

# Autism Spectrum Disorders: Supportive Strategies for Crisis Prevention



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Working with students and their families in the field of education can be an extremely rewarding experience. The more we learn about and understand the students in our care, the more positive and rewarding our relationships with them will become. The overall learning experience will become richer for everyone.

Students with a diagnosis of autism spectrum disorders (ASD) will, by definition, have deficits in social interaction, communication, and repetitive or restricted patterns of behavior (American Psychiatric Association, 2000). Some students with ASD may also experience differences in processing sensory information and cognitive functioning. For example, a student with ASD may have difficulty interpreting the meaning of facial expressions or may process information differently.

**Every student with ASD is as unique as every student who does not have ASD.**

Due to the complex nature of ASD, there is no magic formula or simple solution that will work to assist all students with autism spectrum disorders. Every plan must be personalized and based on an assessment of a student's unique skill set, preferences, interests, dreams, needs, and learning styles. Every student with ASD is as unique as every student who does not have ASD. The following strategies will help you interact with students with ASD more effectively. They are rooted in a spirit of empathy, dignity, and respect and will help you further develop a school environment of *Care, Welfare, Safety, and Security<sup>SM</sup>*.

### **Recognize and build on the strengths.**

When working with a student with ASD, avoid focusing on deficits. We must recognize and build on the strengths that every student possesses. Helping students overcome obstacles requires us to work together with a person-centered perspective.

### **Pursue a deeper understanding of the ever-changing knowledge base about ASD.**

What we can learn from self-advocates, those who experience its symptoms firsthand on a daily basis, is vital to understanding the many ways in which the diagnosis can shape behavior and intervention strategies.

### **Lessen or eliminate environmental triggers that cause anxiety or distractions.**

Organize the school environment and provide structure through predictable routines. Be aware of individual sensory needs and limit factors that might overwhelm the senses.

### **Remember that students with ASD may have unique needs or preferences related to personal space.**

Some students may also show variations in the use and understanding of body language or speech.

### **Keep in mind that behavior, verbal or nonverbal, can be powerful.**

Some students with ASD may not be able to speak; however, they still communicate. Most nonverbal students use several communication methods. These may include gestures, movements, facial expressions, vocalizations, and other communication methods. Keep in mind that for all people—verbal and nonverbal—behavior can be a powerful means to express a need, feeling, or preference.

**Clarify the meaning of your message.**

When you clarify the meaning of your message with augmentative communication tools, you help ensure understanding. Whether developing and explaining a schedule to a student, giving instructions, or offering choices—make it visual.

**Break skills down into achievable pieces.**

Keep in mind that many skills acquired by a student without ASD may need to be intentionally and clearly taught to a student with ASD. This is especially true in the areas of communication, expressing feelings, and social skills. Break these skills down into achievable pieces so that a student with ASD experiences a series of many small successes.

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**Give extra processing time and opportunities for breaks during tasks.**

This increases the likelihood of success and avoids putting unnecessary pressure on a student. This can also help a student with ASD cope with moments of anxiety.

**Problem solve ways to provide more positive responses and reinforcement.**

Reflect on the role that educators often play (positively or negatively) in the development of a behavior pattern.

**Don't forget how difficult the time period following a crisis can be for students with ASD.**

They may be experiencing fear, confusion, or the sense that they have no outlet for their feelings. Debriefing is a necessity and should include the student with ASD as much as possible—realizing that communication assistance may be needed. Good Postvention becomes well-informed prevention!

## About CPI

CPI is an international training organization that specializes in the safe management of disruptive and assaultive behavior. Since 1980, more than six million professionals have participated in CPI's training, and thousands of organizations worldwide have successfully implemented CPI's safe, nonharmful techniques and developed comprehensive crisis prevention and intervention plans.

CPI's *Nonviolent Crisis Intervention*® training and the *Prepare Training*® program focus on prevention and offer proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage. Additionally, the CPI Matters at Work series offers seminars on a variety of issues that impact today's work environments. CPI offers training both on site and at select locations in more than 150 cities worldwide. For more information, visit [crisisprevention.com](http://crisisprevention.com) or call **800.558.8976**.

## CPI and Autism Spectrum Disorders

CPI is committed to raising awareness about autism spectrum disorders as they relate to crisis situations. Through its *Autism Awareness* seminar, CPI helps professionals who have occasional workplace encounters with people on the autism spectrum interact safely, effectively, and respectfully. In addition, CPI offers an advanced training to its *Nonviolent Crisis Intervention*® Certified Instructors to address the unique needs of staff who support individuals with ASD or related communication disabilities.

## References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.: Author.