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**Innovative Academic Course on
Integrative Interventions for
Children with Autism Spectrum
Disorders**

Teacher Manual



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Foreword

This manual was developed within the Erasmus + project „Innovative Academic Course on Integrative Interventions for Children with Autism Spectrum Disorders (IACIIC-ASD)”, 2017-1-RO01-KA203-037296. The project partners, Universitatea de Vest din Timisoara, Romania, Universita degli studi di Firenze, Italy, Universitatea Lucian Blaga din Sibiu, Romania and Edukacijsko-Rehabilitacijski Fakultet, Zagreb, Croatia jointly develop this academic course and its materials, the student and teacher manual.

The teacher`s manual is intended for trainers (academics) who will teach this course to students, but also to all those interested (practitioners, non-governmental organizations, parents, teachers). The teacher`s manual describes the course concept and operationalize it in a teaching programe. The activities presented represent models of methods and tasks of how the content of the student manual can be taught. For each of the five modules of the course (Autism Spectrum Disorders (ASD) assessment, Specific interventions for children with ASD, Educational Interventions in schools, Family and ASD and Advocacy for ASD) educational aimes and a work scheme is proposed. For each learning outcome of every module learning activitis and the necessary resources are presented.

Due to the diversity of the students (with different backgrounds in knowledge about ASD) and different training needs in the field, the teaching approach is a constructivist one. The teacher`s manual represents a guide for students` learning and their development as specialists in the field of ASD. The teacher proposes differentiated tasks, methods, grouping strategies and assessment tasks that take into consideration the individual knowledge, values and attitudes toward ASD. The teaching methods are active-participative, which allow the students to be directly involved in building their own competence. We aim that after taking this course the students will develop both knowledge but also skills and attitudes in the ASD practice.

The course can be taught in a 14 week period, 28 hours of direct instruction, and a total of 125 hours spend in a blended learning manner (direct and individual insruction). The course content is also accesible on-line, with

supplimentary learning resources both in a moodle-type presentation but also as an e-learning module. These resources can be found on the on-line platform for the Virtual University Clinic for ASD, at the adress <https://clinica.uvt.ro/>.

Module 1: ASD assessment

Elena Lucia Mara, Cristina Danciu¹

Introduction

Module 1 focus is on diagnosing the ASD and the complex psycho-pedagogical **assessment**. We will introduce you in the universe of ASD assessment through a comprehensive presentation of the screening, the clinical assessment, the diagnostic criteria (DSM-5, ICD 11), evaluation to determine eligibility for Special Education, the important areas of assessment and the assessment tools. We will explain the process of identification, emphasizing the importance of early identification and early intervention. We will introduce you to *Case management* concept and progressing to the next modules, you will understand more about the powerful effects of this integrative approach in different contexts.

The aims

The main aim to this module is to develop students` skills of identification the best practices in assessment and the understanding of the assessment process and results. To do so, firstly the students must develop the essential concepts related to effective interventions, know the main characteristics of some specific therapies and be able to prescribe the optimal combination of methods and techniques for a child`s needs. At the end of the proposed activities for this module the students will be able to:

1. To master the assessment criteria for ASD;
2. To describe the ASD assessment domains;
3. To identify and select the main tests used in the ASD assessment;
4. To determine the importance of assessment as an intervention feed-back process.

¹ Lucian Blaga University, Sibiu, Romania

A work scheme

Learning outcome	Content	Steps/activities	Time allocation	Resources/means	Comments
1. Ability to distinct between concepts of diagnosis, evaluation, assessment and screening	Concepts of diagnosis, evaluation, assessment and screening	Group work followed by plenary discussion to assure the adequate understanding of the concepts. Group work a) Own definitions b) Case study 1 Plenary discussion about definitions and distinctions between concepts.	120 min	Flipchart, markers, Resource for Module 2, Activity 1.1 Own Definitions, Resource for activity 1.2 Case study 1	Conversation and reflexivity
2. Ability to recognize the principles and purposes	Principles of an effective assessment	In pair and group work followed by plenary discussions.	135 min	Flipchart, markers, Resource for Module 1, Resource for Module 1 Activity 2.1 The inventory list	

of an effective assessment	Characteristics of an effective assessment	Group work: The inventory list, Photo-linguistic technique, Cube method. Plenary discussions to summarize the intervention principles		principles of intervention, Resource for Module 1 Activity 2.2 “Photo-linguistic” principles of intervention, Resource for Module 2 Activity 2.3 The principles Cube	
3. Knowledge about DSM 5 and ICD 11 criteria	Diagnostic criteria DSM 5 and ICD 10	Group work followed by plenary discussions. Group work: own definitions, example table, comparative table Plenary discussions To summarize the group work	105 min	Flipchart, markers, Resource for Module 1, Resource for Module 1 Activity 3.1 Own Definitions, Resource for Module 1 Activity 3.2 Example table, Resource for Module 1 Activity 3.3 Comparative table	

<p>4. Ability to describe the domains of ASD assessment</p>	<p>Domains of ASD assessment</p>	<p>Group work: Mosaic with expert records. Plenary discussions To summarize the group work</p>	<p>30 min.</p>	<p>Flipchart, markers, Resource for Module 1 Activity 4.1 Mosaic with expert records.</p>	
<p>5. Ability to choose the specific assessment method and tools adapted to the child's needs</p>	<p>Specific therapies Indicators of efficacy of intervention</p>	<p>Group work followed by plenary discussions. Group work: case studies Plenary discussions To summarize the group work</p>	<p>120 min</p>	<p>Flipchart, markers, Resource for Module 2 Activity 5.1 Video analysis 1, Resource for Module 1 Activity 5.2 Case study 2</p>	
<p>6. Ability to identify the effective characteristics of ASD case management</p>	<p>Specific therapies Individualized Educational Plan</p>	<p>Group work: case study, video analysis Plenary discussions To summarize the group work</p>	<p>45 min</p>	<p>Flipchart, markers, Resource for Module 2 Activity 6.1 Video analysis 2, Resource for Module 1 Activity 6.2 Case study 3</p>	

Targeted learning outcome: 1. Capability to distinct between concepts of diagnosis, evaluation, assessment and screening

Activity 1.1: Own definitions

Aims of the activity:

1. To identify the correct definitions for concepts of diagnosis, evaluation, assessment and screening.
2. To practice the correct use of these concepts in scientific language
3. To think in group.

Resources: Flipchart, markers, Resource for Module 1 Activity 1.1 Own Definitions,

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work - Own definitions - Aim 1 and aim 3 - 30 min

1. Participants are divided in groups of 4, by the Cube method: each participant rolls a dice with each face in a different color. All the same color reunites in a group.
2. The teacher asks each group to write collaboratively a definition for the four concepts: diagnosis, evaluation, assessment and screening.
3. The teacher hands each group a bingo game with definitions for each concept (Resource for activity 1.1 Own Definitions). Participants must match each concept with its definition.
4. The participants will compare their own definitions with the ones obtained in the bingo game

2. Plenary work - Aims 1 through 3 - 15 min

The teacher will summarize all the work in the groups: definitions. Discussions including all participants will be made.

Assessment: 5 min

It's very important to link the right definition of the concepts with the intervention important aspects. The students will write their own individual definitions for the four concepts.

Resource for Module 2 Activity 1.1 Own Definitions

Evaluation	Diagnosis
Assessment	Screening

Decision-making process, a systematic examination of the value or characteristics of a process, action plan or person	Investigation or analysis of the cause or nature of a condition, situation, or problem, statement or conclusion from such an analysis
A wide variety of methods or tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition.	The evaluation or investigation of something as part of a methodical survey, to assess a large population to detect possible at risk cases.

Activity 1.2: Case study 1 analysis

Aims of the activity:

1. To analyze the main characteristics of the case.
2. To identify the evaluation tools.
3. To identify the best strategies in intervention.

Resources: Flipchart, markers, Resource for activity 3.1 (Case study 1)

Strategy: *Group work and plenary work*

Duration of the activity: A total of 75 min, 60 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work - Case study 1 - Aims 1-3 through 3 - 60 min

Jigsaw Method

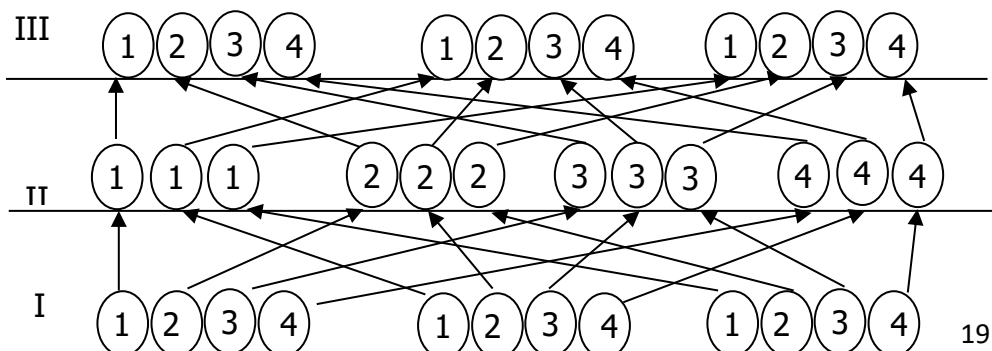
Groups of 4-5 students, called groups of natives, are formed (the teacher divides a text to be studied in a number of parts equal to the number of students in the constituted groups);

Expert groups are formed (by counting from 1 to 4 or 5). Each expert group studies the 15-20 minute part of the text, assigned by the teacher, identifying the main ideas and how they will teach these ideas to colleagues.

- a. Presentation of the case
- b. Evaluation results (evaluation tools, features)
- c. Personalized intervention program (intervention strategies)

Students return to their native groups and in turn teach the content they are "experts" to. At the end of the class students need to know the entire text to be studied.

I - Groups of natives, II - Groups of experts, III- Groups of natives



2. Plenary work 15 min - Aims 1 through 3

The teacher will summarize all the work in the groups. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the case.

Resource for Module 1 Activity 1.2 Case study 1

Name and surname:	M.B.
Date of birth:	07.01.2016
Gender:	M
Age:	2 years and one month
Date of initial evaluation:	15.02.2018
Examiner:	Multidisciplinary team (clinical psychologist, psycho-pedagogue, speech therapist)

Case presentation

The initial request for the minor's evaluation was completed by the father, who was worried about the child's development particularities, namely: the absence of visual contact, lack of reply when called by name, lack of smile, absence of verbalization, lack of interest for the persons around him.

The contact with other children of same age and information accessed on the Internet has led to the suspicion of autism. At the time of filing the initial assessment request, the child had been seen by the psychologist and pediatrician, without having a diagnosis.

History:

The minor M.B. is a unique child and comes from a legally constituted family through the parents' marriage. He was a desired child. After two years of trying, the mother resorted to treatment to get pregnant. The pregnancy was normal. The baby was born at 38 weeks, 2810 g, cranial presentation, extracted by caesarean section, APGAR score 10. It was exclusively breast fed for up to 6 months when food diversification was initiated. He had no difficulties related to sleep.

Parents declare that M.B. had a slow development. When the baby was 3 month old, the pediatrician told to the parents that he was hypotonic and

recommended neurological consultation. They refused to consult a neurologist, considering that the recommendation was not justified. But they openly discussed with their colleagues and friends about the child's situation. At the age of 5 months, at a close friend's recommendation, they contacted a kinetotherapist who confirmed the pediatrician's recommendation: the child was not motric-developed according to his age. At that time the parents consulted a neuropsychiatrist who confirmed the child's delay in development. The child attended kinetotherapy sessions for 4 months but the parents gave up the sessions due to the child's reaction (heavily crying). At 1 year and 1 month, the baby began to walk, held by hands.

Subsequently, during a playing activity, the father becomes concerned by the fact that his child is absent despite his attempts of making him to get involved into the game and the baby does not smile at all his attempts to amuse him. From that moment on, he searched for information on the internet about the children lack of smile and discovered the symptoms of autism. He learned that M.B. met most of them. The father found on an American site including a diagnostic questionnaire that he applied and which reinforced his suspicions (the score indicated an average risk).

From that moment the father couldn't sleep and eat for three days. He declared that he was reading continuously. The child's mother tried to calm him, saying that it is premature to think of this diagnosis. They contacted the family doctor who also had pediatric competences and recommended to request a specialist assessment.

The initial multidisciplinary assessment of the minor was carried out in the presence of parents for a period of 4 days (1h / day), according to the Contract of services signed with the family.

- The applied tests targeted the establishment of a possible diagnosis of ASD (ADOS test) and the knowledge of the abilities profile, in order to establish a Personalized Intervention Program (PIP-R, Sensory Integration Screening (parent / guardian and children's version) the condition and functioning assessment chart of the phono- articulatory organs)

I. After applying the ADOS evaluation test, the following are observed:

Mutual social interaction:

- He smiles discreetly as a reaction to tickling, without smiling directly to the person.

- Manifest's pleasure to his and the parent's actions (when he is thrown up and caught) without directing to others his facial expressions.
- Avoids visual contact; without answering at his name calling.
- No enthusiasm shared in the interaction.
- Without initiating social contacts.
- Without showing / offering objects to other persons.
- Without spontaneous initiation and response to the offered attention.

Language and communication:

- Absence of vocalizations.
- Absence of spontaneous communication (including finger indication or other gestures).

Game:

- Functionally actions only one toy of cause –effect type, in a repetitive manner.
- No imitative game.
- Identified recompenses: soap bubbles, electric rabbit, machines, colored glass, biscuits, puffs.

Repetitive interests or unusual stereotypical behaviors:

- Walks through the room back and forth repeatedly, acting in the same way a multifunctional toy.
- Excessive interest for the moving wheels.

Diagnosis

- ✓ ADOS Classification: Autism
- ✓ General Diagnosis: Autism

II. The results of the PIP-R evaluation test, applying the screening for sensory integration, assessment of the phono-articular organs state and functioning level, have highlighted the following aspects of the child's development:

Sensory integration: level II

Primary Sensory Systems:

Tactile – developed according to his age, with no specific peculiarities of the sensory integration disorder;

Vestibular - slightly hypersensitive: crying when swung into the hammock, he does not like to be seated and balanced on the water mattress, on Bobath Ball or elevated to an adult height;

Proprioceptive - slightly hyposensitive: he frequently sits on the floor, repeatedly steps over different heights and textures (from the floor mattress to the floor, from the sensory route to the floor).

Secondary sensory systems:

Auditive: developed according to his age, with no specific peculiarities of the sensory integration disorder;

Visual: slightly hyposensitive, spins the toy wheels watching their movement;

Olfactory: developed according to his age, with no specific peculiarities of the sensory integration disorder;

Gustative: developed according to his age, with no specific peculiarities of the sensory integration disorder (accepts foods with different tastes and textures)

Motric planning: in progress (climbing, crawling on surfaces of different heights, sitting up from the ventral decubitus position, rising from the seat in the biped position.

Bilateral and general coordination: in progress (holds the mug with the straw with both hands and takes it to the mouth, uses both hands to turn a toy, holds a toy with both hands)

Body posture: age-appropriate

Muscle tonus: hypotonic

Imitation:

Imitation debut with objects that produce sounds.

Perception:

He perceives sounds and turns to the sound source.

Perceives colors, movement.

It goes beyond the mediator.

Motricity:

Fine motricity:

Uses the digito-palm clamp.

Uses basic motric gestures: presses, shoots.

Rough motricity:

He walks biped independently.

He climbs the stairs alternating the feet, assisted.

Eye-Hand Coordination:

No skills at the time of the initial evaluation.

Cognitive Performance:

Finds a favorite object hidden in the direct view range.

Communication skills:

Breath:

Nasal breathing.

Accepts flavors near his nose.

Phono-articulator apparatus:

Integral and mobile, milk dentition, incomplete.

Normal lingual frenulum.

Bites from solid foods (biscuits, apple).

Drinks with the straw.

Expressive and receptive language:

No cognitive-verbal skills at the time of the initial evaluation.

Self-serving:

Takes and bring to the mouth solid foods (biscuits, puffs, fruits) provided by the adult.

He takes his own straw bottle found in his view field and drinks from it.

It is fed by the adult with a spoon.

Turns on and off the tap water and places his hands under the water jet.

He wears diapers.

He's breastfed.

Conclusion: B.M. = 8 months

After the initial evaluation, the Personalized Intervention Program (PIP) was developed, which includes:

• **Child Services:**

- o Behavioral intervention
- o Therapy through sensory integration.

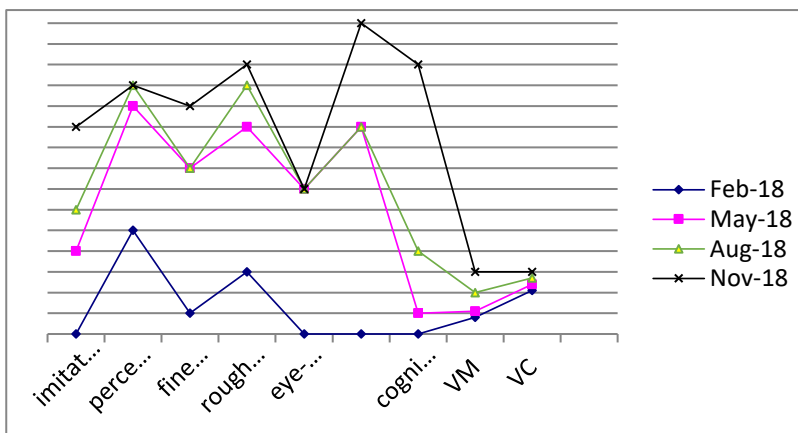
• **Services for parents:**

- o Individual psychological counseling
- o Parents support group
- o Educational counseling
- o Parents' School

• **Recommendations:**

- o Therapeutic program within the "Kaleidoscope" Center according to P.I.P., with continuation of activities in the family environment
- o Parents' regular presence at the child's therapy sessions.
- o Re-assessing the child's situation and revising the PIP, quarterly

Comparative chart regarding the child's evolution after the implementation of P.I.P.



Conclusions:

M. B. has recorded major improvements after the therapeutic intervention. The early age of the baby at the time of diagnosis and implementation of the therapeutic program, the high level of parents awareness regarding the child's diagnosis and the constant involvement of the family in achieving the objectives included in the personalized intervention program, the number of therapy hours (20 / week, according to biorhythm / the child's daily program) and the quality of the therapeutic act, the child's potential, are the conditions underlying the recovery.

At present, M.B. it is integrated into the kindergarten and follows an hour / day therapeutic program with an emphasis on developing social interaction, communication and game skills through behavioral intervention, sensory integration therapy and animal-assisted therapy.

Targeted learning outcome: 2. Ability to recognize the principles and purposes of an effective assessment

Activity 2.1: The inventory list

Aims of the activity:

1. To determine the main concepts of assessment.
2. To group the main assessment concepts into categories.
3. To associate concepts with the assessment principles.

Resources: Flipchart, markers, Resource Module 2 Activity 2.1 The Inventory list

Strategy: *Group work and plenary work*

Duration of the activity: A total of 30 min, 15 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work The Cube method - **Aim 1 through 3 - 15 min**

1. The participants will propose words that best reflects the assessment of ASD, after the definitions have been completed.
2. In each group the selected words, according to the degree of generality and their relevance, will be included in the inventory list, in a unitary ideal construction.
3. Each member of the group will associate a word with a purpose of assessment.

2. Plenary work **Aims 1 through 3- 15 min**

Each group presents its work to the whole group. The teacher summarizes them. A final version of the concepts and their distribution in categories will be established.

Assessment: 5 min

The students will write a positive statement about the principles of an effective intervention.

Resource for Module 1 Activity 2.1 The inventory list principles of intervention

The inventory list

Associative table words-principle

Purpose	Words
1.	
2	
3	
4	

Activity 2.2: “Photo-linguistic” principles of intervention

Aims of the activity:

1. To identify the correct principles used in ASD interventions.
2. To analyze the importance of applying them.
3. To prioritize the principles of intervention in their view.
4. To think in group.

Resources: Flipchart, markers, Resource for Module 2 Activity 2.1 “Photo-linguistic” principles of intervention

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 min, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

1. Plenary work Aim 1 - 10 minutes

The teacher briefly outlines the 11 principles of intervention. 10 minutes

2. Group work Photo-linguistic” technique Aim 1 through 4 - 30 min

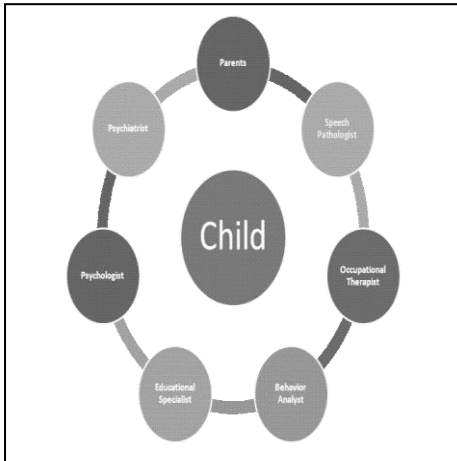
1. Participants are divided in groups of four up to six members, by the numbering method: the participants count in row up to 6, then all the number one form a group, all twos and so on.
2. Each group will receive a box with six photographs and a box with the name of the 11 principles of intervention (Resource for activity 2.1 “Photo-linguistic” principles of intervention).
3. Each member of the group will extract one photograph and will try to identify which principles can be identified in the photo. Beside the photo the participants will put the names of the corresponding principles.
4. The group forms a circle, and each presents the chosen photo. The others the group members communicate the impressions, formulate questions about the reasons for their choice.

3. Plenary work Aims 1 through 4 - 15 min

Each group will present their work and the teacher will summarize it. Discussions including all participants will be made, and the whole team will prioritize the principles by the effectiveness criteria.

Assessment: 5 min The students will choose the most important principle from their perspective and write the reasons behind their choice.

Resource for Module 1 Activity 2.2 “Photo-linguistic” principles of intervention



Autism Spectrum Disorder Early Signs

ASD typically appears during the early years of life. Early assessment and intervention are crucial to a child's long-term success.

- no smiling at people by 6 months
- no babbling, pointing, or meaningful gestures by 12 months
- no two-word phrases by 24 months
- no one-word communications by 16 months
- poor eye contact
- using or focusing in on parts of toys or objects
- loss of skills at any time
- not showing items or sharing interests
- not responding to sounds, voices, or name
- Talk to your pediatrician about concerns.

National Autism Center
Magisstitut
877.313.3833
nationalautismcenter.org

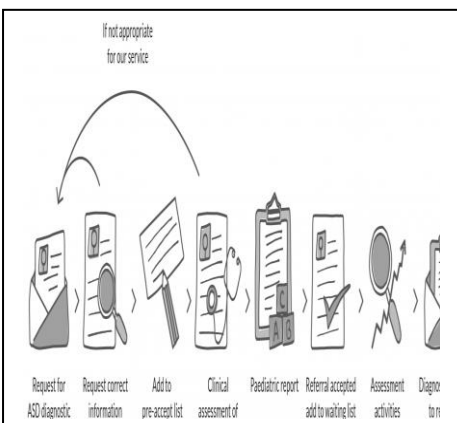


Signs and Symptoms of Mild Autism

*Symptoms must be present before age three

- Difficulty with conversation, body language, eye contact, and/or facial expressions
- Preference for repeating the same actions, activities, movements, or words
- Hyper- or hypoactivity to sensory input
- Difficulty developing and maintaining relationships
- Intense restricted interests

verywell



Activity 2.3: The Principles Cube

Aims of the activity:

1. To describe the importance of applying the assessment principles.
2. To compare between structured and non-structured interventions.
3. To associate between similar principles.
4. To analyze the negative consequences of skipping early intervention
5. To describe the application of early school inclusion principle.
6. To argue the importance of the parents` involvement in therapy.

Resources: Flipchart, markers, 6 Cubes, described in the Resource for Module 2 Activity 2.3 The Principles Cube

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work The Cube method **Aim 1 through 6 - 30 min**

- a. Students are organized in groups using the Cube method.
- b. Each group will receive a cube, in each face of the cube represents an individual task.
- c. Each member of the group rolls the dice and will resolve individually the task written on the cube, as given by the roll of the dice. If two members will receive the same task, they will do it through collaboration.

2. Plenary work **Aims 1 through 6 - 15 min**

Each group presents its work to the whole group. The teacher summarizes them.

Assessment: 5 min

The students will write a positive statement about the principles of an effective intervention.

Resource for Module 2 Activity 2.3 The principles Cube

Facets of the cube:

1. Describe the importance of applying the clinical assessment principle.
2. Compare between the assessment of specific and non-specific factors for ASD.
3. Which are the common points of principles of using direct and indirect methods and assessing the specific and non-specific factors?
4. Analyze the negative consequences of skipping early screening and diagnosis.
5. Describe the importance of monitoring principle.
6. Argue the importance of the parents' involvement in therapy.

Targeted learning outcome: 3. Knowledge about DSM V and ICD 11 criteria

Activity 3.1: Own definitions

Aims of the activity:

1. To identify the correct definitions for concepts of senses, voice, talk / not talk, flap the arms/rock back and forth.
2. To practice the correct use of these concepts in scientific language.
3. To think in group.

Resources: Flipchart, markers

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work: Own definitions Aim 1 and aim 3 - 30 min

Watch the video and work

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

What's up with Nick?

Application

Apply the Cube method in presenting Nick's case. Participants are divided in groups of 4, by the Cube method: each participant rolls a dice with each face in a different colour. All the same colour reunites in a group.

1. The teacher asks each group to write collaboratively a definition for the four concepts: self-stimulatory behavior, voice, talk / not talk, flap the arms/rock back and forth.
2. The teacher hands each group a bingo game with definitions for each concept. Participants must match each concept with its definition.
3. The participants will compare their own definitions with the ones obtained in the bingo game. Present some characteristics of Nick (child with autism spectrum disorder) using the same optimistic pattern as in the movie!

2. Plenary work Aims 1 through 3 - 15 min

The teacher will summarize all the work in the groups: definitions. Discussions including all participants will be made.

Assessment: 5 min

It's very important to link the right definition of the concepts with the intervention important aspects. The students will write their own individual definitions for the four concepts.

Resource for Module 1 Activity 3.1 Own Definitions

Watch the video and work

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

Facets of the cube:

1. Describe the importance of knowing the main traits of ASD.
2. Compare between visual and tactile self-stimulatory behaviors.
3. Which are the common self-stimulatory behaviors in ASD?
4. Analyze the consequences of self-stimulatory behaviors in ASD
5. Describe the tactile self-stimulatory behaviors in ASD
6. Argue the importance of replacing them with adaptive behaviors.

<p>Self-stimulatory behavior Self-stereotyped, functionally autonomous. Self-stimulatory behaviors are repeated to get extra sensory input, such as hand flapping, rocking, biting himself, head-banging, or scratching himself. stimulatory behavior is repetitive</p>	<p>Voice The way we use our voice and the prosodic patterns in our speech are important for our social interactions, and this is often impaired in people with ASD. They could be non-verbal, echolalic or have a monotonous and inflexible voice</p>
<p>Talk / not talk Some ASD children are non-verbal, others echolalic - the precise repetition, or echoing, of words and sounds, others have a monotonous and inflexible voice.</p>	<p>Flap the arms/rock back and forth Self-stimulatory behaviors made in attempt to get extrasensory input.</p>

Activity 3.2: Example table

Aims of the activity:

1. To enumerate the correct ASD criteria of diagnosis of DSM 5.
2. To give examples of behaviors for each diagnostic criterion.
3. To think in group.

Resources: Flipchart, markers, **Resource for Module 1 Activity 3.2**

Strategy: *Group work and plenary work*

Duration of the activity: A total of 30 min, 15 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work: Comparative table Aim 1 and aim 3 - 15 min

Steps of the activities:

1. Each group will receive a sheet of paper with the example table.
2. Each team member will propose one example from personal experience of one DSM 5 criterion.
3. For the remaining diagnosis criteria, the members as a group will propose examples.

2. Plenary work Aims 1 through 3 - 10 min

Each group presents its work to the whole group. The teacher summarizes them.

Assessment: 5 min

The students will write a relevant example for one of the DSM 5 diagnosis criterion.

Resource for Module 1 Activity 3.2 Example table

DSM 5 criteria	Example
1.	
2.	
3.	
4.	

Activity 3.3: Comparative table

Aims of the activity:

1. To identify the correct criteria of analysis of DSM 5 and ICD 11 ASD criteria.
2. To determine the common and differentiating characteristics of DSM 5 and ICD 11 criteria.
3. To think in group.

Resources: Flipchart, markers, **Resource for Module 1 Activity 3.3**

Strategy: *Group work and plenary work*

Duration of the activity: A total of 30 min, 15 minutes in group work and 15 minutes in plenary work.

Steps of the activities:

1. Group work: Comparative table Aim 1 and aim 3 - 15 min

Steps of the activities:

1. Each group will receive a sheet of paper with the comparative table.
2. Collaboratively firstly they will establish 3 criteria of comparative analyzes.
3. Each team member will propose one common and one differentiating characteristics between DSM 5 and ICD 11.

2. Plenary work Aims 1 through 3 - 15 min

Each group presents its work to the whole group. The teacher summarizes them.

Assessment: 5 min

The students will write a personal choice for either DSM 5 or ICD 11 criteria of diagnosis.

Resource for Module 1 Activity 3.3 Comparative table

Analysis criteria	Common characteristics		Differentiating characteristics	
	DSM 5	ICD 11	DSM 5	ICD 11

Targeted learning outcome: 4. Ability to describe the domains of ASD assessment

Activity 4.1: Mosaic with expert records

Aims of the activity:

1. To enumerate the correct ASD domains of assessment.
2. To identify the important indicators for each domain.
3. To think in group.

Resources: Flipchart, markers, **Resource for Module 1 Activity 4.1**

Strategy: *Group work and plenary work*

Duration of the activity: A total of 30 min, 15 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work: Comparative table Aim 1 and aim 3 - 15 min

Steps of the activities:

1. The participants will be divided into four groups (social communication and interaction, cognitive, academic, independent living), by drawing lots and they will become experts in one of the four areas of assessment.
2. Each group will analyze the relevant indicators to be evaluated in each area and will find examples of evaluation methods. Applications will be noted in a synthetic table.

2. Plenary work Aims 1 through 3 - 10 min

Each group presents its work to the whole group. The teacher summarizes them.

Assessment: 5 min The students will propose an informal method of evaluating an ASD trait.

Resource for Module 1 Activity 4.1 Mosaic with expert records

Indicators	Domains of assessment			
	Social	Cognitive	Academic	Living

Targeted learning outcome: 5. Ability to choose the specific assessment method and tools adapted to the child's needs

Activity 5.1 Video analysis 1

Aims of the activity:

1. To analyze the main domains of assessment and indicators.
2. To determine the methods and tools used in assessment.
3. To identify the benefits of applying the formal and informal methods of assessment.

Resources: Flipchart, markers, Resource for activity 5.1 Video analysis 1

Strategy: *Group work and plenary work*

Duration of the activity: A total of 75 min, 60 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis Aims 1 through 3 - 60 min

1. Participants are divided randomly in groups
2. Teacher projects to the whole class the first video
3. Participants will analyze main domains of assessment and indicators.
4. Teacher projects to the whole class fragments the second video.
5. Participants will analyze the main characteristics of ADOS, the steps and the benefits in applying it.
6. Teacher projects to the whole class the third video.
7. Participants will analyze the main characteristics of M-CHAT, the steps and the benefits in applying it.

2. Plenary work 15 min Aims 1 through 3

The teacher will summarize all the work in the groups. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the effectiveness of one assessment instrument.

Resource for Module 2 Activity 5.1 Video analysis 1

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

<https://www.youtube.com/watch?v=BnIIXZ5Jhe8&t=1184s>

https://www.youtube.com/watch?v=_rl31KFbhB0

Activity 5.2: Case study 2

Aims of the activity:

1. To analyze the main domains of assessment and indicators.
2. To determine the methods and tools used in assessment.
3. To identify the benefits of applying the formal and informal methods of assessment.

Resources: Flipchart, markers, Resource for activity 5.2 Case study 2

Strategy: Group work and plenary work

Duration of the activity: A total of 60 min, 45 minutes in group work and 15 minutes in plenary work.

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 45 min

1. Participants are divided randomly in groups.
2. Teacher provides the case study (Resource for Module 1 Activity 5.2 Case study 2) to each group.
3. Participants will analyze the main domains of assessment and indicators.
4. The teacher will organize in front of the class in the flipchart the proposal from all groups.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups: propose methods in the case study. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal argument about the efficacy of the formal methods of assessment.

Resource for Module 1 Activity 5.2 Case study 2

Name and surname: G.A.

Date of birth: 14.09.2006

Gender: M
Age: 10 years and 7 months
Educational institution: General school, 4-th grade
Date of initial evaluation: 16.04.2017
Examiner: Clinical psychologist;
References: Mother's request, suspicion of Asperger's syndrome;

The child, G.A., accompanied by his mother, came for the initial evaluation at the "Caleidoscope" Therapy and Recovery Center for Children with Autism, on 16.04.2017.

The evaluation process included both the interview with the mother and the child's assessment in the presence of the mother (2 hours).

The interview with the mother highlighted the following aspects:

- The child doesn't present development delays;
- From young age he used to talk by himself, a lot;
- "Strange" gestures;
- In kindergarten:
 - The educator suspected that the minor did not hear well, given the fact that he was withdrawing in a corner of the room, playing alone, not answering when he was called.
 - He worked with the kindergarten's psychologist for 1 year, concluding that there are no problems in terms of development, but there are some behavioral difficulties.
 - Afterwards, the educator was replaced and the new educator had much more patience with him and there were not any problems recorded.
- In school:
 - From the beginning, he complained about the other colleagues, they were upsetting him.
 - Sometimes he was hiding under the table during the classes.
 - He can not copy from the board in the same time as the other children; if the teacher or the classmates try to hurry him, he screams at them.

- The minor permanently complains about the school and his colleagues. If his colleagues ask him to play with them during breaks, he demands to be left alone.
 - The school breaks he spends them alone, reading, looking for interesting things for him: he has gone through all the materials exposed on the school and classroom's walls.
 - He does not obey to any prohibitions.
 - Currently, due to the situation and the child's aversion towards the school environment (the relationships with the colleagues and class' teacher), the parents have initiated the procedure in order to change the school.
- At home:
- If he does not like something he revolts, shouts, she upsets very quickly for things considered by the parents to be ordinary.
 - He often does not respond to the requests.
 - He often has moments during which he is immersed in his own thoughts.
 - Sometimes when he runs in the street, he "weirdly" gesticulates.
 - Preferences: to build a lego-game, to read, to swing.

After applying the ADOS evaluation test, the following are recorded:

I. Communication:

- The speech it is fluent, theatrical, sprouted, with some expression difficulty (the prepositions, the article and the verbs' tenses are sometimes used incorrectly) and soliloquy - it appears to be very little preoccupied if the examiner / parent pays any attention to him, he nominally addresses before exposing what he wants to convey, without accompanying the verbal communication by the non-verbal communication.

- Provides spontaneously information about his own interests or preoccupations, focusing on negative experiences. He looks for abstract representations concrete explanations (Ex: does it resemble with an arrow with a flattened tip or with a bird).

- The information request is strictly related to the child's needs / desires, not being concerned about the interlocutor's thoughts, experiences or experiences.

- Provides inconsistent / inadequate responses, even to specific questions about the events from his life.

- It follows more his own thoughts than to participate in a mutual exchange; he spontaneously offers certain information / comments, but reciprocity it is very limited.

- Rare use of conventional and instrumental gestures; without descriptive gestures.

- Difficulties in understanding the social situations and conversation.

- He often uses verbal patterns.

II. Mutual social interaction:

- Visual contact and the mimic do not accompany verbal communication in order to initiate, regulate, or terminate the social interaction. Often the posture also suggests the lack of social engagement: he turns his back to the interlocutor.

- Rarely directs to other facial expressions in order to communicate his feelings (generally negative).

- He manifests some delight in his own actions, but not toward the examiner's behavior or the actual interaction.

- Limited emotional understanding of identifying his own negative experiences.

- It can prove that he understands some representative social relations, but not of his own role within them.

- Social interactions are limited to the personal requirements or correlated with the child's personal interests.

- Minimal social response.

- Most of the communication involves: comments based on his own concerns; verbal requests not to be involved in the assignment / not to be questioned, often verbalized in a rattled manner, with a negative charge; spontaneous presentation of the negative events in his life (eg conflicts with colleagues), answers to some questions; without initiating or supporting social discussions; spontaneous comments but socially inappropriate.

III. Imagination / Creativity:

- Spontaneous functional play, limited to the concrete use of objects, without creative or symbolic actions, with emphasis on details and /or on the objects small parts.

- He catches the essence of the presented pictures ("People prepare the meal", "A beach resort"), to which he adds many concrete details.

- Image-based story-telling is coherent, artistic, combining concrete details with the attribution of the characters' emotional states, some of them being incorrectly identified.

- He puts on a stage a story using small objects, as very close substitutes as a function or an aspect of the role assigned to them, on the model created by the examiner / without creating a story of his own.

IV. Stereotyped behaviors and narrow interests:

- Frequent emission interjections during the free play time, or detailed exploration of the objects.

- Flapping the palms down, sideways, next to his body or in the light, watching the shadow on the move, when standing, in the absence of a concrete object to occupy his time.

- Increased interest for objects' parts (unloads small pieces and assembles them later).

V. Other behaviors:

- Occasionally exhibits an undermining behavior, anger, verbal aggression, negative behavior towards the examiner.

CONCLUSION

Diagnosis: Autistic Spectrum Disorder.

Targeted learning outcome: 6. Ability to identify the effective characteristics of ASD case management

Activity 6.1 Video analysis 2

Aims of the activity:

1. To analyze the effective characteristics of case management.
2. To identify the effective traits of case management.
3. To identify the benefits of applying the interdisciplinary case management

Resources: Flipchart, markers, Resource for activity 6.1 Video analysis 2

Strategy: Group work and plenary work

Duration of the activity: A total of 30 min, 15 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis Aims 1 through 3 - 15 min

1. Participants are divided randomly in groups
2. Teacher projects to the whole class the video
3. Participants will effective characteristics of case management.
4. The teacher projects to the whole class fragments the second video.
5. Participants will analyze the main characteristics of ADOS, the steps and the benefits in applying it.
6. Teacher projects to the whole class the third video.
7. Participants will analyze the main characteristics of M-CHAT, the steps and the benefits in applying it.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the effectiveness of one assessment instrument.

Resource for Module 2 Activity 6.1 Video analysis 2

<https://www.navigatelifetexas.org/en/videos/video/how-a-case-manager-can-help>

Activity 6.2: Case study 3

Aims of the activity:

1. To analyze the correspondence between the child's needs and the aims and methods prescribed.
2. To identify the effective traits of case management.
3. To develop critical thinking in clinical situations.

Resources: Flipchart, markers, Resource for activity 2.1 Case study 3

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 30 min

1. Participants are divided randomly in groups
2. Teacher provides the case study (Resource for Module 1 Activity 6.2 Case study 3) to each group
4. Participants will analyze the child's needs and the aims and methods prescribed.

(Resource for Module 1 Activity 6.2 Case study 3).

5. Participants will propose new aims and methods who have potential to be effective in the specific case 1.

2. Plenary work 15 min Aims 1 through 3

The teacher will summarize all the work in the groups: propose methods in the case study. Discussions including all participants will be made.

Resource for Module 1 Activity 6.2 Case study 3

Name and surname: I.L.
Date of birth: 22.01.2014
Gender: M
Age: 4 years and 8 months
Date of initial evaluation: 27.09.2018

Diagnosis: Delay in the expressive language development with specific elements from autistic spectrum disorders - according to the medical letter.

Educational institution: Kindergarten, 8-hour program;

References: Infant neuropsychiatry physician - Ados Test, Intervention recommendations;

Case presentation

The request for the minor's initial assessment was submitted by the mother at the neuropsychiatrist's recommendation who diagnosed the child with "delay in expressive language development with specific elements from autistic spectrum disorders".

At the time of submitting the initial assessment request, the mother declares that she wants a second opinion on the diagnosis and home intervention recommendations which will allow her to help her child during the recovery, given that both parents are employed and the child attends kindergarten with 8 hours a day educational program.

Historic

The mother declares that there were no problems during the pregnancy. At birth, which occurred after the term, naturally, with epidural anesthesia, the child received the Apgar Score 10.

From age two, the minor attended the crèche, and her mother resumed her service. The child used only few words, which he used them inconsistently. He was answering when he was asked about his age and name.

Subsequently, in kindergarten, the educators told his parents that the child was tossing children, throwing toys, behavior also observed at home.

In present , he does not say his name anymore when asked and often answers that he has 4 lei instead of 4 years.

Six months before submitting the request, the parents turned to a speech therapist and declare that they have not noticed any progress in speech.

Parents are very concerned about the child's development retard. Their objective is to recover it till the school age.

The initial multidisciplinary assessment of the minor was carried out in the presence of parents for a period of 4 days (2h / day), based on the Service Agreement signed with the family.

The applied tests targeted both the establishment of a possible diagnosis of ASD (ADOS test) and also defining the abilities profile in order to formulate the home intervention recommendations requested by the parents (PIP-R, Sensory integration Screening (parents, family and the child's version), Assessment chart of the phonoarticular organs' condition and functioning, Record chart of the speech anamnesis).

The data obtained after the tests applied were collected, outlining the following clinical picture:

DEVELOPMENT

Sensory and motric profile:

Third level of sensory integration: development of perceptive and motric abilities (sensory discrimination, language integration, development of eye-hand coordination, development of purpose activities).

The child is hypoactive without the initiative of exploring /approaching the materials which involve movement activity.

The following qualitative motric aspects are recorded: asthenic aspect, hypotonicity, difficulty in the dosage of the muscular force, bilaterality and cross-over pattern are present, satisfactory general coordination, unproved motor planning capacity (denying activities which involves movement: tunneling, climbing, rolling on the mattress, walking types, the hammock swinging, the slider), the preschooler's abilities are poorly contoured (grabs the writing instrument digito palmar, does not prove the existence of mental representations during the drawing activity).

Sensory-visual response: occasionally he looks at unusual angles and shows increased interest for bright sources.

Sensory-auditory response: perceives' the auditory stimuli from the next room and from outside, he dislikes strong sounds to which he responds by covering its ears (father's statement from the screening).

Odorous and taste sensory response: no peculiarities

Imitation:

It mimics simple actions with objects.

It mimics simple rough motric movements.

It mimics fine motric movements.

Perception:

He perceives the movement.

He perceives forms.

Perceive sizes.

Perceives colors.

He perceives sounds.

He answers to the gestures.

Discovers the hidden objects found in his visual range.

He browses the book pages watching the images with great interest.

Fine motor skills:

Spontaneously performs fine motions: pushes, unscrews.

He uses the digital clamp.

He uses both hands in co-operation.

Identifies objects by touch.

Ocular-motor coordination:

Fill in the embedded games.

Combines puzzle pieces.

He builds a tower of 8 cubes.

Copies vertical lines and, with difficulty, simple shapes: circle, square, triangle.

It colors into contour, slightly exceeding.

Cognitive Performance:

He offers the objects on request.

He sensitively identifies the head's parts at himself and at the doll.

He rebuilds the human facial schema from the component.

He completes a 4-piece puzzle image.

He identifies, by request, common objects outside the visual range by touch.

He can prove the common objects' functionality.

Sorts by two criteria (shape, color).

Matches the objects with the images.

Matches the letters.
Anticipates routine.

Communication ability:

Breath:

Nasal breathing.

Superficially inspire. He accepts different flavors near his nose.

Superficial mouthy expiration, weakly directed.

Blows into the iriball, into the pieces of paper, chatterbox, put out the candle flame.

The phono-articulatory apparatus :

The phono-articulatory apparatus is integral, mobile, milk teeth, well cared.

Normal lingual frenulum.

Drinks water from the glass, using a straw.

Chews solid foods.

Performs on-demand oral -facial and lingual exercises (closes / opens the mouth widely, puffs his lips for a kiss, vibrates lips, pulls /removes his tongue outside the mouth cavity).

Phonemic hearing:

He hears, he orients and verbally identifies the sound source.

In the isolated pronunciation of the sounds, replacing R with I and L, C with Ț, Ș, and S, the GE group pronounces ȚE, the CI group pronounces SI.

In speech he replaces the sound R in the initial position with I, N median, the final with N, the sound C with Ț, the sound Ș with S.

Sometimes he omits the sounds R, L and S.

Speaking is hard to understand because of the confusion of sound, articulation and defective pronunciation.

Language and communication:

He performs double orders.

He identifies some actions in images.

He identifies responsibly and expressively the objects from the environment, animals.

To the question, "What's your name?", responds " 4 lei", but encouraged, he says his name.

Expressively identifies colors.

Repeats correctly short sentences and sequences of 2 and 3 numbers.

He identifies an emotion in the image (happiness).

Uses conventional gestures (hand shake / high-fives, he waves) and instrumental (finger-pointing)

It is predominantly expressed in key words and sometimes uses two-word sentences.

Verbally requesting help.

Verbally refuses.

Personal Autonomy:

Handwashing: requires help with soap dispensing and hand drying.

Serving the meal: he uses the tableware (spoon, fork), drinks water from the cup, and uses the napkin if attention it is drawn.

Toilet use: elimination difficulties.

He needs help dressing up and arranging his clothes after using the toilet.

Putting on / taking off the Velcro shoes.

BEHAVIOR:

Relationships and affects:

He recognizes his image in the mirror (he calls his name at the sight of his own reflection).

Sometimes he responds when called by his name with "Yes" without visual contact. Frequently responds when he is called by his name and associated with the parental requests ("Come on up!", "Let's get up", "Play!")

He uses stereotypical expressions in the area of interest as a form of initiating social interaction.

For involving the adult in situations related to strong interests, communicates using visual contact, finger-pointing and words / phrases simultaneously.

For requests, he uses finger-pointing and key words / expressions without visual contact.

Responds to the attention offered by following the eyes and face of the examiner.

Partially initiates episodes of shared attention.

Appropriately reacts to physical contact.

He is aware by the examiner's presence and cooperates carrying out the proposed tasks, within the limits of his abilities.

The mimics it is predominantly monotone.

He smiles in response to the examiner's smile, interacting with him during several activities and seeing his favorite objects.

Understands (smiles and follows the adult's movements), but he does not initiate the repetition of social games.

He tolerates being interrupted from his favorite tasks.

Games and interest in materials:

He has a minimal interest in exploring the space and testing the materials. Explores the environment by gazing; he needs to be encouraged to choose toys and to play.

He repeatedly operates the cause-effect toys; he likes to build; he likes the playdough.

He plays with the doll (gives the doll to drink), without using it as an independent agent.

Limited interests and preoccupations : antennas, batteries.

The ability to concentrate his attention it is low.

It is motivated by getting the tangible reward

Language:

Immediate echolalia, when he does not understand the requests.

Occasionally he talks about himself in the second person and persists in using certain phrases.

Flat intonation.

Observations /Conclusions:

Diagnosis according to ADOS classification: Autism.

B.M.: 2,7

INTERVENTION RECOMMENDATIONS AT HOME

Recommendations for the child:

Implementing a therapeutic program which includes goals, objectives and activities across all development areas, based on the initial evaluation results, as follows:

Imitation

Goals: Imitation capacity development.

Objectives and activities:

- To imitate rough moves and sequential actions with objects in partner or group games (Games accompanied by songs and gestures, doll and cars playing, table games, mime, pantomime).
- to Imitate complex sequences in given contexts: pencil sharpening, playdough modeling, puppet manipulation.

Sensory and cognitive

Sensory motoric diet

Purpose: Developing the capacity of effective force dosage.

Objectives and activities:

- Moving - between 2 landmarks at a distance of at least 2 m. bulky objects (stuffed toys, pillows, big balls) and progressively increased weight (progressively loaded box with various materials).
- Build from large sponge cushions / pillows.
- Push with both hands from the kneeling position, a loaded box (the weight is progressively increased).
- To play with the Bobath ball with an adult: rolling on the floor to the partner, lifting the ball over the head and throwing it on the floor in the adult's direction, rolling the Bobath ball in front, alternately with his left hand and his right hand, 3 m.
- Set the bowling pins and hit them with the ball from a distance of 50 cm - 1 m.
- Perform rough movements with a stick / poms / ball, counters (it is recommended that the exercises to be made in front of a large mirror for body awareness and movements).

Multisensory integration

Goal 1: Forming the organizational capacity in the game

Specific objective: To carry out activities with at least 3 steps

Activities (assisted till reached the highest degree of autonomy):

- Playing with cubes and race trucks: Fixing two landmarks (for loading and unloading); loading the truck with wood / stones, etc. found on the floor; moving the truck by pulling the string to the point of unloading; unloading the materials on the platform (eg table) at the child's level.

- Playing with the Bobath ball: balancing on the ball back and forth, sitting on his stomach and picking up a sensory bag / small ball / object from a pile on the floor, storing them on a marked space, returning to the original position.

- Playing with the dolls: Nourished, cuddled, lying down, bathing, etc.

"

- Playing with the sand (wet / kinetic) and toys for (sand shovel, bucket, shapes).

Goal 2: Forming the sensorial capacity of processing

Specific objectives:

1. Development of pre-school skills - orientation in small space (2D, A4).

Activities:

- To draw lines with his fingers in various materials: sand, flour, foam, dough, cocoa, starch etc.

- To follow with the finger / pencil / chalk / car, the labyrinth line.

- To make simple cube patterns (two-color mosaic).

- To draw lines over the simple given contours.

- To color / paint in the given contour.

- To run simple graphical signs in the given space.

2. Developing hand skills (dexterity, eye-hand coordination, fine motoricity).

Activities:

- To tear the colored paper into pieces as small as possible.

- To crumple crepe paper, forming balls of different sizes.

-To stick the torn pieces of colored paper / mottled creped balls into a given space (collage).

- To fringe the paper.
- To cut the scissors straight.
- To sew following the pattern.

Sensory-auditory stimulation

Goal: Reducing the level of alertness to auditory stimuli.

Specific objective: Developing the ability to discriminate / filter / auditory selection

Activities:

- To produce sounds by using toys, percussion instruments, mixing with dipper in a pot, etc.
- To identify sounds from the environment.
- To work in the presence of auditory stimuli (eg color with the radio turned on)

Observation:

During the activities it is essential to accompany the demonstration with comments on actions, attributes of the used objects, locations, spatial positions. Gradually, the games / activities proposed may be diversified, taking into account the child's preferences / initiatives.

Cognition

Purpose: Developing cognitive skills.

Specific objectives:

- Reconstruct the image of a puzzle of 6-9 pieces.
- Match the objects by association.
- Identify the seasons according to given characteristics.
- Orientation on a daily basis.
- Rebuild the human body schema by the parts component.
- Identify body parts.
- To count the object up to 10.

Communication ability

Breath:

Purpose: to educate the balance between inspiration and expire.

Specific objectives and activities:

- To execute exercises for inspiration: smell essences, food, flowers (long, closed mouth).

-To execute exercises for exhalation: blowing in the whistle, extinguishing a string of 3 candles with mouth-to-mouth.

- Performs different breathing exercises: inhale - exhale alternation on the two nostrils; inhale through the nose- exhale through the mouth; inhale through the mouth - exhale through the nose.

Phono-articulator apparatus:

Purpose: Training the muscles of the organs involved in the act of speech.

Specific objectives and activities:

- To perform lingual movements: tongue over the lips, circular; pushing the tongue on the inside of each cheek; vibration of the tongue between the lips; raising the tongue apex towards the nose.

-To perform labial movements: to stretch and rounds the lips, hides the tip of the alternative tongue beneath the bottom and top lip.

- Performs the jaw movements: to imitate chewing, jaw movements.

Phonemic hearing:

Purpose: Developing phonetic analysis skills.

Specific objectives and activities:

- To differentiate between R / I / L, C /Ț, Ș/S sounds, and the sound groups GE / ȚE, CI / SI: individual pronouncement of the sounds, followed by syllable pronunciation and then paronyms (eg RASA / IASA / LASA, PATĂ/FATĂ) in pictures.

Expressive and receptive language:

Purpose: Developing verbal communication

Specific objectives and activities:

- To identify responsibly and expressively the colors, shapes, sizes.

- To identify receptively and expressively the actions in images.

- To identify the objects by function.

- To indicate the pictures from books.

- To identify possession (mine, yours).

- To respond to the social questions.

- To use sentences of 2-3 words in order to express himself.
- To identify familiar persons.
- To identify responsively and expressively the emotions.

Personal autonomy

Purpose: To develop the skills of personal autonomy.

Recommendation: For the development of self-care skills, the child should be assisted by the adult, respecting the succession and the mode of execution of the steps, till he executes the automatically and completely taken over by the child. Assisting level to be gradually decreased as the child manages to take independent steps.

Recommendations for parents:

- Educational counseling with the aim of knowing the ASD manifestation, taking into account the particular case of their own child and the means of intervention, even more since they have chosen to implement the therapeutic program, at home.
- Monthly monitoring of the minor's progress in order to determine the degree of the objectives achievement.

Authorship statement

The authors of this paper take public responsibility for the content and have had equal contribution in concept development, design, analysis, writing, or revision of the manuscript.

Module 2: Specific therapies for children with ASD

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Introduction

Module 2 presents the specific therapies most frequently used for children with ASD. It is very important in the economy of the whole course because puts the accent on the integrative view of case management. We clarify the distinction between intervention and therapy, present the principles of an effective intervention program and describe the most known therapies and methods for children with ASD. Based on that information the students will be able to analyze them based on clear criteria, compare them based on some indicators and choose the appropriate one for the child's needs.

The aims

The main aim to this module is to develop students' decision/making skills in choosing the best intervention scheme for children with ASD. To do so, firstly the students must develop the essential concepts related to effective interventions, know the main characteristics of some specific therapies and be able to prescribe the optimal combination of methods and techniques for a child's needs,

At the end of the proposed activities for this module the students will be able to:

1. Define, characterize and analyze the principles of effective interventions, in children with ASD.

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2. Analyze and compare the methods, techniques, and efficacy of the principal specific therapies for children with ASD.
3. Select the best combination of therapies, methods, and techniques in relation to the children needs.

A work scheme

Learning outcome	Content	Steps/activities	Time allocation	Resources/means	Comments
<p>1. Capability to distinct between concepts of therapy, intervention, method and techniques</p>	<p>Concepts of therapy, intervention, method and technique.</p>	<p>Group work followed by plenary discussion to assure the adequate understanding of the concepts. Group work .a) Own definitions b. Distinction tree c. Case study 1 Plenary discussion about definitions and distinctions between concepts</p>	<p>135 min</p>	<p>Flipchart, markers, Resource for Module 2, Activity 1.1 Own Definitions, Resource for activity 1.2 Distinction tree, Resource for activity 1.3 Case study 1</p>	<p>Conversation and reflexivity</p>
<p>2. Capability to recognize the principles of</p>	<p>Principles of an effective intervention</p>	<p>In pair and group work followed by plenary discussions.</p>	<p>150 min</p>		

an effective intervention	Characteristics of an effective intervention.	Pair activity: think-pair-share Group work: Photo-linguistic technique, Cube method. Plenary discussions to summarize the intervention principles			
3. Knowledge about specific therapies	Specific therapies: ABA, Pivotal Response Training, TEACCH, PECS.	Group work followed by plenary discussions. Group work: case studies, video analysis Plenary discussions to summarize the group work.	225 min		
4. Ability to choose the specific method	Specific therapies	Group work followed by plenary discussions.	45 min		

<p>adapted to the child`s needs</p>	<p>Indicators of efficacy of intervention.</p>	<p>Group work: case studies Plenary discussions To summarize the group work.</p>			
<p>5. Ability to prescribe the most efficient scheme of intervention related to the child`s needs</p>	<p>Specific therapies Individualized Educational Plan.</p>	<p>Group work followed by plenary discussions. Group work: case studies Plenary discussions To summarize the group work.</p>	<p>60 min</p>		

Targeted learning outcome: 1. Capability to distinct between concepts of therapy, intervention, method and techniques

Activity 1.1: Own definitions

Aims of the activity:

1. To identify the correct definitions for concepts of therapy, intervention, method and technique.
2. To practice the correct use of these concepts in scientific language.
3. To think in group.

Resources: Flipchart, markers, Resource for Module 2 Activity 1.1 Own Definitions,

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work - Own definitions Aim 1 and aim 3 - 30 min

1. Participants are divided in groups of 4, by the Cube method: each participant rolls a dice with each face in a different color. All the same color reunites in a group.
2. The teacher asks each group to write collaboratively a definition for the four concepts: therapy, intervention, method and technique.
3. The teacher hands each group a bingo game with definitions for each concept (Resource for activity 1.1 Own Definitions). Participants must match each concept with its definition.
4. The participants will compare their own definitions with the ones obtained in the bingo game

2. Plenary work Aims 1 through 3 - 10 min

The teacher will summarize all the work in the groups: definitions.

Discussions including all participants will be made.

Assessment: 5 min

It's very important to link the right definition of the concepts with the intervention important aspects. The students will write their own individual definitions for the four concepts.

Resource for Module 2 Activity 1.1 Own Definitions

Intervention	Therapy
Technique	Method

A particular procedure for accomplishing or approaching some goals, especially a systematic or established one.	A collection of methods and techniques adapted for the specific needs of one student
The treatment of disease or disorders, as by some remedial, rehabilitating, or curative process	A way of carrying out a particular task, especially the execution or performance of a scientific procedure.

Activity 1.2: Distinction tree

Aims of the activity:

1. To analyze the distinctions between the concepts of therapy, intervention, method and technique.
2. To practice the correct use of these concepts in scientific language.
3. To think in group.

Resources: Flipchart, markers, Resource for activity 1.2 Distinction tree

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

- 1. Group work - Distinction tree Aim 1 to 3 - 30 min**
2. Participants are divided randomly in new groups.
3. A tree diagram is provided for each group (Resource for Module 2 Activity 1.2 Distinction tree).
4. The participants must place distinctive words between the main concepts.
5. The distinctions written by each group are displayed jointly on the tree of the entire group.

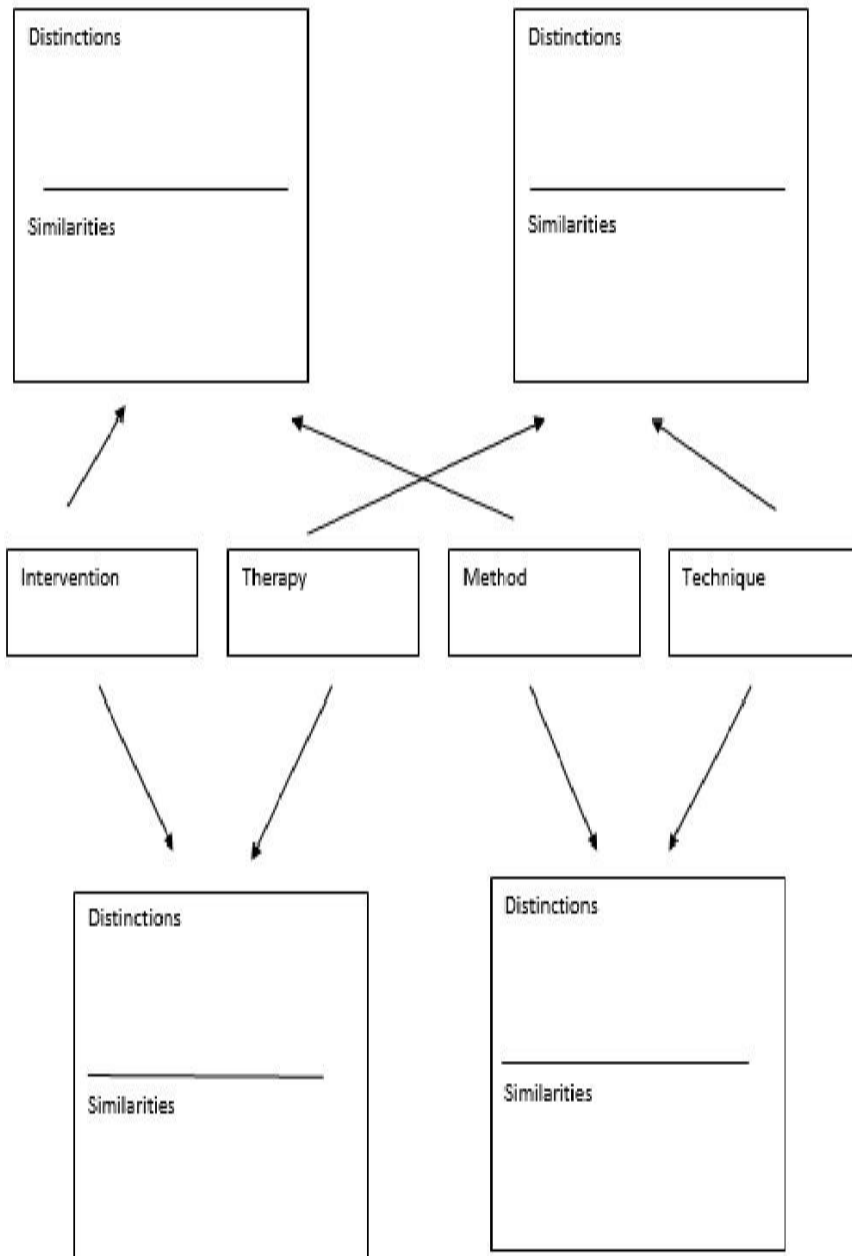
2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups: distinctions made. Discussions including all participants will be made.

Assessment: 5 min

It's very important to link the right definition of the concepts with the intervention important aspects. The students will write a relevant statement to express their own opinion regarding the correlations between the concepts of intervention, method, technique and therapy.

Resource for Module 2 Activity 1.2 Distinction tree



Activity 1.3: Case study 1

Aims of the activity:

1. To analyze the distinctions between of therapy, intervention, method and technique.
2. To practice the correct use of these concepts in scientific language
3. To think in group.

Resources: Flipchart, markers, Resource for activity 1.3 Case study 1

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study - Aims 1 through 3 - 30 min

1. Participants are divided randomly in groups
2. Teacher provides the case study (Resource for Module 2 Activity 1.2 Case study) to each group
3. Participants will propose a therapy, a method and one technique suitable for the presented case
4. The teacher will organize in front of the class in the flipchart the proposal from all groups.

2. Plenary work 10 min - Aims 1 through 3

The teacher will summarize all the work in the groups: propose methods in the case study. Discussions including all participants will be made.

Assessment: 5 min

The students will write a practical example in which a particular technique is used.

Resource for Module 2 Activity 1.3 Case study 1

Georgiana, mother of two kids with ASD.

Georgiana B. recounts that Alex, the eldest boy, looked like a normal baby for up to a year and a half. "Then things started to change. He played more alone, he did not respond too much when we shouted, the language disappeared, he closed and opened the doors for minutes. At one year and seven months, Alex reached out to a neurologist who, after a superficial consultation, concluded that the boy was not autistic and advised Georgiana and her husband to go to a psychologist "to teach us how to behave with the child". But Alex was getting more and more agitated, he was screaming a lot, he was aggressive, he didn't respond when he was shouting, he didn't point with his finger.

While Alex was two years and three months old, a specialist at the Faenza House in Timisoara finally made the correct diagnosis, news that came as a flash - autism. Immediately, Alex started the free therapy sessions in the center of Faenza, which is financed with money from the Timisoara City Hall. At the entrance to the center he had no eye contact, he did not respond to names, he did not look with his finger, he did not respond to orders, he was hyperkinetic, self / aggressive, he did not imitate. The changes occurred after 2 years of therapy. Paralel cu terapia mergea si in gradinita speciala. For 4 years he acquired personal autonomy, began to verbalize, evolved in all areas. There's still more work to be done.

Radu developed normally until 1 year 5 months when he gradually began to lose his aquired skills: he stopped talking, he didn't respond to his own name, he didn't wave good bye, the eye contact disappeared. He was diagnosed at 1 year 8 months also with TSA, went on the same path with Alex (special kindergarden) but with him the changes occur at a different pace. He is now almost 4 years old, doing therapy at Casa Faenza and in particular, he is more cheerful. I hope to get my sun back soon. "

Targeted learning outcome: 2. Capability to recognize the principles of an effective intervention

Activity 2.1: “Photo-linguistic” principles of intervention

Aims of the activity:

1. To identify the correct principles used in ASD interventions.
2. To analyze the importance of applying them.
3. To prioritize the principles of intervention in their view.
4. To think in group.

Resources: Flipchart, markers, Resource for Module 2 Activity 2.1 “Photo-linguistic” principles of intervention

Strategy: Group work and plenary work

Duration of the activity: A total of 60 min, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

1. Plenary work Aim 1 - 10 minutes

The teacher briefly outlines the 11 principles of intervention. 10 minutes

2. Group work “Photo-linguistic” technique Aim 1 through 4 - 30 min

1. Participants are divided in groups of four up to six members, by the numbering method: the participants count in row up to 6, then all the number one form a group, all twos and so on.
2. Each group will receive a box with six photographs and a box with the name of the 11 principles of intervention (Resource for activity 2.1 “Photo-linguistic” principles of intervention).
3. Each member of the group will extract one photograph and will try to identify which principles can be identified in the photo. Beside the photo the participants will put the names of the corresponding principles.
4. The group forms a circle, and each presents the chosen photo. The others in the group communicate the impressions, formulate questions about the reasons for their choice.

3. Plenary work Aims 1 through 4 - 15 min

Each group will present their work and the teacher will summarize it. Discussions including all participants will be made, and the whole team will prioritize the principles by the effectiveness criteria.

Assessment: 5 min The students will choose the most important principle from their perspective and write the reasons behind their choice.

**Resource for Module 2 Activity 2.1 “Photo-linguistic” principles
of intervention**



Individualized approach	Case management
Ecological approach	Early identification and intervention
Structured and organized intervention	Personalized therapies
Early socialization	Best intervention schema
Parents' involvement in therapy	Providing the least restrictive environment
Early school inclusion	

Activity 2.2: Think-pair-share

Aims of the activity:

1. To explain the importance of applying the intervention principles.
2. To determine the positive effects of applying the principles.
3. To develop critical thinking.

Resources: Flipchart, markers, Resource for Module 2 Activity 2.2 Think-Pair-Share

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Plenary work Aim 1 - 5 minutes

The teacher describes the purpose of the strategy and provides guidelines for discussions.

2. Group work Think-pair-share technique Aim 1 through 3 - 30 min

1. Students are grouped in diades in a random manner. For each diade a text describing one of the 11 intervention principle is provided.
2. **T:** (Think) Teacher begins by asking a specific question about the text: „What are the positive effects of applying a specific principle?“. Students read the material provided (Resource for Module 2 Activity 2.2 Think-Pair-Share) "think" about what they know or have learned about the topic.
3. **P:** (Pair) Each student should be paired with another student or a small group
4. **S:** (Share) Students share their thinking with their partner.

2.Plenary work Aims 1 through 3 - 10 min

Teachers expand the "share" into a whole-class discussion.

Assessment: 5 min

It's very important to understand the importance of each principle and the positive aspects of applying them. The students will write the positive effects of applying a principle of intervention (other than the one discussed in pair).

Resource for Module 2 Activity 2.2 Think-pair-share

<p>The individualized approach of each case. Due to the complexity and variety of symptoms each child has a different clinical characterization. Only if we are able to accurately describe and understand how and why a child behaves in a certain way we can propose adaptive measures that will form a functional behavior. Some researchers proposed to make the shift from models of intensive behavior treatment and eclectic approaches of ASD toward an individualized based approach, in which the therapies, techniques and activities are designed based on their efficacy on the specific child.</p>	<p>The ecological approach of the child. Any child cannot be understood and educated only if we see him as a person who lives, develops and progresses in context. The child is surrounded by social influences (family, community, school, friends), environmental (with more or less opportunities and accessibility options) or educational influences (the type of school and education he receives). In order to know a child especially from a functional point of view and to understand the barriers he encounters, we need to know how he performs daily activities, communicates in the family, relates to other children or copes with the school program.</p>
<p>In order to provide quality educational services, it is necessary to approach the child in the case management paradigm. A child with ASD has needs from several areas of development: social, language and communication, cognitive, social autonomy and also medical, educational or social needs. A single specialist cannot cover all of these areas with his expertise, so there is a need for a group of specialists working together with parents for the benefit of the child. Their efforts must be harmonized and adjusted so that all work together for the progress of the child. Case management is a rigorous</p>	<p>Early identification and intervention One of the activities performed by the case management team is the identification of possible cases of children with ASD. The benefits of early identification and intervention are numerous: Address atypical behaviors before the child withdraw completely in self; Minimizing the skill loss - the earlier the child condition is identified, the fewer acquisitions it loses in that period. Maximizing the benefits of the best brain neuroplasticity period 0-4 years (Dawson, 2008);</p>

<p>working method that aims to coordinate and monitor all interventions in various fields (medical, educational, psychological and social) in order to increase the level of functionality of the child's behavior.</p>	<p>Reducing the onset of intervention - children with ASD go through a fairly long period between diagnosis and the onset of an effective intervention.</p> <p>The early acceptance by parents of the child's condition entails their better involvement in therapy (Magán-Maganto et al., 2017). Only parents who know and accept the child's disability can adjust their interaction and parenting techniques and establish an attachment relationship with them.</p>
<p>Planning the intervention in a structured and organized manner. Every child with ASD benefits from an Individualized Education Plan (IEP), a tool for planning, coordinating and recording the implemented activities. The integrated approach to its needs implies a collaborative effort between all those working with the child: specialists, doctors, social workers, family. All of them must aim at common, prioritized and structured goals, communicate with each other, and seek common solutions to problems. Planning the intervention means designing long-term goals from which medium- and short-term objectives can be implemented.</p>	<p>Spending time in personalized therapies. Studies have shown that the more the child spends more time in individualized face to face therapies, the faster progress is made. The needs of a child with ASD are so particular that they can only be addressed in a customized way. The time spent in therapies must be a minimum of 5 days a week, for an equivalent of a full school day.</p>
<p>Early socialization One of the main barriers encountered by the child with ASD is socialization, one of the three main areas of intervention. Only in relationship with others,</p>	<p>Finding the best intervention schema. It is said that there is no therapy that is suitable for all children, but a therapy suitable for every child. Even scientifically</p>

<p>adults, children, his difficulties are revealed, and we can teach him at the scene how to overcome them. Child acquisitions cannot be left to manifest themselves only in the therapeutic environment they must be transferred to everyday life situations in order for their behavior to become functional.</p>	<p>validated therapies, such as ABA, do not work in every case. That's why we have to find the most appropriate combination of methods, techniques, activities and life regime for each child. This process may take a long time, from a few months to a year, but we must look at this test time not as a lost time but as a time gained in finding the optimal intervention scheme that works for that child.</p>
<p>Parents` involvement in therapy. Parents are the ones who know the child best and spend the most time with it, can educate him in his natural life environment, can identify any barriers encountered and intervene immediately. They have the role of reinforcing the skills that are formed in therapy through everyday life activities, thus achieving their functional transfer. They can capitalize on every daily living situation as a learning situation, and therefore the time spent by the child in the family becomes time spent toward progress.</p>	<p>Providing a least restrictive environment. The more the child has more opportunities for experimentation and independent exploration, he can progress more quickly. Children learn experimentally, and if they have the knowledge interest, they can do their exploration activities according to their interests. They must have the opportunity to be included in school alongside their typically developed peers.</p>
<p>Early school inclusion. Throughout the therapeutic process, one of the main goals must be to prepare the child for school and social inclusion. In the inclusive school, the child with ASD can interact with peers with typical development and find behavioral models.</p>	

Activity 2.3: The Principles Cube

Aims of the activity:

1. To describe the importance of applying the intervention principles.
2. To compare between structured and non-structured interventions.
3. To associate between similar principles.
4. To analyse the negative consequences of skipping early intervention
5. To describe the application of early school inclusion principle.
6. To argue the importance of the parents' involvement in therapy.

Resources: Flipchart, markers, 6 Cubes, described in the Resource for Module 2 Activity 2.3 The Principles Cube

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work.

Steps of the activities:

1. Group work The Cube method **Aim 1 through 6 - 30 min**

1. Students are organized in groups using the Cube method.
2. Each group will receive a cube, in each face of the cube represents an individual task.
3. Each member of the group rolls the dice and will resolve individually the task written on the cube, as given by the roll of the dice. If two members will receive the same task, they will do it through collaboration.

. 2. Plenary work **Aims 1 through 6 - 10 min**

Each group presents its work to the whole group. The teacher summarizes them.

Assessment: 5 min

The students will write a positive statement about the principles of an effective intervention.

Resource for Module 2 Activity 2.3 The principles Cube

Facets of the cube:

1. Describe the importance of applying the case management principle.
2. Compare between structured and non-structured interventions.
3. Which are the common points of the early school inclusion and providing the least restrictive environment principles?
4. Analyze the negative consequences of skipping early intervention
5. Describe the application of early school inclusion principle.
6. Argument the importance of the parents` involvement in therapy.

Targeted learning outcome: 3. Knowledge about specific therapies

Activity 3.1: Video analysis 1

Aims of the activity:

1. To analyze the main characteristics of the ABA method.
2. To identify the steps in applying the ABA method.
3. To identify the benefits of applying the ABA method.

Resources: Flipchart, markers, Resource for activity 3.1 Video analysis 1

Strategy: *Group work and plenary work*

Duration of the activity: A total of 75 min, 60 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis - Aims 1 through 3 - 60 min

1. Participants are divided randomly in groups
2. Teacher projects to the whole class the first video
3. Participants will analyze the main characteristics of ABA, the steps of ABA and the benefits in applying it.
4. Teacher projects to the whole class the second video.
5. Participants will analyze the main characteristics of ABA, the steps of ABA and the benefits in applying it.
6. Teacher projects to the whole class the third video.
7. Participants will analyze the main characteristics of ABA, the steps of ABA and the benefits in applying it.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the effectiveness of the ABA method.

Resource for Module 2 Activity 3.1 Video analysis 1

<https://www.youtube.com/watch?v=7pN6vdLE4EQ>

<https://www.youtube.com/watch?v=crFjZlWWZo0>

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

Activity 3.2: Case study 2

Aims of the activity:

1. To analyze the main characteristics of the PECS method.
2. To identify the steps in applying the PECS method.
3. To identify the benefits of applying the PECS method.

Resources: Flipchart, markers, Resource for activity 3.2 Case study 2

Strategy: Group work and plenary work

Duration of the activity: A total of 60 min, 45 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study - Aims 1 through 3 - 45 min

1. Participants are divided randomly in groups
2. Teacher provides the case study (Resource for Module 2 Activity 3.2 Case study 2) to each group
3. Participants will analyze the main characteristics of PECS, the steps of PECS and the benefits in applying it
4. The teacher will organize in front of the class in the flipchart the proposal from all groups.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups: propose methods in the case study. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal argument about the efficacy of PECS.

Resource for Module 2 Activity 3.2 Case study 2

Retrieved from

https://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/PECS_casestudy3.pdf

Joe is a sixth-grade student with ASD who attends an inclusive middle school. Joe has limited verbal abilities (i.e., he frequently vocalizes); however, it is very difficult to understand him unless the person with whom he is speaking knows him well and is able to use a communication book with a limited number of symbols. While Joe is not easy to understand when he does attempt to vocalize, it has been noted that he is somewhat echolalic in his speech. Joe participated in PECS training as a young child, but it was discontinued when his family moved to another school district. Historically, Joe has been very passive in terms of communicating with others. Though he will respond (with limited choices) to a question from another individual, rarely will Joe begin the interaction or seek out a communicative partner. Joe's IEP team has set a goal for him to learn how to initiate communicative interactions with a greater number of people. They feel that a return to PECS may equip Joe with the initiation skills he needs, while broadening his vocabulary and helping him gain confidence in interacting with people he does not know well.

Reinforcer Sampling

Mr. L is Joe's case manager and also acts as the transition coordinator for the school district that Joe attends. Prior to beginning PECS training, Mr. L observes Joe across the school day and talks with his mom and brother, Lee, who is three years older, and with whom Joe is very close. Lee enjoys the kinds of things that Joe likes to do, wear, eat, listen to and watch. From this information Mr. L constructs a list of possible reinforcers, adding to the list other options that come to mind. He then conducts a reinforcer sampling, being sure to alternate left and right presentation and pairing old known reinforcers with new ones. From the notes he takes during the sampling, Mr. L identifies 10 items that can be used during the PECS training. Mr. L prepares for PECS training by gathering symbols of the reinforcing items identified through a reinforcer sampling. Because Joe already uses some symbols, Mr. L decides

to use symbols rather than photographs. He prints out multiple copies of the symbols on his classroom computer, organizing two sets and backup copies into two binders. One binder will be used as Joe's at-school communication book. The other will be sent home for Joe's mom and brother to use. Because Mr. L knows that Joe spends time at his grandparents' house, he gives his mom a CD with copies of the symbols. This way, Joe's family can print out new pictures if the old ones are lost or left at his grandparents' house. After going over the PECS procedures with the two educational assistants who are available to help Joe during the school day, identifying times throughout the school day during which PECS trials can be implemented, and setting up a table in the school library, Mr. L is ready to begin training.

PECS Phase 1

Because Joe already uses a communication book with three to five symbols by pointing to indicate a choice, Mr. L is careful about teaching the physically assisted exchange. He explains to Joe that with the symbols, Joe must hand the card to Mr. L rather than point. The educational assistant provides a hand-over-hand (i.e., full physical) prompt to begin. During this part of the PECS training, the use of Joe's communication book is stopped, to avoid confusing Joe. Initially, Joe does not like the physical assist. Once he understands that he is to pick up the card rather than point to it, it is easy to fade out the physical prompt. The teacher has no trouble fading the open-handed prompt either. Because Joe does at times echo words that are spoken to him, Mr. L says, "I want _____" rather than "You want _____" during the communicative exchange. Soon Joe is readily exchanging symbol cards for desired items. The challenge with Joe is that the teacher and educational assistants have to refresh the reinforcer pool on a regular basis because Joe is easily bored with his choices. They suspect this is because his grandparents spoil him on the afternoons he stays with them.

PECS Phase 2

Joe enjoys coming to the library for the PECS training, so Mr. L continues training there for the time being. To promote Joe's use of the communication book and to expand his ability to persist in seeking to communicate, Mr. L works with the school librarian to develop an in-school job for Joe. Joe helps the librarian to re-shelve books during study hall. The goal is for Joe to use his communication book to initiate interactions with the librarian to indicate that

he is ready for another book and to ask for a break (which he does frequently). In order to do this, Joe must go to the table where his book is kept, find the symbol he wants, and take it to the librarian for the exchange. Over time, Joe learns to do this quite well and naturally begins to take his communication book with him from place to place in the library. Other training that still involves two people (i.e., Mr. L, an educational assistant) occurs during home room and across the classes Joe attends throughout the day.

PECS Phase 3

Because of Joe's limited use of the communication book, Mr. L had anticipated that Joe would have trouble learning to discriminate among three or more symbols. Mr. L does repeated trials using the discrimination correction procedure. This gives Joe practice in matching the desired symbol with the appropriate item. Within the PECS instruction, Mr. L incorporates some symbols of non-desired items that are in black and white rather than color. This is done to help Joe further discriminate among a variety of symbol options. Finally, just to be certain that Joe knows what he is asking for, Mr. L conducts a periodic correspondence check. To do this, he accepts the symbol that Joe offers and responds with, "You want _____, go ahead and take it." Mr. L makes a note of whether or not Joe takes the item that matches the symbol he presented. After Joe reaches 80% accuracy during this phase of training and maintains it for four days, Mr. L proceeds to Phase 4.

PECS Phase 4

Mr. L introduces Joe to the sentence strip, fashioning it after Joe's old communication book. Joe learns to place the "I want" symbol on the strip with only a touch prompt because he did not like the full physical prompt; however, this is quickly faded. After he learns to also place the picture of the desired item, Joe intently watches as Mr. L reads the strip to him, "I want [expectant pause] _____." Because Joe occasionally verbalizes, Mr. L accurately predicted that Joe would say the name of the item he wanted before Mr. L. Mr. L is quick to reinforce him with the presentation of the requested item and with verbal praise for talking. However, because of Joe's unintelligibility when speaking, it is not a goal for him to rely fully on speech for communicating with others.

PECS Phase 5

This phase of training is easy for Joe because he has used a communication book to respond to questions in the past. During the early trials of being asked, “What do you want?,” Joe has to be reminded to use the sentence strip to construct “I want” with a symbol of a desired object rather than simply pointing to what he wants or to its symbol. Over time, Joe gets in the habit of using the sentence strip to answer as well as initiate.

PECS Phase 6

Again, because of his experience with a communication book, Joe quickly advances through labeling items in response to the question, “What do you see?” Once Joe is able to consistently use “I see _____,” he gets to engage in a favorite activity (e.g., listening to his headphones, playing his finger drum, having a TicTac), but not experience the item just labeled. Joe has come to enjoy the interactions and treats it like a game. Sometimes he turns the tables on Mr. L and hands him the sentence strip and a symbol card to put together. When Mr. L labels the item verbally, Joe allows him to listen to his headphones or tap out a drum beat on his finger drum. Rarely does he offer to share his candy though. Mr. L is careful to use the first person so that if Joe does echo, he imitates saying “I” instead of “You.” After several weeks of labeling practice, Mr. L reintroduces the “What do you want?” question and provides many opportunities for Joe to practice this skill throughout the day and across school and community settings. Joe has really warmed up to the PECS training and seems to be increasingly comfortable with initiating communicative interactions as well as responding to them.

Next Steps

The biggest accomplishment for Joe during the PECS training is that he is much more likely to initiate interactions with others. This is important because he soon will transition to high school and adult life. Also, as he moves from class to class in a larger school setting, he will need to communicate with others independently. A valuable next step is to arrange for an assessment to determine the need for an electronic communication device such as a “TuffTalker Plus,” “Hand Held Voice,” or a “Say It Sam.” With an AAC device such as these, Joe will be able to use the skills learned through PECS to both initiate and respond to others. The sky will be the limit with his ability to quickly learn new symbols!

Activity 3.3: Video analysis 2

Aims of the activity:

1. To analyze the main characteristics of the TEACCH classroom.
2. To identify the principles in applying the TEACCH method.
3. To identify the benefits of applying the TEACCH method.

Resources: Flipchart, markers, Resource for activity 3.3 Video analysis 2

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis - Aims 1 through 3 - 30 min

2. Participants are divided randomly in groups.
3. Teacher projects to the whole class the video to be watched.
4. Participants will analyze the main characteristics of the TEACCH classroom, the principles of TEACCH and the benefits in applying it.

2. Plenary work 15 min Aims 1 through 3

The teacher will summarize all the work in the groups. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the effectiveness of the TEACCH method.

Resource for Module 2 Activity 3.3 Video analysis 2

<https://www.youtube.com/watch?v=PxFIHPWITA&t=8s>

Activity 3.4: Video analysis 3

Aims of the activity:

1. To analyze the main characteristics of the Pivotal response training.
2. To identify the principles in applying the Pivotal response training.
3. To identify the benefits of applying the Pivotal response training.

Resources: Flipchart, markers, Resource for activity 3.4 Video analysis 3

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work.

Steps of the activities:

1. Group work Video analysis Aims 1 through 3 - 30 min

1. Participants are divided randomly in groups.
2. Teacher projects to the whole class the video to be watched.
3. Participants will analyze the main characteristics of the PRT, the principles of PRT and the benefits in applying it.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the effectiveness of the PRT method.

Resource for Module 2 Activity 3.4 Video analysis 3

https://www.youtube.com/watch?v=a_ZrvMX3ykY

Targeted learning outcome: 4. Ability to choose the specific method adapted to the child's needs

Activity 4.1: Case study 3

Aims of the activity:

1. To analyze the correspondence between the child's needs and the methods prescribed.
2. To choose the correct method or technique related to the child's needs.
3. To develop critical thinking in clinical situations.

Resources: Flipchart, markers, Resource for activity 4.1 Case study 3

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work.

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 30 min

1. Participants are divided randomly in groups.
2. Teacher provides the case study (Resource for Module 2 Activity 4.1 Case study 3) to each group.
3. Participants will analyse the child's needs and the proposed methods from the case study – Columns 1 and 2 from the Analysis table 1 (Resource for Module 2 Activity 4.1 Case study 3).
4. Participants will propose new methods and techniques who have potential to be effective in the specific case - Colum 3 from the Analysis table 1.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups: propose methods in the case study. Discussions including all participants will be made.

Assessment: 5 min

The students will write a practical example describing a link between one specific need and one technique.

Resource for Module 2 Activity 4.1 Case study 3

Retrieved from

<https://leader.pubs.asha.org/article.aspx?articleid=2289534>

Anderson: Excitement and Joy Through Pictures and Speech

by Sylvia Diehl

Anderson is a 3-year-old boy with ASD who was referred to a university speech and hearing center by a local school district. He attended a morning preschool at the university center for one year in addition to his school placement.

History

Birth and Development

Anderson was a full-term baby delivered with no complications. Anderson's mother reported that as a baby and toddler, he was healthy and his motor development was within normal limits for the major milestones of sitting, standing, and walking. At age 3 he was described as low tone with awkward motor skills and inconsistent imitation skills. His communication development was delayed; he began using vocalizations at 3 months of age but had developed no words by 3 years.

Communication Profile at Baseline

Anderson communicated through nonverbal means and used communication solely for behavioral regulation. He communicated requests primarily by reaching for the communication partner's hand and placing it on the desired object. When cued, he used an approximation of the "more" sign when grabbing the hand along with a verbal production of /m/.

He knew about 10 approximate signs when asked to label, but these were not used in a communicative fashion. Protests were demonstrated most often through pushing hands. Anderson played functionally with toys when seated and used eye gaze appropriately during cause-and-effect play, but otherwise eye gaze was absent. He often appeared to be non-engaged and responded inconsistently to his name.

Assessment

The Communication Symbolic and Behavior Scales Developmental Profile (CSBS DP; Wetherby & Prizant, 1993) was used to determine communicative

competence. This norm-referenced instrument for children 6–24 months old is characterized by outstanding psychometric data (i.e., sensitivity=89.4%–94.4%; specificity=89.4%). Although Anderson was 36 months old, this tool was chosen because it provides salient information about social communication development for children from 6 months to 6 years old.

Intervention

Anderson’s team and family members developed communication goals that included spontaneously using a consistent communication system for a variety of communicative functions and initiating and responding to bids for joint attention. Research suggests that joint attention is essential to the development of social, cognitive, and verbal abilities (Mundy & Neal, 2001).

Because Anderson could not meet his needs through verbal communication, AAC was considered. He had been taught some signs but did not use them communicatively. More importantly, his motor imitation skills were so poor that it was difficult to differentiate his signs. His communication partners would need to learn not only standard signs, but Anderson’s idiosyncratic signs. Therefore, the Picture Exchange Communication System (PECS; Bondy & Frost, 1994) was chosen to provide him with a consistent communication system. Additionally, a visual schedule was used at home and school to aid in transitions and to increase his symbolization.

Incidental teaching methods including choices and incomplete activities were embedded in home and preschool routines. In addition, a variety of joint activity routines (e.g., singing and moving to “Ring Around the Rosie” or “Row Your Boat” while holding hands) that were socially pleasing to Anderson were identified. These were infused throughout his day in various settings and with various people. Picture representations of these play routines also were represented in his PECS book.

Research

Several evidence-based strategies were chosen to support intervention, including PECS (Carr & Felce, 2007; Ganz & Simpson, 2004; Temple, 2007), visual supports (Bryan & Gast 2000; Krantz, MacDuff, & McClannahan, 1993), and incidental teaching (Cowan & Allen, 2007; Miranda-Linne & Melin, 1992).

Outcomes

By the end of the year, a video taken at preschool showed that Anderson was spontaneously using PECS for requests and protests. He was using speech along with his PECS requests in the “I want” format. He also used speech alone for one-word requests and for automatic routines such as counting or “ready, set, go.” He shared excitement and joy in several joint activity routines with various people and referred to their facial expressions for approval and reassurance.

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Analysis table 1

Childs` needs	Proposed methods and techniques in the case study	New proposed methods and techniques by the student

Analysis table 2

Childs` needs	Formulated objectives	Student proposed objectives	Proposed methods and techniques in the case study	Student proposed methods and techniques

Targeted learning outcome: 5. Ability to prescribe the most efficient scheme of intervention related to the child's needs

Activity 5.1: Case study 4

Aims of the activity:

1. To analyze the content of the IEP.
2. To write therapeutic objectives.
3. To analyze the correctitude of the method or technique related to the child's needs.

Resources: Flipchart, markers, Resource for activity 5.1 Case study 4

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 min, 45 minutes in group work and 15 minutes in plenary work

Steps of the activities:

- 1. Group work Case study Aims 1 through 3 - 45 min**
2. Participants are divided randomly in groups.
3. Teacher provides the evaluating scale for the IEP (Resource for Module 2 Activity 5.1 Case study 4) to each group.
4. Participants will analyses the child's needs and the proposed objectives and methods from the case study – columns 1 2 and 3 from the Analysis table 2 (Resource for Module 2 Activity 5.1 Case study 4).
5. Participants will propose new objectives methods and techniques who have potential to be effective in the specific case - Colum 4 from the Analysis table 2.

2. Plenary work 10 min Aims 1 through 3

The teacher will summarize all the work in the groups: propose methods in the case study. Discussions including all participants will be made.

Assessment: 5 min

The students will write a practical example describing a link between one specific need and one technique.

Module 3: Educational interventions in the schools

Tamara Zappattera, Saverio Fontani, Tommaso Fratini³

Introduction

Module 3 presents the educational interventions most frequently used for students with ASD. In this module are presented the most educational interventions valued according to Evidence Based Education perspective, and the inclusive propriety of the methods based on the Cooperative learning and on the role of the peers are highlighted. At the end of the module, the students will be able to analyze the basic components and the aims of the most efficacy educational intervention models and will be able to identification the typical special Needs of the students with ASD. Module 3 have a pivotal position in the economy of the hole course, because it presents the basic characteristics of the inclusive processes specifically developed for the educational intervention in the ASD.

The aims

The aims of the Module 3 are related to development of competences for the project of inclusive educational interventions for children with ASD. In this module the student can to collect informations on the more effective educational interventions and connect them to choices of the best inclusive processes specifically developed for the ASD with low and high cognitive functionality. An ulterior aim is represented by development of the competences of recognition of the educational Special Needs of every student, give that them are indispensable for the development of all educational interventions. At the end of the Module 3 the students will be able to:

1. Define and analyze the principles of the more effective educational interventions developed for the children with ASD.

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2. Compare the effectiveness of the most advanced models for the inclusive educational interventions developed for the children with ASD.
3. Identify the main educational Special Needs of the children for the selection of the more effective and adequate combination of educational strategies and methods.

A work scheme

Learning outcome	Content	Steps/activities	Time allocation	Resources/means	Comments
1. Knowledge of the basic educative intervention models for the ASD.	Universal Design for Learning approach (UDL). Inclusive Contextual Strategies. Cooperative Learning opportunities.	Group work followed by plenary discussion to assure the adequate understanding of these approaches and their opportunities. Case study followed by plenary discussion on the definition of the perspectives.	135 min	Resource for Module 3. Activity 1.1 To collect informations on inclusive approaches. Activity 1.2 To highlight the opportunities of the Cooperative Learning. Activity 1.3 Case study	Conversation and reflexivity
2. Knowledge of the more effective educational intervention	ABA perspective. Pivotal Response Training.	Group work followed by plenary discussions on the main aims	225 min	Resource for Module 3. Activity 2. 1 Understanding of	Conversation and reflexivity

models for the ASD.	TEACCH Program. Denver Model.	and techniques of every method. Plenary discussions for to summarize the more effective educational models.		the ABA perspective. Activity 2.2 Knowledge of the Pivotal Response Training. Activity 2.3 Knowledge of the TEACCH Program. Activity 2.4 Knowledge of the Denver Model	
3. Knowledge on the Individualized Educational Plan (IEP)	Aims and structure of the IEP.	Group work followed by plenary discussions. Group work: case studies, video-analysis	150 min	Resource for Module 3. Activity 3.1 To analyze the Individualized Educational Plan (IEP). Activity 3.2 Case study. Activity 3.3 The IEP as answer to Special Needs	Conversation and reflexivity
4. Ability to choose the specific	Educational models. Adapting the	Group work followed by	45 min	Resource for Module 3.	Conversation and reflexivity

<p>educational model according to the child's Special Needs</p>	<p>curriculum based on Special Needs.</p>	<p>plenary discussions. Group work: case studies. Plenary discussions for to summarize the group work</p>		<p>Activity 4.1: Case study</p>	
<p>5. Ability to project an effective educational intervention for the child with ASD.</p>	<p>Educational models. Development of an Individualized Educational Plan (IEP) for a specific case study.</p>	<p>Group work followed by plenary discussions. Group work: Development of an IEP for specific case studies.</p>	<p>60 min</p>	<p>Resource for Module 3. Activity 4.1: Case study</p>	<p>Conversation and reflexivity</p>

Targeted learning outcome: 1. Knowledge of the basic educative intervention models for the ASD.

Activity 1.1: To collect informations on inclusive approaches

Aims of the activity:

1. To collect informations on the mains approach for the educational inclusion of the child with ASD: The Universal Design for Learning approach (UDL) and the more effectives Inclusive Contextual Strategies.
2. To identify the opportunities derived from these approaches for the answer to Special Needs of the chils with ASD.
3. To think in group.

Resources: Resource for Module 3 Activity 1.1: To collect informations.

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work

To collect informations on inclusive approaches. 30 min

1. Participants are divided in groups of 3-4. The teacher ask each group to write collaboratively a definition for the approaches of UDL and for the Inclusive Contextual Strategies.
2. The teacher invites every partecipant to collaborate for to select the opportunities derived from UDL approach and from the Inclusive Contextual Strategies for the corerect anwer to Special Educational Needs of the child with ASD.
3. The participants of every group will compare their definitions with the ones expressed by other groups.

2. Plenary work Aims 1 through 3 - 15 min

The teacher will summarize all the definition and opportunities provided by groups. Discussions including all participants will be made.

Assessment: 5 min

Resources for Module 3 Activity 1.1 Inclusive approach

- a). Each group is invited to define the educational opportunities presented by the Universal Design for Learning approach for the intervention in students with ASD.

- b). Each group is invited to define the most effective Contextual Inclusive Strategies for the Autism Spectrum Disorders.

VIDEO FOR THE ACTIVITY 1.1 –
INCLUSIVE APPROACH

INCLUSIVE APPROACH

<https://www.youtube.com/watch?v=9vyxp6S5ohA>

GUIDELINES FOR INCLUSION

<https://www.youtube.com/watch?v=APY2akeZPLk>

INSTRUCTIONAL STRATEGIES FOR ALL

<https://www.youtube.com/watch?v=L7jDWwPSUTE>

INCLUSION FOR THE ASD

<https://www.youtube.com/watch?v=t2KF1ZfRip4>

FACILITATING THE LEARNING IN ASD WITH HIGH-COGNITIVE
FUNCTIONALITY

<https://www.youtube.com/watch?v=oskavZPH3uw>

SENSORY ROOM IN THE INCLUSION FOR THE ASD

<https://www.youtube.com/watch?v=T9j6rQ4rtQY>

INCLUSION FOR THE PRESCHOOL AUTISM CLASSROOM

<https://www.youtube.com/watch?v=iTzr7agImr8>

Activity 1.2: To highlight the opportunities of the Cooperative Learning

Aims of the activity:

1. To understand the opportunities provided by the Cooperative Learning for the educational interventions addressed to child with ASD.
2. To understand the opportunities provided by the Cooperative Learning for the peers of the child with ASD.
3. To think in group.

Resources: Resource for activity 1.2 To highlight the opportunities of the Cooperative Learning

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work.\

Steps of the activities:

1. Group work

Opportunities of the Cooperative Learning 30 min

1. Participants are divided in new groups.
2. A brief text with definition of the Cooperative Learning is provided for each group. (Resource for Module 3 Activity).
3. The participants of every group must highlight the opportunities of the Cooperative learning for the child with ASD and for his peers.
4. The lists of opportunities written by each group are compared with ones provided from the other groups.

2. Plenary work 15 min Aims 1 through 3

The teacher will summarize all the work in the groups and will highlight the main characteristics and opportunities provided by the Cooperative Learning. Discussions including all participants will be made.

Assessment: 5 min

It is very important to highlight the opportunities provided by Cooperative Learning in relation to more effective Inclusive Contextual Strategies analyzed in precedent step. The teacher can to select the more effective definitions provided by groups for a full understanding of these concepts.

Resources for Module 3 Activity 1.2- Cooperative learning

Each group try to develop an educational module based on the Cooperative Learning based on the following case.

CASE 1.2

Elizabeth is 10 years old girl that presents ASD with high cognitive functioning (IQ = 65). She has good linguistic skills with difficulties in reading and writing. Elizabeth presents a clear social deficit, with specific interests based on the drawing. She often introduces his interests in the conversation with his peers, which tend to marginalize it.

VIDEO FOR THE ACTIVITY 1.2 – COOPERATIVE LEARNING

1 COOPERATIVE VS COLLABORATIVE

<https://www.youtube.com/watch?v=uwvtfYa169k>

2 COLLABORATIVE LEARNING STRATEGIES

<https://www.youtube.com/watch?v=7gWS4mxM1Qc>

3 COOPERATIVE LEARNING INSTRUCTIONAL TRAINING FOR ALL

<https://www.youtube.com/watch?v=gG6yR2GmqLs>

4 COMPREHENSION STRATEGIES INSTRUCTION- COOPERATIVE LEARNING

<https://www.youtube.com/watch?v=rY2g-2rhjqo>

5 60 SECOND-STRATEGY: COOPERATIVE LEARNING ROLES FOR STUDENTS <https://www.youtube.com/watch?v=zR6rTKPkjgQ>

Activity 1.3: Case study

Aims of the activity:

1. Understanding of the opportunities provided by the inclusive processes for the educational intervention in the ASD.
2. Understanding of the opportunities provided by the Cooperative Learning for the child with ASD and for his peers.
3. To think in group.

Resources: Resource for activity 1.3, Case study.

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 30 min

1. Participants are divided in groups with 3-4 participants.
2. Teacher provides the case study (Resource for Module 3 Activity 1.2 Case study) to each group
3. Participants will propose an exemple of inclusive processes and/or an application of the cooperative Learning related to the presented case
4. The teacher will summarize the proposal provided by all groups.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, highlighting the main opportunities provided from the inclusive processes for the educational intervention addressed to child with ASD and to his peers.

Assessment: 5 min

The students can to write a brief practical example, in which the inclusive processes derived from the UDL approach and from the cooperative Learning are used.

Targeted learning outcome 2. Knowledge of the more effective educational intervention models for the ASD.

Activity 2.1: Understanding of the ABA perspective.

Aims of the activity:

1. To analyze the main characteristics of the ABA perspective.
2. To identify the main techniques related to the ABA perspective.
3. To identify the opportunities of the ABA perspective.

Resources: Resource for activity 2.1. Video analysis.

Strategy: *Group work and plenary work*

Duration of the activity: A total of 75 min, 60 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis. 60 min

1. Participants are divided in groups
2. Teacher projects to the whole class the first video on the ABA perspective.
3. Participants will analyze the main characteristics of ABA, his steps and the his opportunities.
4. Teacher projects to the whole class the second video on the main ABA techniques (Indicatively: Modeling, Shaping, Fading and Chaining).
5. Participants will analyze the main techniques derived from the ABA perspective and their opportunities for the child with ASD (e.g. for the decrease of stereotypies).
6. Each group will provide a brief text on the aims and opportunities of ABA perspective for the child with ASD.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, highlighting the aims and the main techniques of the ABA approach. The teacher can to summarize the opportunities derived from ABA for the child with ASD (e.g. learning of complex behaviors, decrease of verbal/motor stereotypies)

Assessment: 5 min. The students will write a personal opinion regarding the opportunities of the ABA perspective for the educational intervention in the ASD.

Resources for Module 3 Activity 2.1 – The ABA perspective

Each group try to develop a brief intervention project based on the ABA perspective, based on the following case.

CASE 2.1

Tony is a 7-year-old boy with ASD associated with low cognitive functioning (IQ = 31). He has poor vocabulary skills, and expresses his discomfort with cries and crying when he is in class, especially during the teacher and classroom changes. Tony presents motor stereotypies for to express his needs, and frequently flees from the social situations.

VIDEO FOR THE ACTIVITY 2.1 – THE ABA PERSPECTIVE

1 ABA GUIDELINES

https://www.youtube.com/watch?v=RBB_81ao7uo

2 ABA GENERAL OVERLOOK

https://www.youtube.com/watch?v=5TA_mDi2uGo

Samples of Token Economy, Shaping, Chaining, Differential Reinforcement, Extinction, DTT (Discrete Trial Training), PECS (Picture Exchange Communication System), Systematic Desensitization, etc.

3 ABA IN THE CLASSROOM

https://www.youtube.com/watch?v=w9N0_7D_Re8

4 ABA FOR THE COMMUNICATIVE COMPETENCES

<https://www.youtube.com/watch?v=d27krgivvts>

Activity 2.2: Knowledge of the Pivotal Response Training

Aims of the activity:

1. To analyze the main characteristics of the PRT.
2. To identify the steps in applying the PRT.
3. To understanding the concept of *Pivotal Behavior*.

Resources: Resource for activity 2.2 Case study

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 min, 45 minutes in group work and 15 minutes in plenary work

Steps of the activities:

Group work 45 min

1. Participants are divided randomly in groups
2. Teacher provides a brief text on the PRT (Resource for Module 2) to each group.
3. Participants will analyze the main characteristics of the PRT and of the opportunities derived.
4. Participants will analyze the concept of Pivotal Behavior and will provide a definition.
5. The teacher will summarize the results of the work derived from each group.

Plenary work 15 min

The teacher will summarize the characteristics of the PRT, with emphasis on his opportunities and on the concept of Pivotal Behavior.

Assessment: 5 min. The students will write a personal opinion on the PRT for the educational intervention in the ASD with low cognitive functionality.

Resources for Module 3 Activity 2.2 - The Pivotal Response Training

Each group try to develop a brief intervention project based on the Pivotal Response Training, based on the following case.

CASE 2.2 Philip is a 9-year-old child with ASD, associated with low cognitive functioning (IQ = 33). He has a very limited vocabulary.

Sometimes it presents aggressive behavior; in his behavioral repertoire are

present massive motor and verbal stereotypes, which hinder inclusion in the peer group.

VIDEO FOR ACTIVITY 2.2 -

THE PIVOTAL RESPONSE TRAINING - PRT

1 PRT GUIDELINES

<https://www.youtube.com/watch?v=pNJSRn83uIA>

2 PRT AFTER-BEFORE THE TRAINING

<https://www.youtube.com/watch?v=9w5nTegfToQ>

3 PRT INSTRUCTION FOR THE CHILD

<https://www.youtube.com/watch?v=GUSrifv6t2Q>

Activity 2.3: Knowledge of the TEACCH Program.

Aims of the activity:

1. To analyze the main characteristics of the TEACCH Program.
2. To identify the main guidelines and aims of the TEACCH Program.
3. To identify the benefits of applying the TEACCH Program.

Resources: Resource for activity 2.3 Video analysis 2

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis 30 min

1. Participants are divided randomly in groups
2. Teacher projects to the whole class the video on the TEACCH Program.
3. Participants will analyze the main aims, the main guidelines and the opportunities provided by the TEACCH for the educational interventions in the ASD.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, with emphasis on the guidelines and on the opportunities of the TEACCH Program. Discussions including all participants will be made.

Assessment: 5 min

The students will write a personal opinion regarding the effectiveness and the opportunities provided from the TEACCH in the educational intervention for the ASD.

Resources for Module 3 Activity 2.3 - The TEACCH Program

Each group try to develop a brief intervention project based on the TEACCH Program, based on the following case.

CASE 2.3 Ian is a 13-year-old child with ASD, associated with high cognitive functioning (IQ = 66). Ian presents learning difficulties connect to reading, writing and mathematics, and presents difficulties in following the program of his course. He presents difficulties in the understanding of the social situations, with consequent obstacles in the relations with the peers.

VIDEO FOR THE ACTIVITY 2.3 - THE TEACCH PROGRAM

1 TEACCH IN THE CLASSROOM

<https://www.youtube.com/watch?v=vkymZzmg4jw>

2 TEACCH INTRODUCTION

<https://www.youtube.com/watch?v=s0gx3pnkWqw>

3 TEACCH- EXAMPLE FOR ASD WITH LOW FUNCTIONALITY

<https://www.youtube.com/watch?v=wmxsh3e3qW4>

4 TEACCH FOR THE DOMESTIC CONTEXT

<https://www.youtube.com/watch?v=AaukfK19lyA>

5 TEACCH PHYSICAL STRUCTURE OF CLASSROOM

<https://www.youtube.com/watch?v=d-ZYm4drzCY>

Activity 2. 4: Knowledge of the Denver Model

Aims of the activity:

1. To analyze the main characteristics of the Denver Model.
2. To analyze the concept of *Imitation* in the ASD
3. To identify the benefits of applying the Denver model for the development of the imitative competences in the ASD.

Resources: Resource for activity 2. 4 Video analysis

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Video analysis 30 min

1. Participants are divided in groups of 3-4.
2. Teacher projects to the whole class a brief video on the Denver Model.
3. Participants will analyze the main characteristics and aims of the Denver Model, with emphasis on the development of the imitative competences in the child with ASD.

2. Plenary work 15 min Aims 1 through 3

The teacher will summarize all the work in the groups, and will highlight the opportunities provided by the Denver Model for the development of imitative and communicative competences in the child with ASD.

Assessment: 5 min

The students will write a brief text with their personal opinion on the effectiveness of the Denver Model for the educational intervention addressed to child with ASD.

Resources for Module 3 Activity 2.4 – The DENVER MODEL

Each group try to develop a brief intervention project based on the Denver Model, based on the following case.

CASE 2.4 Marina is a 2 year old girl with ASD associated with low cognitive functioning (IQ = 27). She has no language and presents inability in the communication and for the expressions of his needs. Marina presents frequently episodes of cry and aggressive behaviors.

1 ESDM GUIDELINES FOR PARENTS

<https://www.youtube.com/watch?v=FxNF6-Pmhqw>

2 DENVER MODEL FOR PARENTS

<https://www.youtube.com/watch?v=iWK8S5SCzu>

3 DENVER MODEL GUIDELINES

<https://www.youtube.com/watch?v=J0fkUwVtpwE>

4 ESDM FOR THE PLAY

<https://www.youtube.com/watch?v=4AJveFzchoU>

Targeted learning outcome: 3. Knowledge on the Individualized Educational Plan (IEP)

Activity 3.1: To analyze the Individualized Educational Plan (IEP)

Aims of the activity:

1. To identify the characteristics of the IEP.
2. To analyze the aims of the IEP for the individualization of the educative intervention.
3. To think in group.

Resources: Resource for Module 3 Activity 3.1

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 min, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

1. Plenary work 10 minutes

The teacher briefly describes the structure and purposes of the IEP, with emphasis on the possibility of individualization of the educational interventions based on the Special Needs of each child with ASD.

2. Group work 30 min

1. Participants are divided in groups of 3-4 members. Each group will receive a brief text on the stutures and aims of the IEP. (Resource for activity 3.1 The IEP).
2. Each member of the group will provide a definition of the IEP, and connect it with the needs of individualization of the educational intervention.
3. The group provide a share definition of the IEP, with references on the anwers to the Special Educational Needs of the child with ASD.

3. Plenary work 15 min

Each group will present their definition, and the teacher will summarize it. The teacher can to highlight the opportunities of the IEP for the individualization of each educational interventions addressed to child with ASD.

Assessment: 5 min. It is very important to understand the importance of each principle. The students will choose the most important principle from their perspective and write the reasons behind their choice.

Activity 3.2: Case study

Aims of the activity:

1. To explain the importance of the individualization of the intervention.
2. To understand the needs of the individualization according to the educative instances of the child with ASD.
3. To develop competences of design of an educational intervention for the ASD.

Resources: Resource for Module 3 Activity 3.2 Case study.

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Plenary work 5 minutes

The teacher provides a Case study, and it requires to each group the detection of the Special Needs of the child described. The design of a short IEP, based on the Special Needs of the child, is also required.

2. Group work Think-pair-share technique - 50 min

1. Students are grouped in diades in an random manner. For each diade a brief text describing the case study is provided.
2. Each diade develop a list of the Special Needs and designs a short IEP for the case.
3. Students share their opinions for the design of the IEP with their partner.

3. Plenary work 20 min

Teachers select some IEP and read them, inviting the whole-class in a discussion.

Assessment: 5 min. In this activity, it is very important to understand of the detection of the Special Needs of the child (e. g. development of the communication and of the cognitive competences for the learning possibility). The students can to refer to the application of one of the methods previously analyzed.

Resources for Module 3 Activity 3.2

Each group tries to identify the Special Needs presents from the following case. CASE 3.2 Susan is a 8-year-old child with ASD, associated with low cognitive functioning (IQ = 38). She has a very limited vocabulary and

presents aggressive behavior. Frequently Susan presents massive verbal stereotypies, and refuses contact with his peers.

Activity 3.3: The IEP as answer to Special Needs

Aims of the activity:

1. To describe the importance of the connection between IEP and Special Needs.
2. To develop the competences related to the elaboration of a individualized IEP.
3. To develop the competences related to the working group.

Resources: Resource for Module 3

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work 30 min

1. Students are organized in groups of 3-4 members.
2. Each group will receive a Specific Educational Need (e. g. communication, socialisation, increase of motivation, decrease of verbal stereotyping), in relation to which will have to develop an brief IEP, referring to the models previously described.
3. Each group write a brief list of activities included in the IEP, followed by verification tests for the achievement of the objectives.

2. Plenary work 15 min

Each group presents its work to the whole group. The teacher summarizes them.

Assessment: 5 min

The students will write a personal opinion on the IEP.

Resources for Module 3 Activity 3.3

Each group is invited to develop an educational intervention project based on the IEP of the following case.

CASE 3.3 - SIMPLIFIED IEP

Michael is a 5 year child with ASD associated at low cognitive functioning (IQ= 29).

Cognitive area: Absence of language with presence of imitative skills. Social isolation with frequent self-injurious behavior. Continuous handling of objects of specific interest. Limited attentive skills.

Social area: Evident rejection of the relationship with the peers. Michael accepts social contact only with the support teacher. Gestural mimic is used adequately enough for to formulate his needs.

Sensorial area: sensorial deficit are not presents.

Motor area: motor deficit are not presents.

Personal autonomy area: evident deficits are present, associated with high request of support for the dressing, the eating and the basic personal hygiene.

School resources: a support teacher is present, but only for 8 hours a week. The collaboration with the teachers of the course is good. The parent's involvement in the educational intervention is minimal.

VIDEO FOR THE ACTIVITY 3.3 INDIVIDUALIZED EDUCATION PLAN

1 IEP GUIDELINES

<https://www.youtube.com/watch?v=FU3dGQWZz8>

Targeted learning outcome 4. Ability to choose the specific educational model

Activity 4.1: Case study

Aims of the activity:

1. Understanding the relevance of the implementation of more effective specific intervention models precedently described (ABA, PRT, TEACCH, DM) according to the child's needs.
2. To choose the more adequate model in relation to specific educative instances of the child with ASD.
3. To develop critical thinking for the selection of more adequate intervention models.

Resources: Resource for Module 3, Case study

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study 30 min

1. Participants are divided in groups of 3-4 members.
2. Teacher provides the case study different for each group (Resource for Module 3, Case study 3).
3. Participants will analyse the child's needs, and they will choose an intervention model among those proposed.

2. Plenary work 15 min

The teacher will summarize all the result's work in the groups.

Assessment: 5 min

The students will write a short personal opinion on the relation between the specific need and one intervention model.

Resources for Module 3 Activity 4.1

Each group reflects upon the following case:

CASE 4.3

Giovanni is a ten-year-old with low-functioning autism. Once at school, he is left alone in a corner before classes start. It is here that his typical stereotypes, like flicking, begin to be acted out. Moreover, he starts throwing all the books from the schoolroom's bookcase on the floor.

VIDEO FOR ACTIVITY 4.3 DISRUPTIVE BEHAVIOR IN THE CLASSROOM

1 USE OF APPLIED BEHAVIOR ANALYSIS TO ASSESS AND TREAT DISRUPTIVE BEHAVIOR

<https://www.youtube.com/watch?v=Qlqx57ukDzA>

2 severe autism, non verbal - self destruction - sib (self-injurious behavior) <https://www.youtube.com/watch?v=zrlapmgqs3o>

3 assessing destructive behavior in children on the autism spectrum

https://www.youtube.com/watch?v=c-xxn_jlly4

4 parent training to address problem behavior of youth with autism spectrum disorder

<https://www.youtube.com/watch?v=xlkagnwlt8>

5 managing problem behaviors in children with autism and developmental disabilities

<https://www.youtube.com/watch?v=9xt08indp4e>

6 severe aggressive autistic behavior

<https://www.youtube.com/watch?v=k6k4j5uhzn0>

7 functional analysis of problem behavior

<https://www.youtube.com/watch?v=2rfq13r3khy>

Targeted learning outcome: 5. Ability to project an effective educational intervention for the child with ASD.

Activity 5.1: Case study

Aims of the activity:

1. To analyze the content of the IEP.
2. To select the adequate learning objectives.
3. To select the more adequate model related to the child's needs.

Resources: Resource for Module 3, Case study

Strategy: Group work and plenary work

Duration of the activity: A total of 60 min, 45 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study 45 min

1. Participants are divided in groups with 3-4 members.
2. Teacher provides the IEP related to a case study, the same for all groups (Resource for Module 3 Activity 5.1 Case study).
3. Participants will analyse the child's specific educational needs and they will select the most appropriate model, according to child's instances.
4. Participants will propose new objectives for the educational intervention, followed by adequate verification methods.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, with emphasis on the proposed models in the case study.

Assessment: 5 min

The students will write a brief practical example describing the project of an educational intervention.

Resources for Module 3 Activity 5.1

Each group is invited to reflect upon the project of spatio-temporal organization at school.

VIDEO FOR THE ACTIVITY 5.2 SPATIO-TEMPORAL ORGANIZATION AT SCHOOL

1 Classroom Design for Children with Autism

<https://www.youtube.com/watch?v=-bsGrd1RCys>

2 The Sensory Room: Helping Students With Autism Focus & Learn
<https://www.youtube.com/watch?v=T9j6rQ4rtQY>

3 Video Tour of an Autism Classroom
<https://www.youtube.com/watch?v=i2h7-df8tA>

4 Webinar: Creating an Autism-Friendly Classroom
<https://www.youtube.com/watch?v=Zu-RDz57G54>

5 BEST TIPS FOR CREATING AN AUTISM FRIENDLY SENSORY SPACE IN THE CLASSROOM
https://www.youtube.com/watch?v=TE_QrKfa2vA

Targeted learning outcome: 6. Ability to tackle the student's disruptive behaviors with asd in the classroom

Activity 6.1: To collect informations on disruptive behaviors

Aims of the activity:

1. Collecting general information on the nature and type of disruptive behavior in autism.
2. Understanding how to identify disruptive behaviors in the autistic student from a clinical point of view.
3. Understanding the basics of functional analysis.
4. Understanding how to intervene in the case of a disruptive behavior of the autistic pupil in the school.

Resources: Resource for Module 3 Activity 6.1: To collect informations.

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work

To collect informations on disruptive behavior. 30 min

1. Participants are divided in groups of 3-4. The teacher ask each group to write collaboratively a definition of disruptive behavior.
2. The teacher invites every participant to collaborate to identify a set of disruptive behaviors in autistic students.
3. The participants of every group will compare their definitions with the ones expressed by other groups.

4. The teacher invites every participant to reflect on how to intervene to counteract the disruptive behaviors of students with autism in the classroom.

Plenary work Aims 1 through 3 - 15 min

The teacher will summarize all the definition and opportunities provided by groups. Discussions including all participants will be made.

Assessment: 5 min

Activity 6.2: Case study

Aims of the activity:

1. Understanding the nature of the disruptive behavior in the case shown and described.
2. Understanding how it's possible to use the functional analysis
3. Understanding how to intervene in the case described.

Resources: Resource for activity 1.3, Case study.

Strategy: **Group work and plenary work**

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 30 min

1. Participants are divided in groups with 3-4 participants.
2. Teacher provides the case study (Resource for Module 3 Activity 1.2 Case study) to each group
3. Participants will propose an exemple di intervento per contrastare il comportamento disadattivo
4. The teacher will summarize the proposal provided by all groups.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, highlighting the main opportunities provided from the inclusive processes for the educational intervention addressed to child with ASD and to his peers.

Assessment: 5 min

The students can to write a brief practical example, in which riflette sull'intervento messo in atto per contrastare il comportamento disadattivo. He reflects on the intervention implemented to counteract the disruptive behavior.

Targeted learning outcome: 7. Ability to organize the spatio-temporal characters of the classroom

Activity 7.1: Developing the ability to build a classroom suitable for autism

Aims of the activity:

1. Reflecting on the need for sameness and spatio-temporal predictability of the autistic student.
2. Developing the ability to design environments and spaces designed for autism in the school context.

Resources: Resource for Module 3 Activity 7.1: Riflettere sul bisogno di sameness dell'allievo autistico. Reflecting on the need for sameness and spatio-temporal predictability of the autistic student.

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work

Riflettere sul bisogno di sameness dell'allievo autistico. 30 min

Participants are divided in groups of 3-4. The teacher ask each group to gather examples of the need for sameness from their personal experience.

The teacher invites every participant to collaborate to reflect on the need for sameness and on the consequences of the rotational routine of the autistic student.

2. Plenary work Aims 1 through 3 - 15 min

The teacher coordinates the discussion. Discussion including all participants will be made.

Assessment: 5 min

ACTIVITY 7.2: Case study

Aims of the activity:

1. Understanding how to organize the space-time environment of the classroom.
2. Understand how to intervene in the case described.
3. To think in group.

Resources: Resource for activity 1.3, Case study.

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 30 min

1. Participants are divided in groups with 3-4 participants.
2. Teacher provides the case study (Resource for Module 3 Activity 1.2 Case study) to each group
3. Participants will propose an exemple di intervento per organizzare l'aula scolastica
4. The teacher will summarize the proposal provided by all groups.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, highlighting the main opportunities provided from the inclusive processes for the educational intervention addressed to child with ASD and to his peers.

Assessment: 5 min

The students can to write a brief practical example, in which egli fornisce un contributo personale a tutta la discussione sull'organizzazione spazio-temporale degli ambienti scolastici. He provides a personal contribution to the whole discussion on the spatio-temporal organization of school environments.

Targeted learning outcome: 8. Designing the adaptation of the school curriculum to the characteristics of a student with ASD

Activity 8.1: Collecting informations on adaptation of the curriculum to the needs of a student with ASD

Aims of the activity:

1. Collecting general information on the concept of curriculum
2. Understanding how to adapt the curriculum to the needs of a student with ASD
3. Designing the curriculum adaptation to a high-level ASD case
4. Designing the adaptation of the curriculum to a low-functioning ASD case

Resources: Resource for Module 3 Activity 8.1: To collect informations on concept of curriculum

Strategy: Group work and plenary work

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work To collect information on curriculum. 30 min

1. Participants are divided in groups of 3-4. The teacher ask each group to write collaboratively a definition of the curriculum.
2. The teacher invites every participant to collaborate to find a type of curriculum for pupils with ASD.
3. The participants of every group will compare their definitions with the ones expressed by other groups.
4. The teacher invites every participant To reflect on how to intervene to adapt the curriculum of the students of the class to the needs of a student with ASD.

2. Plenary work Aims 1 through 3 - 15 min

The teacher will summarize all the definition and opportunities provided by groups. Discussions including all participants will be made.

Assessment: 5 min

Resources for Module 3 Activity 6.3

VIDEO FOR THE ACTIVITY 6.3 ADAPTIG CURRICULUM

1 Homeschooling a child with autism - modifying curriculum

<https://www.youtube.com/watch?v=0KNu0iDI3HA>

2 AUTISM HOMESCHOOL CURRICULUM HAUL

<https://www.youtube.com/watch?v=QisorX4C6W4>

3 ADAPTING YOUR TEACHING STYLE FOR CHILDREN WITH ASD

<https://www.youtube.com/watch?v=E7rJC8SzNTw>

4 VIDEO TUTORIAL OF A DIRECT INSTRUCTION AREA IN AN AUTISM CLASSROOM

<https://www.youtube.com/watch?v=6QOfDu38Fbs>

Activity 8.2: Case study: Autism with high level of functioning

Aims of the activity:

1. Understanding the nature of the needs of the self-reported student case shown and described.
2. Understanding how to proceed in the case described to design a specific curriculum.
3. Thinking in group.

Resources: Resource for activity 1.3, Case study.

Strategy: *Group work and plenary work*

Duration of the activity: A total of 45 min, 30 minutes in group work and 15 minutes in plenary work

Steps of the activities:

1. Group work Case study Aims 1 through 3 - 30 min

Participants are divided in groups with 3-4 participants.

Teacher provides the case study (Resource for Module 3 Activity 1.2 Case study) to each group

Participants will propose an example of intervention to design the adaptation of the specific curriculum for a case of high functioning ASD.

The teacher will summarize the proposal provided by all groups.

2. Plenary work 15 min

The teacher will summarize all the work in the groups, highlighting the main opportunities provided from the inclusive processes for the educational intervention addressed to child with ASD and to his peers.

Assessment: 5 min

The students can write a brief practical example, in which he reflects on curriculum adaptation to the described case.

Module 4: Family and Autism Spectrum Disorder

Jasmina Stošić, Ana Wagner-Jakab⁴

Introduction

Module 4 presents some basic theoretical framework that will enable students to understand family issues. To understand and be able to work with families and counsel them students need to know main characteristics about family system theory, stress in family, the social-ecological model and family resilience theory. After these general knowledge this module is teaching students more specific topics such as issues of families of children with ASD in the lifecycle, issues of siblings of children with ASD, interventions that promote resilience in families of children with ASD, grieving and adjustment and role of professionals in supporting families . Students will also get some suggestions for their future work and collaboration with families of children with ASD.

The aims

The main aim to this module is to improve students` knowledge and understanding of family functioning and issues they are faced with. Firstly the students must develop the essential concepts related to family functioning and dynamic specially in stress situations then to learn about main characteristics of some specific issues of families with children with ASD. Finally they have to learn some suggestions and tips for their future profession and collaboration with families of children with ASD. At the end of the proposed activities for this module the students will be able to:

Learning outcome 1

- Define family system theory

Learning outcome 2

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- Distinct normative and nonnormative stressors
- Distinct acute and chronic stress
- Define the possible ways how stressors affect couples
- Discuss unique set of stressors which families of children with autism are faced with

Learning outcome 3

- Define Family Resilience Theory
- Identify specificities of resilience in the family of a child with ASD
- Distinct protective and risk factors

Learning outcome 4

- Define the social-ecological model
- Describe the layers of Bronfenbrenner's ecological model
- Identify issues of families of children with ASD in the lifecycle
- Identify some issues of siblings of children with ASD
- Discuss interventions that promote resilience in families of children with ASD

Learning outcome 5

- Identify the importance of the grieving process in families of children with ASD
- Describe stages of grieving/adjustment of families of children with ASD
- Discuss the role of professionals that support families with ASD in the process of grieving/adjustment

Learning outcome 6

- identify different family support models
- understand the difference between parent training and parent education

A work scheme

Learning outcome	Content	Steps/activities	Time allocation	Resources/means	Comments
1. Family system theory: a.) Define family system theory	Subsystems within a family system Alliances within the family system	<p>Activity: Family tree</p> <p>Individual work each students will create their family tree using the genogram symbols</p> <p>Small group discussion students will be divided into groups and share their family tree and discuss differences in subsystems</p> <p>Discussion with the entire group discussion about the complexity of the family system</p> <p>Lecture Family as a system – short power point presentation</p>	60 minutes	Family tree examples (resources package), blank pages, crayons	

<p>Learning outcome 2</p> <ul style="list-style-type: none"> • Distinct normative and nonnormative stressors • Distinct acute and chronic stress • Define the possible ways how stressors affect couples • Discuss unique set of stressors which families of children with autism are faced with 	<p>Influences of stress and different kind of stressors on family dynamic</p>	<p>Plenary work „association game” Lecture power point presentation about stressors in the family Discussion in the entire group participants distinct and categorise acute and chronic stressors on the flip-chart from first part of the activity Discussion in the entire group Plenary discussion about stressors connected to the child with ASD in a family</p>	<p>60 min</p>	<p>Flipchart, markers in 4 different colours, post-it papers in colours</p>	<p>Lecturing, Conversation and reflexivity</p>
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<p>Learning outcome 3</p> <ul style="list-style-type: none"> • Define Family Resilience Theory • Family resilience in the context of family with the child with ASD • Distinct protective and risk factors 	<p>Family Resilience Theory and Family resilience in the context of family with the child with ASD and interventions of its promotion</p>	<p>Lecture power point presentation about family resilience theory in general Lecture and discussion in the entire group power point presentation about unique set of stressors and family resilience related to ASD families Discussion in the entire group To discuss plenary or risk and protective factors can support or weaken coping with stressors.</p>	<p>60 min</p>	<p>Flipchart, markers in 4 different colours, post-it papers in colours</p>	<p>Lecturing, Conversation and reflexivity</p>
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<p>Learning outcome 4</p> <ul style="list-style-type: none"> • Define the social-ecological model • Describe the layers of Bronfenbrenner's ecological model • Discuss unique set of stressors which families of children with autism are faced with • Identify issues of families of children with ASD in the lifecycle • Identify some issues of siblings of children with ASD 	<p>The unique set of stressors which families of children with autism are faced with</p> <p>Issues of families of children with ASD in the lifecycle</p> <p>Issues of siblings of children with ASD</p>	<p>Activity: Analysis of case studies – identifying specific stressors</p> <ul style="list-style-type: none"> - Group work - Case study analysis - Entire group discussion - Presenting case studies <p>Activity: Lifecycle</p> <ul style="list-style-type: none"> - Small group discussion - each group has a task to discuss different life phases - Entire group discussion - comparison of different phases - Lecture - power point presentation 	<p>90 min</p>	<p>printed case studies</p>	
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<p>Learnig outcomes 5</p> <ul style="list-style-type: none"> • Identify the importance of the grieving process in families of children with ASD • Describe stages of grieving/adjustment of families of children with ASD • Discuss the role of professionals that support families with ASD in the process of grieving/adjustment 	<p>Role of the professionals and their perspective</p> <p>Parents' perspective</p>	<ul style="list-style-type: none"> - Group work - Role play – parents and professionals - Lecture - power point presentation about the grieving process and adjustment 	<p>90 min</p>		

Targeted learning outcome: 1. Defining family system theory, identifying subsystems and alliances, recognizing specificities of ASD families

Activity 1: Family tree

Aims of the activity:

1. To identify subsystems within a family system
2. To identify alliances within the family system

Resources: Family tree examples (resources package), blank pages, crayons

Duration of the activity: 60 minutes

Steps of the activities:

- Individual work
 - each student will receive an example of family tree (resources package)
 - genogram symbols will be explained
 - each students will create their family tree using the genogram symbols
 - each student will then mark subsystems that exist between family members and connect members of each subsystem with different lines (resources package)

Example:

In this family there are following subsystems: parents, siblings, partners, parent – child, female, male, brothers etc.

- Small group discussion
 - students will be divided into groups and share their family tree and discuss differences in subsystems
- Discussion with the entire group
 - discussion about the complexity of the family system
- Lecture
 - Family as a system – short power point presentation
- Discussion with the entire group
 - keeping in mind the family system theory discussion with students about a child with ASD - what does it bring to the family system?

Targeted learning outcome: 2. Influences of stress and different kind of stressors on family/marital dynamic

Activity 2: Family stressors brainstorming

Aims of the activity:

1. To provoke students to associate main topic with their experiences through identifying stressors
2. To teach students about different stressors and their influence on family and specially marital/partnership relation.
3. To encourage students to practice use of information from lecture and link them with their own experience/ associations.
4. Participants distinct and categorise acute and chronic stressors
5. To link information about stress in family with concrete situation of families with children with ASD what is the main topic of whole course
6. To understand and become aware of stressors that child with ASD might bring to family dynamic.

Resources: Flipchart, markers in 4 different colors, post-it, power point presentation

Duration of the activity: 45 min

Steps of the activities:

1. Plenary work

- Teacher asks participants if they know how to play „association game”. Teacher gives example: „ When I say word love what first come to your mind?” (eg. red, heart, kiss).
- Teacher asks participants „When I say stress for family what first come to your mind?”
- Teacher write answers on the flip- chart.

2. Lecture

- power point presentation about stressors in the family

3. Discussion in the entire group

- participants distinct and categorise acute and chronic stressors on the flip-chart from first part of the activity
- teachers marks them in two different colours on the flipchart

4. Discussion in the entire group

- Plenary discussion about stressors connected to the child with ASD in a family
- Based on the previous steps of the activity identify autism specific stressors
- Teacher write stressors on the flip-chart

Targeted learning outcome: 3. Capability to define Family Resilience Theory, describe Family Resilience in the context of family with the child with ASD and distinct protective and risk factors

Activity 3: Resilience of ASD families

Aims of the activity:

1. To define Family Resilience
2. To distinct protective and risk factors
3. To discuss context of families with children with ASD (plenary discussion)
4. To learn more about context of families with children with ASD (lecture/presentation)
5. To identify family risk and protective factors and their role in strengthening or weakening family coping with stress
6. To identify some interventions of experts aimed to promote resilience of families with children with ASD

Resources: Power point presentation, Flipchart, markers, post-it

Duration of the activity: A total of 45 min

Steps of the activities:

1. Lecture
 - power point presentation about family resilience theory in general

2. Lecture and discussion in the entire group
 - power point presentation about unique set of stressors and family resilience related to ASD families
3. Discussion in the entire group
 - To discuss plenary or risk and protective factors can support or weak coping with stressors.
 - Teacher can use flip-chart with family stressors related to the child with ASD from 2.4 activity and note risk and protective factors that influence family coping.
 - To discuss plenary possible interventions of promoting resilience of families with children with ASD and teacher writes them on the flip-chart.

Targeted learning outcome: 4. Socio – ecological model, set of stressors unique to ASD families and their appearances in a lifetime; siblings' stressors

Activity 4.1: Analysis of case studies – identifying specific stressors

Aims of the activity:

- To identify and explain the unique set of stressors which families of children with autism are faced with
- To identify issues of families of children with ASD in the lifecycle
- To identify some issues of siblings of children with ASD

Resources: printed case studies

Duration of the activity: 60 min

Steps of the activity:

- 1) Group work
 - Each group receives one case study (case studies are in the boxes below).
 - Through a small group discussion they should analyse case studies using the questions below each case study

Shopping center

Mother enters the shopping mall with a son with ASD and the typical 8 year old daughter. The son is 4 years old, doesn't speak and has sensory difficulties. They have to buy shoes for the child.

What can be stressful for a child with ASD in this situation?

What can be stressful for the mother?

What is the stressful for the typical daughter?

Which are normative stressors and which are non normative stressors for persons in this situation?

Bus

Grandma, mother and a 15 year old daughter with ASD are entering a bus. Daughter speaks loudly using some swears.

What can be stressful for a girl with ASD in this situation?

What can be stressful for the mother?

What is the stressful for the grandma?

Which are normative stressors and which are non normative stressors for persons in this situation?

Dentist

Father and a 4 year old son with ASD are in the dentists waiting room. A child has a rotten tooth. The dentist asks them in, a child throws a tantrum – drops to the floor and screams. Dentist brings a toy and tries to cheer the child up. The child tries to hit him.

What can be stressful for a boy with ASD in this situation?

What can be stressful for the father?

What can be stressful for the dentist?

Which are normative stressors and which are non normative stressors for persons in this situation?

Birthday party

A family (mother, father, 12 year old typical daughter, 7 year old son with ASD) comes to the cousin's birthday party. Room is decorated, children are running around, children songs can be heard from the speakers. Adults are talking and laughing loudly. A son with ASD has tics and shuts his ears rocking his body back and forth.

What can be stressful for a boy with ASD in this situation?

What can be stressful for the father?

What can be stressful for the mother?

What is the stressful for the typical daughter?

Which are normative stressors and which are non normative stressors for persons in this situation?

2) Entire group discussion

- each group selects a representative
- each representative presents a case study and conclusions that were made within the group
- discussions and conclusion

Activity 4.2: Lifecycle

Aims of the activity:

- Identify issues of families of children with ASD in the lifecycle

Steps of the activity:

1) Small group discussion

- each group has a task to discuss different life phases (preschool, school, young adult, old adult) of a family with child with ASD and answer the following questions:
 - Which challenges families have to face in this particular life phase?
 - What are the needs of the family in that life phase?
 - What kind of professional support does the family in that life phase needs?

- 2) Entire group discussion
 - comparison of different phases, adding up to answers

- 3) Lecture
 - power point presentation about issues of families of children with ASD in the lifecycle and interventions that promote resilience in families of children with ASD.

Targeted learning outcome: 5. Role of professionals and parent's perspective

Activity 5: Role playing in small group

Aims of the activity:

- identifying role of the professionals and their perspective
- explaining parents' perspective

Steps of the activity:

1. Group work
 - students are divided in groups by 3 to 5 students
 - from each group two students are selected and they receive roles:
- First role: professional
- Second role: a parent
- others in the group are observers
 - group of „professionals” and group of „parents” receive separate verbal instructions from the lecturers.
 - „Professionals” receive extra instructions on the paper.

Instructions for the “professional”:

Different scenarios can be created, here is the example:

We have conducted ADOS assessment and your child has reached criteria for autism spectrum disorder. He is in a medium range of the spectrum.

Instructions for the “parent”:

Your child was in the assessment process. Professional who assessed your child is inviting you to give you the feedback.

- professional and parent from each group are then asked to role play the scenario keeping the instructions in mind
- observers receive instruction to carefully watch the situation and to answer questions about it

Instructions for observers:

Observe the scenario and answer the following questions:

How does the professional communicate the diagnosis to the parent?

What is the reaction of parents?

How can this reaction be connected to their feelings?

How does the professional react to parents?

How can these reactions be connected to the feelings of the professional?

2. Lecture

- power point presentation about the grieving process and adjustment

Module 5: Advocacy for people with ASD

Ioana Dârjan, Mihai Predescu⁵

Introduction

Module 5 presents the importance and necessity of advocating for people with mental disorders, in general, and the specific of this process for people on the autistic spectrum.

The main objective of this module is to generate students' interests, and implication on advocacy actions, and to develop the necessary competencies for developing advocacy strategies.

In this module, teacher will introduce several key-concepts, such as prejudice, stereotype, stigma and discrimination, and explain the development of emancipation and advocacy movements.

Teacher will present the main advocacy groups, their motivation, interests, and actions.

Also, the teachers will discuss the impact of the advocacy on social inclusion, on educational and therapeutic approaches and procedures.

Finally, teacher will present some barriers in advocacy and stimulate the students to identify solutions for it.

Module objectives

The main objectives of this module are:

1. The understanding, definition, and clarification of key-concepts like prejudice, stereotyping, stigma, and discrimination, and the relations between them;
2. The understanding of the main forces, motives, and resorts of the emancipatory paradigm, and its principles;

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3. The understanding of the importance and the impact of advocacy actions on policies, agencies, integration, discrimination, etc. and on the wellbeing of people on the autistic spectrum and of their families;
4. The understanding of the rationals for advocacy measures and actions;
5. The development and aquisition of necessary competencies for promoting, sustaining, and developing advocacy actions and measures.

A work scheme

Learning outcome	Content	Steps/activities	Time allocation	Resources/means	Comments
Capacity to distinct between key-concepts: stigma, prejudice, stereotype, discrimination	Activity 5.1: Discrimination – own definitions, discriminated groups, discriminatory contexts and measures	<i>Group work:</i> Developing own definitions on discrimination – 30 min <i>Plenary activity:</i> Sharing groups' own definitions and opinions, comparing with accredited/scientific definitions, and finding similarities and discrepancies between them – 30 minutes	1h	Flipchart, markers, cards, text books, internet	Reflection, conversation and reflexivity
Capacity to understand related key-concepts and the relations between them	Activity 5.2: Understanding related key-concepts and the relations between them	<i>Activity 5.2</i> <i>Group work</i> Investigating and discussing fair and unfair discrimination (5.2.a) OR/AND equality and equity – 30 minutes (5.2.b) <i>Plenary work:</i> Sharing groups' perceptions and opinions, comparing conclusions, and finding similarities and discrepancies between them – 30 minutes.	1h	Cards with different labels Short movies	Reflection, empathy, self-disclosure

Capacity to understand related key-concepts (stigma, prejudice, stereotype) and the relations between them	Activity 5.3.a: Observing and identifying acts of stigmatization, prejudicial attitudes and conducts, and stereotype approach – their forms and impacts on people	Activity 5.3.a: Observing and identifying acts of stigmatization, prejudicial attitudes and conducts, and stereotype approach – their forms and impacts on people Plenary activity: 20 minutes Group work: Identifying the words, attitudes, reactions who represent acts of stigmatization, prejudicial thinking and acting, prototyping – 30 minutes Plenary work: Sharing groups’ findings and opinions, comparing conclusions, and finding appropriate attitudes and approaches for special groups – 30 minutes.	80 minutes	Scientific articles (ex., Declaration of the Rights of the Men and of the Citizen, (1789, p.1)	
	Activity 5.3.b: Feeling stigma and stereotyped attitudes	<i>Group work</i> Play-role: How it feels to be stigmatized/put in „a box”– 75 minutes Plenary work: Sharing groups’ findings and opinions, comparing conclusions, and finding appropriate attitudes and reactions when being subject or	135-190 minutes		

		witness in a stigmatizing reaction/situation – duration varies depending the numbers of groups – 60 - 115 minutes.			
Capacity to identify the fundamental and specific rights of people with disabilities, and the reasons of advocacy	Activity 5.4.a: What are the rights of people with disabilities?	<i>Group work</i> The fundamental and specific rights of people with disabilities – 30 minutes <i>Plenary work:</i> Sharing groups’ opinions and perspectives on the necessity and relevance of the rights of people with disabilities– 30 minutes.	1h		Debate
	Activity 5.4.b: What is advocacy? Who advocates, for whom, and why?	<i>Group work</i> Advocacy – what, who, why? – 30 minutes <i>Plenary work:</i> Sharing groups’ findings and generating a final, common report (Tab. 5.4.b could be used for this final report) – 30 minutes.	1h		

The capacity to identify the impact of advocacy in mental health services	Activity 5.5: Identifying the imposed vs. selected measures for intervention	Group work: Identifying problems, opportunities, and barriers and solutions for advocacy for mental health services and provisions – 30 minutes Plenary work (45 minutes)	75 minutes		
The capacity to identify the impact of advocacy in education	Activity 5.6: Identifying the problems encountered in educational contexts, the special needs to be addressed, and possible solutions	Group activity: Exploring the study-case - 30 min Plenary work (90 minutes)	120 minutes		
The capacity to identify barriers and to find solutions for advocacy	Activity 5.7: Finding solutions for barriers in advocacy	Group work Investigating one type of barrier in advocacy and proposing possible solutions – 30 minutes Plenary work: Sharing each group's opinion and solutions, and realizing a common,	1h		

		final list of proposed solutions – 30 minutes.			
The capacity to plan, develop, and implement an advocacy campaign	Activity 5.8: Let's advocate!	Group work: Developing an advocacy campaign – 30 minutes Plenary work: Sharing ideas and gaining support! – 30 minutes.	1h		

Discrimination and related concepts

Teacher/trainer introduces and defines the concept of advocacy, in general, and the advocacy for persons with mental disorders.

After presenting the objectives of the module, teacher/trainer proposes practical activities, to help introduce and understand the key-concepts connected with advocacy: discrimination, stigma-prejudice-stereotype, equality vs. equity.

Teacher/trainer could use some of the following suggested activities or he could create and use his own activities, according to the proposed model.

Activity 5.1: Discrimination – own definitions, discriminated groups, discriminatory contexts and measures

Aims of the activity:

1. To identify the personal meanings of discrimination.
2. To identify the main criteria used for discrimination in general population, and affected groups.
3. To identify discriminatory contexts and actions.

Resources: Internet access, text books, flipchart, markers, case-studies

Strategy: Group activity and plenary activity

Duration of the activity: A total of 75 minutes, 45 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Group activity

Developing own definitions on discrimination, comparing own definitions with those found on internet/books, and identifying main discriminatory criteria, contexts, and actions – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher presents and explains the request.
3. The teacher asks each group to discuss and investigates collaboratively available resources and to generate, as group, a definition of discrimination – 15 minutes.
4. Each group lists what consider to be criteria used for discrimination, contexts and affected people/groups of people. Offer a real example for people on the autistic spectrum – 30 minutes.

Plenary activity:

Sharing groups' own definitions and opinions, comparing with accredited/scientific definitions, and finding similarities and discrepancies between them – 30 minutes.

1. Teacher invites each group to share their own definition and opinions in the larger group.
2. Teacher encourages participants to discuss and to find similarities and discrepancies between groups inputs.
3. Teacher presents official definitions and opinions about discrimination, discriminatory criteria, discriminated groups, discriminatory contexts and actions.
4. Teachers helps participants to compare and identify similarities and discrepancies, and to formulate a final, all-agreed definition of discrimination, and complete lists of discriminatory criteria, contexts and actions.

Activity 5.2: Understanding related key-concepts and the relations between them

Aims of the activities 5.2.a and 5.2.b:

1. To analyze the distinctions between fair and unfair discrimination OR/AND equality and equity
2. To debate about pros and cons for fair/unfair discrimination OR/AND equality and equity.
3. To identify and practice the correct attitudes and behaviors towards different minority groups.

Resources: Internet access, hand-outs, flipchart, markers, case-studies

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 minutes for each activity (5.2.a, 5.2.b), 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Activity 5.2.a

Group work

Investigating and discussing fair and unfair discrimination OR/AND equality and equity – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher presents and explains the request and offers hands-out (Resource 5.2.a/5.2.b).
3. The teacher asks each group to discuss and investigates the implications and effects of fair/unfair discrimination OR/AND equality and equity – 15 minutes.
4. Each group creates a list with pros and cons for fair/unfair discrimination OR/AND equality and equity. Illustrate with an example.– 15 minutes.

Plenary work:

Sharing groups' perceptions and opinions, comparing conclusions, and finding similarities and discrepancies between them – 30 minutes.

1. Teacher invites each group to share their own perspectives and opinions in the larger group.
2. Teacher encourages participants to discuss and to find similarities and discrepancies between groups inputs.

Resources for the activity:

Resource for Activity 5.2.a:

When is discrimination morally wrong? Relevance and circumstances

(1) A manufacturer of bikini wear is looking for models to present his new collection. Applicant A is rejected because he is male. Presumably, no one would say that the manufacturer discriminated against A, although “sex” is one of the traits on the list. Most probably, one would argue that “being female” is a core qualification for this job and thus not hiring applicant A is legitimate.

(2) A small internet start-up is looking for a new web designer. Applicant B is rejected because she is a young female who just married. In this case many would say that the employer discriminates against B, pointing out to the fact that “sex” is a trait on the list. The employer might reason that the likelihood of B getting pregnant is relatively high. Due to the fact that the company is a small start-up “not to cause extra costs e.g. by pregnancies” is a core qualification, too.

(3) A transport business is looking for a new truck driver. Applicant C is turned down because he is a Protestant. Again, many would say that the employer discriminates against C, referring to the fact that “religious beliefs” is a trait on the list. The employer argues that he simply hates Protestants and, therefore, does not want any of them to work for him.

(Heinrichs, 2012, p. 106)

Use also:


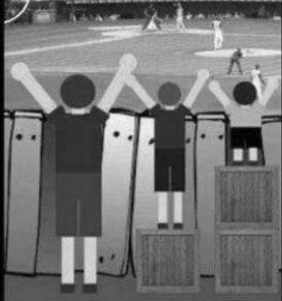
Internet resources

Real study-cases provided by the participants

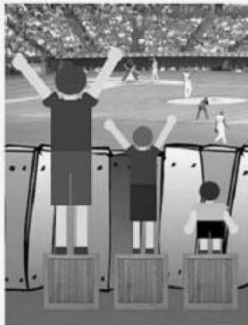
Heinrichs, B. (2012). What is Discrimination and When Is It Morally Wrong, in *Jahrbuch für Wissenschaft und Ethik*, accessed in 10.08.2018 at https://www.researchgate.net/publication/236633286_What_Is_Discrimination_and_When_Is_It_Morally_Wrong

<https://www.advocacyforinclusion.com/copy-of-video-01-introduction>

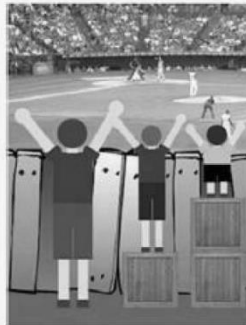
Resources for the activity 5.2.b:

equality	equity
	
Equality = SAMENESS	Equity = FAIRNESS
Equality is about SAMENESS , it promotes fairness and justice by giving everyone the same thing.	EQUITY is about FAIRNESS , it's about making sure people get access to the same opportunities.
BUT it can only work IF everyone starts from the SAME place , in this example equality only works if everyone is the same height.	Sometimes our differences and/or history, can create barriers to participation, so we must FIRST ensure EQUITY before we can enjoy equality.

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Definitions of equality

The right of different groups of people to have a similar social position and receive the same treatment

A situation in which men and women, people of different races, religions, etc. are all treated fairly and have the same opportunities

Definitions of equity

Equity is the quality of being fair and reasonable in a way that gives equal treatment to everyone.

FORMAL **the situation in which everyone is treated fairly and equally** the quality of being fair and impartial.

Stigma, prejudice and stereotype

Activity 5.3: Understanding related key-concepts (stigma, prejudice, stereotype) and the relations between them

Aims of the activities 5.3:

1. To understand what stigma, prejudice, stereotype are and how they relate with each other.
2. To understand the main cognitive distortion (overgeneralizations), and emotions (fear, anger, etc.) which fuel these attitudes and reactions.
3. To identify and practice the correct attitudes and behaviors towards different minority groups (empathy, fairness, respect, acceptance, etc.).

Resources: Internet access, hand-outs, flipchart, markers, case-studies

Strategy: Group work and plenary work

Duration of the activity: A total of 80 minutes for each activity, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Activity 5.3.a: Observing and identifying acts of stigmatization, prejudicial attitudes and conducts, and stereotype approach – their forms and impacts on people

Plenary activity:

After introducing the concepts of stigma, prejudice and stereotype, teacher/trainer indicates short-movies regarding these concepts. They are watched by the entire group. – 20 minutes

ALTERNATIVE ACTIVITY: teacher/trainer offers different movie for each group to investigate separately in group

Group work

Identifying the words, attitudes, reactions who represent acts of stigmatization, prejudicial thinking and acting, prototyping – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher presents and explains the requests.
3. Each group will extract from the movies example of stigmatization, prejudicial thinking and acting, prototyping.

4. The teacher asks each group to discuss and investigates the implications and effects of stigma, prejudice, and stereotype on individual, and group levels. – 15 minutes.
5. Each group prepares a report to be presented in the larger group. They can use the following table – 15 minutes.

Table : Signs and effects of stigma, prejudice and stereotype

	Words/label	Attitudes	Behaviors	Impact on the person/group
Stigma				
Prejudice				
Stereotype				

Plenary work:

Sharing groups' findings and opinions, comparing conclusions, and finding appropriate attitudes and approaches for special groups – 30 minutes.

1. Teacher invites each group to share their own perspectives and opinions in the larger group.
2. Teacher encourages participants to discuss and to find similarities and discrepancies between groups inputs.

Resources for the activity 5.3.a:

1. Mini-movies about stigma and its effects

<https://www.youtube.com/watch?v=w4208MaGYi0>

<https://www.youtube.com/watch?v=Wv49RFo1ckQ>

European stereotypes

<https://www.youtube.com/watch?v=6dZQ-G7b8nY>

Boys vs girls

<https://www.youtube.com/watch?v=aTvGSstKd5Y>

Hand-outs

Common Myths and Stereotypes about Disability

MYTH: A person with a disability is sick, or has something wrong with them.

FACT: Disability is a natural part of the human experience, and it is not the same as being sick. Individuals with disabilities have varying degrees of need, and are sometimes sick, just as non-disabled are sometimes sick. Mistaking a disability for sickness not only fails to sometimes sick. Mistaking a disability for sickness not only fails to respond to a person's needs, it perpetuates a negative stereotype and an assumption that the person can and should be cured.

MYTH: People with disabilities have a poor quality of life.

FACT: This is one of the most common and damaging stereotypes, because it discourages social interactions and the development of mature relationships. People with disabilities have needs just like those who are non-disabled, and they strive for a high degree of quality of life as other individuals. Society handicaps individuals by building inaccessible schools, theaters, homes, buses, etc. The attitude that disability is a bad thing and that disability means a poor quality of life is often viewed as more disabling than the disability itself.

MYTH: People with disabilities are inspirational, brave, and courageous for living successfully with their disability.

FACT: A person with a disability a simply carrying out normal activities of living when they drive to work, go shopping, pay their bills, or compete in athletic events. Access to community based, long term service such as attendant care, access to buildings, public transportation, sidewalks, etc, access to quality health care, and necessary equipment enables them to carry on the same as non-disabled necessary equipment enables them to carry on the same as non-disabled people.

MYTH: People with disability always need expensive and high-tech assistive devices or services.

FACT: Simple inexpensive devices are often the most critical in helping people with a disability live independently. Assistive devices can be as affordable as an eating utensil or Velcro strap.

MYTH: People with severe disabilities need to live in nursing home or rehabilitation hospitals or under constant supervision so that they do not hurt themselves.

FACT: Unfortunately, this myth has created a system of long term care in our nation that relies on institutions such as nursing homes and other facilities. Even those with the most severe disabilities could live in their own home given adequate community based service, and at the very least, they should be given that choice.

Source: *Access Center for Independent Living, Dayton, Ohio, SAD*

<https://hupt.hr/engleski/what-are-paraplegia-and-quadruplegia/common-myths-and-stereotypes-about-disability/>

i-People with disability deserve pity:

Disability is seen by many people as a personal tragedy and so disabled people deserved to be pitied. PWDs are often viewed as tragic figures whom society should pity. According to them, the burden of disability is unending; life with a disabled person is a life of constant sorrow and agony and that the able-bodied stand under a continual obligation to help them. People with disabilities and their families are the most perfect objects of charity and their role is to inspire benevolence in others, to awaken feelings of kindness and generosity. Unfortunately, contrary to what many might think, disability does not mean a poor quality of life, it is often the negative attitudes of society and the lack of accessibility within the community that are the real tragedy.

ii-People with disability cannot lead a productive and a fulfilling life:

According to this stereotype, it is assumed that disabled people cannot have a good “quality of life”. It promotes the assumption that people with disabilities will not be able to have a family, get a good job or take on responsibilities. The focus still remains continually on the person’s impairment rather than on the person’s abilities.

People with disabilities are capable of participating fully in community life just like their non-disabled peers. The challenge is to focus on their abilities not on their limitations.

iii-People with disabilities are sick and in constant pain:

Many people see PWDs as being under constant agony and pain. They see disability as a sickness that needs to be fixed, an abnormality to be corrected or cured. But it should be noted that people with disabilities are

like people without disabilities, they get sick on occasion or sometimes may be in pain.

iv-People with disability are wheelchair bound:

Many people still assume that the wheelchair is a source of life for PWDs without which they cannot live a fulfilling life.

Unfortunately, PWDs typically do not view themselves as “confined to their wheelchair”. In the same way, a person without a disability is not described as confined to their car, so also a disabled person is not supposed to be confined to their wheelchair. A wheelchair, like an automobile, is a form of mobility that contributes to a person’s independence.

v-People with disabilities are brave, courageous, heroic and inspirational for living with their disability.

PWDs are often portrayed as super humans and courageous as they triumph over adversity.

This stereotype puts a lot of pressure on disabled people to be cheerful, accepting and ready to “make the most of their condition”. The impairment gives disabled persons a chance to exhibit virtues they did not know they had and teach the rest of us patience and courage. George Covington, a writer who is blind once said that; “we’re seen as inspirational, and inspiration sells like hot cakes. My disability isn’t a burden: having to be so damned inspirational is”. This stereotype does not allow for people to have complex emotions and sees disabled people as being different rather than ordinary.

vi-People with disabilities are helpless and dependent.

This stereotype tends to mean that PWDs are to be pitied as they spend their whole life depending and needing other people’s help. Traditionally this stereotype was used by charities in order to raise funds.

vii-People with disabilities are to be feared :

Traditionally, PWDs have always been associated to witch craft. Many people feel that disability is a sign of ill omen to be feared. This sometimes explains why a lot of hatred, suspicion and violence is associated to disability. They are seen as a menace to others , to themselves and to their

community. This is especially true of people with mental disabilities. PWDs are consumed by an incessant and inevitable rage and anger at their loss and at those who are not disabled. Those with mental disabilities lack the moral sense that would restrain them from hurting others.

It should be noted that the above stereotypes and attitudes have been carved out by the society that continues to exclude persons with disabilities from meaningful participation in the development processes of their respective communities.

Let's all create an inclusive society for all persons, irrespective of their abilities and disabilities.

Rene Momene Otte

<https://atlascorps.org/negative-stereotypes-and-attitudes-linked-to-disability/>

Use also:

Internet resources

Real study-cases provided by the participants

Steps of the activities:

Activity 5.3.b: Feeling stigma and stereotyped attitudes - 135 – 165 minutes
Experimenting stigma and prejudice, and feeling and understanding their effects on people

Developing feelings of empathy, compassion, and promoting the acceptance of diversity

Plenary activity:

After introducing the concepts of stigma, prejudice and stereotype, teacher/trainer proposes a practical activity which model a real case of stigmatization. It will help understand and live the experience of stigmatization in real life.

Group work

Play-role: How it feels to be stigmatized/put in „a box”– 75 minutes

1. Participants are divided in groups of 3 or 4.

2. Every group receives cards with designated roles: *The stigmatized person*, *The person who stigmatize*, *Observer 1*, *Observer 2*. Roles are selected randomly, by pulling a card.
3. Each group will have assigned a context (at school, at job, at restaurant, at play ground, at the mall, on the street, at a sport/artistic event, at community event, etc.), and a criteria for stigmatization (gender, disability, age, race, fizical or psychological traits, ethnic or cultural specificity, religion, socio-economic background, type/structure of family of origin, etc.). These variable are also selected randomly by extracting cards from the piles.
4. Each group will develop and perform a scenario/script in which *The stigmatized person* is attacked by *The person wiho stigmatize*. The Observer(s) wittnesses the episode, observes the reactions of main characters, and he/she could remain objective, neutral or could intervene, at his own choice. – 30 minutes (steps 1 to 4).
5. The teacher asks each members of the group to assess and report their own perceptions and experience of stygmatization at personal level. They could use the following report forms – 30 minutes.

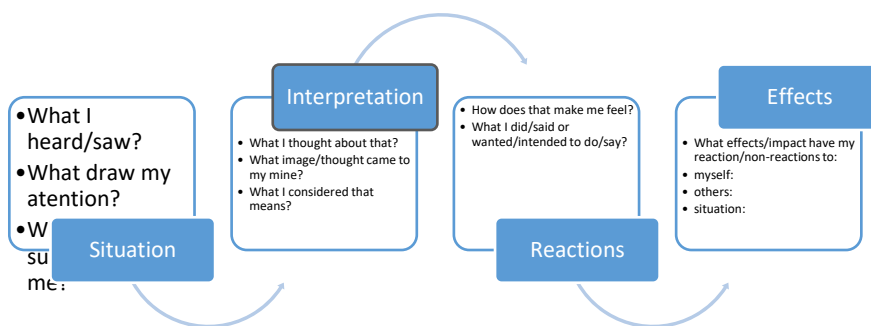


Figure 5.3.b: The subjective experience of stigmatization

Table 5.3.b: Final report

Actor	Attitude(s)	Interpretation (only own thoughts)	Emotional reactions	Behavioral reactions	Final comments
Stigmatized person					
Person who stigmatize					
Observer 1					
Observer 2					

- Each group prepares a report to be presented in the larger group. They can use the following table – 15 minutes.

Plenary work:

Sharing groups' findings and opinions, comparing conclusions, and finding appropriate attitudes and reactions when being subject or witness in a stigmatizing reaction/situation – duration varies depending the numbers of groups – 60 - 115 minutes.

- Teacher invites each group to share their own perspectives and opinions in the larger group (15 minutes/group) – 45-90 minutes.
- Teacher encourages participants to discuss and to find similarities and discrepancies between groups inputs, and to draw final conclusions – 15 minutes.

Resources for the activity 5.3.b:

Use also:

Internet resources

Real study-cases provided by the participants

- Role-play participants

STIGMATYZED PERSON	PERSON WHO STIGMATYZE
OBSERVER 1	OBSERVER 2

2. Contexts/situations (teacher/trainer/students could propose other possible situations)

AT SCHOOL	IN THE CLASSROOM
AT THE PLAYGROUND	AT RESTAURANT
AT COMMUNITY EVENT	AT JOB
AT THE MALL	ON THE STREET
SPORT EVENT	ARTISTIC EVENT
.....

3. Criteria for stigmatization (teacher/trainer students could propose other possible criteria for stigmatization)

GENDER	AGE
RACE	DISABILITY

PHYSICAL APPERANCE	PSYCHOLOGICAL TRAIT(S)
ETHNICITY	CULTURAL VALUES
RELIGION	SEXUAL ORIENTATION
SOCIO-ECONOMIC BACKGROUND	TYPE/STRUCTURE OF FAMILY OF ORIGIN
SOCIAL STATUS	PROFESSION
EDUCATIONAL LEVEL

Emancipation and Advocacy

After discussing and reflecting on key-themes, such as discrimination, stigma and prejudice, equality vs. equity, teacher/trainer directs attention towards fundamental human rights, anti-discriminatory policies and documents, stressing the importance of emancipation and empowerment of special/discriminated groups.

Activity 5.4.a: What are the rights of people with disabilities?

Aims of the activity:

1. To identify the fundamental and special rights of people with disabilities.
2. To raise awareness, and develop adequate attitudes and conducts towards people with disabilities.
3. To promote proactive attitudes for supporting and promoting the rights of people with disability.

Resources: Internet access, text books, hand-outs, flipchart, markers, case-studies

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 minutes, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Group work

The fundamental and specific rights of people with disabilities – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher presents and explains the request.
3. The teacher suggests the resource to be used to identify the rights of people with disabilities (movies, hand-outs, text book, etc.).
4. Each group uses the suggested resource, identifies and lists the rights of people with disabilities. – 15 minutes
5. In group, these rights will be discussed in regard with anti-discrimination policies, equal treatment and equity, etc. The conclusions will be documented in a report– 15 minutes

Plenary work:

Sharing groups' opinions and perspectives on the necessity and relevance of the rights of people with disabilities– 30 minutes.

1. Teacher invites each group to share their opinion and perspective to the larger group.
2. Teacher encourages participants to discuss and to find similarities and discrepancies between groups inputs.

Resources for activity 5.4.a:

What are the rights of students with disability? What are the obligations of the school/educational system, teachers and parents?

<https://www.advocacyforinclusion.com/copy-of-video-01-introduction>

<https://www.advocacyforinclusion.com/copy-of-video-02-human-right>

Discrimination Act -1991

Equality Act 2010

https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Disability Discrimination Act 2005

<file:///C:/Users/Lenovo%20V310%20PC1/Documents/ASD/disability%20discrimination%20in%20school.pdf>

The Salamanca Statement – 1994

<http://unesdoc.unesco.org/images/0009/000984/098427eo.pdf>

Activity 5.4.b: What is advocacy? Who advocates, for whom, and why?

Aims of the activity:

1. To identify the main actions of advocacy.
2. To identify the main advocacy groups, their interests and motive.

Resources: Internet access, text books, hand-outs, flipchart, markers, case-studies

Strategy: Group work and plenary work

Duration of the activity: A total of 60 minutes, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Group work

Advocacy – what, who, why? – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher suggests the resource to be used to identify the rights of people with disabilities (movies, hand-outs, text book, etc.).
3. Each group uses the suggested resource, and identifies the advocacy actions, advocacy groups, their interests and motives. – 15 minutes
4. Each group prepares a final report of the activity, using the following form (Table 5.4.b) – 15 minutes

Table 5.4.b: Advocacy on a glimpse

ADVOCACY	
WHAT <i>(actions, measures)</i>	
WHO <i>(advocacy groups)</i>	
WHY <i>(interests, motives)</i>	

Plenary work:

Sharing groups' findings and generating a final, common report (Tab. 5.4.b could be used for this final report) – 30 minutes.

1. Teacher invites each grup to share findings and compare them with the others.
2. Teacher encourages participants to make a syntezeise of the groups' report and generate the final report.

Resources for activity 5.4.b

<https://www.advocacyforinclusion.com/copy-of-video-08-suspension-expel>

<http://www.asksource.info/topics/cross-cutting-issues/advocacy-inclusion>

Impact of Advocacy in mental health services and providers

In order to introduce the relevance and impact of consumers and their families' voices, options, and consent for medical and therapeutic services, the teacher/trainer could use case studies. The selected case studies should present the struggling, uncertainty, and even despair confronting the diagnostic and overwhelming changes in their life. Therefore, the decision to express their views, their opinion and options regarding the prescribed/suggested treatments and interventions represent an act of self-advocacy.

Activity 5.5: Identifying the imposed vs. selected measures for intervention

Aims of the activity:

1. To identify the main problems the family encounters after finding the diagnostic.
2. To identify the main difficulties for the family and for the child in incorporating the prescribed interventions and treatments for ASD in daily-life routines.
3. To analyze the distinctions between imposed vs discussed/selected options of interventions.
4. To practice the correct approach of family, and child, in order to make their voice heard.
5. To identify the efficient measures to advocate the consumers and the family in the process of intervention selection.

Resources: Flipchart, markers, case-studies

Strategy: *Group work and plenary work*

Duration of the activity: A total of 75 minutes, 30 minutes in group work and 45 minutes in plenary work

Steps of the activities:

Group work

Identifying problems, opportunities, and barriers and solutions for advocacy for mental health services and provisions – 30 minutes

1. Participants are divided in groups of 4, by the Cube method: each participant rolls a dice with each face in a different colour. All the same colour reunites in a group.
2. The teacher gives each group a study case (Alternative activity: Teacher asks each group to find and present a study case, from their practice/experience).
3. The teacher asks each group to read collaboratively a study case and to identify difficulties, obstacles encountered by the family and consumers or the opportunities to be actively involved in decision-making process.

4. The teacher advises the participants to find out possible conclusions, solutions or advices identified and shared by the consumer and the family.
5. The participants will propose at least three advocacy measures for the case.
6. The participants will introduce their findings in the following table:

Table 1: Study case presentation

Process/ context	Persons involved	Interests of the persons involved	Motives for involvements	Opportu nities	Obstacles	Conclusio ns/solutio ns/ advices
Diagnost ic						
Intervent ions						

Plenary work (45 minutes):

1. Each groups will present their findings in the larger groups.
2. Participants will identify the similarities and differences between the case-studie.
3. Participants will reflect and appreciate the advocacy measure proposed by the other groups.
4. Participants will identify the main obstacles and opportunities of the consumers and families for involvement in health services and provisions decision-making process.
5. Participants will propose the best advocacy measure for this context/process (medical services/diagnostic and intervention plan).
6. At the end of the task, participants will complete a joint table (Table 2).

Table 2: Opportunities, obstacles, and solutions for active involvement in medical decisions

Process/ context	Persons involved	Interests of the persons involved	Motives for involvements	Opportu nities	Obstacles	Conclusio ns/solutio ns/ advices
Diagnost ic						
Intervent ions						

Assessment/portofolio: 90 minutes

This task could be realized during the training, but could be used also as a task for the portofolio for the final assessment.

In groups of 3 to 5, participants will proposed an advocacy campaign for supporting the rights of consumers and families to be active and equal part in the process of decision-making regarding mental health services (see Table 3).

Table 3: Suggested structure of the project:

Campaign's name:

Slogan:

Aims:

Target-groups:

Level (local, regional, national):

Media:

Resources:

Actions:

Expected impact:

Resources for the activity:

Suggested model of case-study

Jamie and Sarah (6)

Following Sarah's diagnosis I was devastated. In a lot of ways I was glad to get the diagnosis: now that I knew what was wrong I could start getting help. However, my greatest shock came when I realized that there was very little help for Sarah in the part of Tennessee where we live. There were no facilities available, no special schools in the area, and there were no qualified therapists.

After receiving the diagnosis, my next step was to network. I think I called every number there was to call related to autism. I must have made at least a hundred phone calls to different parts of the country. Surprisingly, the most helpful "resource" was talking to other parents. The social worker who initially suspected Sarah had autism gave me the name of some mothers in the area and they provided me with the information I needed. They directed me to county schools rather than city schools, and gave me a specific recommendation on the best curriculum coordinator*. I followed their advice and identified adequate services to get started. Another parent helped me contact a branch of the Association for Retarded Citizens (Arc) (Sarah has a dual diagnosis of autism and mental retardation) to try and get additional services and funding for a home therapy program.

Currently, Sarah qualifies for the Medic aid waiver program because her behavior is so severe. Over the years I have filled out tons of paperwork and spent many hours in meetings to obtain services for her. Once a caseworker from the Department of Children's Services came out to help us, but they still cut the number of therapy hours per week. Of course, I fought and got them back. Now, though, I'm faced with a situation where I have enough hours available but I don't have any competent therapists. All the funding

in the world doesn't matter if you don't have qualified people to administer the program.

Based on 30 years of research, we chose to use Applied Behavioral Analysis (ABA) with Discreet Trial Training (DTT) as the foundation for our home program. Many children experience dramatic improvements in behavior, language, and social skills through these programs. Sarah's results are mixed. About a year and a half into the program I realized she wasn't going to spontaneously recover. I began to lose hope and I suspected Sarah was never going to be what you would call a "typical" child. We've also tried biological testing. I sent samples of Sarah's hair, urine, feces, and blood to laboratories to be analyzed. Next I purchased vitamins, but it was practically impossible to get them into her. For a while we tried the gluten-free, casein-free (GFCF) diet but that didn't seem to help either.

Sarah ate hardly anything during the entire time we were on the diet and began losing weight. When the GFCF diet failed I thought, "Oh no, that didn't work either. She's going to be like this forever." Again the situation seemed hopeless.

Looking back, it seems silly to have given up because there's always hope. In this case, the Lord's lesson was, "Wait!" I couldn't understand why I was being led to all these innovative therapies that were helping lots of other kids but not mine. Now I see how everything had to occur that way.

Lessons had to be learned. I know everything happens for a reason; we don't always see the big picture. Whereas my other children teach me how to be a good mother, Sarah teaches me how to be a good person.

Sometimes I feel frustrated because I am unable to help Sarah. I can't communicate with her and I can't help her break out of this. I know there is somebody in there. Sometimes Sarah will do something or say something that's so normal, but in an instant she's gone. While I know there is somebody in there trying to get out, it is maddening not having the means to know what to do or how to do it.

Naturally, some of the best moments are when we do get through, when Sarah grasps a concept in therapy or when I know I've reached her. We are always working to teach her functional skills and it's wonderful when there's something tangible to show for it. For instance, Sarah can dress herself now and has therapy outside of her "therapy room." Overcoming those obstacles took several years. She can do it, though. She follows simple instructions now, too. Reaching the little milestones is the best reinforcer in the world; it makes all the hardships worthwhile.

Jamie's tips

- _ Focus on what your child *can* do. _ Keep researching and stay educated.
- _ Always be on top of what your rights are. _ Never give up hope.

(from Satterlee Ross, 2006, p. 42-44)

Use also:

Internet resources

Real study-cases provided by the participants

Satterlee, Ross, D; Jolly, K.A. (2006). *That's life with autism*, London: Jessica Kingsley Publishers

Impact of Advocacy in education

In order to introduce the relevance and impact of advocacy on educational trajectory and provisions, the teacher/trainer could use case studies, from different sources (real-life situations, case-studies from books, movies, etc.). The selected case studies should present the problems, struggling, uncertainty, and insufficient support for consumers and families in choosing and obtaining the right educational intervention.

Activity5.6: Identifying the problems encountered in educational contexts, the special needs to be addressed, and possible solutions

Aims of the activity:

1. To identify the main problems the child and its family encounters in educational contexts.
2. To identify the main challenges faced by the family and the child with special needs in school.
3. To analyze the possible differences between law/theory and practice/field situation.
4. To practice the correct approach of family, and child with special needs in order to assure equal chances to a high quality education.
5. To identify the efficient measures to advocate the consumers and the family to request real and efficient educational inclusion.

Resources: Flipchart, markers, case study

Strategy: *Group work and plenary work*

Duration of the activity: A total of 120 minutes, 30 minutes in group activities and 90 minutes in plenary activities.

Steps of the activities:

Group activity

Exploring the study-case - 30 min

Aims of the activity:

1. Participants are divided in groups of 3 to 5, by the Cube method: each participant rolls a dice with each face in a different colour. All the same colour reunites in a group.
2. The teacher gives each group a study case

(Alternative activity: Teacher asks each group to find and present a study case, from their practice/experience).

3. The teacher asks each group to read collaboratively a study case and to identify difficulties, obstacles encountered by the family and consumers in the school context.
4. The teacher advises the participants to find out possible conclusions, solutions or advices indentified and shared by the consumer and the family.
5. The participants will propose at least three appropriate advocacy measures for the case.
6. The participants will introduce their findings in the following table:

Table 1: Study case presentation

Context	Positive aspects	Negative aspects	Barriers	Opportunities	Conclusions/solutions/advices
Education law(s)/ School rules					
School enrolment (possibilities, alternatives)					
Available educational interventions (services, resources)					
Physical environment of school (accessibility, adaptability, etc.)					
Social environments of school (mentalities, attitudes)					

Plenary work (90 minutes):

1. Each groups will present their findings in the larger groups.

2. Participants will identify the similarities and differences between the case-studies.
3. Participants will reflect and appreciate the advocacy measure proposed by the other groups.
4. Participants will identify the main obstacles and opportunities of the consumers and families for involvement in health services and provisions decision-making process.
5. Participants will propose the best advocacy measure for educational context.
6. At the end of the task, participants will complete a joint table (Table 2).

Table 2: Opportunities, obstacles, and solutions for active involvement in medical decisions

Context	Positive aspects	Negative aspects	Barriers	Opportunities	Conclusions/solutions/advices
Education law(s)/ School rules					
School enrolment (possibilities, alternatives)					
Available educational interventions (services, resources)					
Physical environment of school (accessibility, adaptability, etc.)					
Social environments of school (mentalities, attitudes)					

Assessment/portofolio: 45minutes

This task could be realized during the training, but could be used also as a task for the portfolio for the final assessment.

In groups of 3 to 5, participants will propose an advocacy campaign for supporting the rights of consumers and families to be active and equal part in the process of decision-making regarding educational solutions and provisions (see Table 3).

Table 3: Suggested structure of the project:

Campaign's name:
Slogan:
Aims:
Target-groups:
Level (local, regional, national):
Media:
Resources:
Actions:
Expected impact:

Resources for the activity:

Suggested model of case-study

<p>Chuck and Kyle (9)</p> <p>The very first teacher my son ever had pulled me aside one day in the parking lot and said, "If I were you I honestly would ask for about 800 more things for my son. You better get a backbone quickly!" From that point on I did.</p> <p>In the part of Virginia where we live we are in the fastest-growing county in the USA, so the school system has huge growth problems. Special needs kids always tend to get pushed to the back of the bus anyway, but here even the normal kids are getting pushed around. Every single year Kyle was going to a different school for his educational needs. For a kid that doesn't like breaks in routine, going to a new school every year meant that we were losing more ground than we were gaining. All the switching around was getting to be annoying; by the time Kyle was in first grade he had already been in four schools! We hadn't moved—the county just kept moving the location of his program.</p> <p>I recommend that parents compile a list of everything they want from their school district for their child, and make sure each item gets on the Individualized Education Program (IEP). Then I instruct them, "If the school district says no to a request due to lack of funding, say, 'That's against the law.' If the school district says a particular service is not available say, 'That's against the law, too!'" I also tell them, "If you are not completely satisfied with anything that is written on an IEP get up and leave</p>
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the meeting right then and there.” You’d be surprised how many school administrators will have a nuclear meltdown the moment you do that.

Even if you are satisfied with the outcome of the meeting but disagree with a specific point, be sure to write that on the IEP. That paperwork is your only legal recourse if there is a problem in the future. If you don’t like something, write “I don’t like that” next to the specific point in question so if you ever end up going to court you’ll have proof. To me, those papers are more important than the paperwork that bought my house.

Being aware of the laws regarding special education I wrote up Kyle’s IEP stating, “If and when you move the program, we need two to three weeks before school starts to be able to transition Kyle without any problem.”

That simple statement in his IEP paid off in a major way. Right before the beginning of the very next school year they told us that Kyle would be attending a new school because the old school was being refurbished. Construction was behind schedule, and they said they wouldn’t be able to let the kids into the building at all prior to the first day of classes. I said, “Fine, according to the IEP guidelines I can issue a stay-put clause, which means he stays in his current school.” The county had a problem with that because they’d already moved the teachers from his program into the new school.

Even the classroom they used the previous year had been taken over by another program. Legally I had them cornered.

At the same time all this commotion was going on with the public school system, a woman from the local Association for Retarded Citizens (Arc) noticed the problems autism was creating in the county and she was setting up a separate school. I was pushing the school district to allow Kyle to attend even though I never remotely believed we stood a chance of getting him in due to the cost. This was going to be a private school where the cost would run to \$60,000–\$80,000 per year for each student to attend.

After putting some pressure on the county as far as their legal obligations regarding building changes, they finally admitted defeat and agreed to send Kyle to the private school at their expense.

This school is the first Kyle has attended for more than a year. He’s about to start his second year and he’ll be there again the year after next.

The program is slated for children until they reach 12 years old or, in other words, the end of sixth grade. Beyond that we’re trying to figure out how to make it grow, otherwise Kyle will go back into the public school system.

For most people it is virtually impossible to get a county to pay for a school like that. Only children who are very severely affected will ever get placed out of the school system. My son is one of the few who is completely non-verbal. However, it was anticipating the county’s next move, rather than any

inherent characteristic of Kyle's, that got him where he is now. In this case, I predicted their moves correctly and won.

Ironically, the only time Kyle ever received an autism label was from the county education program. I prefer the diagnosis of "severely disabled," which qualifies him to receive more services here in this state. During a routine re-evaluation, no one could dispute the classification of severely disabled so he was relabeled. Kyle is definitely not showing up for any statistics on autism, but I know what's wrong. I'll take whatever label I can get to provide him with the best possible care.

Chuck's tips

- Learn to play the politics. Understand the laws and your rights. Don't go into a battle unless you're fully prepared.
- Try to find a balance between educational and medical interventions. You might need to do only one or the other, or a balance of both. Don't just try a medical intervention and let your child's brain turn to mush: research educational practices, try a variety of things and find what works for your particular child.

(from Satterlee Ross, 2006, p. 60-62)

Barriers and solutions for advocacy

Activity 5.7: Finding solutions for barriers in advocacy

Aims of the activity:

1. To understand different types of barriers in the activity of advocacy.
2. To work as a team to activate and valorize available resources.
3. To creatively identify new solutions and resources to promote advocacy.

Resources: Internet access, handouts, text books, flipchart, markers, case-studies

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 minutes, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Group work

Investigating one type of barrier in advocacy and proposing possible solutions – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher presents and explains the request, offering the hand-outs (one type of barrier in advocacy).

3. The teacher asks each group to discuss and investigate collaboratively available resources and to generate as group a list of possible solutions – 30 minutes.

Plenary work:

Sharing each group’s opinion and solutions, and realizing a common, final list of proposed solutions – 30 minutes.

1. Teacher invites each group to share their own reflections and solutions to the larger group.
2. Teacher encourages participants to discuss the solutions, and their potential qualities and flaws.
3. Teacher assists the group in composing the list with proposed solutions.

Resources

Table: Possible barriers in advocacy

Resistance to advocacy issues from policy-makers and planners. They consider that the defense of consumer rights or the plea for better mental health is either critical of their work or not relevant in the country or region concerned.
Division and friction between different mental health advocacy groups. The conflict results in the advocacy groups losing strength and the ability to get their messages to the general population and policy-makers.
Resistance and antagonism from general health workers and mental health workers to advocacy for consumers’ rights and better quality of mental health services.
Very few people seem interested in mental health advocacy and proposals are not receiving support from the general population at the national or regional level.
There is confusion about the theory and rationale of mental health advocacy. Stakeholders do not seem to believe the soundness of the ideas presented to them.
Few or no consumer groups, family groups and nongovernmental organizations are dedicated to mental health advocacy in the country or region concerned.

Conclusions and recommendations

Activity 5.8: Let's advocate!

Aims of the activity:

1. To propose an advocacy theme and a slogan.
2. To develop a plan of action.
3. To identify necessary steps, resources, audience, etc.

Resources: Internet access, text books, flipchart, markers, case-studies

Strategy: *Group work and plenary work*

Duration of the activity: A total of 60 minutes, 30 minutes in group work and 30 minutes in plenary work

Steps of the activities:

Group work

Developing an advocacy campaign – 30 minutes

1. Participants are divided in groups of 3 or 4.
2. The teacher presents and explains the request.
3. The teacher asks each group to establish the theme, content, steps and actions for an advocacy campaign.
4. Each group build a plan for an advocacy campaign for people on the autistic spectrum – 30 minutes.

Plenary work:

Sharing ideas and gaining support! – 30 minutes.

1. Teacher invites each grup to share their plan of advocacy.
2. Teacher encourages participants to discuss and offer feedbacks and suggestions.

Portfolio:

This task could be included in students' portofolio for the final assessment.

Resources:

Title of the campaign:

Theme/main goal of the campaign:

Slogan of the campaign:

Table: Suggested sections/steps of developing advocacy campaign

Steps	Content/measures/suggestions	Comments
Needs assessment		
Identifying available resources		
Establish goals and objectives		

Establish advocacy methods to be used		
Raising awareness, maintaining interests and implication in community		
Ways of finding support in community		
Involving influential people as campaign face/voice		
Estimating the effect and the impact		

References

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

<https://www.autismspeaks.org/advocate>

<https://dictionary.cambridge.org/dictionary/english/discrimination>

<https://www.collinsdictionary.com/dictionary/english/discrimination>

<https://en.oxforddictionaries.com/definition/discrimination>

<https://www.merriam-webster.com/dictionary/discrimination>

<http://www.researchautism.net/>

Mann, B. (2014). Equity and equality are not equal, accessed at <https://edtrust.org/the-equity-line/equity-and-equality-are-not-equal/> in 26.09.18

DECLARATION OF HUMAN AND CIVIC RIGHTS OF 26 AUGUST 1789, accessed at https://www.conseil-constitutionnel.fr/sites/default/files/as/root/bank_mm/anglais/cst2.pdf accessed in 26.09.2018

UNESCO (1994). The salamanca statement and framework for action on special needs education, Spain, accessed at http://www.unesco.org/education/pdf/SALAMA_E.PDF in 26.09.2018

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