ONLINE NEWSLETTER APRIL 2012



# Then and Now. What Does the Future Hold?

by Louann Rinner, M.S.Ed, OTR/L, Kansas CDC Learn the Signs. Act Early. State Ambassador. KUMC Center for Child Health and Development.

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Sam was one of my first "teachers." Sam was a third grade student with autism who spent much of his day in the general education classroom and related specials with his peers. He was bigger than his classmates, enjoyed physical activity, throwing balls and using the swings at recess. Sam repeated some single words and phrases with prompts, but had little spontaneous communication. I was just getting to know him, as well as the other students and educators at this school, a new building assignment for me at the beginning of another school year. My initial (seemingly non-negotiable) charge was to administer a specific, standardized measure to assess Sam's motor abilities, for the triennial IEP evaluation activities. Even then, I questioned the value of using a tool without any standardization data for children with autism, just so I could find out how many times Sam could hop forward on one foot or step on a balance beam without stepping off. I was not clear of the purpose and it is safe to say Sam saw little value in the test tasks. We discovered together that when I quit talking and provided a rhythm by clapping, he was able to stay more engaged in the

task. I also worked weekly with Sam, in isolation, in a variety of activities including using the hand-over-hand hanging/ swinging bars on the playground. He was doing well; going up the end ladder and maneuvering across 3-4 rungs before dropping to the ground, with me spotting him in front. On about the 4<sup>th</sup> trip up the ladder, instead of placing his hands on the rungs, he put them around my neck and started squeezing. I learned about functional communication when I asked him if he "was done" and he released the grip on my neck. The value of consultation and collaboration with team members, including the music therapist and speech language pathologist was not lost on me.

Sam is now an adult and is several years past being in the educational system. Today we have a variety of assessments and evaluation approaches that help us better understand about the strengths and areas of need in a student with autism spectrum disorder. Sam's classroom inclusion with peers was not a standard practice at that time. His parents strongly advocated for that model, despite resistance from other team members. Team tensions can still be common as Bezdek, Summers, and Turnbull (2010) found in their study of professionals (OTs, PTs, SLPs, Special Educators, Paraeducators, and other health professionals) who articulated a high regard for familycentered principles yet also contradicted those values by judging parents to have "too much" or" too little" input in team decision making. Emerging evidence of learning in context rather than always teaching skills in isolation, informs us where our interventions should occur. Across the educational system, teachers

and related services providers must focus on using interventions backed by research. As we learn more about characteristics of individuals with autism spectrum disorders, we also encounter a myriad of interventions with promises for outcomes that may lack science and evidence for effectiveness. For example, we know that individuals on the spectrum may exhibit over- and under-responses to sensations in the environment. However, sensory features might not contribute or only be a piece of why the student does not engage in necessary activities. Choosing an intervention with such a specific intervention focus will not likely mitigate the barriers and long term challenges. We must use all we know to address social, communication, and stereotypic behaviors and enlist all team members in that effort (Rodger, Ashburner, Cartmill, and Bourke-Taylor, 2010).

The Centers for Disease Control (CDC) estimates current prevalence of autism spectrum disorders to be approximately 1 in 110 children (2006). We anticipate new estimates of prevalence to be announced soon. Increased public awareness for earlier identification means more children entering school with a diagnosis and broader application of diagnostic criteria means greater diversity of individuals described as having autism spectrum disorder. Speculation persists about proposed revisions to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition - Text Revision (2007) and what changes might mean for individuals currently diagnosed or anticipating diagnosis. Our student populations represent greater cultural and linguistic

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# KANSAS **ISTRUCTIONAL** NETWORK

# Then and Now. What Does the Future Hold? Cont'd

diversity than ever generally, and especially, within specific areas of the state (Kansas State Quick Facts, 2012). We are learning that identification may come later for children from diverse cultural backgrounds and effective communication between educators and families requires language supports for greatest understanding. We must take a life course approach with what we teach and how we intervene to support students as they complete transition to post-school goals. Sam is there, ready or not. Are we prepared?

#### References

Bezdek, J., Summers, J. A., & Turnbull, A. (2010). Professionals' attitudes on partnering with families of children and youth with disabilities. Education and Training in Autism and Developmental Disabilities 45(3), 356-365.

Centers for Disease Control and Prevention. (2007). Prevalence of autism spectrum disorders: Autism and developmental disabilities monitoring network, six sites, United States, 2000 (MMWR Surveillance Summaries, February 9, 2007/56[SS01]; 1-11). Atlanta, GA: Author.

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.

Rodger, S., Ashburner, J., Cartmill, L., & Bourke-Taylor, H. (2010). Helping children with autism spectrum disorders and their families: Are we losing our occupation-centered focus? Australian Occupational Therapy Journal 57(4). 276-280.

U.S. Census Bureau (2012). State and county quick facts. Retrieved from http://quickfacts.census.gov/qfd/states/ 20000.html

## CALENDAR



### APRIL 10, 3:30-4:15PM

Webinar Series - Using the Competing Behavior Model to Solve Challenging Behavior -Presented by Kim Meyer -Online

#### APRIL 12, 3:30-4:15PM

El Webinar Series - Oral Aversion & Feeding Difficulties Discussion - Presented by Cathy Fox & KUMC Feeding Team - Online

#### APRIL 13, 8:00-3:30PM

Training Series - "More than Rock, Paper, Scissors!..."-Presented by Louann Rinner, KUMC - Sites throughout Kansas

#### **APRIL 16 & 17, 8:00-3:30**

2 Day Regional TTAP Training Presented by Mary Woodworth, Winfield, Kansas

#### **APRIL 26TH, 1-4, 27TH,** 8:30-3:30PM

SPECIAL INVITE ONLY - Autism Specialist Summit, Kansas

#### **APRIL 30, 8:30-3:30PM**

SPECIAL INVITE ONLY - FBA & Data Collection Training, Kansas

For more information, please visit our Training Calendar, found on

www.KansasASD.com

our website -

## \*TIPS FROM THE CORNER\*

Welcome to "Tips from the Corner." I am Linda R Wilkerson and I am the Tertiary Support Coordinator for the Kansas Instructional Support Network. In the following months you will be hearing more about trainings and materials available to you and your district regarding behavior management and evidencebased practice interventions. Each month we will provide a behavioral support tip and/or resources to assist teachers and children when challenging behaviors arise.

looking for assistance.

During my career I have worked as a classroom teacher, a district wide behavior specialist and a statewide consultant. I hope my experience in the classroom will give me insight into the problems teachers face and help shape the tips and resources we provide to those

Please keep looking for behavior information in the following months.

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