

Specialty Endorsement Autism Competencies and Essential Content

About the Development of the Competencies

A workgroup consisting of a broad group of stakeholders in direct care and the autism spectrum education convened on Wednesday, June 19, 2013, and Thursday, July 18, 2013, in Des Moines, Iowa. Members received advance information about the autism spectrum and the roles of the direct care workforce to prepare them for the work sessions. The workgroup discussed current policies and regulations related to autism education and training for direct care professionals in developing necessary competencies in the field.

Target Audience – Direct Care Workers

These are individuals who provide supportive services and care to people experiencing illnesses or disabilities, not including nurses, case managers, or social workers. This definition directly aligns with the definition developed and used by the Iowa Direct Care Worker Task Force and Advisory Council. For the purposes of this project, a direct care worker is an individual who is employed to aid and attend individuals with autism.

Course Prerequisites

Individuals must successfully complete the Positive Behavior Supports specialty course as a prerequisite to enrolling in this course.

Competency Categories

Competencies are defined as the skills, knowledge and approach that a direct care worker must possess and demonstrate to effectively provide care for a person with autism. Autism education curricula must have learning objectives and related content that address the following competencies:

1. Overview of Autism
2. Behavior
3. Communication
4. Social
5. Self-Care for the DCP
6. Community Integration Support

Overview of Autism

Competency #1: Develop an appreciation and understanding for the variability of individual skills and abilities within the autism spectrum.

- a. Definition of autism spectrum disorder and discussion of autism vs. mental illness
- b. Person-first language; persons served are people first (*individual with autism*, rather than *autistic individual*)

Competency #2: Discuss the three major components of autism spectrum disorder (ASD).

- a. Behavior
- b. Social
- c. Communication

Competency #3: State how evidence-based practices are used based on person's served strengths and weaknesses.

- a. What is evidence-based practice

Behavior

Competency #4: Review principles of Applied Behavior Analysis (ABA) related to assessment and general intervention concepts

- a. Use of systematic assessment strategies (functional behavior assessment) to:
 - i. Clearly define behavior of concern (problem behavior or skill deficit)
 - ii. Identify strengths
 - iii. Identify skill deficits
 - iv. Identify what environmental variables contribute to the problem behavior
- b. Selection of evidence-based strategies based on assessment information:
 - i. Promote appropriate behavior and prevent problem behavior
 1. Examples of antecedent strategies (e.g., visual supports, visual schedules, preference assessment, choices, pairing staff with preferred activities, social stories, preparing for changes in routine/schedule, maintaining calm and supportive manner when interacting with individual, demands that are appropriate to individual's skill-level—not too difficult),
 - ii. Teach new skills
 1. Examples of instructional strategies (e.g., direct instruction, social stories, video modeling, systematic desensitization---also includes reinforcement and reductive consequences)
 - iii. Reinforce appropriate behavior and skills
 1. Examples of reinforcement strategies (e.g., types of reinforcement, preference versus *reinforcer*,
 - iv. Respond to problem behavior in a manner that does not make it more likely to reoccur in the future.
 1. Examples of reductive-consequence strategies
- c. Antecedent-Behavior-Consequences (ABCs) of Behavior
 - i. Basic assessment strategy
 - ii. Used to look for patterns of antecedents and consequences related to a specific behavior
 1. Define antecedents
 2. Define consequences
- b. Data collection and monitoring progress to inform interventions

Competency #5: Discuss the concept that all behavior has meaning and can be understood by examining environmental conditions related to the behavior

- a. Understand functions of behavior, why it is important to know the function (to identify intervention strategies), how function is identified via assessment, and know common versus uncommon functions:
 - i. Common Functions
 1. Escape (negative reinforcement)
 - a. Escape demand

- b. Escape nonpreferred activity
 - c. Escape person/attention
 - 2. Gain (positive reinforcement)
 - a. Gain attention
 - b. Gain tangible/item/object/activity
- ii. Less Common Functions (less than 2-5% of problem behavior)
 - 1. Gain positive automatic/sensory (positive reinforcement)
 - a. Behavior is enjoyable
 - 2. Escape negative automatic/sensory (negative reinforcement)
 - a. Behavior is an attempt to decrease or escape negative sensation (e.g., pain, discomfort, illness, injury)
 - b. Self-calming/self-comforting behavior
- b. Understand the concept of teaching and reinforcing replacement behavior/alternative behavior
 - i. Replacement behavior should serve the same function as problem behavior to maximize intervention effectiveness
 - ii. Teach skills that are more efficient and effective in expressing wants/needs than problem behavior
- c. Compassion for the individual who engages in problem behavior,
 - i. Most likely it is the most efficient way the individual has to communicate/express wants/needs
 - ii. Understanding that s/he is not intentionally hurting person served or others
 - iii. Solution-focused attitude: what can we do in the future to proactively support the individual so problem behavior does not occur?

Competency #6: Discuss the concept of restricted, repetitive patterns of behavior, interests or activities as a defining characteristic of autism spectrum disorder, examples of how this might manifest in individual, the significant variability across individuals with ASD, and importance of understanding the behavior from a functional perspective rather than making assumptions based on what the behavior looks like.

- a. Self-stimulatory behavior
- b. Insistence on routines or rituals, appreciation for sameness, resistance to change
- c. Preoccupation with parts of objects (e.g., buttons, wheels, strings),
- d. Limited play or leisure skills
- e. Sensitivity to visual (e.g., lights, contrasts, colors), auditory (e.g., fans, ceiling lights), olfactory (perfumes, fragrances, smells), or tactile (e.g., clothing fabric, food texture, temperature, preference for light versus strong touch/physical) experiences
- f. High or low pain tolerance
- g. Personal space
 - i. Understanding their personal space
 - ii. Understand and respect your own personal space
 - iii. How to deal with invasions of that space
- b. Repetitive vocal/verbal behavior
 - i. Echolalia, stereotyped, idiosyncratic, repetitive

Competency #7: Discuss the approaches to de-escalating behavior during a crisis.

- a. What is a crisis?
 - i. The problem behavior has never occurred before
 - ii. Substitute staff member who is not familiar with the individual's behavior supports
 - iii. Immediate safety issue (dangerous to self or others) that is not currently addressed in behavior support plan
- b. Crisis cycle and appropriate staff responses at different stages to support the individual

- c. If specific problem behavior or escalation occurs more than a couple of times, conduct functional behavior assessment and design intervention strategies to prevent crises from occurring in the future.

Communication

Competency #8: Discuss social/communication deficits and variability in how they manifest among individuals with autism.

- a. Significant variability in the verbal behavior of individuals with ASD diagnosis
 - i. Nonverbal to superior reading and vocabulary skills
- b. Types of communication difficulties:
 - i. Expressive: ability to convey information in a way that another person can understand
 - ii. Receptive: ability to understand another person (e.g., difficulties with abstract language, understanding humor or sarcasm, etc.)
- c. Back and forth communication/social reciprocity is not understood and/or appreciated
- d. Augmentative and alternative forms of communication
 - i. Picture exchange, sign language, AAC device, iPad, gestures, and body language

Competency #9: Discuss approaches to teach communication skills

- a. Understand functions of communication and how to provide them
 - i. How to develop effective ways to interact with the person served
 - ii. Teaching people how to ask for what they want
- b. "What are they trying to tell me?"

Social

Competency #10: Discuss approaches to involve person served in age appropriate social activities.

- a. Giving person served opportunities for social interaction
- b. Basic information on story scripts, role playing, social stories, etc.
- c. Teaching leisure skills, be adaptable to changes

Self-Care for the DCP

Competency #11: Discuss your role as a DCP when supporting persons served with autism.

- a. Positive attitude
- b. Persistence
- c. Patience
- d. Acceptance
- e. Teacher/role model – building a relationship with your person served
- f. Self-control during crisis
- g. Understanding of what "professional" means
 - i. Reinforcing the idea that they are a professional
 - ii. Part of a team supporting the person served
- h. Person-centered ideology
 - i. Building trust with person served

Competency #12: Discuss the necessity of accurate, objective documentation.

- a. Importance of the detail of documentation
- b. Identifying personal goals, things that are important to the person served, and updates
 - i. Help improve the quality of life for the person served
 - ii. Help advocate on behalf of the person served

Competency #13: Identify strategies that the DCP can use to help decrease job related stress

- a. Debrief with team after crisis

- b. Leisure activities, rest, work/home balance, nutrition

Community Integration Support

Competency #14: Discuss factors for making decisions about when and where to involve person served in community involvement.

- a. Environmental
- b. Sensory sensitivities

Competency #15: Discuss the role of the DCP when with person served in the community.

- a. Advocate
 - i. Person served should be treated with dignity and respect
 - ii. Dressed age appropriately, not made to stand out in public
 - iii. Encourage independence and self-advocacy
 - iv. Make the best decision for person served
- b. Role model/professional
 - i. HIPAA
 - ii. Appropriate dress
 - iii. Cell phone use
 - iv. Follow guidelines of Iowa DCP code of ethics

Modes of Delivery

Training may be delivered in a variety of ways, including classroom instruction, audio-visuals, web-based, case study discussion, and other methods. A combination of methods is recommended to enhance accessibility and effectiveness and to allow for different learning styles among direct care workers.

Competency testing

The curriculum must provide information on how direct care workers will be evaluated for competency. Competency testing should include an assessment of knowledge, affective and psychomotor skills and may include such methods as written pre-and post-tests, skills checklists, supervisor observation and/or client response.

Credential earned upon completion of an approved curriculum

Direct care workers will receive a Certificate of Completion issued by the instructor of approved curriculum.

Instructor qualifications

Instructors of autism curriculum must have a minimum of two years experience providing care or services for individuals with autism, professionally or otherwise.

It is recommended that instructors shall also have experience with teaching/training adults or supervising direct care workers.

Continuing Education

The workgroup recommends direct care professionals with a specialty in autism receive two hours annually of continuing education that is specific to autism.

Portability

The Certificate of Completion is valid in all settings in which autism care is provided and is transferable from one employer to another.

Resources for Autism Specialty Competencies

Association for Science in Autism Treatment

<http://www.asatonline.org/>

Autism Internet Modules

<http://www.autisminternetmodules.org/>

National Autism Center

<http://www.nationalautismcenter.org/>

National Autism Center's Standards Report

<http://www.nationalautismcenter.org/nsp/>

National Professional Development Center on ASD

<http://autismpdc.fpg.unc.edu/>

Organization for Autism Research

<http://www.researchautism.org/>

Where can I get more information?

For more information on neurological disorders or research programs funded by the National Institute of Neurological Disorders and Stroke, contact the Institute's Brain Resources and Information Network (BRAIN) at:

BRAIN
P.O. Box 5801
Bethesda, MD 20824
(800) 352-9424
<http://www.ninds.nih.gov>

Information also is available from the following organizations:

Association for Science in Autism Treatment
P.O. Box 188
Crosswicks, NJ 08515-0188
info@asatonline.org
<http://www.asatonline.org>

Autism National Committee (AUTCOM)
P.O. Box 429
Forest Knolls, CA 94933
<http://www.autcom.org>

Autism Network International (ANI)
P.O. Box 35448
Syracuse, NY 13235-5448
jisincla@syr.edu
<http://www.ani.ac>

Autism Research Institute (ARI)
4182 Adams Avenue
San Diego, CA 92116
director@autism.com
<http://www.autismresearchinstitute.com>
Tel: 866-366-3361
Fax: 619-563-6840

Autism Science Foundation
419 Lafayette Street
2nd floor
New York, NY 10003
contactus@autismsciencefoundation.org
<http://www.autismsciencefoundation.org/>
Tel: 646-723-3978
Fax: 212-228-3557

Autism Society of America
4340 East-West Highway
Suite 350
Bethesda, MD 20814
<http://www.autism-society.org>
Tel: 301-657-0881 800-3AUTISM (328-8476)
Fax: 301-657-0869

Autism Speaks, Inc.
1 East 33rd Street
4th Floor
New York, NY 10016
contactus@autismspeaks.org
<http://www.autismspeaks.org>
Tel: 212-252-8584 (888) 288-4762
Fax: 212-252-8676

Birth Defect Research for Children, Inc.
976 Lake Baldwin Lane
Suite 104
Orlando, FL 32814
betty@birthdefects.org
<http://www.birthdefects.org>
Tel: 407-895-0802

MAAP Services for Autism, Asperger Syndrome, and PDD
P.O. Box 524
Crown Point, IN 46308
info@aspergersyndrome.org
<http://www.aspergersyndrome.org/>
Tel: 219-662-1311
Fax: 219-662-1315

National Dissemination Center for Children with Disabilities
U.S. Dept. of Education, Office of Special Education Programs
1825 Connecticut Avenue NW, Suite 700
Washington, DC 20009
nichcy@aed.org
<http://www.nichcy.org>
Tel: 800-695-0285 202-884-8200
Fax: 202-884-8441

National Institute of Child Health and Human Development (NICHD)
National Institutes of Health, DHHS
31 Center Drive, Rm. 2A32 MSC 2425
Bethesda, MD 20892-2425

National Institute on Deafness and Other Communication Disorders Information Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
nidcdinfo@nidcd.nih.gov

<http://www.nichd.nih.gov>
Tel: 301-496-5133
Fax: 301-496-7101

<http://www.nidcd.nih.gov>
Tel: 800-241-1044 800-241-1055 (TTD/TTY)

National Institute of Environmental Health Sciences (NIEHS)
National Institutes of Health, DHHS
111 T.W. Alexander Drive
Research Triangle Park, NC 27709
webcenter@niehs.nih.gov
<http://www.niehs.nih.gov>
Tel: 919-541-3345

National Institute of Mental Health (NIMH)
National Institutes of Health, DHHS
6001 Executive Blvd. Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
nimhinfo@nih.gov
<http://www.nimh.nih.gov>
Tel: 301-443-4513/866-415-8051 301-443-8431 (TTY)
Fax: 301-443-4279