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Autism Agenda



Linn Benton Lincoln ESD-Cascade Regional Autism Program

Why Teach Communication?

WHY TEACH COMMUNICATION?

Impairments in the development of communication skills significantly impact every aspect of an individual's ability to learn and function; therefore, addressing communication is a crucial part of educating any student with ASD. We begin learning to communicate as very young infants and continue to build on our skills as we move through life. Every interaction we have helps us to refine our skills and to be more effective communicators. For those with autism spectrum disorder (ASD), learning to communicate and to use language effectively can be a challenge. One of the first signs and often most pervasive features of ASD is related to difficulties with expressive and receptive communication. Impairments in the development of communication skills significantly impact every aspect of an individual's ability to learn and function; therefore, addressing communication is a crucial part of educating any student with ASD.



Impairment in Communication is a Characteristic of ASD

- Every student identified with an autism spectrum disorder will experience communication difficulties.
- The ability to both understand and to use communication will vary considerably.
- Those with extensive language generally have deficits in the area of pragmatics, which is the use of social language.

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WHY TEACH COMMUNICATION CONTINUED....

Communication skills can range as depicted below:



Communication is an Essential Life Skill

- Learning to communicate and enhancing skills is considered to be a profound and indisputable individual right.
- In the past, educators rarely addressed the communication needs of their students with ASD.
- Now, it is widely regarded that communication should be a primary goal.
 - Building communication skills empowers students to:
 - ⇒ Have basic wants met
 - ⇒ Share information
 - ⇒ Ask questions
 - ⇒ Interact with others
- Communication is a goal so valuable that every student, regardless of ability, will warrant instruction to continue building skills throughout his or her educational career.

When we change our mindset and think of communication as a student's individual right, it becomes a reasonable and achievable focus, one which carries with it access to appropriate assessment and interventions for every student and moves a student to better outcomes and a higher quality of life.

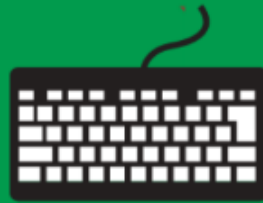
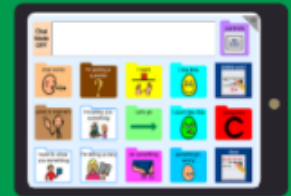
https://vcuautismcenter.org/ta/vagoals/communication/why_teach.cfm

WHAT IS AAC?

What is AAC?

AAC stands for augmentative and alternative communication. It refers to tools and strategies that can enhance speech or provide a completely different means of communication.

AAC can be aided (i.e., using a tool) or unaided (i.e., no tool needed), such as sign language or gestures. The truth is we all use some AAC. We text, type, write and use gestures. Additional tools, such as communication devices, books or apps, can provide a means of communication for individuals who are unable to speak or for whom speech is not always their primary mode.



@the.aac.coach



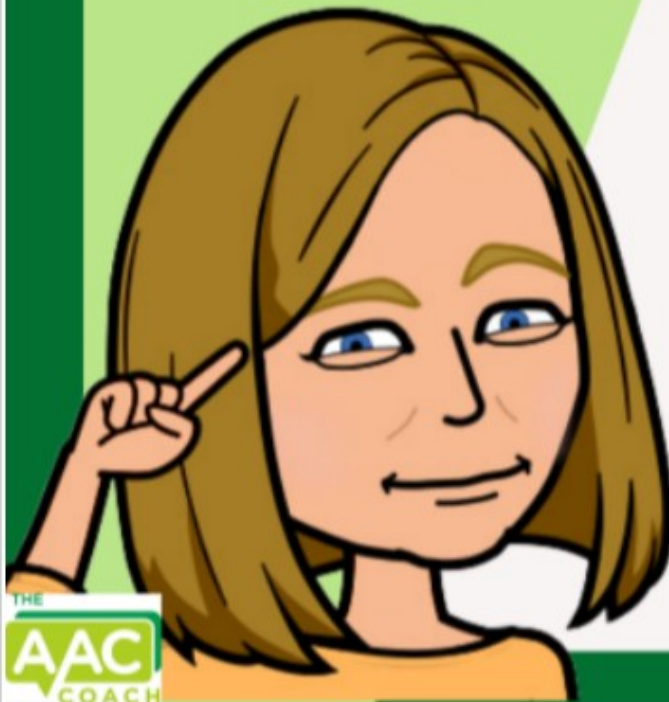
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WHAT IS AAC? CONTINUED....

AAC: YOUR MINDSET MATTERS

Initial Reaction

He is able to say a few words. How would AAC help him?
It might keep him from speaking more!



Reframed Perspective

- Speech is really the most efficient way to express a thought. If he could do it through speech, he probably would.
- An AAC system would add to the tools he has to communicate. More strategies is a good thing!
- It must be stressful not being able to communicate clearly. Maybe having an additional way would decrease his frustration.
- Using an AAC system would give him a way to learn how to use language while his speech continues to develop.
- I want to get to know him even better. If we can use the language on an AAC system to connect, I might learn things about him I wasn't expecting.
- Research suggests that if AAC has an effect on speech production, it may actually support it!

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HELPING CHILDREN WITH AUTISM LEARN TO COMMUNICATE

Helping Children With Autism Learn to Communicate

By Caroline Miller

One of the most urgent goals in treating children on the autism spectrum is to help them develop communication skills. When children don't have typically developing language skills, they may not have an effective way to convey their wants and needs. As a result, they are at risk of [developing tantrums](#), aggression or self-injurious behaviors as a replacement. These behaviors are not only potentially harmful, they often aren't understood.

That's where functional communication training (FCT) comes in. FCT involves teaching an individual a reliable way of conveying information with language, signs, and/or images to achieve a desired end. It's called "functional" because it doesn't just teach kids to label an item (ie associating the word RED to a picture of an apple) but focuses on using words or signs to get something needed or desired — a food, a toy, an activity, a trip to the bathroom, a break from something.

FCT involves the use of [positive reinforcement](#) to teach children about language and communication, to increase their ability to interact effectively with others to get their needs met.

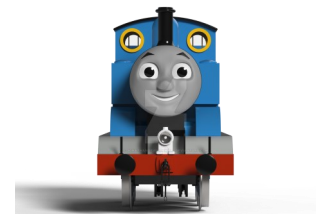
HOW FUNCTIONAL COMMUNICATION TRAINING WORKS

[Stephanie Lee](#), PsyD, a clinical psychologist at the Child Mind Institute, explains how a clinician implementing FCT works. She begins, Dr. Lee says, by identifying something the child is highly motivated to achieve — say, a favorite food, toy or activity. That will serve as the natural reward for using a sign or picture that represents that thing.

"So if a child really, really likes his Ninja Turtles or Thomas the Tank engine, or a child's favorite, favorite thing to eat is Cheetos," she says, "we would take that item and then teach the child either a sign or a picture that represents that item."

Initially, the child is set up for what Dr. Lee calls "errorless learning," in which the therapist guides the child to use the sign or picture and obtain the reward. This supported communication is repeated, each time resulting in the earned reward, until the child is able to succeed with less and less prompting from the therapist.

"As we fade that prompting, the child becomes more and more independent in their communication," says Dr. Lee.



Once kids are reliably using the word, sign or picture for that item when the item is present, the next step is for them to "generalize," or use it outside the specific situation in which it's been taught. For example, if a child is watching TV and wanting some chips, she might use the sign as a way to get those chips, Dr. Lee notes. That kind of spontaneous or sporadic use of the skill also needs to be reinforced across time. After a particular word or sign is being used consistently, new ones can be added to gradually build the child's repertoire.

"Once the child has learned this system of communication — that the sign or the picture that they're using needs to be received by someone else, in order for them to get their item — then slowly but surely we can teach a new sign or introduce a new picture," explains Dr. Lee.

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HELPING CHILDREN WITH AUTISM LEARN TO COMMUNICATE...CONTINUED

GOALS IN FCT

How quickly children progress with FCT often depends on their functioning, or *cognitive level*. *For children with more complex needs or more significant language impairment, many, many trials might be needed for them to gain a few signs or pictures. "They may end up with a small repertoire of functional communication," Dr. Lee notes, "but it's the repertoire that they need most — the foods that they like, using the bathroom, that type of thing. Children with less complex needs and whose level of functioning is higher might actually end up gaining just as much language — if not more — than their typically developing peers."*

Some kids will be able to speak in full sentences, using an assistive tech device. Others will acquire only single words. "With the latter we would be looking to determine the most appropriate goals for them," notes Dr. Lee. The benefit would be weighed against the effort it would take to achieve it. It is important to remember that treatment is tailored to the specific needs and abilities of each child.

Functional communication training is often taught one-on-one with a clinician who is either a speech and language pathologist or a behavioral psychologist trained in *applied behavior analysis (ABA)*. *Parents have an important role in reinforcing the training, practicing what the child has learned, and using it in a variety of situations. When FCT is done at school, teachers would need to help kids practice the signs they've learned.*

FCT AND PROBLEM BEHAVIORS

Functional communication training was originally developed, in the 1980s, as a way to reduce the troubling behaviors associated with autism, including self-injury and aggression. The idea was that these behaviors result from an inability to communicate needs effectively.

To use FCT to mitigate problem behavior, Dr. Lee explains, the starting point is to look at the function of those behaviors — what clinicians call a "functional assessment." That requires close observation of the child. If a child is banging his head on the wall, or slapping himself, or hitting another child, what is the function of this behavior? "To get to the bottom of these behaviors we look at the [antecedents and the consequences](#). What sets the stage for the behavior? When does it happen? When doesn't it happen? Who does it happen with? What tends to happen afterwards?"

If the catalyst for the problem behaviors seems to be something the child is unable to communicate, then teaching the child a more reliable way to communicate his needs can extinguish that behavior.

Dr. Lee stresses that FCT only works to reduce problem behavior if you can correctly assess the function of the behavior for that individual. "The type of behavior or typography — that's the technical term — really varies based on the individual," she explains. "And it can vary for one individual at different points. For instance, someone might start with self-injurious behavior and then become aggressive, if he finds that aggression is more efficient."



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HELPING CHILDREN WITH AUTISM LEARN TO COMMUNICATE...CONTINUED

REPLACING SELF-INJURY WITH LANGUAGE

Self-injurious behavior — like all behavior — serves a function, usually one of these:

- To get attention
- To access a desired item or activity
- To escape an undesired task
- To serve a [sensory need](#)

When head hitting or face slapping results in a child getting attention, getting something she wants, getting out of something she doesn't want to do, or escaping an uncomfortable situation, the behavior is accidentally being reinforced. FCT can help break these unhealthy behavioral patterns.



Once children learn to ask for a break with a word, a sign or a picture, and get results quickly and efficiently, they are likely to choose the appropriate behavior rather than the self-injurious behavior.

Functional communication training can and has been applied to every age, from preschool to adulthood, but experts like to see it start as early as possible. "What we know about language development is that the earlier the intervention, the better," notes Dr. Lee. "So the quicker we can get on these things and the quicker we can build the child's communication repertoire the better off he is going to be."

But Dr. Lee adds that she's seen FCT work very effectively with adults who didn't have this type of training earlier, and some gain skills quickly. "I've also seen adults who took a very long time to develop a very small repertoire of words," she adds, "but that small repertoire was very, very important to them, and to the people around them in terms of better understanding what they're needing and wanting."

<https://childmind.org/article/helping-children-with-autism-learn-to-communicate/>

You can click on the above hyper-link to listen to this article.



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AUTISM SPECTRUM DISORDER: COMMUNICATION PROBLEMS WITH CHILDREN

AUTISM SPECTRUM DISORDER: COMMUNICATION PROBLEMS WITH CHILDREN

WHAT IS AUTISM SPECTRUM DISORDER?

Autism spectrum disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. The term "spectrum" refers to the wide range of symptoms, skills, and levels of impairment that people with ASD can have.



ASD affects people in different ways and can range from mild to severe. People with ASD share some symptoms, such as difficulties with social interaction, but there are differences in when the symptoms start, how severe they are, the number of symptoms, and whether other problems are present. The symptoms and their severity can change over time.

The behavioral signs of ASD often appear early in development. Many children show symptoms by 12 months to 18 months of age or earlier.

WHO IS AFFECTED BY ASD?

ASD affects people of every race, ethnic group, and socioeconomic background. It is four times more common among boys than among girls. The Centers for Disease Control and Prevention (CDC) estimates that about 1 in every 54 children in the U.S. has been identified as having ASD.

HOW DOES ASD AFFECT COMMUNICATION?

The word "autism" has its origin in the Greek word "autos," which means "self." Children with ASD are often self-absorbed and seem to exist in a private world in which they have limited ability to successfully communicate and interact with others. Children with ASD may have difficulty developing language skills and understanding what others say to them. They also often have difficulty communicating nonverbally, such as through hand gestures, eye contact, and facial expressions.

The ability of children with ASD to communicate and use language depends on their intellectual and social development. Some children with ASD may not be able to communicate using speech or language, and some may have very limited speaking skills. Others may have rich vocabularies and be able to talk about specific subjects in great detail. Many have problems with the meaning and rhythm of words and sentences. They also may be unable to understand body language and the meanings of different vocal tones. Taken together, these difficulties affect the ability of children with ASD to interact with others, especially people their own age.

Below are some patterns of language use and behaviors that are often found in children with ASD.

Repetitive or rigid language. Often, children with ASD who can speak will say things that have no meaning or that do not relate to the conversations they are having with others. For example, a child may count from one to five repeatedly amid a conversation that is not related to numbers. Or a child may continuously repeat words he or she has heard—a condition called echolalia. Immediate echolalia occurs when the child repeats words someone has just said. For example, the child may respond to a question by asking the same question. In delayed echolalia, the child repeats words heard at an earlier time. The child may say "Do you want something to drink?" whenever he or she asks for a drink. Some children with ASD speak in a high-pitched or sing-song voice or use robot-like speech. Other children may use stock phrases to start a conversation. For example, a child may say, "My name is Tom," even when he talks with friends or family. Still others may repeat what they hear on television programs or commercials.

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AUTISM SPECTRUM DISORDER: COMMUNICATION CONTINUED...

- **Narrow interests and exceptional abilities.** Some children may be able to deliver an in-depth monologue about a topic that holds their interest, even though they may not be able to carry on a two-way conversation about the same topic. Others may have musical talents or an advanced ability to count and do math calculations. Approximately 10 percent of children with ASD show “savant” skills, or extremely high abilities in specific areas, such as memorization, calendar calculation, music, or math.
- **Uneven language development.** Many children with ASD develop some speech and language skills, but not to a normal level of ability, and their progress is usually uneven. For example, they may develop a strong vocabulary in a particular area of interest very quickly. Many children have good memories for information just heard or seen. Some may be able to read words before age five, but may not comprehend what they have read. They often do not respond to the speech of others and may not respond to their own names. As a result, these children are sometimes mistakenly thought to have a hearing problem.
- **Poor nonverbal conversation skills.** Children with ASD are often unable to use gestures—such as pointing to an object—to give meaning to their speech. They often avoid eye contact, which can make them seem rude, uninterested, or inattentive. Without meaningful gestures or other nonverbal skills to enhance their oral language skills, many children with ASD become frustrated in their attempts to make their feelings, thoughts, and needs known. They may act out their frustrations through vocal outbursts or other inappropriate behaviors.

HOW ARE THE SPEECH AND LANGUAGE PROBLEMS OF ASD TREATED?

If a doctor suspects a child has ASD or another developmental disability, he or she usually will refer the child to a variety of specialists, including a speech-language pathologist. This is a health professional trained to treat individuals with voice, speech, and language disorders. The speech-language pathologist will perform a comprehensive evaluation of the child’s ability to communicate, and will design an appropriate treatment program. In addition, the speech-language pathologist might make a referral for a hearing test to make sure the child’s hearing is normal.



Teaching children with ASD to improve their communication skills is essential for helping them reach their full potential. There are many different approaches, but the best treatment program begins early, during the preschool years, and is tailored to the child’s age and interests. It should address both the child’s behavior and communication skills and offer regular reinforcement of positive actions. Most children with ASD respond well to highly structured, specialized programs. Parents or primary caregivers, as well as other family members, should be involved in the treatment program so that it becomes part of the child’s daily life.

For some younger children with ASD, improving speech and language skills is a realistic goal of treatment. Parents and caregivers can increase a child’s chance of reaching this goal by paying attention to his or her language development early on. Just as toddlers learn to crawl before they walk, children first develop pre-language skills before they begin to use words. These skills include using eye contact, gestures, body movements, imitation, and babbling and other vocalizations to help them communicate. Children who lack these skills may be evaluated and treated by a speech-language pathologist to prevent further developmental delays.

For slightly older children with ASD, communication training teaches basic speech and language skills, such as single words and phrases. Advanced training emphasizes the way language can serve a purpose, such as learning to hold a conversation with another person, which includes staying on topic and taking turns speaking.

Continued on page 10.

AUTISM SPECTRUM DISORDER: COMMUNICATION CONTINUED...

Some children with ASD may never develop oral speech and language skills. For these children, the goal may be learning to communicate using gestures, such as sign language. For others, the goal may be to communicate by means of a symbol system in which pictures are used to convey thoughts. Symbol systems can range from picture boards or cards to sophisticated electronic devices that generate speech through the use of buttons to represent common items or actions.

WHAT RESEARCH IS BEING CONDUCTED TO IMPROVE COMMUNICATION IN CHILDREN WITH ASD?

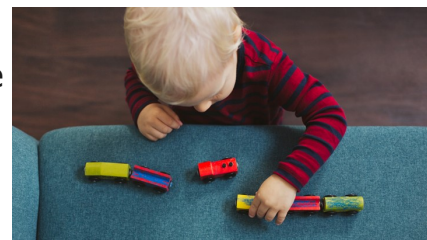
The federal government's Autism CARES Act of 2014 brought attention to the need to expand research and improve coordination among all of the components of the National Institutes of Health (NIH) that fund ASD research. These include the National Institute of Mental Health (NIMH), along with the National Institute on Deafness and Other Communication Disorders (NIDCD), the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), the National Institute of Environmental Health Sciences (NIEHS), the National Institute of Neurological Disorders and Stroke (NINDS), the National Institute of Nursing Research (NINR), and the National Center for Complementary and Integrative Health (NCCIH).

Together, five institutes within the NIH (NIMH, NIDCD, NICHD, NIEHS, and NINDS) support the [Autism Centers of Excellence](#) (ACE), a program of research centers and networks at universities across the country. Here, scientists study a broad range of topics, from basic science investigations that explore the molecular and genetic components of ASD to translational research studies that test new types of behavioral therapies. Some of these studies involve children with ASD who have limited speech and language skills, and could lead to testing new treatments or therapies. You can visit the [NIH Clinical Trials website](#) and enter the search term "autism" for information about current trials, their locations, and who may participate.

The [NIDCD supports additional research](#) to improve the lives of people with ASD and their families. An [NIDCD-led workshop focused on children with ASD who have limited speech and language skills](#), resulting in two groundbreaking articles.¹ Another [NIDCD workshop on measuring language in children with ASD](#) resulted in recommendations calling for a standardized approach for evaluating language skills. The benchmarks will make it easier, and more accurate, to compare the effectiveness of different therapies and treatments.

NIDCD-funded researchers in universities and organizations across the country are also studying:

- Ways to reliably test for developmental delays in speech and language in the first year of life, with the ultimate goal of developing effective treatments to address the communication challenges faced by many with ASD.
- How parents can affect the results of different types of language therapies for children with ASD.
- Enhanced ways to improve communication between children with and without ASD. This could involve a communication board with symbols and pictures, or even a smartphone app.
- Techniques to help researchers better understand how toddlers with ASD perceive words, and the problems they experience with words.
- Cost-effective ways to prevent or reduce the impact of conditions affecting speech, language, and social skills in high-risk children (for example, younger siblings of children with ASD).
- The development of software to help people with ASD who struggle with speech to communicate complex thoughts and interact more effectively in society.



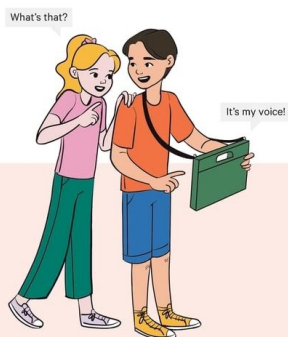
<https://www.nidcd.nih.gov/health/autism-spectrum-disorder-communication-problems-children>

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BOOK REVIEWS

AAC Visualized

A Visual Guide to Augmentative and Alternative Communication



Morgan van Diepen, M.Ed., BCBA
Janna Bedoyan, M.Ed., NBCT

Foreword by Michelle Austin, M.A., CCC-SLP

AAC Visualized: A Visual Guide to Augmentative and Alternative Communication

by Morgan van Diepen and Janna Bedoyan

The authors' mission with this book is to normalize the use of AAC, advocate for more acceptance and access to AAC, and empower families through collaboration and education. They have created this book for those who want to learn more about how to support their learners who are nonvocal or have limited speech, with the belief that everyone should have a voice. Whether you are brand new to AAC or aim to expand your learner's overall communication skills, this resource offers step-by-step visuals to guide you. With more than 20 visualized skills, an approachable overview of AAC, and a collection of templates & tools, you will be ready to support your learner!

AUTISM Communication Keys:

The Collection

by Kim Gallo SLP

"Autism Communication Keys: Always Advocating, Celebrating Neurodiversity, Fostering Inclusivity" is a must-have resource for anyone seeking to enhance communication skills and unlock the hidden potential of autistic individuals. Kim Gallo's compassionate approach, combined with her wealth of knowledge, makes this book bundle an indispensable companion for parents, educators, and therapists dedicated to advocating for the rights and well-being of others. By celebrating neurodiversity and fostering inclusivity, Gallo transforms how we view and support exceptional children, creating a more inclusive and compassionate society.



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What's the problem?

I feel 	sick 	tired 	pain 	sad 	mad
Things are: 	too loud! 	too quiet 	too fast 	too slow 	too close
I need 	to wait 	help 	something to eat 	to be alone 	a break
Something's wrong! 	Someone took what I was playing with! 	Someone hit me 	I don't want to wait 	You aren't giving me what I want 	I want a hug

I have something to tell you.

I need something 	I'm hungry 	I'm thirsty 	I need a break
Something is wrong 	Something hurts 	Someone took something 	Someone hit me
I need help 	I can't find something 	I don't have something I need 	Come with me

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