

Excerpted from *The SCERTS Model: A Comprehensive Educational Approach for Children with Autism Spectrum Disorders* by Barry M. Prizant, Ph.D., CCC-SLP, Amy M. Wetherby, Ph.D., CCC-SLP, Emily Rubin, CCC-SLP, Amy C. Laurent, Ed.M., OTR/L, & Patrick J. Rydell, Ed.D.

Why Another Model for Supporting the Development of Children with Autism Spectrum Disorders?

Another reasonable line of questioning is “Why do we need another model for supporting the development of children with ASD? Isn’t there already enough confusion for both families and professionals with all that is available?” The SCERTS Model was developed to address a number of needs, based on our training in a broad range of approaches, intimate working knowledge of the strengths and weaknesses of different approaches and our years of experience consulting to both families and programs using a range of approaches. The model is designed to directly fill a void based on what we perceive as the major gaps in current service provision and, in some cases, the philosophical and practical fragmentation underlying practices used with children with ASD and their families. Furthermore, as noted previously, an expert panel on educational interventions for children with ASD (NRC, 2001) indicated that there is a clear need for the development and testing of new and innovative educational models for children with ASD, based on the panel’s findings of a number of limitations of currently available models. Therefore, the SCERTS Model has been developed as a next-generation model for working with children with ASD to address the acknowledged limitations of available models.

Basic Tenets of Recommended Practices Underlying the SCERTS Model

The SCERTS Model is based on close to 3 decades of our research and clinical/scholarly work published in more than 120 journal articles and chapters, two edited books, clinical assessment instruments, and four professional journal issues edited by us. The model is grounded in a number of basic tenets of recommended practices (Prizant & Rubin, 1999; Wetherby & Prizant, 1999). These recommended practices are consistent with the recommendations of the committee that investigated educational interventions for children with autism (NRC, 2001):

- *An educational approach should directly address the core developmental challenges of children with ASD.* The first critical need we address with the SCERTS Model is clearly delineating the developmental foundations of a comprehensive educational model for children with ASD. The identification in the model of these developmental foundations (i.e., Social Communication, Emotional Regulation, and Transactional Support) results in clearly stated educational priorities to guide goals as well as teaching practices based on our most current understanding of ASD as a developmental disability. Certainly, we recognize that some available approaches to children with ASD address social communication and behavior management to varying degrees, but the SCERTS Model is distinctive in a number of ways. First, in the SCERTS Model, social communication is among the highest priority goals, while in many other models, it is often considered to be but one of many different goal areas and not necessarily of the highest priority. Second, the priority on emotional regulation is a novel contribution to educational priorities for children with ASD and is clearly distinct from a behavior management approach in a number of ways, with the clearest distinction being the developmental

basis of emotional regulation and the focus on self-determination, rather than external management (this issue is discussed in greater detail in Chapter 6).

- *An educational approach for young children with ASD should be based on current knowledge of child development, which places learning within the context of natural environments and is both child and family centered.* The SCERTS Model at its very core is a developmental model. Goals and teaching strategies are derived from research and literature on the development of children with and without disabilities. A child's needs and a family's priorities guide the selection of both specific goals and the learning contexts most conducive to developing a child's abilities. The roles of family members in supporting a child's development are also considered from a family systems perspective and as part of a collaborative process with professional input. Family members are not directed by professionals as to what their role is or should be in the educational process. The model incorporates a strong preference toward using more natural activities and routines for children with ASD, to foster motivation for active participation, conceptual understanding, and generalization of acquired abilities and skills.
- *An educational approach should be individualized to match a child's current developmental level and his or her profile of learning strengths and weaknesses.* Due to the developmental foundation of the SCERTS Model, individualized goals and learning differences are naturally addressed and incorporated in efforts to support a child's development. Children with ASD clearly demonstrate variability in their profile of strengths and needs. In fact, in terms of strengths and needs, one child with ASD may be more like a typically developing child or a child with a different developmental disability such as a developmental language disorder than like another child with ASD. Therefore, the results of a comprehensive assessment of a child's strengths and needs is directly linked to educational goals and approaches for that particular child. This linkage of assessment and educational programming is in contrast to approaches in which there is a discontinuity between assessment and education. Approaches that use standardized, uniform curricula for all children, by definition, ignore or give too little attention to individual differences in children. Furthermore, the SCERTS Model takes into account *learning style* differences and makes the most of a child's strengths, unlike approaches that are skewed primarily toward remediating a child's weaknesses or "deficits." It is well documented that children with ASD typically have peaks and valleys in their learning abilities, and these must be addressed in educational programming.
- *An educational approach should demonstrate a logical consistency between its long-term goals and teaching strategies to achieve those goals.* The continuum of goals in social communication and emotional regulation in the SCERTS Model follows a logical sequence guided by developmental research, with earlier abilities providing a foundation for more developmentally sophisticated abilities. For example, if an overriding goal in social communication is for a child to be competent and confident reciprocal communicators, an early foundation for this goal is supporting the child's ability to remain engaged and to initiate communication with a variety of partners and for a variety of purposes, whether the child is a preverbal or verbal communicator. Some approaches that focus on compliance training in early stages of treatment demonstrate an inconsistency with the long-term priorities of supporting social independence and self-determination for children with

ASD. Approaches that rely too heavily on behavior management goals with excessive external adult prompting and direction are inconsistent with the long-term priority of helping a child develop self-regulatory strategies to support emotional regulation. In our direct work with children and in our consulting, we often have to recommend strategies to undo the effects of approaches that result in a child's being too passive due to the teaching strategies that primarily taught the child to respond to external prompting for communication or emotional regulation.

- *An educational approach should be derived from a range of sources.* In the SCERTS Model, it is recognized that there are many sources of information that may contribute to and guide the development of a program for a child. These include the following: 1) *theory* (e.g., developmental theory, learning theory, family systems theory), 2) *clinical and educational data* (i.e., documented results of practice in everyday contexts and learning environments), 3) *knowledge of recommended practices* (i.e., cumulative knowledge based on clinical and educational experiences), 4) *social values* (i.e., practices and goals based on societal and/or personal values), and 5) *empirical data* (i.e., results of experimental research typically conducted with a minimal required level of experimental control) (Shonkoff, 1996).

The SCERTS Model draws from a convergence of findings from developmental theory and research, clinical and educational data, curriculum based assessment, family-centered research, and contemporary behavioral literature emphasizing functional assessment of challenging behavior and positive behavioral supports. Furthermore, for children with ASD, documenting progress and efficacy of teaching strategies in meaningful ways is an essential criterion to determine if a program is effective for a particular child.

- *An educational approach should develop and apply meaningful measures of progress and outcome.* We have argued previously that educational research on children with ASD has been negligent in documenting a range of meaningful outcome measures. For example, one must question the meaningfulness of often-used short-term measures of progress such as mastery of isolated skills taught out of context of meaningful activities (mastery is often defined as 80%–90% correct responding in teaching sessions). For example, progress in receptive language training programs is typically measured by frequency counts of correct responses in pointing to pictures or following commands, without careful consideration of whether such skills truly make a difference in a child's life in everyday activities. Regarding long-term outcomes, the most common outcome measures used have been changes in IQ scores and school placement, both of which are of questionable validity and have major limitations (NRC, 2001). Such measures may not be ecologically valid because they do not measure changes in adaptive functioning and self-determination within natural environments and do not address the core deficits in ASD.

In demonstrating a child's progress and the effectiveness of an educational approach, it is important to go beyond traditional static measures, such as improvement on standardized tests or school placement. Examples of broader and more dynamic measures include degree of participation and success in everyday communicative exchanges; related dimensions of emotional expression and regulation; social-communicative motivation; social competence; peer relationships; competence and active participation in natural activities and environments; and, ulti-

mately, the ability to make important short- and long-term decisions about one's life. We address this in the SCERTS Model by measuring ongoing progress in eight Social-Emotional Growth Indicators, which are derived from the specific objectives we use in measuring progress in social communication, emotional regulation, and transactional support: 1) Happiness, 2) Sense of Self, 3) Sense of Other, 4) Active Learning and Organization, 5) Flexibility and Resilience, 6) Cooperation and Appropriateness of Behavior, 7) Independence, and 8) Social Membership and Friendships. These indicators were developed to reflect the typical priorities and concerns expressed by parents and professionals in everyday discussions about a child's progress in a program and in activities outside of school.

Furthermore, assessment can not be limited to the evaluation of child variables only; it should be extended to variables that relate to how partners, environments, and activities, which we refer to as transactional supports, either support or inhibit a child's developmental progress. Service providers need to gather meaningful measures of a child's abilities to guide educational decisions and to determine whether positive educational effects are being achieved. As priorities, such measures should include 1) gains in initiation of spontaneous communication in functional activities; 2) ability to remain well regulated in the face of challenges to emotional regulation; and 3) generalization of newly acquired skills and across activities, partners, and environments.

In other words, enhancing communication and social-emotional abilities for children with ASD entails not only increasing specific communicative skills but also increasing many of the dynamic aspects of social communication, social relationships, and emotional regulation that are targeted as high priorities in the SCERTS Model, as well as modifying partner behavior and designing facilitative activities and learning environments. The ultimate goal is for children to be able to participate more successfully in developmentally appropriate activities with adult partners and peers in a variety of settings. In this manual, we present and discuss many more specific high-priority goals for children at different levels of ability and for their partners, as well as strategies to achieve these goals. In addition, we provide approaches and strategies to measure progress and meaningful change in *ecologically valid* ways as part of the comprehensive SCERTS Assessment Process (SAP).