Three Important Things to Consider When Starting Intervention for a Child Diagnosed With Autism

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Consider the Motivation of the Child, Family, and Team

Identifying what will motivate a child to respond to, and ultimately enjoy, teaching interactions is essential to effective treatment. To do so, practitioners must establish and build rapport with children with autism by spending time engaging with them, exposing them to varied items and activities, and observing their preferences. This process should establish a bank of potential functional reinforcers. Identifying a wide variety of preferred activities and assessing their effectiveness regularly is crucial because the interests of any child naturally wax and wane. A child's acquisition of new skills, for example, may significantly broaden his field of available reinforcers. Reinforcers should include both social activities and interactions (e.g., tickles and praise) and tangible items (e.g., small snacks and fun toys). Similarly, practitioners should take advantage of both direct (also known as automatic) reinforcers that are naturally linked to the targeted response (e.g., turning on the television when the student says "TV" or "on") and indirect (also known as mediated reinforcers) that are not necessarily connected to the learning activity (e.g., providing access to a preferred toy after the student matches colors). Family members are typically great resources when it comes to finding preferred items and activities, particularly those that may be less likely to appear in the instructional setting.

For a practitioner leading a treatment team, building relationships with parents and team members is critical as well. The practitioner should choose important skills that team members can competently teach and that a child can learn quickly. It is likely that the child's success will be the biggest reinforcer for families and staff and will allow all involved (the child, family and team members) to contact reinforcers more immediately, leading to increased investment in the process and, hopefully, better teaching. In turn, a greater level of "buy-in" from family members and staff early on will lead to increased commitment in the face of challenges that may lie ahead.

Consider the Family's Resources and Parenting Style

Initiating an intensive behavioral intervention program can be extraordinarily challenging for families because the process requires tremendous amount of time, energy, attention, and sometimes considerable financial expenditure. Moreover, families must mobilize themselves to create a program while managing the emotional blow of their child's diagnosis. Practitioners should take time to consider what each family member will bring to the table and what each will need to navigate the process, as the success of the intervention program will depend on family members' ability and motivation to pursue treatment goals and generalize acquired skills. Important questions to ask include: Do both parents work? Do they have the practical and financial flexibility to devote time to the instructional program? Can the parents call upon extended family for support? Are friends and community members ready to assist?

A family's investment in treatment is not merely a matter of money or time. Family members may also need different types of training and development due to varying degrees of enthusiasm for, or resistance to, behavioral teaching principles and procedures. Although some parenting styles may involve fundamental behavioral tactics like differential reinforcement and time out, other parents may find the principles of behavior analysis counterintuitive and the procedures unacceptable. And, of course, these stylistic differences can profoundly impact a parent's receptivity to training and, by extension, the overall efficacy of the treatment program.

Consider the Child's Profile

It is important to have a sense of who the child is—his current skills, his age, and his general learning readiness in order to make informed decisions about what and how to teach. What to teach, or the selection of teaching objectives, should be broadly linked to developmental norms. For example, the skills expected of an eighteen-month-old will be different than skills expected of a three-year-old. The selection of instructional strategies should also take the child's age into consideration: Incidental teaching activities may be more appropriate for a toddler, whereas discrete trial instruction may be more appropriately matched to a preschooler.

Consideration should also be given to the child's general capabilities. First, what is the child's understanding of spoken language? Can the child respond to simple commands, or

identify common objects and familiar people? Second, how does the child communicate? Does the child use gestures or words to request objects? Does the child name objects or imitate vocalizations?

Finally, an accurate assessment of the child's general learning readiness and attending skills is critical to choosing initial skills and instructional strategies. Does the child initiate eye contact? Can the child sit still and attend to an activity? Will the child cooperate with basic prompts, such as manual guidance? Does the child seem to understand the notion of a contingency (e.g., I do—I get)? If the answer is "no" to any of these questions, time may be better spent establishing these early repertoires.

Three Important Things to Consider After the First Year of Intervention

Consider the Progress to Date

Although assessment of goals should be ongoing, the one-year mark is a good time to step back and consider the child's overall progress in the program and instructional strategies that have been successful. Data should reveal if the child is acquiring the skills set forth by the treatment team. It is important to identify the likely impediments to progress and modify the program accordingly where certain skills have not been easily acquired or rate of acquisition has not been as fast as anticipated. It may be the case that the child is not getting enough focused hours of intervention, that intervention strategies have not been properly matched to the child's profile, or that the treatment team and family members require additional training and supervision. Identifying patterns related to the types of skills that are proving difficult to teach may help refocus the program to concentrate more on the child's strengths or reveal modifications in instructional strategies for those skills that the child has been slower to acquire.

Consider a Re-Assessment of Parental Priorities and Resources

As parents will continue to be partners in treatment, it is essential to regularly check in with them to assess any significant changes that might impact the intervention program and to determine if the program is meeting their expectations and goals. Over time, a family's resources, personal goals, and time commitments may change. There may be new competing contingencies such as another child in the family or perhaps a parent has recently returned to full-time employment. Some parents may have difficultly sustaining a home program given all that is required of an effective intervention program. It is therefore imperative to regularly assess the family's ability and willingness to continue with the program. If significant changes have taken place, it may be time to investigate a different treatment environment, such as a center-based school program.

It is also important to determine if the program continues to meet the family's needs and expectations. Are parent priorities fully integrated into the program? Is the program addressing family-relevant goals such as sleeping, eating, or community-based behavior goals? Are family members seeing the change and progress they anticipated? Are there additional programs that might more fully address the family's concerns?

Consider the Essential Next Steps

Taking an inventory of the skills acquired thus far, as well as parent priorities, will lead to identifying future objectives and next-step considerations. It may be the case that the child has mastered specific prerequisite skills that will now enable the child to benefit from other learning experiences, such as attending a typical preschool or participating in music class. It is also worthwhile pausing to evaluate the breadth of programming. Has intervention been disproportionately focused in one area without taking into consideration important skills in other domains? If, for example, a program has focused heavily on teaching language skills, but the child continues to engage in stereotypy during unstructured times, the program could be refocused to address play and leisure skills; that shift in focus may, in turn, impact stereotypy.

It is also important to determine whether previously learned skills are demonstrated with a high level of consistency across varied settings, people, and contexts. For example, a child may be able to follow instructions with his therapists, but not with a brother or grandparent. Or a child may able to reciprocate social information, but an excessive latency to respond may interfere with social conversation and interactions with peers. In such cases, a shift in the program's focus will ensure that skills are thoroughly generalized to relevant environments and that the child's responses are functional and socially valid.

B. F. Skinner once observed that "a failure is not always a mistake, it may simply be the best one can do under the circumstances" (Skinner, 1971, p.155-156). For that reason, he added, "the real mistake is to stop trying." Designing and implementing an intensive intervention program for a child with autism is a challenging, dynamic, and inexact science. Each and every choice depends on a number of factors, and can lead to an array of new challenges and opportunities. In an endeavor that complex, it is essential to recognize that missteps in strategy or execution are bound to occur. Indeed, as Skinner realized, those missteps are not mistakes at all, but rather the very data that may point the way to our goals.

Reference

Skinner, B. F. (1971). *Beyond freedom and dignity*. Indianapolis, IN: Hackett Publishing.