the process and the special education system to obtaining services is challenging for families (Bacon & Causton-Theoharis, 2013). Based upon school district budgets and parental advocacy, the services provided to children with intellectual differences vary. Some families reported the services were great, yet the amount of services offered to families were reduced due to school budget cuts.Parents also reported feeling overwhelmed by the services planning process. The primary caretakers of children with autism noted they required assistance with understanding the language used in the services meetings. They also asserted that it was difficult to understand when or how to apply for services (Hess, Molina, & Kozleski, 2006). Outlined below are a few recommendations for supporting uniquely gifted students:

**Recommendations**

**Inclusion** - According to the research of Bacon and Causton-Theoharis (2013), inclusion is defined as a supportive environment for children with intellectual differences. Modified service provisions allow children with special needs to function in a developmentally appropriate classroom. True planning for children with special needs operates in the same vane (Andersen et al., 2008). Teachers, service providers, and school districts must be intentional in their efforts to encourage parents' participation. The parents should not feel as if their participation is superfluous. Caregivers must respectfully and actively listen to the concerns of parents.

The research of Bredekamp (1997) indicates intentionality is a powerful way of teaching that supports meaningful instruction for young children. Each activity in a developmentally appropriate classroom has a purpose. True planning for children with special needs operates in the same vein (Andersen et al., 2008). Teachers, service providers, and school districts must be intentional in their efforts to encourage parents' participation. The parents should not feel as if their participation is superfluous (Andersen et al., 2008).

To create an inclusive, participatory setting for families requires compromise and lots of effort (Anderson et al., 2008). The work of Chiang (2014), Lovass (1987), and Yopp (1997) indicates that parent training is an effective intervention to support families. Their research further asserts that parenting a child with special needs is challenging. The researchers also contended that caretakers benefit from parent-education programs and training interventions. Partnerships within the school district, along with service providers and community-based organizations, assist planning with families.

**It Takes a Village** is the title of Hillary Rodham Clinton's (2006) book, whose theory was taken from an African proverb. My teaching experience and philosophy are reflective of the Westchester Jewish Community Services, the Center for Autism Related Disorders, the Music Conservatory of Westchester (Clinton, 2006), Project Time, Office of People with Developmental Disabilities (Gray, 2002), his primary caretaker, his parents, his cousins and his extended family. All of these people have served as motivating factors in my family's journey for inclusion and equity. True collaboration requires commitment, choice, and effort (Turnbull, Terrim, & Soodak, 2006).

**Conclusion**

The triumph of a parent is watching his or her child succeed. Autism is a mysterious, complex, and long-term disorder (Autism Speaks, 2013). Parents of children with different learning abilities understand that while there are many challenges to raising a child with autism, there are many successes. I look forward to each of those days and know that my fear of what will happen to my son as he outlives his parents. I worry less about his future. I look forward to all of the wonderful things I know he will accomplish. The best outcome for his future is his parents' appreciating the present.

Dr. Cecilia Scott-Croff has more than twenty-five years of experience in the field of early childhood education and advocacy. Cecilia serves as the Executive Director of the Early Childhood Center at Borough of Manhattan Community College. She is the Chair of the Child Care Council at City University of New York (CUNY). For more information, please contact the author at cscottcroft@bmcc.cuny.edu.

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