



TEXAS SCHOOL READY™

part of



CHILDREN'S
LEARNING
INSTITUTE™

“1 in 36”

Classroom Inclusion Strategies for
Preschoolers with Autism Spectrum
Disorder

Cathy Guttentag, Ph.D.
Licensed Psychologist
Associate Professor of Pediatrics
The Children's Learning Institute at UTHealth

Welcome & Introductions

- Cathy Guttentag, Ph.D.
- Licensed Child Psychologist
- Autism diagnostic evaluations at Duncan Children's Neurodevelopmental Clinic at UT Physicians, Houston
- MAT Elementary Teaching
- Experience with infants, toddlers, & preschoolers in childcare
- Currently assisting with TWS Inclusion Plans



CDC 2020 data (released 2023)

- 2020 data shows 1/36 children are diagnosed with ASD in the US by age 8
- Gone up every 2-year reporting period since 1/150 in 2002.
- Boys are still almost 4x as likely to be identified as girls
- Racial/ethnic gap has closed, now Black, Hispanic, Asian/PI children more likely to be diagnosed than White children
- About 1/3 also have Intellectual Disability
- Average age of diagnosis for ASD with ID = 43 mo.
- Average age of diagnosis for ASD w/o ID = 53 mo.

Learning Objectives

1. Identify 5 areas in which children with ASD often need extra support.
2. List at least 2 evidence-based teaching strategies for each of the 5 areas needing support.
3. Identify 3 ways administrators and teachers can support families with children with ASD

DSM-V Criteria A & B (abbreviated)

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history:
 - 1. Deficits in social-emotional reciprocity
 - 2. Deficits in nonverbal communicative behaviors used for social interaction
 - 3. Deficits in developing, maintaining, and understanding relationships
- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least 2 of the following, currently or by history:
 - 1. Stereotyped or repetitive motor movements, use of objects, or speech
 - 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
 - 3. Highly restricted, fixated interests that are abnormal in intensity or focus
 - 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

DSM-V Criteria C,D,E (abbreviated)

- C. Symptoms must be present in the early developmental period
- D. Symptoms must cause clinically significant impairment in social, occupational, or other important areas of current functioning
- E. These disturbances are not better explained by intellectual developmental disorder or global developmental delay.

What is an inclusive mindset?

- “Inclusion” goes beyond having the child physically in the classroom
- Child needs *access* to all the same activities as peers
- Child needs *support* to successfully engage in classroom activities
- Teachers and administrators need to have a *belief* that the child deserves to be there and is a *valued* member of the class community
- The teacher asks: How can I help this child feel *comfortable* and be *successful* in my classroom?
- Remember that meeting children’s individual needs means everyone gets *what they need*, not necessarily the same thing.
- Teachers and administrators *collaborate* with the child’s family, therapists, and special educators

Disclaimers

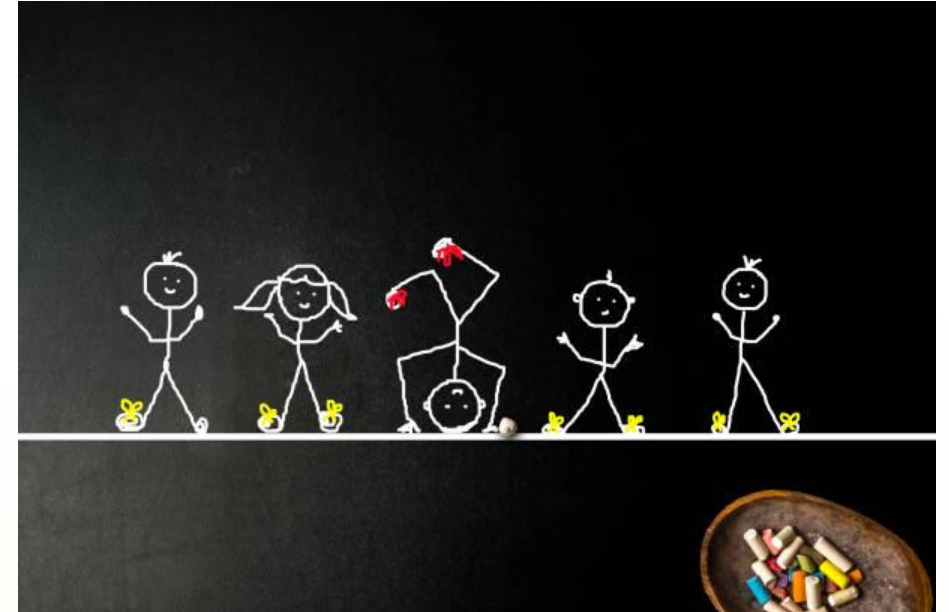
- We are not all BCBA's or certified Special Education teachers
- We cannot learn everything there is to know about autism or inclusive practices in this session
- We do not all have generous staffing to do as much one-on-one with our children as we would like

BUT, we CAN.....

- Be open, curious, use this session as a starting point rather than an ending point
- Use our resources to continue to learn more (Special Education teachers, ABA therapists, SLP's, OT's, regional ESC trainings, reputable online learning modules, books, community trainings, etc.)
- Advocate for our children's needs
- Learn from our own students and their families

5 areas often needing support

1. Communication
2. Social interaction
3. Play skills
4. Coping with sensory stimuli
5. Coping with change and transitions



Area 1: Potential communication difficulties

- Delays in speaking, below average expressive language skills (leads to frustration)
- Delays in understanding & following directions
- Atypical speech patterns (e.g., echolalia, scripted speech)
- Difficulty having back-and-forth conversation (may have many words but not use them for social purposes)
- Difficulty using and understanding gestures (e.g., pointing)



Communication Strategy 1: Visual Supports



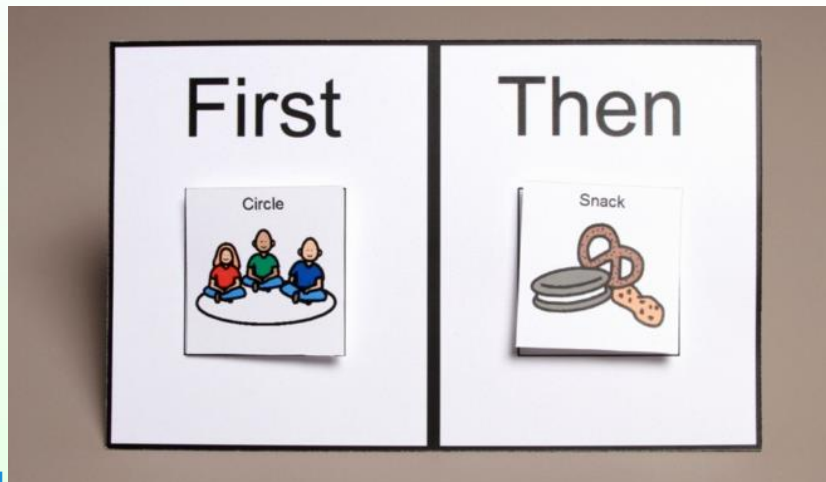
<https://www.youtube.com/watch?v=N4nATOlAgM4>

For More of these videos:

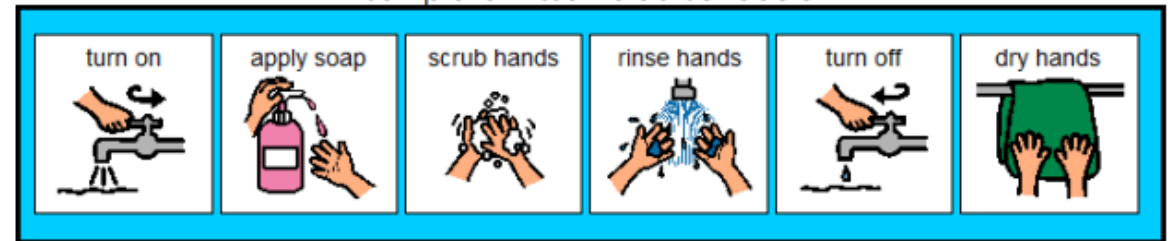
<https://www.youtube.com/playlist?list=PLEnhWZIAYuDv8GiWK3TB2bype8471WuGV>

Visual Supports cont'd

- Interactive visual daily schedule
- First/Next picture cards
- Task sequences (e.g., washing hands)
- Yes/No and choice boards
- Pantomime actions to go with words



Sample of Assembled Schedule



Communication Strategy 2: Simplify language

- Children with limited language skills are not able to process and respond well to long sentences and long explanations.
- Make your message clear and positively worded:
 - “Time for _____”
 - “Put it in” (while holding a container out to child)
 - “Your turn” “(Child’s name)’s turn”
 - “First _____, then _____”
 - “Dry hands” (while indicating paper towel at sink)
- Still teach new vocabulary words at times when child is paying attention to an object or doing an action

Communication Strategy 3: Scaffold language

- Scaffolding is the “next step up” from what the child can already say.
- Model (and prompt for) a slight expansion on what the child says.
 - Whines and pushes book away >>>>> “No book”
 - “cookie” >>>>> “I want cookie”
 - “sun” >>>>> “Yes, it’s sunny today!”
 - “more” >>>>> “More juice”



Area 2: Potential social difficulties

- Using and responding to greetings and goodbyes
- Playing with others rather than alone
- Having back-and-forth turn-taking interactions
- Attending to and copying what peers are doing
- Knowing how to get a peer's attention or join other children in play
- Understanding others' personal space (or wanting tons of personal space!)
- Sharing toys or materials



Social Interaction Strategy 1: Model and practice specific social behaviors with child (before expecting competence with peers)

- Entice with activities or toys the child likes to play with
- Target basic social behaviors that the child is not yet doing, and practice them every day, for example:
 - Responding to greetings and goodbyes
 - Playing physical social games such as peek-a-boo, chase, tickle
 - Taking back and forth turns with you (rolling a ball, building a block tower, feeding a baby doll)
 - Dancing or singing together
 - Helping (not just cleaning up) – pass a cup or napkin to another child at snack time, throw away trash, carry something, water plants, be line leader



Social Interaction Strategy 2: Promote parallel play before interactive play

- Set up activities that will entice the child with ASD to come join. Some ideas:
 - Sensory or water table
 - Bubble play
 - Gross motor play (climbing structure, tunnel, slide, rocking toy)
 - Favorite types of toys
- Make sure there are plenty of materials for multiple children
- Have an adult near the child to facilitate tolerance of sharing space with peers, sharing toys, and communicating with peers.
- Interpret the child's signals for peers, and prompt child for appropriate communication



Social Interaction Strategy 3: Encourage peers to teach and encourage their friend with ASD

- Choose children who are nurturing and social
- Ask them to teach or guide the friend with ASD to do a helper task together
- Partner them on a learning game/activity that the child with ASD likes and is able to do
- Supervise and step in to coach and encourage the helper child when needed
- Help interpret the behavior of the child with ASD for the peer
- Praise both children for their efforts and successes!



Area 3: Potential play skills difficulties

- Lack of functional play (may mouth, bang, toss, or try to disassemble, or show disinterest)
- Repetitive play (flapping, flicking, spinning, stacking, lining up)
- Lack of pretend play



Play Skills Strategy 1: Join and imitate

- Move closer and observe what the child is doing before starting to play.
- Give child a chance to acknowledge your presence.
- Begin to narrate their play actions
- Begin to imitate what they are doing (as long as safe and not destructive), even if it's not the most correct way to play with the materials.
- If child objects, pause and let them take a few more turns as you narrate, then try again to join, or get your own similar toy to play parallel.
- Take turns with the child and add a little “enhancement” without changing the play (e.g., sound effects, words to go with actions)



Play Skills Strategy 2: Expand and Model

- Once the child is comfortable with you in their play space and imitating, start to model something new with the same toys to expand the play.
- If the child is playing with only one toy, or you have exhausted ideas for the current toy, could bring over another related toy to add more to the play.
- Watch for the child's signals.
 - Do they want more or less of what you are doing?
 - What catches their attention?
 - What makes them smile or laugh?
 - Are they starting to imitate you or expand on your idea?
- If another child wants to join, see if child will tolerate this expansion.

Area 4: Potential sensory difficulties

Sensory-seeking behaviors:

- Seeking *oral* stimulation (mouthing or chewing on objects)
- Seeking *auditory* stimulation (creating loud sounds with mouth or objects)
- Seeking *tactile* stimulation (trying to touch other people's hair or bodies, walls, food, anything with texture, sometimes smooth or soft things)
- Seeking *visual* stimulation (fixating/staring at ceiling fans or lights, holding objects close to eyes, watching wheels spin, following horizontal lines, looking upside down)
- Seeking *olfactory* stimulation (sniffing/smelling people or objects)
- Seeking *deep pressure* stimulation (pushing, pulling, being wrapped up tight)
- Seeking *vestibular* stimulation (spinning, swinging, rocking)

Sensory-avoidant behaviors

- Covering ears at loud sounds
- Avoiding eye contact, or squinting or covering eyes
- Not liking “messy” play, squishy textures, distressed if hands are dirty
- Not wanting to be touched or cuddled
- Gagging easily at smells or tastes

Coping with Sensory Needs Strategy 1: Decrease stimulation for sensory-avoiders

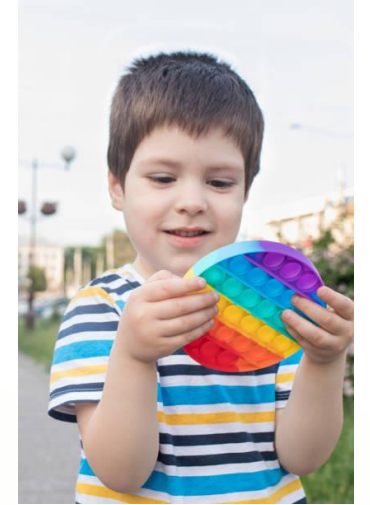
- What can you do to prevent/decrease overstimulation?
 - Floor and wall coverings for sound
 - Decreasing unnecessary music for sound
 - Lower teacher voice for sound
 - Allowing headphones in conjunction with family/therapists
 - Dimming lights or using lamps instead of fluorescents for light or humming
 - Provide alternate ways to interact with materials the child does not want to touch (e.g., paintbrush instead of fingers, wear gloves)
 - Respect their ways of accepting or rejecting touch
 - Create a cozy corner (tented if possible) for child to go for quiet time



Coping with Sensory Needs Strategy 2: Provide safe stimulation for sensory-seekers

What can you do to meet sensory-seeking needs?

- Seating options for vestibular and movement needs (type of seat, gel cushion, allow child to stand)
- Offer, or have parent provide, chewy items for oral needs (e.g., “chewelry”)
- Offer “whisper phone” and music-making for increased auditory feedback
- Offer sensory play and multi-textured materials for tactile needs
- Offer “heavy work” opportunities (pushing, pulling, carrying) for deep pressure needs



Area 5: Potential difficulties with change & transitions

- Has difficulty with entering and/or exiting at beginning/end of school day, separation from parent and/or leaving classroom
- Resists or refuses new or unfamiliar activities
- Gets easily overwhelmed or upset when routine or schedule changes
- Has a hard time stopping one activity to start another
- May be compulsive about “needing to finish” what they are doing
- Has particular rituals or routines that must be followed the same way every time



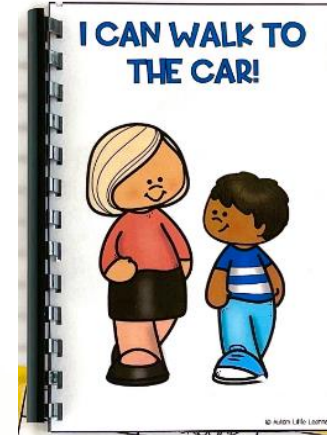
Coping with Change & Transitions Strategy 1: Use predictable routines and transition signals

- Follow consistent schedule
- Use a consistent way of signaling transition times
- Add a ritual for predictably difficult transition times (e.g., goodbye to parent, coming in from outside)
- Consider having child help to signal the transition for the class (e.g., ring the bell, turn off the light, move the visual schedule card to the basket)



Coping with Change & Transitions Strategy 2: Add individualized preparation

- Show visual schedule and/or next activity card to child
- Use a countdown with fingers
- Use a sand timer
- Use a “Time Timer”
- Position yourself strategically for physical support
- Make and review a Social Story
- Offer a limited choice (“Do you want to put away the blocks or the trucks?” Do you want to hold my hand or walk next to me?”)



<https://www.timetimer.com/>

Supporting Families of Children with Autism: Expulsion & Suspension

- Suspension and expulsion are still used too often in PreK: 17,000 preschoolers in the U.S. were suspended or expelled in 2021. Half were African American boys (Scientific American, Jan., 2023)
- Preschoolers with disabilities were almost 5x as likely to be suspended or expelled as children with no disabilities in 2016 (DuShane & Yu, Infants & Young Children, 2023).
- In Texas in 2017, there were 2,544 out-of-school suspensions and 2,147 in-school suspensions of public school Pre-k students (Texans Care for Children, 2018, data from TEA)

Supporting Families of Children with Autism: Expulsion & Suspension (cont'd)

- Children who are expelled lose chances to learn, socialize, and practice the skills needed to prevent expulsion.
- Parents are left without childcare, may lose their jobs, have increased stress, and feel rejected and abandoned by the place that is supposed to nurture and teach their child. (Early Childhood National Centers, 2023)
- Teacher stress is a predictor of expulsion (Scientific American, Jan., 2023)
- A collaborative approach is needed!

Supporting Families Strategy 1: Open and maintain lines of positive communication

- Start positive and proactive! Prepare for the child in advance by gathering information from parents.
- Be welcoming and collaborative – parents can be your allies
- Ask about the child's preferred activities and strengths
- Talk about typical classroom expectations and ask parents which areas they foresee their child needing extra support in.
- Talk with parents about effective strategies they are using with their child at home (communication, social, behavioral, self-help)
- Request and review any Special Education documents, including FIE and IEP (or IFSP if <3). Note whom to contact if questions about child's IEP/IFSP.

Supporting Families Strategy 2: Reach out for help from school district/ECI Team/WFS, and share resources with families

- Contact ARD or ECI team to request consultation and strategies for this child.
- Whether or not the child has an IEP/IFSP, if a child has a documented disability and needs inclusion assistance, have PARENT reach out to WFS for assistance. This can include higher subsidy funding rate for childcare provider!
- If child should be evaluated by the public school district, meet with parents to discuss and provide resources to family about the process.

13 Counties within the Gulf Coast region of WFS



Workforce Solutions Inclusion Assistance



www.wrksolutions.com

SERVICES FOR CHILDREN WITH DISABILITIES



WHAT WE OFFER CHILD CARE PROVIDERS

- ✓ Individual inclusion plans written for children with a diagnosed disability
- ✓ On-site coaching and mentoring to support teachers on inclusive practices
- ✓ Free training for providers and directors
- ✓ Classroom materials and resources to support inclusive practices and the individual child's needs

INCLUSION ASSISTANCE RATE

The inclusion assistance funding provides additional support for child care providers to make reasonable accommodations for a child with disabilities, which could include additional staff and necessary training, necessary equipment, or minor renovations.

The **Inclusion Assistance Rate** process can **ONLY** be requested by the parent. Parents should contact Workforce Solutions to discuss this benefit and the application process.

CONTACT US



inclusion@wrksolutions.com

Workforce Solutions - Early Education
Qualify Services
1851 Crosspoint Ave., Houston, TX 77054
www.wrksolutions.com

A proud partner of the **americanjobcenter** network

www.wrksolutions.com 1.888.663.JOBS (5627)
Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. (Please contact reasonable accommodations a representative of the business upon which you are applying.) 1.800.735.2889 (TDD) 1.800.735.2889 (voice) or 711

Language Assistance
Scan QR Code
Asistencia de Idiomas
Escaneare código QR



Supporting Families Strategy 3: Connect and collaborate with therapy providers

- Speech therapists, Occupational Therapists, and Behavior Therapists can be extremely helpful! With parents' permission, reach out to them for insights, strategies, and suggested materials or modifications.
- Therapists may work with the child at your school or center. Take advantage of this opportunity to watch and learn from them!
- Strive for consistency across settings so child will not be confused, and to promote generalization of new skills.



Conclusion: Keep on learning!

- Every child with autism spectrum disorder or symptoms is unique – what works for one child may or may not work for another.
- The more you learn and practice, the more confident and comfortable you will become.
- You have the potential to promote huge growth in young children with ASD who may never have been in a structured setting before!
- You may also be the first person to help them get additional assessment and help that they need.



Resources

Inclusion:

<https://www.dec-sped.org/>

The Preschool Inclusion Toolbox: How to Build and Lead a High Quality Program, by Barton & Smith (2015)

<https://npdci.fpg.unc.edu/resources/quality-inclusive-practices-resources-and-landing-pads.html>

<https://ectacenter.org/topics/inclusion/>

Communication:

<https://card.ufl.edu/resources/visual-supports/>

<https://theautismhelper.com/10-types-visual-student-schedules/>

<https://www.kidsability.ca/uploads/Autism%20Services/Handwashing%20Visual%20Schedule%20Printable%20Resource.pdf>

Visual Supports free downloads:

<http://www.practicalautismresources.com/printables>

<http://www.educateautism.com/free-materials-and-downloads.html>

<http://www.do2learn.com/picturecards/printcards/>

Behavioral Teaching Strategies:

<https://www.youtube.com/playlist?list=PL1D12A46E20A3979C>

<https://www.youtube.com/@reallookautism>

Resources cont'd

Social Stories:

https://juiceboxcreative-autismwa.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2017/08/15112629/Social-Story-tip-sheet_G.pdf

<https://carolgraysocialstories.com/>

Sensory Resources:

<https://www.griffinot.com/sensory-strategies-and-supports-for-the-classroom/>

<https://nationalautismresources.com/chewelry/>

<https://www.got-specialkids.com/Bouncy-Band-Wiggle-Seat-Big-Sensory-Cushion-p/8050.htm>

Preventing Expulsion:

<https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>

Support Resources for Parents:

<https://disabilityrightstx.org/en/publication/idea-manual/>

<https://www.navigatelifetexas.org/en/landing/autism-spectrum-disorder-in-children>

<https://f2fn.org/>