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Focusing on individuals with autism, intellectual disability, and related disabilities

Teachers' Corner

Collaborative Co-Teaching



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The age-old saying, “Two is greater than one,” has been stated countless times over the course of history. It gets applied to many different situations and theories. Two are there to help, two are there to problem solve, and two are there to build off of one another. This is true in education, especially when general and special education teachers have the opportunity to work together in a collaborative, co-teaching classroom environment. Collaborative co-teaching has countless benefits for all involved: general education teachers, special education teachers, and students with and without disabilities. Each teacher has a role to play, but they do not have to stand alone in that role. When teachers collaborate effectively, they model how to problem solve and build off each other’s strengths. Effective collaboration creates a positive, strength-based learning environment that optimizes student learning outcomes. As a veteran high school special education teacher of more than 15 years, I have had the opportunity to observe the positive effects collaborative co-teaching has on students and educators at the secondary level. In this article, I will highlight the benefits of collaborative co-teaching and describe the rationale for prioritizing this model at the secondary level.

Benefits Collaborative Co-Teaching

We live in a world where stigmas exist everywhere we look. While high schoolers with autism and/or other developmental disabilities often have unique social, communication, and learning needs, and receive support from a special education teacher, they are teenagers who do not want to stand out or look different. All students want to feel a sense of belonging; they want to fit in. From my experiences over the years, I have found that high school students do not always welcome my support in the classroom, especially if peers label me as the special education teacher. I mean, come on; we have all seen it! The special education teacher walks up to check in on a student and they tell you to “back off!” But let’s be serious, especially in the world of teenagers, their language is much more colorful than

just a “back off.” They do not want to be singled out in front of their peers. So, as a reflective special education teacher, you learn from your students and change your approach. You walk around the room and check in with *all* students to ensure *everyone* understands the content. Suddenly, you observe changes in the student who once resisted your support. You begin to see them looking around the room for you and asking you to come to their desk when they have a question. Before you know it, the same student comes to find you in other locations in the building during their free time, and so do other students in the class. When special and general education teachers work together collaboratively, supporting *all* students, they are not only improving the quality of instruction but are also creating an inclusive classroom, where students who receive special education services feel a sense of belonging.

Collaborative co-teaching can help remove some of the stigmas surrounding the rate of learning acquisition and different learning styles. Having two licensed teachers share the same information in different ways while providing accommodations and modifications, enables all students to access the general education curriculum. Further, having collaborative co-teachers facilitates a deeper level thinking and understanding in students. When students have the opportunity to witness effective collaboration, they learn that it is okay to work together and to ask questions. As adults, we often seek guidance and assistance from colleagues or outside experts when needed, and it is important to model this in front of our impressionable students.

Co-Teaching at the Secondary Level

As special education teachers, we are tasked with creating and providing specially designed instruction to meet the individualized learning, social/emotional, and behavioral needs of students with a range of abilities and needs. For students who access the general education curriculum, special education teachers need to ensure instruction aligns with their learning goals while simultaneously meeting their individual social/emotional and behavioral needs. Having the ability to be present in a classroom setting and directly interacting with the curriculum enables special education teachers to provide specially designed instruction without removing students from the classroom environment. At the high school level, it is very easy for students to fall behind when absent from the classroom, as they lose access to the curriculum and direct instruction, as well as the opportunity to work collaboratively with their peers. However, when the special education teacher becomes familiar with the cur-

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President's Message

Liz Harkins



Hello DADD community, and happy back-to-school!

A new school year can serve as a fresh start filled with possibilities, motivation, perseverance, and growth. During this time of year, it feels fitting to reflect on where we've been as well as the journey ahead. I have a renewed sense of purpose as I face the final quarter of my presidential term, and so I'd like to use this newsletter as an opportunity to share my leadership goals and our current progress in each area.

Goal 1: *Over the course of my 12-month presidential term, I will collaboratively lead a comprehensive audit of organizational policies and practices to determine if resources are (a) used responsibly, efficiently, with transparency; and (b) incorporating DEIJ.*

Current Progress: From January through June, the Board of Directors engaged in Visioning Labs that focused on three key areas: Diversity, Equity, Inclusion, and Justice (DEIJ); Financial Health; and Mission, Vision, and Values. To better understand DADD's areas of success and areas of need across these themes, during the Summer Symposium, the Executive Committee conducted a SWOT (strengths, weaknesses, opportunities, and threats) analysis, and the full Board conducted internal audits. Currently, the Executive Committee is analyzing these data and committee budgets are due to the Executive Committee by September 1.

Goal 2: *Over the course of my 12-month presidential term, I will implement inclusive decision-making to institutionalize transparent and ethical policies and procedures that will protect the organization's resources.*

Current Progress: Every time we meet, the Board of Directors engages in team-building activities to increase team cohesion and create an environment where all individuals feel valued and empowered. Recently, the Executive Committee started to meet twice a month. One meeting is dedicated to updating our policies, procedures, and by-laws, while the other meeting is focused on current and future actions. This fall, we will present our SWOT and audit analysis to the full Board. We aim to use this analysis to (a) continue to shape our policies, procedures, and by-laws; (b) add to our current draft of our Mission, Vision, and Values; and (c) create a strategic plan.

Goal 3: *In the final quarter of my term, 100% of the DADD Board of Directors will write two SMART goals that identify: (a) an area of growth as related to their current (and future) roles, and (b) how they will prioritize DEIJ in their current (and future) roles.*

Current Progress: These goals are due to the Executive Committee by September 1. This fall, the Executive Committee will draft an accountability process to guide the Board in progressing towards their goals. Additionally, the Board of Directors continues to ask how we are centering minoritized voices, validating diverse experiences, and increasing our social justice initiatives. Currently, a group of us are working together to increase the social justice initiatives and advocacy for our 2025 conference.

These goals challenge me to dive deeply into organizational activities, provide opportunities for conversations across diverse perspectives, and prioritize issues of social justice and human rights. I invite you to join me in creating goals to deepen your work too. What are the areas you seek to grow? Share your goals, ideas, successes, and challenges. Let's work together to create educational systems where all students thrive and reach their full potential. Together, we can make a difference! ■

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(*Teachers' Corner*, continued from page 1)

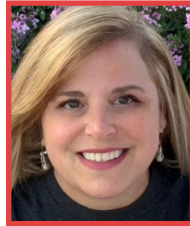
riculum and effective collaboration occurs between co-teachers, students benefit from increased support. This allows for more direct and individualized approaches to student learning.

When one specializes in specific skills necessary to complete certain job requirements, they know they are not going to have answers for everything. Therefore, if questions arise or you are unable to complete a task, you go to an expert to receive guidance and support. This occurs regularly in the world of education. For example, if a parent or student asks a question or a situation arises where feedback is needed, collaborative professionals ensure the most appropriate response is provided. General education teachers are content area experts, whereas special education teachers are experts in understanding how to meet the unique needs of diverse groups of students. Collaboration between the two requires them to learn from each other and feel comfortable asking questions. Modeling this in front of students

can be very effective. I have discussed this with my 13-year-old son; if something is hard or there is something we do not know, we should ask for assistance and help.

To be effective co-teachers at the secondary level, it is vital for general education teachers to be familiar with the strengths and needs of all of the students in their classroom. Similarly, it is essential for special education teachers to spend time brushing up on the curriculum. I will leave you with another age-old saying that is frequently used in education: "The only stupid question is the one that is never asked." When general and special education teachers work collaboratively in co-teaching environments, all of those involved (i.e., teachers and students) benefit. Collaborative co-teaching at the secondary level provides students with high quality instruction while simultaneously creating an inclusive learning environment where every student feels a sense of belonging. ■

Evidence-based Practices for Children with Autism Spectrum Disorder and Mental Health Challenges



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The integration of evidence-based practices (EBPs) for children with autism spectrum disorder (ASD) and comorbid mental health conditions is a critical aspect of both clinical and educational interventions. With the rising prevalence of ASD diagnoses, the need for effective, research-based approaches has become increasingly important. This brief explores various EBPs that have been proven effective in addressing the unique needs of children with ASD and concurrent mental health conditions, such as anxiety, depression, and attention-deficit/hyperactivity disorder (ADHD).

ASD is characterized by difficulties in social communication and repetitive behaviors (American Psychiatric Association, 2013). Children with ASD often experience co-occurring mental health conditions, such as anxiety, depression, and ADHD (Lord et al., 2000; Mishma & Shanmugam, 2024). Addressing these mental health concerns is crucial for improving the overall quality of life and postschool outcomes for these children. The heterogeneity of ASD means individuals can exhibit a wide range of abilities and challenges, necessitating personalized approaches to intervention.

Children with ASD are at an elevated risk for various mental health conditions (Da Paz & Wallander, 2017). Understanding the prevalence of co-occurring mental health conditions in ASD is crucial for developing targeted interventions. Recent studies indicate that anxiety disorders affect approximately 40% to 50% of individuals with ASD (Bougeard et al., 2021; van Steensel et al., 2011), while depression rates are estimated to be between 20% and 30% (Hudson et al., 2019). ADHD co-occurs in about 30% to 50% of individuals with ASD (Leitner, 2014; Shakeshaft et al., 2023). These comorbid conditions can exacerbate the core symptoms of ASD and pose additional challenges for treatment and intervention.

Evidence-Based Practices for ASD and Mental Health

Applied Behavior Analysis

Applied behavior analysis (ABA) is one of the most extensively researched and widely implemented interventions for children with ASD. The principles of ABA, such as positive reinforcement and task analysis, can be adapted to address comorbid mental health conditions (Fodstad, 2019; Lovaas, 1987). ABA interventions are grounded in the principles of behavior, which emphasize the relationship between behavior and the environment. By systematically applying these principles, ABA aims to increase desirable behaviors and decrease undesirable ones through reinforcement strategies. This framework can be adapted to support individuals with ASD who experience mental health conditions.

Anxiety and ABA

Anxiety disorders are prevalent among individuals with ASD, affecting up to 40% of this population (Nimmo-Smith et al., 2020). ABA techniques such as systematic desensitization and exposure therapy can be particularly beneficial in managing anxiety. *Systematic desensitization* involves gradually exposing individuals to anxiety-provoking stimuli while teaching relaxation techniques, thereby reducing the anxiety response over time. For instance, a child with ASD who fears social interactions might be gradually introduced to social settings in a controlled and supportive manner, reinforcing positive social behaviors and reducing avoidance (Kaye et al., 2024).

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(Evidence-based Practices, continued from page 3)

Depression and ABA

Depression, although less common than anxiety, significantly impacts the quality of life for individuals with ASD, often emerging during adolescence (Moss et al., 2015). ABA can address depressive symptoms by promoting engagement in positive activities and increasing opportunities for social interaction. The principle of *behavioral activation* involves identifying and scheduling enjoyable activities to counteract the withdrawal and inactivity associated with depression. By reinforcing participation in these activities, we help individuals with ASD to experience improvements in mood and overall well-being (McCauley et al., 2020).

ADHD and ABA

ADHD frequently co-occurs with ASD, with some studies suggesting a comorbidity rate of up to 50% (Leitner, 2014; Shakeshaft et al., 2023). ABA techniques such as *functional behavior assessment* (FBA) and *contingency management* can effectively address ADHD symptoms. FBA involves identifying the antecedents and consequences of problematic behaviors to develop targeted interventions. For example, if a child's hyperactive behavior is found to be maintained by access to attention, interventions can be designed to teach alternative, appropriate ways to gain attention. Contingency management, which involves providing reinforcement for desired behaviors, can also help increase attention and reduce impulsivity in individuals with ADHD and ASD (Antshel et al., 2011).

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) has been adapted for children with ASD to address anxiety and depression. CBT involves identifying and challenging negative thought patterns and developing coping strategies. CBT has been adapted for children with ASD to address specific mental health concerns such as anxiety and depression (Wood et al., 2015). Modified CBT techniques for children with ASD often include visual supports, social stories, and cognitive restructuring (Kendall & Hedtke, 2012). Research has shown that CBT can effectively reduce anxiety symptoms in children with ASD, leading to improvements in social functioning and overall quality of life.

Social Skills Training

Social skills training (SST) targets the social communication deficits that are central to ASD. SST programs typically involve structured group activities with direct instruction, where children practice social interactions in a supportive environment while receiving feedback (Steinbrenner et al., 2020). These programs often include components such as role-playing, social narratives, modeling, and visual supports (Steinbrenner et al., 2020). SST can also address comorbid conditions by teaching

copied skills for managing anxiety in social situations and fostering peer relationships, which can mitigate feelings of isolation and depression.

Mindfulness-Based Interventions

Mindfulness-based interventions, such as Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), have gained attention as complementary treatments for children with ASD. These interventions focus on cultivating present-moment awareness and reducing stress. Preliminary research suggests that mindfulness practices can help children with ASD manage anxiety, improve emotional regulation, and enhance overall well-being. Integrating mindfulness into existing therapeutic frameworks can offer additional tools for addressing the complex needs of this population. (Ridderinkhof et al., 2018)

Implementation and Challenges

Given the heterogeneity of ASD and the variability in comorbid mental health conditions, individualized treatment plans are essential. Assessments should be comprehensive, considering the child's developmental level, communication abilities, and specific mental health concerns. Collaborating with a multidisciplinary team, including psychologists, speech therapists, occupational therapists, and educators, can ensure a holistic approach to intervention.

Cultural and contextual factors play a significant role in the effectiveness of interventions. Practitioners should consider cultural values, family dynamics, and community resources when designing and implementing treatment plans. Culturally responsive approaches can improve engagement and outcomes by respecting and incorporating children and their families' unique backgrounds and perspectives.

Conclusion

The integration of EBPs for children with ASD and comorbid mental health conditions is a multifaceted endeavor that requires careful consideration of individual needs, practitioner expertise, and contextual factors. By employing a range of interventions, including ABA practices such as reinforcement, and FBAs as well as CBT, SST, and mindfulness-based interventions, practitioners can address this population's complex and diverse needs. Ongoing research, training, and advocacy are essential to advancing the field and improving outcomes for children with ASD and their families. Through collaborative and comprehensive efforts, we can enhance the quality of life for children with ASD and address their mental health needs, fostering their development and well-being. ■

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Editors' Note



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Thank you for reading this issue of the *DADD Express*, we hope you enjoyed it. As long-time DADD members, we are thrilled to be the new co-editors! We are looking forward to expanding upon the great work that has been done so far, and we want to thank Chris Denning for his time and leadership as the outgoing editor of the *DADD Express*. His collaboration and support during this period of transition has been greatly appreciated. We would like to take this opportunity to share a little more about us.

Selena J. Layden

Assistant Professor, Executive Director of the Virginia Public Schools Behavior Analyst Network and the Cooperative for Effective Behavior Intervention and Supports

I am so excited to take on the role of co-editor for the *DADD Express*! I am an assistant professor in the Department of Human Movement Studies and Special Education at Old Dominion University in Norfolk, Virginia, and teach in our Special Education and Applied Behavior Analysis programs. I worked in public schools for several years as an autism coordinator and special education instructional specialist before moving to higher education. My research has focused on retention and support for educational professionals working with students with autism with an emphasis on improving the implementation of evidence-based practices (EBPs) through effective professional

development. I also look at supports and factors that impact educators working with students with autism and their ability to be effective in their roles. I have been a DADD member for six years and have really enjoyed being part of the organization.

Annemarie L. Horn

Assistant Professor and Graduate Program Coordinator, Special Education Adapted Curriculum and Visual Impairment Programs

I am an assistant professor of special education and graduate program coordinator in the School of Teacher Education and Leadership at Radford University, which is in southwestern Virginia. I started in the field as a secondary paraeducator before becoming a special education teacher, and now teacher educator. My K–12 classroom experiences inspire the work I do today. Research interests include using eCoaching with online Bug-in-Ear (BIE) technology to increase practical application of evidence-based practices (EBPs) in paraeducators and pre- and in-service special education teachers. More specifically, my research focuses on using eCoaching to support transition-age students with intellectual and developmental disabilities (IDD) and extending quality professional development to rural areas. I have been a DADD member for eight years and was honored to be the recipient of the Tom E. C. Smith Early Career Award in 2022. I am ecstatic to be the co-editor of the *DADD Express*! ■

We've Got Some Exciting News!

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