

POSITIVE PARENTING PARENT GUIDE

Introduction

This booklet is designed as an easy to read guide for parents/caregivers of children on the autistic spectrum. It aims to guide parents through the basic procedure of Applied Behaviour Analysis and support them with their ABA journey.

This guide is recommended to be used as supporting material after completing the Positive Parenting course (either face-to-face or online)

The Guide is divided into the following topic areas:

1. Understanding autism
2. Introduction to ABA
3. Reinforcement and skill acquisition
4. Managing challenging behaviours in the home and the community
5. De-escalating a situation
6. Teaching social skills to children with ASD
7. Communication training
8. Teaching self-help skills
9. Token economies

Within each of the topic areas you will find:

- Some theoretical background
- Guidelines
- The materials needed
- Summary of the topic
- Recommended activities to practice at home
- Checklists (that can also be used for self-assessment and self-monitoring)

Topic 1: Understanding Autism



Dr. Hans Asperger with a young boy at the Children's Clinic at the University of Vienna in the 1930s. (Photo credit: Maria Asperger Felder)

Introduction

Autism is a **condition affecting how an individual thinks, feels, interacts, and how they experience their environment**. It is a lifelong disability, meaning it starts when a person is born and cannot be cured. Every Autistic person is different to every other. This is why autism is described as a 'spectrum' and is also called "Autism Spectrum Disorder" or ASD. The name of this condition comes from the



Latin word autos - "self" (autism - immersion in oneself). The term autism first was used by psychiatrist Eugen Bleuler in 1908. He used it to describe a schizophrenic patient who had withdrawn into his own world. Early childhood autism was described by Leo Kanner (1943, Kanner syndrome) and later by Hans Asperger (1949). Then one of the definitions of autism sounded like "*disunity of the person with the outside world*". This condition affects not only mental functions (speech, intellect, thinking), but also affects the perception of a holistic picture of the world.



Mental Deficiency Institution in the UK c. 1956. (Photo credit: Medical Xpress)

According to the Centers for Disease Control and Prevention (CDC), about 1% of the world's population has autism spectrum disorder – **over 75,000,000 people**. In the last 30 years, the statistics of this condition have increased dramatically: according to the World Autism Organization, in 2008, there was one case of autism in 150 children. In 2022, according to the WHO data about one in 100 children has autism¹. Boys are four times more likely to be diagnosed with ASD than girls.

¹ Zeidan J, et al. (2022) Global prevalence of autism: A systematic review update. *Autism Research*. p. 778–790. <https://doi.org/10.1002/aur.2696>



Erasmus+



Photo credit: Getty Images for Autism Speaks

Causes



Photo credit: Puifaiminiiz/Shutterstock.

It has been shown that most cases of autism are hereditary, but the exact mechanism of inheritance is still unknown today. The only thing that can be said is that most likely it is not autism itself that is inherited, but the prerequisites for its development. Will they be developed or not - in many ways depends on external circumstances, which, rather, are not the cause, but the conditions for the development of autism. That is why often the appearance of signs of autism at the age of 2-2.5 years are preceded by a variety of events: birth trauma, natural asphyxia and other disorders of pregnancy and childbirth, as well as various factors acting after birth. In recent years, autism has received special attention. This is due to the fact that, according to several studies, the number of people with autism is growing every year (or probably diagnostic tools are becoming better). However, it is unclear if this is related to some external factors or just there is an expansion of the boundaries of the concept of "autism".

According to the WHO, available scientific evidence suggests that there are probably many factors that make a child more likely to have autism, including environmental and genetic factors. There is no evidence showing that vaccines can cause autism.

Evidence reviews of the potential association between the preservative thimerosal and aluminum adjuvants contained in inactivated vaccines and the risk of autism strongly concluded that vaccines do not increase the risk of autism.

What are the early signs?



Image from a public domain.

Children with autism, starting from the first months of life, differ in some developmental features. Not all children are the same, but according to the NHS UK some common signs are:

- not responding to their name (which can often be mistaken for hearing loss)
- avoiding eye contact
- not smiling when you smile at them
- getting very upset if they do not like a certain taste, smell or sound
- repetitive movements, such as flapping their hands, flicking their fingers or rocking their body



- not talking as much as other children
- repeating the same phrases

Signs of autism in older children include:

- not seeming to understand what others are thinking or feeling
- finding it hard to say how they feel
- liking a strict daily routine and getting very upset if it changes
- having a very keen interest in certain subjects or activities
- getting very upset if you ask them to do something
- finding it hard to make friends or preferring to be on their own
- taking things very literally – for example, they may not understand phrases like "break a leg"

In terms of intellectual ability, an autistic child may be highly intelligent or have some learning difficulties. A child could be gifted in some area (music, mathematics), but not have basic household and social skills.

The autistic child is extremely bound by his own prevailing stereotypes. All his inner world squeezed into a rigid framework, the exit from which for him is tragedy. This is primarily due to the so-called neophobia - the fear of everything new. However, phobias in such children can develop into anything. In particular, autistic children suffer from sensory phobia - for example, children may be afraid of household electrical appliances that make sharp sounds, water noise, darkness or bright light, closed doors, high-necked garments, etc. When an autistic child is overwhelmed, they can show aggression and self-aggression.

Speech delays are also quite common among autistic children. Autistic speech delays usually occur along with other communication issues, such as not using gestures, not responding to their name, and not showing interest in connecting with people. Another common characteristic is echolalia, which means repeating other's words and phrases in a non-functional manner (either immediately after or later on). A lot of children who have echolalia repeat phrases they heard from their parents or from TV.



Image from a public domain.

Diagnosis

If you notice any of the above behaviors in your child, consult with a psychiatrist. The earlier you start supporting them, the better results you will have. Diagnosing autism is not easy, as there is no medical tests we can do (such as blood tests). Doctor's look into the child's developmental history and behaviour in order to make a diagnosis.



To meet diagnostic criteria for ASD according to DSM-5, a child must have persistent deficits in each of three areas of social communication and interaction and social imagination.

During the assessment they will ask you about your child;s development, they will watch how they interact with you and will go through medical or school reports.

Getting a diagnosis for your child can help you understand your child's needs and how you can help them, get support for your child at school, get financial benefits from your government and understand that your child is not just being “difficult”.

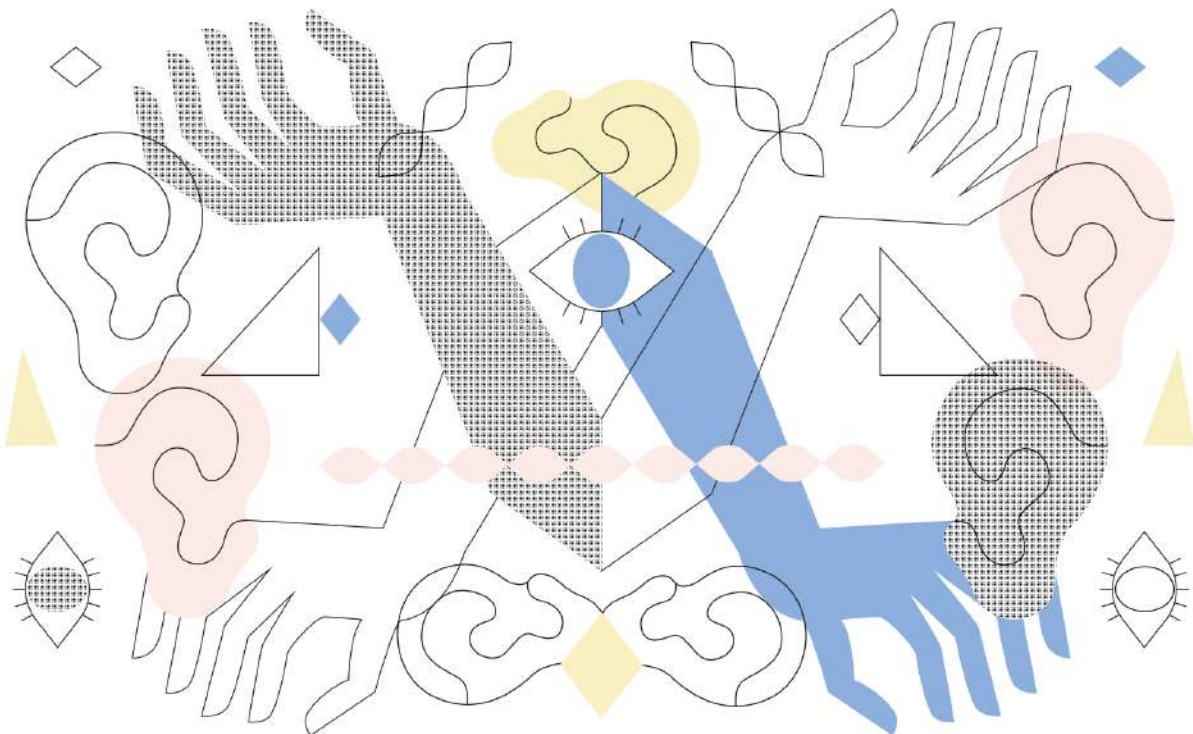


Image from a public domain.

TREATMENT



Image from a public domain.

Autism is diagnosed in the EU more and more, so more and more parents are desperately looking for a way to help their children. If you look in any search engine, there are a huge number of clinics in European countries and private professionals offering "autism treatment". But most advertised services are not based on scientific research, and often are quackery and an attempt to capitalize on the desperation of parents. However, a child with autism needs help. Parents should get the opinion of different experts and stay informed about the latest research.

Due to the fact that autism has been widely misunderstood, a variety of treatments have emerged throughout the years, many of which are not evidence-based and have been ineffective at reducing symptoms of the disorder. Some of those treatments include psychopharmacotherapies, special diets and auditory integration therapy. Several other therapies have emerged such as play therapy, art therapy and animal

therapy. Some of the proposed therapies might have side effects. For example, although there are benefits in using medication for symptoms of autism, each drug has its own side effects, some of which are significant. Other therapies such as art therapy, might have some positive effect on the child such as recognising and controlling emotions, but should not be used on their own. Several studies have shown that art therapy appears to work well as a complementary treatment for autistic children.

The most common autism therapies nowadays include occupational therapy, speech therapy and Applied Behaviour Analysis (ABA). While all these therapies can benefit people with autism, ABA is considered the primary one, as it is one of the few evidence-based approaches.

ABA focuses on reinforcing positive behaviors while decreasing unwanted behaviors. It uses positivity to help children learn new life skills.

This evidence-based therapy has proven highly effective in improving intellectual abilities, socialization, adaptive behavior, and communication skills. ABA therapy can be beneficial for people at all levels of the autism spectrum.

Rules to be followed when treatment of a child with autism

When treating your child at home, remember:

- You can take advantage of any opportunities during the day no matter where you are (at home, walking in the street, at the shop etc).
- You might need to repeat things again and again.
- Remember to take a break yourself
- Do not expect to see change over night. This can be a long process
- Create a positive environment for your child. Make sure they are having fun!



Photo credit: Consultants for Children, Inc.

Parents' voices

For those looking to understand Autism Spectrum Disorder (ASD) from a parents perspective, this video should be of high importance. A lively, meaningful and helpful dialogue with Pippa Gresham, a mother, all about ASD, understanding what it is and how to recognize it, as well as getting insights from her own personal journey as a parent.



Erasmus+



<https://www.youtube.com/watch?v=X2UAQuMRw7A>



Recommended activities

Adapted physical education for children with autism – what can be done at home



Photo from a public domain

Children with autism spectrum disorders need not only the accumulation of knowledge and skills, their development is impaired, the system of meanings is violated, and therefore they experience difficulties in applying the acquired skills and knowledge in practice. In this case, adapted physical education (APE) should be aimed at the meaningful interaction of autistic children with the outside world. It is important to acquire everyday skills, to form large and fine motor skills, basic object actions.

Why do we suggest APE for home training?

Firstly, the rest of exercises, such as speech therapy, need involvement of specialists while adapted physical education requires only prior consultation with a doctor and physical education trainer in order to solicit advice on permitted and restricted exercises.

It is important to underline the *sine qua non* of the following five steps:

- (a) consultation of a psychiatrist for the purpose of primary diagnosis of development child, carried out on the basis of diagnostic criteria for ICD-11 (2022)² using traditional medical methods, as well as with the use of specific techniques used to diagnose children with autism spectrum disorders;
- (b) complex diagnostics carried out by a teacher-psychologist, teacher-defectologist, teacher-speech therapist and teachers of additional education using traditional psychological, pedagogical and special methods aimed at identifying the level of psychological development in children with autism spectrum disorders, their readiness for training, in order to determine the form and program of correctional work;
- (c) psychomotor diagnostics in order to identify the features of management locomotor movements, definitions of sensorimotor and emotional-motor reactions, determining the child's readiness for mastery of movements and search for compensatory ways;
- (d) pedagogical diagnostics in order to determine the degree of mastery motor skills and abilities (observations of the student on various classes, conversations with parents), diagnostics of skills consolidation and skills of students, the formation of arbitrary forms of motor activity, learning outcomes, distribution of students to typological groups;
- (e) development of recommendations for the preparation of individual programs, implementation of an individual approach.

² <https://icd.who.int/en>

Only after such a preparation the parents can start APE home training.

Secondly it usually does not require expensive equipment.

Thirdly, in the process of work, children learn to overcome not only physical, but also psychological barriers.

What should parents be ready for? Autistic children move differently: their gait is choppy and heavy, their movements are ridiculous and clumsy, they can be intensely mechanical and constrained, or sluggish, plasticity is almost completely absent. In adapted physical education classes, specialists are faced with:

- swaying with the whole body;
- waving movements of the fingers, hands and arms;
- monotonous head movements, turns;
- circling, walking on tiptoe;
- impaired muscle work and spatial orientation.

Adapted physical education is a tool for the socialization of the individual, as well as a means of coordinating disturbed movements. The success of the work depends on the awareness of motor learning. It is difficult for children with autism to perform movements according to verbal instructions, because they cannot subordinate their movements to any of their commands. That is why APE home-based classes for autistic children suggest:

- development of the ability to imitate and repeat, following the example;
- obtaining the skills of organizing movements in the external and space of one's own body;



- acquiring communication skills and the ability to interact with children and adults.

To do this, APE specialists offer three classes of classes:

- for orientation in body space;
- for movement in external space (jumping, running, sliding, crawling and walking);
- for performing actions with and without objects.

During classes, children are taught to perceive and copy movements first with the head, then with arms, hands and fingers, and then move on to movements with the legs and the whole body.

In order for the child to accurately perform the movements, carefully observe the instructor, you should:

- clearly and slowly comment on the movements while performing them;
- partially or completely perform actions together with the child;
- ask the child to name the movements performed;
- start with simple moving exercises and gradually move on to more difficult ones to overcome and bypass obstacles (clapping hands, swinging arms, rubbing arms or legs, tilting the torso);
- the development of movements goes from the trunk to the arms and legs, from the arms to the legs, from the hands to the fingers, as well as in the position lying on the stomach and back, after - sitting and standing;
- perform light movements in the form of movements in a straight line, and then move on to directions in an arc or circle;

- perform only one or several exercises at one time, repeating them;
- rhythmically keep count during the exercises;
- alternate exercises so as not to tire the child, dose the load, induce to action, creating interesting and exciting situations for him.

Children should learn to be aware of the actions they perform, be able to explain why they do it, and in what order they will perform the exercises. self-image.

The ultimate goal of adapted physical education for children with autism is the desire and ability to independently perform exercises without outside help, the normalization of the psychophysical and physical condition, and successful socialization.

Exercises for the accuracy of movements, the correct perception of space

- Children are encouraged to run and walk between objects or to move according to a special plan.
- Children run and walk after the horn or the horn.
- According to the verbal description, they find hidden objects, shift them according to landmarks.

Coordination exercises

The pace and direction of movements are constantly changing, movements are performed with simultaneous abduction of arms and legs, jumps and claps, while self-control of movements is important.

Exercises for visual-motor orientation

Toddlers participate in games, jump, throw objects, maintain balance and perform other actions, turning off peripheral and central vision.

Foot and posture exercises

The child does:

- turns with a stick, stands against the wall, maintaining the correct position of the body;
- balances with loads to develop a muscular corset, maintain the tone of the muscles of the press, back and legs.

Muscle relaxation exercises

To relieve visual tension, corrective gymnastics, physical exercises are used, and with external signs of fatigue, general relaxation exercises are used.

Game exercises

Mobile team games, competitions, sports days, sports games, relay races, elements of all sports (tennis, hockey, basketball, football, jumping and running).

Games help develop children's visual-motor skills.

Ten exercises for the development of gross motor skills in autistic children.



Photo credit: Aut Fitness.

March

The march is a simple gross motor activity that can also develop a range of other skills.

The task is that the adult takes a marching step forward, and the child imitates his action. Invite the child to start by moving the legs in place, and then gradually move to the steps forward and to the movements of the hands.

Trampolining

The trampoline is the king of gross motor exercises for children with autism. The bouncing motion is an excellent sensory stimulation that can be very helpful in relieving sensory overload and anxiety.

A number of autistic children experience less intense repetitive behavior after trampolining, and such activity helps some children to calm down and organize their behavior.

Ball games



The simplest activities can be a source of great pleasure for a child, and one such activity is playing a ball.

Catching the ball may not seem like the most realistic goal to start with, but it can be done gradually. Start by simply rolling the ball back and forth. This simple activity develops important visual tracking skills as well as fine motor skills as the child follows the movement of the ball.

Other activities include:

- kicking the ball;
- dribbling;
- hitting the ball off the floor;
- hitting the ball with your hands and catching the ball.

Equilibrium

For children with autism spectrum disorder, balance is often very challenging, while many gross motor skills require the child to have a good sense of balance.

Do a test to see if the child can stand still with their eyes closed and not lose their balance. This will help you determine how much balance you need to work on. You can start by moving the child along a thin line, and then gradually move on to balancing on a special swing.

Bicycles and tricycles

Bicycles for autistic children do not have to be specially designed to meet the needs of children with autism spectrum disorders, but some of these adapted models have additional benefits. Bicycles and tricycles help to develop not only a sense of balance, but also strengthen the muscles of the child's legs.

The task involves the ability to ride a bicycle, concentrating on the direction of its movement, which can be quite a challenge for many children.

Dancing

Entertaining and fun motor activity is important for the development of the child. Parents and educators can use dancing to music to encourage motor imitation skills and other daily life skills.

Ideas for dance activities include cleaning, brushing your teeth, freezing games, and more.

Symbolic games

Symbolic play is often a major problem for autistic children. Many of them will find it easier to work on their imagination if such games involve physical activity. Here are some ideas for symbolic games to develop motor skills:

- "We fly like an airplane"
- "Jump like a rabbit"
- "Get dressed"

Steps into the box

When it comes to picking up a variety of fun activities for kids, professionals and parents often come to the rescue with something as simple as a simple cardboard box. To begin, encourage your child to step into the box and then step out of the box again. Gradually complicate this task by coming up with sequences of steps or using deeper boxes.

Tunnel

Tunnel crawling is often an incredibly fun activity for a child, who is simultaneously training their motor skills and developing a sense of the permanence and stability of objects. Social skills can also be incorporated into this activity, using games such as hide-and-seek, finding hidden things, and symbolic games.

It is not necessary to buy a special tunnel so that the child can enjoy this activity. You can line up large cardboard boxes or build a tunnel of chairs and blankets.

Tunnel games can be transformed into many other activities ranging from train games to imaginary camping.

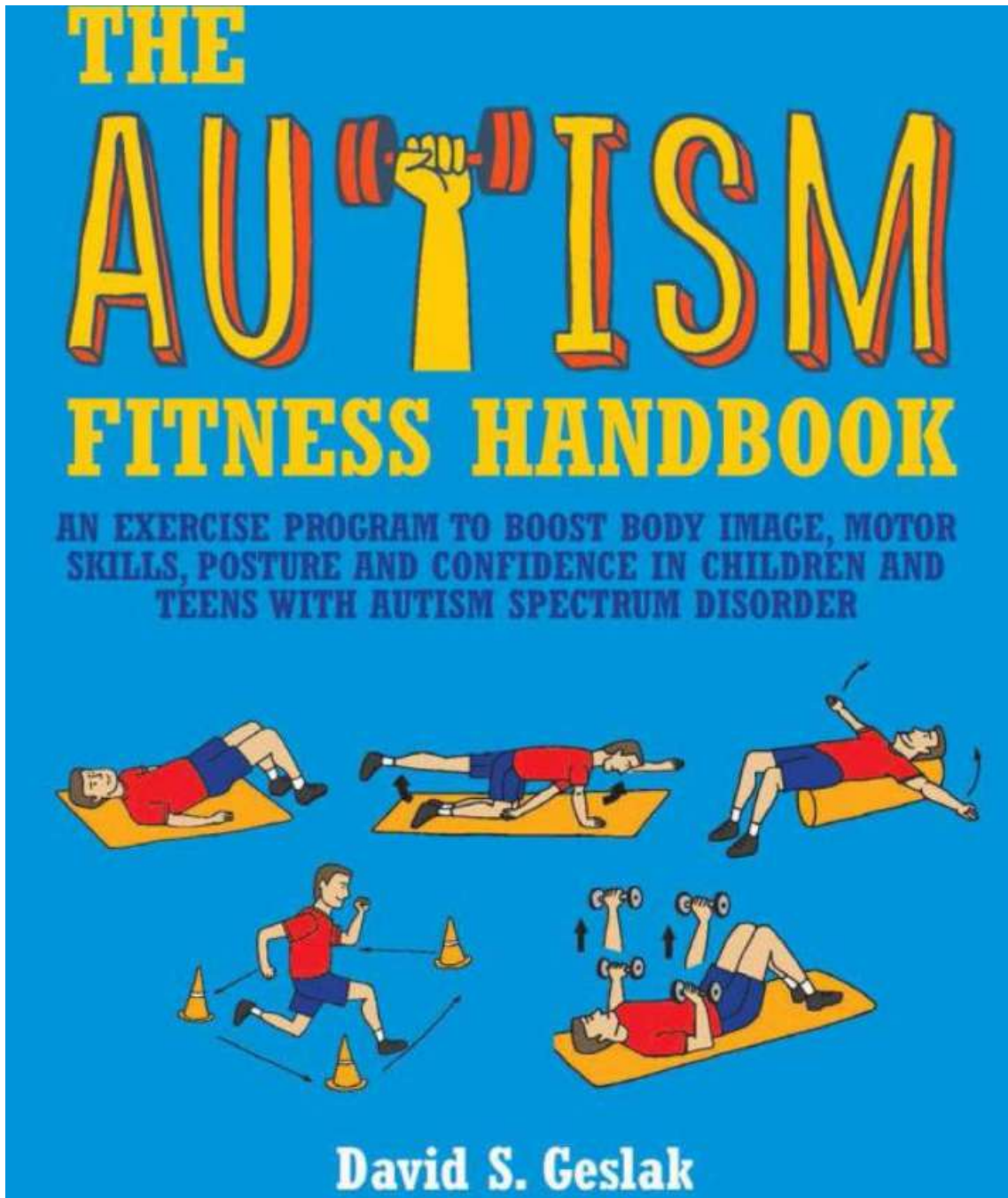
Obstacle course

The obstacle course is a unique set of exercises for developing gross motor skills. A cross does not have to be difficult in order to be effective. In fact, professionals and parents can start with a cross-country, which will consist of only one obstacle, and gradually add various exercises to it. The easiest obstacle course ideas include:

- "Crab" gait;
- Frog jumping;
- Rolling;
- Jumping rope;
- Walking along the line;
- Climbing over objects, etc.

The obstacle course is a great opportunity to use a variety of gross motor skills exercises, in addition, they can be used for sequencing activities with autistic children. This kind of physical activity is a great way to achieve instructional learning goals.

Interested in more advanced and detailed APE exercises? You can dive into this great book:



Check-list

1. Always exercise with your child. You are the most valuable thing a child has, he feels you better than any other person in the world. Be with him and be an example for him. You are welcome.
2. Start small. Do something small with your child first and keep adding and increasing tasks. First let it be a route around the room, then around the apartment,

then around the house, then in the yard, to the store, etc. Let it be a route without obstacles at first, then add them, complicate the process as much as possible, involve other people, objects, etc.

3. Clearly maintain the regularity of classes. We already talked about this at the beginning of the article. It is important to teach, but even more important is to reinforce. Yes, it will require patience and effort from you, sometimes special. We are sure that for the sake of your little miracle you will do everything. You can do it.

4. Always! Always and always encourage your child! For you and for other people his small steps look completely insignificant or even ridiculous, but in his perception every time this is a big personal victory! Remember this, appreciate these successes.

5. Visualize the process. It is often easier for children with autism to understand and assimilate visual information. Use all possible means at hand as such visual markers: drawings, objects, videos - whatever. For you, they will also be markers necessary for organizing and analyzing the process of raising a child. And, of course, for the family archive in the future too!

Summary



1. Autism is a spectrum. Not everyone is the same
2. Autism is a lifelong disability. It can not be treated but with the right support symptoms can be alleviated
3. There are many treatments for autism out there, but not all of them are evidence-based.
4. A combination of treatments is recommended
5. ABA is one of the few evidence-based therapies for autism
6. Treatment is individual to each person with autism. There isn't an approach that will work for everyone. Ultimately, each child will benefit from a specific care plan that is tailored directly to their needs and progress.



Topic 2: Introduction to ABA



Image from a public domain.

What is ABA therapy?

These days many people who have experienced ASD in children already know what ABA therapy is (method of applied behavior analysis). This method allows you to structure the life of a person with ASD, make his behavior predictable, and improve vital skills. Often parents do not have the opportunity to find a specialist to teach their child the means of alternative communication. There are few specialists, even fewer special educational institutions, and there are none at all in remote areas. Then the question arises, can you do it yourself?

The main idea of the method is simple: if the child likes the consequences of his actions, he repeats them. Therefore, during classes, every success is rewarded, and failure is ignored.



Previously, there was an opinion that the transfer of a child to alternative means of communication is inhibited by verbal manifestations and the child will refuse speech altogether. But modern research shows that mastering alternative means of communication can stimulate speech. When a child has learned to express his requests by laying out sentences from pictures, with a fairly well-formed auditory perception, the understanding of addressed speech may improve. You can “say” much faster than posting pictures - this is the incentive for speech.

MYTH VS REALITY

Next, let's briefly review the main misconceptions about applied behavior analysis that we have prepared based on the analysis of leading experts in effective autism therapy.



Image from a public domain.

Applied Behavioral Analysis is an experimental method that has not been scientifically proven to be effective.

Luckily this statement has nothing to do with reality. The principles, methodology, and overall effectiveness of Applied Behavior Analysis are backed by the most scientific evidence of any other therapeutic and educational program for children with autism. More than a dozen professional journals devoted to the scientific basis for the treatment of autism have published thousands of papers on this topic (among them large-scale group studies).

Applied Behavior Analysis simply trains children to behave in a certain way, but does not tell them WHY.

One of the misconceptions is that in applied behavioral analysis, children do not develop independent thinking, but simply learn to respond to stimuli in a certain way. In reality, however, there is a certain amount of rote learning and “coaching” in any education, whether in the framework of applied behavioral analysis, in a regular school, or when raised by parents. In any case, a child is sometimes required to behave in a certain way simply because “mom (dad, teacher, etc.) said so.” In addition, people generally do not always consciously control their behavior. Coaching refers to the creation of unconscious habits in behavior - however, this element is present not only in applied behavioral analysis, but in any training. Often our choice of behavior is a habit or a response to a stimulus. For example, when brushing our teeth, we don't think about every single action: how to wet the toothbrush, squeeze out the toothpaste, put the hand to the mouth, and so on. These habits are formed through guided practice that culminates in success, which in turn leads to repetition. Indeed, applied behavioral analysis does a good job of breaking down seemingly simple tasks like brushing your teeth into small steps. The child learns these steps separately, which results in success that might not be possible with another technique. However, the assertion that applied behavioral analysis is limited to the formation of habits is completely untrue. As with any education, a good Applied Behavioral Analysis program addresses all of a child's needs, including language development, social interaction skills, problem solving, thinking flexibility, and understanding the mental state of another person. Since all these skills are complex



in nature, they follow the same behavioral principles as any training. So the question really is whether the experience and creativity of the individual therapist is sufficient to guide the teaching of these more complex processes. Perhaps the first programs in applied behavioral analysis were not good at this task, but the reason for this was the lack of experience of therapists in applying the principles of this methodology, and not the incorrectness of these principles in themselves. The strength of Applied Behavioral Analysis is that it uses a scientific approach, and therefore the latest achievements are widely known through publications in scientific journals. Over the past 40 years, many discoveries have been made in the field of applied behavioral analysis and a huge amount of experience has been accumulated even in the most complex issues. It is important to remember that applied behavioral analysis is a science designed to bring practical benefits.



Image from a public domain.

Applied behavioral analysis is animal training adapted for use with humans.

Applied behavioral analysis aims to gain a deep understanding of the causes of human actions. It is through this understanding that Applied Behavior Analysis consultants can help the client make better choices that lead to happiness and success. The fact that this understanding can be used by specialists when working with adults, children and animals does not diminish its importance in teaching children with autism.

In Applied Behavioral Analysis, children are bribed with treats and toys / Applied Behavioral Analysis trains children to receive treats as a reward.

One of the most common misconceptions about applied behavior analysis relates to the role of the reinforcement process on which this evidence-based method is based. We all understand that in real life we most often repeat those actions that led to a positive result last time. Success leads to repetition - this is the principle that shapes the model of our behavior and, in the end, participates in the formation of personality. Since reinforcement occurs after a certain behavior, we are not talking about bribery. In bribery, we say: "If you behave in such and such a way, I will give you such and such," that is, the agreement precedes the behavior. Reinforcement, unlike bribery, follows behavior. Many behavioral analysis programs generally teach that statements like "If ... then" are often out of place in pedagogy. In addition, the rules of applied behavioral analysis only prescribe when and why anchoring should be used, but do not limit what exactly can or should act in this role. The specific stimulus that serves as a reinforcer should not and cannot be determined by the developer of the applied behavioral analysis program. Instead, it should be chosen based on what stimuli actually lead to the behavior being repeated.

In most cases, some types of food, access to certain things, physical and mental stimulation, attention and praise serve as reinforcers. We eat because food tastes good to us and/or gives us energy; we read books because it has a positive effect on our brain; we are generally friendly to others because it brings us attention, praise, and self-satisfaction. All this applies to children with autism, although to varying degrees. For some children, none of these high-level stimuli can lead to behavioral changes, so the program starts with low-level stimuli. Good reinforcers that help

children learn new skills at an early stage are food, active games, music, watching videos, and toys.

An integral component of a good Applied Behavior Analysis program is the gradual transition from low-level rewards (such as food) to higher-level ones (such as praise) and a reduction in their frequency.

Applied Behavior Analysis is a specialized treatment for autism and is not suitable for people with other diagnoses.

Applied Behavior Analysis is used worldwide in psychotherapeutic counseling for couples and in working with a wide variety of social and behavioral disorders such as nicotine addiction, personality disorders, obsessive-compulsive disorder, etc. The principles of the methodology were applied to children with autism only at the end 1960s and 1970s. The effectiveness of applied behavioral analysis has been scientifically proven in working with children with a combination of any number of disorders, including Down syndrome, cerebral palsy, emotional disorders, general mental retardation, etc.

Applied Behavioral Analysis turns children into "little robots".

Applied Behavioral Analysis, when applied correctly, develops the child's capacity for personal self-expression and the expression of their desires. This happens as children learn the skills they need to communicate, play and enjoy life...as children learn to learn.

Applied behavioral analysis focuses only on "behavior" and does not pay attention to speech.

Applied behavioral analysis programs are comprehensive and affect all aspects of a child's life: his behavior, his social, cognitive, play, motor, speech and communication skills, as well as self-care skills in everyday life.

Applied behavioral analysis uses aversive reinforcement/physical punishment.

No. Applied behavioral analysis does not use physical punishment.

Therapy robs a child of childhood.

On the contrary, Applied Behavioral Analysis seeks to restore the child to childhood by teaching him the skills necessary to communicate with adults and children, to play, to learn how to use toys, interact with society and generally enjoy life.

Therapy interferes with socialization, as the child is at home all the time.

Applied Behavioral Analysis promotes socialization, because before expecting a child to be independent in society, therapy teaches him the necessary skills for this. If a child finds himself in a more stressful social setting (such as school) and does not have the necessary basic skills, then they are much more likely to exhibit behavioral problems and therefore have difficulty learning and making friends. For comparison, imagine that you would immediately go to college from the eighth grade of school - would you be socially ready for this?

Skills are retained only during sessions with a therapist.

If skills are learned only in one place, in one way, and in interaction with one person, then yes, most likely only there they will manifest themselves. However, as mentioned above, a good program in applied behavioral analysis includes a generalization component from the very early stage of work, thereby preventing this effect. The goal of the program is to “learn to learn”, that is, as a result, the child will show the acquired skills and learn new ones in any environment and with any people.

Recommended activities

If your child is non-vocal, PECS (Picture Exchange Communication System) is a good way to start!

PECS symbols and PECS books become a kind of alternative means of communication, replacing verbal speech at the first stage. Even before teaching a child primary communication skills using PECS symbols, you should thoroughly



prepare for the learning process. In view of the fact that at the initial stage, the skills by which the child expresses his requests are taught, it is desirable to determine the range of interests of the child, and those objects and actions that he usually asks for.

This can be done in several ways:

1. Observing the child and recording data. Motivational factor rating table (5-10 factors in each category) Favorite foods, food, sweets Favorite drinks Favorite activities (watching TV, sitting in a certain place, etc.) Favorite games (joint, alone) Places they like to visit, people they like to spend time with

2. Systematic testing of motivational stimuli. You can collect all your child's favorite items together and let them choose - either from the whole set, or - from a couple of favorite items. You can also pay attention to which stimuli or objects the child chooses more often, which ones less often, which ones it is difficult for them to give up and which ones they do not mind handing back to you. And on the basis of testing, write the data in the table:

- (a) most preferred stimulus (object),
- (b) least preferred stimulus (object),
- (c) neutral stimulus.

Material

After motivational incentives are identified, materials should be prepared:

- 1. Symbols of all their favorite items and activities. Preferably, not in full size, but in size 5X5.
- 2. Velcro
- 3. Folder and paper dividers, on which you can stick photos with Velcro. These separators will be arranged in the folder like sheets in a book.
- 4. For future use, a cardboard strip with Velcro on which you can attach several cards in a certain order - to build sentences.

It should be remembered that as the child's communicative initiatives increase and vocabulary expands, the initial set of symbols will be missing, and additional symbols will need to be prepared in the learning process.



Image from a public domain.

PECS PHASE I: non-verbal and silent

The purpose of the first stage is to teach the child to give a card to the communicative partner (you) in order to get the desired item. The child sees the object, takes the picture, hands it to you and you give them the item they requested. Two adults are needed in this stage of training.

The first one is the "Communicative Partner", who sits in front of the child and holds in their hands the object that the child wants to receive.

The second adult is the helper, they are behind and direct the child's hand (physical prompt) to the picture, helps them to take it and extend it to the "communicative partner".

How to teach?

It is important that both adults remain silent so as not to suppress the child's initiative. The "communicative partner" can bring the desired subject closer to the



child, in order to interest the child, but without words. The second adult ("helper") should follow the movements of the child, and as soon as the child begins to reach out to the object, direct his hand to the card, help him take the card and hand it out to the communicative partner. When the card is in the hand of the "communicative partner", you can pronounce the name of this item and immediately give it to the child. With this action, the "communicative partner" voices the child's request, and in the future, if the child learns to imitate words, he will be able to accompany the request with words.

Training must be carried out intensively, 30-40 times a day. If the child does not respond to a motivational object, it means that now they do not want it, we take another object and another card. For this purpose, a variety of preferred items (reinforcers) are compiled at the preliminary stage. In the learning process, it is necessary that the "communicative partner" and the "helper" change places and roles in order to teach the child to make requests to different people. The main rule: one reinforcer and one symbol, at this stage you can't put the child in the situation of "choose the right picture".

PECS PHASE II: Distance and Persistence.

At the second stage, a more complex reaction is required from the child. The child has to travel to the communication partner to request an item. The tasks of the "helper" here are to physically guide the child to the symbol, if the child loses focus and cannot do it on his own. At the beginning, "the communicative partner moves away only slightly so that the child has to stand up and step in their direction with the symbol, then the symbol is moved further away from the child. Gradually, the distances increase. And then little by little the clues are removed (the physical direction of the child's hand, and the "communicative partner" stops holding out his hand to remind the child that they should put the card in their hand. This is how the desired reaction is gradually consolidated - a child from any corner of the room can come up to the book and take a symbol, and approach the "partner", attract their attention (for example, touch them, and when the partner pays attention to them-give them the symbol, and get the desired item.

PECS PHASE IIIA: Simple Discrimination

At this stage, the child must learn to choose a card of the desired subject from all the cards that are in their communication book or on the board. The first step of the third stage begins with a choice between two cards - a card of the desired item, and a card of the item that the child does not want to receive. If the child chooses the card of the desired item, then he gets it, if he chooses the second card, then he gets the item that he does not want to receive. Verbal prompts are also not used at this stage, learning takes place with the help of natural consequences - I choose the right one - I get what I wanted. I choose the other one - I get the other (non-preferred) item. It is necessary to constantly change the position of the symbols on the book/board, so that the child is more attentive, and does not give only the left or only the right symbol.

If the child makes a mistake and submits an unnecessary card 2 times in a row, the error correction procedure should be used:

1. Two cards in front of the child

*Give the wrong card - the teacher gives an unnecessary subject.

* The child rejects and expresses dissatisfaction

2. Simulation and hint

*Teacher points finger at correct card or moves open palm closer to correct card

* The child gives the correct card - the teacher encourages verbally, but the desired subject is not given

3. Distraction trial

*The teacher switches the child to another easy and short task, such as imitating a movement, or following an instruction.

*Child performs a distraction

4. Repetition of the task.

*Two cards in front of the child

*Gives the correct card - receives an object and verbal encouragement.

Phase IIIB: Teaching Simultaneous Discrimination of Pictures



In this phase, 2 symbols of desired items are presented to the child. The child has to demonstrate a correspondence between the picture and the chosen item. To determine whether the student's actions match the request a "correspondence check" is performed. If the student reaches for the non-corresponding item then the communication partner will block it and perform the error correction procedure (see above).

Phase IV: Sentence Structure

The child learns to put several symbols into a sentence. The end result expected from the child is as follows - the child asks for objects that are or are not in sight, using a phrase consisting of several words. Finds the symbol "I want", sticks it on the strip, finds the image of the object, sticks it on the strip, tears off the strip from the book, approaches the communicative partner, and gives this strip. By the end of this stage, the child should be able to use 20 or more different symbols and refer to different partners. Learning at this stage occurs using the method of learning the chain of behavior "From the end to the beginning".

The whole chain of behavior is divided into reactions:

- 1. Approach the book / board
- 2. Select the symbol "I want"
- 3. Attach the "I want" symbol to the strip.
- 4. Select a card of the desired subject.
- 5. Attach a card of the desired item to the strip.
- 6. Take a strip.
- 7. Give a strip to the communicative partner.

Sometimes, in order to facilitate the learning process, the "I want" symbol is attached to the strip in advance, and the child learns only to choose a symbol of the desired subject, and serve the strip. And after the child has learned to do this, the symbol "I want" is removed from the strip and put into the book. And even then the child learns

to find a symbol, stick it on a strip, find a symbol of an object - stick it on a strip and give the strip to a communicative partner.

Phase V: Responsive Requesting

Only at the fifth stage, when the child's initiative is fixed, can the child be taught to respond to the question "What do you want?". Why only now? In order to teach the child to listen to their own desires, and not just react and be led by others. Many children with autism find it difficult to take the initiative and address others, and if at the first stages the child is taught to only respond to the question "What do you want?" - this can significantly suppress the initiative, and consequently, the further development of social skills and communication.

The fifth stage is taught as follows:

1. The teacher, holding in his hands the object that the child wants to receive, addresses the child with a question and at the same time points their finger at the symbol in the child's communication book - at the symbol "I want". The child easily takes this symbol and attaches it to the strip, then adds a symbol of the desired subject, and holding the strip to the teacher, thus asks for the subject.
2. After the child has learned to do this without prompting, the teacher proceeds to the next stage - asks the question "What do you want?" and only after 1-2 seconds points to the card. The child takes this symbol and attaches it to the strip, then adds a symbol of the desired item, and holding the strip to the communication partner, thus asks for the item. In the process of teaching, the communication partner constantly expands the time interval between the question and the pointing gesture at the symbol. Thus, the child learns to respond specifically to the verbal stimulus, and not to the visual one.
3. In the learning process it is very important to support the spontaneous reactions of the child, and constantly create situations in which the child takes the initiative and asks for objects or actions without being asked about it.

Phase VI: Commenting

The main purpose of this stage is to teach the child to comment on the events taking place in their environment, and thus attract the attention of others. How babies point their finger at the sky and shout: "The bird has flown" - not in order to get the object in their hands, but to attract the attention of their mother. That is, this behavior is reinforced by social reward (the reaction of the mother "Wow!", and not by access to the subject).

Children with autism are usually less interested in social rewards than motivational items. Therefore, learning to comment begins with learning to respond to the question "What do you see?", and after the child learns to distinguish between "What do you see?" from "What do you want?", various strategies can be used to teach them to comment spontaneously without having to constantly be asked questions. You should show this new object to the child (for example, press the button and the bunny will jump out) and ask "What do you see?". The child should take the card "I see." and the card with the image of a bunny, glue them in the correct order on the strip and stretch the strip. If necessary, prompts should be used to help the child select the correct symbol.

Then you need to teach the child to distinguish between the symbols "I want ..." and "I see ...". You should lay out these two symbols, as well as additional cards of motivational items. Now the child must learn how to correctly compose a sentence and correctly respond to the questions "What do you want?" and "What do you see?" And only then we teach the child to comment spontaneously, and not to respond to the question. It is very important to support spontaneous requests for items or actions.

Checklist

5×5 Check-list

The goals of ABA home-practice with a child with ASD should meet the following criteria:

- [1] Parents of a child with ASD are responsible for making target solutions. The goals of correctional and developmental classes should be agreed with the teachers before starting work with the child.
- [2] The goals of the work should be formulated as the final result.
- [3] Goals must be achievable and ways to achieve them – justified.
- [4] In the case of the adoption and development of long-term goals, it is necessary to determine the initial parameters in order to subsequently evaluate the final result.
- [5] Priorities in achieving the goals of correctional and developmental work with a child with ASD must be properly established and agreed with parents.

Summary



Image from a public domain.

Summary



Children with autism spectrum disorders need continuous and competent medical, psychological and pedagogical support, which is provided by the complex work of various specialists. In recent years, many different psychological and pedagogical approaches have appeared in the field of correction of autism spectrum disorders. Currently, one of the most effective methods for correcting autism spectrum disorders is applied behavior analysis. This is an intensive training program based on behavioral technologies and psychological teaching methods. It is designed to help a child with disabilities adapt to the environment and fully adapt in society.

Applied Behavior Analysis is at the heart of the world's most effective intervention programs for children with autism. Scientific and practical research that has been conducted over the years confirms the value of this method. Behavioral specialists have at their disposal a huge number of tools and scientific developments for correcting developmental disorders in children. The results of a properly organized approach are the acquisition and consolidation of skills of independence, communication, social adaptation and social interaction.

At the same time, manifestations of undesirable behavior are minimized, the level of repetitive behavior that hinders learning is reduced by learning new skills. A child with a disability with behavioral therapy can effectively prepare for a full-fledged entry into society, with the right to receive a quality education. The main goal pursued by the applied analysis of behavior in the context of psychological assistance - to give the child the necessary tools for independent study and development of the surrounding world.

The main focus is the well-being of the child. Despite any deficiencies in their development, the child with autism spectrum disorder must adapt to life in society as quickly and efficiently as possible.

Topic 3: Reinforcement and Skill Acquisition

Reinforcement

Changing behavior can be easy. One of the most simple things that we can do is find a way to deliver a desired item (consequence) after a good behavior happens, because this will make it more likely to continue occurring. Using **reinforcement** means presenting this desired consequence (e.g., toy, praise, tickles) after a behavior- and seeing a behavior change, as that behavior happening again in the future.

Reinforcement is happening everywhere. For example, if you sang a certain song to your child at bedtime and your child fell asleep- next time when you are trying to get your child to fall asleep you might try to sing that same song again.



Reinforcement can change anyone's behavior. In the previous example it changed the parent's future behavior. However, reinforcement can be used to change your child's behavior. For example, if you are struggling with getting your child to clean his room, you might establish a rule, or contingency for cleaning that uses reinforcement. You tell him that the rule is that he needs to clean his room and then he can play on the tablet. He cleans his room, and then you let him play on the tablet for 30 minutes. Then, next time when you ask him to clean his room he does it without a problem- this shows that the reinforcement worked! You giving him tablet



time after he cleaned his room increased his future behavior of following your directions to clean his room.



Reinforcement only works when you have items that function as **reinforcers**. Reinforcers are those desired items that you can present to your child to strengthen future behavior. Preference assessments can be conducted to try and figure out what items might function as reinforcers for your child, or what items they like and might want to earn.



Preference assessment allows for individualization and an increased likelihood of effective behavior change procedures. The problem with assessing preferences by guessing ourselves, is that we are likely to be wrong. For example, spinning a piece of string might be enjoyable to your child but not to you. So, make sure that you select the correct items that work as reinforcers for your child.

Finding Potential Reinforcers

ASSESSING FOR PREFERENCES



Asking

Ask your child what he or she likes.



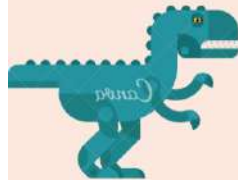
Talk with Others

Talk with others who know your child well, like teachers, friends, therapists, and siblings.



Show and See

Hold up some items and see what your child chooses.



Watch and Learn

Watch your child to see what he or she does when given free time.



Survey

Ask your child to complete a list or form ranking items that he/she likes.

Guidelines

Here are some guidelines for using reinforcement effectively:

- ★ Be sure to deliver the reinforcer (desired item, e.g., the tablet) immediately after the desired behavior.

- ★ Match reinforcement with the behavior. So make the value of the reinforcer big enough for the amount of work you are asking your child to do.
- ★ Prompted behavior (behaviors that you helped your child do) should be reinforced with lower ranked reinforcers (things your child only likes a little) and high ranked reinforcers (things your child likes a lot) should be given for independent responses.
- ★ Make sure the selected reinforcer is valuable/motivating enough to the child.
- ★ Your child will not always want the same things, so switch reinforcers up!
- ★ Deprivation can be key in making the reinforcer valuable/motivating- so make sure that you are limiting access to the items that you are planning to use as reinforcers. By limiting your child's access to a reinforcer you are using to increase a certain behavior you are making the reinforcer more desirable and more powerful. The child will be more likely to do something to get something they don't already get for 'free'!
- ★ Initially, behaviors you want to increase must be reinforced continuously every time they occur.
- ★ Once the behavior becomes more consistent, then you can fade reinforcement to where you reinforce only some occurrences. Making the reinforcement more sporadic, or Intermittent, is more effective in maintaining behaviors over time and resembles a more natural reinforcement schedule.

Here are some guidelines for selecting reinforcers:

- ★ Ask your child what he or she likes.
- ★ Talk with others who know your child well, including teachers.
- ★ Hold up some items and see what your child chooses.
- ★ Watch your child to see what he or she does when given free time.

Material

The materials that you need depend on your child. If you want to use specialized materials for assessing your child's preferences, instead of just asking or watching, you might consider using a form like the one below.



Reinforcer Checklist - Child

Name: _____

Date: _____

Diagnosis: _____

Date of Birth: _____

Circle how much the patient likes each item using the scale below.

1 = Does NOT like at all; 2 = Likes a LITTLE; 3 = Likes SOME; 4 = Likes a GREAT DEAL; 5 = Likes the MOST; N = Unknown/no experience

Items to Assemble						
Dominos	1	2	3	4	5	N
Blocks	1	2	3	4	5	N
Stackable toys	1	2	3	4	5	N
Gears	1	2	3	4	5	N
Lego's	1	2	3	4	5	N
Connecting beads	1	2	3	4	5	N
Puzzles	1	2	3	4	5	N
Mr. Potato Head	1	2	3	4	5	N

Items to Read						
Magazines	1	2	3	4	5	N
Catalogues	1	2	3	4	5	N
Newspaper	1	2	3	4	5	N
Picture books	1	2	3	4	5	N
Easy reading books	1	2	3	4	5	N
Story books	1	2	3	4	5	N
Pop-up books	1	2	3	4	5	N
Musical Books	1	2	3	4	5	N

Items with Sound						
CD/MP3 Player	1	2	3	4	5	N
Musical ball	1	2	3	4	5	N
See & Say	1	2	3	4	5	N
Squeak toys	1	2	3	4	5	N
Musical Instruments	1	2	3	4	5	N

Items with Wheels						
Toy car	1	2	3	4	5	N
Airplane	1	2	3	4	5	N
Train	1	2	3	4	5	N
Truck	1	2	3	4	5	N
Bus	1	2	3	4	5	N

Visual Items						
Light chasers	1	2	3	4	5	N
Pinwheel	1	2	3	4	5	N
Kaleidoscope	1	2	3	4	5	N
Fan	1	2	3	4	5	N
Flashing toys	1	2	3	4	5	N
Mirror	1	2	3	4	5	N
Flashlight	1	2	3	4	5	N
Shiny objects	1	2	3	4	5	N

Items for Drawing						
Coloring book	1	2	3	4	5	N
Paper	1	2	3	4	5	N
Chalkboard	1	2	3	4	5	N
Dry erase board	1	2	3	4	5	N
Crayons	1	2	3	4	5	N
Markers	1	2	3	4	5	N
Pens	1	2	3	4	5	N
Colored pencils	1	2	3	4	5	N

Messy Play						
Bubbles	1	2	3	4	5	N
Play-doh/goop	1	2	3	4	5	N
Squirt bottle	1	2	3	4	5	N
Water	1	2	3	4	5	N
Colored beads	1	2	3	4	5	N
Colored pasta	1	2	3	4	5	N
Finger paint	1	2	3	4	5	N
Lotion	1	2	3	4	5	N
Shaving cream	1	2	3	4	5	N
Sand/rice	1	2	3	4	5	N

Messy Play						
Sit & Spin	1	2	3	4	5	N
Swing	1	2	3	4	5	N
Tricycle	1	2	3	4	5	N
Therapy ball	1	2	3	4	5	N
Trampoline	1	2	3	4	5	N
Parachute/hoop	1	2	3	4	5	N
Radio control toys	1	2	3	4	5	N
Pop-up toys	1	2	3	4	5	N
Moving pieces	1	2	3	4	5	N
Spinning Top	1	2	3	4	5	N



© 2002, HANDS in Autism™ Interdisciplinary Training & Resource Center. For questions or permission to use, copy, or distribute, please contact Naomi Swiezy, PhD, HSP, nswiezy@iupui.edu. Last revised: 02/2014

www.HANDSinAutism.iupui.edu | hands@iupui.edu | 317.274.2675



Circle how much the patient likes each item using the scale below.

1 = Does NOT like at all; 2 = Likes a LITTLE; 3 = Likes SOME; 4 = Likes a GREAT DEAL; 5 = Likes the MOST; N = Unknown/no experience

Items to Touch						
Knobby ball	1	2	3	4	5	N
Squish/Koosh ball	1	2	3	4	5	N
Massaging items	1	2	3	4	5	N
Vibrating items	1	2	3	4	5	N
Brush	1	2	3	4	5	N
Rough texture	1	2	3	4	5	N
Soft texture	1	2	3	4	5	N
Silly putty	1	2	3	4	5	N
Pin art	1	2	3	4	5	N

Figurines						
Dinosaurs	1	2	3	4	5	N
Animals	1	2	3	4	5	N
People	1	2	3	4	5	N
Dolls	1	2	3	4	5	N
Character (TV, movie)	1	2	3	4	5	N
Stuffed toys	1	2	3	4	5	N
Letters	1	2	3	4	5	N
Numbers	1	2	3	4	5	N
Shapes	1	2	3	4	5	N

Electronic Items						
Video/DVD	1	2	3	4	5	N
TV	1	2	3	4	5	N
Video game	1	2	3	4	5	N
Computer	1	2	3	4	5	N
Portable gaming devices	1	2	3	4	5	N
Electronic toy	1	2	3	4	5	N

Pretend Play Items						
Dress-up clothes	1	2	3	4	5	N
Doll house/farm/castle	1	2	3	4	5	N
Play phone	1	2	3	4	5	N
Play food	1	2	3	4	5	N
Puppets	1	2	3	4	5	N
Play sets	1	2	3	4	5	N

Edible Items (list several, if an option)	
Salty:	
Sour:	
Sweet:	
Crunchy:	
Pureed:	
Other:	
Other favorite toys/objects:	
Other favorite toys/objects:	
Favorite toys/objects at HOME:	
Favorite toys/objects at SCHOOL:	
Favorite TV show, movie, or story:	
Favorite TV, movie, or story character:	



© 2002, HANDS in Autism™ Interdisciplinary Training & Resource Center. For questions or permission to use, copy, or distribute, please contact Naomi Swiezy, PhD, HSP, nswiezy@iupui.edu. Last revised: 02/2014

www.HANDSInAutism.iupui.edu | hands@iupui.edu | 317.274.2675

Recommended Activities

It is a good idea to think about finding reinforcers for your child and then practicing using them at home. Try the two activities below.





1. Select the target problem behavior to reinforce.
2. Keep the behavioral requirement reasonable.
3. Apply reinforcers closely after the behavior.
4. Use reinforcers contingently (only allow access to the item after the desired behavior has occurred).

Behavior: _____

Reinforcer: _____

When during the day do you have the opportunity to reinforce this behavior?

Occurrence	Date	Comment

Checklist

Selecting Reinforcer Checklist

- Observe your child in many different settings (e.g., watch them in the park, at the toy store, at other people’s homes, in the classroom, etc...).
- Select items your child moves towards, picks up, touches, looks at, brings to you or others, etc..
- Be on the lookout for preferred activities, objects, and foods.
- Talk to others that know your child and see what they say that your child seems to enjoy/spend time with.
- Consider asking others open ended questions when asking, such as, “What kind of movies does ___ seem to like?” as opposed to “Does ___ like movies?”.

- If appropriate, you can interview your child asking him/her questions about preferences. Or, have him/her complete a reinforcer checklist/survey.
- Put all of the information together and test it! Collect all of the items that you identified as possible reinforcers from watching and asking, then present them (two at a time) to your child and write down information on:
 - Which item he/she played with longest.
 - Which item he/she preferred over others.
 - Which item he looked at more.
- Consider creating a reinforcer “menu” with the names and pictures of preferred items available to show your child if you need to have him/her select an item to earn.
- Reevaluate potential reinforcers often. Your child’s preferences are always changing, so consider starting each day/work time by putting out the items that should work as reinforcers, observing quickly, then pulling those items aside to use for that day.
- Keep some novel items that should be really powerful reinforcers (based on their similarity to other preferred items, e.g., similar texture, function, color, etc..) aside so that you can pull them out if you really need them.

Using Reinforcement Checklist

- Identify the behavior that you want to increase using reinforcement.
- Select a variety of items that should work as reinforcers (based on your previous work in identifying them).
- Immediately deliver reinforcement each time your child uses the skill or behavior that you are trying to strengthen (want to happen more often).
- When delivering the reinforcer also be sure to:
 - Provide verbal praise- positive and descriptive statements- when giving over the desired item.
 - Describe the target skill/behavior that your child just engaged in.
- Only provide a small amount of a reinforcer when the child engages in the desired behavior, to avoid satiation (your child having had enough of the item too quickly).
- Vary the reinforcers that you use, as another way to avoid satiation.



- Try to use edible reinforcers minimally. It is a better idea to avoid using food, if possible. Instead, try to use item and activities reinforcers.
- Consider using differential reinforcement- where you give different amounts of reinforcement based on the effort your child put into the response. For example, giving tablet time for 5 mins for independently using the toilet and only 2 mins of tablet time for using the toilet when prompted (asked to go).
- Try to fade out (use less frequently) your use of reinforcement when the new skill or behavior is happening more often, and on its own.

Summary



Remember that **reinforcement** is what you use to try and build your child's behaviors. However, reinforcement will only work if you are using it properly. So, be sure to take steps to first figure out what items might work as **reinforcers**. Given the age and developmental level of your child, you might take different steps for **assessing preferences**. After you know what items should work, be sure to use reinforcement in a consistent way. If you find that you are struggling with helping your child build new behaviors, you might consider using more systematic teaching strategies. Adding **prompts** (see the infographic below) to your directions might be helpful, or using some of the other strategies mentioned in this guide. Whichever method you use, though, it will only work if you also **deliver reinforcement contingently** (give the reinforcers when you should).

Prompt Examples

Think about adding something to your directions to help your child learn. This added piece is called a prompt.

Verbal Prompt

In teaching the name of animals, you might point to a stuffed cow and say, "What animal is this?" then immediately add the verbal prompt (phrase) of "...It says moo."

Visual Prompt

When your child walks into his sister's room and is speaking loudly while she naps, a gesture which is a visual prompt would be putting your finger to your lips to say "shush."

Physical Prompt

Using hand-over-hand guidance to help your child draw a rectangle, or guiding your child's arm at the elbow when he is writing his name on his paper.

Time Delay Prompt

You might ask your child, "What color is this?" while holding up a red marker. At first, you might very quickly answer "Red". Then you might gradually wait longer and longer before you give your child the answer so that he has the opportunity to answer on his own.

Topic 4: Managing Challenging Behaviors in the Home and Community

How to manage challenging behaviors

Challenging behaviors are very stressful, sometimes they're easier to manage or harder, but there's no need to cross the limit to destabilize parents and kids.

How can we define challenging behaviors?



According to two definitions of the Law Insider Dictionary, a challenging behavior is: *“a persistent pattern of behaviors that inhibit the individual's functioning in public places, in the facility and integration within the community, or uncontrolled symptoms of a physical or mental condition”* and *“any serious and repeated pattern of behavior, or perception of behavior, that interferes with a child's ability to engage in developmentally appropriate self-regulation and cognitive and prosocial engagement with peers or adults”*.

Image from a public domain.

(<https://www.lawinsider.com/dictionary/challenging-behavior>)

It's very important to collect information and to understand why the challenging behavior can occur. Once you have this knowledge, you will be able to act in the proper way.

That's why we suggest you keep a **diary** in which you can write all the facts, particulars and changes. It will not help you just to know all the info, but also to take account of progress and to connect various details to have a bigger perspective.



Don't forget to mark if there is something new in the behavior, as well as to take note of your reactions and thoughts both during the situation and after. Do it also after you re-read what you wrote, make questions, analyze and ask yourself why you acted in a specific way. Through this, you will activate the **metacognition** process, which is about the reflection on one's own thoughts and all the patterns related. It will help you to know more about your role and learning process.



Image from a public domain.

Your notes will also make you know the most helpful strategies to **manage** the challenging behaviors. For example, you can realize that it's better to return to the previous step or to change the method.

But a very good strategy to handle challenging behaviors is prevention.

It can be put in practice in different ways, such as:

- Setting predictable environments and timetables made of routine. It can help the child to know what to expect and reduce the probability of occurrence of the behavior;

- Gradually introducing changes in the habits;
- Preparing your child to transition. If you realize that there are factors breaking the routine, you can try to reduce as much as possible the changes and introduce those you can't manage. We suggest using the *social stories strategy* or a photo book with pictures of the event and the people. You can also ask your child to make some choice, so he can be less disappointed;
- Decreasing or avoiding the stimulus that can generate the behavior (as much you can);
- Setting a comfortable environment, providing the child what you already know can be helpful to prevent a crisis.

Using the prevention strategies, maybe you will not always avoid every behavior, but you can reduce its intensity. Remember that you must proceed step by step through **sub-goals**, small objectives bringing to the biggest ones. It can happen that you can't quickly see a change in behavior, but maybe you will do it next time.

Noticing that, maybe you can realize that there was a **small reaction** of the child in the previous times, but it was very difficult to see.

Besides, you can take advantage of **daily life** situations of calm and routines to gradually introduce changes. It's a method related to the Natural Environment Teaching (NET) and the Incidental Teaching (IT), which are ABA techniques.

[1] These strategies exploit the daily life opportunities to make the person learning and developing skills. Specifically, the **Incidental Teaching** is casual, taking advantage of "incidents". Instead, the **Natural Environment Teaching** is planned, structured on the natural setting in which insert learning opportunities.

[1] <https://masteraba.com/strategies-impact-generalization/#net>

Guidelines

- Make just one request at time
- Try to understand which kind of environment can make them stressed, overwhelmed or anxious
- Ask yourself if the situation can break the routine
- Keep a diary to write all the information about the challenging behaviors
- Make use of concrete and visual items to manage the situation, like images, objects or symbols
- Use tools and strategies in a gradual way
- Ask teachers and educators to follow a coherent common line
- Focus on severe behaviors and ignore those that aren't dangerous for people and the kid, such as eye rolling, whining, crying, etc.
- Redirect, avoid labels and tell what to do. For example, instead of saying “the kid is aggressive”, talk about the concrete actions, but instead of saying “Stop hitting”, try with “Put your hands down”
- Be coherent with the consequences of inappropriate behaviors
- Take care of yourself, for example finding a support network helping you to address the psychological challenges you might have



Image from a public domain.

Material

You can use visual tools, such as:

- Visual timer to give a reinforcement. It can help the kid to know for how much time he has access to that. It will decrease the negative feeling to don't use it anymore. Consequently, it will reduce the probability of occurrence of the challenging behavior.
- Visual symbols and images, for example you can use these tools to help the child make choices.
- Visual timetables, scheduling the daily activities and the tasks of the day. The use of images and symbols is recommended, but you can also utilize pictures of the kid carrying out the activities. It can help him to visualize himself doing what is planned. You can distribute detailed tasks in sub-activities or add temporal lines to the timetable, like the one of the school (for example: from September to December: school lessons/from 23 december to 06 January: Christmas holidays...).

[Pinterest](#)



[Pinterest](#)

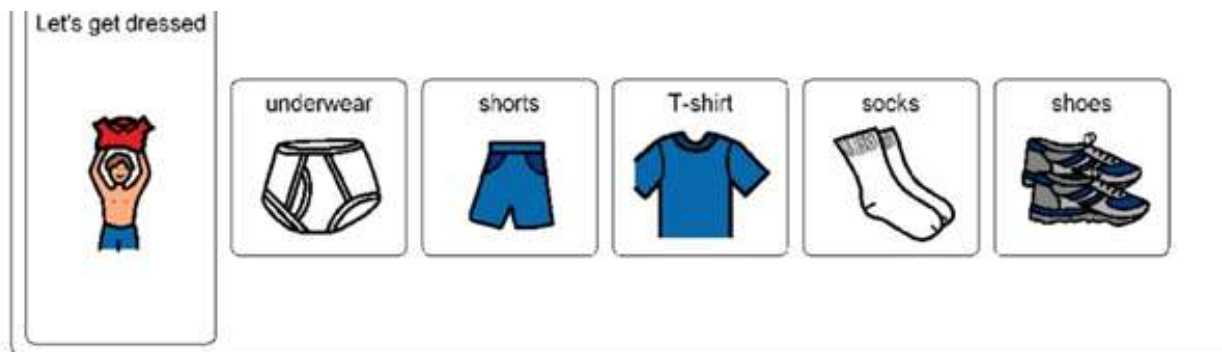


Photo credit:

<https://adayinourshoes.com/free-printable-visual-schedules-for-home-and-daily-routines/>

The timetables shouldn't be full of activities, but clear and with color coordination, in order to not generate confusion. Keep in accordance also with images and symbols.

You can find visual schedule templates here:

<https://adayinourshoes.com/free-printable-visual-schedules-for-home-and-daily-routines/>

Recommended activities

- [2]Telling **social stories** can help your child to learn skills and to handle a complex or new situation. This activity can be used also to prepare him for a social event, such as a birthday. Illustrating what's going to happen, you will make the environment more predictable.

Here some **tips**:

1. Structure the story with an introduction, coaching language and applause;
2. Give detailed information, describing more than directing;
3. Use pictures and images coherent with the story and the reality;
4. Answer to the questions: who, what, where, why, when, and how;
5. Avoid the second person (you can have...);
6. Make a resume of the story;
7. Conclude in a positive way.

You can look at the example below.

[2] <https://www.verywellhealth.com/social-stories-for-kids-with-autism-4176139-toc-misuse-of-social-stories>

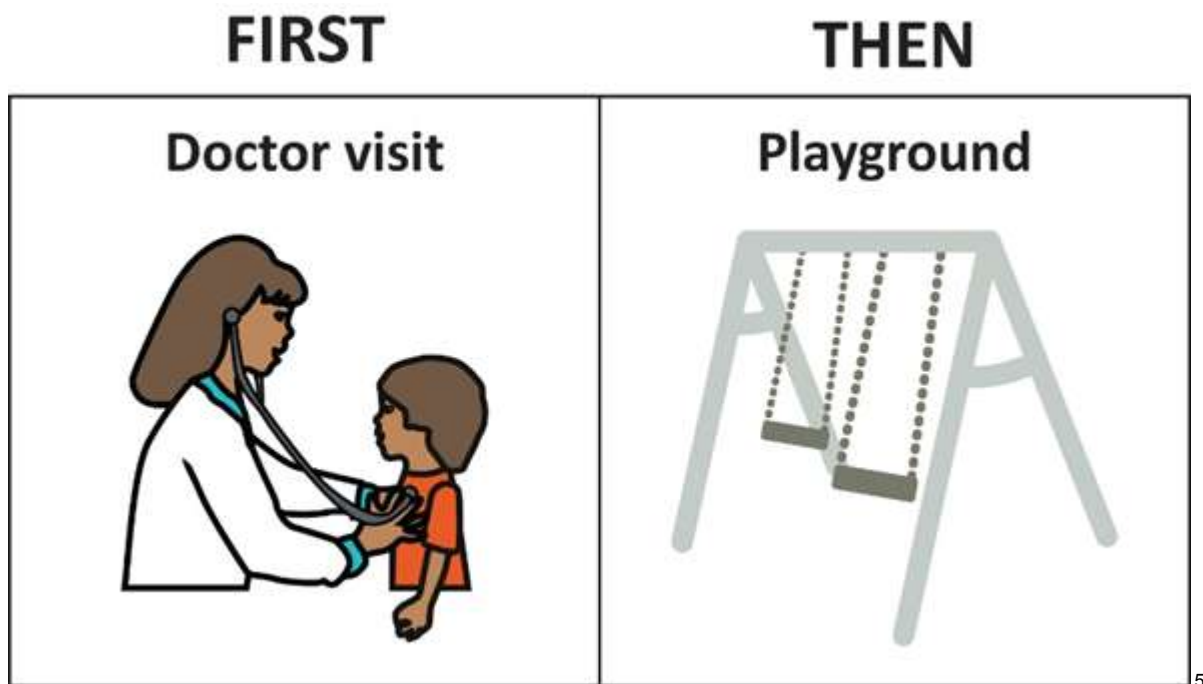


- [3] Practice the “**first...then**” activity with cards, symbols or images. It’s another tool aiming to prevent a possible challenging behavior, preparing the child to the not preferred activity and the following reinforcement (which acts like a motivator, so it should be pleasant).

[3] <https://vkc.vumc.org/asdbloodwork/parent/firstthen.php>

The activity should be introduced by saying what's going to happen first and what will be the following reward ("first doctor visit, then playground"). You can remark the procedure if needed, for example if there's resistance, if the activity needs more time to be carried out or simply it is taking place and you want to remark the following reinforcement. You can also make use of the smallest steps before the activities (for example "first enter in the car, then toy" and continuing with "first take a sit, then tablet" and so on).

Remember to don't give the reinforcement if the first activity has not been performed. In fact, the "then activity" should be given immediately after the end of the first one.



[3] Photo credit

If a challenging behavior occurs during the first activity, keep the focus on the latter and not on the unappropriated behavior.

Try to direct your child through visual items, simple instructions and prompts. As for the other strategies, we recommend introducing this one in daily life and calm conditions.

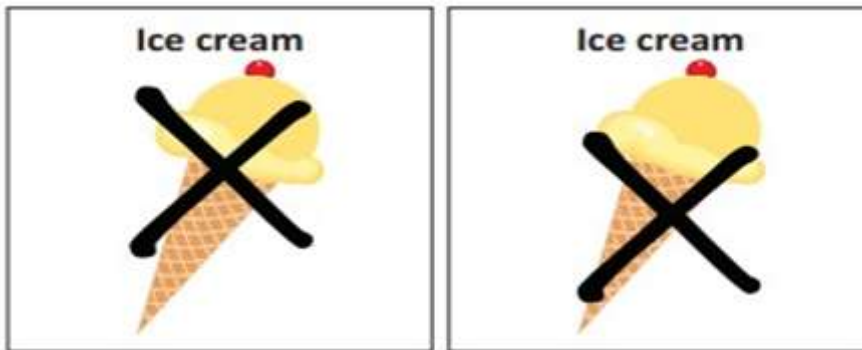
- [4]Set **visual interdictions** around the house, like symbols to mark that an object, an activity or a space is unavailable. For example, you can put a wait sign, a prohibition sticker on the tablet or, for example, an image of what is not available at the moment, like in the picture on the left.

Ice cream



When you use this tool, point and verbally express the sign, like saying “stop” or “wait”. When he can use the item, you can remove the unavailability sign and replace it when the activity is done.

You can also decide the availability of the item, for example allocating 2 signs of the object the kid wants to use. It means that he can do it twice. When the activity is performed, you can remove the first sign, and leave just the second one.



Then, the second time you can remove the last one and show there is no more availability.

You can also verbally say something like: “no more”.

About the wait sign, you can help your child with a timer. For example, if he’s asking for something, you can set a time and give the item after that.

[4]<https://www.autismspeaks.org/sites/default/files/2018-08/Visual%20Supports%20Tool%20Kit.pdf>

Checklist

- ❖ Identify the challenging behavior
- ❖ Describe what happens during the behavior (kicking, screaming, crying, hitting...)
- ❖ Define if it's dangerous for the kid and the others
- ❖ Observe frequency, intensity and time of occurrence of the behavior
- ❖ Analyze what happened before (Antecedent) and after (Consequence) the behavior
- ❖ Observe when the actions and reactions of the kid start to change, to which input there's the first change in behavior
- ❖ Identify to what there isn't a change in the behavior
- ❖ Identify the warning signs of the behavior
- ❖ Identify the trigger
- ❖ Analyze the needs of the kid and the function of the behavior, in order to understand its meaning
- ❖ Identify the reinforcer to use and its frequency

Summary



Handling this kind of behavior is truly a challenge, it can make you experience high levels of stress and anxiety. Maybe you can be busy to take care of your child and hardly work to give him all the best for his well-being, but you don't have also to forget to take care of yourself and your routines (even just sleeping, having a healthy and regular nutrition, doing exercises, walking, hanging out with friends or with your partner...).

It's not just about the regulation of your emotional/psychological state of mind in case of some episodes, but it's also about working on your mental welfare, day by day.



Having a social support network can help you to handle that.

It doesn't mean just having the family assist, but being surrounded by people you can trust, social circles made of care, comprehension and unprejudiced.

For example, you can look for supporting associations or even online groups, but think also to spend time in an environment out of the autism dimension, to not focus your life just on this world.

Besides, psychological support can also help you to handle challenges, negative thoughts, acceptance, denial and all the difficulties you might have.

Probably, living stressful situations already made you build coping strategies (an example is redirecting thoughts in a positive way), but with the help of experts, you can learn how to manage and develop them.

In order to look after yourself, it's also good to learn and practice relaxation techniques, mindfulness, meditation, art therapy, etc. You can do it by yourself or with your child, strengthening your relationship and communication, but be sure to have enough time just for yourself.

Image from a public domain.



Topic 5: De-escalating a Situation

The de-escalation challenges

As we have seen, working on prevention can reduce the probability of challenging behaviors and consequently, of situations to de-escalate. In this case, there was something that brought the child to the peak, the point without control in which being reasonable is hard for everyone present.

There are different ways and reasons why an escalation can manifest itself.

For example, it can be in the form of aggression against people, objects or the author himself, who can also cry, scream or escape. Before it happens, you might observe changes in the child's body, self-repetitive talks, increased self-stimulation, dropping out, staring into space, inability to stay in the task...All warning signs make you understand that a situation can easily escalate.

When you realize what is going on, you can prevent the peak by removing the stimulus (or try to decrease it as much as possible), distracting the child with another activity and using the strategies we recommended, in order to prepare the kid to handle the stress allowing for the peak of escalation.

But let's see what we can do if prevention strategies don't work and the escalation occurs.



Image from a public domain.

Guidelines

- Structure the environment in a way that can minimize the possibility that your kid gets hurt
- Try to avoid the escalation by removing the trigger or keeping busy the kid with something he likes
- Remove other items which can overstimulate him during the peak, such as an intensive stimulus
- Give space and don't make too many questions, it can overstimulate the kid
- Try to show as little as possible that you are upset, stressed or scared
- Breathe and try to show a state of calm to transmit to your child
- Give just some essential direction or information. You can divide the input in small steps, waiting for the first one to be done and then proceed with the next one
- Use an understandable, simple and clear language. It can help your kid to listen you in a stressful situation, in which it is very difficult to focus on something and come back to a situation of calm
- Plan ahead! Move in prevention, work on the first warning signs and try to avoid as much as possible what you already know that can get your kid uncomfortable
- Be realistic about the situation and your expectations
- Accept what you are handling
- Be nice with yourself, don't blame you or think you aren't a good parent. Maybe you can wonder if you are doing a good job. A situation to de-escalate can be very stressful and it's okay to have doubts, questions, feel inadequate or make mistakes. You are doing the best possible for your child.

Material

- [1]Use a **sensory toolkit**. For example, both when you are out and at home, you can use:
 - Noise canceling headphones, which reduce the ambient sounds that can overstimulate your kid;
 - Hand lotion with a smell the kid likes, to use against unpleasant smells;
 - A stress ball;
 - Tools for massages to get relaxed, like the massage ball;
 - Unscented hand wipes to clean the kid if he gets dirty;
 - Snacks in case of hunger;
 - Fresh water;
 - Sunglasses for the eyes sensitivity due to the light;
 - Weighted lap pad, a sensorial pillow providing a calming effect on the leg through deep touch pressure (see the picture);
 - A heating pad, which warms the body to decrease discomfort and state of anxiety.



Photo credit: <https://harkla.co/blogs/special-needs/autism-tantrums-meltdown-strategies>

Take in account that tools can have a specific effect for some time, so remember to switch items when the kid is going to be addicted.

[1]<https://www.friendshipcircle.org/blog/2011/12/13/26-sensory-integration-tools-for-meltdown-management/>

- Use **visual tools** to prevent and de-escalate the situation. For example, if you already know there is a trigger event not possible to remove, you can explain what is going to happen (also with photo books) and how to handle the situation.

Even during the meltdown, you can help your child by explaining what is going on, using a simple language to indicate your next moves and visually representing what you are verbally expressing (for example with flashcards). Like that, you will give predictability.

Recommended activities

- Make a **crisis management plan**, so you will be ready to act properly according to the type of situation to de-escalate. In the plan, you can identify:
 - ★ The trigger;
 - ★ The warning signs;
 - ★ The function of behavior;
 - ★ The goals and subgoals;
 - ★ The strategies to de-escalate the situation, such as the relaxation techniques;
 - ★ Tools to make use of;
 - ★ Items working more than others;
 - ★ Data collection with any change and progress.
- **Structure the space.** It's another strategy to prevent and to handle the escalation. It doesn't help your child just to come back to a state of calm, but it doesn't make kids hurt themselves, other people or simply destroy objects.

In fact, you can take precautions placing soft objects in the house, moving or deleting those which can be used in a bad way (like for hitting) or, still, can become dangerous if someone is running, screaming, etc.

Besides, it could be very helpful to have small comfort spaces for your child, in which it's possible to recover from the meltdown and feel safe. You can “build” a room or a corner space (a calm down corner), in which the material you are going to use should be easily accessible.

You can also teach the kid to ask to go in the **calm corner** when he starts to agitate. It can be helpful to make use of visual representations of the space. It requires an important skill from the kid: the ability to understand when he needs to calm down.

Here some **material** you can place:

- A rocking chair, of which the rhythmic movement can help kids to calm down;
- A device producing calming music (even better if it's accompanied by lights, for example using a projector);
- Soft pillows;
- Sensory toys;
- Concrete objects you usually use to communicate with your child, for example flashcards to express emotions or representative of strategies to calm down (such as the relaxation techniques). The kid can make use of this items to communicate, for example about the way he feels.
- You can also try how the kid reacts to sensitive lights - for example to the dim and push ones, which have a calming effect.

Here are some examples of calming spaces.



Photo credit:

<https://people.com/human-interest/dollywood-calming-room-children-with-autism>



In this picture you can see a bedroom for autistic children with a calming space in the corner.

Photo credit: <https://www.wallsauce.com/eu/blog/how-customer-created-bedroom-autistic-son>



Via: @pretothek

Photos

credit: <https://www.boredteachers.com/post/20-inspiring-calm-down-corner-options-for-your-classroom>

Checklist

- Observe the precursor behaviors of a challenging ones
- Place them in a sequential order
- Identify how and why you can already know how the situation is escalating
- Ask yourself if there's a way to avoid the triggering event
- Identify the goals you want your kid to reach
- Define sub-goals and steps, going from the basic to the hardest ones
- Place soft objects in the home
- Create specific safe spaces where your kid can go to calm down in an escalation situation
- Observe how the kids act once you introduce calming tools. Which one does he want to make use of, without you giving that?
- Write every info you are collecting, including small details

Summary



As we said at the beginning of this chapter, being reasonable in these kinds of situations is very challenging even for parents who must stay neutral, communicating calmly through the body (the voice, the expression, the posture...), especially if they have to keep the kid, themselves and people around. It requires a state of calm made of good reflexes and a simple, concise and understandable language.

By training, you can improve yourself and get better time after time.

Having the control of your own behavior, you will show a model of that, giving an example of appropriate behavior. It's an indirect strategy based on imitation and learning of behavioral patterns. If you are upset, you are screaming against your child or you are losing patience, how can we expect that your child acts in a different way?

Remember that you are dealing with a situation to de-escalate, in which also the ability of the kid to think, to communicate, to control impulses and to listen are very low. You will see changes in the kid's behavior when you'll change yours.

Besides, be careful with reinforcements during the peak of the escalation. In fact, if you reward your child, you will probably reinforce the inappropriate behavior.

Make sure to provide it after he completes the task he was doing before the crisis. During the latter, you can give him sensory and relaxation items, but when he calms down, you must come back to the previous activity and then provide reinforcement when it's complete (evaluate if it's better dividing the task in smallest ones and if give reinforcement after the first sub-task).

You will also see different reactions according to the tools you are going to make use of during the escalation, so evaluate which one it's the best for your child.



Image from a public domain.

Topic 6: Teaching Social Skills to Children with ASD

Teaching social skills to children with ASD

One of the defining characteristics of ASD is the difficulties that the diagnosed children have in developing social skills and communication, with the consequent limitation in understanding signs of a social nature that this entails. People with ASD have difficulties in processing non-literal language, that is, understanding double meanings, irony or metaphorical language (Rundblad & Annaz, 2010), they find it complex to interpret facial expressions, gestures or tone of voice, and it is often difficult for them to maintain eye contact with the interlocutor (Spence, 2003).

There are various explanatory theories that try to account for the possible causes of these difficulties, among them, and probably the one that is most related to the social limitations of people with ASD is the one that alludes to the difficulties in the construction of the Theory of Mind (ToM) (Baron-Cohen, 1991), understood as the “ability that the human being develops to attribute thoughts to other people” (Argitas, 1999, p.121) and interpret their actions and attitudes, taking into account these thoughts and beliefs. According to this approach, the defining difficulties of ASD, and especially those of a social nature, are explained by alterations in different aspects that make up ToM: difficulties in identifying or distinguishing emotions, the development of empathy, the understanding of pragmatic elements of language, etc.



Image from a public domain

As previously stated, children with autism spectrum disorder show deficits in social skills such as initiating conversation, responding in social situations, social problem-solving, and others. These deficits are targeted through the use of social skills interventions. In this sense, social stories play a significant part in teaching skills and behaviors to children with ASD who lack social skills.

Guidelines

Children with autism can benefit greatly from therapy, especially Applied Behaviour Analysis (ABA) Therapy. Moreover, parents can help their children with conscious efforts to implement the lessons learned in therapy on a regular basis and positive reinforcement. There are different ways in which parents can help their children with ASD to improve their social skills:

1. Reinforce positive behaviour

Positive reinforcement and the use of reinforcers are the most used methods for children with autism to improve their behavior. We must apply procedures through

which there is the possibility of achieving learning and increasing the probability of performing a behavior. This behavior has had a positive consequence for the person and this increases the probability that the behavior will be repeated in the future to have the same consequence. A connection (contingency) is created between the performance of the behavior and the possible arrival of the reinforcer. The following steps must be taken into consideration:

- Find a reinforcer that works. It can be edible, visual, tangible, verbal, an activity, or social attention.
- Deliver the reinforcement as soon as possible after the desired behavior — within 5 seconds is best.
- Vary the reinforcers. This can keep things interesting and keep the child engaged longer.
- Change out reinforcers as needed. If one reinforcement technique or reinforcer is not working as well as it has in the past, consider switching it up.
- Slowly back down on using reinforcers after you have achieved success with a particular behavior. Over time, you want to get to a point where the behavior is set, and you no longer need to reinforce it.
- Be patient. Positive behavior changes do not occur overnight. They take time, effort, and practice.

Another important aspect to take into consideration is that children with ASD often have a particular area of interest or expertise. Therefore, highlighting this in a social setting can help them to find a way to connect socially.

2. Model and Practice desired behaviors

It is important to take into account that children learn by watching: they observe and reproduce it. Therefore, parents can teach their children how to behave in different social situations.

In this sense, role-plays can be a great tool to help these children to practice social skills and interactions. Parents can prepare a situation and then go through it with their children in order to make them understand what to expect in that situation and how to socialize appropriately. When using roleplays to teach children social skills, parent can also suggest or correct their children if needed without the stress of a public environment.

Another important aspect in roleplaying can be the fact that children can also play the role of their peers: this action can help them to gain a better understanding of others.

Playing games together at home can help autistic children learn how to take turns, follow the rules, and be a good sport. While playing the game, observe your child's behavior and talk them through what to expect and what is expected of them.

Examples of simple games that can help with social skills include:

- Simple card and board games.
- Hide and seek.

3. Give Possible Social Scenarios and Use Visual Aids

Another way of preparing children for social situations can be to talk with them about potential social situations and how to respond appropriately in order to help them to learn how to build the tools to interact well in social situations. This can be achieved by the use of pictures, drawings or videos, since visual representations can help them what to expect and give them additional resources to model.



Image from a public domain

Material

In order to carry out different activities with children with ASD, some other materials can be useful, such as:

Timers and clocks

Both timers and clocks help children with autism know exactly what to expect between daily activities; Likewise, it helps them to facilitate the transition between them. Timers in particular help kids stay focused until a project they love is complete.

A clock with manual hands can be an excellent material for autistic children, as it provides visual support and with it they are learning to tell the time. These don't have to be fancy or expensive items, as a kitchen timer or even a sand timer works well. This type of material serves as an aid element for your performance, since it allows you to organize yourself efficiently.



Image from a public domain

Digital platforms

The "Smile and Learn" application is designed to help parents in teaching and provide material for children with autism. Within its platform you will find games, interactive stories and different exercises.

Recommended activities

There are different activities which can be used at home to foster autistic children with social interaction. The use of appropriate activities for children with ASD increase pro-social behaviours such as collaboration, coordination, augmented appreciation for social activities as well as different forms of expression.

Among these activities, the following ones can be pointed out:

- **Puzzles:** depending on the age of the child, puzzles can be used in which we work on the expression and understanding of each of the images, or puzzles with more complex images in which, once assembled, we have to locate certain objects and from this way to work attention or counting, as well as fine motor skills and searching in both cases.



Image from a public domain

- **Classifying:** we can classify in many ways by combining toys and objects that we have at home: we take 2 boxes or containers and put an object in

each box as a model. It can be animals that we have at home according to where they live, classify colors with clothespins or buttons (depending on age), cutlery, dolls' clothing, real or plastic food, geometric shapes, numbers, letters,... An example would be if we have animals and numbers at home, in a box we put one of each and in another container they are all mixed and the child takes them out. In this way we work expression and semantic classification. A more complex way would be to classify by size, by shape, by feeding, etc.



Image from a public domain

- **Symbolic game:** play kitchens, hairdresser, houses, the farm together. If our child has difficulties with this type of game, we must guide them, we can give them simple instructions, make onomatopoeia or small dialogues.
- **Reading stories:** We can read short stories in a simpler way and rely on the drawings that the book presents, either to narrate it, increase its vocabulary or comprehension of it by asking questions about the paragraph or piece that we have just told.
- **Board games** can also be used at home to foster social interaction:
 - **Ludo:** the object of the game is for each player to take their tokens from the start to the finish line, trying to eat the others along the way. Recommended age: from 4 years.
 - **The game of goose:** each player advances his token through a spiral-shaped board with 63 squares with drawings. Recommended age: from 4 years.
 - **Mikado:** develops fine motor skills, enhances memory, develops strategies and is very fun! Recommended age: over 5 years old

- With the **Time's up** game for children we will have more time and simpler concepts. Everyday objects, animals, professions... Hundreds of topics to hit, and guaranteed laughs! Recommended age: 4 years.
- **Dominoes**: the goal is to place all your chips on the table before your opponents and score points. Recommended age: 4 years.
- **Block Tower**: it is ideal to play with the family. Recommended age: from 3 years old.
- **Dobble**: card game is 5 in 1. It develops speed, observation, reflex, etc. Recommended age: 4 years.



Image from a public domain

Checklist

As it has been previously commented on, role-plays can be a great tool to help children with ASD to practice social skills and interactions. In order to create role plays, it is important to take into account different steps to be followed:

- The first step would be to introduce the problem or situation to the child, which will help them to start thinking about the problem before the role-play begins.
- The second step to be taken into consideration is to add details to the situation, that is, to set up a scenario for it to feel “real”. It is important to make sure that the child is clear about the problem or situation you are trying to

work through, and that they know what you want to achieve by the end of the role play.

- The next step would be to assign roles and establish the rules of the game. The child should use their imagination to put themselves inside the minds of the people that they are representing. This involves trying to understand their perspectives, goals, motivations and feelings when they enter the situation. Once the child knows which is their role, they can act out the scenario.
- The final step is to discuss with the child what they have learned once the role-play is finished.



Image from a public domain

Summary



Children with ASD demonstrate qualitative differences in social interaction and often have **difficulty establishing relationships**. The difficulties demonstrated with social functioning should not be assumed to be due to a lack of interest or unwillingness to interact with others; ineffective interactions may result from an inability to distill social information from the situation and a deficiency or absence



of appropriate skills to respond. Then, it is **essential to have the support of parents** at home, who can help their children with ASD by making use of different tools such as **positive reinforcement, model and practice desired behaviours, and give them possible social scenarios** such as using roleplaying at home or playing different board games.

Topic 7: Communication Training

Functional Communication Training and Verbal Behaviour

Functional Communication Training (FCT) is a therapy for children with autism.

It aims to replace challenging behaviour with new ways of communicating that achieve the same thing.

Remember that **behaviour is communication**. One way to reduce challenging behaviour is to teach the child to communicate in a more appropriate way. The therapy might focus on verbal communication, or it might include signing, pictures or speech generating devices, depending on the child's abilities and skills.

Verbal Behaviour (VB), a term coined by B.F. Skinner, is a method of teaching language that focuses on the idea that a meaning of a word is found in their functions. According to Skinner in order to teach a child with language delays a meaning of a word, we must first teach them its function.



Erasmus+



In other words, instead of just teaching a word, we must teach them how to functionally apply those words.

For example, a child with autism might say the word “banana” when they see one, but may not be able to say “banana” when they want to eat one.

According to Skinner, language is broken into parts that have different objectives (verbal operants). These are the following:

Verbal Operants



Mand

The speaker communicates what they want or need



Tact

The speaker labels something within their environment



Echoic

The speaker repeats what is heard



Intraverbal

The speaker responds to another speaker conversationally

Verbal Operants



Mand

In other words, the speaker makes a request.

Example: The child asks for a toy when they want to play with it.



Tact

In other words, the speaker labels what they see, hear, smell or feel

Example: You smell popcorn and say, "Mmm, popcorn!"



Echoic

Example: Therapist says, "Say cookie!" The client repeats, "Cookie!"



Intraverbal

Example: Someone asks, "Where do you go to school?" The child replies, "Cornerstone."

Guidelines

How to implement Functional Communication training

HOW TO IMPLEMENT FUNCTIONAL COMMUNICATION TRAINING

IDENTIFY THE FUNCTION



1. Collect ABC data and identify the possible function of the problem behaviour (why is the child engaging in the behaviour?)

Form of communication

2. Identify the most appropriate form of communication for the child (vocal, sign language, PECS etc.)



Teach the new skill



3. Systematically teach the child the new communication skill and reinforce the new behaviour. Use prompts to teach the new skill

PROMPT

4. Ignore challenging behaviour. Prompt child to communicate in an appropriate way and reinforce



To understand the procedure better, here is an example:

The child doesn't want to do any more homework and *throw their book to the floor* (**challenging behaviour**).

To reduce the throwing while the child completes homework, when they seem tired, **prompt** your child to say (sign or exchange a symbol- depending on the child's abilities) "*I need a break*" (**new skill: appropriate way of communication**) and then allow them to take a few minutes break. (**Reinforcement**)

If your child throws their book to the floor, **ignore** the behaviour (do not say anything about the throwing and do not react at all). Just **prompt** the child to say/sign "break" and allow them to take a break after they say it. (**Reinforcement**)

How to teach MANDS

1. Identify reinforcers

What does your child like and is likely to request for? Choose your child's most favourite items for the *mand* training. Make sure you have a variety of items/edibles at hand. If possible break down the reinforcer in pieces. For example, if your child wants biscuits, do not just give them the whole biscuit. Give them a smaller piece.

If they want to play with lego, do not give them the whole box of blocks. Give them the blocks one by one.

It's better to select items that do not last long (if possible). For example, bubbles will disappear after a few seconds.

2. Determine the form of communication

What is the most suitable form of communication for your child? (vocal, sign language, PECS etc.)

3. Contrive motivation and Model the correct behaviour

Before starting the training make sure your child is motivated by the items/activities you are going to use. Make sure your child did not have access to the item/activity before the training. This will increase the chances that your child will want the item/activity. If your child shows no interest in the item/activity you have chosen, change it! Follow your child, see what they are looking at, reaching out for at the moment. When they do try to get an item, prompt

them to ask for it by modelling the act yourself (either verbally, by signs or pictures). You will need to do that several times!

4. Fade prompts

Each time try to use less prompt (reduce the help you give to your child and wait a couple of seconds for them to ask for the item by themselves before helping them)

5. Differentially reinforce the responses

After your child has asked for the item/activity, reinforce them by giving them the item or activity they asked for. If your child asked for the item/activity without any help reinforce them more by giving them for example more time for the activity or by giving them the whole biscuit instead of a little piece.

How to teach facts

In order to teach facts, we follow a procedure called “**discrimination training**”.

Pre-requisites of discrimination training is joint attention, following simple one-step instructions and following a point.

Discrimination Training: STAGE 1

You can start with just one item. Preferably neutral that has some meaning to the child. Avoid using their most favourite objects because it might be too distracting for them. Start by using real objects and as your child progresses you can introduce pictures of the objects. This is because some people on the autism spectrum don't have fully developed picture-to-object correspondence.

You can start by holding out your hand and telling your child, “Give me [the item],” or even just saying the name of the item. Having too many words in the request may be difficult for the child to process.

In the first stage of the therapy, there will be only one item on the table: the item that you asked for.

Each time the child gives the correct item, this is celebrated with reinforcing behaviour. If the child gets it wrong, ask the question again and prompt them so that they answer the question correctly (Errorless teaching). Repeat until they get it right independently.

Discrimination Training: STAGE 2

In the second stage, there will be two items out. Ideally, the two items will be very different, to minimize any chance of the child confusing one for the other. Each time the child gives the



correct item, this is celebrated with reinforcing behaviour. If the child gets it wrong, ask the question again and prompt them so that they answer the question correctly. Repeat until they get it right independently.

Discrimination Training: STAGE 3

In the third stage, there will be three items out: the desired object, plus two non-preferred items.

Each time the child gives the correct item, this is celebrated with reinforcing behavior. If the child gets it wrong, ask the question again and prompt them so that they answer the question correctly. Repeat until they get it right independently.

Labelling

Teach the child “labelling”. Using similar procedure as above, you can show them pictures or items of objects (start with their favourite objects or edibles) and ask them to say what it is.

Teach Spontaneous tacts

Once the child has mastered discriminating and labelling several items (impure tacting), it is time to teach them **spontaneous tacting**. You can use favourite items or picture books/ videos.

And of course **prompt and reinforce!**

You can model pointing out objects in a book; For example, point and say “Oh look! It’s a ball! Say”ball” or “What do you see?” When the child responds, reinforce them.

Alternatively, you can comment on objects in the environment. For example, let’s say mum and child sitting at the living room. Dad throws a ball into the room, so the ball rolls into the room. Mum looks at the ball and goes ”Look, it’s a ball!” and prompts the child to say ball.

Fade-out the prompts

You can start by fading out the pointing and then the vocal prompt. For example, “Look! A..” and wait for the child to say “Ball”.

Another way to do it, is by going around the room and taking turns in labelling items.

REMEMBER!!

Reinforce like crazy any spontaneous tact!

When your child eventually makes a spontaneous tact reinforce heavily! Use a lot of praise together with a big reinforce. Make sure you have something ready!

How to teach echoics

In order to teach echoics we use shaping and reinforcement. You always start at the learner's current level. (For more info on shaping procedure see unit x)

Shaping procedure:

You always start at the learner's current level. The first step of an echoics program might be having them make an approximation that sounds similar to the target. For example, if the target is 'Mommy' it would be okay if the first response the learner emitted was 'Ma'. Once the learner is consistently saying 'Ma' we would change our expectation to something more complex. (i.e mam)

REMEMBER!!

If your child currently does not articulate any sounds, accept ANY sound they make during the programme!

If your child is good at echoics you can use that skill and prompt them during mand teaching

How to teach intraverbals

Teach mand and tacts first

Work on building a strong repertoire of mands and tacts before introducing intraverbals.

Teach receptive skills

Work on your child's receptive skills, because you can begin teaching by having the child receptively describe an item (Give me the one that is a utensil), and then you can remove the tangible item and present the demand as an intraverbal (Name a utensil). You can bring the tangible item back out as a prompt, but you would then need to fade that prompt.

Use errorless teaching

Start with Errorless Teaching, where the child is not allowed to practice making errors.

REMEMBER!!

Do not begin teaching intraverbals too early, or at too high of a difficulty level.

Do not completely avoid teaching intraverbals. They're the building blocks of conversation.

Understand the difficulty of intraverbal questions before you begin teaching them, and be prepared that you may need to use new and varied reinforcers, and effective prompting to help the child contact success and stay motivated.

The simplest types of intraverbals are usually songs, or fill- ins. This would include things like: "Ready, set, (go)", "1, 2, (3)", "A cow says (moo)", "I love (you)".

Material

- Use items (toys, edibles) and activities your child likes.
- If planning to teach your child a Picture Communication System such as PECS you will need some symbols. You will be able to create your own through online platforms such as **boardmaker and**
- For mand training you can collect data using the foillowing sheet:

Date	Item	What was the mand?	Prompted /Independent	If prompte, what was the prompt?
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
			P I	
Total prompted				
Total Independent				

Recommended activities

Mand Practice

It is a good idea for your child to practice mand at any opportunity. **Prepare the environment to make sure you don't miss any opportunities!** Use the reinforcers you identified before and organise them so that they are easily accessible but so that your child cannot gain access to them. A good idea is to use transparent boxes that your child cannot open or place the items in high shelves your child can't reach.

It's highly likely you will start with some edible reinforcers. Prepare your child's favourite snack and cut it into small pieces if needed. For example, if they like biscuits cut the biscuit into smaller pieces. Put the snack into a transparent container and wait for your child to ask for it. When they try to open it, or bring the container to you (or any other sort of communication they use such as crying etc), model the proper way for them to ask. If your child can vocalise, name the object "Biscuit!" and wait for your child to either repeat the word or make a similar sound (depending on their abilities). You might have to repeat the target word a few more times. When they make a sound, immediately give them one piece of their snack and repeat "Biscuit".

Make a note of the sound they made. How close was it to the target sound "biscuit"? If your child made the sound "b" for example, you know they can do it so you won't accept anything less than "b" next time they ask for biscuit.

Continue the process by saying the word "biscuit" and waiting for your child to repeat the sound "b" (in our example). Hand them the next piece of biscuit immediately and repeat enthusiastically "biscuit"!

Count how many times you repeated the process.

If at any point your child makes a sound that is closer to the target, for example "be" remember to give them a bigger piece or even the whole biscuit!

After a few trials, take a piece of biscuit and hold it in front of your child and wait. Do not say the word "biscuit" just yet. Notice how your child reacts. If they make the sound "b" without you reminding them, be very generous and give them immediately the whole biscuit!



If you notice your child loses interest in the biscuits stop the activity. You may continue with a different reinforcer if you wish to or repeat the activity the next day. During the activity collect data in the sheet provided as in the example:

Date	Item	What was the mand?	Prompted /Independent	If prompte, what was the prompt?
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	n/a
21/5/22	Biscuit	"b"	P I	n/a
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	Biscuit
21/5/22	Biscuit	"b"	P I	n/a
Total prompted		8		
Total Independent		3		



Checklist

Functional Communication Training Checklist

<input type="checkbox"/>	I have collected A-B-C data
<input type="checkbox"/>	I have identified the possible function(s) of the behaviour
<input type="checkbox"/>	I have identified the form of communication suitable for my child
<input type="checkbox"/>	When teaching the new skill I'm using prompts
<input type="checkbox"/>	When teaching the new skill I'm using reinforcement
<input type="checkbox"/>	When the challenging behaviour occurs I ignore it
<input type="checkbox"/>	When the challenging behaviour occurs I remind my child
<input type="checkbox"/>	how to communicate
<input type="checkbox"/>	When my child uses their new skill without any help or reminder I reinforce them more generously

Mand Training Checklist

<input type="checkbox"/>	I have a variety of reinforcers available at hand
<input type="checkbox"/>	I have not allowed access to my child to those reinforcers before the training
<input type="checkbox"/>	I have identified the form of communication suitable for my child
<input type="checkbox"/>	When teaching the new skill I'm using prompts
<input type="checkbox"/>	When teaching the new skill I'm using reinforcement
<input type="checkbox"/>	When a challenging behaviour occurs I ignore it
<input type="checkbox"/>	When a challenging behaviour occurs I remind my child how to ask for what they want
<input type="checkbox"/>	When my child uses their new skill without any help or reminder I reinforce them more generously
<input type="checkbox"/>	I'm changing the reinforcers depending on my child's motivation

Summary



Behaviour is communication. Teaching your child how to communicate in order to meet their needs will reduce their challenging behaviours!

Communication is not only verbal! Communication could include signing, pictures or speech generating devices, depending on the child's abilities and skills.

Always start with **errorless teaching**. Show your child the correct response!

Always **reinforce** the correct response

Reinforce more when your child gives the correct response **independently** -without any help or reminder

Ignore challenging behaviours and remind (prompt) your child how to communicate in an appropriate manner

Topic 8: Teaching Self-Help Skills

Teaching Self-Help Skills

Self-help skills are skills that make it possible for kids to meet their own needs. These skills refer to everyday activities in which everyone participates as fully and independently as possible, in the family, in the community and at school. For most kids, some of these skills come naturally with age as they watch their parents and siblings. However, children with autism do not always acquire these skills in the same way as their peers. Some children need individualized, direct instruction to help them learn these behaviors.

As soon as the child is diagnosed with autism, self help instruction should begin. Valuable programs will teach early communication and social interaction skills. An overriding goal for all children on the autism spectrum is for them to function independently in their completion of daily routine skills, such as getting dressed, eating, and using the toilet. Unfortunately, most published curricula and teaching guidelines have focused on communication and academic skills rather than on self-help skills.

To acquire these important skills, children with autism require consistent teaching, that is, teaching that must take place both at home and at school and in the context in which those skills are naturally practiced. Learning self help for children with autism parental involvement is vital for the success of acquiring new skills: parents can help their child use the self help skills learned at school when they are at home.



Image from a public domain

There is evidence for the use of applied behavior analytic (ABA) methodologies for teaching a variety of skills that produce functional improvements in many children with autism. These children can learn a variety of self-help skills, depending on their age, such as:

- **Practical living skills:** these skills include different skills such as finding information (internet, books, etc.), money skills (bank accounts, credit cards, making change...), traveling (reading a map, planning a trip), clothing (care, organizing), home care (garbage, house cleaning, cooking...) It can be very helpful to involve the child in a daily routine, including them in different activities such as cooking, cleaning or taking care of their objects (making their bed, washing their clothes) in order for them to develop routines in these areas.



Image from a public domain

- **Personal Care:** it encompasses personal daily hygiene, exercise, nutrition, dealing with an illness, among others. In order to deal with personal care, it can be very helpful to create routines, and make task breakdown lists for getting dressed and undressed, toileting or showering.



Image from a public domain

Guidelines

Chaining is the most commonly employed therapeutic tool to make a child with autism understand and develop concepts about a particular activity. In this sense, before getting children to perform self-care skills, it is important to take into consideration: component skills, attending and complexity of composite skill:

- **Component skills:** In order to ensure success with the desired self-care skill, it is necessary to make sure that the child can perform the basic skills necessary for the task. For example, for the skill of washing hands, this may include: opening the tap, put soap on their hands, closing the tap.
- **Attending:** Another important aspect to take into consideration is to know if the child can pay attention and tolerate the duration of the skill.
- **Complexity of the skill:** Finally, the last point to take into account is to know if the child is able to put together the component skills in order to perform the desired task.

Once parents are sure that their children are ready to perform the self-care skill, it is important to know different they can be taught to perform such skills:

1. **Using checklists.** It can help children with Autism to understand exactly what is expected from them and provide them with a visual reminder of what they should be doing. An example of a checklist with routine can be:
 - Getting dressed
 - Eating breakfast
 - Brushing teeth
 - Combing hair
 - Getting backpack
 - Getting on the school bus
2. **Simplifying tasks.** It can be helpful to break up any task into mini-tasks leading to the main task being completed. For example, washing our hands can seem easy to do for neurotypical people. However, this can be a difficult task to be done for a child with ASD. Therefore, clear instructions such as

“open the tap, wet your hands, close the tap, put soap on your hands, etc.”
Can be very helpful and children will learn to carry out such task appropriately.

3. **Introducing self-care** skills into a daily routine as early as possible so that these skills can be honed and refined with time.
4. **Improving their communication skills.** You can improve their communication by helping them build skills and provide tools to express feelings and desires.

In order to develop self-help skills in children with autism, different supports can be used. First of all, **visual support**, such as pictures of each step of the skill. Secondly, **physical prompts** can also be used: this entails shepherding the child with the hands of the family member on top of the child’s so that they get familiar with the motions to complete the task. This can be reinforced. Finally, **vocal prompts** can also be used: verbal instructions can be very helpful as the child goes through the motions of each task.

Material

In order to help the child develop self-help skills, we can follow the following methodology:

1. Verbal explanation
2. Provision of visual supports
3. Execution
4. Modeling
5. Reinforcement
6. Evaluation

Example 1: “Handwashing”

Objectives	Good	Bad	Observations
Open the tap			



Regulate the water temperature			
Wet hands			
Close the tap			
Take the soap			
Put soap on your hands			
Rub your hands			
Open the tap			
Regulate the water temperature			
Rinse your hands well with water			
Close the tap			
Dry your hands well with the towel			



Image from a public domain

- The child is taken in front of the washbasin and explained exactly what is going to be done, "wash hands". Moreover, visual aid is provided in sequences or images that support the explanation, he/she is asked in a clear voice "turn on the tap" if the child does it, he/she is reinforced with words "very good" "bravo" if he/she does not do it, he is modeled gently taking his/her hand and taking it to the tap.
- The child is clearly told and supported by the images that the next step is to wet their hands in the water. "Put your hands in the water" if the child does it well, he/she is reinforced, if not, heshe is helped by gently holding their hands and putting them in the water.
- In the next step, it is clearly explained to the child that he/she has to turn off the tap, he/she is given the necessary visual support and he/she is clearly told "turn off the tap" if he/she does so, he/she is reinforced; if he/she does not does so, he/she is helped by holding his hands gently and turning off the faucet. He/she is positively reinforced with pleasant words such as "bravo".
- Then, the child is told that he/she has to take the soap and is given the necessary visual aids to carry out the action and is clearly told "take the soap". If he/she does so, he/she is reinforced, and if he/she does not do it, he/she is helped by taking his/her hands gently and taking the soap. He/she is positively reinforced with pleasant words such as "very good".
- In the next step, the child is clearly told to put the soap on his/her hands, he/she is supported with visual aids and he/she is clearly told to "put soap on your hands". Again, depending on the child's response to the task, he/she will be reinforced or modeled + reinforced once achieved the task.
- After that, it is explained to the child: "rub your hands if you need it", being helped visually. Once again, the child is reinforced or modeled + reinforced.
- In the following steps, it is clearly explained to the child what he/she must do, being given visual support and being reinforced or modeled + reinforced once achieved the task.

Example 2: "Brush your teeth"

Objectives	Good	Bad	Observations
Wash your hands			
Take the glass			
Open the tap			



Regulate the water temperature			
Fill in the glass with water			
Put the glass in the sink			
Pick up the toothbrush			
Get and open the paste			
Put some paste on the brush			
Put the toothpaste in the sink			
Brush your teeth on the right side			
Brush your teeth on the left side			
Brush your teeth from top to bottom			
Brush your tongue			
Spit out the paste			
Take the glass with the water			
Rinse and spit it out			
Open the tap			
Regulate water temperature			
Wash your mouth and face			
Clean your brush			



Clean the glass			
Close the tap			
Close the paste			
Keep utensils			

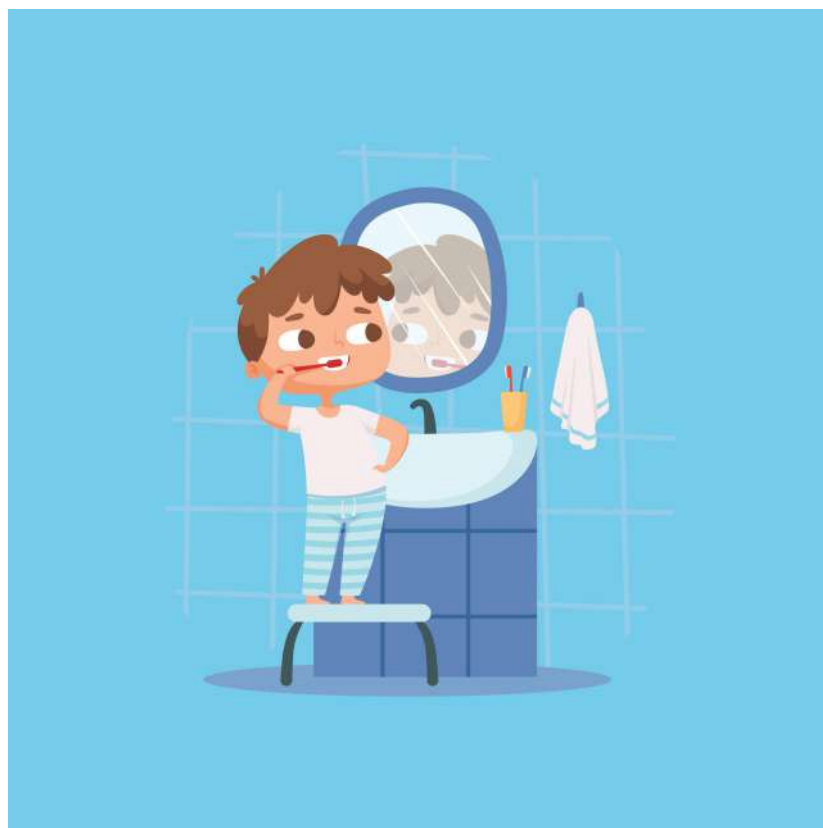


Image from a public domain

Moreover, it can be very useful to have a two-week objective control sheet, in which parents can include their children’s tasks to be developed:

Objectives	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
-------------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------



Hands																			
Face																			
Teeth																			
Bath																			
Hair																			
Nails																			
Toileting																			
Making bed																			
Breakfast																			
Getting the bus																			
Getting dressed																			
Getting undressed																			

Recommended activities

Activities of daily living such as personal care activities necessary for everyday living. Although the range of skills can be defined more or less broadly, virtually all categorizations include a focus on self care skills related to basic biological functions and include such activities as eating and toileting. Other activities pertain to personal, home and community living skills, with applicable areas for young children including

dressing, grooming, cleaning up, and safety-related behaviors. Impairment in activities of daily living may be present in any student with ASD regardless of ability.

As it has been previously explained, a good procedure to help the child understand what we want them to do is **modeling**, which gives them the opportunity to see how others act. An activity could be seeing how other family members **get dressed**. It would be important to try to always dress them in the same order, so that, in this way, they learn to anticipate, getting to learn faster if they go through the same process every day.

Another example of activity can be **to develop personal hygiene habits**. The techniques used to teach these skills are backward chaining, physical, verbal, and visual prompting, shaping, modeling, and behavioral practice or rehearsal. Standing behind the children to offer them the precise physical aids, placing their hands to guide their necessary movements. It is also important to make use of that moment to talk to them and work on other contents related to the acquisition of vocabulary. Another type of aid is the visual clues, which, placed in strategic places to indicate the sequence or the activity that is going to take place there, will guide the subject in their task. It cannot be forgotten that the aids will be designed with the intention of gradually disappearing, therefore, they are punctual and temporary aids, whose objective is to promote progressive assimilation and independence in the execution of programmed skills. In relation to the materials used, these must be adapted to each phase of learning, being easily manageable at the beginning, to introduce new ones as skills are mastered

Checklist

In order to help children with autism to develop self-help skills, parents must take into consideration that:

- The learning process can be slow, so parents should be patient.
- Scaffolding is necessary when teaching the skills, so that children learn progressively.
- Practice is very important for children to develop the required skill.



- It can be very helpful to use visual aids and physical and vocal prompts.
- Generalizing the skills that the child is learning at school can be also helpful for them to reinforce it.



Image from a public domain

Summary



Children on the autism spectrum often have poor fine motor skills. This makes some of the most basic self help difficult for children to master. Self-help skills are of key importance, as they are critical for maintaining physical health and well being and form the foundation for other essential skills that follow.

Self help is essential for independence. Although it takes time to teach and master these skills, the value is enormous: teaching these skills is important because they help kids develop independence. Regardless of their abilities, all children should learn to become as independent as possible to give them confidence and improve their quality of life.

Topic 9: Token Economies

Using token economies at home

A token economy system is a way of recognising, promoting and rewarding behaviour of your child. Children are given ‘tokens’ when they show a positive behaviour and this is exchanged for a bigger reward. Therefore, this system enables you to provide frequent and small rewards, which allows your child to work towards something bigger that they are really excited about.



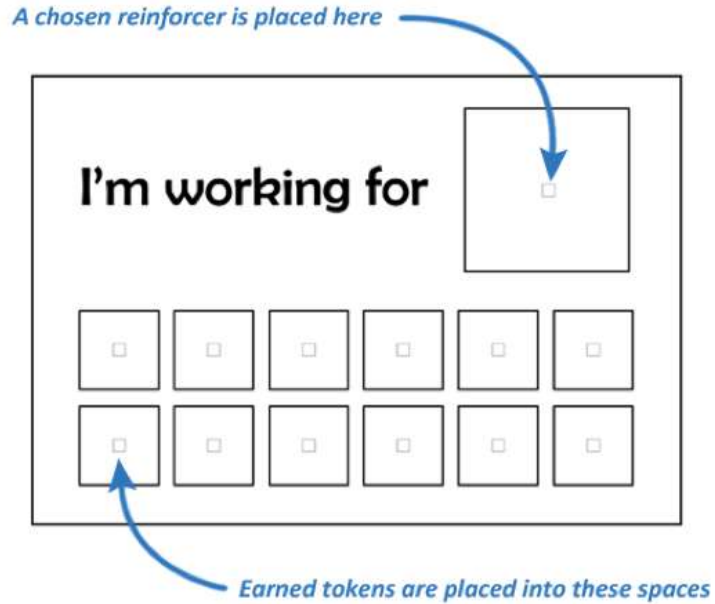
Image from a public domain

This is one simple example:

When David cleans up his toys after playtime, he gets one sticker as a token. After he collects 10 stickers, he earns his reward – watching his favourite movie.

Guidelines

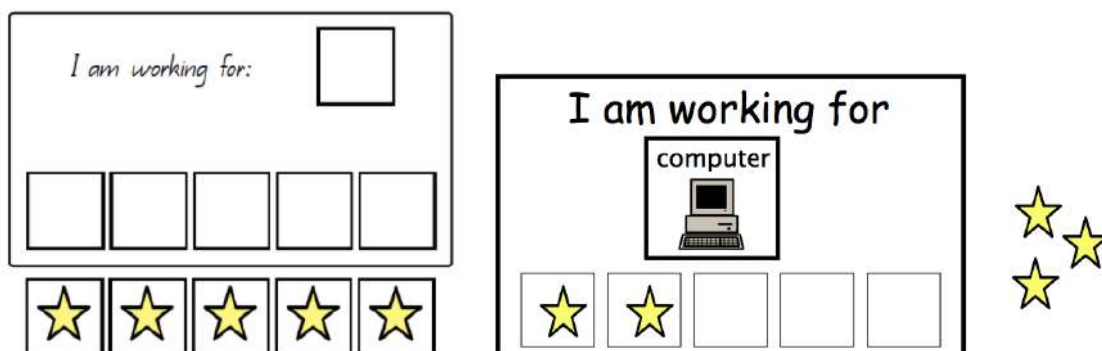
A overview of the functioning of token economies:



Simple steps to implement your own token economy system at home:

1. Prepare a token chart and tokens and put it somewhere visible to your child.

Here are some examples:



I am working towards...

--	--	--	--	--



I am working for

--	--	--	--	--

Swing	Snack	Puzzle	Computer	Walk
-------	-------	--------	----------	------

2. Decide what positive behaviour you want to promote. This can range from sitting nicely, using a quiet voice, initiating greetings, following routines, completing tasks at home, doing homework, reading books etc. The list is endless!

Advices:

- Work on one behaviour at a time!
- Make sure this is realistic and something your child is capable of doing
- Phrase the behaviour positively, for example, use 'Speaking in a calm voice when angry' instead of 'No Shouting'

3. Each time your child shows the behaviour that you are looking for, give them a token to stick on the chart! Acknowledge that your child has demonstrated positive behaviour and show praise, (e.g. 'I love how you cleaned up your toys, here is your token').

Remember to follow through with your tokens and give them out consistently and fairly!



4. Identify the reward that your child will receive after collecting all the tokens.
This is something that could be decided with you and your child together.

Tips:

- The reward needs to be something that is desirable and enjoyable for your child.
 - Make the reward explicit to your child, so he/she is motivated to collect all the tokens.
 - Choose something that is easily available and accessible Avoid rewards like 'going swimming over the weekend', just in case these cannot be followed through.
 - Examples include: watching T.V, playing on the iPad, eating a chocolate bar.
5. Once all the tokens have been collected, give lots of praise and immediately deliver the reward that was decided on previously.

Material

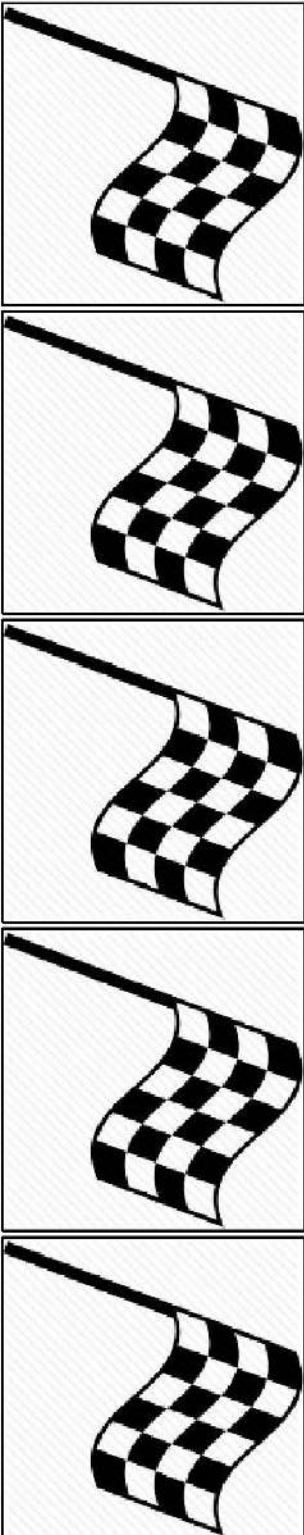
Here are examples of some materials that you can directly print and prepare at home:



Erasmus+

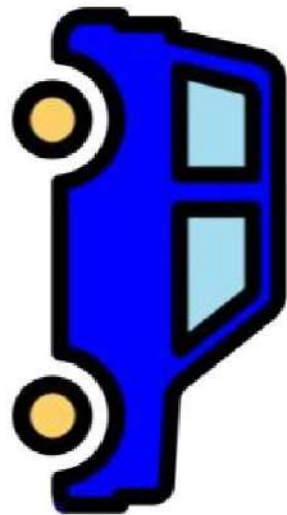


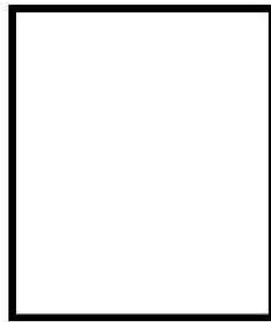
Јасмина Трошанска shasvetulka@gmail.com www.aubem.mk



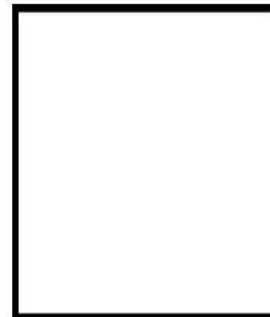
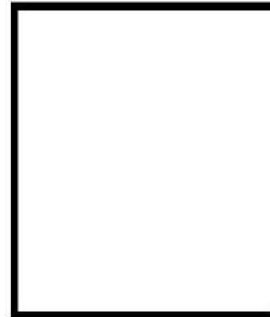
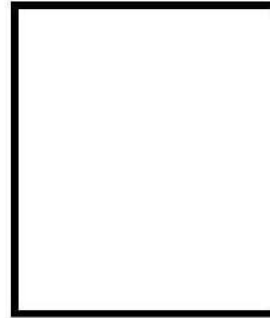
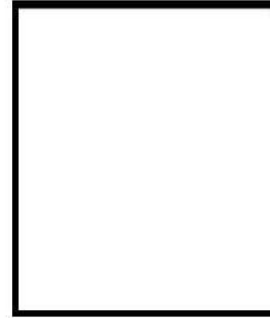
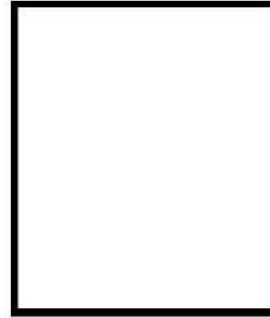
Five empty rectangular boxes arranged horizontally, intended for writing or drawing.

I WORK FOR



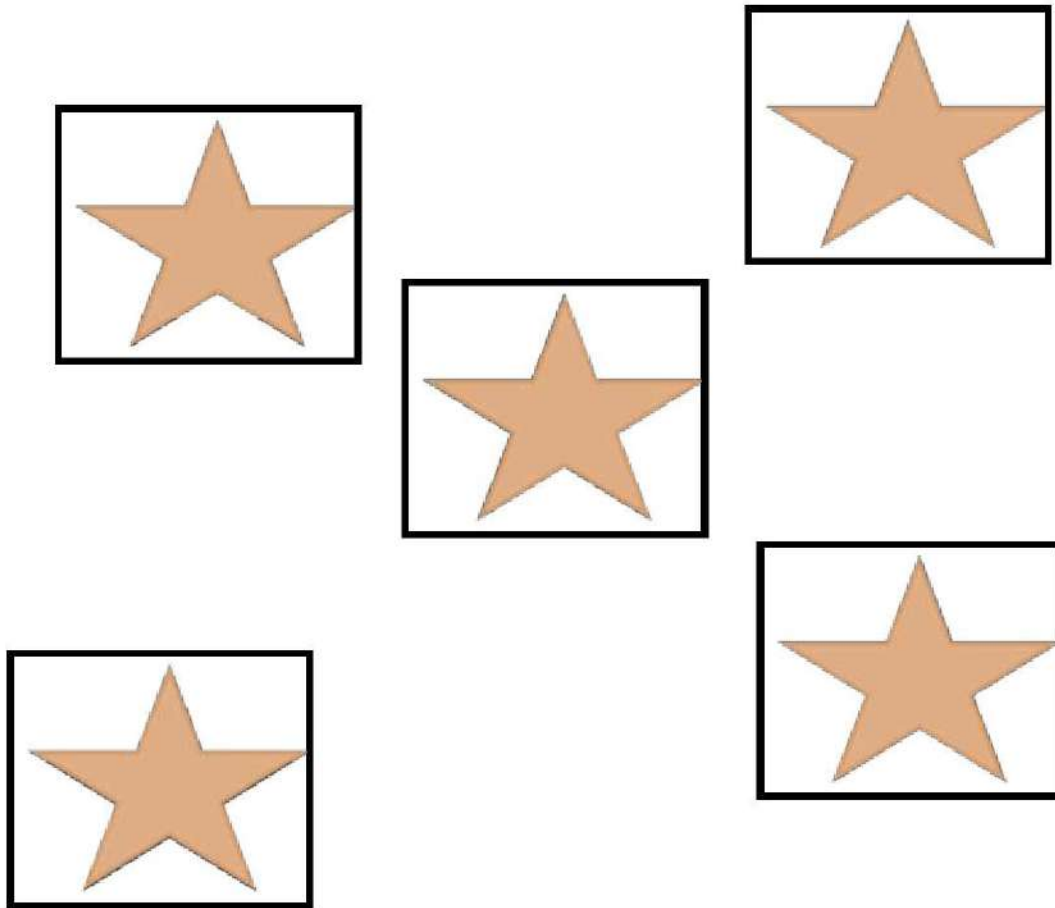


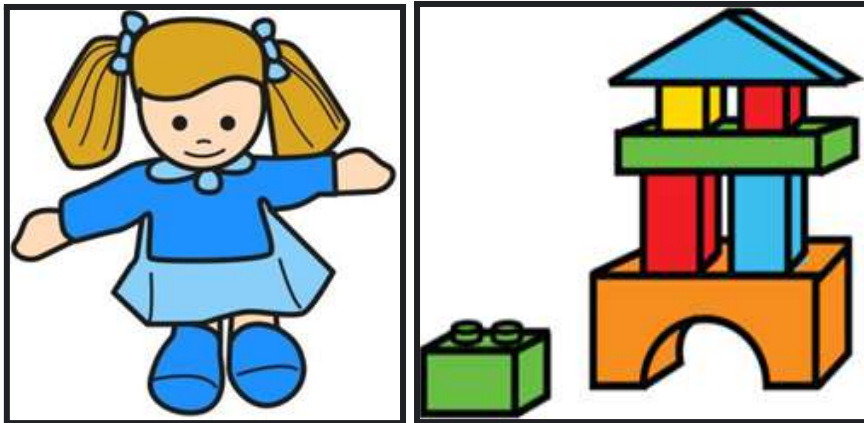
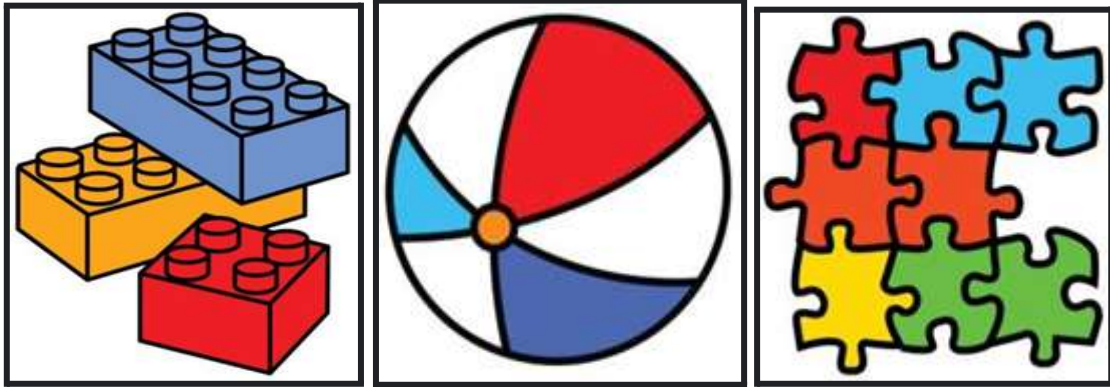
I WORK FOR





Erasmus+





Tips: You can find and download a lot of pictures <https://arasaac.org/>



Recommended activities

In the table below you can find ideas about reward, but always keep in mind that you need to consider the unique preferences for your child.

Daily	Weekly	Big Rewards (ask for your child's input)
<ul style="list-style-type: none"> • 1 token = 5 minutes of screen time • Dessert after dinner • 1 video game with parent • 20 minutes later bedtime • 30 minutes play on cell phone • Extra book at bedtime • Treat in lunchbox • Listening to favorite music in car • Watch TV during breakfast • Chewing gum 	<ul style="list-style-type: none"> • Bake a special treat • 1 hour board game of choice • Invite a friend over • Scavenger hunt • Go out for ice cream • Pick a rental movie • Paint toenails • Go to pet store to see puppies • Allowance • Day off from chores • Special activity with parent • Bubble bath 	<ul style="list-style-type: none"> • Family bowling/mini-golf night • Inexpensive toy • Pick out a new shirt • Pet goldfish (earn tank, rocks, and plant first) • Having a sleepover • Eating favorite fast food • Pick new book or art supply

You can follow this steps while implementing token economies at home:

TARGET BEHAVIOURS		SELECT THE DESIRABLE TARGET BEHAVIOURS TO BE STRENGTHENED
TYPE OF TOKENS		THE TOKENS TO BE USED AS CONDITIONED REINFORCERS (POKER CHIPS, STAR STICKERS...)

BACKUP REINFORCERS		THE BACKUP REINFORCERS TO BE EXCHANGED FOR TOKENS (SWEETS, FREE-TIME....)
REINFORCEMENT SCHEDULE		A REINFORCEMENT SCHEDULE FOR TOKEN DELIVERY (E.G. REINFORCEMENT FOR EVERY CORRECT RESPONSE)
EXCHANGE CRITERION		HOW MANY TOKENS ARE NEEDED TO BE EXCHANGED FOR THE BACKUP REINFORCERS
TIME/PLACE FOR EXCHANGE		A TIME AND PLACE FOR EXCHANGING TOKENS FOR BACKUP REINFORCERS
RESPONSE COST		A PENALTY OR FINE WHERE TOKENS ARE TAKEN AWAY FOR ENGAGING IN INAPPROPRIATE BEHAVIORS

Checklist

For easier implementation of a token economy system consider the following:

- When beginning with this new concept, set the goal low. If it's too hard to achieve, your child won't be motivated.
- Raise the goal over time. Make the reward bigger for a bigger goal, smaller for a smaller goal.
- Celebrate every earned token. Make it a big deal.
- Involve your child in the process of designing the token economy system. If they are able to choose their tokens and how to store them they will be more engaged in the game.



- Modify your system as you go. It may take trial and error to learn how many tokens keep your child engaged without making it too easy to earn the reinforcer.

Summary



When introducing a token economy, remember that it is a new tool for your child and will require a learning phase. Your child may be resistant until he/she has had several opportunities to successfully earn back-up reinforcers. Once he/she learns that earning tokens leads to the back-up reinforcer, gradually lengthen the time between giving tokens and/or increase the number of tokens required. As the time intervals between delivery of tokens and/or number of tokens required increase, continue to pair token delivery with lots of social praise. This will teach your child delayed gratification. Try and try. To use this at home you need practice.

All beginnings are hard but remember that the secret of getting ahead is getting started!