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Evaluating Your Educational Program for Students with Autism



How do you decide what critical educational features need to be included in your service to students with autism?

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In the November issue of *The Utah Special Educator*, Cathy Longstroth (p. 75-76) outlined several characteristics of effective educational programs for students with autism. These recommendations are based upon substantial research evidence from the professional literature. You may wonder why you should design your educational programs with research in mind, when you already know “what works” for your students. On the other hand, many students with autism are hard to figure out and you may not be sure “what works” for them. In such cases, are you willing to try just about anything? If so, how much time should you spend on a particular intervention? What if the intervention sounds too good to be true—should you still try it? How do you decide what critical educational features need to be included in your service to students with autism?

As recently as 30 years ago, many people, including educational professionals, believed individuals with autism were not educable. Now, we have a proliferation of interventions aimed to educate and even recover or cure individuals with autism. How are you to decide whether to base your educational program on Discrete Trial Training, Floortime, or Arizona Horse Manure Therapy? Do you spend a little bit of time exploring each viable option, select one primary intervention, or develop an integrated approach? Suppose you were diagnosed with a debilitating illness and if you received immediate effective treatment it would reduce or even eliminate many of its symptoms. Would you want your physician to explore various treatments that were easy for her to manage given her resources; try out an intervention that she learned about in a recent professional conference; integrate a few different treatments that she has tried in the past or that she wants to explore into an individualized program; or base the primary intervention on the professional medical literature that has been tested and demonstrated to work on thousands of others with a similar illness?

As professional educators, we have the ethical responsibility to make our decisions based upon sound evidence rather than “flying by the seat of our pants.” Evidence-based practices include those procedures that have been studied carefully and their results blind-reviewed and published in reputable professional journals. High standards for such evidence include randomized, double-blind clinical trials that allow for comparisons between treatments.

Tina Taylor Dyches, Associate Professor & Program Coordinator, Special Education, Brigham Young University

An even higher standard for demonstrating effectiveness of treatments is meta-analytic research which takes into consideration many studies and calculates the effectiveness of a particular approach. It is a synthesis of the current research. The recommendations made by the National Research Council (2001) and those by Iovannone, Dunlap, Huber, & Kincaid (2003) are based upon research syntheses. Since then, other meta-analyses have been conducted with results reported for various educational strategies (e.g., augmentative and alternative communication, video modeling, self-management strategies). Interestingly, some practices we use today have not been found, using meta-analytic procedures, to make statistically significant effects in the outcomes of students with autism (e.g., Social Stories, school-based social skills intervention). Even more practices have not even been studied empirically or the evidence is not clear regarding their effects (e.g., facilitated communication, chelation therapy, dolphin therapy, auditory integration therapy, dietary interventions, magnets).

So, what do we know about “what works” for children with autism? Many programs have similar features, although the philosophies driving the treatments vary. A few critical components that should be found in any program include: multi-component early intervention directed to the core deficits of autism (e.g., social-emotional skills, cognition, language, behavior), lasting over a long period of time (at least one year for at least five days per week over the length of a regular school day), intensive behavioral interventions using Positive Behavioral Support principles, and family involvement (National Research Council, 2001; Iovannone, Dunlap, Huber, & Kincaid, 2003; Levy, Kim, & Olive, 2006).

As professionals, we need to be cautious in endorsing treatments that have evidence based solely upon testimonials, anecdotal reports, or single-case studies. It is our responsibility to promote the professional nature of our work by demonstrating effectiveness through informed selection of educational approaches, followed by data collection and analysis for individual students, and making instructional decisions based upon this evidence. Further, before you attend an inservice or conference workshop, you should ask the presenter if data exist for the approaches being promoted. Ask which peer-reviewed journals have published controlled studies on the approach. It is important for teachers to have this information so we can judge the potential usefulness of a technique.

Does this mean you don't use Social Stories or other programs that you have used in the past, particularly when you have compelling evidence that they are making a positive difference in the quality of life of your students? Certainly not. Just because we do not have research to substantiate a particular treatment does not mean that it does not work — we may just not have the evidence. However, it is important that you provide an educational foundation based upon compelling large-scale evidence, then make sure you have single-case evidence for the students with whom you are using the approach.

Before you learn about a new procedure, breakthrough, or treatment for students with autism, I would suggest that you evaluate your current program. Does it meet the critical features that have demonstrated effectiveness on a broad scale? If not, where do you need to make improvements? What type of support do you need in order to have your program meet these standards? The following evaluation form is designed to help you make these types of observations and decisions. It is based upon meta-analytic and other synthesizing research in autism regarding “what works.”

Available on the web at updc.org ■

Evaluation of Educational Programs for Students with Autism	
School/Program: _____ Teacher: _____	
Evaluator's Name: _____ Date: _____	
Early entry into the intervention program	Average age when students entered this program: Average age when students began receiving services:
Individualized supports and services for students and families, based upon family and student preference.	Support for students: Support for families: 0-2 Hours/day Half-day Full school day
Active engagement in effective instructional programming	Various Sites: Days per week: 1 2 3 4 5 Less than 9 months 9-10 months Full year
Systematic instruction based upon valid educational goals, effective delivery of planned instruction (using principles of Applied Behavior Analysis), evaluating and adjusting instruction.	Educationally and socially valid goals: Type of instruction: How learning is evaluated: How often learning is evaluated:
Comprehensible and/or structured environments, where students and staff can predict what is happening, what will happen, know requirements of various settings.	Curriculum is clear to students: Yes Sometimes No Curriculum is clear to all personnel: Yes Sometimes No How is curriculum communicated to students and staff?:
Specialized curriculum content that addresses core deficits and increases functional skills that can generalize across environments.	Do IEPs include goals for core deficits of autism? Social: Yes No Behavioral: Yes No Communication: Yes No Cognitive/Academic: Yes No How frequently are these goals addressed? Daily Weekly Monthly Are skills generalized across environments? Yes No 1:1 1:2-3 1:4-10 Large groups
Adult attention sufficient to meet IEP goals	Are goals being met: Yes No
Functional approach to problem behaviors (i.e., Positive Behavior Support), with a focus on replacing rather than eliminating problem behaviors, through teaching appropriate replacement behaviors.	Evidence of Functional Assessment: Evidence of Functional Analysis of Behavior: Evidence of Behavior Support Plan:
Family involvement	Evidence of family involvement in: Pre-referral process Yes No Identification & Classification Yes No IEP development and review Yes No Behavior Support Plan development Yes No Generalization of skills Yes No