

Puzzling Through

New Ways to Teach Children with Autism

By Deirdre Wilson

Sixty or more years ago, if you had a child with autism, you'd likely be told to put him in a mental health institution and move on with your life.

Children with the most severe autism symptoms – obsessively spinning in circles, unable to verbalize clearly, throwing tantrums and shrieking at small changes in their daily routines – baffled physicians and researchers alike.

“There was no treatment,” says Susan Wilczynski, Ph.D., executive director of the Randolph-based National Autism Center, which provides resources and best practices for treating people with the disorder. “There was just isolation, and that unfortunately continued for a long period of time.”

Today, there are many treatment options. There are also many more children with an Autism Spectrum Disorder (ASD) – one in every 110 children nationwide, with nearly 10,000 eligible for services in Massachusetts alone. ASD encompasses three conditions – autistic disorder, Asberger Syndrome and Pervasive Developmental Disorder – and all cause serious social, behavioral and communication problems in kids and adults.

In the 1950s and '60s, schools dedicated to teaching kids with an ASD began cropping up in different parts of the country – some founded by parents frustrated by the lack of services for their children with autism. Today, nearly two dozen schools serve children with ASD across

Massachusetts, with dedicated teachers and therapists working to help these kids cope with their disorder, function in the world and, above all, learn.

It's a tall order – one that doesn't yield immediate results, often involves repeated trial and error, and can be discouraging for teachers and parents alike. But with autism on the rise and no cure in sight – the number of kids with an ASD who need special education services in Massachusetts jumped nearly 13 percent between 2008 and 2009, according to state

education data – the demand for services to meet these children's needs will continue to grow.

Whether you're the parent of a child with an ASD or simply curious about how these children can be taught, you'll be amazed by how far teachers and therapists have come. Here's a look at some of the innovative treatment methods being used here in Massachusetts.



Children with autism often need focused, one-on-one communication, such as this interaction at the May Center for Child Development in Randolph. PHOTO COURTESY OF MAY CENTER FOR DEVELOPMENT

Fast Facts

- One in every 110 American children has an Autism Spectrum Disorder (ASD).
 - Signs of autism are typically evident by ages 2 or 3.
 - Boys are four times more likely than girls to have an ASD.
 - 9,976 Massachusetts students with an ASD were eligible for special education services in 2009 – up nearly 13 percent from the previous year.
- Sources: Centers for Disease Control and Massachusetts Department of Education

Change the Environment, Change the Behavior

Most schools teaching children with autism base their techniques on a method that has been shown to work – Applied Behavioral Analysis (ABA). The idea behind ABA is changing the environment around a child with autism to help her have more success. It works better than simply telling the child what to do.

“For example, I might offer you a choice of what to do instead of telling you what to do,” says Wilczynski of the NAC, which was created by the Randolph-based May Institute, a large, respected provider of educational, rehabilitative and behavioral services to people with ASD and other developmental disabilities.

“It also involves changing the environment based on what choices you make,” she says. “If you like ice cream and I want you to be able to say ice cream, I want to make sure that when you *do* say it, what you will get is ice cream! Ideally, we try to build a direct relationship between desirable outcomes and the environment the child is in.”

Last September, the NAC published a “National Standards Report,” which identifies 11 “best practices” – teaching and treatment methods known to be the most consistently effective for students with an ASD. Most of them come primarily or exclusively from the field of ABA, Wilczynski says.

The report, which took three and a half years to complete, involved 80 reviewers from all over the world evaluating 775 studies of treatment methods – some conducted as early as the 1950s. Forty experts developed a process to determine which methods were most effective and 40 others wrote up the results.

“Our goal is to say what is good science,” Wilczynski says. “The only way to know that is if there have been more than one study that consistently shows a treatment method is working.”

One, called Naturalistic Teaching Strategies, involves creating an environment in which kids are motivated to act or communicate a specific want or need. “Say a child’s favorite toy is put up on a shelf,” Wilczynski says. “Now I have the opportu-

nity to teach the child to say ‘up’ or to ask for the toy itself – ‘car.’ For kids who have far more advanced language, I might be working on getting them to say, ‘Will you give me the car please?’ It’s all about creating an environment where kids are motivated to take action and creating a situation where they can be successful.”

The May Institute operates two schools in Massachusetts, including the May Center for Child Development in Randolph, and one in California.

At the May Center for Child Development, which has about 150 students ages 2.9 to 22, teachers use another proven method called “modeling.” “It’s basically imitating a task,” May teacher Stephanie Child, Ph.D., says. “The teacher gives instructions and imitates the steps necessary to complete that instruction.” Providing that prompting when, say, getting a child to build with blocks, helps the child learn more easily and eases his potential frustration at not knowing what is expected.

“The strategies that we’re talking about, frankly, can be effective with any of us,” Wilczynski says. “The difference is that a lot of times we have to be more structured for individuals with an Autism Spectrum Disorder. There are some skills that are very complicated, and those require someone to invest a tremendous amount of energy finding out where the breakdown is, teaching the skills in very concrete ways and making sure they’re being taught in a variety of real-life settings.”

Social skills, in particular, are difficult to teach to children with an ASD, even tho higher-functioning Asberger Syndrome. “Some people think that if you have kids attend an hour of social skills training, that will transfer to the workplace, the playground, wherever,” Wilczynski says. “That’s not often the case.”

Breaking New Ground

Children with an ASD can be at very different functioning levels. Some do fine in a public school setting,

Signs of ASD

Signs of an Autism Spectrum Disorder begin to show up by ages 2 or 3, and the earlier the treatment, the better the chances for success. The national Centers for Disease Control and the Mayo Clinic list these signs to watch for in a young child:

- doesn’t respond to his name by 12 months of age;
- has delayed speech and language skills;
- avoids eye contact;
- has trouble understanding others’ feelings or difficulty expressing her own;
- repeats words and phrases over and over;
- is obsessed with specific objects (such as the wheels of a toy truck, or a ceiling fan);
- repeatedly flaps hands, rocks or spins his body;
- becomes very upset with minor changes in routine;
- resists cuddling and seems to want to play alone.

while others need more intense treatment.

The League School of Greater Boston in East Walpole currently serves just over 90 students with five different “strands,” to address children’s differing abilities. One strand provides a vigilant environment designed to keep students with severe autism safe. At the other end, another strand helps kids who are high functioning, high achievers – often those with Asberger Syndrome.

“You can’t take one approach and use it with everyone,” says League School Interim Director Margaret Reed, Ph.D., a longtime special education expert. The school’s behavior therapists observe a student and “try to get at the function of the behavior. Some kids may tantrum, for example. That student’s whole perception of what is going on around him may be very different from yours or mine. The base for everyone who works is here is trying to figure out how a student is perceiving what you’re asking him to do.”

For high-functioning students, the focus, along with more intense academics, is on social skills, Reed says. “These students seem so smart and so verbal. They also seem almost willful sometimes. So people wonder, ‘Why, if you’re so smart in one area, are you not able to talk to people like everyone else does?’”

This year, the League School is implementing a new treatment method for ASD called SCERTS®. Developed by ASD expert and researcher Barry Prizant, Ph.D., of Rhode Island, and three other colleagues, SCERTS (Social Communication, Emotional Regulation and Transactional Support) is based on 25 years of research, including a national study of effective treatment methods that came out about five years ago. SCERTS combines several ASD treatment strategies.

Rather than trying to impose on a child a perception of what he should be doing, the SCERTS method identifies and builds on a student’s strengths, then creates a strategy to improve that student’s weaknesses, Reed says.

The idea is to move from concrete ways of communicating to verbal or more abstract, such as inferences, Reed says. “Instead of pointing to an object, or handing a child something or using pictures of that object, you move to something more typical, like words.”

The SCERTS method isn’t one of the 11 best practices in the NAC’s “National Standards Report,” primarily because it’s still relatively new. But League School teachers and therapists are excited about it, particularly because it closely involves parents. Through SCERTS, teachers can train parents in techniques to use at home for struggles they’re having with their child. “Parents are very powerful in this whole process because, unless a student is living at the school, he or she lives at home. If it works here; it has to work at home, too.”

The League School is the first private school in Massachusetts to adopt the SCERTS program. Once staff members are trained and learn how to assess the program’s effectiveness, it will be up and running next year, Reed says.



School isn’t only about sitting. Here, students at the League School of Greater Boston take a yoga class. PHOTO COURTESY OF THE LEAGUE SCHOOL OF BOSTON

The Right Program for Your Child

The League School and the May Center for Child Development are just two of the ASD programs in Massachusetts. Wilczynski offers these tips for finding the best program for your child:

- **Visit the school.** Get a tour and see what the students are like.
- **Watch how the teachers interact with the students.** Do they respect them and connect with them?
- **Ask when and how a teaching method is assessed.** Regular assessment is vital to keeping on track.

As the number of children with an ASD continues to rise, so does understanding, Reed says. “Pediatricians are better at recognizing it. There are early intervention services they can refer parents to.” And parents have a better understanding as well.

Today, instead of referring to children with an ASD as being seriously disturbed or mentally ill, she says, “we understand that kids develop in very different ways and that having a disability is sometimes just a more extreme form of how we all are.”◆

Deirdre Wilson is senior editor of the Boston Parents Paper.

Resources

- **League School of Greater Boston** – www.leagueschool.com – This East Walpole school teaches students with ASD and has adopted the SCERTS® program (www.scerts.com).
- **May Institute** – www.mayinstitute.org – Educational and behavioral services for ASD and other developmental disabilities. Operates three schools, including the May Center for Child Development in Randolph.
- **National Autism Center** – www.nac.org – Learn more about this organization’s report on the 11 “best practices” for treating kids with an ASD.