



Teachers' Corner

Social Skills SPA Supported Play Activities

E. Amanda Boutot
DePaul University



Whenever I ask parents of young children with autism what their greatest wish is for their child, they invariably say for their child to live a “normal” life. What could be more “normal” for a young child than playing with friends? Kathleen Quill describes play as “the very fabric of childhood culture” (Quill, 1995, p. 214). Yet children with autism, by the very nature of their disability, often have difficulty with this very typical childhood experience. In fact, a qualifying characteristic of autism is lack of imaginative or imitative play. However, if professionals listen to what parents really want, it is easy to see that teaching our children with autism to play should be one of our foremost goals.

Appropriate and early instruction is key. The definition of *appropriate* varies with each child’s own unique characteristics and interests. Because we know that no two children with autism are alike, no one prescribed method of play instruction can be said to work with all. However, one means of providing some success for children with autism is through supported play activities. Following are some strategies to develop these activities:

Selection of a GROUP Activity: Select a play activity that all children can participate in, one that is fast paced and does not require a great deal of waiting for one’s turn. Keeping children actively involved in the play activity is key to keeping their interest.

Selection of a MOTIVATING Activity: What do typical children like to do? What do the children with autism like to do? Though these two may not always coincide, it is best to try to find a play activity that meets both of these criteria so that it is motivating for all involved. Don’t worry in the beginning if the children with autism cannot participate independently; remember, this is a supported activity.

Provide SUPPORT: Support can be done with one or two adults and several children. One adult can act as the **facilitator** of the activity, prompting all children to use COMMUNICATION, TAKE TURNS, SHARE, engage in JOINT ATTENTION, and PLAY APPROPRIATELY. The facilitator takes control of the activity, providing most of the instruction (prompts to make requests and encouraging communication, turn-taking, sharing, joint attention) and reinforcement. Other adults are then strategically placed behind certain children to provide verbal or physical prompts in response to other children or the facilitator. It may be useful to have a white wipe-off board with a list of skills (such as those mentioned above) written and placed where any adults can easily read them. As the activity progresses, adults prompt and reinforce for the skills as opportunities present themselves. Children are not prompted nor reinforced for interaction with adults, only with each other. Support comes in the following forms:

Environmental sabotage

Making only a few of any necessary items for the activity available ensures that children will have to ask for items (communicate), share, and take turns in order to participate.

Prompting

Providing prompts to both typical peers (models) and children with autism enables everyone

(continued on p. 6)

Inside this issue . . .

President’s Message	2
DDD Annual Award Recipients	2
DDD at the 2005 CEC Annual Convention –	
Highlights from Our Sessions	3
DDD 2005 Election Results	4
Diversity Committee Report	4
10th International Conference	4
Medication Issue Paper	5
FREE Publication for DDD Members	8

President's Message

Barbara Gartin

What an excellent year! July 1, 2004, I took office, and a wonderful year of working with the DDD Board of Directors and membership began. The immediate focus was the 9th International Conference on Cognitive Disabilities/Mental Retardation, Autism, and Related Disabilities in October 2004 occurring in Las Vegas. The Conference was more than I had hoped that it would be. **Taylor Crowe**, a self-advocate with autism, spoke at our Opening Session. He related experiences during his school years and provided excellent advice to teachers concerning our treatment of students. Check the DDD website (www.dddcec.org) for a sample of his video, "Growing Up with Autism." **Hod Gray** was there to present the Dolly Gray Award for Children's Literature, the winner being *The Curious Incident of the Dog in the Night-Time* by Mark Haddon. The other featured speaker was **J. David Smith**, who spoke at the luncheon. Dr. Smith is known for his writings on disability and culture. His discussion of *Power and Epiphany: Reflections on the Personal and Cultural Value of Disability* gave historical examples of how persons with disability have been treated as "the other" and challenged us to work toward a more inclusive society.



As President, my next focus was on the CEC conference in Baltimore and the Annual DDD membership meeting. Again, the speakers were great and fellowship wonderful! At the business meeting, the membership approved the proposed changes to the Constitution and By-laws. The Board Handbook and Strategic Plan were approved. The financial report showing the organization was financially sound was also approved.

Now that it is time for me to move to the office of Past President, I thank all those who have worked with me, including those on the board, the committee chairs, and the membership. I thank **Scott Sparks** for his work as chair of the Ad Hoc Committee on Professional Standards, which submitted the research-based revision of the professional standards for beginning teachers in the area of Developmental Disabilities. Additionally, I would like to recognize those leaving the board: **Andi Babkie**, **Jennifer Miller**, and **Dan Ezell**. Best wishes in your future endeavors. Finally, I welcome the incoming officers. Believe me, there is no greater group with which to work.

DDD Annual Award Recipients

Jennifer Miller, Awards Committee Chair

Congratulations to the following individuals for receiving an award during the annual DDD business meeting at the 2005 CEC National Convention in Baltimore.

- **Laurie Jacobs**, recipient of the *Practitioner Presentation Award* for her presentation, *Practical Resources for Targeting Social Skill Development in Children and Adolescents*
- **Jo McDonald**, recipient of Maryland Subdivision's *Teacher of the Year Award*
- **Melanie Abad**, recipient of Georgia Subdivision's *Teacher of the Year Award '04*
- **Nancy Stowe**, recipient of Georgia Subdivision's *Paraeducator of the Year Award '05*
- **Betty-Sue Garrish**, recipient of Georgia Subdivision's *Paraeducator of the Year Award '04*
- **Sandy Aronis**, recipient of New York Subdivision's *Paraeducator of the Year Award*



Laurie Jacobs (c) recipient of the DDD Practitioner Award presented by DDD President Barbara Gartin (l) and Awards Committee Chair Jennifer Miller (r)

Please start thinking about nominations for DDD Awards. Call for nominations will be in the next issue.

DDD at the 2005 CEC Annual Convention in Baltimore

Highlights from our Sessions

Dagny Fidler, President Elect

The Baltimore CEC convention was a huge success. People were very excited about the presentations they attended. DDD had three excellent presentations that you will hear more about in upcoming issues of the *DDD Express*, but here is a summary.

Dr. Liliana Mayo, Director of the Centro Ann Sullivan Program (CASP) in Lima, Peru, presented her program serving students from birth to adulthood. She trains teachers from all over the world in best practice approaches involving classroom instruction, inclusion, vocational programming, and parent training. CASP is truly a world-class program worth learning about.

One of our invited sessions was given by **Marty Murphy**, a self-advocate with autism. Marty gave a very insightful presentation that included her experiences throughout her school career and in her various jobs. She was a delightful presenter who had beneficial pointers for teachers.

Our last invited session was presented by **Laura Krueger, PT**, and **Mary Sullivan-Coleman, OTR**. Their Play and Learn curriculum for early childhood education is an excellent approach for integration of motor, communication, and social skills into the learning environment. This is a must-see for anyone working with young children.

As we get ready for the next convention, please let us know what you would like to see. We will begin planning very soon, so get your requests to us. We look forward to another great convention and hope to see many of you there. Also, a reminder that it is never too early to start planning to submit a paper to present at CEC in Louisville, Kentucky (April 18–21, 2007) and at the DDD 10th Biennial Conference in Kona, Hawaii (Jan. 31–Feb. 3, 2007).



DDD 2005 Election Results

Andrea Babki, Nominations Chair

The DDD Board is pleased to announce the newly elected Board members as follows. **Brenda Smith Myles** will begin a four year commitment to serve in the presidential chain, beginning with the role of **Vice President** for the 2005–2006 year. **Amanda Boutot** will serve, over the course of the next three years, as **Treasurer**. **Kara Hume** has been elected as **Student Governor** for the next two years. Congratulations to all, and welcome to the DDD Board.

DDD Announcement: Publications and Communications

At the Business Meeting of the Division on Developmental Disabilities at the recent CEC Conference in Baltimore, the membership voted unanimously to support a change in which the present role of the DDD Publications/Communications Chair would be split into two separate positions of Publications Chair and Communications Chair. Each of these will be DDD Board of Directors' appointment for a three-year term.

The Publications Chair (continuing appointee **Jack Hourcade**) will provide oversight of the DDD journal *Education and Training in Developmental Disabilities* and will coordinate the management of DDD's ever-growing list of print and video publications, including the *Prism* series.

The Communications Chair (new appointee **Darlene Perner**) will facilitate communications between the DDD Board of Directors and the DDD membership. This will include oversight of the DDD Web site, the *DDD Express*, and e-mail lists and other emerging electronic communications.



Jack Hourcade



January 31–February 3, 2007

Mark Your Calendar for the 10th International Conference on Cognitive Disabilities/Mental Retardation, Autism, & Other Developmental Disabilities!

Phil Parette, Vice President

The Board of the Division on Developmental Disabilities is pleased to extend an invitation to join us in **Kona, Hawaii, January 31–February 3, 2007**, for a singularly informative and entertaining professional development event! The Conference will highlight key experts in the field, coupled with presentations by consumers with disabilities who bring a fresh, insightful perspective to our existing knowledge base. Pre-conference Workshops, educational tours/trips, and other activities are being considered to provide an array of opportunities to members and their families who would like to participate.

The Conference will be held at the beautiful **Sheraton Keauhou Bay Resort and Spa** on Kona, which is in close proximity to a cadre of beautiful sites that summon the adventurous spirit. The Call for Papers will be advertised in future issues of *ETDD*, the *Express Newsletter*, and the DDD Web site (www.dddcec.org), and we will continue to provide you with information as planning proceeds.

For further information, kindly contact:

Cindy Perras
cindy.perras@cogeco.ca

Tom Smith
tecsmith@uark.edu

Diversity Committee Report

Rosa Lockwood, Diversity Committee Chair

Hello, I am Rosa Lockwood and wish to take this opportunity to introduce myself as the new Chair of the Diversity Committee within your Division. The two relevant things about me are DD is my training/job responsibility and I have been and continue to be a diversity advocate across multiple arenas, educationally, professionally, socially, and personally.

To date, individuals who have joined the committee are Jennifer Smith, Eastern Guilford High School, NC; Shaila Rao, Western Michigan University; and Scott Sparks, Ohio University.

During the Executive Board Meeting in Baltimore, I presented a proposed Action Plan that aligned with DDD's strategic plan, a framework for the development of the cultural responsive project already started by the Division: *Professionals Building Cultural Bridges to Educate Students with Developmental Disabilities*, and identified new members for the committee. The action plan was well received by members.

Some of the Committee's first steps are to begin web-based discussions on:

- the Diversity action plan and how it aligns with the Strategic Plan, to develop specific steps for each action and determine individual work leading up to the first teleconference.
- the Diversity content for an awareness or issues brief and its place in the Division. A starting point for this activity will be discussions of the DDD mission statement. This activity will be accomplished by collaborating with Bob Stodden, Chair of the Critical Issues Committee.

An aggressive agenda is planned for this year, and we can use any interested DDD member to join us as we begin to implement this action plan. Please contact me (rosa.lockwood@ode.state.oh.us). Also, I will be following up with individuals who have been identified as possible members for this committee.

I would like to express to the Board my appreciation of the Diversity Committee's support of this Action Plan as it was presented to committee members, and I look forward to working with DDD.

Students' Corner

Jennifer Miller, Student Governor

I just got back from the Baltimore Convention, and it was a blast! Not only was I representing you as the student governor for DDD but also I was on the local arrangement committee representing student activities. I believe everyone had a good time, and the workshops were fabulous. My term for student governor has come to an end, and I have enjoyed representing you. I encourage all students to consider running for a board position. It's a great way to network with other professionals and attend conferences. Enjoy your summer!

This paper was developed by Leslie Broun and Gardner Umbarger, DDD members, and has been approved by the DDD Board as an informative brief to be made available to its members. The Critical Issues Committee is open to a discussion of issues of interest to the membership – if you would like to develop an issue for consideration, please send your thoughts to stodden@hawaii.edu

Division on Developmental Disabilities Issue Paper

Considerations on the Use of Medicine With People Who Have Autism Spectrum Disorder (ASD)

At some point in the life of a child with developmental disabilities, including autism spectrum disorders (ASD), families may be confronted with the issue of whether the use of medication is needed to improve their child's quality of life. This is often a very difficult decision for families to make. The use of medication for children with ASD and other developmental disabilities is an issue about which many people have strong opinions that may cloud, divert, or distort the crucial issue of whether the benefits of using psychotropic medications outweigh the risks associated with their use.

Children and adults with ASD may exhibit the following behaviors that can degrade their quality of life and require some form of intervention, including:

- Aggression that has moved beyond what can be tolerated or has become significantly less manageable,
- Self-injurious behavior that poses a threat to her/his health and safety and/or significantly interferes with the activities of daily living,
- Obsessions/compulsions that significantly interfere with the child's participation in the activities of daily living or safety,
- On-going, unsafe impulsivity that may include running, climbing, mouthing, or eating inappropriate objects.

Any of the above-mentioned behaviors can cause considerable distress at home, school, or in other settings. When behaviors escalate to the point where quality of life is jeopardized, families may be forced to consider whether the benefits from the use of certain medications outweigh the possible side effects. When this occurs, the family should contact their child's physician and begin the dialogue on the appropriateness of medication and other treatment interventions for their child. Before the intervention is considered, however, there are some questions that must be considered:

- Have the behaviors been analyzed with a thorough multidisciplinary behavioral and environmental assessment?

- Has everything possible been done to ameliorate the behavioral difficulties both at school and at home, including but not limited to environmental accommodations, sensory sensitivities, etc.?
- Has the input of appropriate resource personnel (e.g., behavioral therapists, psychologists) been accessed and utilized?
- Does the behavior occur across environments and seriously compromise (jeopardize) the health, safety, or quality of life of the child and/or those with whom he/she interacts?

It is important for families to feel that these broader questions have been answered to their satisfaction before making this serious decision.

Initial Considerations When Using Medication

Some people may feel that the use of medication is often a substitute for other equally effective methods in managing the challenges associated with ASD and other developmental disabilities. Some of the questions that families and teachers should ask when considering the use of medication include:

- Is there adequate evidence that demonstrates the effectiveness of this medication as a treatment for the symptoms exhibited by the individual?
- What are the potential side effects or risks associated with that treatment?
- How can medication complement other interventions to maximize the effectiveness of treatment?
- Are the benefits of treatment greater than the potential side effects associated with the treatment?
- Is the use of medication more effective and less expensive than other available treatments?
- To what extent will medication facilitate the child's participation in the community?

(continued on p. 7)

(“Teachers’ Corner” continued from p. 1)

to engage in the most appropriate behavior and communication for the play activity; it also enables children who may be less familiar with an activity to be able to participate equally.

Reinforcement

Positive reinforcement is a powerful tool in making a supported play activity successful. Both children with autism and typical peers respond well to praise for good “talking,” “sharing,” “turn-taking,” etc. Reinforcement can serve as a prompt for others as well, especially typical peers.

Redirection

Compliance is not a guarantee with children with or without autism; therefore, redirection is useful in keeping the play environment safe and keeping children on task. It is helpful to make the activities shorter in length than one might think, just to ensure that children don’t become bored and begin to engage in inappropriate behaviors. Again, plenty of positive reinforcement can often preempt any difficult behaviors.

Individualize: Let each child’s individual needs guide the type of support that you provide that child. For example, if Child A is preverbal—working on eye-contact and being near others—prompt, reinforce, and support these skills. Keeping track of each child’s individual needs and goals for the supported play activity can be challenging for the facilitator, so you may wish to start with fewer children to aid in organizing and support.

Supported play activities can be any activity that is fun and provides children with opportunities for various play-related social and communicative experiences. The goal of supported play activities is to increase and improve social and communication skills in a natural and supported environment. The more natural the play activities, the more likely children are to generalize these skills to other, unsupported play activities. Supported play activities provide children with autism opportunities to engage in play activities with others. Parents and professionals alike should seek opportunities to help children with autism participate in these “normal” childhood experiences.

Example of a Supported Play Activity: Beach Ball Charades

Materials

- Large beach ball
- PECS/Boardmaker™ symbols of action words, cut out and pasted or taped onto the beach ball on every other color

Goals

- Children will roll a ball
- Children will engage in imaginary play (role play, charades)
- Children will say/sign the names of peers in the play group
- Children will make eye contact with members of the play group
- Children will take turns
- Children will communicate socially during the game

Procedures

- Seat children in a large circle, placing adults strategically for easy prompting and reinforcement
- Beginning with one child, have him or her roll the ball to another student of his or her choosing, first calling that child by name and making eye contact
- When the second child catches the ball, he or she should stand up and act out the symbol that has landed face up on the ball when caught
- All children in the group are prompted to guess the action the standing child has acted out
- Repeat until all children have had a chance to participate in the actions

Reference

Quill, K. A. (1995). *Strategies to enhance communication and socialization*. New York: Delmar Publishers.

Visit the official web site of the Division on Developmental Disabilities at <http://www.dddcec.org/>

(“Medication Issue Paper” continued from p. 5)

- How can medication improve the quality of life for their child?

As the child approaches adulthood, the family may also need to confront the issue of their child’s use of commonly available stimulants and depressants such as caffeine, alcohol, and illegal substances to moderate the perceived effects of ASD. This practice can lead to significant personality and mood swings, compound the affective nature of ASD, and increase the individual behavioral challenges common to ASD. This use of prescription and non-prescription medications together can have potentially dangerous side effects that cannot be anticipated by families or physicians.

The Home/School Partnership

An open and honest relationship between families and teachers is critical when a child’s behaviors have reached a level where either home or school interventions are unsuccessful in ameliorating a situation. Families bring the full spectrum of the child’s life experience to the table, while teachers are able to give a more objective view on how behaviors impact the educational environment. Teachers can be valuable partners, both in providing information about the child’s behaviors to families and doctors and, should medication be prescribed, in monitoring its effects. Decisions regarding medication should rightfully be limited to the families and physician. Teachers can facilitate this dialogue by providing information regarding the behaviors exhibited at school and the results they have witnessed once treatment has begun.

The teacher can also act as a reliable ally to the family by being supportive and nonjudgmental of the family’s decision.

In order to assist the school in monitoring potentially dangerous side effects from these medications, the family must make sure the school is constantly informed about the medication and dosages the student is receiving. The student spends a large proportion of his/her day at school, and any pharmacological contraindications or side effects need to be made aware to families and physicians. Teachers and schools need to be informed and aware of:

- The name of the medication, dosage, and administration times,
- The therapeutic purpose of the medication,
- The anticipated results of treatment,
- The potential side effects and what they look like,
- What accommodations are required by the student (e.g., rest periods, nutrition and hydration, decreased exposure to sunlight),
- What to do in case of a medication-related emergency.

With families and teachers working together, the management of medication can become a viable process that enhances the quality of life for persons with ASD. When indicated, the use of medication can significantly alter and enhance a child’s quality of life, enabling her/him to be able to live safely and access a broader range of activities available in the home, school, and community.

Executive Director’s Corner

Tom E. C. Smith

Now that the Baltimore conference is behind us, we can focus on Salt Lake City next spring and Hawaii for February 2007. The membership approved several amendments to the Constitution and By-laws at the Baltimore business meeting. The most important was the creation of a Communications Committee, with an appointed board member to serve as its chair (see DDD Announcement in this issue). DDD members from Kentucky and North Carolina are interested in reviving subdivisions. This is a very positive development because subdivision activity has decreased significantly over the past five years. If your subdivision needs some rejuvenation, or you live in a state without a DDD

subdivision and would like to establish one, please contact me. The Division can help with money and suggestions, and can even send a speaker to one of your meetings. Let the board hear from you; we are here to support you as individual DDD members and as subdivisions. Some of the divisions have not submitted a list of officers for this year. Please do so, and we will make sure you receive some of your rebate money. If you have any questions about what needs to be submitted, or any other questions regarding your subdivision, please contact me (tecsmith@uark.edu).



FREE Publication for DDD Members

The Division on Developmental Disabilities is pleased to announce the publication of the fifth volume in the acclaimed *DDD Prism* series. ***Transition of Youth with Disabilities to Postsecondary Education*** presents an organized collection of peer-reviewed articles focusing upon young people with intellectual disability as they prepare for and transition to postsecondary education and other life-long learning activities.

The overall intent is to provide the reader with a clear picture of the current status of diverse approaches that seek to prepare and transition youth with intellectual dis-

abilities for postsecondary education settings. The articles have been organized to (a) provide the reader with an overview of postsecondary issues, (b) present a range of approaches and models currently being used by persons in the field, and (c) share current status data on contemporary service delivery programs and their impact upon the quality of post-school life for young persons with intellectual disabilities.

Please use the coupon in this issue for your free copy of ***Transition of Youth with Disabilities to Postsecondary Education***. It will be your mailing label for your book.

PLEASE SEE PRINT COPY FOR COUPON

Editor's Note . . .



Darlene Perner

On behalf of DDD, I would like to thank **Amanda Boutot** for her contribution to our **Teachers' Corner** and to **Leslie Broun and Gardner Umbarger** for their contributions on the **Medication Issue Paper**. Also, thanks to our invited DDD presenters at the CEC Convention: **Dr. Liliana Mayo, Marty Murphy, Laura Krueger, and Mary Sullivan-Coleman**. In our next issue, we will be highlighting some of these presenters. Congratulations to all recipients of our Awards.

If you have information about your subdivision and/or practical articles for the **Teachers' Corner** or **Students' Corner**, please submit to: dperner@bloomu.edu or 570/389-3980 (fax). Look forward to hearing from you! Have a great summer!

Search the Entire Archives

of *Education and Training in Mental Retardation/Developmental Disabilities* at www.dddcec.org/search.htm
