

2007

# Process-Oriented Versus Task-Oriented Treatment for Children with Autism

Allison Ann Dery

Follow this and additional works at: <http://commons.emich.edu/honors>



Part of the [Special Education and Teaching Commons](#)

---

## Recommended Citation

Dery, Allison Ann, "Process-Oriented Versus Task-Oriented Treatment for Children with Autism" (2007). *Senior Honors Theses*. 139.  
<http://commons.emich.edu/honors/139>

This Open Access Senior Honors Thesis is brought to you for free and open access by the Honors College at DigitalCommons@EMU. It has been accepted for inclusion in Senior Honors Theses by an authorized administrator of DigitalCommons@EMU. For more information, please contact [lib-ir@emich.edu](mailto:lib-ir@emich.edu).

---

# Process-Oriented Versus Task-Oriented Treatment for Children with Autism

## **Abstract**

In today's society, Autism has become quite prevalent. New research has indicated that the prevalence of diagnosed Autism Spectrum Disorders (ASD) has increased (Ouellette-Kuntz, 2007). Research hasn't yet concluded what specifically causes ASD (Mankoski et al, 2006). However, new theories and information from research indicates that it may derive from genetic reasons (Mankoski et al, 2006). Although scientists haven't discovered the specific origin of the disorder, research has clearly shown the benefits of therapy in helping children with ASD. Research indicates that children in early childhood education programs and children diagnosed early (pre-verbal or beginning verbal stages) are more likely to have language abilities. As a co-requisite to an early childhood program, many children with Autism are placed in a classroom where the learning environment is tailored to most effectively meet the needs of the child (Hume, Bellini, and Pratt, 2005). Research-based instruction, interaction, and structure are used to engage and teach children. Some of these programs include using guidelines from Applied Behavior Analysis (Prizant, Wetherby, and Rydell, 2000), Greenspan's DIR/Floortime (Solomon, R.; Necheles, J.; Ferch, C.; Bruckman, D. 2007), Enhanced Milieu Teaching (Hancock, T. and Kaiser, A. 2006), and many others. In this review, the difference in using a Task Oriented Approach (TOA) versus a Process Oriented Approach (POA) will be assessed. Additionally, there will be a look into the origins of the two approaches to further understand the nature of each one. Finally, there will be reviews and dissections of a variety of lesson plans that were based off of the models presented in the Process Oriented Approaches and Task Oriented Approaches.

## **Degree Type**

Open Access Senior Honors Thesis

## **Department**

Special Education

## **Keywords**

Autism in children Treatment, Autism Treatment

## **Subject Categories**

Education | Special Education and Teaching

**Process-Oriented Versus Task-Oriented Treatment  
For Children with Autism**

**by**

**Allison Ann Dery**

**A Senior Thesis Submitted to the  
Eastern Michigan University  
Honors Program**

**In Partial Fulfillment of the Requirements for Graduation**

**With Honors in Special Education**

**December 21, 2007**

**Ypsilanti Michigan**

### **Process Oriented versus Task Oriented Treatment for Children with Autism**

In today's society, Autism has become quite prevalent. New research has indicated that the prevalence of diagnosed Autism Spectrum Disorders (ASD) has increased (Ouellette-Kuntz, 2007). Research hasn't yet concluded what specifically causes ASD (Mankoski et al, 2006). However, new theories and information from research indicates that it may derive from genetic reasons (Mankoski et al, 2006). Although scientists haven't discovered the specific origin of the disorder, research has clearly shown the benefits of therapy in helping children with ASD. Research indicates that children in early childhood education programs and children diagnosed early (pre-verbal or beginning verbal stages) are more likely to have language abilities. As a co-requisite to an early childhood program, many children with Autism are placed in a classroom where the learning environment is tailored to most effectively meet the needs of the child (Hume, Bellini, and Pratt, 2005). Research-based instruction, interaction, and structure are used to engage and teach children. Some of these programs include using guidelines from Applied Behavior Analysis (Prizant, Wetherby, and Rydell, 2000), Greenspan's DIR/Floortime (Solomon, R.; Necheles, J.; Ferch, C.; Bruckman, D. 2007), Enhanced Milieu Teaching (Hancock, T. and Kaiser, A. 2006), and many others. In this review, the difference in using a Task Oriented Approach (TOA) versus a Process Oriented Approach (POA) will be assessed. Additionally, there will be a look into the origins of the two approaches to further understand the nature of each one. Finally, there will be reviews and dissections of a variety of lesson plans that were based off of the models presented in the Process Oriented Approaches and Task Oriented Approaches.

## **Introduction**

The terms Process Oriented and Task Oriented weren't originally used in the field of ASD. Process Oriented and Task Oriented Approaches were first researched by Penelope Myers for use in patients with right hemisphere damage to their brain (Myers, 2000 and Fried, 2007). In her first definitions of the two approaches, she defined them with distinct differences (Myers, 1999). She specifically defined Task Oriented as "geared toward helping the patient improve performance on a specific activity" (pp.206). Process Oriented, on the other hand addresses the opposite goals. Its definition states that it "addresses impairments rather than disabilities, and focus on the presumed underlying cause, rather than the symptoms" (pp.206). These terms are related to the ideas proposed in language research for childhood communication disorders (Prizant, Wetherby, and Rydell, 2000). Initially, Discrete Trial and then Applied Behavior Analysis began in the field of childhood communication disorder therapy. These two concepts can be synonymous with Task Oriented based therapy. After many advances in pragmatic research, perceptions about conducting therapy changed and the concept of establishing functional language through a "child-centered" approach was proposed. This is similar to the Process Oriented approach (Prizant, Wetherby, and Rydell, 2000).

## **Process Oriented Approach**

The goal of the POA is to keep the environment and learning mostly child-centered. This idea of child-centered therapy stems from the belief that spontaneous, functional communication should be the goal in therapy, and by directly manipulating their surroundings, children learn how to appropriately communicate. Primarily, the principles revolve around improving family and peer communication as the focus for therapy. From what was developed by Myers about the

Process Oriented Approaches, it can be compared to other fields, specifically therapy for children with ASD (Prizant, Wetherby, and Rydell, 2000). Some characteristics of POA in therapy include:

- Generalized, open structure and flow to room environment
- Variety of materials
- Materials of interest to the child
- Materials that are interactive
- Materials require the child to participate.
- Course of therapy follows the child's direction
- Questions are non directive but facilitate moving the child towards establishing their own learning
- Any attempts to communicate are acknowledged and continued by the clinician

James MacDonald's model that results in a Process Oriented approach is called: Ecological Communication Program (ECO) (MacDonald, J., 1989). ECO represents the environment (i.e. conversing with peers or teacher) and all language should be taught for the purpose of interacting with that outside environment. The focus of ECO is on five sections of ecological situations, which are "play, turn taking, nonverbal communication, language, and conversation". Essentially, the speech and language pathologist must help develop and expand these five areas to achieve the ultimate goal of successful communication within a familiar

environment. Instead of focusing on a specific task, the job of the clinician is to scaffold the child in these underlying areas. The clinician becomes what is called a, “partner” with the child. Essentially, the clinician is addressing larger concepts of the child’s life (play, nonverbal communication, etc.) by providing an environment that supports the child’s growth and development. If clinicians are using this as a model for therapy, they will be teaching a form that is related to POA (MacDonald, J., 1989).

Marc Fey’s model that supports the usage of the Process Oriented Approach is called, “Facilitating Positive Social Interactions” (Fey, 1986). Overall, there are four different communication categories of people. They are called: Inactive Communicator, Verbal Non-Communicator, Active Conversationalist, and Passive Conversationalist. The goals of the Speech and Language Pathologist when using this model include: helping the child to connect their thoughts to the thoughts of others and aiding the child in creating thoughts and statements that are similar. The model provides a baseline for the clinician to work towards broad goals in the child’s communication. For instance, if the child is an “inactive communicator”, which is when the child has no verbal, gestural, or echolalic communication, the objectives of the clinician should be to create an environment that requires child/adult interaction. The clinician would then respond to all communication attempts by providing the child with what he/she needs. However, to eventually promote further advancement in communication, the clinician may require more advanced ways of communication (move from gesture to verbal requests) from the child (Fey, M., 1986).

Prizant, Wetherby and Rydell have also created a model for teaching children with Autism that requires the teacher to use the Process Oriented Approach to facilitate it. It is called

SCERTS. Speech and language pathologists need to teach “Social Communication”, “Emotional Regulation” and “Transactional Support”. Social Communication is a focus in therapy. The goal is to move children from one type of communication to another. The communication in children with ASD should develop in sequences from gestural to echolalic to finally, creative language. Emotional Regulation is when the clinicians use the idea of emotional regulation to tailor therapy. Instead of directly teaching a way to act, the clinician will change the environment to promote emotional regulation. Finally, transactional support is the idea that the clinician will provide the necessary reminders and changes to structure to allow for scaffolding during transition periods. Transitions can also include conversational movement. Using the model of SCERTS, speech and language pathologists will create therapy sessions that reflect the ideals of POA (Prizant, Wetherby, and Rydell, 2000).

If clinicians were to use these models (SCERTS, ECO, and Fey’s approach), which all are under the spectrum of Process Oriented approaches, the clinician would have to conduct therapy in a certain manner. The models are similar in how the clinician conducts therapy but are different in their foci or objectives of therapy. The teacher or speech and language pathologist should bring lots of materials into the room but the student is the one exploring and creating opportunities for learning. When the student finds interest in an item or concept, the teacher will shape learning off of it. This also applies if the student has interest in a particular topic. The teacher will respond to the topic and the communication attempt in a positive manner and then provide a teaching opportunity with it to support further communication. The therapy style should include allowance of incorrect and correct speech attempts. Prizant, Wetherby and Rydell (2000) associated Process Oriented Approaches with “facilitative” communication between the



child with ASD and another person. This means that the language of the partner should be one that refrains from requesting the child to complete a task. In addition, the person interacting with the child should always follow the lead of the child in the conversation. Looking at therapy in another way, the language and style of communication should model a typical “mother-child interaction” where explanations are tailored to the child’s comprehension level and even if the child makes a mistake, the attempt is noted (Prizant, Wetherby, and Rydell, 2000).

### **Task Oriented Approach**

Task Oriented Approaches are comparative to the research found in Discrete Trials and Applied Behavioral Analysis. Discrete Trials are the therapy sessions where every aspect of therapy is directly picked by the clinician. The clinician will “command” the client to perform a task, the client will respond, the response is recorded, the clinician reinforces good answers or negatively responds to wrong answers, and then the two move onto another task. According to Prizant, Wetherby, and Rydell, the clinician will only give the directions of the “command” one time (Prizant, Wetherby, and Rydell, 2000). The tasks are geared towards the child’s level of learning and what’s appropriate for the child to learn (Autism Society of America, 2007).

Applied Behavioral Analysis (ABA) arose from the Discrete Trial approach. The shift to ABA was primarily the result of research from Professor Ivar Lovaas. In ABA, there is a heavy focus to keep all tasks clinician-centered, which inevitably means that every activity is predetermined by the clinician. Once everything is structured, the clinician conducts therapy by using what’s called an “ABC” model. The clinician starts with an “antecedent”, which is basically a command that is given to the client. The response that the client gives to the clinician is called a “behavior”. Finally, the clinician will react to what the client gave as a response and

gauge what “consequence” to give to the client (consequence can mean either something good or something bad) (Autism Society of America, 2007).

The concept of Task Oriented Approaches is relative to Applied Behavioral Analysis (Cupples, 2007). Task Oriented Approaches refer to any approach that is inherently teacher initiated and maintained (Cupples, 2007). The focal point of the work for the client is topic specific, which means the clinician has the intention of teaching only one topic to the client (Fried, 2007). In addition, the materials are chosen based on their relative proximity to addressing the one topic (Cupples, 2007). Some of the different types of materials used in Task Oriented Approaches include pictures, posters, and books (Cupples, W and Marschall, S 2002). These materials require the teacher to request information from the client. Anytime there is a question and answering session in a lesson plan, it directly relates to ABA practices (Autism Society of America, 2007). The typical characteristics of TOA therapy sessions are:

- Materials that are teacher driven
- Materials that do not require child interaction
- Primarily paper based materials (worksheets, pictures, posters, books, etc.)
- Materials that are specific to the topic not to the client’s interests
- All items for the session are preplanned by the teacher
- Questions that are either incorrect or correct; no open-ended questions
- Highly structured environment that is completely teacher lead

- Any off topics comments are discontinued by the teacher
- Lots of examples for the one specific topic may not directly relate to client's personal background

### **Disadvantages and Advantages**

Each approach has disadvantages and advantages. First, Task Oriented Approaches such as Discrete Trials have been cited as promoting rote communicative behaviors and failing to instill “spontaneity” in communication. An issue with Process Oriented Approaches is that they can sometimes be too general which causes the client to have difficulties focusing on what they are supposed to gain from the tasks. Task Oriented Approaches are useful because clinicians address specific distracting behaviors such as attending to speakers and eye contact (Autism Society of America). Process Oriented Approaches are set in a more natural environment and allow the clinician to use child-centered materials to allow them to engage in their own learning (Prizant, Wetherby, and Rydell, 2000).

### **Task Oriented Lesson Plans**

This section contains examples of lesson plans based off of Task Oriented Approaches as well as an explanation of how each lesson follows the guidelines of TOA.

#### You've been a big help: Thank you! Task Oriented Lesson Plan

Anticipatory Set Activity and Review: Last week we learned about the word “Please”. Here's the poster where we learned about the word, “Please”. If we want to eat the cupcakes, how do we ask for them? When we get the cupcake, what do we say? The word that we use is “Thank you”.

Objective: After learning about how to use the word “Thank you”, the student will identify a situation of when you use the word “Thank you”.

Purpose: The purpose is to have the student use the word “Thank you” in appropriate social situations that require the use of the word.

Input/Modeling:

1. Discussion of the words “Thank you”. What do we say the words “Thank you” for, when do we say “Thank you”, why do we say the word “Thank you”, etc.
2. Show picture of the children sharing toys that’s from the “Good Talking Words” book and ask if he sees a situation where someone might use the word “please”.
3. Sing the “Please and Thank you” song. Provided by Carolyn Dery.
4. Read the book, “Have you seen my Cat?”, written by Eric Carle, and have a discussion about it. When should the characters use the words “Thank you”? Read the book “Dora’ Book of Manners”. When did the characters use the word “Thank you”?

“Checking for Comprehension” cards to discuss the situations where the words “Thank you” could be used.

Guided Learning: The beginning poster (Good Manners Poster) will be brought out again and the teacher will ask the student to explain what’s going on in the picture.

Materials: Social situation pictures, Please and Thank you Song, and Clifford the Big Red Dog picture.

Lesson plan is modeled off of Dr. Johnson’s Unit Plan Model from Curriculum 304-Winter Semester 2007.

The “Thank you” lesson reflects TOA for a few reasons. For instance, this lesson requires the student to answer questions and if the student gives the incorrect answer then he is told that he is wrong. After the student is corrected, the clinician typically asks the question again and waits for a correct response from the client. In addition, TOA specifies that the clinician attend to only one task during the session. In the case of this lesson plan, the primary goal is to understand when and where one needs to say the word “Thank you”. The materials in the “Thank you” lesson reflect those that would typically be used in TOA. The “Thank you” lesson has books, picture cards, poster scenes reflecting the use of thank you between two people, and a song. Each one of these requires the teacher to direct the activities. Without the teacher, the client wouldn’t

be able to get the needed information out of each item. For instance, only the clinician would be able to teach using the poster scene as a reference point. Without the clinician's questions, there wouldn't be any direction towards learning the words "thank you". The set up for this lesson was all planned out by the clinician. Any decisions about what would occur in the lesson were made prior to the actual session and were made with the goal of completing a task. None of the items were chosen by the client themselves and the clinician typically did not include items that were familiar to the client.

#### Learning how to say "Excuse Me" Task Oriented Lesson Plan

Anticipatory Set Activity: Have you ever accidentally run into someone? Have you ever burped before? Have you ever wanted to get someone's attention? There is a very special word that we use for these situations.

Objective: After learning about the word "Excuse Me", the student will be able to identify a situation when someone should say "Excuse Me".

Purpose: The purpose is to have the student use the word "Excuse Me" in appropriate social situations that require the use of the word.

1. Discussion of the word "Excuse Me". What do we say the word for, when do we say the word "Excuse Me", why do we say the word "Excuse Me", etc.
2. Read the book, Excuse Me by Lisa Kopelke
3. Talk about what occurred in the story.
4. Bring in the video Ice Age (Parental approval required) and show the clip of the mammoth interrupting the squirrel. Ask what should the animal have said when he wanted to ask the squirrel a question.
5. Checking for Comprehension: The clinician will use pictures of different situations for a quick assessment of the child's knowledge of how to use the word "Excuse Me".
6. Reteaching: During the Checking for Comprehension, if the clinician notices that the client struggles with the situations for the word "Excuse Me", revisit the book to look at the different situations when the characters had to use the word "Excuse Me"

Materials: Excuse Me by Lisa Kopelke, pictures of "Excuse Me" situations, and Ice Age

This second lesson (“Excuse Me”) also has aspects that characterize activities of a Task Oriented Approach. First, the “Excuse Me” lesson plan focused on learning only the word “Excuse Me”. Reading a book is quintessentially a Task Oriented activity. The teacher reads the book to the student and explains the material as well as asks questions about the book itself. There are relatively few opportunities for the student to engage in the activity and Task Oriented Approaches require the client to complete commands. (Prizant, Wetherby, and Rydell, 2000). The book was chosen by the clinician and wasn’t chosen based upon the similarities to the clients experiences. Finally, the client is expected to take what he learned from the questions, commands, and activities, for generalization into other situations. A new element to this second lesson plan was the addition of the movie Ice Age. Even though watching a movie may be motivating for the client, it still falls under the category of Task Oriented because the discussion questions are being directed by the teacher. Just like the set up of the “Thank you” lesson plan, the “Excuse Me” lesson plan was made so that all aspects of the activities are planned ahead of time. The activities require client participation but not client input or creativity.

### **Process Oriented Lesson Plans**

These are some examples of POA lesson plans.

#### Turn Taking

Purpose: To continue to work on initiating and maintaining a conversation with a partner.

Objectives: After working on turn taking in conversations, the student will be able to reenact appropriate ways of turn taking.

#### Activities for the Session

1. Prior to the session, the clinician will create characters using popsicle sticks: Mom, Dad, Grandma, and the Baby sister
2. The clinician will also bring in a stage for the client and the clinician to use to model appropriate conversations.

3. Reenact social situations that address the household:

- Home- leaving the cats in the basement, asking mom for food to eat, etc.
- Working with Ms. Allison- listening, looking, sitting up to pay attention, etc.
- Playing in the backyard- no screaming, asking for toys, etc.

This turn taking lesson has characteristics of the Process Oriented Approach. First, the turn taking lesson plan has materials that are child centered. Even though the clinician may bring in pre-made Popsicle stick figurines, the client could choose from many different characters and not be limited in the type of people he wants to have in the session. Although a few scenarios will be planned ahead of time, the clinician only uses these if the client ceases engagement in the activity. Since the client creates communication openings, the clinician uses those situations instead of the pre-created situations for the sessions. The set up of the session is made so that the client is engaged fully in every activity. In addition, the clinician does not lead the session; the client leads all or most of the conversations between the Popsicle stick people. If the client goes off topic during the session, the clinician could respond by creating a conversation out of the communication attempt. Process Oriented Approaches mandate that the clinician respond positively to all communication attempts (Prizant, Wetherby, and Rydell, 2000). Finally, the questions asked in the Turn Taking sessions are different than the ones asked in the “Thank you” and “Excuse Me” (Task Oriented Approaches) lesson plans. The questions should tie into what the student is talking about to continue a back and forth conversation. To begin the session, the clinician may start the conversation by asking a few questions. However, the questions shouldn’t need a correct or incorrect answer (as in the Task Oriented Approaches). Any questions asked

should be to prompt and scaffold appropriate questions to ask during a session or appropriate topics to talk about with the clinician.

### Turn Taking

**Purpose:** To continue to work on initiating and maintaining a conversation with a partner.

**Objectives:** After working on turn taking in conversations, the student will be able to reenact appropriate ways of turn taking.

#### Activities for the Session

1. Bring a lot of different toys (except exclude Buzz Lightyear because the focus of the session should be to talk and discuss other toys): puppets, dollhouse, singing stuff animals (the Ghost, the pumpkin, the Valentine's day bear, etc).
2. Once the child has chosen a toy, play for awhile (try to minimize asking any questions) and make sure the child notices that you are interested in what he is playing.
3. Begin to ask basic questions about the toy they have chosen.
4. Bring a couple of cardboard boxes and put each toy onto one box. Play a guessing game where you move the boxes around and disorganize them. Then have the child try to guess which toy is in each box.
5. Once the child has guessed correctly or tried guessing the toy, bring the toy out and have a quick discussion of what the toy is.

The second session in turn taking also reflects Process Oriented Approaches. The materials are in a box full of many different types of puppets and paper bags. At the beginning of the session, the client is able to choose a few choice puppets to use in the session. After the puppets are chosen, the puppets, the client, and the clinician all will have a conversation together which is child initiated and driven. Through incidental learning, the clinician will have some teachable moments where she will be able to directly teach some concepts with help from the puppets. Process Oriented Approaches, as defined by Fried, should “address several functions indirectly and simultaneously” (2007). At the end of the session, the client and clinician will play



a guessing game together. The client will have to guess which of his chosen puppets are in each bag. Its true meaning is to help scaffold back and forth conversation but it could also aid in the development of a larger vocabulary since the clinician is asking the student to use the clues to guess which puppet is in the bag. The setting of the session would be created so that the student is maximally involved in the activity. Both client and clinician would be seated on the floor to avoid any distractions that a table may cause. Finally, the questions that could be asked during the session (specifically the game activity because that is when the majority of questions will be asked) follow the guidelines provided by Prizant, Wetherby, and Rydell for Process Oriented Approaches (2000). They stated that the most effective questions were not “directive” (which means that they require a correct answer or the student gets marked down) but “facilitative” questions and conversations (which acknowledges any attempt because it is a communicative attempt for the client (Prizant, Wetherby, Rydell, 2000).

### **Quasi-Process Oriented Approach**

Combined together, Process Oriented Approaches and Task Oriented Approaches create Quasi-Process Oriented Approaches. A lot of Quasi-Process Oriented Approaches have the teacher and the child equally making the decisions for the session. Also, instead of working on obscure tasks such as singing nonsense songs or reading literature together that would cause the client to have difficulties attending, the clinician will choose items that are representative of the client’s life and interests. The clinician may conduct therapy with trials but, when using the Quasi-Process Oriented Approaches, they should typically include more “choices” and shouldn’t use “directive” language when addressing the correctness of the answers (Prizant, Wetherby, and Rydell, 2000).

In this present time, Autism therapy has become crucial especially with the rising number of children being diagnosed. Clinicians must have the knowledge about all different kinds of therapies and must be able to implement them while working with a child who has ASD. Two such approaches that clinicians can have in their repertoire include Task Oriented and Process Oriented approaches to therapy. However, in order to put into practice these techniques, one must know the specifics about them. Task Oriented approaches are geared towards directly teaching one task in a manner of reinforcing correct responses and not reinforcing incorrect responses. They also have very structured tasks that are prompted by the clinician. On the opposite spectrum is Process Oriented Approaches. Anyone using this style will model the session in a way that allows the child to direct the flow of therapy. The tasks are highly unstructured and thus allow for client input. From these two approaches, lesson plans can be created. Primarily, the lesson plans targeted the structure of therapy (unstructured-Process Oriented vs. structured-Task Oriented) and the materials used (teacher directed-books, songs, etc. vs. child directed-variety of puppets, Popsicle stick people, etc.).

Works Cited

- Autism Society of America. "Intensive Behavioral Intervention" Information about Applied Behavioral Analysis. [www.autism-society.org](http://www.autism-society.org). Bethesda: MD. Pp. 1-32. Retrieved November 2007.
- Cupples, W. (2007) "Task Oriented vs. Process Oriented vs. Quasi-Process Oriented Approaches" Power point presentation and lectures. Eastern Michigan University. Fall 2007.
- Cupples, W and Marschall, S. (2002) "Process Oriented Versus Task-Oriented Language Treatment: A Single Subject Design". Paper presented at the American Speech-Language-Hearing Association Annual Convention. Atlanta, GA.
- Fey, M. (1986). "Developing Intervention Plans" Language Intervention with Young Children. College-Hill Press. San Diego: CA. pp. 53-67.
- Fried, J. (2007). "Unilateral Right Hemisphere Impairment" Information about Penelope Myers' version of Process Oriented and Task Oriented approaches. Power point presentation and lecture. Eastern Michigan University. (Information obtained from Myers, P. (2000). Process Oriented Treatment of right-hemisphere damaged and non-brain damaged adults. Seminars in Speech and Language. Issue 20. pp.319-334.)
- Hancock, T. and Kaiser, A. (2006). "Chapter Nine: Enhanced Milieu Teaching". Treatment of Language Disorders in Children. McCauley, R. and Fey, M. (Editors). Paul H. Brookes Publishing Co. Baltimore: MD. Pp. 175-203.

- Hume, K; Bellini, S; Pratt, C. (Winter 2005). "The Usage and Perceived Outcomes of Early Intervention and Early Childhood Programs for Young Children with Autism Spectrum Disorders" Topics in Early Childhood Special Education. Volume 25. Number 4 pp.195-207.
- MacDonald, J. (1989). "The ECO Model" Becoming Partners with Children: From Play to Conversation. Special Press, Inc. San Antonio: TX. Pp. 5-10.
- Makoski, R et al. (2006). "Etiologies of Autism in a Case-series from Tanzania" Journal of Autism and Developmental Disorders. Volume 36. Number 8. pp.1-13.
- Myers, P.S. (1999) "Chapter Nine: Treatment" Right Hemisphere Damage: Disorders of Communication and Cognition. Singular Publishing Group, Inc. San Diego: CA. pp. 205-241
- Ouellette-Kuntz, H. et al (January 2007). "Trends in Special Education Code Assignment for Autism: Implications for Prevalence Estimates" Journal of Autism and Developmental Disorders. Volume 37. Number 10. Pp. 1-8.
- Prizant, B; Wetherby, A; and Rydell, P (2000). "Chapter 9: Communication Intervention Issues for Children with Autism Spectrum Disorders" Autism Spectrum Disorders Volume 9: A Transactional Developmental Perspective. Baltimore: MD. Pp. 193-219.
- Solomon, R.; Necheles, J.; Ferch, C. Bruckman, D. (2007). "Pilot study of a parent training program for young children with autism". Autism. Volume 11. Number 3. pp. 205-224.

## Appendix

### Manner Words

Anticipatory Set Activity: These past couple of weeks we have been learning about manner words and how to be nice. Let's look at the words that we learned about.

Objective: After learning all of the manner words, the student will be able to identify situations for when to use each manner word.

Purpose: The purpose is to have the student use the manner words in appropriate social situations that require the use of the words.

Input/Modeling:

1. Bring out the posters from the Good Manner Word book and review "Please" and "Thank you" (sharing poster and cooking poster).
2. Bring the books Excuse Me by Lisa Kopelke and Sorry by Jean Van Leeuwen. Review what happened in the story that caused the characters to say the manner words.
3. Bring in a picture of the situations in Ice Age and Toy Story that were used in the last two lessons (to remember the movie clips). Discuss the manner words that should have been used in Ice Age and Toy Story clips.
4. Checking for Comprehension: The clinician will use pictures of different situations for a quick assessment of child's knowledge of how to use all of the manner words.

Reteaching: During the Checking for Comprehension, if the clinician notices that the student struggles with the situations on the cards, go back to the posters for a quick reminder

Materials: Pictures for all manner word situations, pictures of movies, posters from Good Manner Word book, Excuse Me book, and Sorry book.

Learning how to say Sorry

Anticipatory Set Activity: Have you ever made someone sad? When we make someone sad, what do we need to say to them to make them happy?

Objective: After learning about the word “Sorry”, the student will be able to identify a situation when someone should say “Sorry”.

Purpose: The purpose is to have the student use the word “Sorry” in appropriate social situations that require the use of the word.

Input/Modeling:

1. Discussion of the word “Sorry”. What do we say the word “Sorry” for, when do we say “Sorry”, why do we say the word “Sorry”, etc.
2. Read the book, “Sorry” by Jean Van Leeuwen.
3. Talk about what occurred in the story.
4. Bring in the video Toy Story (Parental approval required) and show the clip of Woody pushing another animal off the bed. Ask what should the animal have said when he ran into the other animal?
5. Checking for Comprehension: The clinician will use pictures of different situations for a quick assessment of child’s knowledge of how to use the word “Sorry”.

Reteaching: During the Checking for Comprehension, if the clinician notices that the student struggles with the situations for the “Sorry”, revisit the book to look at the different situations the characters had to use the word “Sorry”.

Guided Learning:

Materials: “Sorry” by Jean van Leeuwen, pictures of “Sorry” situations, and “Ice Age”.

### Turn Taking

Purpose: To continue to work on initiating and maintaining a conversation with a partner.

Objectives: After working on turn taking in conversations, the student will be able to reenact appropriate ways of turn taking.

#### Activities for the Session

Materials for session: Obtain the puppet theater from family friend, box of puppets, school objects (crayons, lunch box, paper, etc.)

1. Reenact a situation with two puppets talking about school.
2. Ask questions to client about the situation that the puppets were talking about such as:

What things did the puppets do at school?

What did the puppets eat for lunch?

What field trip did the puppets take?

3. Next, the client will take control of the puppets and create a scene involving school. The clinician will help the student with staying on topic.
4. Finally, the client and clinician will discuss the different thing a student can do in school.

## Turn Taking

Purpose: To begin to work on initiating and maintaining a conversation with a partner.

Objectives: After working on turn taking in conversations, the student will be able to reenact appropriate ways of turn taking.

### Activities for the Session

1. Social Story- I Want to Talk to You! A Story about Starting a Conversation with Someone
2. Reenacting Social Story with Puppets
3. Reenacting Social Story with Teacher and Student
4. "Let's create a new situation!"- Collaborative creation of a Social Story
5. Reenacting 2<sup>nd</sup> Social Story with Puppets
6. Reenacting Social Story with Teacher and Student