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STAFF HIGHLIGHTS

Internal Communique • Missouri Schools for the Severely Disabled

Task Analysis

Article provided by Bright Hub Education, www.brighthubeducation.com

When most of us have a job to complete, we break it down into smaller steps. This is known as task analysis and can be used in the special education setting to help students gain independence.

What is Task Analysis?

Task analysis is a process by which a task is broken down into its component parts. Everyone uses task analysis at some point, even if it is unconsciously. How else would anyone learn to complete processes? As the adage goes, you have to walk before you can run. It is easy to forget that some tasks need to be broken down into chunks, because after a time, they become like second nature to us. We often expect students to be able to figure out the steps involved in completing a task. But with a special needs population, where you might have children with processing disorders or difficulty with organization, it's necessary to take the time to express the different parts of a task until the student has mastered each one.

An Example

Consider telling a student to put his coat on to go home at the end of the day. It seems self-explanatory. Yet when you think about it, there are several steps involved. Where is the coat? If the student isn't already holding it, he has to go to a location to retrieve it. Once that is accomplished, how does he put on the coat? He could just stick his arms in, but then it would be backwards. He could lay it on the floor, stick both arms in upside down and then flip it overhead, but that in itself is three steps. He could put one arm in and then send the coat around his back until he finds the other sleeve to put his arm into – three more steps. Finally, should he just leave the coat hanging open? Is there a zipper, snaps or buttons? Working any of those fasteners requires several operations. So, the simple instruction of putting on a coat to go home is not as simple as it may have initially seemed.

How Does Task Analysis Work?

Like any other undertaking, task analysis can also be broken down into steps:

1. Determine what task you want the student to perform.
2. Figure out what steps will be required to complete the task.
3. Teach the student one step until the student displays mastery of it.
4. Decide what order to teach the steps in. You might have the student master the last step, then second to last and so on until the entire task can be done independently. Or vice versa, you can work from the first step to the last. This is known as chaining.
5. As each part of the process is learned, add it to the chain until the task can be completed independently.

Task analysis can be an invaluable tool for a special educator trying to help students gain independence. Whether the students have cognitive, physical or communication impairments, they can benefit from this process.

Autism Facts

This fact sheet is produced by the National Autism Association

<http://nationalautismassociation.org/resources/autism-fact-sheet/>

What is Autism?

- Autism is a bio-neurological developmental disability that generally appears before the age of 3.
- Autism impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function. Individuals with autism typically have difficulties in verbal and non-verbal communication, social interactions, and leisure or play activities.
- Individuals with autism often suffer from numerous co-morbid medical conditions which may include: allergies, asthma, epilepsy, digestive disorders, persistent viral infections, feeding disorders, sensory integration dysfunction, sleeping disorders, and more.
- Autism is diagnosed four times more often in boys than girls. Its prevalence is not affected by race, region, or socio-economic status. Since autism was first diagnosed in the U.S. the incidence has climbed to an alarming one in 88 children in the U.S.
- Autism itself does not affect life expectancy, however research has shown that the mortality risk among individuals with autism is twice as high as the general population, in large part due to drowning and other accidents.
- Currently there is no cure for autism, though with early intervention and treatment, the diverse symptoms related to autism can be greatly improved and in some cases completely overcome.

Autism Facts & Stats

- Autism now affects 1 in 88 children.
- Boys are four times more likely to have autism than girls.
- About 40% of children with autism do not speak. About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them. Others might speak, but not until later in childhood.
- Autism greatly varies from person to person (no two people with autism are alike).
- The rate of autism has steadily grown over the last twenty years.
- Co-morbid conditions often associated with autism include Fragile X, allergies, asthma, epilepsy, bowel disease, gastrointestinal/digestive disorders, persistent viral infections, PANDAS, feeding disorders, anxiety disorder, bipolar disorder, ADHD, Tourette Syndrome, OCD, sensory integration dysfunction, sleeping disorders, immune disorders, autoimmune disorders, and neuroinflammation.
- Autism is the fastest growing developmental disorder, yet most underfunded.
- A 2008 Danish Study found that the mortality risk among those with autism was nearly twice that of the general population.
- Children with autism do progress – early intervention is key.
- Autism is a treatable, not a hopeless, condition.

Toilet Training

By Merv Blunt, Central Office

Autism is a developmental disability which effects one out of 88 children in the United States. The range for boys affected by autism is one in 54. Some of the more common symptoms of autism involve difficulty with communication and social interaction, and repetitive behaviors. Children with autism may have abnormal responses to sound, touch or other sensory stimulation. Typically these characteristics manifest themselves by the age of three.

One of the more difficult skills for a child with autism to develop is going to the bathroom. Many of the characteristics of autism work against the child developing the ability to use the bathroom. Although this article addresses specific problems and solutions about toilet training for children who are autistic, the solutions can be applied to any child who is having difficulty being toilet trained.

Some specific characteristics of autism impede a child's use of the toilet

- Some toileting programs are based on praise and the child feeling proud to be a “big girl or big boy”. Many children with autism are not motivated only by social praise.
- Children with an attachment to routines can have a negative impact on the child's ability to learn to use the toilet. They are resistant to any change in their routine, such as having to go into the bathroom or wearing a pull-up.
- Many children with autism have difficulty understanding and expressing themselves. They are not able to verbally express the need to go to the bathroom or do not understand what the parent is expecting of them in the bathroom.
- The child has an atypical relationship with their bodies. Children don't react to the signs their body is giving them. Some children are not aware of the urge to use the toilet or they don't want to sit on the stool.

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Toilet Training

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- Sensory stimulation can have a profound impact on a child and the child may become overwhelmed by all the sensory stimuli in the bathroom. He may not like the bright lights in the bathroom or the sounds of running and flushing water.
- The child may like to play with items in the bathroom. They may splash water in the sink/toilet or play with the roll of toilet paper.

How to help a child learn to use the bathroom

- Going to the bathroom must be motivating for the child. Sometimes verbal praise is not enough motivation for the child and tangible reinforcements may need to be provided.
- To help the child understand what is expected of him, task analyze the steps necessary for the child to be successful in the bathroom and slowly introduce each step to the child. Depending on the child's need, the first step may be that he just enters the bathroom.
- Provide visual cues for the child along with verbal directions. The visual cues may be the entire process of going to the bathroom for the child to follow or a specific activity in the bathroom, such as hand washing.
- Minimize the sensory stimulation in the bathroom. Dim the lights or don't turn them on during the day, use wet wipes to wash hands rather than having the child play in the water.
- Toilet training is a very time consuming process. If you put the child on a timed schedule (going to the bathroom every 30 minutes) you have to be willing to follow through on taking the child to the bathroom at each timed interval.
- Consistency is always important when you are teaching a new skill to a child. If you are not consistent, then the child doesn't know what to expect.

Resources

Toilet Training and Autism – http://www.brighttots.com/Toilet_training_and_autism

Autism and Toilet Training – <http://behavioradvisor.ipower.com/Autism&Toileting.html>

Autism Fact Sheet – http://childdevelopmentinfo.com/childpsychology/autism_fact_sheet.shtml

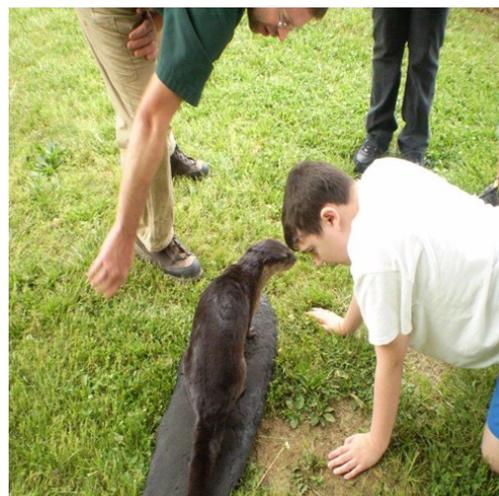
Conservation Day at Parkview School

By LeAnn Engelhardt, Teacher, Parkview School

Parkview School held our first ever Conservation Day this past spring. Bridget Jackson, Education Consultant for the Missouri Department of Conservation, developed the program. Bridget visited the school to present the idea and gather information about what might be appropriate for our students. A few months later we had a full-day educational event.

The volunteers assisted students in learning about nature and conservation. The students participated in sensory activities, art and other hands-on activities. Some of the stations that the children visited were: pelts, aquariums, leaf and bark rubbings, wildlife trail, backyard bass, turkey, snake and salamander. There were many more stations available. Bridget provided journals with the names of the stations so teachers could share the students experiences with parents.

Everyone had a great day of learning. Thanks to Bridget and the volunteers who gave their time to make the day so special.



USE OF VISUAL SCHEDULES

By Mary C. Wood, Central Office

A visual schedule is used as a representation of what is going to happen throughout the day, or within a task or activity. A child learns each routine by completing tasks and receiving reinforcement in sequential order. The use of such a schedule is helpful for breaking down a task that has multiple steps to ensure the teaching and compliance of those steps. It is also effective in decreasing anxiety and rigidity surrounding transitions by communicating when specific activities will occur throughout the day. The goal of using a visual schedule is to create an environment where each student can operate as successfully and independently as possible.

Steps in teaching a visual schedule

1. Teach your child the concept of sequence. For example “first you will do ‘this’, then next you will do ‘that’”, then you will develop a more complex schedule for a series of activities during the day.
2. Decide the activities or tasks you will picture in the schedule. Choose activities that will actually happen, and in the specific order the activities will occur. It is a good idea to mix in preferred activities with non-preferred ones.
3. Determine the visuals (objects, line-drawings, photographs) that show the activities you have identified.
4. When it is time for an activity on the schedule to occur, cue your child with a brief physical, visual or verbal prompt. For example, you may tap your child’s hand and gesture toward the schedule, or you may say, “Ann, look at the schedule.” This helps your child pay attention as the next activity begins. At first you may need to physically guide your child. You can gradually decrease physical prompts as your child begins to use the schedule more independently.
5. When a task is completed, cue your child to check the schedule again, using the procedure as previously described, and transition to the next activity.
6. It is important to provide positive reinforcement to your child for following the schedule and for transitioning to and completing activities on the schedule. It may be helpful to use an auditory or visual timer to make transition times clear to your child.
7. After using the schedule for a period of time, it will be helpful for you to mix some variability into the schedule. Use of variability can introduce a symbol that represents an unknown activity. Begin to teach this concept by pairing this with a positive activity. Gradually, you will be able to use this unknown activity for unexpected changes in the schedule, such as a fire alarm or shortened school day.
8. If challenging behaviors occur while using a visual schedule, continue by physically prompting your child to complete the task that is occurring. Keep your focus on the task rather than on the challenging behavior. Then transition to the next activity as communicated by the schedule, still providing the reinforcing item or activity indicated on the schedule. It is important to be consistent with reinforcement since the focus of the schedule is on completing the task and not on addressing challenging behaviors.

If you believe challenging behaviors may occur while using the visual schedule, begin by introducing the visual schedule during tasks that your child usually completes willingly and successfully. If challenging behaviors become more difficult to control or aggressive, then it will be important to address the behaviors themselves.

For additional information on use of visual schedules, you may access Fact Sheets from Project ACCESS at <http://education.missouristate.edu/access/7755.htm>.



MISSOURI SCHOOLS FOR THE SEVERELY DISABLED

Website: dese.mo.gov/se/mssd/

NOTE: If you have items of interest for Staff Highlights, please call 573-751-0706, 800-735-2966 (Missouri Relay) or forward them to Debbie Downing, Missouri Schools for the Severely Disabled, P.O. Box 480, Jefferson City, MO 65102-0480; or send an email to debbie.downing@dese.mo.gov.