

**SIX BASIC INSTRUCTIONAL STRATEGIES FOR WORKING WITH
CHILDREN AND ADULTS WITH AUTISM SPECTRUM DISORDERS
OR RELATED CONDITIONS**

Suggested for sharing purposes by Barbara T. Doyle, M.S.

1. Recognize and define the difference between objective and subjective information.

Objective information is information that comes to us through our senses: what we see, hear, smell, touch or taste. Subjective information is what we think, feel, believe, judge or infer about objective facts. Although subjective information is interesting, program decisions need to be made based on observable, objective data.

Example:

Objective information

Dan left the classroom walking quickly after snacks were put away.

Subjective opinion:

Dan was angry because he wanted more snacks so he got up and left.

Learn to write and say, "This is what I observed....." and "This is what I think about what I saw....."

It is DANGEROUS to present opinions that have not been proven
as if they are factual information.

2. Provide the most subtle support possible. Do not call undue attention to yourself or to the individual with ASD particularly when the individual is having a problem.

Provide support that is so quiet and unobtrusive that in most cases no one knows that you provided support at that moment. Remain calm and keep your volume quiet even if the individual is upset. (Of course, if you need help, ask for it.)

Remember that YOU are the role model for all the students, staff, faculty, co-workers and community members who observe you. Demonstrate the way you want everyone to treat this child or adult in both good times and problem times. You are in a powerful position to affect the attitudes and actions of everyone in your school, agency, home and community.

3. Do not create situations in which a child or adult with ASD has to try to divide attention between two speakers. It is probably very difficult for children and adults with disabilities to pay attention to two people who are speaking at the same time, one closer and one farther away.

For example, if a child is supposed to be attending to what a teacher or student is saying, support staff should resist the urge to repeat what was said or rephrase it, until the teacher or student is no longer talking. The sound of your voice may be a distraction to the other children in the class and to the teacher. If you must speak, wait until the teacher has stopped talking. Then talk in a whisper or very quiet voice. Unless your job is to provide instructional support to more than one child, then ONLY the child you support should be able to hear your speech when you are working directly with the child. Another example would be that when providing support to an adult with special needs in a work situation, be sure the sound of your voice is not a distraction to the other workers.

Louder speech does not “sink in” better. In fact for many children and adults, when a person speaks more loudly when near them, they can actually understand LESS well. Instead of repeating or rephrasing, support staff can use physical prompts, within-stimulus prompts, visual/spatial or written cues or gestures to help children and adults respond appropriately.

4. **Talk less. Wait for a response. Ask fewer questions. Provide more cues that go in to the child or adult’s EYES.**

Here are some examples:

- printed schedules (printed by hand or on the computer)
- printed directions
- printed lists
- visual prompts such as arrows pointing to the next thing to do, overlays to put on a page that only display the area of the page s/he should focus on, circles drawn around the target area, color codes to match books and workbooks, etc.
- visual token systems for rewards
- 3-d rewards such as manipulatives or small toys
- rules lists placed where s/he can see them easily
- visual timers such as sand timers, LED watches or timer, cooking timers
- physical prompts to shape her/his responses
- spatial symbols so s/he can SEE her/his hook, locker, book, place to stand, desk, chair, place to sit in circle or in the library, etc.
- visual cues so the child or adult knows which cabinets or drawers s/he may or may not open

5. **All team members need to ask for help as soon as needed. Do not wait.**

Children and adults have the right to be instructed with *effective* practices. Do not let a situation continue in which the child or adult is failing or being stigmatized without asking the team to help you decide what to do differently. If necessary,

ask the full team to meet as soon as possible. No one knows what to do in all situations. That is why we have TEAMS.

6. **Respect the confidentiality of the child or adult and the family.**

Do not talk about the child or adult in the presence of ANYONE who is not a member of the current team. NEVER discuss the children or adults with anyone other than the current team without the written permission of the parents. Never discuss the child, adult, program or family if any person can overhear you who is not a current team member. There are confidentiality laws designed to protect individual and family rights to privacy. Learn about the confidentiality laws that govern the place where you work.

One exception to this occurs is when a child or adult is transitioning from one team to another. Then, these two teams can communicate, in private, about the child, adult and program.