



Friends of Children with Special Needs

# Volunteer Handbook

## FCSN's Mission

Our mission is to help children/adults of special needs, and their families, to find love, hope, respect, and support through community involvement.

### **FCSN Center**

East Bay: 2320 Peralta Blvd., Fremont, CA 94536

South Bay: 3675 Payne Ave., San Jose, CA

[www.fcsn1996.org](http://www.fcsn1996.org)

# FCSN Volunteer Handbook

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## ***FCSN's History***

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### **Early Days**

FCSN is a non-profit organization that was founded by a group of parents, with special needs children, and their friends in 1996 – hence the name “Friends” of Children with Special Needs. Together, these parents and friends planned activities, such as support groups, picnics and newsletters, and organized classes. In spring 1997, FCSN started its biweekly family gatherings at APFRC (Asian Pacific Family Resource Center) in San Jose, and saw a fast increase in its membership. In 1999, FCSN started local groups to support the specific needs of families within their local community.

### **Dream Project**

In year 2000, FCSN embarked on an ambitious “Dream Project” to build a community center for our future “Dream Community”. In 2002, a group of parents purchased a piece of land and donated to FCSN, which set the project in motion. Construction began in 2003. In an effort to fulfill this goal, our members were motivated to help with various fund-raising events, including the folk song concerts and our annual Gala. With the strong support from the community, the FCSN Dream Center was completed in Summer 2006.

### **Building Programs**

Since 2006, to address the needs of adults with special needs, FCSN has developed many vendorized programs, such as ADP (Adult Day Program), SLS (Supported Living Service), CIDP (Community Integrated Day Program), ILS (Independent Living Service), and Respite Program. For children under the age of 18, we began offering after school, weekend and summer programs. In addition, to support the various needs of different individuals, we have over 40 educational and enrichment programs, ranging from music, arts and crafts, to sports and drama. As of 2013, FCSN is a well-established non-profit organization, with a staff of 100, headquartered in Fremont, CA.

### **South Bay Center**

In 2011, our long-anticipated South Bay expansion took place with the move to 3675 Payne Ave. San Jose. At this location, FCSN has implemented many of the successful programs from our Fremont Headquarters, as well as developed innovative programs to cater to the specific needs of our South Bay families. Over the next few years, FCSN plans to have its own community center in the South Bay area to accommodate its growth and demand.

## *Who are FCSN's Volunteers?*

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The FCSN family consists of individuals with special needs and their families, our friends, FCSN staff, and supporters. In addition, many individuals have stepped up to become volunteers – they include parents, friends, staff, and even special-needs adults themselves. Our dream is to build a community of love, hope, respect and support for our children with special needs. Within FCSN, people often play multiple roles, and many can become volunteers. Needless to say, volunteers have been a key ingredient of FCSN's success.

Our biggest source of volunteers comes from our family members; this is not surprising since FCSN was founded by a group of families. Over the years, the core group of parents have set up regular gatherings, local programs, and vendorized programs. They also started the Dream Project, and ran numerous fundraising events which led to the building of FCSN Center in 2006. We expect the parents to continue driving many of FCSN's future projects. However, it is sometimes a big step to take for parents to become volunteers, since they are already burdened with the responsibilities for their special needs children. We understand that not every family member can volunteer at any given time, and we do appreciate those individuals who have made the commitment.



Another resource of volunteers comes from our friends, who came to help us. We also have many outsiders who have heard of our needs and decided to lend a helping hand. They are involved in all different types of job functions ranging from teaching, coaching, security guard, to fund-raising. For example, we have had many teachers who have dedicated much of their spare time to work with our children/adults with special needs. Without the help of our friends, we would not be where we are today.

We also have many youth volunteers, mostly high school students, who want to get involved in a meaningful community project. By working closely with individuals with special needs, they have the opportunities to build leadership ability, learn about different disabilities, and experience the diversity of people in our community. This could be a challenging and eye opening experience for some of the youth volunteers.

## Volunteer Pledge

*Signing up as a volunteer is a commitment to FCSN, our children/adults with special needs, and their families.*

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### **As a FCSN Volunteer, I promise:**

- To attend the class or program on a regular basis, when required
- To arrive on time and prepared for the class or program
- To treat other individuals with respect and love, regardless of their special needs
- To teach and learn from others
- To help and support fellow volunteers
- To execute my role to the best of my ability
- To maintain honesty and high ethical standards during my volunteer functions
- To keep FCSN Special needs children's information confidential
- Wear appropriate clothes when coming to volunteer in FCSN.





## ***What are Special Needs?***

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A child or adult with special needs is basically an individual who, because of his or her unique medical or developmental difficulties, has needs in addition to those of his or her peers. Many are born with their disability such as Autism or Down Syndrome; while others might have developed their disability due to disease or accident. Special needs may range from mild to severe, and the level of impairment may vary from individual to individual even for people with the same type of disability. Most special needs respond well to treatment or special programs and services. Even with their disabilities, these individuals are fully capable of learning, loving, and enjoying life as the rest of us.

### **Types of disabilities**

- Attention Deficit/Hyperactivity Disorder (AD/HD)
- Cerebral Palsy
- Deafness/Hearing Loss
- Emotional Disturbance
- Epilepsy
- Mental retardation
- Pervasive Developmental Disorder (PDD)
- Speech and Language Impairments
- Spin Bifida
- Traumatic Brain Injury
- Visual Impairments

(reference: <http://www.ciccparenting.org/ChildhoodDisabilities.aspx>)

### **Children with Special Needs**

Many young children with special needs are diagnosed with one of the disabilities at an early age, and many receive support from the local regional center and participate in early intervention programs. School-aged children are either mainstreamed or attend special education classes. FCSN provides additional support such as after school programs, arts/crafts/music/sports programs on weekends, and summer programs. FCSN also



supports the special needs families with biweekly gatherings, local programs, and other family activities.

### **Adults with Special Needs**

Most people with special needs do not outgrow their disorders as they get older. When a special needs individual is under the age of 22, he/she is entitled to an education from the local schools. After the age of 22, most individuals still need additional social, vocational, and life skill training. To assist adults with special needs, FCSN started its South Bay Adult Day Program in 2005, and the East Bay ADP in 2006. Today, FCSN offers several vendorized programs in South Bay and East Bay such as: ADP (Adult Day Programs), SLS (Supported Living Services), CIDP (Community Integrated Day Program), and ILS (Independent Living Services).



## ***Different Disabilities***

*A great deal of information regarding special needs groups, special education, and disabilities can be found on the Internet. A good place to start is the National Dissemination Center for Children with Disabilities (NICHCY). The following information on several common disabilities is found on NICHCY website.*

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### **What is *Autism Spectrum Disorder*?**

Autism Spectrum Disorder is a neurological disorder that affects a child's ability to communicate, understand language, play, and relate to others. The following are common characteristics of the disorder, which can vary from mild to severe:

- Communication problems (e.g. with the use or comprehension of language)
- Difficulty relating to people, things, and events;
- Playing with toys and objects in unusual ways;
- Difficulty adjusting to changes in routine or to familiar surroundings; and
- Repetitive body movements or behaviors.

These characteristics are typically evident before the age of three.

Children with Autism Spectrum Disorder can differ considerably with respect to their abilities, intelligence, and behavior. Some children don't talk at all. Others use language where phrases or conversations are repeated. Children with the most advanced language skills tend to talk about a limited range of topics and to have a hard time understanding abstract concepts. Repetitive play and limited social skills are also evident. Other common symptoms of a disorder on the autism spectrum can include unusual and sometimes uncontrolled reactions to sensory information—for instance, to loud noises, bright lights, and certain textures of food or fabrics.

There are four criteria for a diagnosis of Autism Spectrum Disorder to be made:

- A. Persistent deficits in social communication and social interaction (manifested by all three

*As of May 2013, the criteria for diagnosing disorders on the autism spectrum have changed. The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) specified five disorders – Autism, Asperger syndrome, Rett syndrome, Childhood Disintegrative Disorder, Pervasive Developmental Disorder Not Otherwise Specified – under the umbrella category of Pervasive Developmental Disorders. However, in the newly released DSM V, what used to be classified as five separate disorders is now classified as a single Autism Spectrum Disorder, with varying levels of severity and complementary specifications.*



of the following)

- i. in social-emotional reciprocity
  - ii. in nonverbal communication
  - iii. in developing and maintaining relationships
- B.** Restricted, repetitive patterns of behavior or interests (manifested by at least two of the following)
- i. Stereotyped or repetitive speech, motor movements, use of objects
  - ii. Excessive adherence to routine, rituals
  - iii. Highly restricted, fixated interests
  - iv. Hyper- or hypo- reactivity to sensory input or unusual interest in sensory aspects
- C.** Symptoms must be present in early childhood
- D.** Symptoms together must limit and impair everyday functioning

### **What Causes ASD?**

There is no one cause of autism just as there is no one type of autism. There are now a number of known single-causes of autism (e.g. in the case of rare genetic disorders); however, this only accounts for a small minority of cases. In most cases, ASD appears to be caused by a complex and variable combination of multiple factors, both genetic and environmental, that influence early brain development. ASD is not due, however, to psychological factors or, as has been widely reported in the press, to childhood vaccines.

### **What about School?**


Early diagnosis and intervention are very important for children with ASD. As we've mentioned, under IDEA children with ASD may be eligible for early intervention services (birth to 3) and an educational program appropriate to their individual needs.

In addition to academic instruction, special education programs for students with ASD focus on improving communication, social, academic, behavioral, and daily living skills. Behavior and communication problems that interfere with learning often require the assistance of a professional who is particularly knowledgeable in the autism field to develop and help implement a plan which can be carried out at home and school.

The classroom environment should be structured so that the program is consistent and predictable. Students with ASD learn better and are less confused when information is presented visually as well as verbally. Interaction with nondisabled peers is also important, for these students provide models of appropriate language, social, and behavioral skills. Consistency and continuity are very important for children with ASD, and parents should always be involved in the development of their child's program, so

that learning activities, experiences, and approaches will be most effective and can be carried over into the home and community.

With educational programs designed to meet a student's individual needs and specialized adult support services in employment and living arrangements, many children and adults with a disability on the autism spectrum grow to live, work, and participate fully in their communities.



Autism now  
affects **1 in 50**  
children

#### **Autism Facts and Stats**

- Autism now affects 1 in 50 children (2013)
- Boys are four times more likely to have autism than girls
- About 40% of children with autism do not speak.

About 25%–30% of children with autism have some words at 12 to 18 months of age and then lose them.

Others might speak, but not until later in childhood

- Autism greatly varies from person to person (no two people with autism are alike)
- The rate of autism has steadily grown over the last twenty years
- Comorbid conditions often associated with autism include Fragile X, allergies, asthma, epilepsy, bowel disease, gastrointestinal/digestive disorders, persistent viral infections, PANDAS, feeding disorders, anxiety disorder, bipolar disorder, ADHD, Tourette Syndrome, OCD, sensory integration dysfunction, sleeping disorders, immune disorders, autoimmune disorders, and neuroinflammation.
- Autism is the fastest growing developmental disorder, yet most underfunded
- A 2008 Danish Study found that the mortality risk among those with autism was nearly twice that of the general population
- Children with autism do progress – early intervention is key. Autism is treatable, not a hopeless condition.

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

#### **Tips for Teachers**

- Learn more about the autism spectrum.
- Make sure directions are given step-by- step, verbally, visually, and by providing physical supports or prompts, as needed by the student. Students with autism spectrum disorders often have trouble interpreting facial expressions, body language, and tone of voice. Be as concrete and explicit as possible in your instructions and feedback to the student.

- Find out what the student's strengths and interests are and emphasize them. Tap into those avenues and create opportunities for success. Give positive feedback and lots of opportunities for practice.
- Build opportunities for the student to have social and collaborative interactions throughout the regular school day. Provide support, structure, and lots of feedback.
- If behavior is a significant issue for the student, seek help from expert professionals (including parents) to understand the meanings of the behaviors and to develop a unified, positive approach to resolving them.
- Have consistent routines and schedules. When you know a change in routine will occur (e.g., a field trip or assembly) prepare the student by telling him or her what is going to be different and what to expect or do.
- Work together with the student's parents and other school personnel to create and implement an educational plan tailored to meet the student's needs. Regularly share information about how the student is doing at school and at home.

*Credit: Information modified from National Dissemination Center for Children with Disabilities, <http://nichcy.org/disability/specific/autism>; and Autism Speaks, <http://www.autismspeaks.org/what-autism>*

## What is **Down Syndrome**?

Down syndrome is the most common and readily identifiable chromosomal condition associated with intellectual disabilities. It is caused by a chromosomal abnormality: for some unknown reason, an accident in cell development results in 47 instead of the usual 46 chromosomes. This extra chromosome changes the orderly development of the body and brain. In most cases, the diagnosis of Down syndrome is made according to results from a chromosome test administered shortly after birth.

Just as in the normal population, there is a wide variation in mental abilities, behavior, and developmental progress in individuals with Down syndrome. Their level of intellectual disability may range from mild to severe, with the majority functioning in the mild to moderate range.

Because children with Down syndrome differ in ability, it's important that families and members of the intervention team place few limitations on potential capabilities and possible achievements. Each child with Down syndrome has his or her own talents and unique capacities, and it's important to recognize these and reinforce them. As the Family Doctor website states:

*In many important ways, children who have Down syndrome are very much the same as other children. They have the same moods and emotions, and they like to learn new things, to play and enjoy life. You can help your child by providing as many chances as possible for him or her to do these things. Read to your child and play with him or her, just as you would any other child. Help your child to have positive experiences with new people and places.*

### Tips for Teachers

- Learn as much as possible about Down syndrome. The organizations mentioned in this fact sheet can help you identify techniques and specific strategies to support the student's learning. We've included some additional suggestions below.
- This may seem obvious, but sometimes the appearance of Down syndrome can give the mistaken impression that the child cannot learn. Focus on the individual child and learn firsthand what needs and capabilities he or she has.

*Don't let the appearance of certain conditions give you mistaken impressions about the child's abilities. **Focus on the individual child** and learn firsthand what needs and capabilities he or she has.*

- Realize that you can make a big difference in this student's life! Use the student's abilities and interests to involve and motivate. Give lots of opportunities for the student to be successful.
- Talk candidly with your student's parents. They're experts and can tell you a great deal about their daughter's or son's special needs and abilities.
- Work with the student's parents and other school personnel to develop and implement a special educational plan (IEP) that addresses the individual needs of the student. Share information on a regular basis with parents about how things are going for the student at home and in school.
- If you're not part of the student's IEP team, ask for a copy of this important document. The student's educational goals will be listed there, as will the services and accommodations that he or she is supposed to receive, including in your class.
- Talk to specialists in your school (for example, special educators), as necessary. They can help you identify methods that are effective for teaching a student with disabilities, ways to adapt the curriculum, and how to address the student's IEP goals in the classroom.
- Be as concrete as possible with the student. Demonstrate what you want to see happen instead of giving only verbal instructions. When you share concrete information verbally, also show a photograph. Give the student practical materials and experiences and the opportunity to touch and examine objects.
- Divide new tasks and large tasks into smaller steps. Demonstrate the steps. Have the student do the steps, one by one. Offer help when necessary.
- Give the student immediate, concrete feedback.



## What is *Cerebral Palsy*?

Cerebral palsy—also known as CP—is a condition caused by injury to the parts of the brain that control our ability to use our muscles and bodies. Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles. Often the injury happens before birth, sometimes during delivery, or soon after being born.

CP can be mild, moderate, or severe. Mild CP may mean a child is clumsy. Moderate CP may mean the child walks with a limp. He or she may need a special leg brace or a cane. More severe CP can affect all parts of a child’s physical abilities. A child with moderate or severe CP may have to use a wheelchair and other special equipment.

Sometimes children with CP can also have learning problems, problems with hearing or seeing (called *sensory problems*), or intellectual disabilities. Usually, the greater the injury to the brain, the more severe the CP. However, CP doesn’t get worse over time, and most children with CP have a normal life span.

### Tips for Teachers

- Learn more about CP. The resources and organizations listed at the end of this publication have a lot of information about CP to offer.
- This may seem obvious, but sometimes the “look” of CP can give the mistaken impression that a child who has CP cannot learn as much as others. Focus on the individual child and learn firsthand what needs and capabilities he or she has.
- Tap into the strategies that teachers of students with learning disabilities use for their students. Become knowledgeable about different learning styles. Then you can use the approach best suited for a particular child, based upon that child’s learning abilities as well as physical abilities.
- Be inventive. Ask yourself (and others), “How can I adapt this lesson for this child to maximize active, hands-on learning?”
- Learn to love assistive technology. Find experts within and outside your school to help you. Assistive technology can mean the difference between independence for your student or not.
- Always remember, parents are experts, too. Talk candidly with your student’s parents. They can tell you a great deal about their daughter or son’s special needs and abilities.
- Effective teamwork for the child with CP needs to bring together professionals with diverse backgrounds and expertise. The team must combine the knowledge of its members to plan, implement, and coordinate the child’s services.

## Working with Children (& Adults) with Special Needs

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1. **Getting information before starting to work** – Get basic information of the child that you are going to work with, for example: food allergy, sensory limitations, behavior challenges, what are the child's motivations
2. When your assigned student comes in, **greet your child and lead him/her** to the activity.
3. **Stay next to the child with a safety space.**  
Never leave your child unattended.
4. **Helping a child is not doing his/her task for him/her.** This will allow our children to learn and to practice their skills in the activities.
5. **How to adapt a task for our children** – according to discrete trials:
  - Break a task into smaller steps
  - Teach one small step at a time
  - Provide concentrated teaching
  - Provide promoted and prompt fading as necessary
  - Use reinforcement procedures
6. **Possible reinforcements:**
  - Tangibles
  - Activities
  - Social
  - Token system

*A **safety space** is an **arms-length distance** from the child. You can both easily assist the child and readily evade aggressive behavior. However, a child with physical challenges may require additional close physical support.*

*A **prompt** is an additional cue that is brought into the teaching situation in order to help the child learn the skill. Once the child learns the skill, prompting will eventually be removed.*

### 7. Prompting:

- Full physical prompting (hand over hand)
- Partial physical prompting
- Gestural prompting: pointing to a specific item using your finger to direct the child to the specific behavior.

### 8. Other techniques

- Verbal and nonverbal children (answer a question by words or pointing)
- Language and nonverbal communication
- Give limited choices to our children if they need to make a decision

9. **Take care of our children's basic needs.** Remind them to take care their basic needs:
- Bathroom & hygiene (wash hands, clean appearance)
  - Drinking water
  - Remind them to take care of their belongings
  - Breaks – give break time between activities
10. **Give the child time to respond to the teacher's/your questions.**
11. **If you have any concern, or feel uncomfortable working with any individuals, please discuss with your supervisor, volunteer coordinator, or teacher.**
12. **Safety is of the highest priority in all activities.** Please always make sure both you and your child are safe.



## Youth Volunteer's Guidelines

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As a youth volunteer, you will be working with different groups of people during the activities. Some of these roles include:

- **Teacher:** The teacher leads the class, determines the activities and provides instructions. After understanding the instructions, you will disseminate the information to your student at the appropriate time.
- **Room parents:** They have experience working with special needs children/adults. They monitor the students' behavior and can be a point of reference for questions regarding the students.
- **Site supervisor:** This individual coordinates onsite volunteer activities and will assign volunteers their roles. He/she is a good source of information regarding the program and activities.
- **Attendance Officer:** If you cannot come to an assigned activity, you must contact this person with a 24 hour notice in advance, so that he/she can make arrangements.
- **Youth volunteers:** You will work together (with other volunteers) to support the students, teacher and class. Your specific assignment and role will depend on the program and the activity, but they will include helping the student and making sure that the student is on task.
- **Security:** These volunteers assist with traffic management and general supervision of the premises.

### Volunteer Requirements

- Please arrive on-time and ready for the class/event.
- Please devote your attention to the students. Do not use cellphones, wear earphones or read manga/novels during class.
- Please participate in the activities. If you are fully involved, the students will be more inclined to participate as well.
- The best way to work with your student is to understand his/her personality and behavior. Try socializing with your student so that you will get to know each other better.
- During clean-up time, please work with your peers to clean-up the classroom (throwing away trash, returning materials to where they belong and putting away supplies). The teacher may provide additional instructions.



- Follow the rules set for program and the directions given by the supervisor.
- Minimize classroom disruptions by being mindful of how your actions affect the classroom (e.g. is the teacher trying to give instructions, is your student interfering with another student's work, etc.)
- Act responsibly. Use your best judgment as to whether an action is appropriate. If you are unsure, please ask your supervisor.
- Wasting time is strongly discouraged. If you feel you have free time, please check with your teacher or supervisor to see if there is anything that you can help with.
- Treat all students with respect and understanding.



### **Administration**

- If you can't come for any reason, please give a 24-hour notice to attendance officer. Multiple absences may result in re-assignment.
- Only the Youth Coordinator or Site Supervisor can sign Volunteer Hour Certificates or Service Credit Requests.

### **Safety**

- Minimize physical contact with the students. Some can be very sensitive to body contact.
- Do not try to handle things beyond your ability. If you have any questions, please ask your supervisor.
- For the safety of students: friends, family members, or other visitors will not be allowed within the classrooms. They can only stay in the designated "waiting area". Supervised visitation requests may be granted by the Site Supervisor. For visitation requests, please make requests at least 48-hours prior to the activity.



## ***Volunteer Opportunities at FCSN (example)***

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### **FCSN Volunteer Positions (Examples)**

|                               | <b><u>Job function</u></b>                                                                                                     |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Individual contributor</b> | security<br>photographer<br>set up (meeting, dining...)<br>Clean-up                                                            |
| <b>Kitchen Crew</b>           | kitchen staff                                                                                                                  |
| <b>Teacher's helper</b>       | teacher's aid                                                                                                                  |
| <b>Room parent</b>            | room parent in classroom                                                                                                       |
| <b>Teacher</b>                | arts & craft, ceramics, painting<br>music, piano, flute, violin<br>dance, exercises<br>life skills<br>playgroup, social skills |
| <b>Coach</b>                  | soccer, basketball, swimming, golf,<br>badminton                                                                               |
| <b>Program Coordinator</b>    | seminar<br>kitchen<br>after dinner singing, dancing<br>after dinner discussion                                                 |
| <b>Event coordinator</b>      | summer camping<br>sports day<br>hiking                                                                                         |
| <b>Tutor (one on one)</b>     | piano, music, violin, tennis....                                                                                               |
| <b>Office work</b>            | volunteer Software<br>volunteer contact<br>newsletter editor                                                                   |

## ***FCSN Volunteer Reward System***

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FCSN recognizes the importance of the contributions volunteers made to our organization. To show our appreciation for the volunteers work, FCSN recognizes our outstanding volunteers in the following ways:

1. **Volunteers of the year:** Each year, FCSN board selects the outstanding volunteers, who have made significant contribution to FCSN for the year, and recognize them at our annual Family Day meeting in June.
2. **FCSN apparel:** FCSN volunteers are also recognized by their apparel. FCSN provides different types of apparel, such as vests and jackets, to volunteers who have achieved certain milestones.
3. **Presidential Volunteer Service Awards (U.S. Government):** The Presidential Volunteer Service Award is the premier volunteer awards program, encouraging US citizens or permanent residents of the United States through presidential recognition to live a life of service. Any volunteer who has accumulated enough volunteer hours is qualified for the award.
  - Bronze medal
    - kids 50 – 74 hours
    - young adults 100 – 174 hours
    - Adults 100 – 249 hours
    - family & groups 200 – 499 hours
  - Silver medal
    - kids 75 – 99 hours
    - young adults 175 – 249 hours
    - adults 250 – 499 hours
    - family & groups 500 – 999 hours
  - Gold medal
    - kids 100 hours or more
    - young adults 250 hours or more
    - adults 500 hours or more
    - family & groups 1000 hours or more
  - President's call
    - all ages 4000 hours or more of volunteer service (over a lifetime)

## ***Frequently Asked Questions***

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### ***How can I get more information on FCSN and volunteering opportunities?***

More details about FCSN and its various programs could be found on its website:

[www.fcsn1996.org](http://www.fcsn1996.org).

### ***I am a high school student; can I get service credit as a youth volunteer and how?***

Yes, as a FCSN youth volunteer, you can receive service credit certificate through our youth volunteer coordinators.

### ***Where are the locations for these volunteer services?***

FCSN has an East Bay Center in Fremont, and a South Bay Center in West San Jose, most of the volunteer services are provided either at the centers or at nearby locations.

### ***Whom can I contact to get more information?***

Please contact our volunteer coordinators, we have 4 volunteer coordinators for different age groups and geographical areas: East Bay youth, South Bay Youth, East Bay Adults, South Bay Adults, you can find their contact information on our website.



## Appendix

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### **What is *ABA (Applied Behavior Analysis)*?**

"Applied" means practice, rather than research or philosophy. "Behavior analysis" may be read as "learning theory," that is, understanding what leads to (or doesn't lead to) new skills. (This is a simplification: ABA is just as much about *maintaining* and *using* skills as about learning.) It may seem odd to use the word "behavior" when talking about learning to talk, play, and live as a complex social animal, but to a behaviorist all these can be taught, so long as there are intact brain functions to learn and practice the skills. That is the essence of the recovery hypothesis--for many children, the excesses and deficits of autism result largely from a learning 'blockage,' which can be overcome by intensive teaching.

Typically developing children learn without our intervention--the world around them provides the right conditions to learn language, play, and social skills. Children with autism learn much, much less easily from the environment. They have the potential to learn, but it takes a very structured environment, one where conditions are optimized for acquiring the same skills that typical children learn "naturally." ABA is all about how to set up the environment to enable our kids to learn.

Behavior analysis dates back at least to Skinner, who performed animal experiments showing that food rewards lead to behavior changes (learning). This is accepted by everyone who wants to train their dog to 'go' outside, though we are not so inclined to believe the same of ourselves. People, fortunately, respond to a broad range of reinforcements (rewards); an ABA teacher may use "edibles" at first, and then move on to a much wider range of "reinforcers." The skills that we more often think lead to learning--motivation, self-discipline, curiosity--are marvelous and essential to our development--but those are truly sophisticated "behaviors" that bloom only after more basic language and social skills are in place.

Conversely, any new behavior that an animal (or you or I) may try, but is never rewarded, is likely to die out after a while (how often will you dial that busy number?). And, as common sense would have it, a behavior that results in something unpleasant (an aversive) is even less likely to be repeated. These are the basics of behavioral learning theory. ABA uses these principles to set up an environment in which our kids learn as much as they can as quickly as possible, with a constant emphasis on the use of positive rewards. It is a science, not a 'philosophy.' Even the "as quickly as possible" part is based on science, since there is some--not conclusive--evidence that the

developmentally disordered brain "learns how to learn" best if the basic skills are taught in early childhood.

Behavioral learning is not the only type of learning. Most learning in schools is from an explanation or from a model, what people call natural learning. Typically developing children learn from their environment (other people) at an astounding rate, usually completely unassisted. The whole point of ABA is to teach the prerequisites to make it possible for a child to learn naturally. If our kids could learn without assistance in the first place they wouldn't have autism!

### **Discrete trial teaching**

The most common and distinguishing type of intervention based on applied behavior analysis is discrete trial teaching. It is what people most often think of when you say "ABA" or "Lovaas method." This is partly because there are so many hundreds of hours of DT teaching, and partly because it looks so odd. But it is what it is because that's what works--every aspect has been refined (and is still being refined) to result in maximum learning efficiency.

Briefly: the student is given a stimulus--a question, a set of blocks and a pattern, a request to go ask Mom for a glass of water--along with the correct response, or a strong 'hint' at what the response should be. He is rewarded (an M&M, a piggy-back ride, a happy "good job!") for repeating the right answer; anything else is ignored or corrected very neutrally. As his response becomes more reliable, the 'clues' are withdrawn until he can respond independently. This is usually done one-on-one at a table (thus the term table-top work), with detailed planning of the requests, timing, wording, and the therapist's reaction to the student's responses.

It is a mistake, however, to think of an ABA program as just DT teaching. Lovaas (among others) notes very clearly that a behavioral program is a **comprehensive** intervention, carried out, as much as possible, in every setting, every available moment. The skills that are taught so efficiently in discrete trial drills must be practiced and generalized in natural settings. A child who does not know the difference between 'ask' and 'tell' may slowly get a higher and higher percentage of right answers during table-top drills until he is considered to have 'mastered' that skill; but he will not go on to use 'ask' and 'tell' appropriately without additional support in natural situations; it takes time to go from 'mastery' to 'ownership.' It takes trained and supportive people--parents, teachers, relatives, and even peers--to help reinforce a wide range of appropriate behaviors in a variety of settings, until the level of reinforcement fades to a typical level, such as the smile you get when you greet someone.



### **A natural learning example**

Here is a child's interaction with a teacher or other adult, one who is being as helpful as possible but lacks the training to facilitate the child's learning:

*Teacher:* Hi, Alex, are you excited about Christmas?

A: [no response]

*Teacher:* What are you going to do on Christmas?

A: I don't know.

*Teacher:* Are you going to get presents?

A: Yes.

*Teacher:* What else are you going to do?

A: [no response]

*Teacher:* Do you have a tree?

A: Yes.

*Teacher:* Who's going to bring presents on Christmas?

A: I don't know.

*Teacher:* Is it Santa Claus?

A: Yes.

*Teacher:* [smile] Thanks, Alex!

This is the child's half of the conversation:

"I don't know, Yes, Yes, I don't know, Yes."

Any learning going on? (By the way, I've watched people have conversations like this and then tell me, "He's talking so much more!")

Here's how a trained person might make this an opportunity for practicing conversation skills:

*Teacher:* Hi, Alex, are you excited about Christmas?

A: [no response]

*Teacher:* Are you excited about Christmas? Say, Yeah, I want to open my...

A: Yeah, I want to open my presents!

*Teacher:* [Smile] Me too! What presents did you ask for?

A: I asked for presents.

*Teacher:* What presents did you ask for? Say, For Christmas, I asked for...

A: I asked for a bike. For Christmas.

*Teacher:* Cool! [Small tickle] Are you excited about Christmas?

A: Yeah, I want a bike.

*Teacher:* [Bigger tickle] A bike! That's great! I've got my tree all decorated with ornaments. I put lots of ornaments on MY tree. [Point to A's tree.]

A: I put heart ornaments on my tree.

*Teacher:* Alex, that's so great! [Great big tickle]

A: Ahhhhh! Cut it out!

*Credit: Richard Saffran, [rsaffran.tripod.com/whatisaba.html](http://rsaffran.tripod.com/whatisaba.html), updated Sunday, 14-Oct-2012 21:24:42 EDT, more information about ABA can be found here: <http://rsaffran.tripod.com/whatisaba.html>*

## ***Behavior Analysis***

Teaching children appropriate behaviors can be very challenging for both parents and teachers. It is helpful when parents and teachers work together and share information about positive behavior interventions.

A Functional Behavioral Assessment or FBA, is a formal evaluation used by schools to gather information about problem behaviors. An FBA uses the ABC approach. This approach can also be helpful to parents. Whether the inappropriate behavior is happening at home or school it is important to figure out the reasons for it.

- A**    *Antecedent (what factors led up to the behavior)*
- B**    *Behavior (what is the behavior of concern and how serious is the behavior)*
- C**    *Consequence (what does the child achieve with the behavior: ex: attention, avoiding a too difficult task, removal from the peer group)*

The information gathered by using this A, B, C approach can then be used to determine the reasons for the behavior. It can also provide a foundation for developing positive ways to change the problem behavior.

Here are some basic tips to get you started:

1. Be positive – Let your child know you love him and appreciate him. Notice appropriate behavior. Praise and acknowledge his efforts!
2. Identify the specific behavior that needs to change.
3. Focus on only one behavior at a time.
4. Be consistent – decide on the rule, the expected behavior and the consequence or reward – then stick to it!
5. Recognize the small steps toward progress or change.
6. Let your child know what to expect – Go over the rules and consequences with your child.

### *Encourage Positive Behavior*

Children crave attention, positive or negative. Sometimes a child may be misbehaving just to get attention. Here are some ways to encourage positive behavior:

Give more attention for positive behaviors than for negative behaviors (at home & at school)

- Provide choices between two acceptable options
- Provide reassuring routines and tell the child in advance if the routine will change
- *Involve the child in setting limits*
- *Model the desired behavior*

### **Listen**

- Give Your Child Your Full Attention
- *Help your child to identify her feelings*
- *Keep it simple*

### **Praise**

- Children will respond better to praise than to criticism.
- Praise teaches children to seek positive attention.
- Praise the positive behavior
- Use specific praise for genuine accomplishments
- Praise small steps towards the desired behavior
- Give praise immediately and frequently
- Mix praise with unconditional love

*Credit: <http://specialneedsnj.wordpress.com/tag/behavior-analysis/>*

## **Task Analysis**

Task Analysis is often used with Special Education. A task analysis is a way to examine carefully exactly how a person performs a certain activity, usually a life skill. Many of the tasks are day to day tasks that we take for granted, but that a person with a disability or processing deficit might find difficult. It breaks down the activity into a series of tasks, which are observable actions or behaviors.

For example, the activity of brushing teeth includes the tasks of entering the bathroom, obtaining a toothbrush, turning on the water, putting the toothbrush under the water, obtaining the toothpaste, opening the toothpaste, squeezing the toothpaste onto the brush, closing the toothpaste, brushing teeth effectively (which could include several subtasks), washing off the toothbrush, and putting the toothbrush and toothpaste away.

Although most people do these tasks without even thinking about them, many students with special needs have to go through specific instruction to make sure that they are able to practice each task in the correct sequence.

In some more rigorous examples of task analysis, each large task is broken into subtasks, each subtask is broken into elements, and each element is broken into steps. This detailed type of task analysis is useful in helping people with autism or other disabilities to complete activities such as dressing themselves, washing their hands, or making their beds. Task analysis enables a teacher or parent to break these activities down into smaller, more manageable, pieces.

### **Tying shoes (shorter version for kids who need help with the first few steps)**

Grab one lace in each hand.

Pull the shoe laces tight with a vertical pull.

Cross the shoe laces.

Pull the front lace around the back of the other.

Put that lace through the hole.

Tighten the laces with a horizontal pull.

Make a bow.

Tighten the bow.

### **Tying shoes (longer version)**

Pinch the laces.

Pull the laces.

Hang the ends of the laces from the corresponding sides of the shoe.

Pick up the laces in the corresponding hands.

Lift the laces above the shoe.

Cross the right lace over the left one to form a tepee.

Bring the left lace toward the student.

Pull the left lace through the tepee.

Pull the laces away from one another.

Bend the left lace to form a loop.

Pinch the loop with the left hand.

Bring the right lace over the fingers and around the loop.

Push the right lace through the hole.

Pull the loops away from one another.

*Credit: examples by Dr. Mac, <http://www.behavioradvisor.com/TaskAnalysis.html>*

## ***Stimulus Prompting***

Stimulus prompts are prompts that are added to the materials for teachers working with students with special needs. Here are some examples of a stimulus prompt. First, color coding the correct answer is a stimulus prompt because the prompt, which is the color, is embedded into the actual materials. Another example is a position cue. This is when the correct answer would be placed closer to the student. Finally, a third example is making the correct answer more salient in some way. There are several ways to prepare the materials to make the correct answer more salient. For example, placing a red dot in the corner of a target sight word, or placing pictures behind the target sight word, or holding the correct answer.

Prompting strategies are specific strategies of delivering a prompt so that the student will learn how to respond in the presence of that target stimulus. There are all different types of prompts. The table below provides a look at a variety of instructional prompts and examples of each.

| <b>Instructional prompts</b>                                              | <b>Example</b>                                                                                                                                                    |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gesture prompts                                                           | Nonverbal prompts<br>- pointing, head nods, hand motions                                                                                                          |
| Verbal prompts<br>-Specific verbal prompts<br>-Nonspecific verbal prompts | Read the word restroom, pick up the spoon<br>-Turn the page.<br>-How do we keep the story going?                                                                  |
| Prerecorded auditory prompts                                              |                                                                                                                                                                   |
| Pictorial prompts<br>-Words, symbols, signs<br>-Match to sample           | Picture schedule of the events of the day<br>-Picture and word instructions for a task<br>-Six pencils= the number 6                                              |
| Model prompts                                                             | Peer demonstrates turning a page<br>Teacher demonstrates using a paper towel to dry hands                                                                         |
| Physical prompts<br>-Partial<br>-Full                                     | Physical assistance to complete a skill<br>-A tap to the elbow to encourage a choice for lunch<br>-Hand over hand assistance for writing the first letter of name |
| Mixed prompts                                                             | Pointing to the response options and repeating the comprehension question                                                                                         |

*Credit: Author: Pad Mims, Modules Addressing Special Education and Teacher Education (MAST). (2010). Retrieved from <http://MAST.ECU.EDU>*



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