Teaching Children with Autism

Special Education Interventions

What are some of the special education interventions used with students with autism?

The following interventions are often used in school settings, home programs and early intervention. It is important for schools to evaluate prospective interventions for a student on an individualized basis, as well as keep in mind the need to use evidence-based methods and strategies.

**Discrete Trial Teaching (DTT) or the Lovaas Model:**

Named for its pioneer (ABA-based) Teacher-directed DTT targets skills and behaviors based on an established curriculum. Each skill is broken down into small steps, and taught using prompts, which are gradually eliminated as the steps are mastered. The child is given repeated opportunities to learn and practice each step in a variety of settings. Each time the child achieves the desired result, he receives positive reinforcement, such as verbal praise or something that the child finds to be highly motivating.

**Floortime, or Difference Relationship Model (DIR):**

The premise of Floortime is that an adult can help a child expand his circles of communication by meeting him at his developmental level and building on his strengths. Therapy is often incorporated into play activities – on the floor – and focuses on developing interest in the world, communication and emotional thinking by following the child’s lead.

**Picture Exchange Communication System (PECS):**

A learning system that allows children with little or no verbal ability to communicate using pictures. An adult helps the child build a vocabulary and articulate desires, observations or feelings by using pictures consistently, and starts by teaching the child how to exchange a picture for an object. Eventually, the individual is shown how to distinguish between pictures and symbols and use these to form sentences. Although PECS is based on visual tools, verbal reinforcement is a major component and verbal communication is encouraged.

**Pivotal Response Treatment (PRT)**

(ABA-based) PRT is a child-directed intervention that focuses on critical, or “pivotal,” behaviors that affect a wide range of behaviors. The primary pivotal behaviors are motivation and child’s initiations of communications with others. The goal of PRT is to produce positive changes in the pivotal behaviors, leading to improvement in communication, play and social behaviors and the child’s ability to monitor his own behavior. Child-directed intervention.
Relationship Development Intervention (RDI)

RDI seeks to improve the individual’s long-term quality of life by helping him improve social skills, adaptability and self-awareness through a systematic approach to building emotional, social and relational skills.

Social Communication/Emotional Regulation/Transactional Support (SCERTS)

SCERTS uses practices from other approaches (PRT, TEACCH, Floortime and RDI), and promotes child-initiated communication in everyday activities and the ability to learn and spontaneously apply functional and relevant skills in a variety of settings and with a variety of partners. The SCERTS Model favors having children learn with and from children who provide good social and language models in inclusive settings as much as possible.

Training and Education of Autistic and Related Communication Handicapped Children (TEACCH)

TEACCH is a special education program using Structured Teaching, a process designed to capitalize on the relative strength and preference for processing information visually in individuals with autism, while taking into account the recognized difficulties. Individualized assessment and planning is used to create a highly-structured environment (organized with visual supports) to help the individual map out activities and work independently.

Verbal Behavior (VB)

(ABA-based) VB employs specific behavioral research on the development of language and is designed to motivate a child to learn language by developing a connection between a word and its value.

What other therapies might be used with individuals with autism?

Many students with autism will be eligible for some or all of the following services, usually termed Related Services on a student’s IEP. Since difficulties in any of these areas affect so much of an individual’s life and function, communication and coordination with these service providers and the rest of the team is critical to practicing and building targeted skills and promoting generalization across settings. While many of these services are often provided as traditional pull-out therapies, they may be more effective if provided in more naturalistic settings as both therapeutic and training opportunities (e.g. conversational speech goals might be targeted during a student’s lunch period, when daily support staff and peers could be trained in techniques that could be employed on a daily basis, thereby achieving the objective much faster and more naturally.) In addition, students with autism often require supports in the home and community, so coordination of care and comprehensive wrap around services are often needed; effective communication/participation between school personnel and outside providers.
is essential to appropriately support the student and maximize the effects of each team member’s efforts.

**Occupational Therapy (OT)**

Provided by a Certified Occupational Therapist (OT), OT brings together cognitive, physical and motor skills with the aim of enabling the individual to gain independence and participate more fully in life. For a student with autism, the focus may be on appropriate play, fine motor and basic social and life skills such as handwriting, independent dressing, feeding, grooming and use of the toilet. The OT can recommend strategies and tactics for learning key tasks to practice in various settings.

**Physical Therapy (PT)**

Delivered by a Certified Physical Therapist (PT), this intervention focuses on problems with movement that cause functional limitations. Students with autism frequently have challenges with motor skills such as sitting, walking, running and jumping, and PT can also address poor muscle tone, balance and coordination. An evaluation establishes the abilities and developmental level of the child, and activities or supports are designed to target areas of need.

**Sensory Integration Therapy (SI)**

(SI) therapy is designed to identify disruptions in the way an individual’s brain processes sensory input and develop strategies to help process senses in a more productive way. A sensory integration-trained OT or PT should begin with an individual evaluation, and then use research-based strategies to plan an individualized program for the child, matching sensory stimulation with physical movement to improve how the brain processes and organizes sensory information.

**Speech-Language Therapy (SLT)**

Delivered by a Certified Speech-Language Pathologist (SLP), SLT encompasses a variety of techniques and addresses a range of challenges for children with autism. SLT is designed to coordinate the mechanics of speech and the meaning and social value of language. For those individuals unable to speak, SLT might encompass training in other forms of communication, or oral exercises designed to promote better control of the mouth. For those who seem to talk incessantly about a certain topic, SLT might work on expanding the conversational repertoire, or reading social cues and adjusting conversation to the needs of the listener. An SLT program begins with an individual evaluation by a speech-language pathologist and therapy may be conducted one-on-one, in a small group or in classroom/natural settings.

Autism Speaks School Community Tool Kit
www.autismspeaks.org/community/family_services/school_kit.php

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