

A Best Practices Success Story **Melissa, a Student with Autism**

In the Putnam County School System in Cookeville, Tennessee the number of children diagnosed on the Autism Spectrum continues to rise. Educators there are servicing 102 students with autism who are on Individual Education Programs (IEP's). Their implementation of best practices to increase the academic and social skills of these children has resulted in repeated stories of success.

Melissa's Story: Melissa moved to Putnam County School System when she was in first grade with a diagnosis of autism. At that time she had some functional language, but no detail within her sentences. She exhibited behaviors such as refusal to do work, tantrums, and inability to focus. She was placed in a Comprehensive Classroom for children with lower IQ's.

Melissa's teacher noticed quickly that she was reading and understanding at a higher level than the other students, so an IEP team meeting was held and she was placed in a resource class for reading. The autism consultant observed her and found she was capable of performing at or above grade level, but her behaviors remained the same. The team met again.

Melissa was moved to a more structured classroom for children with autism. The structured teaching model was used, along with creating boundaries for her and reinforcing her positive behavior. She was taught how to use a break card and given a safe place to go when she felt out of control. She made such gains that her teacher sent her with an assistant to the regular classroom for science and social studies. Initially this placement was for socialization, but the teacher discovered Melissa could complete the work at grade level with little assistance.

Given successful academic data, the team came together again, discussed Melissa's progress, and asked for a full evaluation because Melissa had never been administered an IQ test. In addition, the school psychologist completed a full battery of assessments. The results confirmed the team's expectations! Not only did Melissa have an IQ of 98 – the assessments showed distinct academic gains. The assessments provided reason for the team to focus on Melissa's attention issues and recommend an ADHD screening. Melissa's mother took the school reports to Melissa's medical doctor, and the doctor placed her on medication which helped her focus and changed some of her other behaviors. From that time on, Melissa thrived.

Today Melissa is a middle school student in regular classes with an assistant for support only when required. The above account of her success happened between her first- and fourth-grade years. The journey for her IEP team involved the county autism consultant, the special education teachers, the paraprofessional, the parents, the regular education teachers, and the administrators. It's the story of a team that knows every child's IEP is dynamic – not static.

Melissa's story also demonstrates schools must never give up on any kid! Without language, a child may appear intellectually disabled and seem to function lower than expectations, but the IEP team must push forward and raise the expectations so the child can receive a regular diploma and be a functioning citizen in our society. If Putnam County had left Melissa in the CDC classroom, she would have never progressed to where she is today.

The educators in Putnam County walk the walk – they don't just talk the talk. They work together as a team for all children with autism and do not take the easy way out. Their walk is not easy, but their results are amazing and rewarding for all!

BEST PRACTICES -- A wide variety of best practices are implemented by Putnam County with each student with autism, including Melissa. They understand improving the academic performance of students with autism *requires* improvement of their social skills. The earlier the social skills are improved, the better are the educational and life opportunities for all students on the autism spectrum. Melissa's story illustrates several selected best practices for helping improve social skills: use of the behavioral package, self-management, and structured teaching.

Behavioral Package [231 studies]. These interventions are designed to reduce problem behavior and teach functional alternative behaviors or skills through the application of basic principles of behavior change. Treatments falling into this category reflect research representing the fields of applied behavior analysis, behavioral psychology, and positive behavior supports. Examples include but are not restricted to: behavioral sleep package; behavioral toilet training/dry bed training; chaining; contingency contracting; contingency mapping; delayed contingencies; differential reinforcement strategies; discrete trial teaching; functional communication training; generalization training; non-contingent escape with instructional fading; progressive relaxation; reinforcement; scheduled awakenings; shaping; stimulus-stimulus pairing with reinforcement; successive approximation; task analysis; and token economy.*

Self-management [21 studies]. These interventions involve promoting independence by teaching individuals with ASD to regulate their behavior by recording the occurrence/non-occurrence of the target behavior, and securing reinforcement for doing so. Initial skills development may involve other strategies and may include the task of setting one's own goals. In addition, reinforcement is a component of this intervention with the individual with ASD independently seeking and/or delivering reinforcers.*

Structured Teaching – This method of "structured teaching" is often less intensive than Applied Behavior Analysis or Verbal Behavior programs in the preschool years. A TEACCH classroom is usually very structured, with separate, defined areas for each task, such as individual work, group activities, and play. It relies heavily on visual learning, a strength for many children with autism and PDD.**

Three key philosophies have made Putnam County successful. First, they recognize training LEA personnel and peers how to improve the opportunities of students with autism is critical; second, they encourage and expect team commitment; and finally, they communicate openly and actively with each other and with the parents. These three philosophies supported by best practices, have made all the difference.

***Reference:** National Autism Center. 2009. Evidence-Based Practice and Autism in the Schools. *National Autism Center Educator Manual*.

****Reference:** Autism Web. *A Parent's Guide to Autism Spectrum Disorders*; www.autismweb.com/teacch.htm

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