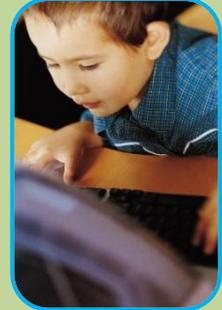




KIT

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Resource Article



This month's KIT features the article "Applying Evidence-Based Practices to Support Communication with Children Who Have Autism Spectrum Disorders" by Kaiser, Nietfeld and Roberts. As the title indicates, the article addresses how to use naturalistic teaching strategies to teach social and linguistic communication skills to children with autism spectrum disorders (ASD). The focus of the article is that these strategies can be used in routine ways by those who interact most often with the child – his parents, his day care providers and even his peers.

Children with ASD have limited interest in, and therefore experience with, social communication. They are "less motivated to engage in the everyday social exchanges with adults and peers than typical children" (p. 40). Resulting social communication delays are often basic to the communication challenges experienced by children with ASD.

The good news is that research supports that children with ASD can be taught

important communication skills. In this article, Kaiser, Nietfeld and Roberts reinforce that social communication should be addressed through naturalistic teaching strategies including, teaching to the child's interests, contingent imitation of the child's behavior as a context for modeling language, modeling language in context, expanding language toward more complex forms, teaching pre-linguistic and non-verbal forms of communication, and using environmental arrangement.

The article goes on to give specific examples of ways for parents and teachers to use these naturalistic teaching principles in everyday situations to encourage first verbal and non-verbal social communication and later more complex verbal language skills. For example, increasing the child's opportunities for communicating by setting up situations where she has to ask for desired items rather than having them readily available. A classic example is placing the child's favorite DVDs up and out of reach so that she has to request them.

Also included in the article is an incredibly helpful table associating the following four elements:

1) principles of communication development (e.g., social relationships are the context for communication, nonverbal interactions provide a foundation for verbal communication, children learn language by communicating),

2) principles of naturalistic communication intervention (e.g., create a context for conversation, make responsive communication partners available, choose activities and materials of interest to promote nonverbal engagement),

3) evidence-based naturalistic strategies (e.g., follow the child's lead, model joint attention skills, respond to child's nonverbal communication attempts), and

4) specific adaptations for young children with ASD (e.g., make social relationships easier in everyday contexts, model and expand play actions, shape nonverbal communication toward joint attention).

Of primary importance is using teaching strategies that maintain social contact, promote engagement in play and routines, and encourage talking and interaction in order to increase the frequency and duration of social interactions for children with ASD. When social interactions are increased, children with ASD have more opportunity to practice both nonverbal and verbal communications.

Packed in this article are practical suggestions for coaching parents and caregivers to mold their environments and style their every day interactions in simple ways to improve communication opportunities. By doing so, they will encourage children with ASD to have more frequent and longer communicative interactions with those around them, thus

increasing their practice with communication skills and ultimately their success.

Kaiser, A. P., Nietfeld, J. P., & Roberts, M. Y. (2010). Applying evidence-based practices to support communication with children who have autism spectrum disorders. In Schertz, H. H., Wong, C., & Odom, S. L. (Eds.), *Young Exceptional Children Monograph Series No. 12 Supporting young children with autism spectrum disorders and their families* (pp 39-53). Division for Early Childhood (DEC) Missoula, MT.

On the WWW



<http://www.cdc.gov/ncbddd/actearly/milestones/milestone-s-7mo.html>

The Centers for Disease Control and Prevention has clear information on developmental milestones for infants and children ages 3 and 7 months and each year starting at 1 and going through 5 years of age. These resources are all downloadable and printable. Cause(s) for concern are described for each milestone age group under the informational boxes entitled 'Developmental Health Watch'. These could be great conversation starters (e.g., perhaps at the pre-screening level) with parents, Child Development Staff and other professionals who work with young children. They might also be great Child Find materials/handouts, which could be left with parents and providers.

What Do the Data Say?

What does Temple Grandin say about autism?



Dr. Grandin is one of many successful and now well-known individuals with autism. She is a professor at Colorado State University in animal science, a nationally known public speaker on autism, an author of several books, and more recently, an HBO movie was produced featuring her life and the challenges and successes she has experienced.

Much can be learned from individuals with autism. The following quotes from Temple Grandin can help us understand that perspective.

“I was also very touch sensitive; scratchy petticoats felt like sandpaper ripping off my skin. There is no way a child is going to function in a classroom if his or her underwear feels like it is full of sandpaper.”

“Some autistic children cannot stand the sound of certain voices. I have come across cases where teachers tell me that certain children have problems with their voice or another person's voice. This problem tends to be related to high-pitched ladies' voices.”

“I can remember the frustration of not being able to talk. I knew what I wanted to say, but I could not get the words out, so I would just scream.”

“I can remember when I tuned out, I would just sit and rock and let sand go through my hands. I was able to shut the world out.”

“A treatment method or an educational method that will work for one child may not work for another child. The one common denominator for all of the young children is that early intervention does work, and it seems to improve the prognosis.”

“You have got to keep autistic children engaged with the world. You cannot let them tune out.”

Working with children with autism and their families requires collaborative efforts to lessen associated challenges and increase the quality, functionality, and engagement. To do this we must stay abreast of research discoveries, individualize approaches to best support families and their children, and learn all we can from those with autism.

Quote sources:

http://famousquoteshomepage.com/Temple_Gandin_Autism_and_Humane_Animal_Treatment_Author.htm

http://www.icelebz.com/quotes/temple_grandin/

Consultation Corner



From February through July 2011, we are excited and honored to have Dr. Hannah Schertz from Indiana University in Bloomington as the KIT consultation corner expert addressing the topic *Understanding and Facilitating Joint Attention in Young Children*.

What is joint attention?

Joint attention is a form of social communication that typically develops between 9 and 12 months of age. When a parent and infant are engaged with a toy, they exchange glances between the toy and the partner, recognizing that the other person is interested in the same object. This visual exchange is a way for the infant to share attention with the parent about interesting things and is an important form of social engagement.

Sharing attention can serve two functions, “requesting” and “commenting”. In requesting, the child may share attention with a parent in order to get something the child wants. For example, the child may point to a cookie and exchange looks between the cookie and the parent to indicate that s/he wants it. Rather than serving a social function, requesting is a way for children to gain something for themselves. It is more about the child than about the other person.

In another scenario, the child and parent may exchange looks between an object and each other purely for social reasons – just to share their enjoyment and interest in the object with one another. The person who initiates this interaction is engaging in a form of nonverbal commenting and the partner responds to the “comment”, often by smiling. Smiling is a good sign that the child is sharing attention for social reasons rather than for the purpose of requesting. This three-way visual exchange (child/parent/object) is as much about the other person as about oneself. It is an important early form of social communication.

Research has shown that communicating nonverbally for the purpose of *requesting* is something that young children with autism spectrum disorders (ASD) are able to do relatively well. However, social

commenting is more difficult for them. This is not surprising because we know that the most serious area of difficulty in ASD is social communication. Therefore, we should expect that preverbal forms of social communication might also present challenges for toddlers with ASD. For them, it is this social aspect of joint attention that should be the primary focus of intervention.

Continuing Education for KIT Readers



The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding and Facilitating Joint Attention in Young Children*, readers are invited to receive four continuing education contact hours for reading the monthly KIT publications (February through June) and completing a multiple-choice exam about the content covered in these KITs.

If you are interested, take the exam online at www.edis.army.mil and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

Please send your Consultation Corner questions and KIT ideas via email to ediscspd@amedd.army.mil