Shifting Gears

by Gayla Valle, parent and SESA Board member

Fall is well underway, and for those of us connected to children and schools, our work has begun. The summer cruise - long days, fresh experiences, and permission to glide through the days - is past. Time to shift to the harder pull of autumn and return to the many challenges that will face us for the rest of the year.

If you’re like me, fall’s biggest challenge is shifting the kids back into school. As a parent of a child with a disability, it has a disheartening familiarity. Who are the new people at school that will work with my child? Are they prepared to meet his many needs? How long will it take this time for them to get to know us? Will I be a welcome part of the team, or will they want me to stand on the sidelines and trust that they know better than I as to what to do? For us, a big part of getting off to a good start in school is waiting for that first visit from a SESA specialist, someone who has worked with my child and me for several years and who provides that continuity and expertise that is so important. The SESA specialist is an ally in the ongoing struggle to see that my child gets the services and supports he needs to do well in school. I know that even when the school personnel change (and they do - most often annually!), that the SESA specialist will be a constant source of input, guidance, and access to resources that ordinarily are not available in a small rural setting. For that I’m thankful.

“Back to school” for me also means back to my work as a general educator. I can count on having students with disabilities in every class throughout the school. I may once again work with a SESA specialist, this time as a collaborative partner for a student in my classroom. On the phone or in person, I rely on the specialist for assistance in effectively teaching my students.

In October, I’ll return to another role - that of SESA Board member. For the past several years, I’ve had the opportunity to meet and work with other individuals from around the state who also serve on the Board. This group is diverse - superintendents, regular educators, special educators, parents, other disability- connected people whose job it is to provide support, governance, and oversight to SESA as it fills its unique role in Alaska. I gain fresh perspectives, new information, and am alerted to trends and issues that affect students with disabilities and the people who work with them. My participation on the Board helps me in my roles of teacher and parent, and I hope that my input as a parent of a child who receives special education services in rural Alaska helps shine some light on the issues and challenges for those similarly situated around the state.

Years ago I wondered (more accurately, I worried) what life would be like for us now that a child with disabilities was a part of our family. It seemed to me that living in a village might not be the best option. After all, weren’t there more resources, more options, and more assistance available in a larger place? It was such a tough question. My family was already reeling from this unexpected aspect of parenting. Would we now face more loss - loss of our home, our jobs, our Native cultural connections, and our subsistence foods? It was more than we could face, so it remained an unanswered question. We coped as best we could, living where we belonged. Over time, I learned about resources that could come to us. The Infant Learning Program made regular visits and taught us many things about parenting our child and maximizing his learning early in life. Head Start opened its doors and hearts to my son and provided a rich early childhood setting. Soon SESA entered our lives, in the form of a skilled and empathic specialist who helped us transition into the local school district.

Living and working here, in remote Alaska, has provided many challenges and obstacles. I expect it will continue to do so in the future. My experience with SESA has allowed me to trust that, amid the many challenges of parenting and teaching children with disabilities in rural Alaska, there has been and will be a consistent source of support and expertise. That promise has been kept, by SESA as an organization and as a group of amazing, committed people who have chosen to walk a difficult path with me. I know there are others like me, in villages across the state, who look forward to visits from SESA specialists, that bring us both information and hope.
Staff Changes at SESA

Hello

Krista Galyen is new to SESA this year and is enjoying her position as a hearing impaired specialist. The past three years she has lived in Craig, Alaska teaching elementary grades 3, 4, and 5. Her history includes being raised in Oregon, graduating from Western Oregon University, and working as a deaf and hard of hearing education specialist in Salem, Oregon. She is looking forward to learning cross-country skiing and exploring different regions of Alaska.

SESA extends a warm welcome to our new Program Administrator Nancy Nagarkar! Nancy is well known to Alaskan educators as an administrator in the Anchorage and Kodiak Island Borough school districts, with active involvement in statewide issues and work groups. Before coming to Alaska in 1997, Nancy worked for 14 years in Arizona, where she received the Arizona Council for Exceptional Children award for Distinguished Services. We are delighted that Nancy has joined the SESA staff and wish her every success in her new role!

Goodbye

Our Masters level librarian Anne Freitag resigned her position in November 2001 after almost 11 years to accept a position as a city librarian in Eugene, Oregon. During Anne’s tenure, the SESA library evolved from an unorganized collection of individual program materials into a highly functional collection that SESA staff, parents, teachers, and interested individuals can access for information on children with special needs.

Particularly noteworthy contributions Anne made to the SESA library were:

- Organizing and cataloguing a collection of 7000+ materials
- Developing Disaster Plans for SESA and the Library
- Designing, organizing, and facilitating a complete library redesign and installation

Staff and administration wish Anne the best in the pursuit of her professional and educational goals.

John Lund’s career in Alaska education began in 1979 in Levelock, and ended with his retirement in July 2002, after four years as SESA’s Program Administrator. In the years between Levelock and SESA, John served teachers, parents, and students in Kiana, Shungnak, Kenny Lake, and Barrow, and most recently in Anchorage School District’s Whaley Center. During his career in Alaska, John has made lasting friends of his students, and their parents, teachers, administrators, and board members. All of John’s friends across Alaska, and certainly all of us here at SESA, extend to John our heartfelt thanks for his leadership, friendship, and good work as a teacher and administrator. Our best wishes, John, for your happy and healthy retirement!

Where to Get Assistive Technology and Education Technology Training

by Margaret Cisco, education specialist, SESA

In 1997 the National Association of Special Educators, Inc. (NASDSE) formed a partnership with Research Institute for Assistive and Training Technologies (RIATT) to develop and disseminate training materials to professionals who work with individuals with disabilities. RIATT had nearly a decade of experience developing content for assistive technology training before joining forces with NASDSE, and had years of experience adapting that training to a distant format.

The goal is to provide assistive technology training through distance education that can be taken at home or the office. NASDSE offers convenient professional development requiring participants to only have access to a television with a VCR, CD-ROM computer (Macintosh or Windows) and e-mail. There are a total of 15 courses in assistive and educational technology that would be appropriate for any professional working with individuals with disabilities. Each course requires approximately 4-5 hours a week over a 4-week period to complete. Participants can earn professional development hours, CEUs from the American Speech-Language-Hearing Association (ASHA) or graduate and undergraduate credit from universities throughout the country. Courses are available monthly. For more information, visit RIATT@NASDSE or call toll free 1-888-438-1938.

Adapted from the RIATT@NASDSE website.
Technology: Do you really need it?

by Doyle Burnett, education specialist, SESA

In recent years, the Internet has become a substantial research tool used by educators, parents, and students of all ages. The so-called, “Electronic Highway” has come of age and educators are continually exploring new avenues that can be embedded into sound teaching practices. The Internet is a powerful tool, but as the old saying goes, “you cannot believe everything you see and hear.” The focus of this newsletter article will, in fact, speak to the notion of seeing and hearing. The multimedia rich environment of the Internet for most of us is a wonderful “thing” but some individuals are being denied access.

Imagine not being able to hear and happening upon a web page full of your favorite elected officials’ political addresses presented in video. Go one step further to realize that there is no associated captioning synced with the video, nor a separate typed version of the speech anywhere to be found. Effectively, a person with a significant hearing loss does not have access to Internet presentations that use sound alone as a means to get a message across.

On the other hand, a person with a vision related disability may not have sufficient vision to see the pictures on a particular web page. There may be some readers wondering how a person who is blind can access the Internet in the first place. Essentially, visually impaired individuals can use a screen reader to read text on web pages. The problem occurs with a screen reader when there is no text to describe a picture or other web graphic. Those of us without vision impairments have all seen beautiful pictures where no written description is provided. After all, we’ve learned, “a picture is worth a thousand words,” but a picture is useless to a blind individual without a written description is not provided.

Looking at a third type of access issue, we might want to consider the challenges faced by individuals who use a simple switch to access their computer and ultimately, the Internet. Again, some readers are wondering how that works and for brevity sake, the topic of how that works will be reserved for some other newsletter article in the future. Simply put, the switch can be assigned a computer keyboard function that would allow a user to navigate web pages. In some cases, there are available software packages that allow voice input (voice recognition) to be used for web page navigation. Web page designers may want to consider the “tabbing” order of links on their pages and, most importantly, the use of good layout and a design free of visual clutter.

If you are a web developer/designer working for a governmental agency or organization (local government, state, or federal), you may be required to follow certain web accessibility guidelines. There are many web sites rich with information for web designers about the many aspects of web accessibility. One particular web site that should be of interest to those who want to assure their site is progressing toward accessibility is the World Wide Web Consortium better known as the W3C (www.w3c.org). Here you will find all the information you need to make your web site accessible or if your organization is required to follow accessibility guidelines.

The purpose of this article was meant as a dialogue starter so that web developers and designers can ask themselves – is our web site denying access to valuable information to some individuals? In some cases, United States federal law, under the Americans with Disabilities Act and Section 508 of the Rehabilitation Act, mandate that web sites and information technology be accessible and available. It is highly likely that private web sites, especially those working in the area of “E-commerce” may be required (at some point) to comply with some level of accessibility.

The thing to remember is developing accessible web sites is not difficult. Type the words “web accessibility” into your favorite search engine and visit web pages devoted to teaching others about this important issue.
CHARGE Syndrome

by Sara Gaar, project director, DSI

What Is CHARGE?

CHARGE is quickly becoming one of the major causes of deafblindness or dual sensory impairments. It now ranks within the top five causes (NTAC National Census, 2000) and accounts for about 4% of the nation’s infant and school age, deafblind population. As awareness increases concerning this complex condition, it is likely the numbers diagnosed with it will also continue to increase.

CHARGE was first identified in 1979. In 1981 six diagnostic features were used to compose the acronym:

• C is for coloboma, which is an eye disorder effecting the retina and/or optic nerve. About 80% of individuals with CHARGE have a coloboma. Another C has been added to this acronym indicating cranial nerve abnormalities. Many individuals with CHARGE have facial palsy and/or swallowing difficulties.

• H is for heart defects. At least two-thirds of individuals with CHARGE have heart problems and many require treatment or surgery.

• A is for atresia of the choanae, which results in a blockage or narrowing of the nasal passage. This may require surgery.

• R is for retarded growth and development, not to be confused with mental retardation. Although most individuals with CHARGE present significant development delays, there are also those who have normal intelligence.

• G is for genital anomalies, typically affecting the external genitalia.

• E is for ear anomalies including abnormally shaped external ears. The middle and inner ear may also be affected. At least 85% of individuals with CHARGE have hearing losses, ranging from mild to profound.

Since CHARGE was initially identified, its criteria has also expanded. Over 40 additional conditions have been associated with this involved syndrome. To date there is no known “test” for CHARGE, nor is the cause known. The current diagnosis is based on a configuration of major and minor criteria conditions. For a diagnosis of CHARGE, an individual needs to meet all four of the major criteria, or any three major criteria and three minor. The major and minor criteria include:

Major Criteria
- Coloboma
- Choanal atresia
- Characteristic CHARGE ear
- Cranial nerve dysfunction

Minor Criteria
- Genital hypoplasia
- Developmental delay
- Heart defect
- Short stature
- Orofacial clefting
- Tracheo-esophageal fistula
- Characteristic CHARGE Face

It is not the degree or severity of these conditions that determines whether an individual has CHARGE, as this can vary greatly. Instead it is the pattern of the major and minor criteria which identifies this syndrome.

Why Be Aware of This Syndrome?

To date, there is no child with CHARGE on the Alaska Dual Sensory Impairment (DSI) census. Although not every child with CHARGE has a vision and hearing loss, about 80-85% do and would qualify for DSI Services. One of the outcomes in identifying a child with CHARGE is professionals and family members learning how to promote the child’s continued growth and development. This includes program planning strategies as well as becoming aware of additional red flags for medical problems, such as vision, hearing, heart, digestion, motor, etc.

Are we missing children with CHARGE in Alaska? Are they not being identified with CHARGE but just considered another child with multiple impairments and complex medical needs? Are service providers and families not aware of DSI Services and that the combined vision and hearing loss typically found in children with CHARGE would qualify for services, at no cost? I don’t have answers for any of these questions but I would invite your input.

For information regarding CHARGE, contact:
CHARGE Syndrome Foundation, Inc.
573-499-4694
800-442-7604 (families only)
e-mail: marion@chargesyndrome.org
http://www.chargesyndrome.org

For information regarding Alaska Dual Sensory Impairment (DSI) Services, contact:
Sara Gaar
Project Director
Alaska DSI Services
907-562-7372
e-mail: sgaar@sesa.org
http://www.sesa.org

References:
Did I Say Something Wrong?

by Julie Weatherly, Esq.

Unfortunately, mistakes can occur in the development of IEPs for students with disabilities. Not only must educators ensure that IEPs are implemented, they must also avoid making mistakes in the development of IEPs. Some procedural mistakes, in and of themselves, can constitute a denial of free appropriate public education (FAPE). The following ten IEP meeting quotations are among the most fatal for school districts.

“It's so good to see you again, Mr. and Mrs. Brown. We have already finished the IEP and all we need for you to do is read and sign it.”

While it is acceptable to prepare draft IEPs prior to the IEP meeting with the parents, an IEP cannot be presented in final form. As was emphasized in the 1997 IDEA Amendments, parents are to be provided the opportunity to jointly and fully participate in the development of the IEP and in all educational decision-making.

“We have already met and decided that Joe will be in a self-contained special education class next year.”

Although school personnel can meet outside of IEP meetings, no final educational or placement decisions should be made. Certainly, meetings may be held to prepare for IEP meetings or to discuss possible options for consideration. At these preparatory meetings, however, school personnel should be clear that no final placement determinations are going to be made.

“We'd like to be able to offer two hours of services per day but the Special Education Director has already made the decision that only one hour will be provided.”

Simply stated, a final IEP or placement decision cannot be made by someone who is not part of the IEP Team. Only the IEP Team can make final placement decisions.

“Oh, how I wish we could offer three hours per week of Occupational Therapy to Susie because she really needs it, but we can't provide that much here in our district.”

IEP recommendations must be based upon the individual needs of a student and cannot be based solely upon what services are available within the school district.

“Our preschool program is a half day program, four days per week for everyone.”

Again, IEP recommendations must be individualized for each student.

“Those services would be too costly. Do you know how much it would cost if we did that for every student in the district?”

Cost is generally not a defense for the failure to offer services that are necessary to meet a student’s educational needs. School personnel should be careful to avoid comments that appear that cost is driving recommendations made in the IEP process.

“OK, now let's address where the services will be provided. First, does everyone agree that Stewart should be at the separate school next year?”

There is a presumption under the law that all students with disabilities will be served in the regular classroom and IEP teams must first consider regular classroom placement before considering more restrictive placements. Courts expect IEPs and/or other relevant documentation to clearly and specifically reflect the options considered on the continuum of alternative placements and why less restrictive options are rejected.

“Of course we provide for an Extended School year. Anyone can participate in our summer school program.”

IEA regulations specifically require IEP teams to consider the provision of ESY services to all students with disabilities. ESY is not the same as summer school and in implementing ESY programs; a school system cannot limit ESY services to particular categories of disability or unilaterally limit the type, amount, or duration of the services. Rather, individualized decisions must be made as ESY eligibility and services. School personnel should be knowledgeable about the school system's ESY policies and procedures and maintain appropriate data to support recommendations.

“Well, I'm just the Local Education Agency Representative. I don't do special education, so you'll have to ask someone else about that.”

At every IEP meeting, there is to be “local education agency representative” in attendance. The “LEA Rep” must be someone qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities; knowledgeable about the general curriculum; and knowledgeable about the availability of resources in the school district. Though this person can also be the special education teacher, typically someone other than the student’s teachers will fill this role. Whoever serves as the “LEA Rep” should be aware of his/her role at the meeting.

“Sorry I'm an hour late, but the principal just told me I needed to be here because I'm the only regular education teacher in the building. Can I go now?”

The 1997 IDEA amendments were clear that at least one regular education teacher of the student must be present at all IEP meetings if the child is or may be participant in regular education. As a member of the IEP Team, it is expected the regular education teacher will participate in, among other things, the development of supports for regular classroom participation and for participation in the general curriculum.

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The expanded core curriculum for students with visual impairments describes the skill areas necessary for students to develop and be prepared for a successful adult life. This disability-specific curriculum goes beyond the academics skill areas and emphasizes an expanded learning base that is needed by every student with visual impairments. The expanded core curriculum offers the IEP team a base to review students’ strengths and weaknesses.

The expanded core curriculum includes:

- Compensatory or functional academic skills, including communication modes;
- Orientation and mobility;
- Social interaction skills;
- Independent living skills;
- Recreation and leisure skills;
- Visual efficiency skills.

Compensatory or functional academic skills include learning experiences such as concept development and spatial awareness, organizational skills, using braille or optical devices to read and write, using alternative communication systems such as sign language or the use of calendar systems, using recorded materials, and so forth.

Orientation and Mobility training focuses on alternatives to using sight for safe and independent travel purposes. In this instructional area, children are taught the use of the long cane and techniques for using any remaining vision that they may have such as telescopes or monoculars.

Social interaction skills must be taught to children with visual impairments because they are unable to casually observe how people interact and socialize with one another. They must be taught when and how to smile, frown, nod, wink, shrug, and the many other nonverbal communication skills.

Independent living skills are the chores people perform, according to their abilities, which enable them to manage their homes and personal lives. These chores include grooming, eating and preparing meals, taking care of household chores, money and time management, and so forth.

Recreation and leisure skills may include traditional as well as adapted physical education activities. However, as with social interaction skills visually impaired children need help identifying the array of choices available to them in this area and must be taught how to perform leisure skills that most children learn through observation.

Career education for students with visual impairments needs to begin as early as possible and include self-awareness and career exploration activities, job seeking skills instruction, information about job keeping, and encourage opportunities for gaining work experience.

Instruction in the use and maintenance of assistive technology is needed in the curriculum for students with visual impairments. Assistive technology enables blind and visually students to access and store information from libraries around the world and the Internet. In addition, students with visual impairments can use assistive technology for note taking, studying for tests, research and a variety of other academic uses.

Visual efficiency skills are those skills that children with impaired, but good remaining vision use to make the most use of their remaining sight. Instruction in this area may focus on the use of optical devices such as magnifiers, biotic aids, telescopes, closed circuit televisions, reading spectacles, and so forth.

Reference


Reprinted with permission from the National Agenda for the Education of Children and Youths with Visual Impairments, Including those with Multiple Disabilities.
Universal Newborn Hearing Screening
by Margaret Lanier, early education hearing detection and intervention coordinator, Alaska Department of Health and Social Services

Each year in Alaska, approximately 10,000 babies are born and 30 to 40 are likely to have some type of congenital hearing loss. Hearing loss is the most common birth defect in newborns, with a higher incidence than cerebral palsy, Down Syndrome, and severe mental retardation.

The most important period for speech and language development is from birth to age three, making early identification of hearing loss critical. This is why implementing newborn hearing screening in birthing facilities is so important. Through the screening, infants with hearing loss can be identified at birth, and be enrolled into early intervention immediately. Such intervention includes diagnostic screening with an audiologist, the use of assistive technology, and/or introduction to sign language if appropriate, again from a very young age.

Unfortunately, the average age of identification of hearing loss in children in the absence of newborn hearing screening is two to three years of age. This delay in diagnosis can impair a child’s language, speech, psychosocial, and cognitive development.

A generic newborn hearing screening protocol at a birthing facility or hospital might look something like this: upon admission to the facility and ideally, throughout the prenatal period, parents receive information on newborn hearing screening. Parents who do not wish their infants to be screened can refuse. However, most hospitals ask parents who refuse to sign a waiver because of liability issues. If the parents sign a waiver, they may be given some information on hearing milestones when sent home.

Most other babies will be screened prior to discharge from the nursery/NICU. The screening results are either pass or refer (no pass). If a baby passes, parents will be given a congratulations card and information on hearing milestones. A “refer” will appear if the baby did not pass in one ear or both ears. If a baby “refers” on the first screening, most hospitals attempt to do at least one more screening prior to discharge. If the baby does not pass the second screen he/she is referred for diagnostic testing to an audiologist. Once a hearing loss is confirmed, the baby and family are referred to their pediatrician and to appropriate local early intervention and other needed services.

A third possibility, one that is not common but does happen, is that a baby is missed and does not receive screening before being sent home. If the baby is missed in the nursery, the hospital calls the parents to schedule an outpatient screening within an allotted amount of time. This is a major challenge in Alaska, particularly in the rural communities, where many mothers come into the hub town weeks before the due date. It is extremely difficult to get them to fly back in from the village for a recheck if missed or for further diagnostic testing if needed.

In April of 2000, the Alaska Department of Health and Social Services, Division of Public Health, Section of Maternal Child & Family Health was awarded a four year grant to plan and develop an Early Hearing Detection & Intervention (EHDI) program. Program goals included:

1) Establishing a statewide advisory committee to assist in program development and implementation. Stakeholders include physicians, public and private insurance representatives, audiologists, public health nurses, early interventionists, parents and persons who experience hearing loss.
2) Ensuring that babies born in Alaska have newborn hearing screening prior to hospital discharge.
3) Ensuring that all newborns who fail hearing screening receive an audiological evaluation by three months of age.
4) Ensuring that infants diagnosed with hearing loss are referred to, and enrolled in, appropriate early intervention and other needed services by six months of age.

In addition, the Alaska EHDI program received a grant from the Centers for Disease Control & Prevention (CDC) to develop an electronic data tracking and surveillance system to facilitate the follow-up process and ensure smooth transitions through services.

Currently, 12 hospitals in Alaska have implemented newborn hearing screening and approximately 60% of all babies born in the state receive the screening.

Please contact Margaret Lanier Kossler, EHDI Program Manager, at (907) 269-3466 if you have additional questions about the program.

Early Hearing Detection & Intervention (EHDI) Program
Assistive Hearing Device Loaner Program

The EHDI program in Alaska was initiated to detect hearing loss in children during the newborn period and provide them with early intervention and treatment with assistive hearing devices as soon as they are diagnosed. It is well documented and accepted that babies with hearing losses who receive appropriate intervention before six months of age will have normal or near-normal language, speech production, and social skills later in life.

The intent of this program is to provide assistive hearing devices to eligible infants and children up to three years of age. The goal is to provide these devices as soon as the infant or young child is identified as having a hearing loss.
Curriculum & Behavior Problems: Cause & Effect?

by Rose Iovannone, Ph.D. and Glen Dunlap, Ph.D.

In recent years, positive behavior support has had an important impact on how we go about understanding challenging behaviors and developing interventions that are based on that understanding. Schools have begun to realize that traditional methods (e.g., time-out, reprimands, restraint) for controlling challenging behaviors of individuals with autism are ineffective. Traditional intervention methods tend to focus more on the form of the behavior (what it looks like) rather than the function of the behavior (why the behavior occurs). As a result, traditional interventions often strengthen problem behavior by inadvertently reinforcing the behavior’s purpose. For example, Brenda screams and kicks when given an assignment involving repetitious writing because she does not like the specific assignment. The typical consequences for Brenda are either removal of the task or removal of Brenda to timeout. Brenda’s challenging behavior is reinforced when these interventions are used because they allow Brenda to escape or avoid the task.

Educators have begun examining the association between challenging behaviors and the student’s curriculum. Functional behavior assessment processes can identify academic events that occasion or do not occasion specific problem behaviors for individual children (Dunlap & Kern, 1996). Interventions are developed to directly modify the circular events associated with challenging behaviors and set the stage for alternative, appropriate behavior (Kern, Delaney, Clark, Dunlap, & Childs, in press). In Brenda’s case, data from a functional behavior assessment may indicate that nonpreferred writing assignments seem to “trigger” episodes of challenging behavior. Based on this assessment information, an individualized curriculum intervention package can be applied throughout Brenda’s school day whereby specific features of tasks precipitating challenging behavior are modified.

Why use curricular interventions?

A wealth of research in the past ten years has documented dramatic behavioral improvements after implementation of curricular interventions (Blair, Umbreit, & Bos, 1999; Dunlap, Kern-Dunlap, Clarke, & Robbins, 1991). Curricular intervention procedures are unintrusive, integrate natural reinforcers, and fit under the IDEA ‘97 call for consideration of use of positive interventions. Due to their relative simplicity, curricular interventions may be more readily accepted for use by teachers and staff. For example, Blair and colleagues (1999) found that implementation of curricular interventions resulted in an increased rate of positive teacher interactions with students, and the interventions were more highly accepted by the teachers than the previously used traditional interventions. Lastly, curricular interventions are appropriate for all individuals, regardless of their developmental level or the type of challenging behavior.

What are curricular interventions?

Curricular interventions can be classified into two categories: (a) task presentation manipulations, and (b) task content manipulations. Task presentation manipulations change the way the activity is offered to the student. They include modifications such as providing choices, changing the way instructions are given, modifying the appearance or presentation of the task, interspersing preferred and nonpreferred tasks, changing the task length, and adjusting the pacing of presentation.

Task content manipulations adapt traditional assignments while maintaining the instructional objective. Task content manipulations could include adjusting the difficulty level of the task, providing relevant, meaningful activities and outcomes, and incorporating the individual’s preferences into the task. Table 1 (page 9) illustrates specific examples of curricular modifications in these two categories.

Brenda’s situation can be examined with curricular intervention in mind. The curriculum modification package designed for her could combine several features. Altering the task presentation by providing her a choice of writing tools (pencils, pens, computer, etc.) or a choice of preferred topics on which to write, may prevent challenging behavior episodes from occurring. Changing the content of the task from a traditional, repetitive writing assignment to a more meaningful activity may also prevent problem behavior. For example, Brenda could be assigned a “newspaper column” to write for the purpose of exploring her chosen topic. The finished product could be put into a class newsletter that is distributed to other classes throughout school. The implementation of these curricular interventions for Brenda can result in significant reductions in her undesirable behaviors in school along with increased display of appropriate behaviors.

An application example of assessment-based interventions

Dunlap et al. (1991) conducted a study using an assessment-based and individualized curriculum package for “Jill,” an adolescent female student. Jill’s behaviors included aggression, yelling and cursing, preservative and delusional speech, spitting, tipping over desks, and property destruction. Previous interventions included changing reinforcement schedules, differential reinforcement of other behavior, and timeout. None of the interventions had long-term effectiveness. A functional behavior assessment process was conducted with several hypotheses resulting. The assessment data identified that Jill exhibited appropriate behavior when she was given (a) large motor activities rather than fine motor activities, (b) brief tasks rather than lengthy tasks, (c) functional activities resulting in meaningful outcomes, and (d) the opportunity to make choices about her activities.

The intervention package for Jill consisted of curricular revisions based on the results of the functional assessment. The revisions included (a) brief length of tasks when they required fine motor activity, (b) interspersing fine motor with large motor activities, (c) whenever possible, modifying task content by incorporating Jill’s interests and producing a concrete and preferred product, and (d) whenever possible, provide a choice menu of ac-
tivities and/or materials to be used.

After the curricular interventions were implemented, the disruptive behavior formerly exhibited by Jill dramatically decreased to zero occurrences. More importantly, appropriate behavior, including on-task behavior, increased immediately following implementation and remained high throughout the remainder of the school year.

In conclusion, the use of assessment-based curricular interventions for challenging behavior has been shown to be effective and long lasting. They meet the IDEA '97 mandate for positive interventions and are highly individualized; thus, they can be used for all students regardless of their abilities or disabilities. Curricular manipulations appear to be “teacher-friendly”; that is, they are both effective and feasible to use. Finally, curricular modifications can allow the student the chance to make significant academic progress since the students is spending less time engaged in challenging behaviors and more time engaged in the task.

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### Table 1

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<th>Specific Examples of Curricular Modifications</th>
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<tr>
<td><strong>Task Presentation Manipulations</strong></td>
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**Task Alternation**
Break up a task by requiring the student to complete a certain amount of the task, followed by a different activity, followed by completing the next allotted amount of the first task, followed by a different activity, etc.

**Example:** A writing activity can be divided into several sections (e.g., introduction, detail description, closing). One section is presented to the student. After the student completes the presented section, a different activity (e.g., word puzzle, math facts, etc.) is presented to the student for completion that is then followed by the second part of the writing activity.

**Task Division**
Break up a task into smaller units that will be completed through a prescribed period.

**Example:** Take a math worksheet and cut across each row with scissors. Hand the student one strip to do in one sitting. When the student completes the strip, it is given to the teacher to check. Verbal praise and another strip to be completed are given to the student. Repeat these steps until the task is completed.

**Providing Choices**
The student can be provided choices in the manner in which he/she engages in the task. Student choices can include: (a) between task, (b) within tasks, (c) where to do the task, (d) when to do the task, (e) with whom to participate in the task, (f) whether or not to participate in the task, and (g) ending the task at a self-selected time (Brown, F., Belz, P., Corsi, L., & Wenig, B., 1993).

**Examples:** (a) Between tasks – pictures can be provided to the student from which she can select the next activity; (b) Where – the student can decide to complete the task in a quiet area in the classroom or leave the room to work in another area that is free of distractions.

| **Task Content Manipulations** |

**Task Difficulty**
Incorporate mastered skills/activities into a novel or difficult task. Alternate the novel/difficult activities with the mastered skills/activities.

**Example:** Alternate new vocabulary cards in a flash card drill.

**Task Preference**
The student’s preferences and interests can be incorporated into the assigned task.

**Example:** A student prefers manipulative activities to fine-motor activities. This preference is incorporated into a counting activity in which the student counts out a specified number of milk cartons and sorts them into white and chocolate milk groups rather than counting and coloring a specified number of objects on a worksheet.

**Alternation of preferred and nonpreferred tasks can be employed. A visual schedule or reminder can be placed in a conspicuous spot near the student to remind her of the upcoming preferred task while working on the nonpreferred task.**

**Task meaningfulness**
The traditional activity can be made more purposeful by examining the overall goal of the traditional activity and creating a functional activity that meets the goal.

**Examples:**
- Math - rather than doing a page of math problems, the student can be given a menu from a favorite restaurant to read, order a meal and determine the total cost including tax and tip.
- Language arts – rather than copying a letter from a book, a student can design and write a letter to the teacher using a computer. The goal of the letter can be asking for special permission to do something highly motivation.
- Reading/spelling – rather than finding vocabulary words in a dictionary and writing the definition on a lined sheet of paper, the student can develop a crossword puzzle using the vocabulary words. The crossword puzzle can then be given to another class or student to complete.
About Language and Communication

The Communication-Behavior Connection in ASD

by Diane Twachtman-Cullen, Ph.D. CCC-SLP

Several years ago I worked in a school that served students with several behavior disorders, a rubric that I’ve always found troubling. It should come as no surprise that many of the students in that school also had autism, a disorder that has unfortunately, and in my opinion unjustly, come to be considered by many, as synonymous with behavior problems. Two things became eminently obvious to me over the course of my tenure at that school. The first is that there was a direct correlation between behavior and communication. Specifically those students who had the most challenging behaviors were also the ones who were the least able to express their needs and desires in conventional ways. Conversely, those students who were more adept at making their needs and desires known were also less likely to act out.

The second thing that was apparent to me was that where there was a lack of understanding regarding the communication-behavior connection, behavior inevitably trumped communication. In other words, students were seen as having behavior, as opposed to neurological disorders – a view that not only puts the emphasis on the syllable, but also appears to lay the problem squarely on the shoulders of the student with the disability! To wit, many of the students that I placed on my communication caseload had been either previously dismissed, or turned down for services altogether, by my predecessor. Their behaviors, however, did receive scrutiny, separate and apart from the communication and neurological issues that may have fueled them.

The emphasis on behavior is not unique to the school described above. In fact there are classrooms in many schools across the country for students with “sever behavior disorders.” The tragedy of this label is that it can cloud one’s thinking, and result in intervention practices that focus on symptoms rather than root causes. Consideration of the following issues can help to avoid these pitfalls.

**Problem Behaviors Versus Behavior Problems**

On its face, it looks like a simple play on words, but, in reality, the distinction between problem behaviors and behavior problems is one that is crucial both to student well being and to the selection of appropriate intervention practices. Consider the following scenario: Ms. West, a second grade teacher, is told by Mr. North, a first grade teacher, that her new student, Johnny, has a problem behavior. Chances are that Ms. West will solicit additional information from Mr. North regarding the nature of the problem behavior. Had Mr. North told Ms. West that Johnny is a behavior problem, her reaction might have been to roll her eyes and say sarcastically, “Just what I need!” Note that there is no need to solicit information in the later case, for the judgment has already been rendered: Johnny is one student whom no teacher wants in class. This type of attitude is detrimental to the establishment of rapport between teacher and student. It is also detrimental to the selection of intervention technique, since it promotes the treatment of symptom (i.e., the overt behavior), as opposed to remediation of the underlying cause(s) of the behavior (e.g., the inability to communicate in conventional ways). For example, suppose that Johnny’s problem behavior was to throw the things he doesn’t want across the room. By analyzing the (communicative) function of this problem behavior, it could be determined that Johnny does not know how to protest again, or reject unwanted items in conventional ways. Armed with such knowledge, the teacher’s focus would be on teaching Johnny an appropriate way of protesting (i.e., saying no). Absent such knowledge, however, the teacher is apt to judge Johnny as noncompliant and send him to time out! The question that needs to be asked is how does the latter intervention help Johnny to learn a more conventional way of making his needs known.

**The Chicken or the Egg Scenario**

In order to determine where behavior fits in the overall scheme of things, it is necessary to ask the time-honored questions, which came first—the chicken or the egg? In other words, is the aberrant behavior exhibited by the student the central issue to be addressed, or is it merely the overt manifestation of an underlying neurologically based condition that is actually fueling it? Since all but the consummately uninformed readily acknowledge the neurological basis of ASD, it would seem that the student would be better served if his/her aberrant behavior were seen as a symptom of an underlying condition that needs to be addressed, rather than as an entity unto itself (i.e., as the central problem, per se). To treat the behavior separate and apart from its root cause would be akin to treating a radiating pain down the arm, and shortness of breath as orthopedic and respiratory problems, respectively, rather than as the sequelae of a heart condition requiring immediate attention. Though not life threatening, the ramifications of such misconceptions can nonetheless be disastrous for student well being and learning.

**A Problem Well Stated...**

On the theory that a problem well stated is a problem half-solved, acknowledgment of the communication-behavior connection is a good first step in determining intervention techniques that are in the best interests of students with ASD. A good second step is to realize that no one profession has cornered the market on autism treatment. Hence, collaboration among professionals is probably the best route to successful intervention. In the case of Johnny, the creation of any intervention partnership between the speech-language pathologist and behavior specialist or teacher can go a long way toward ensuring that the complex interrelationships between communication and behavior are taken into consideration in the designing of an intervention plan appropriate to his needs. Finally, to avoid the pitfalls that accompany shortsighted thinking, all those who work with students with ASD are urged to keep the following points uppermost in their minds:

- Problem behaviors are not the same as behavior problems.
- Students with ASD are, more often than not, operating with their best efforts at adaptation, given their neurological challenges.
- It is crucial to student well being and learning that the communicative function of aberrant behavior be analyzed, and that appropriate ways of responding be specifically taught.

## ALASKA

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<th>What:</th>
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<tbody>
<tr>
<td><strong>Bilingual Multi-Cultural Education Equity Conference (BMEEC)</strong></td>
<td>February 5-7, 2003</td>
<td>Anchorage, AK</td>
<td>Logistics, 329 F Street, Suite 206, Anchorage, AK 99501 Tel: 907-276-6060 Fax: 907-276-6061</td>
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<tr>
<td><strong>Alaska Society for Technology in Education (ASTE) Conference</strong></td>
<td>February 15-18, 2003</td>
<td>Anchorage, AK</td>
<td>Website: <a href="http://aste.org/">http://aste.org/</a></td>
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<tr>
<td><strong>Alaska Statewide Special Education Conference</strong></td>
<td>February 15-20, 2003</td>
<td>Anchorage, AK</td>
<td>Logistics, 329 F Street, Suite 206, Anchorage, AK 99501 Tel: 907-276-6060 Fax: 907-276-6061 E-mail: <a href="mailto:roblef@acsalaska.net">roblef@acsalaska.net</a></td>
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## UNITED STATES

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<tr>
<td><strong>TASH 2002 Annual Conference, &quot;Our Quest: Opportunities, Quality, and Justice&quot;</strong></td>
<td>December 11-14, 2002</td>
<td>Sheraton Boston and Hynes Convention Center, Boston, MA</td>
<td>Website: <a href="http://www.tash.org">http://www.tash.org</a></td>
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<tr>
<td><strong>2003 California Transcribers and Educators of the Visually Handicapped (CTEVH) Conference</strong></td>
<td>March 7-9, 2003</td>
<td>San Francisco Airport Marriott</td>
<td>Christy Cutting Tel: 206-417-4945 E-mail: <a href="mailto:cecquilter@attbi.com">cecquilter@attbi.com</a></td>
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<tr>
<td><strong>The First International Conference on Positive Behavior Support - The World of PBS: Science, Values, &amp; Vision</strong></td>
<td>March 27-29, 2003</td>
<td>Radisson Hotel, Orlando, FL</td>
<td>Cindy Hipple Tel: (813) 974-0637 E-mail: <a href="mailto:chipple@fmhi.usf.edu">chipple@fmhi.usf.edu</a> Website: <a href="http://rrtcpbs.org">http://rrtcpbs.org</a></td>
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<tr>
<td><strong>CEC Annual Convention and Expo</strong></td>
<td>April 9-12, 2003</td>
<td>Seattle, WA</td>
<td>CEC, 1110 N Glebe Rd., Suite 300 Arlington, VA 22201 Tel: 888-232-7733 Website: <a href="http://www.cec.sped.org/">http://www.cec.sped.org/</a></td>
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<tr>
<td><strong>Western Symposium on Rehabilitation and Deafness</strong></td>
<td>April 9-11, 2003</td>
<td>Seattle, WA</td>
<td>Western Oregon University, Website: <a href="http://www.wou.edu/wrocc">http://www.wou.edu/wrocc</a></td>
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<tr>
<td><strong>TASH 2003 Annual Conference, &quot;Disability Advocacy Worldwide&quot;</strong></td>
<td>December 8-11, 2003</td>
<td>Hilton and Towers Hotel, Chicago, IL</td>
<td>Website: <a href="http://www.tash.org">http://www.tash.org</a></td>
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## INTERNATIONAL

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<tr>
<td><strong>13th Deafblind International (DbI) World Conference on Deafblindness</strong></td>
<td>August 5-10, 2003</td>
<td>Delta Meadowvale Resort &amp; Conference Centre, Mississauga, Ontario, Canada</td>
<td>1658 4th Avenue West, Owen Sound, Ontario, Canada N4K 4X4, Fax: 1-519-372-0312</td>
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Looking for ways to help your students understand the perspectives of those with disabilities? *Braille Is Beautiful*, a new program from the National Federation of the Blind, could be just the ticket.

*Braille Is Beautiful* is a flexible, hands-on program that comes complete with a Braille stylus and slate for kids to learn with. It aims to help sighted students in grades four through six understand not only Braille, but also the many capabilities and achievements of blind people.

Marc Maurer, the federation’s president and who is himself blind, created the program to make blindness “less weird” to kids. “I’ve used few materials that generate as much excitement,” says Claudia Bosworth, who last year introduced *Braille Is Beautiful* to her 32 fifth graders at Fort Smallwood Elementary in Pasadena, Maryland. “My students all wanted their own slate and stylus. Several of the kids contacted the National Federation of the Blind on their own.”

Bosworth especially appreciated the program’s classroom video, *Jake and the Secret Code*.

In the video, ten-year-old Jake becomes separated from his mother while visiting the National Federation of the Blind. He wanders into the office of Mr. Chong, who puzzles him by doing lots of things Jake didn’t think blind people could do.

Mr. Chong gives Jake a crash course in the “secret code” of Braille. He also clues Jake in on how to help his mother become more comfortable around blind people.

“She adds, “After using *Braille Is Beautiful*, I saw my students become more understanding of children in other areas as well, whether it was a disability or just a kid who wasn’t as quick at a given subject.”

*Braille Is Beautiful* includes five instructional units with a variety of learning formats including group discussions, interactive games, and applied projects. Parts of the program can be used together or alone.

“To me, blindness is not unusual,” Maurer says, “It isn’t that I forget it, but it’s not a thing I think about much. But to many people, it’s weird.”

“Children can be cruel. If there is a noticeable difference in another child, it will be used against that kid – unless the difference has charm,” says Maurer. “With *Braille Is Beautiful*, we’re trying to take an isolating difference and make it into a charming difference.”

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