

Section 7

Students with Autism/ASD

SPECIAL CONSIDERATIONS FOR STUDENTS ON THE AUTISM SPECTRUM

Technical Assistance Advisory SPED 2007-1 addressed the requirement for Special Education Teams to address the various facets of need for students on the Autism Spectrum. Although school districts do not diagnose Autism, school teams can and must find students eligible for services under the Autism category based on their presenting characteristics.

During the process of a Team meeting, the Special Education Team must use the Autism Checklist to ensure that it has developed an IEP to meet the specific needs of students on the Autism Spectrum. A reminder to use the checklist is also a component of the Meeting Summary templates. It is not sufficient for Teams to simply complete the checklist; rather, the Team should take care to incorporate these details into goals, benchmarks, and accommodations in the student's IEP.

After the American Psychiatric Association revised the Diagnostic and Statistical Manual (DSM) to reflect a modification of previously separate diagnoses, technical Advisory SPED 2014-1 emphasized that federal and state special education laws and regulations, not the DSM-5, prescribe the criteria for eligibility determination for students on the Autism Spectrum.

It should also be noted that in Massachusetts, the Autism Insurance Law entitles families to access supplementary services through certain health insurances. Although the District may guide families in accessing these benefits, these services are supplemental to those offered by the District, and are not to be construed to be offered in lieu of services that the Team determines to be necessary.

SPECIAL REQUIREMENTS FOR STUDENTS ON THE AUTISM SPECTRUM CHECKLIST

Whenever an evaluation indicates that a child has a disability on the Autism Spectrum, which includes Autistic Disorder (autism), Asperger's Disorder, Pervasive Developmental Disorder (PDD) not otherwise specified, childhood disintegrative disorder, and Rhett's Syndrome as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV, 2000), the IEP Team shall consider and specifically address the following:

- ☐ The verbal and non-verbal communication of the child;
- ☐ The need to develop social interaction skills and proficiencies;
- ☐ The needs resulting from the child's unusual responses to sensory experiences;
- ☐ The needs resulting from resistance to environmental change or change in daily routines;
- ☐ The needs resulting from engagement in repetitive activities and stereotyped movements;
- ☐ The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from Autism Spectrum Disorder; and
- ☐ Any other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development.

Special Education

Technical Assistance Advisory SPED 2007-1: Autism Spectrum Disorder

To:
Special Education Administrators and Other Interested Parties
From:
Marcia Mitnacht, State Director of Special Education
Date:
August 25, 2006

This advisory represents "best practice" guidance from the Department of Elementary and Secondary Education to address a change to the special education law enacted in the spring of 2006 that affects special education programming for students with disabilities on the autism spectrum. The purpose of this advisory is to assist school districts and other interested parties in understanding these new requirements and in implementing best practices for meeting the needs of these students as schools resume instruction for the 2006-2007 school year. My appreciation is also extended to a number of individuals working closely with students on the autism spectrum and who are engaged in providing and promoting best practices for students with autism spectrum disorders on a daily basis. Contributions from these individuals provided much of the content in this advisory.

In July 2006, Chapter 57 of the Acts of 2006, entitled *An Act To Address The Special Education Needs Of Children With Autism Spectrum Disorders*, took effect. This law, which amends M.G.L. c. 71B, § 3, requires that IEP Teams consider and address in the IEP discussion certain specific needs of students with disabilities on the autism spectrum. The full text of Chapter 57 is as follows:

SECTION 1. Chapter 71B, Section 3 of the General Laws is hereby amended by inserting at the end of paragraph six the following sentence:

Whenever an evaluation indicates that a child has a disability on the autism spectrum, which includes autistic disorder [autism], Asperger's disorder, pervasive developmental disorder not otherwise specified, childhood disintegrative disorder, and Rhett's Syndrome as defined in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV, 2000), the IEP Team shall consider and shall specifically address the following: the verbal and nonverbal communication needs of the child; the need to develop social interaction skills and proficiencies; the needs resulting from the child's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development.

The purpose of this advisory is to provide guidance on the ways that the Individual Education Program (IEP) Team may effectively frame complete and thorough discussions of the strengths and needs of a student with Autism Spectrum Disorder (ASD). While Chapter 57 does not increase documentation requirements, it describes specific areas of review and requires the Team to comprehensively discuss students' needs that are consistent with best practices for addressing the needs of students diagnosed with ASD. This advisory is intended to offer information and guidance to supplement the IEP process.

Both federal and state law define "autism" as a disability inclusive of each of the diagnoses on the autism spectrum, and these diagnoses are identified in Chapter 57. The IEP of an eligible student with a documented disability on the autism spectrum should identify the disability category of autism to ensure that the IEP Team considers all areas of development that are affected by ASD. However, it is also important to note that some students with an autism spectrum disorder have one or more other disabilities and may have a primary disability other than autism; these students also have the right to a full discussion of the impact of their autism spectrum disorder in the development of their IEP, therefore we recommend that if a student has an ASD, it is identified on the student's IEP whether or not it is considered the primary disability.

The IEP Team is responsible for designing intervention, education and instruction to meet the individual needs of students with ASD. As described in Chapter 57, the IEP Team must consider and address seven specific areas of need when developing the IEP for a student with ASD. Although each focus area described in the law is addressed separately in this technical assistance advisory, the Department understands that the Team will consider the student's needs in an interactive, comprehensive manner across areas. This guidance is intended to inform the Team's discussion of the student's needs and to facilitate the creation of an appropriate educational program for the student.

- **The verbal and nonverbal communication needs of the student:** Impairment in communication is one of the defining characteristics of ASD; therefore communication skill development should be addressed as an essential piece of the student's IEP. When considering the verbal and nonverbal communication needs of a student with ASD, the Team should review:

- the student's current level of communication,
- the system of communication most effective for the student,
- the functions for which the student uses and understands language,
- the student's ability to use and understand non-verbal communication (e.g., eye gaze, facial expression, gesture), and
- any emerging communication skills reported by the family or other Team members.

The IEP must include information about the student's current strengths with communication modalities, skills that need further development and the specific supports and interventions necessary to increase the student's ability to effectively communicate and understand others. Alternative augmentative communication (AAC) is often effective for students with ASD who are non-verbal. AAC can be used in lieu of, or in combination with, oral communication. There are many products on the market that support AAC including picture communication products, book boards, and touch devices. Assistive technology assessments are useful for determining whether a student would benefit from using an AAC system. When evaluating a student with ASD, the instrument must be appropriate to the student's modality of communication (e.g., using non-verbal scales for students who do not use oral communication).

- **The need to develop social interaction skills and proficiencies:** In the most severe expression of qualitative impairments in this area, a student with ASD may seem distant or avoidant when it comes to social interactions, even those with immediate family members. In the least severe cases, s/he may appear to frequently misunderstand the social situation and/or be unable to maintain a conversation on a subject other than his/her high interest topics. A young student with ASD may have a lack of variation in spontaneous or social imitative play, or may have unusual play with toys (e.g. lining up video cases end to end). When examining a student with ASD's needs in the area of social skill development, the Team should consider:

- the student's ability to respond appropriately to the social approach of others,
- the types of social interactions the student is capable of initiating,
- the student's pragmatic language skills, and
- anecdotal information about the student's abilities within small and large group settings and in typical activities for students of that age.

For students with ASD, social interaction skills are largely associated with the ability to communicate within a situation. The IEP Team should determine if a social impairment is the result of a language deficit. Impairments in social interaction may be mistaken for behavior problems in students with ASD. A functional assessment is useful for identifying factors that affect the student's social proficiencies. Where behavior plans are warranted, they should include the teaching of new social skills to prevent the occurrence of inappropriate behaviors serving a similar function.

Progress in social skill development is a likely focus within the IEP of every student with ASD. Social skills instruction should be at the student's skill level and appropriate for his/her age (e.g., "pull out" instruction in high school may be stigmatizing to the student). Collecting and analyzing data on the student's social proficiencies will assist in the development of his/her IEP goals.

- The needs resulting from the student's unusual responses to sensory experiences: The IEP Team should consider whether a student with ASD exhibits under- or over-sensitivity to particular stimuli. The following questions may be helpful in addressing this area:

Tactile:

does the student with ASD demonstrate a lack of awareness to his/her body in space, and/or a need for a higher level of input in tactile experiences?

Visual:

Is the student's eye gaze avoidant of, or fixated on, particular sights?

Sound:

How does the student with ASD respond to auditory events?

Smell/Taste:

does the student with ASD respond in an atypical fashion to olfactory events or tastes?

The Team should consider all elements of the student's environment and note any specific environmental modifications or accommodations that are necessary for participation and effective progress in the general education curriculum. Frequently family members are a valuable source of information on the student's unusual responses to sensory experiences. Additionally, functional behavioral assessments and sensory integration assessments can be useful to the Team's discussion.

- **The needs resulting from resistance to environmental change or change in daily routines:**

Students with ASD often have unusual or intense responses to a change in their environment such as moving the location of a piece of classroom furniture, or a change in daily routine even when part of a familiar schedule. Preparing for transition with visual supports, timers and verbal reminders often helps to ease the students transition and promote greater success, flexibility, and independence. Visual supports are evidence-based strategies for supporting a student with ASD in managing change and transition. Providing a preview before initiating change in an environment or schedule can support a student with ASD to be able to adjust to the change. A visual schedule can teach the student to rely on written (or pictorial or object schedule) information to manage moving between activities and it allows the student to anticipate change and rely less on a rigid memory of the order in which events occur. Even the most capable of students with ASD would benefit from using a visual schedule to manage the activities of the day, to reduce anxiety, and allow the student to better focus on the important activities within each day, rather than on their sequence.

The Team must consider the most successful modality for communicating the coming change or transition. The IEP Team is encouraged to consider the use of a schedule and other visual supports when working to address the needs resulting from a student's resistance to environmental change or change in daily routines, as well as to consider other evidence-based methods for introducing new content to the student.

- **The needs resulting from engagement in repetitive activities and stereotyped movements:** Students with ASD may exhibit ritualistic behaviors or repetitive phrases in physical activities

and in verbal exchanges. For instance:

- Preoccupation with one or more restricted and stereotyped patterns of interest that is atypical either in intensity or focus (e.g., knowing and reviewing the schedule of nationwide trains).
- Inflexible adherence to specific nonfunctional routines or rituals (e.g., repeating all answers 3 times) or a need to follow the same routine or sequence when completing tasks (e.g., tapping a spoon on the table between each mouth full of yogurt).
- Stereotyped/repetitive motor mannerisms (e.g., hand flapping) or a persistent preoccupation with parts of objects (e.g., fixating on the wheels of toy car).

The Team should consider their function and the extent to which these activities interfere with engagement in other, more appropriate, activities such as socialization or academic lessons. Informal observation and/or formal daily data collection (for more significant behaviors) may be used. This information will assist the Team in determining how and when to allow and/or modify the behavior within a student's day. As appropriate, Teams should consider using positive behavior supports to encourage participation in learning and other activities. Depending on the nature of the behavior, practices for addressing engagement in repetitive activities and stereotyped movements may include:

- Modifying an interfering behavior to be more socially acceptable (such as modifying a behavior of constantly shaking hands to occur only when introduced to a person).
- Teaching the student appropriate "replacement behaviors" that will lead to more interest or "on task" behavior in academic learning.
- Teaching the student appropriate "replacement behaviors" that will enhance increased and appropriate participation in social activities with peers.
- Providing the student with frequent breaks in the form of motivating and pleasant sensory activities.
- Having sensory therapies take place in the classroom when it is compatible with the learning activity and does not take away the student's focus from learning, in order to decrease frequency in high rates of repetitive movement.
- Using special equipment to reduce frequency of movement such as a cushion for the student to sit on during group reading time in order to decrease rocking behavior.
- Developing curriculum activities around the student's topic of interest and slowly expanding the student's interest to involve other topics.

Reinforcement strategies should also be considered in order to reduce frequency of activities or movements and as an accompaniment to replacement behaviors. Data should be used to determine the reinforcement rate and monitor effectiveness of the intervention strategy. The plan to address concerns in this area should be described within the student's IEP.

- **The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder:** Because of the complex developmental, learning and adaptive needs of students on the autism spectrum, they often exhibit behaviors that are challenging in their intensity, frequency, or interference with engagement in appropriate activities. The IEP Team should consider and discuss the need for a functional behavioral assessment (FBA) of the student's behavior(s). The intensity level of the FBA should match that of the presenting problem behavior. For a behavior that has a relatively clear pattern, an FBA can be completed by obtaining some simple frequency data and antecedent-behavior-consequence information. Significant repetitive behaviors (such as hand flapping or rocking) or self-injurious behaviors warrant a full functional behavioral assessment to determine the reason for, and function of, the behavior and possible alternatives to it. It is important to use the assessment data to determine why the behavior is occurring. Knowing the function that the behavior serves will help the Team determine whether positive behavior interventions, strategies and supports are necessary, and which replacement behaviors are appropriate for reducing or eliminating the interfering problem behavior. The Team should select the least amount of intervention that is likely to be effective, efficient, and produce the minimum unwanted effects. (e.g., ignore a behavior rather than issue a "time out".) Given the characteristic combination of social, communication and behavior challenges exhibited by students with ASD, a well-written and appropriately implemented behavior intervention plan is an essential piece of many IEPs.
- **Other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development:** A student with ASD often exhibits deficits in executive function, the ability to organize and the ability to generalize learned skills into other environments/activities or functional routines. The student may have a tendency to perseverate or over-focus on unimportant features, which may distract him or her from the learning of the "whole". The IEP Team should consider whether there is a need to provide structure in the student's classroom environment and learning activities, including but not limited to:
 - intervention strategies for social skill development (self-advocacy, peer interaction);
 - reviewing classroom and individual expectations;
 - organizational supports (including visual organizers such as color coded folders and organized environments so that the environment has limited distraction factors);
 - previewing information;
 - direct instruction in order to learn new skills or to generalize learned skills; and
 - repeated instruction and practice in multiple environments with a variety of materials and people, in order to master a single skill.

Quite often a student with ASD has a visual learning style that can be used to help accomplish new tasks and learn new skills. Schools can also use this strength to assist students with ASD to move toward independent individual success.

The Department acknowledges the challenges faced by schools and families when seeking to provide appropriate educational experiences for students with ASD. The Department recommends pre-service as well as ongoing in-service training for all teachers and school staff who are working with students who have a disability on the autism spectrum. Partnership and sharing of training information with families are best practices for supporting these students in making effective progress. It is our belief that well-framed discussions on the topics addressed in Chapter 57 and in this technical assistance advisory will support positive relationships between schools and families and ensure positive outcomes for students with ASD.

Thank you for your attention to this advisory and for your work on behalf of students with disabilities in the Commonwealth.

Special Education

Technical Assistance Advisory SPED 2014-1:

DSM-5 Changes and the Impact on Students with Autism Spectrum Disorders (ASD)

To:

Administrators of Special Education, Parents, and Other Interested Parties

From:

Marcia Mittnacht, State Director of Special Education

Date:

July 30, 2013

I write this advisory in response to some significant changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is a key diagnostic tool.

While special education eligibility is not a medical decision or a diagnosis, making a determination of eligibility often includes medical assessment and diagnostic terminology. In the past, the Department of Elementary and Secondary Education (Department) has emphasized that eligibility for special education is an educational determination¹ made by a Team of people familiar with the child and with assessment information available about the child. However, the DSM is used by health care professionals in the United States and much of the world as an authoritative guide for making diagnoses. Therefore, changes to the DSM deserve special mention.

The purpose of this advisory is to:

- Confirm that changes in the DSM-5 diagnostic categories do not alter a student's current eligibility status or IEP, nor does it change any of the federal and state laws or regulations related to the determination of special education eligibility or services.
- Provide some detail on the changes to the DSM.

Background DSM-5 Changes:

The latest version of the DSM, the DSM-5, modifies previously separate DSM sub-categories of diagnoses in the area of Autism; including, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), Asperger's Disorder and Autistic Disorder. All these subcategories are no longer separately named in the DSM-5; they are now subsumed under the broad classification of Autism Spectrum Disorder.²

This diagnostic name change may be alarming to parents of students with these current diagnoses who worry that their children's eligibility for special education services will be affected based solely on the DSM-5 changes. It is important to note, however, that the DSM-5 Committee stated that all individuals who currently have a DSM-4 diagnosis of Asperger's Disorder, PDD-NOS, or Autistic Disorder should be given the diagnosis of Autism Spectrum Disorder.³ This technical change in diagnostic category in the DSM-5 will not alter a student's current eligibility status or IEP, in part because there is no substantive change in the DSM-5 with respect to the criteria for each disorder, but also because special education eligibility and IEP determinations are based on federal and state special education regulations, which include definitions of "disability" for purposes of special education eligibility.⁴

Readers are reminded that the definition of "autism" in the Massachusetts Special Education Regulations (MSER) explicitly defers to the definition of autism that appears in the federal Individuals with Disabilities Education Act regulations. It states that "autism" is "a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences." 34 CFR §300.8(c)(1). The federal "autism" definition, and thus, the Massachusetts definition, is unaffected by the changes to the DSM-5. As such, a student's eligibility and IEP remains the same as well.

The DSM-5 contains a new diagnostic category called Social Communication Disorder. Students who struggle with social (pragmatic) communication will typically fall into one of two diagnostic categories in the new DSM-5: Autism Spectrum Disorder (ASD) or Social Communication Disorder (SCD). According to the DSM-5, ASD must be ruled out before a diagnosis of SCD may be given.⁵

School personnel and parents should be knowledgeable about what the DSM-5 SCD diagnosis means and not confuse it with the MSER definition for "communication impairment." The MSER definition does not include difficulties with social communication and would most likely not be an appropriate disability identification for students presenting solely with social communication issues. Some evaluators may give students with social (pragmatic) communication difficulties the DSM-5 diagnosis of SCD, and not ASD. For these students, IEP Teams making an eligibility determination will most likely need to crosswalk to the MSER definition of autism, not communication impairment, to analyze whether that definition fits the evaluative information available to the Team. As in all eligibility determinations, the Team will also need to consider whether the student's disability negatively impacts the student's ability to make effective education progress.

For students on the autism spectrum, readers are also reminded that G.L. c. 71B, §3⁶ requires IEP Teams to consider seven areas of need when developing the IEP of a student on the spectrum.

- The verbal and nonverbal communication needs of the student.
- The need to develop social interaction skills and proficiencies.
- The needs resulting from the student's unusual responses to sensory experiences.
- The needs resulting from resistance to environmental change or change in daily routines.
- The needs resulting from engagement in repetitive activities and stereotyped movements.
- The need for any positive behavioral interventions, strategies and supports to address any behavioral difficulties resulting from autism spectrum disorder.
- Other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development (e.g. organizational support, generalizing skills, practicing skills in multiple environments).¹

Conclusion:

If a student has a diagnosis on the autism spectrum, his or her eligibility for special education services in Massachusetts does not change due to recent changes in the DSM-5 related to children on the autism spectrum. The DSM-5, although widely used, is only one diagnostic tool. Additionally, federal and state special education laws and regulations, not the DSM-5, prescribe the criteria for the listed definitions of disability, such as autism.

1 See "Is Special Education the Right Service".

2 American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Washington, DC, American Psychiatric Association, 2013. Discussion of Autism Spectrum Disorder occurs beginning on p.51.

3 The diagnostic criteria in DSM-5 for ASD identify two key areas: "persistent deficits in social communication and social interaction across multiple contexts..." as well as "restricted, repetitive patterns of behavior, interests, or activities..." The DSM-5 provides significant detail on both of these areas, and indicates that either of these criteria may be met through information provided "currently or by history." See also: [DSM-5 Implementation and Support website](#)

4 See Section 28.02(7) of the Massachusetts Special Education Regulations.

5 The DSM-5 definition of social (pragmatic) communication disorder includes persistent difficulties in the social uses of verbal and nonverbal communication. Because social communication deficits are one component of autism spectrum disorder (ASD), it is important to note that social (pragmatic) communication disorder cannot be diagnosed in the presence of restricted repetitive behaviors, interests, and activities (the other component of ASD). See also: [DSM-5 Implementation and Support website](#)

6 See also "Technical Assistance Advisory SPED 2007-1".