

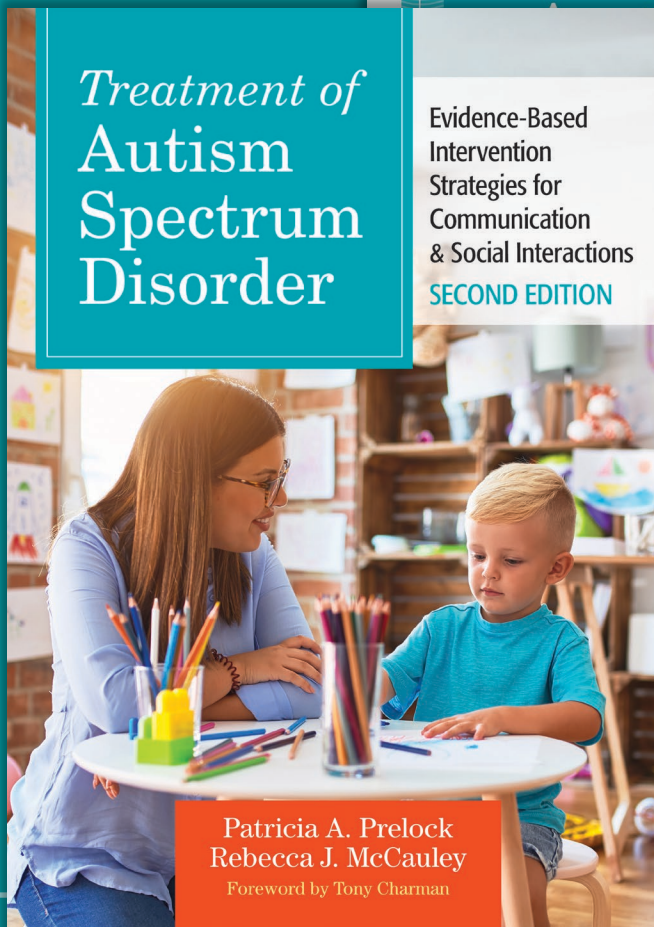
AVAILABLE
JUNE 2021

CASE STUDIES FOR THE

Treatment of
Autism Spectrum Disorder

Treatment of
Autism Spectrum Disorder

Evidence-Based
Intervention
Strategies for
Communication
& Social Interactions
SECOND EDITION



Patricia A. Prelock
Rebecca J. McCauley
Foreword by Tony Charman



Patricia A. Prelock
Rebecca J. McCauley

NEW EDITION
of the **bestselling** textbook
for the treatment of ASD!

DISCOVER WHAT'S NEW ►

Contents

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2 Interior Features

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About the Textbook

About the Textbook

To work effectively with individuals who have autism spectrum disorder), SLPs and other practitioners need in-depth knowledge on choosing and implementing interventions for communication and social challenges. The **second edition** of this bestselling textbook gives professionals the foundation they need to evaluate and compare today's widely used interventions—and determine which ones will promote the best outcomes for the people they serve.

This accessible text combines the expertise of **more than 30 top autism authorities** across multiple disciplines and specialties, including psychology, speech-language pathology, early intervention, special education, and AAC.

About the Textbook

Readers will get a thorough introduction to **14 evidence-based interventions**, complete with key details on each intervention's theoretical and empirical basis, components, practical requirements, applications for both children and adults, and considerations for children from diverse cultural and linguistic backgrounds.

Twelve video clips (available for streaming) illustrate the interventions in action, and highly relevant learning activities prepare SLPs and other practitioners to make sound decisions in scenarios they're likely to encounter in the field.

About the Editors



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Dr. Prelock is provost and senior vice-president, University of Vermont. Formerly, she was the dean of the College of Nursing and Health Sciences at the University of Vermont for 10 years. She is also a professor of communication sciences and disorders and professor of pediatrics in the College of Medicine at the University of Vermont.

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Rebecca J. McCauley, Ph.D.

Dr. McCauley is Professor in the Department of Speech and Hearing Sciences at the Ohio State University. Her research and writing have focused on assessment and treatment of pediatric communication disorders, with a special focus on speech sound disorders, including childhood apraxia of speech.

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Interior Features

About the Features

The second edition of *Treatment of Autism Spectrum Disorder* includes a variety of features designed to enhance reader understanding.

Examples include:



Chapter introductions



Applications to children, adolescents, and adults



Considerations for children from culturally and linguistically diverse backgrounds



Key terms



Tables and figures



Learning activities



Suggested readings



Summary of video clips



References



Chapter introductions

4

Augmentative and Alternative Communication Strategies

*Manual Signs, Picture Communication,
and Speech-Generating Devices*

Jane R. Wegner

INTRODUCTION

Researchers estimate that one fourth to one half of children and adults with autism spectrum disorder (ASD) do not develop speech sufficiently to meet their daily communication needs (Light et al., 1998; National Research Council [NRC], 2001; Rose et al., 2016; Wendt & Schlosser, 2007). Being able to understand and to be understood are essential to quality of life and participation in activities of one's choice. Because augmentative and alternative communication (AAC) can be any mode of communication that supplements or replaces oral speech (American Speech-Language-Hearing Association [ASHA], n.d.-a), it holds the promise of improving not only the communication but also the lives of many individuals with ASD. The use of AAC has been shown to have positive effects for people with ASD in the areas of behavior (Bopp et al., 2004; Walker & Snell, 2013), social interaction (Garrison-Harrell et al., 1997; Therrien et al., 2016), receptive language and comprehension (Brady, 2000), and speech and expressive language (Millar, 2009; Mirenda, 2003). Cafiero (2001) described the roles AAC can serve for individuals with ASD as enhancing existing communication skills, expanding language, replacing speech, and providing structure to support language development.

As has been pointed out in previous chapters, ASD is thought to be the most common and fastest growing developmental disability in the United States today (Centers for Disease Control and Prevention, n.d.). At the same time, technology

Each chapter begins with an introduction to orient readers to the key content of that particular chapter.





Applications to children, adolescents, and adults

Application to an Adult

Bill, who was 32 years old, was engaging in severe aggression (punching and grabbing others), self-injurious behavior (hand and arm biting), and other disruptive behaviors (throwing work materials, knocking over tables and chairs). He had lived most of his life in a large institution. Bill had recently moved from the institution to a group home and was attending a community college.

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Application to an Adolescent

Although the topic is not specifically discussed in this chapter, the DIR model does address higher levels of functional emotional development (Levels 7, 8, and 9), which would be appropriate to consider for older children, adolescents, and adults (Greenspan & Mann, 2001). For example, Level 8 is referred to as *Emotionally Differentiated Gray*.

Area Thinking, refers to the ability to think about love, excitement, and other emotions relative to a person's understanding of the concept ("I am

Application to a Child

To illustrate how the DIR model can be integrated with developmental language goals, consider Mark, a child who received speech and language therapy at the Queens College Speech-Language-Hearing Center over a 4-year period. The following case study discusses two points in the DIR intervention he received—at 5 years of age, when he first began the intervention, and at 9 years.

Mark had been diagnosed with ASD at the age of 3 years and had received intensive ABA intervention between the ages of 3 and 5, before beginning DIR intervention. The shift to the DIR intervention occurred because Mark's mother, Ms. Z., was concerned about the nature of ABA treatment and the lack of skill generalization to everyday life. In addition, she noted the lack of improvement in Mark's engagement and his limited capacity for shared emotion. Ms. Z. also worried about the system of reinforcement being used because Mark's preoccupations—for example, watching a video—were used as rewards. Finally, Ms. Z. questioned why certain behaviors, such as attention, were tied to receiving rewards. Ms. Z. was referred to the Queens College clinic because she was interested in speech and language intervention that was more deeply rooted in DIR and in coaching in DIR principles.

Throughout the book, readers get a look at how to apply particular interventions to children, adolescents, and adults.



Considerations for children from culturally and linguistically diverse backgrounds

CONSIDERATIONS FOR CHILDREN FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

JASPER studies have involved diverse populations of children with ASD. One study specifically recruited preschool-age children from low-income, culturally diverse backgrounds (Kasari, Lawton, et al., 2014). All of the children in the sample came from low-income backgrounds, but 66% of the children in the sample were also ethnically and culturally diverse, and 15% spoke a language other than English.

Other ongoing studies have included substantial proportions of culturally and linguistically diverse participants. In large part, this effort stemmed from community work in homes and schools and the fact that the student population served by the Los Angeles Unified School District is three-quarters Latino children. Of the more than 14,000 children with ASD in the school district, the overwhelming majority of children are Latino, with a high proportion also second-language English learners. Because JASPER is meant to be developmental, flexible, and collaborative between parents and/or teachers, the diversity in culture, ethnicity, and languages spoken has been viewed as a strength.

Cultural and linguistic diversity becomes a critical issue primarily for caregiver-mediated interventions. JASPER research has tried to limit the exclusion of individuals other than a parent in caregiver-mediated interventions (e.g., a grandparent, aunt) and of parents who speak languages other than English. The goal is for the intervention strategies to be generalizable and used with a representative population of families who have a child with ASD in the local context.

With such a diverse population of families, a diverse group of coaches and therapists is also necessary. Many of the coaches have been native Spanish or Korean

Throughout the book readers can find expanded discussion on working with children from culturally and linguistically diverse backgrounds.

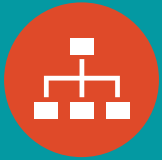


Key terms

INTRODUCTION

Joint Attention, Symbolic Play, Engagement, and Regulation (JASPER) is a targeted, social-communication intervention that is included in the broader category of **Naturalistic Developmental Behavioral Interventions (NDBIs**; Schreibman et al., 2015). Rooted in developmental theory, the approach pays homage to the idea that children learn to communicate in the context of social interactions with more sophisticated partners. Within JASPER, these partners use both developmental and behavioral strategies to teach children the building blocks of communication and language skills. Interventionists assess the child to identify developmentally appropriate social-communication and play-level targets, then select motivating toys that match the child's skill level. Sessions are densely packed with targeted, systematic instruction designed to engage the child in the development of **play routines** for the purpose of teaching children to communicate. The goal of JASPER is to support children's social-communication skills, including spontaneous initiations of both nonverbal communication and spoken (and/or augmented) language for the purpose of joint attention (socially sharing with others by pointing at, showing, or giving objects and/or commenting on the object) and requesting. Play routines within JASPER also provide opportunities to advance children's play skills (both flexibility and level of play).

As key terms pertaining to a specific chapter are introduced in the text, they appear in boldface type at their first use; definitions for over 130 terms appear in the Glossary.



Tables and figures

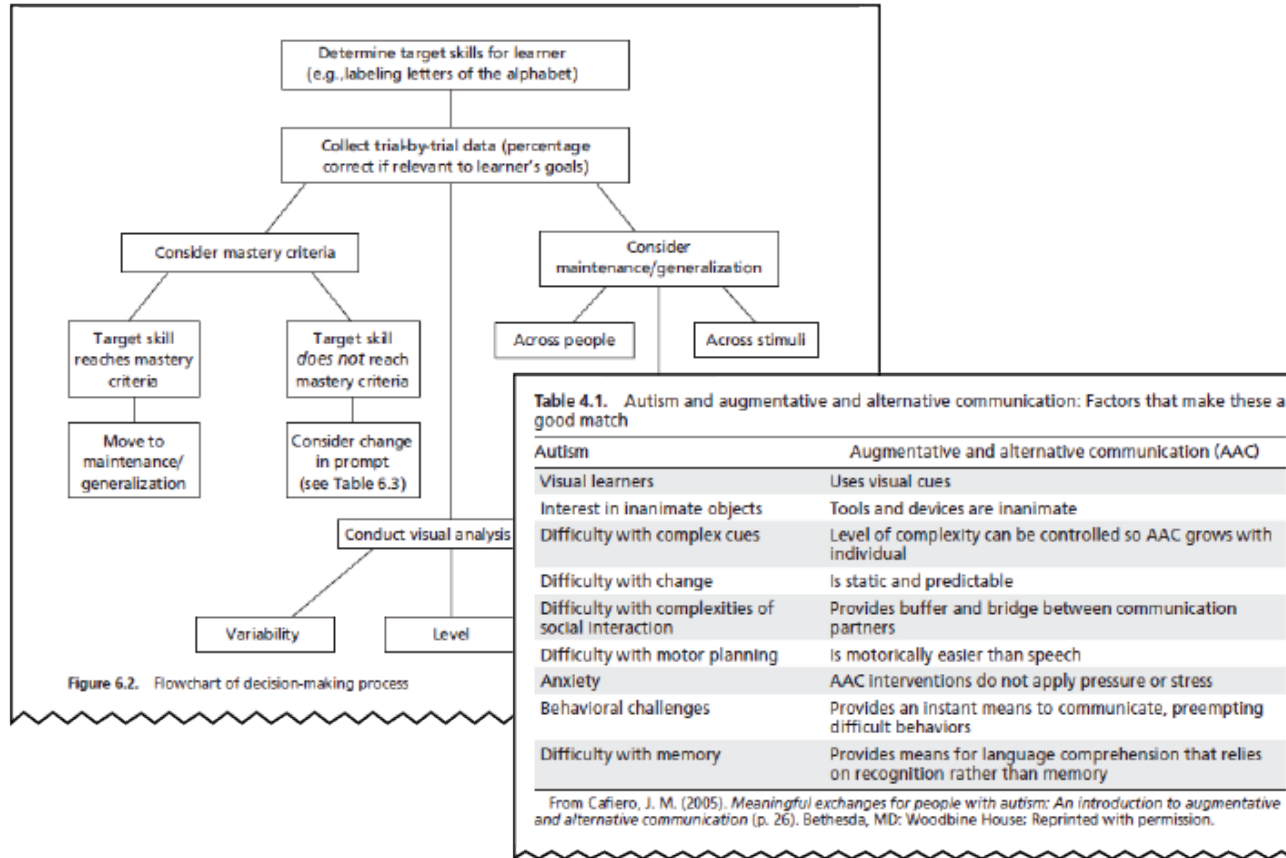


Table 4.1. Autism and augmentative and alternative communication: Factors that make these a good match

| Autism | Augmentative and alternative communication (AAC) |
|--|---|
| Visual learners | Uses visual cues |
| Interest in inanimate objects | Tools and devices are inanimate |
| Difficulty with complex cues | Level of complexity can be controlled so AAC grows with individual |
| Difficulty with change | Is static and predictable |
| Difficulty with complexities of social interaction | Provides buffer and bridge between communication partners |
| Difficulty with motor planning | Is motorically easier than speech |
| Anxiety | AAC interventions do not apply pressure or stress |
| Behavioral challenges | Provides an instant means to communicate, preempting difficult behaviors |
| Difficulty with memory | Provides means for language comprehension that relies on recognition rather than memory |

From Cafiero, J. M. (2005). *Meaningful exchanges for people with autism: An introduction to augmentative and alternative communication* (p. 26). Bethesda, MD: Woodbine House; Reprinted with permission.

More than 80 tables and figures reinforce important concepts and provide ways to more easily understand the material



Learning activities

Learning Activities

1. Identify how the processes and procedures of ESI reflect an NDBI.
2. Identifying and building intervention activities and routines that are meaningful to the family and provide multiple opportunities for the child's communication and engagement can appear to be challenging initially. ESI does not provide a list of best options but rather encourages joint identification by the family and the team, as no children and families are alike. Develop a checklist of important considerations to ensure you are jointly identifying the most authentic and functional contexts with the family that also ensure sufficient intervention intensity and dosage.
3. Cara's mom and dad agree that she has social-communication delays and would benefit from early intervention, but they cannot see why *you* just don't do it. They are sure you have more expertise than they do, and they fear they will just be in your way. What would you tell them?
4. Jamal says several single words and sometimes uses them to label favorite foods and toys. His dad is convinced he is verbal and wants you to work on two- and three-word combinations so he sounds more like the other kids at his child care. You are concerned about his limited joint attention, turn taking, response to communicative bids, and participation in productive roles. How would you proceed to work closely with Jamal's dad to increase his understanding of Jamal's essential targets and choose appropriate early communication and social interaction outcomes?
5. The team, including the family members, has been pleased with Tyler's progress. He is initiating social interactions; coordinating gaze, gestures, and a few words in familiar routines; playing with his toys functionally; and beginning to combine actions more flexibly. In addition, he has decreased his repetitive spinning behaviors. Everyone agrees the next step is to integrate him into a small group or classroom setting. The teacher at the community program the family chose is not sure she has time to collaborate and be coached. How can the team use the continuum of caregiver supports in an early care and education program to support Tyler and his teacher?

Throughout the book,
learning activities help
readers apply information
for select interventions.



Suggested readings

Suggested Readings

1. Carter, E. W. (2017). The promise and practice of peer support arrangements for students with intellectual and developmental disabilities. *International Review of Research in Developmental Disabilities*, 52, 141–174. This review article addresses key issues related to designing, delivering, and evaluating peer support arrangements in ways that enhance efficacy and its feasibility.
2. Carter, E. W., Asmus, J., Moss, C. K., Cooney, M., Weir, K., Vincent, L., Born, T., Hochman, J., Bottema-Beutel, K., & Fesperman, E. (2013). Peer network strategies to foster social connections among adolescents with and without severe disabilities. *TEACHING Exceptional Children*, 46(2), 51–59. This article outlines 10 steps for launching and maintaining peer networks and providing checklists for holding orientation meetings using case examples.
3. Carter, E. W., Cushing, L. S., & Kennedy, C. H. (2009). *Peer support strategies for improving all students' social lives and learning*. Paul H. Brookes Publishing Co. This step-by-step planning guide provides information to educators and administrators on how to implement peer support arrangements in elementary, middle, and high schools.

At the conclusion of each chapter, this section lists helpful resources that provide more information on the intervention addressed.



Summary of video clips

Summary of Video Clip

*See the **About the Videos and Downloads** page at the front of the book for directions on how to access and stream the accompanying video to this chapter.*

This video clip shows a therapist working with a child with ASD during a Pivotal Response Training one-to-one session. The child is 2 years, 8 months old and is learning her first words. The child is playing with the therapist on the floor of the family's living room. Expressive language targets in this video are "fish" and "tickle." The therapist uses the child's interest (an inset puzzle and tickling game) to target these words and varies his prompting level. He uses silly sounds to gain her attention and to keep her engaged and interested in the puzzle. The therapist also contingently reinforces her word attempts. The child's responsivity and affect are high, suggesting high motivation for the activity with the therapist. Finally, the therapist does an excellent job following the child's lead when she appears to be no longer interested in tickles at the end of the video clip, especially when reinforcing her initiation for "tickles."

12 video clips offer a vivid inside look at intervention techniques in action.



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Citations include review articles, reports of study findings, research findings, and other key references that can be used to find additional information

New Content

About the Content

In the new edition, you'll find the following:

- New chapter on assessment for treatment planning and progress monitoring
- New chapter on language and communication strengths and challenges often seen in children with ASD
- New in-depth profiles of three interventions not covered in the last edition: the Early Start Denver Model, The SCERTS® Model, and Social Skills Interventions
- Videos to demonstrate the newly added interventions

About the Content

- Updates to reflect the DSM-5, which includes significant changes to the definition of ASD and new diagnostic criteria
- More information on inclusive practices
- Expanded discussion on working with children from culturally and linguistically diverse backgrounds
- A sample syllabus that demonstrates how faculty can integrate this book into a course
- Helpful new supplementary resource, *Case Studies for the Treatment of Autism Spectrum Disorder*, available for purchase as a bundle with the textbook

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| Chapter 10 | Enhanced Milieu Teaching <i>Ann P. Kaiser, Elizabeth A. Fuller, and Jodi K. Heidlage</i> |
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| Chapter 15 | Social Skills Interventions <i>Patricia A. Prelock and Ashley Brien</i> |
| Chapter 16 | Social Stories <i>Tiffany L. Hutchins</i> |
| Chapter 17 | Video Modeling for Persons With ASD <i>Tom Bugghey</i> |
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Online Companion Materials

About the Materials

The second edition of *Treatment of Autism Spectrum Disorders*, offers online companion materials to supplement and expand the knowledge and strategies provided in this text.

Some materials are available to all readers. Other materials are reserved for verified faculty members.

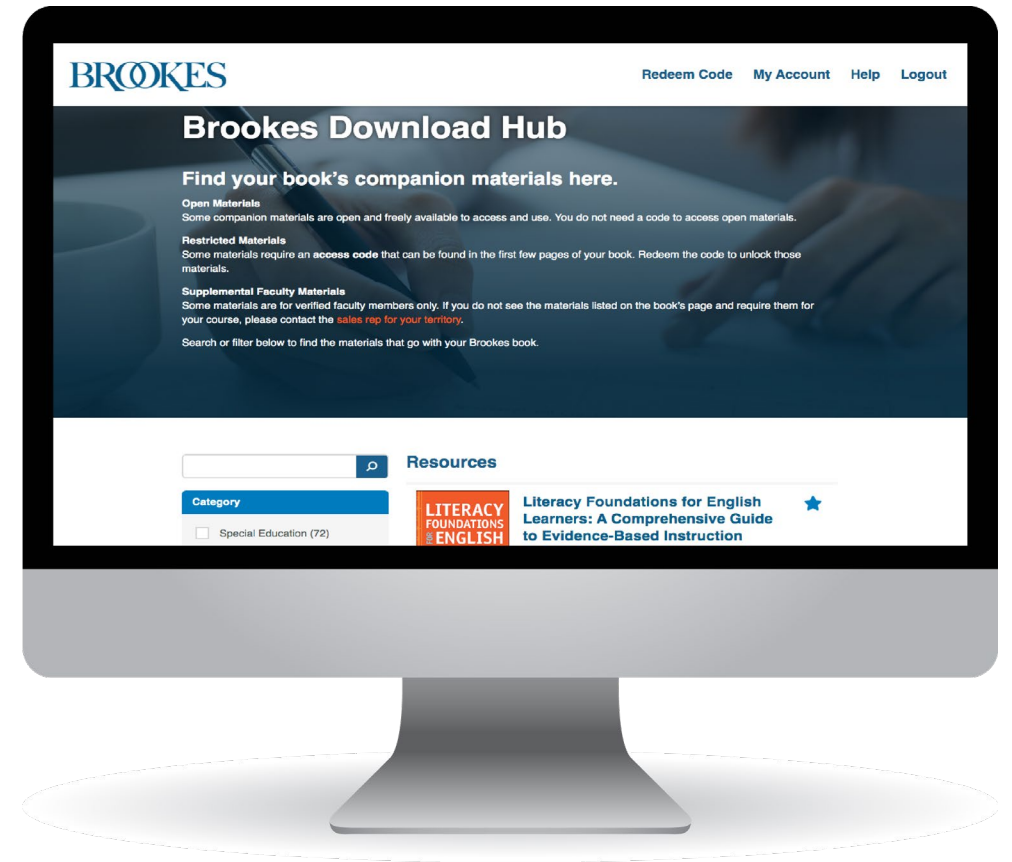
All materials may be accessed via the Brookes Download Hub

About the Faculty Materials

Faculty can access, download, and print the following from the Brookes Download Hub:

- A sample syllabus

[Visit the Brookes Download Hub](#) ▶



About the Reader Materials

Readers can access and stream the following from the Brookes Download Hub:

- 12 video clips that illustrate interventions in action

[Visit the Brookes Download Hub](#) ▶

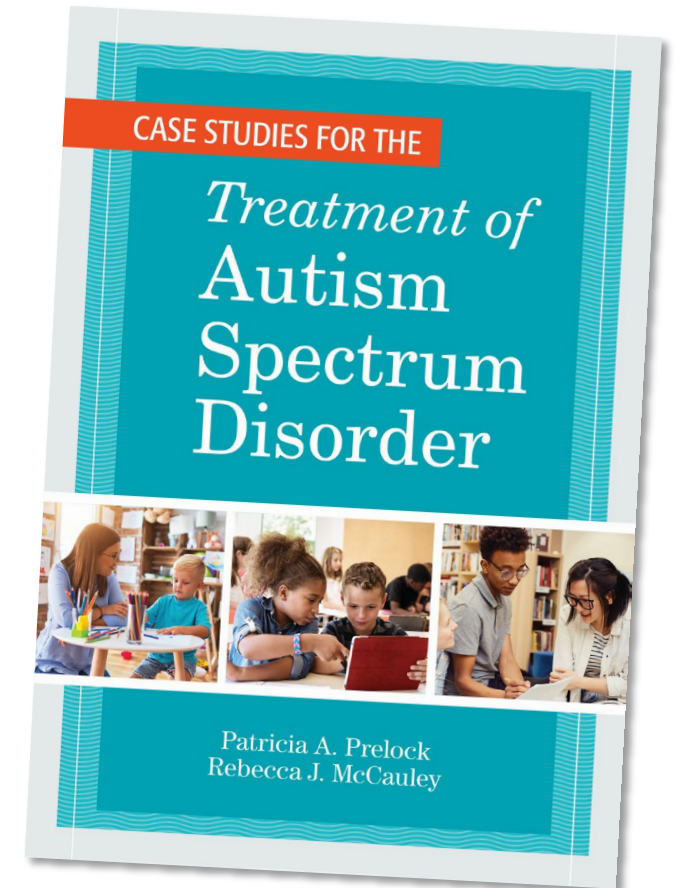


About the Case Studies

About the Case Studies

Ideal for preparing SLPs and other clinicians to make sound decisions, this casebook gives readers **in-depth, real world demonstrations** of today's evidence-based interventions for children with autism spectrum disorder.

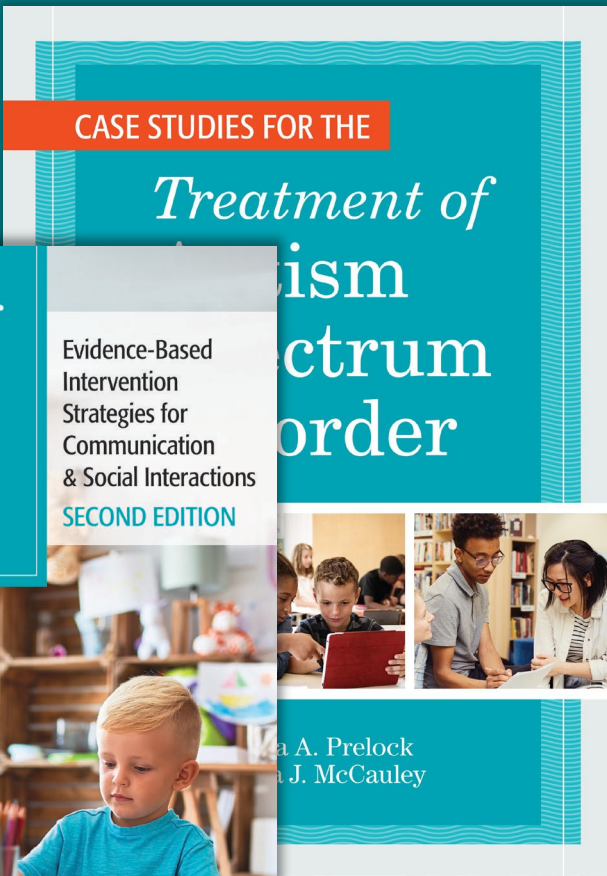
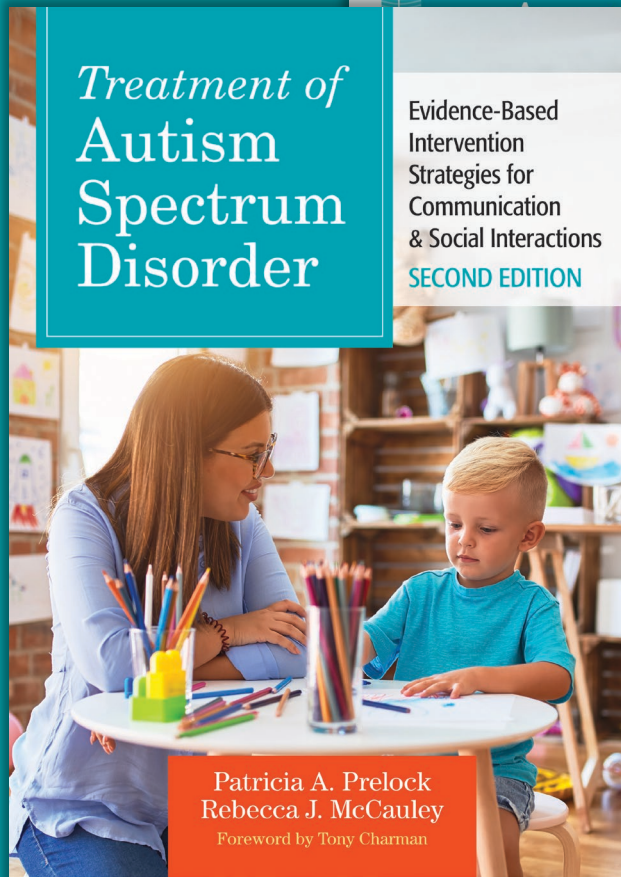
Developed as a companion to the *Treatment of Autism Spectrum Disorder* textbook—but equally useful as a standalone casebook—this resource offers **14 realistic case studies** that walk readers through common clinical challenges and help them hone their planning and problem-solving skills.



About the Case Studies

Aligned with the 14 intervention chapters in the companion text, the case studies each include:

- A complete profile of the child's **strengths and needs**, with a special focus on communication and social skills
- An overview of **assessment practices** that inform communication treatment planning
- A discussion of the **clinical problem-solving** processes used to identify **treatment goals** and strategies
- An **intervention plan** used to achieve the child's goals, with details on implementation and modifications
- A report on the child's **outcomes**
- A set of **learning activities** to help readers apply their knowledge



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