



Autism Collaborative Centers of Excellence (ACCE) Standards

Evidence-based best practice guidelines to elevate the quality and consistency of services for individuals with autism spectrum disorder and their families in Northeastern and Northcentral Pennsylvania

Educational Interventions in Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is a relatively common developmental disability affecting 1 in every 59 children in the US. ASD is a behaviorally-defined condition with many known and unknown causes. The following are guidelines are suggested as best practices in working with individuals with autism spectrum disorder (ASD) in educational settings.

- Professionals working with children or adults with ASD should be knowledgeable and able to make programmatic decisions that are evidence-based. Evidence-based practices (EVPs) should have enough empirical support to be called evidence-based.
- A recent comprehensive review of interventions in autism (Wong et al 2014 (ref) incorporated results from the National Standards Project and the National Professional Development Center on ASD. They categorized practices into two groups. Comprehensive Treatment Models (CTMs) have a framework, procedures, manual, prescribed program intensity/longevity and focus outcomes. Focused Intervention Practices are designed to address a single skill and utilize basic elements often used in CTMs, e.g., modeling, visual supports, prompting, and discrete trial training.
- There are no specific best practices in educational interventions for school-aged children with ASD. Standards are the same for all children with special needs starting with a comprehensive assessment including a developmental history, cognitive testing, speech/language evaluation, adaptive behavior and motor skills assessments.
- Upon completion of testing, a multidisciplinary team meeting with agency/school and family should be convened to review strengths/needs and develop a written plan with measurable goals and objectives, ancillary services, specially designed instruction and support services. For children birth to 3 years of age there is an Individualized Family Support Plan (IFSP). For those 3 to 21 years of age there is an Individualized Education Plan (IEP).
- A diagnosis of ASD does not dictate a specific placement. Placement should be based on the student's strengths, challenges and current educational needs. Environmental modifications, visual supports, schedules, and an augmentative and alternative communication system (AAC) may be indicated. Some students require additional adult support staff, e.g., instructional assistant (IA), personal care assistant (PCA) for some or part of the school day.
- A positive behavior support plan (BSP) that outlines proactive strategies to address behaviors that interfere with learning is recommended. A behavior intervention plan (BIP) should be developed to address challenging behaviors based on results of a functional behavior assessment (FBA).