



Guidelines for Providing IDEA, Part C Services for Toddlers With, at Risk for, or Who Are Suspected to Have Autism Spectrum Disorder (ASD) in Washington State

The goal of this document is to encourage programs to explore and define their own practices, and to describe how those practices align with the evidence supporting early intensive behavioral intervention (EIBI) for young children with ASD.

Autism Spectrum Disorder (ASD) is a life-long neuro-developmental disorder. Although there is no known cure, many young children with ASD have been shown to respond extremely well to early intensive behavioral intervention (EIBI). EIBI includes strategies such as positive reinforcement, discrete trial training, and naturalistic interventions. This type of intervention addresses the core deficits of ASD that interfere with a child's ability to engage with and learn from their environment in the way that typically developing or some developmentally delayed children do.

All children suspected of developmental delay or Autism Spectrum Disorder should be referred for services under IDEA, Part C. All children who qualify and their families will have a Family Resources Coordinator and an Individualized Family Services Plan (IFSP). Early intervention seeks to plan and provide needed supports and services so that the family can help their child develop and learn through everyday opportunities. For these children, the IFSP may include more intensive or specialized child-focused services, a justification of why outcomes cannot be achieved in natural environments and include a plan to move services into natural environments.

In an attempt to understand what constitutes a high quality program for very young children with ASD, there have been a number of literature reviews, guidelines, and recommendations for practices (e.g., Dawson & Osterling, 1997; National Professional Development Center on ASD, 2011; National Research Council, 2001; Rogers & Vismara, 2008). All of these reports agree that early intensive behavioral intervention (EIBI) is a necessary component of a comprehensive program for young children with ASD. A recent review by Boyd and his colleagues in 2010 specifically addresses the intervention programs designed for children with ASD under age 3.

One of the Comprehensive Treatment Models (CTM) described in the paper by Boyd (2010) is Project DATA (Developmentally Appropriate Treatment for Autism) for Toddlers (Boulware, Schwartz, Sandall, & McBride, 2006). This model was developed and evaluated at the University of Washington. Although we are using the Project DATA framework to organize the

recommendations in this document, we are not endorsing universal adoption of this model. Rather, we are using these components because they reflect the common elements of highly successful programs that were identified by Boyd et al (2010).

Essential Components of Effective Practices

Integrated Toddler Group Experiences

These groups should meet at least twice a week, be led by highly qualified staff, have activities and/or curriculum designed for typically developing children, with sound early childhood education practices, and provide adequate support to facilitate the participation of children with ASD. Settings for organized group opportunities could include childcare, preschool, community playgroups, or other community groups. Close supervision by a highly trained individual is required to insure that the child with ASD participates successfully in the activity and with the typically developing children.

Extended, Intensive Intervention

Young children with ASD respond extremely well to high quality, early intensive behavioral intervention (EIBI). EIBI for very young children with ASD should include use of evidence-based instructional strategies including positive reinforcement; structured, individualized learning tasks that are completed one-on-one or in small instructional groups; and activities that are set in naturally occurring routines and activities. These activities must be planned and supervised by a highly trained professional, such as special education teachers, behavior analysts, and speech and/or occupational therapists with training in working with young children with ASD. This type of programming usually occurs for 60 to 90 minutes per session, with 2-3 sessions per week. Extended, intensive intervention sessions must include the child's parents and/or caregivers and can take place in any environment including in homes, at childcare, or in other community settings.

Specialized Support for Families

Raising a child with ASD requires special types of information about supporting, interacting with, communicating with, and teaching the child at home and in the community. Parents of children with ASD also report having more stress than parents of children with other disabilities. Technical support for families provides them with information about ASD, including causes, services, and other supports. Social supports include activities such as informal parent-to-parent connections, parent groups, and sibling groups. Programs should help families identify and connect to effective and culturally appropriate activities at their program, in the community, or via the internet.

Coordination and Collaboration Across Services

All providers working with the family should have regular contact so they can work together to better support the child and family. This communication is vital to insure consistency across environments and providers, and to insure that opportunities are available to practice new skills. Many families arrange services that are not paid for by public programs, we refer to those as family-negotiated services. All providers working with the family, both those that are

part of publicly financed services and those that are family negotiated, must collaborate effectively in order to effectively provide services.

Quality of Life Inspired Outcomes

Programs for children with ASD should emphasize skills and behaviors that will help the child be independent, develop functional communication, and participate fully in family and community life. While recognizing the importance of increasing skills in the core deficits areas of ASD (i.e., social interaction; communication; restricted, repetitive and stereotyped patterns of behaviors, interests, and activities), it is equally important to target skills that improve the quality of life for the child and family.

Therapists and teachers should utilize a combination of evidence-based approaches, and must collect data to demonstrate child progress and use these child data to inform decisions about how, when, and what to teach. All providers must focus on demonstrating and teaching strategies that families can use with their child at home and in the community. If the child attends childcare, similar services and information should be provided for the child's caregivers.

Not all children learn optimally with the same number of hours of intervention services and support, however, the data is very clear that children with ASD require intensive support during their toddler years. The intensity of services and supports can range up to 12 hours per week that includes intensive intervention as is determined by the child and family's needs. We need to match the amount, type, and location of services with the needs and progress of children. The goal is to insure that children are making progress towards achieving their individual IFSP outcomes, meeting the global Part C child outcomes, and that families are supported in this process.

References:

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