Teachers' Corner

Maximizing Learning During Covid-19: Strategies for Working with Students with Autism Spectrum Disorder at Home

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The COVID-19 pandemic has resulted in unprecedented changes to the lives of children and their families. These changes may be especially difficult for students with autism spectrum disorder (ASD), who frequently rely on consistency, structure, and predictable routines in order to participate successfully in school and other activities. The COVID-19 pandemic has substantially impacted most families' ability to provide needed structure. Moreover, changes in day-to-day life—such as social distancing, virtual learning, face covering, and quarantining—present challenges to many parents and children. For parents of children with ASD and other developmental disabilities, disruptions to established daily routines can lead to realistic fears of meltdowns and possible regression across social, communication, academic, and behavioral domains (Edenbaum, 2020).

Many learners with ASD contend with challenges related to socialization, communication, abstract language, an insistence on routines, sensory issues, and a greater likelihood of anxiety and depression—all of which are intensified in stressful times (Hume et al., 2020). Students with ASD also require specially designed instruction reflecting evidence-based practices to promote their academic, social, and daily functioning (Sam et al., 2019), which is difficult to secure when students are not able to access their schooling and related services in person. In this article, we describe strategies for children and youth with ASD and their families to help them navigate remote learning at home. Specific strategies are offered to support behavior, promote communication, establish and maintain consistency, and engage with remote learning. These tips embed the evidence-based practice literature for students with ASD (Hume et al., 2020; Wong et al., 2015).

Create "Modified" Predictable Routines

Students with ASD have a need for predictability and often derive comfort from routines (Faherty, 2008), which can help ease the stress and uncertainty of everyday life. During the pandemic some changes in schedules are inevitable; yet, routines can be incorporated to support children with ASD. Maintain consistency with the student's prior schedule as much as possible. When developing a schedule, it is useful to consider the family's "pre-Covid" routine and then select two or three practices each day that the child and family will maintain. These general aspects of the family schedule could include continuing the child's bedtime schedule (see **https://www.autismspeaks.org/sleep**), ensuring mealtimes occur at approximately the same time daily, and continuing typical evening and weekend activities.

Enhance Routines with Student-friendly Visual Supports

Students with ASD often have visual processing strengths, making the addition of visual supports to routines a logical and recommended practice for the most effective instruction. Visual cues are physical representations of content with concrete characteristics such as pictures, words, labels, or objects that show which activities will occur and in what sequence. They help students maintain attention to the task, clarify expectations, and encourage participation (Hart & Whalon, 2008). Incorporating visual supports within predictable routines can benefit students with ASD as they navigate remote learning. Once parents organize their routine, a student-friendly visual schedule helps children know what to expect during the day, and can assist them with managing transitions between activities. For more details, see **https://www.autismspeaks.org/sites/default/files/2018-08/Visual%20Supports%20Tool%20Kit.pdf**

Transition School-based and Related Services to the Home Using Embedded Instruction

While it may be tempting to suspend schooling, therapy, and related services that are no longer available in person, stopping occupational, speech, and physical therapies—as well as other related services such as ABA—can potentially result in regression of critical skills. In some cases, students' may even revert to maladaptive behaviors. Teachers can encourage parents to connect with their school and other therapists to determine if telehealth options are available (Edenbaum, 2020). Many service providers are employing teletherapy visits to provide ongoing support to families. Although parents may need to supervise technology use and help students sustain attention during teletherapy, many children are responding positively (Edenbaum, 2020).

To maximize remote learning opportunities, families and teachers should collaborate to create predictable routines and look for ways to embed instruction as part of everyday activities (see DEC Recommended Practices; https://www.dec-sped.org/dec-recommended-practices). Families and teachers can share home and school schedules, as well as examine the student's IEP goals and objectives, to create a new schedule that will best meet the student's remote learning needs. This new schedule can accommodate both the needs of the family and of the teacher by embedding instruction throughout daily routines and creating specific times to focus on skills in the context of regularly scheduled family activities. With embedded instruction, teachers should

- examine the home setting and schedule to identify those activities and routines that provide opportunities for the child to practice target skills;
- identify times of the day and home activities where engagement in the behavior is elicited naturally, and
- then embed learning opportunities across different activities and routines that target goals and capitalize on student interest.

For example, the family's morning breakfast routine can incorporate one of the child's goals for increasing communication requests. The student can practice asking for a specific breakfast item (e.g., toast or cereal). The teacher–parent team might target the number of words for the request (e.g., *cereal* vs. *May I have cereal please?*) or the use of descriptive words such as *cold milk* or *hot chocolate*. Teachers can demonstrate for parents how to implement a data collection sheet that they keep near the table. This requesting objective could be addressed across all meal times and then could be generalized to requesting clothes to wear, soap to use during bath time, a TV show to watch during the day, or games to play. For more details and examples on embedded instructional practices, see https://ectacenter.org/~pdfs/decrp/PG_Ins_EmbeddedInstr_prac_print_2017.pdf.

Conclusion

These tips are offered to assist families in meeting the unique needs of their children with ASD during this time of uncertainty. It is also hoped that the strategies described here can help guide teachers as they collaborate with families on how to effectively use evidence-based practices and maintain students' progress until they meet again in school. These strategies can help families adapt to new routines within their homes and promote parental collaboration with schools as they seek to meet the academic, social, and behavioral needs of their children in the home setting. ■

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