Self-Regulation in Children with Autism

Campus Alberta Applied Psychology

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Problem Statement

In the proposed study, a small sample of participants will be asked to identify the strategies their children, who are diagnosed with autism spectrum disorders, use to support self-regulation. Additionally, questions will be posed to identify whether the attachment profiles of caregiver and child are associated with the child’s ability to self-regulate.

Barry Prizant and his colleagues; Amy Wetherby, Emily Rubin, Amy Laurent, and Patrick Rydell (2006) describe self-regulation as the ability to regulate emotional states and physiological arousal which includes the regulation of mood, self-calming, preparation for social interactions, coping with challenges and delayed gratification. The ability to regulate one’s emotional state is considered to be a core process that underlies attention and social engagement (Prizant et al., 2006). Emotional regulatory strategies are considered according to developmental level and cognitive capability. The purpose of this study will be twofold. First, the questionnaire will explore atypical externalizing (i.e. hand flapping) or internalizing (i.e. withdrawal) behaviors which need to be present for an individual to be diagnosed with Autism in accordance to the diagnostic criteria found in the Diagnostic and Statistical Manual-Fourth Edition (DSM-IV) (Coonrod & Stone, 2004; Gillham, Carter, Volkmar, & Sparrow, 2000; Goin & Myers, 2004; Wing & Potter, 2002). The focus of this research is to determine whether the behaviors are functionally being used as a strategy for self-regulation as indicated by Prizant et al. (2006) and whether the child is seeking regulation support from a caregiver (co-regulation).

Moreover, the study will determine if there is an association between a child’s attachment
characteristics and a child’s ability to self-regulate. This information will have implications for practitioners and caregivers who are involved with children diagnosed with ASD, possibly to support those children in the development of co-regulation and self-regulation strategies. Self-regulations strategies will aid the child to maintain an optimal level of arousal, which will enhance learning and functional abilities (Prizant et al., 2006). Notably, in typically developmental patterns, an individual will experience regulation stages that involve a parent or caregiver in mutual or co-regulation (Rutger, Bakermans-Kranenburg, van Ijzendoorn, & van Berckelaer-Onnes, 2004).

Rationale

Self-Regulation and Attachment Relationships

Shore (2001) indicates that self-regulation and secure attachment relationships are connected. He supports the notion that it is through co-regulation and the dyadic dance between a primary caregiver and an infant that the brain develops to support an individual with self-regulation in later infancy and early childhood in typically developing children. A meta-analysis of current research regarding autism and attachment indicates that a child diagnosed with autism can achieve the same types of attachment relationships with the primary caregiver however, there no research has been indicated in tracking the developmental patterns with regulation (Rutger et al., 2004). There is a need to investigate the relationship between attachment relationships in children with autism and its connection to co- and self-regulation. There is a growing amount of research in the area of autism and forming secure attachment relationships but currently research is limited to children between three and five years-old and relies heavily on video taped samples and parent report (Sigman, Dijamco, Gratier, & Rozga, 2004).
Sigman et al. (2004) indicate that attachment security is unlikely to be part of the core deficits found in children with autism; however, they also recognize that these children may be using different skills to secure these relationships than typically developing children. The connection between the primary attachment relationship and self-regulation is an important aspect of intervention for children diagnosed with autism and their families. In August of 2004 a new legislation was introduced in Alberta to better support children with severe disabilities and their families. The family-focus and child-centered approach supports the notion that primary caregivers play an integral role in the overall functioning of their child. There have been a number of intervention techniques used over the years that have been considered best practices in the treatment of the child diagnosed with ASD, however there has been various levels of treatment and support for the caregivers and families (Marcus, Rubin & Rubin, 2000; Marshall & Mirenda, 2000; Mulick & Butter, 2002; Ozonoff & Cathcart, 1998; Sheinkopf & Siegel, 1998). With the introduction of the new legislation in Alberta service providers have been forced to assess their current interaction practices.

The introduction of family focused practice includes the caregivers as an integral part of the intervention, thus a need for the investigation of attachment profiles in connection with self-regulation and co-regulation is necessary. Often behavioral outbursts and atypical, repetitive movements are observed in instances where there is anxiety or unpredictability in the environment. These ‘behaviors’ may be viewed as functional behaviors aiding in self-regulation or as the child seeking co-regulation, or they may be viewed as dysfunctional and socially unacceptable behaviors. If a child uses repetitive behaviors to self-regulate or to seek mutual regulation from a parent or primary caregiver
and the parent or caregiver is not receptive to this bid for attention there can be a
disruption in the attachment relationship leading to insecurely attached behaviors as
discussed below.

Self-Regulation and Attachment

It is important to gain perspective of the function of these repetitive behaviors so
that we may guide the caregivers in choosing the most appropriate intervention options
for their child and family. The recognition and acceptance of the individual differences
and the individual approaches to self-regulation is essential to navigate in our current
society. In some cases the repetitive behaviors that are used to regulate a child’s emotions
are replaced or extinguished as a part of the individualized intervention plan. Prizant et al.
(2006) support three different levels of emotional regulatory strategies: behavioral
strategies, language strategies, and metacognitive strategies. Behavioral strategies are
early developing strategies that include simple motor actions that the child or infant
engages in to regulate arousal level, remain alert and self-sooth. Language strategies are
developed as the child becomes better able to use words or other symbols to regulate.
This use of symbols can be evidenced by the child’s ability to change levels of attention,
activity level, emotion and engagement in various situations. The child may also start
using strategies such as self-talk to further promote regulation such as saying “I’m okay”
after they fall down. Finally, the use of metacognitive strategies as a method of self
regulation is observed when a child recalls and talk about strategies that previously
worked for them in different situations, noting how those strategies could be used in the
future (Prizant et al., 2006). A clear understanding of the function of the repetitive
behaviors will enable parents and professionals to educate the public and support the
children in maintaining an optimal level of arousal while exploring their environment with a secure base.

Reference to Literature

Attachment and Autism

Attachment theory can be defined as the psychosocial development of a child based on his or her interactions with a primary caregiver with the purpose of keeping an infant safe and supporting his or her survival (Broderick & Blewitt, 2006; Fonagy & Target, 2002; Humber & Moss, 2005; Mikulincer, Shaver, & Pereg, 2003; Schore, 2001; Wood, Emmerson, & Cowan, 2004). There are four patterns of attachment: securely attached, anxious ambivalent-insecurely attached, avoidant-insecurely attached, and disorganized-disoriented-insecurely attached (Broderick & Blewitt, 2006). A child who has a secure attachment can be identified as a child who will show anxiety or distress when a primary caregiver (usually the mother) are separated but is able to be soothed when the primary caregiver returns. Additionally, after the child is soothed, the child is able to continue on with play and exploration knowing that the primary caregiver is available when he or she is needed (Broderick & Blewitt, 2006; Humber & Moss, 2005; Mikulincer et al., 2003; Schore, 2001; Wood et al., 2004). In this case the primary caregiver is considered to be a safe base from which the child can explore, knowing that the primary caregiver will be there in times of need (Broderick & Blewitt, 2006). Insecure avoidant children are characterized by showing little or no response to the attachment figure taking leave and actively avoid a caregiver when they return. The insecure resistant child appears preoccupied with their primary caregiver and show great distress upon separation. This cannot be easily comforted and combines seeking contact.
with the primary caregiver with contact resistance (Rutger et al, 2004). Finally, a child who shows contradictory behaviors such as seeking attention and being soothed by a primary caregiver when stressed and the running away when reached for, and/or having repetitive motor behaviors or freezing (Fonagy & Target, 2002) in situations of stress and anxiety can be characterized as disorganized-disoriented-insecurely attached children (Broderick & Blewitt, 2006). In particular, these children display sequential or simultaneous contradictory attachment behaviors (Rutgers et al., 2004).

The attachment patterns and caregiver availability are connected to the infant’s early stages of developing co-regulation and self-regulation. Often a child diagnosed with ASD has varying responses to caregivers in infancy due to his or her sensory profiles, which may include a hypersensitive response (too much) or a hyposensitive response (too little) to various sensory experiences (Prizant et al., 2006). For example, a child who is hyper responsive to touch may react to a soft touch with a painful response, on the other hand, a child who is hypo responsive may crash into a door leaving a gash but may not respond, or feel the pain. In these extreme cases the child may not respond appropriately to the sensory experience. This behavior can lead to confusion for the caregiver and may further isolate the child (Prizant et al., 2006).

Methods

The proposed study will be a qualitative analysis exploring methods of self-regulation in children who have been diagnosed with ASD. A standardized questionnaire, Goodman’s Strengths and Difficulties Questionnaire (2001) and survey will be utilized to determine whether there is an association between self-regulation, co-regulation and attachment patterns of the child diagnosed with ASD. Specifically, this study will
examine whether patterns arise in the data surrounding scores on a standardized strengths and difficulties questionnaire and the types of regulation patterns an individual might use.

_Instruments_

The assessment tools that will be utilized in this study are a combination of checklists and open response questions. Samples of these instruments can be found in Appendix C.

_Demographic Questionnaire._ An initial introductory page requesting demographic information will be included. Information collected will include: age of the child when he or she was diagnosed, size of city the family is living in, frequency and type of intervention the child has received.

_Strength and Difficulty Questionnaire._ The SDQ, being is a standardized tool, which measures individual strengths and difficulties and is measures against a norm reference group. The SDQ is a brief behavioral screening questionnaire that measures emotional symptoms, conduct problems, hyperactivity-inattention, and peer problems that may appear as difficulties and it includes a prosocial score, which defines strengths in individuals three to sixteen years old. The SDQ has been norm referenced in six countries that include Great Britain, Finland, Germany, Sweden, and United States. For the purposes of this study the normative data is from the USA where the SDQ was included in the 2001 National Health Interview Survey (NHIS) supplement. The informants were randomly selected where of the 10,367 identified respondents 9878 individuals participated and is said to be compatible with other behavioral questionnaires (Goodman, 1997). The SDQ is a copyrighted document and is free to download and photocopy provided it is left unmodified and used for non-commercial purposes.
This tool is used in a study by Muris and Maas (2004) the findings indicate that, “insecure attachment status was associated with higher levels of difficulty but lower levels of strengths.” (p.325). This study utilized both clinical and non-clinical groups, however there were no specification of differential diagnosis in clinical groups.

Survey. The survey is *SAP-REPORT FORM: Language Partner Stage* from the *SCERTS Model of Intervention* (Prizant et al., 2006). This is a copyright document which states permission of photocopying is granted to the owner of the manual for use in clinical and educational settings. The survey will explore the different environmental or emotional triggers for a specific behavior, the frequency of a particular behavior, whether the child seeks caregiver or another person for mutual regulation. This information will provide this author with information regarding how an individual stays at the optimum level of arousal to be able to participate in various activities and how we may support an individual with regulation strategies. The purpose of utilizing these tools is to gather information pertaining to the child’s self-regulation and mutual regulation strategies and to gather insight on attachment patterns, which may support regulation.

Participants

Participants in this study will be recruited from a homogeneous sample (Mertens, 1998). This sample will include the primary caregiver(s) of children diagnosed with Autistic Spectrum Disorders (ASD) between the ages of 4.0 and 10.11 years. Specifically, the children must have a current diagnosis of Autism, Asperges, or Pervasive Developmental Disorder- Not Otherwise Specified (PDD-NOS) as identified in the *Diagnostic Statistical Manual* in use at the time of the child’s diagnosis. Participants
will be treated in accordance with the Athabasca University Research Ethics Board ethical guidelines (Athabasca, 2004). Notably, the participants will be recruited on a volunteer base; the data from the survey and questionnaire will be stored according to the Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 2001). The data will be disposed of confidentially through shredding after the data has been utilized for the purposes of this proposed study. A scripted letter (see Appendix A) will be read to the participant over the phone to ensure all questions have been answered and the participants are aware of the purpose of the study, their right to withdraw at any point in the study, the volunteer basis for their participation, and when and how they will have access to the results of the study. A checklist will be kept tracking all inquiries, verbal consent and returned packages via a code attached to each of the packages.

Procedures

An advertisement (see Appendix B) will be dispersed to the membership at Autism Calgary Association through their monthly newsletter and by email fanout. A brief synopsis of the research project will be included in the Autism Echo, a newsletter sent out by Autism Calgary Association. Autism Calgary Association has invited this author to leave materials about the study in their offices and post a bulletin on their board to recruit participants. The advertisement will include a letter to the primary caregiver requesting the voluntary and confidential participation in this study with a brief description of what the purpose of the study is (see Appendix B). The caregiver will be asked to leave a first name and phone number to be reached. The author will phone the potential participant back within two business days and read the script outlined in Appendix A. The author will then ask for an address and mail out the package to the
participant. The packages will include a stamped and addressed return envelope, the letter of introduction, demographic information form, the Strengths and Difficulties Questionnaire, SDQ, (Goodman, 2001), and the Survey taken from Prizant et al. (2006) Social Communication Emotional Regulation and Transactional Support (SCERTS) model. The return address on the packages will be sent to a purchased mailbox. This Advertisement will be up for fifteen days after the newsletter for the following month is issued.

Analysis

Analysis. The analysis of the information will be based the types of regulatory behaviors identified in the survey, and the frequency of attempted self-regulation and/or co-regulation. The data from the SDQ will be used to examine the correlation between prosocial and the behavioral indications (regulation strategies) of the emotions listed in the survey. Additionally, with the use of frequency counts, the type of regulation strategy, self, mutual, or external will be measured against the difficulty scores on the SDQ. The information will be displayed on tables and graphs. The examination of the data is intended to investigate whether there are associations that arise in the present level of functioning and attachment profiles from the data collected (Mertens, 2006). The writer will work with the supervising psychologist to ensure that information provided in open-ended questions are understood in a direct, objective manner. This will ensure increased validity and reliability of the data.

Ethical Considerations

There are several ethical issues to consider when utilizing participants in a study. Several of these considerations have been adhered to and embedded in the participant
recruitment, confidentiality, informed consent, coded research packages, the tracking of the research packages, and storage and disposal of information (see Appendix B). When the study is complete, a copy of the document will be forwarded to Autism Calgary Association library and a summary of findings will be provided for publication in the newsletter.

**Implications**

This review will uncover specific areas that are in need for further investigation and set up preliminary information for further research. There is a great need for research in all areas that affect individuals diagnosed with autism. The need to better understand the unique ways these children socially connect and interact with people and the environment while maintaining a state of regulation is paramount in supporting these individuals in living productive and fulfilling lives. Additionally, further inquiry to examine if there are patterns that develop between one’s ability to regulate and attachment patterns may support current intervention practices or add to best practices. The data may support the need for greater family support in the areas of attachment and engagement. This line of inquiry can open the opportunity to launch a controlled study to establish whether there is a correlation between the attachment patterns of a child with autism and his or her ability to self-regulate in late childhood and early adolescence. Finally, it is important to acknowledge that the scope of this project exceeds the expectation of a final project through the Campus Alberta Applied Psychology-Counselling Initiative.
References


Help me help you. My name is Treena Huxley and I am studying for a Master’s degree in Counselling. I am now working as a Behavioral Consultant for home-based programs. I am asking for your help in a study. This study will involve no contact with your child. The study is to look at how children relate to other people, their strengths and difficulties and how they calm themselves down. This study involves the parent or guardian filling in some questionnaires, which will take about forty minutes. If you want to participate in my study or have any questions please call me at (403)283 8509 and leave your first name and phone number. I will call you back to get your address and postal code and answer any questions that you have.

Thank you for your interest.
Note: The advertisement has gone out. The participant has been requested to phone this author because they are interested in participating in this study. The participant is asked to leave only their first name and their phone number. This author returns their call and reads the following script to gain informed consent.

Hello, my name is Treena Huxley. First I would like to thank you for your interest in being a part of this study. There are a few things that I would like to tell you about and answer any questions you have before I ask for your address to mail you a package. It will take about five minutes or so depending on how many questions you have. Do you have time now or is there a better time for me to call you?

If no, arrange a time that works for the participant.

If yes:

The first thing I would like to tell you is that you do not have to help me in this study if you do not want to. Also even if you decide now that you want to help me and you change your mind later you do not have to fill out the forms. Do you understand that this is something that you do not have to do?

The next thing I want to tell you is that the information that you give me today and the information that you write down in your package will always stay private, your name and your child’s name will not be on any of the papers and all the papers will be kept in a locked filing cabinet in my home office. The only other person who will see this information, which does not have your name, is my supervising Psychologist. We will keep all the information private and locked up. Do you have any questions? Do you
understand that there is no information on any of the forms to identify you or your child? Do you understand that all of this information will be kept private?

I want to tell you what I will use the information in the study for. I want to look at how your child can relate to other people, where your child has strengths and where there are difficulties in their life. I am also interested in how your child calms down when he or she is too excited, or too frustrated. I want this information to help me and other people work and play with you and your child better. The package will take about 40 minutes to complete, you may not have an answer for all the questions and that is okay. Do you have any questions? Do you understand why I am gathering this information and how I will use it? Do you understand that I will not ever have to meet you or your child?

May I send you a package?

If yes:

In the package there are forms with a code on them, please do not put your name on the package. There is also an envelope for you to return the form. It has a stamp and the address already. Answer as many questions as you can. If you do not have an answer you do not have to write anything down. Once you have the package, remember it is your choice to finish it and mail it. It is ok if you change your mind. Do you have any questions?

May I have your address?
Appendix B

P.O. Box XXX Station XXX
Calgary, AB XXX XXX
Date XXXX

Dear Parents and Guardians:

My name is Treena Huxley. Autism Calgary Association has given me permission to ask their members to participate in a study I am doing. To protect your confidentiality, Autism Calgary Association has agreed to put an advertisement in the newsletter and do an email to all the parents. I have not seen any of the names. If you want to help me, call me at my confidential private business number and leave your first name and your phone number. I will call you back and ask for your address and postal code. I will send you a package. The results will be published in The Autism Echo, Autism Calgary Association’s newsletter, once the study is finished.

I have worked with children and teenagers with Autism, Asperger’s and PDD-NOS and their families for the past seven years. My jobs have included classroom Aide and being an Aide in home-based programs, behavioral consultation to parents and schools, and I was a Service Provider for Intensive Behavioral Intervention before the new Family Support with Disabilities Act in 2004.

Now I am studying for a Master’s degree in Counselling. This will help me to do an even better job with children and their families. As part of my degree, I am doing a small study to look at how children relate to other people, their strengths and difficulties and how they calm themselves down.

I am asking for your help. This study involves the parent or guardian filling in some questionnaires, which will take about forty minutes. Then you would mail them to me in a stamped envelope that I have included with this package. The study does not involve any contact with your child.

It is totally up to you whether you want to participate in this study or not. If you don’t want to participate in this study you do not have to. If you want to participate call me at 283-8509 and leave your first name and phone number. I will call you back to get your address and postal code.

Participation in the study is anonymous. You do not have to put your name on the questionnaires – there will be a code on the questionnaire just to make sure that all the questionnaires don’t get mixed up. You do not have to provide your address or phone number or any other information that would identify who you are or who your child is on the questionnaires. The questionnaires will be destroyed once the results have been put together.

I would be happy to answer questions you have, please call me at my confidential private practice phone at (403) 283-8509 and leave your first name and phone number.

My hope is to receive the questionnaires back by the end of November 2006. If you decide to participate, I thank you very much and appreciate your help!

Sincerely,

Treena Huxley, B.Sc. (Linguistics and Psychology)
Appendix C
Background Information

1. Which of the following categories best describes where you live? (circle one)
   a. City of 100,000+
   b. Suburb of a city
   c. Town of 50,000 to 100,000
   d. Town of 10,000 to 50,000
   e. Town of 5,000 to 10,000
   f. Town of 1,000 to 5,000
   g. Town of less than 1000
   h. Rural area

2. What is your child’s official diagnosis and when was he or she diagnosed?

3. Who diagnosed your child? (circle one)
   Psychologist      Developmental Pediatrician      Pediatrician      Family Doctor      Other

4. Have you been involved in a home-based intervention program?   Y or N

   If so describe the program (i.e., where treatment takes place, level of support, training, type of intervention, how long you have been involved in programming). Circle all that is applicable and list hours/week.
   a. Aid ______
   b. Speech and Language Pathologist ______
   c. Occupational Therapist_____
   d. Psychologist_____
   e. Behavior Consultant ______
   f. Educational Consultant ______
   g. Counselor_____
   h. Total in-home hours/week_____

Additional Information
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Strength and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis or your child’s behavior over the last six months.

Your child’s name: ______ code will be inputted here ________
Date of birth: __________________ male/female

<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
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</thead>
<tbody>
<tr>
<td>Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Restless, overactive, cannot stay for long</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Often complains of headaches, stomach-aches or sickness</td>
<td></td>
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<tr>
<td>Shares readily with other children, for example toys, treats, pencils</td>
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<td></td>
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<tr>
<td>Often loses temper</td>
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<tr>
<td>Rather solitary, prefers to play alone</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Generally well behaved, usually does what adults request</td>
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<td></td>
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<tr>
<td>Many worries or often seems worried</td>
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<td></td>
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<tr>
<td>Helpful if someone is hurt, upset or feeling ill</td>
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<tr>
<td>Constantly fidgeting or squirming</td>
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<tr>
<td>Has at least one good friend</td>
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<tr>
<td>Often fights with other children or bullies them</td>
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<tr>
<td>Often unhappy, depressed or tearful</td>
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<tr>
<td>Generally like by other children</td>
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<tr>
<td>Easily distracted, concentration wanders</td>
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<tr>
<td>Nervous or clingy in new situations, easily loses confidence</td>
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<td></td>
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<tr>
<td>Kind to younger children</td>
<td></td>
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<tr>
<td>Often lies or cheats</td>
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<tr>
<td>Picked on or bullied by other children</td>
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<tr>
<td>Often offers to help others (parents, teachers, other children)</td>
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<td></td>
<td></td>
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<tr>
<td>Thinks things out before acting</td>
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<tr>
<td>Steals from home, school or elsewhere</td>
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<tr>
<td>Gets along better with adults than with other children</td>
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<td></td>
</tr>
<tr>
<td>Many fears, easily scared</td>
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<td>Good attention span, sees chores or homework through to the end</td>
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</table>

Do you have any other comments or concerns?
Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes-minor difficulties</th>
<th>Yes- definite difficulties</th>
<th>Yes- Severe difficulties</th>
</tr>
</thead>
</table>

If you have answered “Yes”, please answer the following questions about the difficulties:

- **How long have these difficulties been present?**

- **Do the difficulties upset or distress your child?**

- **Do the difficulties interfere with your child’s everyday life in the following areas?**

<table>
<thead>
<tr>
<th>Home Life</th>
<th>Not at all</th>
<th>A little</th>
<th>A medium amount</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendships</td>
<td></td>
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<tr>
<td>Classroom learning</td>
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<td>Leisure activities</td>
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- **Do the difficulties put a burden on you or the family as a whole?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>A medium amount</th>
<th>A great deal</th>
</tr>
</thead>
</table>

Mother / Father / Other (please specify)
SAP-REPORT FORM: Language Partner Stage

Child’s Name ____ (code)____ Age:___________ Date filled out: _________________

Filled out by:________________________ Relationship to child:________________________

This questionnaire is designed to be completed by a parent, teacher, or other person who interacts with this child on a daily basis. Please answer the following questions about the child’s social communication (understanding and use of nonverbal and verbal communication in a social environment), emotional regulation (capacity to regulate attention, arousal, and emotional state), and transactional support ways that partners and learning activities support development. We would like you to complete this when you can observe the child, or immediately after you observe the child, and notice the behaviors listed. Please provide examples.

Social Communication

1. Describe how the child interacts with others. For example, does the child respond to bids for interaction? Initiate interaction? Take a few turns? Take many turns that follow a shared attentional focus?

2. Describe the child’s use of eye gaze during interactions. For example, does the child look at people rarely or often? When playing with toys, does the child look up to see if you are watching and then look back at the object?

3. Which of the following gestures does the child use regularly to communicate? Check all that apply?

   Check all that apply.
   ___ Show objects ___ Wave ___ Point at a distance ___ Clap
   ___ Head shake (rejecting or refusing) ___ Head nod (for accepting or ‘yes’) 

4. Which of the following types of words (spoken, signed, pictures, written words, or other symbolic system) does the child use to regularly communicate? Check all that apply and give examples.

   ___ Names of things (e.g., toys, food items, body parts)
   ___ Names of people or pets:
   ___ Way to indicate “more” or “another”:
   ___ Indicate “no” or “gone”
   ___ Greeting words (e.g., “hi” “bye” “see you later”)
   ___ Action words (e.g. “eat” “run” “go”)
   ___ Modifiers or words that describe things (e.g., “hot” “big” “stuck”)
   ___ Spontaneous word combinations (e.g., “go outside”, “cookie gone”)
5. Which of the following reasons does the child communicate for? Check all that apply and give examples.
   ___ To request desired object or help
   ___ To protest something he or she does not like
   ___ To greet
   ___ To request permission
   ___ To draw your attention to something that he or she wants you to notice
   ___ To request information about things of interest

6. How often does the child initiate communication when interacting…

   Seldom or not at all  Sometimes  Often

   …with a familiar person?  ______  ______  ______
   …with an unfamiliar person?  ______  ______  ______
   …in small groups?  ______  ______  ______

7. What happens if you can’t figure out what the child is asking for? What does the child do?

8. What are the child’s favorite toys? How does he or she play with them?

9. How does the child respond if a familiar adult joins in to play? If a familiar peer or sibling joins?

10. How does the child respond to actions and sounds modeled by others?

   Seldom or not at all  Sometimes  Often

   Does the child imitate familiar actions or sounds?  ______  ______  ______
   Does the child imitate new actions or sounds?  ______  ______  ______
   Does the child imitate behaviors in new situations?  ______  ______  ______
11. Which of the following instructions or cues does the child understand? Check all that apply.

___ Gestures other than pointing   ___ Pointing   ___ Photographs or pictures   ___ Written words
___ Facial expressions   ___ Intonation   ___ Child’s name
___ Words or phrases in familiar contexts: give examples: _______________________________
___ Names of people and objects, without contextual cues: give examples: ______________
___ Action word or modifiers, without contextual cues; give examples: ___________________
___ Phrases or sentences without contextual cues; give examples: _______________________

Emotional Regulation

1. How does the child respond to people and things in his or her environment? For example, does the child show interest in a variety of situations, show intense interest in few things, express different emotions, keep to him- or herself, respond to bids for interaction, and/or seek interaction?

2. What activities or situations are most fun or interesting to the child?

3. What activities or situations create the most distress or are boring to the child?

4. Does the child use strategies to stay focused, interested, calm, or engaged during familiar activities (e.g., squeezing hands; rubbing a blanket; rocking; saying, “Finish work, then go outside”)? If so, please describe.

5. Does the child use strategies to stay focused, interested, calm, or engaged during new and changing situations or situations that are otherwise challenging (e.g., singing a familiar song when changing activities; saying, “Don’t worry,” when scared)? If so, please describe.

6. Does the child express positive and negative emotions? If so, how?

<table>
<thead>
<tr>
<th>Positive emotions</th>
<th>Negative emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happiness</td>
<td>Sadness</td>
</tr>
<tr>
<td>Contentment</td>
<td>Anger or frustration</td>
</tr>
<tr>
<td>Silliness</td>
<td>Fear</td>
</tr>
</tbody>
</table>

The SCERTS™ Model: A Comprehensive Educational Approach for Children with Autism Spectrum Disorders
By Barry M. Prizant, Amy M. Wetherby, Emily Rubin, Amy C. Laurent, & Patrick J. Rydell
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7. Does the child respond to comfort when offered by others? If so, how?

8. Does the child respond to choices offered by others? If so how?

9. What strategies do you use to help the child stay focused, interested, calm, and engaged?

10. How do you know when the child is overwhelmed or upset? What signs does the child show?

11. How do you know when the child is bored or uninterested? What signals does the child show?

12. When the child is extremely upset or distressed,

   … how does the child recover by him-herself? How long does this usually take?

   … how does the child recover with the support from partners? How long does this usually take?

Transactional Support

1. What people does the child interact with or see on a regular basis (i.e., daily or weekly)?

2. What places does the child go to on a regular basis (i.e., daily or weekly)?

3. Which of the following are easy for you to read, follow, and respond to? Rate all that apply using the following key: 0, I can understand and help rarely or not at all; 1, I can understand and help some of the time; 2, I can understand and help most of the time.

   ___ The child’s focus of attention                 ___ What the child is trying to communicate
   ___ How the child is feeling                        ___ The child’s preferred pace (fast or slow)
   ___ When the child needs a break                    ___ Whether the child is interested
   ___ Whether the child is frustrated                 ___ Whether the child is overwhelmed
4. What strategies are the most helpful to encourage the child to initiate communication and take turns in interaction (e.g., offering choices, waiting and looking at the child, taking a turn and then waiting)?

5. How do you usually react if the child uses problem behavior, such as hitting, screaming, or biting? Is this reaction effective?

6. What strategies are the most helpful to secure the child’s attention (e.g., getting down to the child’s level, moving closer to or farther from the child, matching the child’s emotion, waiting for the child)?

7. What strategies are the most helpful to keep interactions going with the child (e.g., allowing the child to initiate interactions, allowing the child to take breaks and move about, following the child’s interest)?

8. How do you usually communicate to the child to ensure that your message is understood?

9. Do you use visual supports to help the child communicate, understand language, express emotion, and/or flow with the day better? If so, which supports do you use (e.g., defining steps of a task with pictures, transition objects, picture choices, and/or signs)?

10. What features of the physical or social environment help the child stay engaged (e.g., limiting the number of people the child interacts with, limiting the amount of background noise and/or visual clutter, adding more opportunities for movement and rhythm, using specific places consistently for specific activities)?

11. What features of the physical or social environment help the child communicate better (e.g., using motivating toys or activities that the child prefers, placing enticing or desired objects slightly out of reach)?

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Additional Comments

1. List the top strengths or assets you observe in your child.

2. List your major concerns about the child’s development.

3. What information would be most useful to you in planning or updating the child’s program?

4. Is there anything else about the child that you think is important to share with us?

5. Do you have any questions for us?

6. What is the best way to contact you? * not used in project