Contents

Introduction

Bree A. Jimenez, Emily C. Bouck, and Jordan C. Shurr

The five chapters of this book were designed to complement one another while addressing characteristics innate to the identification of intellectual disability (ID) or autism spectrum disorder (ASD). Rather than jumping into *what* to teach (addressed in *Academics, Life Skills, and Transition*, Book 4 of the *Educating Students With Intellectual Disability and Autism Spectrum Disorder* series), *Essential Skills and Frameworks* addresses the prerequisites for beginning to develop, assess, and teach curriculum and skills. This collection revisits several concepts and strategies, including video modeling, systematic prompting and fading, communication response modes, and technology as an essential tool to building student independence and engagement. Building generalization of these important research- and evidence-based practices transforms education to make learning meaningful to students and their families.

In 2012, Hunt, McDonnell, and Crockett urged educators and researchers alike to consider the use of an ecological framework to address the academic needs of individuals with intellectual and developmental disabilities. The need for such plea was in direct response to years of the field of special education being over-focused on socialization skills, behavior skills, and communication skills as separate identities for this population of students. Like Hunt and colleagues (2012), we believe these previously focused-upon skills are essential; however, not linking them to the full curriculum (i.e., life skills and academics) results in students missing instruction that focuses on meaningful (relevant) curriculum that builds self-determination and improved postschool outcomes. A *personally relevant curriculum* (Trela & Jimenez, 2013) is more than just the functional or academic skills taught; rather, instruction is meaningful because it builds student communication, social interactions, positive adaptive behaviors, and student self-autonomy.

Hong, Ganz, Wattanawongwan, and Ura, in Chapter 1 of this book ("Communication and Expression"), address one of the most important elements of instruction: students' ability to "show what they know" and understand what is being asked. The authors provide a detailed description of the importance of the developmental process of building communicative competence and the evidence base that exists in teaching communication and expression. Aware that communication deficits affect the large majority of students with developmental

disabilities, Hong and colleagues focus their chapter on the practical application of augmentative and alternative communication in providing students opportunity for both expressive and receptive communication.

In Chapter 2, Root, Cox, and Whalon address the complex yet essential foundations of behavior. Situated within the basic principles of applied behavior analysis, the authors provide a practical overview of how to identify the function of challenging behaviors, as well as evidence-based practices to develop positive behavior interventions and supports. Root and colleagues provide multiple scenarios across age ranges and behavioral needs to highlight the use of these research- and evidence-based practices within the classroom, school, and community.

In Chapter 3, Denning and Moody align socialization with the research- and evidence-based practices outlined in the preceding two chapters. Social interactions between individuals with ID or ASD and their peers account for significant barriers to learning and social inclusion; thus, the topic of socialization skill assessment and instruction is integral to this book series. Although behavior in this chapter is addressed specifically as it applies to socialization, the authors revisit common threads discussed in Chapters 1 (e.g., assistive technology) and 2 (e.g., video modeling), allowing readers to generalize their own learning across potential student learning goals.

In Chapter 4 of this book, Wehmeyer, Shogren, Raley, and Burke dive deep into the topic of student self-determination, providing insight and a plethora of research regarding its importance in both the school and postschool lives of individuals with disabilities. The authors clearly outline how skills that may be taught (e.g., choice making and goal setting) are not self-determination itself but rather practices that can promote individuals (with and without disabilities) to become more self-determined. With examples of materials and supports teachers can use within their own schools, Wehmeyer and colleagues also provide teachers with the depth of understanding of a complex topic needed to truly support students to become (as the authors say) “causal agents in their own lives.”

Finally, Chapter 5 (“Multiple Disabilities and Health Impairments”) is designed to concentrate on the intensive support needs of some students with ID or ASD. Mims and Chambers focus on the necessity of an interprofessional community of support to assess, instruct, and support students with complex needs (e.g., health, sensory). They also examine many concepts introduced in earlier chapters (e.g., explicit and systematic instruction, augmentative and assistive technology, self-determination), as these concepts apply to the pervasive needs of many individuals with multiple disabilities. The authors focus on providing research and evidence-based examples of the unique concerns for instruction that teams must consider when supporting those with multiple disabilities.

References

Hunt, P., McDonnell, J., & Crockett, M. A. (2012). Reconciling an ecological curricular framework focusing on quality of life outcomes with the development and instruction of standards-based academic goals. *Research and Practice for Persons With Severe Disabilities, 37,* 139–152. doi:10.2511/027494812804153471

Trela, K., & Jimenez, B. A. (2013). From different to differentiated: Using "ecological framework" to support personally relevant access to general curriculum for students with significant intellectual disabilities. *Research and Practice for Persons With Severe Disabilities, 38,* 117–119. doi:10.2511/027494813807714537

Chapter 1

Communication and Expression

Ee Rea Hong, Jennifer B. Ganz, Sanikan Wattanawongwan, and Sarah Ura

Communication is developed sequentially and naturally with age in typically developing children and is the act of delivering one's thoughts, feelings, or experiences to another person through the use of shared signs or symbols (Wiener, Devoe, Rubinow, & Geller, 1972). Young children are generally capable of learning their native language, from babbling at 6 to 10 months to speaking in complete sentences by the time they are 3 years old (Gillberg & Coleman, 1996). In contrast, individuals with intellectual disability (ID) or autism spectrum disorder (ASD) often present delays in the development of both verbal and nonverbal communication at an early age (American Psychiatric Association, 2013) that persist throughout their lifetime. In fact, many children with ID and ASD are more likely than other children to show deficits in preverbal or prelinguistic behaviors during the early stages of language development (Mundy, Sigman, Ungerer, & Sherman, 1986). Examples of those behaviors include eye gaze, reaching to others or for objects, giving objects, and showing or pointing gestures (Wetherby et al., 2004). Such absence or lack of acquisition of prelinguistic behaviors in early childhood is the most commonly observed feature in children with ID or ASD (Chakrabarti & Fombonne, 2005; Zwaigenbaum et al., 2005). Because there is substantial variance in the severity of impairment, careful consideration of such differences is imperative when assessing and developing interventions for improving communication behaviors.

Research on Building Communication Skills

Recent emphasis on the utilization of empirically supported treatments, or *evidence-based practices* (EBP; see Shurr, Jimenez, & Bouck, 2018) has stimulated significant research efforts to identify the most effective treatments for teaching communication skills to those who struggle to acquire language. For example, more than 20 intervention techniques have demonstrated effectiveness in improving communication skills in individuals with ASD or ID (Odom, Collet-Klingenberg, Rogers, & Hatton, 2010; Wong et al., 2015).

Augmentative and alternative communication (AAC) is often used to supplement or replace speech for individuals who are unable to communicate

Chapter 2

Behavior

Jenny Root, Sarah Cox, and Kelly Whalon

It is calendar time in Ms. Lott's kindergarten class, and Becca, a 5-year-old with autism spectrum disorder (ASD), just finished singing a day- of-the-week song with her peers. During the song, even though Becca has limited verbal communication, she participated by singing the repetitive words of the song while occasionally shaking one of her braids quickly back and forth in front of her eyes. After the song, Ms. Lott reminds the class that it is Angela's day to share. Angela stands in front of the circle and shares her favorite stuffed dog she got for her birthday as her peers wait to ask questions. Becca wanders from the group and sits in a chair with her back to the group, flipping quickly through the pages of a book. Ms. James, the paraprofessional, redirects Becca to her carpet square. Becca sits down and almost immediately begins rolling around on the carpet as her peers ask Angela questions about her favorite toy. Ms. James gets up to sit next to Becca, but Becca leaves the group again. This time when redirected to the carpet, Becca begins to run and when Ms. James reaches her, Becca falls to the floor, hitting and kicking. Both Ms. Lott and Ms. James are concerned because Becca has engaged in these behaviors more frequently over the past couple of weeks.

When Becca is not participating in classroom activities or lessons, she is missing out on important learning opportunities and risks further exclusion from peers and instruction. Based on the principle of normalization (Wolfsenberger, 1972), interventions designed to address behavior build skills that allow individuals with disabilities greater access to their home, school, and community (Carr et al., 2002). Any intervention designed for Becca should first promote the skills she needs to develop relationships with peers, learn from classroom instruction, and access school and community environments to improve her overall quality of life (Carr et al., 2002). Second, Becca has trouble verbally expressing her needs and ideas and interacting with others. Because her behavior is escalating, it is clear that Becca's actions achieve a desired result (thereby serving a communicative function). Becca will need to learn other skills that provide the same function or purpose as the challenging behavior (i.e., *replacement behaviors*). Third, behavior is influenced by environmental factors. Becca enjoys engaging in routine activities, but has greater

Chapter 3

Socialization

Christopher B. Denning and Amelia K. Moody

Social skills are behaviors necessary to develop personal and social relationships (Gresham, Sugai, & Horner, 2001). Students who fail to develop and maintain social interactions often show deficits in academic achievement, especially related to peer interactions, group assignments, and understanding classroom expectations (e.g., Wentzel, 1996). The ability to socialize is complex because there are so many opportunities for success or failure. Social skill deficits can eventually cause children with intellectual disability (ID) or autism spectrum disorder (ASD) to withdraw and become isolated (Stichter, Randolph, Gage, & Schmidt, 2007). Similarly, students with ID tend to have limited social networks that often include family and staff (Emerson & McVilly, 2004). Individuals with disabilities require a multitude of skills and opportunities to effectively build social relationships, and assessments can assist in determining which skills to target. Effective interventions can assist individuals with ID and ASD to build the skills they need (Gresham et al., 2001; Ward, Atkinson, Smith, & Windsor, 2013).

Social Skill Deficits

Social skill deficits are a key area of concern for individuals with ID and ASD. For individuals with ASD, deficits in social communication and interaction across multiple contexts are a defining feature, including social-emotional reciprocity; nonverbal communicative behaviors used for social interaction; and developing, maintaining, and understanding relationships (American Psychiatric Association, 2013). For example, Macintosh and Dissanayake (2006) noted that four 10-year-olds with ASD demonstrated social difficulties in the area of assertion (e.g., requesting information from others), cooperation (e.g., sharing, following rules), and self-control (e.g., turn-taking, negotiating compromises with peers) than did their typically developing peers.

For individuals with ID, estimates suggest that 75% may have social skill deficits (Kavale & Forness, 1996). In 2002, Dekker, Koot, Ende, and Verhulst found that among 1,041 6- to 18-year-old students with mild to moderate ID, social challenges were the most noticeable characteristic that distinguished them

Chapter 4

Self-Determination

Michael L. Wehmeyer, Karrie A. Shogren, Sheida K. Raley, and Kathryn M. Burke

The idea of self-determination came to special education through policy initiatives related to the transition of youth with disabilities to adulthood. However, the concept has been used in philosophy for centuries, and made its way into psychology and social welfare before its application to education. *Self-determination* is, simply, self-caused action, or acting with volition. *Volition* refers to acting intentionally based upon one's interests, preferences, and values. Thus, *self-determined action* is acting based upon one's own interests and preferences, with the intention to reach personal goals and achieve outcomes that are valued. The term *causal agent* reflects this intent: People who are self-determined are causal agents in their own lives. Causal agents make or cause things to happen, rather than someone or something else making or causing things to happen in their lives.

Research on Self-Determination

Drawing from more than a quarter century of research that refined the understanding of the self-determination construct, Shogren, Wehmeyer, Palmer, Forber-Pratt, and colleagues (2015) proposed "causal agency theory" to explain how people become self-determined. Within causal agency theory, *self-determination* is defined as

> a dispositional characteristic manifested as acting as the causal agent in one's life. Self-determined people (i.e., causal agents) act in service to freely chosen goals. Self-determined actions function to enable a person to be the causal agent in his or her life (Shogren, Wehmeyer, Palmer, Forber-Pratt, et al., 2015, pp. 258).

A *dispositional characteristic* is "an enduring tendency used to characterize and describe differences between people; it refers to a tendency to act or think in a particular way, but presumes contextual variance" (Shogren, Wehmeyer, Palmer, Forber-Pratt, et al., 2015, p. 258). Thus, people who are self-determined have a tendency to act in ways that are self-caused, rather than other-caused.

Chapter 5

Multiple Disabilities and Health Impairments

Pamela J. Mims and Cynthia R. Chambers

According to the Individuals With Disabilities Education Act (IDEA, 2006), students with multiple disabilities are those with "concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments" (IDEA Regulations, 2012, 34 C.F.R. § 300.8[c][7]). The etiology for multiple disabilities can include anything from genetic disorders to chromosomal abnormalities to injuries from accidents. In addition, there is little that the term *multiple disabilities* can tell a teacher about a child. For example, it does not identify which individual disabilities the child has or the severity of each disability or the impact on daily function and learning. The single unifying element of this population is the need for a team-based, collaborative approach resulting in results-oriented outcomes. Each child is unique and has individual strengths and concerns.

The Research Base: A Collaborative Model

Given the diverse needs of learners with multiple disabilities, an interprofessional community of support is warranted for working together as service providers. With this community, service providers implement a team-based, collaborative model for serving students. The collaborative team is more collective in that together service providers conduct assessments, design interventions, and provide instruction (Cloninger, 2017). *Role release* is another key feature of the collaborative model, wherein service providers share expertise by training other professionals to implement discipline-specific interventions. For example, Kip is receiving physical therapy services to meet his gross motor needs (larger muscle movements). The physical therapist conducts an assessment on Kip's present level of performance for transferring from his wheelchair to the toilet. With Kip's other team members, the physical therapist designs instructional procedures to best meet Kip's needs. The physical therapist then trains the classroom teacher, the paraprofessional, and Kip's parents so that they may continue instruction and