

These are some of my Behavioural Problems

- A. Not talking to people for a long time.¹
- B. Not eating or drinking anything for a long time.
- C. Not liking being touched.
- D. Screaming when I am angry or confused.
- E. Not liking being in really small places with other people.
- F. Smashing things when I am angry or confused.
- G. Groaning.
- H. Not liking yellow things or brown things and refusing to touch yellow things or brown things.
- I. Refusing to use my toothbrush if anyone else has touched it.
- J. Not eating food if different sorts of food are touching each other.
- K. Not noticing that people are angry with me.
- L. Not smiling.
- M. Saying things that other people think are rude.²
- N. Doing stupid things.³
- O. Hitting other people.
- P. Hating France.
- Q. Driving Mother's car.
- R. Getting cross when someone has moved the furniture.⁴

¹ Once I didn't talk to anyone for 5 weeks.

² People say that you always have to tell the truth. But they do not mean this because you are not allowed to tell old people that they are old and you are not allowed to tell people if they smell funny or if a grown-up has made a fart. And you are not allowed to say, "I don't like you," unless that person has been horrible to you.

³ Stupid things are like emptying a jar of peanut butter onto the table in the kitchen and making it level with a knife so it covers all of the table right to the edges, or burning things on the gas stove to see what happened to them, like my shoes or silver foil or sugar.

⁴ It is permitted to move the chairs and the table in the kitchen because that is different but it makes me feel dizzy and sick if someone has moved the sofa and the chairs around in the living room or the dining room. Mother used to do this when she did the hoovering, so I made a special plan of where all the furniture was meant to be and did measurements and I put everything back in its proper place afterwards and then I felt better. But since Mother died Father hasn't done any hoovering so that is OK. And Mrs Shears did the hoovering once but I did groaning and she shouted at Father and she never did it again.

SPECIAL NEEDS SEMINAR
MIDYEAR CONFERENCE 2005

STEPHANIE HRUZEK

hruzek117@hotmail.com

&

ATSUKO KURIHARA

Tomizawa JHS #55

245-3751

(fax) 307-1636

WARM - UP ACTIVITY

Role play	Challenge	Notes
<p>You can't move. You can speak.</p> <p>This is your word. <i>two</i></p> <p>You can't speak. You can point and gesture but you can't say anything.</p> <p>This is your word. <i>for</i></p> <p>This is your word. <i>fretakabs</i></p>	<ul style="list-style-type: none"> ▪ physical ▪ visual deficit ▪ auditory deficit ▪ memory deficit 	
<p>You can't be quiet. You don't want to sit down. You can only say, "Let's go!"</p> <p>This is your word. <i>I</i></p>	<ul style="list-style-type: none"> ▪ attention deficit ▪ learning disability ▪ behavior deficit 	
<p>You don't like the person next to you. You can go to the other side of the room, hit, scream, throw things, anything to show your dislike.</p> <p>This is your word. <i>hamburgers</i></p>	<ul style="list-style-type: none"> ▪ behavior deficit 	
<p>Everyone has one word written on their paper. You must, as a group, put the words together to form a sentence. When you finish everyone must stand up in the order of the sentence.</p> <p>This is your word. <i>ate</i></p>	<p>(Teacher)</p> <ul style="list-style-type: none"> ▪ lack of time ▪ dealing w/ different abilities ▪ lack of resources ▪ proper diagnosis unknown ▪ frustration 	
<p>I ate two hamburgers for breakfast.</p>		

TIPS FOR SUCCESS

- ✓ create safe environment
 - minimize transitions
 - be organized
 - be consistent
 - establish routine
 - explain the schedule
 - set goals
 - distractions and sensory stimulus to a minimum
 - avoid high anxiety situations
- ✓ verbal and visual cues
 - use as reminders
 - to gain attention
 - to give instructions
 - as a way to communicate with students
- ✓ communication is a priority
- ✓ behavior modification
 - develop consistent behavior expectations
 - correct bad behavior and acknowledge acceptable behavior
 - provide a cool off area
 - set limits/ boundaries
 - establish consequences
 - provide incentives/ reinforcement
 - role playing
- ✓ teach in concrete terms
 - use multiple medias to covey a message
 - use visually stimulating materials
 - speak slowly and repeat
 - always use the same phrase
 - be aware of your students' abilities
 - help students self correct mistakes
 - ask probing questions
- ✓ be positive and encouraging
 - be aware of your body language
 - avoid power struggles
 - understand students' strengths and weaknesses, likes and dislikes
 - react appropriately to mood swings
- ✓ don't deny a student's specific way of doing things

AUTISM

Autistic children have impaired social and communication development, as well as thought, attention, and perception. This is the student who will move rhythmically when no structure is present or if they have nothing to occupy them.

- difficulties in establishing relationships with others
- delayed or abnormal language development
- a limited range of interests.
- repetitive activities are preferred.
- sensitive to stimuli
- very good at comprehending visual information
- sometimes experience panic attacks

DOWN'S SYNDROME

- have difficulty learning and take a long time to complete tasks requiring mental activity
- have difficulty understanding others and expressing themselves
- can be very cheerful and comfortable with other people. but some students have difficulty interacting
- have low confidence
- have a specific way of doing things. sometimes have difficulty accepting advice or encouragement from other people

LEARNING DISORDERS

“IT HAS COME TO BE RECOGNIZED THAT IN AN AVERAGE GROUP OF STUDENTS 5-6% OF THEM WILL HAVE SOME FROM OF ADHD OR LD.”

*Shintaro Hara. Tsurugaya Special Needs School.

Visual Deficits

- letter reversals, b for d, p for q
- letter and or number inversions: m for w, p for b etc.
- finds reasons not to read, says he/she's tired
- complains that their eyes hurt
- doesn't copy questions or passages correctly
- re-reads and skips lines
- loses the spot where he/she was reading
- makes sequencing errors, will say “on” for “no”, “saw” for “was”
- these children often erase things constantly

Visual motor deficits:

- rarely leaves enough spaces between words and letters are often jumbled together
- letters are often hard to determine, they're written in a clumsy fashion

- difficulty coloring between the lines
- difficulty with fine motor chores like cutting, gluing, holding pencils and crayons properly.

Auditory Deficits

- difficulty articulating
- understand only when information is repeated or spoken slowly
- often doesn't distinguish differences between sounds
- isn't able to distinguish where the sound is coming from
- doesn't follow directions or instructions
- doesn't benefit overly from oral instruction
- often avoids participating
- can't remember information that was presented orally
- confuses similar sounds
- performs poorly in most listening activities

Spatial And Body Awareness Deficits

- easily lost or confused about directions even when the surroundings are familiar
- confuses up and down with right and left, exhibits directionality problems
- written work exhibits weak spacing of letters and words with some directionality issues
- has great difficulty when columns or graphs are needed in arithmetic
- exhibits some clumsy tendencies
- directionality concepts are initially quite difficult to learn, over, on, beside, under etc

Conceptual Deficits

- doesn't make connections in similar learning concepts
- has difficulty comparing things or classifying and sorting items according to a specific criteria
- time concepts present difficulty, before, after, tomorrow, last week etc.
- often doesn't get jokes or ideas in humorous situations
- creativity and imagination is usually limited
- often slow to respond
- difficult time predicting what may happen next, or answering comprehension type questions
- comments are often off track
- difficulty thinking in a logical or sequential manner
- difficulty with number concepts
- often requires a great deal of clarification and one to one support

Memory Deficits

- often doesn't remember what was seen, heard or shown.
- has difficulty with remembering sequences in directions or instructions.
- often forgets the pronunciation of frequently used words, spelling is weak.
- sight vocabulary is weak and reading is often slow to develop.
- difficulty with items that need to be memorized - facts, speeches, rhymes etc.
- often appears forgetful.
- expressive and receptive language is weak.
- rarely uses appropriate nouns, refers to "that thing" or "you know"
- often repeats the same errors

Behavior Deficits

- has good and bad days
- struggles to sit still.
- doesn't always consider consequences before acting - impulsive.
- often has a short fuse or low frustration level
- difficulty finishing assignments
- easily distracted
- can be fidgety and often needs to tap fingers, feet, twiddle pencils
- mind wanders a lot
- can exhibit negativistic or oppositional behavior
- doesn't follow rules and makes fun of others
- difficult time minding his/her own business
- often is disorganized, loses things etc.
- disruptive
- appears pre-occupied
- speaks out
- aggressive, bullies
- dishonest, places blame
- low self esteem
- unable to work in groups
- self injurious
- no regard for personal space
- manipulative

"LOOKING AT THE LEARNING DISABILITY IS TOO LIMITING, WE NEED TO LOOK AT THE PROFILE OF STRENGTHS AND WEAKNESSES."

Levine www.nads.org

EVALUATION

STUDENT

- How old is my student?
 - ✓ respect
- How old is my student emotionally? mentally?
 - ✓ plan lessons appropriately
- What are my students' strengths and weaknesses?
 - ✓ focus on strengths
 - ✓ slowly build on weaknesses
 - ✓ avoid frustration
 - ✓ challenge the student
- What is his/her mood?
 - ✓ how does this affect the class?
 - ✓ how does the student react?
 - ✓ how can we deal with the moods?
 - ✓ don't take it personally
- What are my students likes and dislikes?
 - ✓ use likes to gain the students' interest
 - ✓ avoid outbursts
 - ✓ rewards
- What is my goal with this student?
 - ✓ set individual goals and limits
 - ✓ students won't excel at the same rate
 - ✓ use token economy system

Notes:

TYPICAL DEVELOPMENT OF CHILDREN www.dbpeds.org

Age

Skills needed to be learned

Infant (0-12 months)	self soothing
Toddler (1-3years)	self calming good sleep habits good mealtime habits independent play sharing separations waiting to talk
Preschooler (3-5 years)	playing games anger management restaurant grocery store table manners preacademics
School Age (5 years ~)	problem solving

STUDENT EVALUATION AT TSURUGAYA SPECIAL NEEDS SCHOOL

Level A:

These students can work at regular jobs after graduation. Their study program is designed to teach them the skills they should know in order to obtain a job. According to the Tanaka Benny intellectual test, these students score within the intellectual levels of “normal” 4th-6th graders.

They can go to school by themselves and accomplish most of their own daily activities. Some of them do not have good relations with their parents and some do. It is hard for the students to succeed at the same pace as their “normal” peers. This feeling really discourages them.

When preparing a lesson for level A student's one can plan something a little difficult for 1 hour at most but use breaks because the students' attention span is short.

Level B:

These students can work at a shisetsu, special institution, and a few at regular jobs. Their study program is designed at teaching them good manners. According to the Tanaka Benny intellectual test, Level B students score within the intellectual levels of “normal” 1st to 3rd graders.

Some of them can go to school independently, speak what they are thinking, and read and write in short Japanese sentences. They have a general idea of time, such as what they are doing now, their past and what they will do in the future.

If a level B student is autistic most of these students don not like to communicate with many people. They must stick to their pre-planned every day routine. If something is to change out of that routine they tend to panic.

Prepare easy lessons that do not extend over an hour and include breaks.

Level C:

These students may be able to work at a shisetsu. Their study program is designed to teach them how to communicate with others, when to work and when to play, practice their hobbies, and accomplishing daily work by themselves. According to the Tanaka Benny test these students score within the intellectual levels of “normal” 0-5 year old children.

They understand only some Japanese words and usually like to follow a scheduled plan each day. They tend to reject anything out of their usual schedule and react nervously to changes. Since these students will never live independently they need to learn the skills to communicate with various types of people. Their learning programs should be designed to teach them how to communicate with others and how to do as many things by themselves as possible. At first it is important that the teachers communicate with the students to let them recognize that their teachers are their supporters. Prepare only very simple activities for level C.

Start out your lessons easy but as the year goes make the lessons a little longer and a bit more difficult.

ACTIVITY

“select practices that fit the content, are age appropriate, and gain the cooperation of the child.”

Eric Digests.

- ✓ fun
- ✓ clear goals
- ✓ use different parts of the brain
- ✓ appropriate level
- ✓ challenge the students
- ✓ easy to explain
- ✓ minimal transitions
- ✓ realia
- ✓ easy to adapt
- ✓ simple is best

It didn't work! Or did it?

What was the students' mood?

Did I like the activity?

Was it well organized?

Were the students too excited?

Was the goal clear?

Was it too difficult? too easy?

SELF

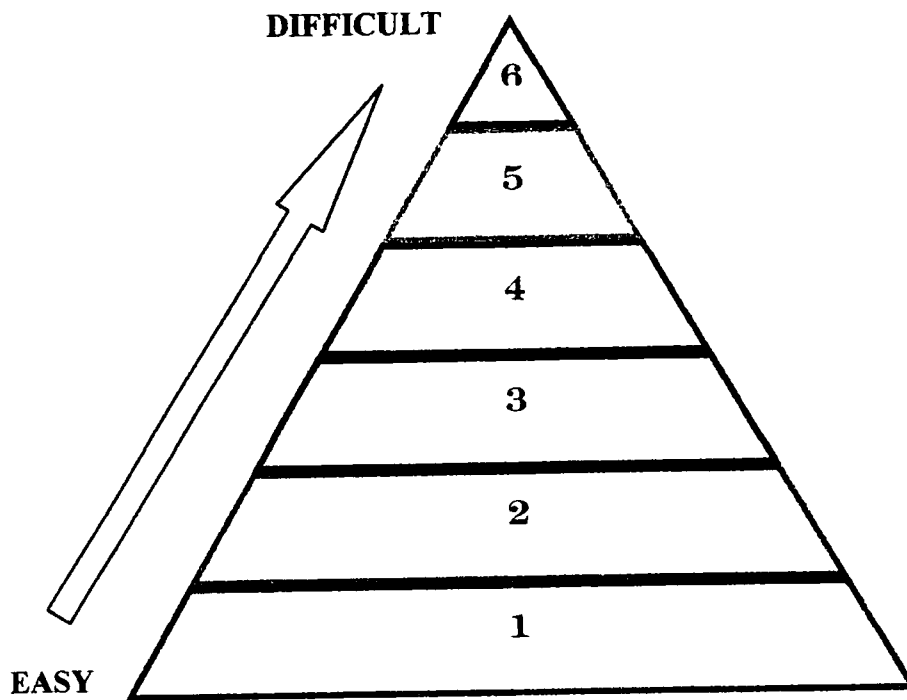
- Did I speak too fast?
- Did I use too much/enough English and/or Japanese?
- Did I encourage/reprimand the students appropriately?
- Was I positive?
- Was I patient?
- Was I having fun?
- Was I organized?
- What is my purpose?

“SOMETIMES IT IS NOT A MATTER OF REPETITION BUT OF DOING IT A DIFFERENT WAY”

www.nads.org

Notes:

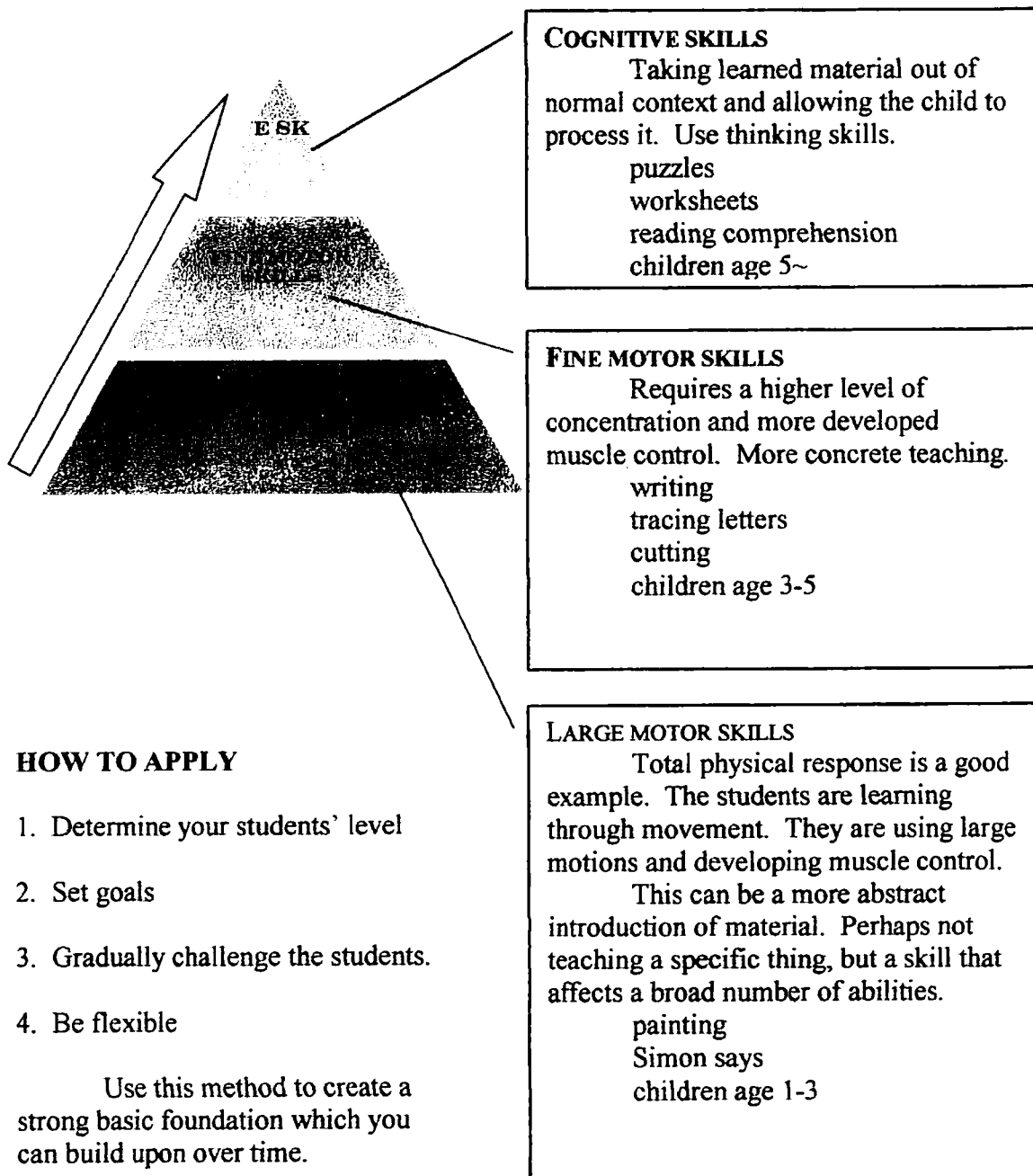
MAKING PROGRESS



- KANJI PUZZLE
- CHOPSTICKS
- MARKER
- SHAVING CREAM
- PAPER AND PEN
- PLAY DOUGH

1. Explain your activity.
2. Rate your activity, 1-6.
3. Why? What was good and bad?

LEARNING PYRAMID



HOW TO APPLY

1. Determine your students' level
2. Set goals
3. Gradually challenge the students.
4. Be flexible

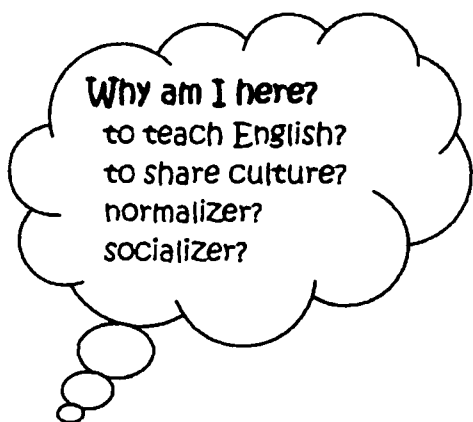
Use this method to create a strong basic foundation which you can build upon over time.

LEARNING TAKES TIME. DON'T BECOME FRUSTRATED IF YOU DON'T SEE IMMEDIATE RESULTS.

SETTING GOALS

MONTHLY

- create transitions between material
- build from basics
- create challenges
- teach culture
- establish routine
- social skills



Date	Activities	Goal
10/5	Head, shoulders, knees.... song Body trace Karuta	introduce body parts
10/12	Doctor, doctor! Pin the 'nose' on the face	review body parts teach parts of the face
10/19	Head, shoulders, knees ... song Face drawing	review body parts and face parts
10/26	Students draw face on pumpkin. Make Jack-o-Lantern. Halloween story	have fun teach culture
next lesson	?	How many~? animals and body parts

DAILY

- alternate active and inactive activities
- free speaking time
- communication
- establish routine
- few transitions
- use English commands
- set goals for each student
- behavior management
- have fun

LONG TERM

- experience something new
- positive interaction with a new person

time	activity	goals
5 min	Warm up Musical chairs	have fun
7 min	Body trace poster Review and repeat vocabulary	teach body parts
10 min	Karuta	Aki chan not to go into the corner and kick the wall.
10 min	Face drawing Students make pairs and draw portraits without looking at the paper.	Ryosuke not to rock in his seat. Mi chan to laugh.
5 min	Laugh at pictures and review words	
7min	Story	

What is my purpose in the classroom?

What are my goals?

RECOMMENDATIONS

BOOKS

Eric Carle

Brown Bear, Brown Bear, What do you see?
The Very Hungry Caterpillar.

Norman Bridwell

Clifford's Christmas.

All Aboard Reading

Is that you, Santa?
Margaret A. Harelius

Robert Munsch

Stephanie's Ponytail.

MUSIC

Joe Scruggs

Wee Sing

Children's Songs and Fingerplays

I'm a little teapot

Itsy bitsy spider

Twinkle Twinkle Little Star

RESOURCES

www.246.ne.jp/~kanald/english.html

"A Comparative Study of Learning Disabled Children in the United States and Japan, 1998."

"Research on Teaching Methods and Social Skills of the Children with Learning Disabilities, 2000."

www.dbpeds.org

"Attention Deficits: What Teachers Should Know." Eric Digests.

www.tokyowithkids.com

www.fl.vcu.edu/ld/ld.html

www.deaflibrary.org

www.ucpa.org/text/hstory/index

<http://specialed.about.com/cs/learningdisabled/a/ld.htm>

Learning Disabilities. Sue Watson

www.sendai-c.ed.jp/~tsuruyou/

Tsurugaya Special Needs School

"はじめての手話" Hajimete no Shuwa by Harumi Kimura and Yashuhiro Ichida

Pivotal Response Intervention Model by Lisa Benaron MD

Description

Information on Pivotal Response Training for Children with Autism.

The Pivotal Response Intervention Model for children with Autism was developed primarily by Drs. Bob and Lynn Koegel at the University of California at Santa Barbara (UCSB). Dr. Bob Koegel trained under Dr. Ivar Lovaas at UCLA, where he received his Ph.D. in Developmental and Clinical psychology. Dr. Lynn Kern Koegel trained in psychology and as a speech and language pathologist (CCC-SLP).

Their early efforts to sort out the characteristics of effective intervention techniques for autistic children is summarized in their excellent book, *Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities*. Based on these experimentally documented effective intervention techniques, the Pivotal Response intervention model (also known as "Pivotal Response Training" or PRT) was developed. The underlying observation which led to the development of the Pivotal Response intervention model is that there are some skills which are "pivotal" for an individual to function. Addressing a pivotal area of deficit results in gains by the child in areas that were not directly targeted by the initial intervention. The Koegel's define pivotal areas as "areas that are central to wide areas of functioning such that improvements will occur across a large number of behaviors." Intervening in a pivotal area produces "large collateral improvements in other areas" (1999a).

Based on their observation of improvement in these collateral areas, they have defined several pivotal areas as potential focal points for intervention including responsivity to multiple cues, motivation to initiate and respond appropriately to social and environmental stimuli and self-direction of behavior including self-management and self-initiations of behavior. A full review of these pivotal areas can be found in the first of a two-part article published by the Koegel's in 1999 (1999a). Two pivotal areas will be addressed further in this review: motivation and child initiations.

Child Motivation

As used by the Koegel's, "motivation" is assessed by "observable characteristics of a child's responding". An improvement in motivation is defined as "an increase in responsiveness to social and environmental stimuli". Characteristics which indicate higher motivation include increases in the number of responses a child makes to teaching stimuli, decreases in response latency and changes in affect such as interest,

enthusiasm or happiness. An early study by R. L. Koegel, O'Dell and Koegel (1987) showed that interventions designed to improve the rate and accuracy of responding (i.e., child choice, frequent task variation, reinforcing the child's attempts to comply and incorporating turn-taking,) were also effective in producing generalized and spontaneous verbal language acquisitions in nonverbal children, both in the clinic setting and in the natural environment. In contrast, when language intervention sessions were conducted without the motivational variables, gains in language were considerably reduced. This observation led to inclusion of proven motivational techniques as the central core of all pivotal response interventions. The key motivational variables utilized in Pivotal Response intervention are child-choice, use of natural reinforcers and reinforcement of attempts.

Child-Choice: "Child choice" refers to designing interventions around materials or topics for which the child expresses a preference. This can be accomplished by allowing the child to select stimulus materials from a pool of potential candidates or by selecting a known preferred object to teach a desired skill (i.e., using candy wrapped in colored wrappers to teach colors rather than color flash cards). Efforts are made to incorporate child-choice into routine activities (i.e., selecting which shirt to wear or which food to eat).

Natural Reinforcers: In the Pivotal Response intervention model, the planned reward for the child is something that flows naturally from the child's actions or verbalization. This contrasts sharply with arbitrary reinforcers (i.e., M&Ms), which are used extensively in the Lovaas-type Discrete Trial Training format. Koegel and Williams (1980) found that children rapidly acquired tasks only if the reinforcer was directly related to the task in a logical way. This principal was demonstrated in an experiment that consisted of teaching the skill of opening a clear glass bottle. If there was candy in the bottle, the child rapidly acquired the skills needed to open the bottle. If the child was asked to open the lid of an empty container with the contingent reinforcer being a food reward given at the successful completion of the task, the child did not comply with the request. The children showed rapid acquisition only when the target behavior was a direct part of the chain leading to the reinforcer. Translated to the naturalistic environment, a child could be asked to say "Root Beer" in order to obtain a soda, or "out" to get out of the car upon arriving at a destination. The reinforcers (Root Beer or getting out of the car) are both direct consequences of the child's verbalization.

Reinforcement of Attempts: Early models of applied behavior analysis introduced as intervention for autistic individuals required the child to perform the desired activity in a closely proscribed manner. Rewards were not given if the child failed to produce the exact behavior required. PRT

provides reinforcement whenever the child makes any unambiguous attempt to produce the desired behavior (referred to as “loose shaping criteria). Less restrictive reinforcement criteria may decrease the “learned helplessness” response that some researchers believe cause autistic individuals to stop trying to respond to requests or prompts.

Child Initiations

The language characteristics of autistic children often include low-levels or complete absence of question-asking, apparent low levels of curiosity and the use of language to obtain desired objects but not to initiate conversation. Typically developing children, in contrast, use questions frequently to initiate social interaction and provide opportunities for language enrichment. Lynn Kern Koegel (1998) demonstrated that autistic children could be taught to ask a simple question (“What’s that?”). The children were able to generalize the question to other appropriate circumstances. Similarly, the question, “What happened?” was associated with increased ability to learn verbs and increased mean length of utterances. Other techniques to increase self-initiations include utilizing additional “Wh” questions and learning to ask for help. An interesting finding was that naïve observers do not judge children as being pragmatically appropriate if they do not show initiations during unstructured interactions. This suggests that question asking is crucial for social interactions.