

## THE IMPORTANCE OF ADAPTIVE FUNCTIONING: BUILDING INDEPENDENCE

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Adaptive functioning refers to the everyday life skills that people need to function independently in their environment. Adaptive skills include communication, practical and social skills (dressing, toileting, preparing meals, cleaning, following directions, expressing needs, making friends, understanding social cues, applying reading, writing and math skills, identifying illness, avoiding danger, budgeting, time management, shopping, making appointments, traveling, and work-related skills). Adaptive functioning is affected by many factors including age, intelligence, language skills, early intervention, access to educational experiences, quality of social environment, and home life.

Individuals with well-developed adaptive skills are better able to make decisions, follow directions and effectively express their needs and wants. They can engage in appropriate coping behaviours, show confidence and competency in their ability to solve problems on their own, keep themselves safe, and meet the changing demands of various environments with minimal distress. As children age, the academic, social, and daily living demands increase in quantity and complexity. Without directly being taught adaptive skills, many individuals will rely on their caregivers and educators for support. It can be particularly difficult for parents of children with special needs to let their children demonstrate independence in certain tasks in order to protect them from failure, judgment and possible injury.

Adaptive functioning is frequently included in comprehensive psychological evaluations through observation of a student in their natural environments and parent and teacher interviews and questionnaires. Assessments of adaptive functioning allow professionals to obtain a holistic view of individuals across the lifespan to confirm a diagnosis, determine eligibility for specialized programs, to assist with transition planning, track progress and changes, and most importantly to identify areas of strength and challenge. It is often the case that intervention plans focus on improving a student's language and academic performance but neglect functional skills that are essential for them to be successful in the home, community, and workplace.

The Autism Spectrum Disorder (ASD) population is highly heterogeneous in level of functioning due to individual variability in ASD symptom severity, and intellectual, academic, language, and behavioural profiles. Individuals with ASD can be considered as high-functioning if they demonstrate verbal skills and have average or better intellectual functioning (also referred to as IQ). In general, IQ and language skills are predictors of adaptive functioning, wherein high intellectual and language abilities are more likely to be related to high adaptive functioning abilities and vice versa. However, an individual with ASD who has high intellectual ability and/or strong academic skills can demonstrate weaker adaptive functioning than is expected given their IQ profile. Moreover, as individuals with ASD age, they can experience declines in their adaptive functioning relative to neurotypical age peers even if their IQ remains stable, further highlighting the growing gap between IQ and adaptive functioning. This is troubling as we would expect an individual with high IQ or strong academic skills to have well developed daily living skills and function adequately in their environment. Thus, specifically among the ASD population, the core symptoms of the disorder often interfere with adaptive functioning.

Individuals with ASD experience core deficits in the adaptive areas of socialization (social competence and the functional use of social skills) and communication

(conversing with others and understanding non-literal language). They tend to display low functioning in these areas because of ASD symptoms that affect the following: receptive and expressive language, reading social cues, perspective-taking, fine motor or gross motor skills, processing speed (completing a task and responsibilities on time), executive functioning (organization, planning, time conceptualization), and behavioural rigidity. Therefore, regardless of strengths in intelligence and adequate language skills, many individuals with ASD have difficulty acquiring adaptive skills and thus need to be explicitly taught. Interventions targeting general symptoms of ASD are not adequate. The assessment and intervention planning for individuals with ASD should commence early in life and include all areas of adaptive functioning. Identification of appropriate target skills can be obtained via assessment of current adaptive behaviour in different environments and knowledge of the development of adaptive skills across the lifespan. Age is an important factor in the assessment of adaptive skills. We expect older individuals to have more knowledge and skills than younger individuals. We can also develop intervention goals by looking ahead and identifying what a student is



expected to be doing independently by the end of the academic year or what a young adult may need to know to function in a specific context such as college or the workplace. When teaching adaptive skills, individuals with ASD need more structure, repetition, practice, and patience because it usually takes longer for them than it does to typically-developing individuals to learn skills. Different evidence-based teaching approaches can be used including teaching with visual schedules using pictures and technology or modeling behaviour by peers, parents, educators, or instructional videos.

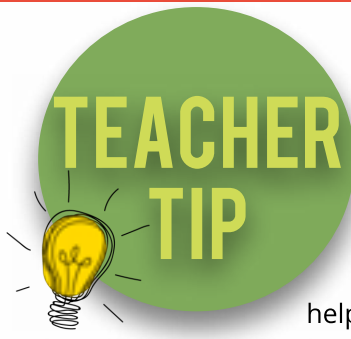
Teaching skills should be done by breaking them down into their component parts and teaching each step one at a time in a sequential manner. For example, if the goal is for the child to learn how to set a table, explicitly state the first step with the following instruction, *Take the forks and place them here*, repeat the instruction if necessary. Model the action through demonstrating the placement of just one utensil at each place setting. Positively reinforce their effort with verbal praise such as *That's great* or gently correct them, *See, it goes this way*. Once they have demonstrated mastery of the first step, give instructions and model the next step in the process (e.g., placing other utensils, cups, plates) until the child can fluently perform the task from beginning to end. Best practices suggest implementing interventions that are tailored to an individual's unique adaptive profile, using the individual's strength to reinforce areas of difficulties and incorporating their interests when teaching. Given that an individual's symptom severity and adaptive functioning will likely evolve over time, it is important to monitor current skill level, set outcome goals, assess for goal achievement, praise, and continuously adapt the treatment plan.

Individuals with ASD are capable of learning adaptive skills. Progress and independence can be achieved through education, modeling, practice, scaffolding, supervision, encouragement and consistency. Adaptive functioning skills need to be taught early in development and throughout the lifespan in order to build a solid foundation to promote independence and overall well-being.

TRY THIS

To promote independence and development of coping skills, try a relaxation script with your student with ASD, such as one of these depicted here. Ideally, this script is placed in a quiet area that the student can access at all times when feeling distressed. Practice the different steps with your student beforehand to ensure that they have internalized it by the time they really need it.





## What's the EXPECTED volume in class now?

Use a visual support to help students recognize whether the class noise level is getting too high or what is expected in terms of class chatter. An electronic noise meter or other concrete visual tools are ideal to help avoid having to constantly remind students to keep their voices down. An innovative teacher *hack* was created using a simple bristol board and battery operated lights from the Dollar Store. The teacher uses this *hack* by lighting up the expected volume level for the students broken down into three levels:

- 1. Formal normal:** Regular speech and classroom participation
- 2. Low flow:** Partner or teamwork
- 3. Spy talk:** Whisper quietly to your neighbor

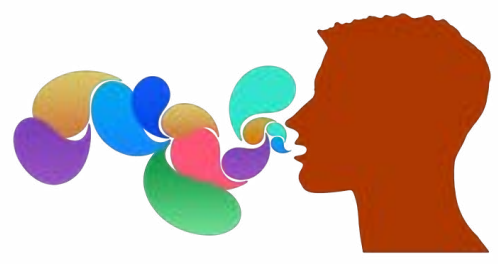


## Social Communication Growth Charts

Intervention strategies that specifically target very early social communication skills have been shown to positively impact the adaptive functioning skills of students with ASD and other social learning challenges. Differences in social engagement can be seen in the development of very young children before they even begin to speak. A quick internet search will turn up thousands of developmental milestone charts but it may be difficult for parents to recognize the critical social communication milestones that lead to later growth in language and communication.

The First Words Project created a website designed to inform parents and other caregivers of the early social communication milestones prior to a child's first words. There are "Look Books" with simple pictures that illustrate the critical social communication skills that children should reach by 16 months. They also offer free screening tools and online courses to support them in helping their children reach these milestones.

<https://firstwordsproject.com/16-by-16-lookbooks/>



Thanks to C. Villeneuve & D. Papandreou for the great examples!

## READ ALL ABOUT IT

Are you having difficulty selecting and formulating objectives related to daily living skills? Do you question what skills need to be addressed to increase the independence of your students? Is your student following CASP? If you have answered "yes" to any of these questions, *A Functional Assessment and Curriculum for Teaching Students with Disabilities* may be a helpful resource to consult. There are 4 different volumes for this book, that identify specific objectives and provide strategies to address them.

- Volume 1: Self-care, motor skills, household management and living skills.
- Volume 2: Nonverbal communication, oral communication and literacy preparation.
- Volume 3: Functional academics.
- Volume 4: Interpersonal, competitive job finding, and leisure skills.

To borrow any volume in this series, please contact Jade Lawsane at [jlawsane@lbsb.qc.ca](mailto:jlawsane@lbsb.qc.ca).





# BEHAVIOUR TIP



Can you think of a student who can only initiate a task or demonstrate a skill when they are prompted? This is the result of an error that happens in the teaching process when prompts that were initially required are not faded out as the learner becomes more independent. *Prompt dependency* is a significant barrier to success because it means that our student likely won't be able to function in their environment without adult assistance and we aren't going to be with them forever!

Our job isn't done when a student learns a new skill. In fact, this is only half the battle. For a goal to be considered acquired and functional, the student needs to demonstrate every step of the new skill without prompting. For instance, if Daniel can only wash his hands in the sink next to his classroom where there is a visual sequence strip, we still have some work to do. For the skill of hand-washing to be functional for Daniel, we need to teach him to complete all the steps without visual cues, in bathrooms with different faucet knobs, when we are not standing behind him providing inadvertent eye contact cues, etc. *Prompt dependency* is not something that students with ASD just grow out of, we need to make a plan for prompt fading with every new objective that is set.

There are many different types of prompts to help with skill acquisition. The more intrusive a prompt is, the harder it will be to fade out so it is important to be mindful of the minimum degree of support that is actually required by the student for them to be successful.

Below is a list of prompts from least intrusive (easiest to fade) to most intrusive (hardest to fade).

<u>PROMPT</u>	<u>EXAMPLE</u>	EASIEST TO FADE ↓ HARDEST TO FADE
Naturally occurring cue	The bell ringing is a naturally occurring cue to line up	
Visuals	Pictograms, textual prompts, etc.	
Gestures	Eye contact, pointing, thumbs up, etc.	
Indirect verbal prompt	It looks like you forgot something!	
Direct verbal prompt	Put your lunch bag away.	
Model	Showing the student how to do something.	
Partial physical prompt	Completing part of a task with the student (e.g. hand over hand zipping-up the first half of their coat).	
Full physical prompt	Physical support in completing the entire task.	

Finally, get comfortable with waiting. Students with ASD need more processing time than their neurotypical peers so before jumping in with a prompt, offer a 3-5 second time delay. For example, if a peer says "hello" to Anna in the hallway and Anna doesn't immediately respond, give her some processing time before stepping in. As educators, this time delay can feel uncomfortable or like we aren't being helpful but remember that our job is ultimately to help our students need us less. You might be surprised at what your student can do when you give them a little time to figure it out!

Thank you to Andrea Bertalan (LBPSB work skills consultant) and students from the LIFE program at Lindsay Place High School for preparing this newsletter for distribution!

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