



Community of One

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The Team Approach to Helping Children with Autism Succeed at Home, School, and in the Community

By Anne Stull, M.A., BCBA, and Patricia Ladew

From the time a child is diagnosed with an autism spectrum disorder (ASD)—often before age three—to the time he or she transitions into the adult world, it is the responsibility of parents, guardians, therapists, and educators to provide the best possible treatment, therapy, and education. It is a vitally important job and one that works best when all parties work collaboratively, always keeping the child's best interests in mind.

For the estimated 20,000 active duty military families who are raising children with autism or other developmental disabilities, the challenges of this responsibility are compounded by frequent relocations that necessitate readjusting to new homes, schools, and communities, and building new relationships with different therapists and teachers.

Getting off to a good start

For many families, the journey into the unfamiliar world of autism and related disabilities begins when they suspect something is not quite right with their young child. They may notice that he or she doesn't make eye contact, doesn't respond to his or her name, doesn't babble or talk, or doesn't engage in imaginative or interactive play. They might also notice that their child doesn't gesture, or has difficulty imitating actions, although he or she may exhibit repetitive body movements such as hand-flapping or rocking. Is something wrong? The best way to find out is to schedule a screening at a clinic that spe-

cializes in autism and other disorders on the autism spectrum, if possible.

At the Southeast Regional Autism Center in Columbus, Ga., a program of May Institute that serves military families stationed at Fort Benning, screenings for autism and other developmental disabilities have several components, including checklists that parents fill out, and play-based assessments that the therapist conducts with the child.

Serving Military Families

The Southeast Regional Autism Center, in Columbus, Georgia, was the first May Institute Center developed specifically to serve military families with children who have autism and related disabilities. May Institute opened a second Center in August to serve children with ASD whose families are in the Marine Corps and stationed at Camp Lejeune in North Carolina.

Screenings are conducted at the Center with a parent and at least two behavior analysts in a room equipped with a two-way mirror and set up with multiple stations of toys. Professional staff observe the child during periods of free play, parallel play with the parent, interactive play with the parent, as well as while the child attempts a series of tasks with guidance from a behavior analyst.

After the screening, family members receive recommendations about next steps. In some cases, these may include

a referral to an expert in the field who can conduct a comprehensive ASD diagnostic evaluation.

In order to receive autism services that will be covered by TRICARE, the Department of Defense's insurance program for members of the armed services, military families must receive an ASD diagnosis from a TRICARE-approved physician or psychologist, or other qualified provider.

Applied behavior analysis: the most effective treatment

Following an ASD diagnosis, the next step for families is to arrange for therapy and treatment that will help their child improve communication, social and behavior skills, self-help skills, and learning skills such as imitation and attending.

Scientific studies have shown that applied behavior analysis (ABA) is the most effective method to teach children and adolescents with autism and other developmental disabilities. ABA is a methodology that applies scientific interventions to increase skills and appropriate behaviors and decrease inappropriate behaviors. ABA facilitates the development of language, social interactions, and independent living by applying basic behavioral practices (i.e., positive reinforcement, teaching in small steps, prompting, and repeated practice). ABA can also help reduce social problems and inappropriate behaviors, such as noncompliance, aggression, and stereotypical behaviors,

such as hand-flapping, body-rocking, and spinning or lining up objects.

ABA has been identified by the Surgeon General of the United States as the most effective way to treat autism. It is the only treatment reimbursed by TRICARE's Extended Care Health Option (ECHO) and Enhanced Access to Autism Services Demonstration ("tutor") programs for military families with children with ASD.

After a child receives an ASD diagnosis, he or she is eligible for TRICARE benefits. Through both the ECHO and the Demonstration programs, families are eligible for \$36,000 per fiscal year for ABA services. Once enrolled in one of these TRICARE programs, families can contact a qualified ABA service provider to set up home-based services.

An individualized treatment plan

Home-based services begin with a full assessment that usually includes parent interviews and questionnaires, multiple observations, and skills assessments. The behavior analyst, a board-certified practitioner who has undergone extensive training and supervision, will review results with the parents, discuss skills that need to be targeted for acquisition, and the behaviors that need to be targeted for reduction. He or she will then develop an individualized treatment plan for the child.

Although each treatment plan is tailored specifically for the child for whom it is written, a typical treatment plan may consist of the following: increasing appropriate behaviors (e.g., compliance, waiting); increasing communication skills (e.g., requesting, labeling); increasing social skills (e.g., sharing, initiating interactions); increasing adaptive living skills (e.g., toileting, dressing); and increasing pre-academic/academic skills (e.g., counting, handwriting).

Once the individualized treatment plan is developed, the behavior analyst reviews all of the goals for skill acquisition—and programs for behavior reduc-

tion—with the parents. The parents then receive personalized training as the home-based therapist implements these goals and programs in their home. There, parents can observe and ask questions on how to begin implementing these programs themselves. In this way, they become members of their child's "therapy team," a group that may include other professionals such as speech and language pathologists, occupational and physical therapists, teachers, educational consultants, and respite care providers.

Succeeding in school

When it is time to select a school for a child with an ASD or another developmental disability, families have many options. If parents choose a public school, they may decide that their child would do well in a typical classroom with the help of an aide or a paraprofessional. Or, perhaps their child could be successfully "integrated" into a typical classroom and attend a public school without support. Other public school

choices include full-time placement in a special needs classroom, or having the child spend some time in a typical classroom and some time in a special needs classroom each day.

Families must work closely with their child's school district as they make decisions about the best placement options. It is also important to take a number of considerations into account, including the location of the school, the family's finances, lifestyle issues and cultural values, and the child's abilities, age, and preferences.

One family's experience

Katherine Bray, who relocated last year from Fort Benning, Ga., to Walpole, Mass., chose an integrated or "co-taught" classroom in a public school for her son Christian, who has an ASD. Christian, now 9, was diagnosed at age 4 with pervasive developmental disorder—not otherwise specified (PDD-NOS). When the family lived in Georgia, he received home-based ABA therapy from the May Institute's



Above: Christian and Katherine pose for a photo. Left: Christian and his dog Mercedes enjoy a beautiful afternoon in the backyard.

Southeast Regional Autism Center.

Relocating, a common occurrence for military families, was especially challenging for Katherine. Not only did she and Christian have to get used to a new home, school, and town, but she also had to put together a new “team” to address Christian’s needs.

Through May Institute’s Northeast division in Randolph, Mass., Katherine and Christian were introduced to Adam Feinberg, Ph.D., BCBA-D. Adam is a board certified behavior analyst with May Institute who provides school consultation services to children with ASD and other developmental disabilities.

Christian’s team—which includes Katherine, Adam, home-based therapist Blake Grider, M.A., BCBA, his teachers, and occupational, physical, and speech therapists—meets once a month to discuss Christian’s strengths and his challenges and what he needs to work on. “After these meetings, we can make modifications to his IEP (Individualized Education Plan) and address any problem behaviors,” says Katherine.

“Adam coordinates everything,” she continues. “The teachers appreciate that. It’s stressful having a child who is disruptive in the classroom. Adam helps the teachers by giving them the tools and support they need to help Christian be successful.”

“Together, the team and I have been able to collect data that have helped us determine why Christian was demonstrating some problem behaviors in the classroom,” says Adam. “I used this information to develop easy-to-implement strategies to meet his needs. The school staff has been very receptive to these strategies and extremely helpful in implementing them.”

At school, Christian is working on interacting and communicating with his peers in addition to focusing on academics. At home, he receives home-based ABA therapy from Blake four days a week. During their two-hour sessions, Blake and Christian work on academic skills such as counting, identifying numbers, conversation skills, and remembering past events. They also work on Christian’s self-help



Adam Feinberg, Ph.D., BCBA-D, May Institute’s Director of Academic Supports (center) and Paul Hough, BCBA, Supervisor of Clinical Services at Christian’s school (right), both work with Christian on academics.

skills such as hand-washing. Katherine often sits in on the sessions to learn how to “run the program” when she and Christian are alone, a practice she recommends to other parents.

Blake also takes Christian on community outings where he can practice “generalizing,” or transferring the skills he’s learned at school and home into a larger community setting.

The community connection

Moving out into the world is an important next step for school-aged children on the autism spectrum. Although home-based and school-based services teach children critical skills they need in those environments, generalization is what enables these children to function as independently and successfully as possible across multiple environments.

For example, although toileting is a key skill to teach at home, it becomes immensely more useful if the child is able to use it in other, less familiar settings. A child who learns how to share her favorite toy with her schoolmates has a much better chance of interacting successfully with other children if she can generalize turn-taking in a different playground with children she does not know. And a teenager learning vocational skills at school can only be successful on the job if he can use a different cash register to ring up unfamiliar items in a new setting.

The ability to react to everyday situations, especially those that are unplanned or unfamiliar, will lead to the greatest long-

term independence and success for these children and adolescents. Therefore, therapists like Adam and Blake set goals for successful generalization by using a number of practices that research has shown to be effective. While a discussion of these practices is beyond the scope of this article, a strong ABA program will always include them in a child’s treatment plan.

Social skills groups can also help children learn important interpersonal and communication skills they can use across multiple settings. May Institute’s Southeast Regional Autism Center offers a variety of social skills groups for children and adolescents with ASD. The goal of these groups is to teach the social skills children and adolescents need to make new friends and have successful community experiences.

Success requires teamwork

Preparing a child with an ASD to live a satisfying, happy, and productive life is a tremendously challenging but incredibly rewarding job. As countless families who have made this journey can attest, success requires a committed team that includes not only vigilant and loving family members, but also therapists, educators, and a host of other professionals and members of the community. Along the way, home-based therapy, school consultation services, community outings, and social skills groups all have an important role to play.

“Right now, our goal for Christian is that he becomes as independent as possible,” says Katherine. “We’re all working to give him the tools and the skills he needs to realize that goal.” •

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