Education Services for Military Dependent Children with Autism

Executive Summary

Background

The United States Department of Defense (DoD) engaged the Ohio State University (OSU) to review the access and availability of evidence-based educational practices for military dependents with autism spectrum disorders (ASD) in the states of California, Georgia, North Carolina, Texas, and Virginia. These states were selected based on their number of assigned military personnel. Project objectives were to:

1) Assess the local availability of educational services for children with ASD on and near military bases and installations; 2) Develop a review of evidence-based, best practices in educational services for children with ASD and vet this review with national experts in ASD; 3) Create a set of recommendations for the provision of ASD educational services to military dependent children; and 4) Prepare a final project report for the Secretary of Defense.

The project team researched developments nationally and in the five identified states that affect the availability and access to ASD educational services. School districts serving covered military installations in the five states were surveyed regarding the educational services they provide to children, ages 3 to 21, with ASD. An Advisory Panel composed of national experts on ASD and Department of Defense Education Activity (DoDEA) Area Autism Consultants provided feedback on project implementation and outcomes.

National Overview

1. Nationally, the number of children identified with ASD continues to increase. The number of children with ASD served by special education programs in public schools almost tripled between the 2001-02 and 2007-08 school years. The number of military dependents with ASD increased more than 35% between FY 2006 and FY 2008.

2. Service agencies, including education departments, at the national and state levels are collaborating to identify service gaps and duplication in order to utilize their resources more effectively. More public and private research funding is focused on ASD, but primarily on causes/cures rather than educational services.

3. Along with straining school resources, this growing population has increased the focus on evidence-based practices (EBPs) which are those “supported by research findings and/or demonstrated as being effective through a critical examination of current and past practices.” The project team and the Advisory Panel reviewed nationally-recognized lists of EBPs and developed a comparison chart that describes similarities and differences among the practices.

4. Applied Behavior Analysis (ABA) is the most extensively researched EBP and has many proponents. Issues related to ABA include its utility for certain skill deficits, such as communication delays, the dosage or amount of time required, and the ability of children to generalize skills to different environments.
5. Greater attention has been centered on the qualifications of school personnel serving children with ASD. No state currently requires ASD certification but guidelines for teacher preparation programs have been developed by the Autism Society and the Council for Exceptional Children.

6. A variety of support programs and resources are available to military families including the TRICARE Enhanced Access to Autism Services Demonstration Project, which provides families up to $36,000 annually for ABA services provided by a TRICARE-enrolled board certified professional. The availability of these providers is limited, which may impact the ability of families to access these services.

State Overview

Each of the five states is experiencing a significant increase in the number of children with ASD served in public schools. ASD is now the third largest disability service category in California. Along with direct services provided by schools, most states utilize regional agencies that provide support such as professional development, related services, and assistive technology to districts. Federally-funded Parent Training and Information (PTI) agencies in each state provide support for families. Some states have implemented ASD task forces or created statewide ASD clearinghouses. Georgia has implemented a scholarship program for children with disabilities, including ASD. All but one state, Georgia, has joined the Military Interstate Children’s Compact Commission (MICCC).

District Overview

1. Ninety-three districts responded to the ASD services survey. Sixty-six percent were either urban or suburban. Children with ASD constituted 1.1% of the total district enrollments.

2. The two most common service placements for children ages 3-5 and 6-21 were the regular classroom with support and a setting removed from the regular classroom for more than 60% of the day.

3. Fifty-five percent of the responding districts reported they either employed or had access to ABA services provided by board-certified behavior analysts.

4. Mediation was the dispute resolution process used most to resolve issues related to the child’s educational program. Districts reported relatively few complaints and due process hearings were related to the provision of services to children with ASD.

5. The largest cohort of district professional staff received more than 15 hours of ASD-related training annually; the largest cohort of paraprofessionals received 1-5 hours of training annually. Applied Behavior Analysis and Functional Behavior Assessment were the two most frequent ASD training topics followed closely by Augmentative/Alternative Communication Devices and Picture Exchange Communication System (PECS).

6. Challenges reported by districts included the rapidly increasing number of children identified with ASD and limited resources to serve them. Issues related to the impact of frequent moves on a child’s education were also identified, including incomplete educational records, possible disruption of services, and difficulty implementing individual education plans (IEPs) as written.
7. Parent training and parent support groups were the most common resources districts provided to family members of children with disabilities, including ASD.

Conclusion

Based on gathered data, military children do have access to evidence-based educational practices at school districts serving covered military installations, although not necessarily the type or amount of services desired by parents. Recommendations for DoD consideration focus on enhancing the assignment process for military families of children with ASD to include more specific information about the needs of the child with ASD, infusing additional family supports into the Exceptional Family Member Program, adding ASD content to the disability clearinghouse being developed by DoD at Penn State University, and monitoring the number of military families with children with ASD assigned to specific districts to avoid overwhelming a particular district’s resources.

The project team collaborated with DoD to create The Education Directory for Children with Special Needs. Available both online and in print form, the directory provides useful suggestions and resources to help assignment personnel as they assist families in preparing for a new assignment within the fifty states.

Next Steps

DoD has engaged the Ohio State University to conduct Phase II of this project, which will continue the focus on ASD services in ten additional states with a high concentration of military families. Phase II will also include a review of early intervention services (for children from birth through two years of age) in all 15 states as well as services for children with intellectual disabilities and emotional/behavioral disorders. Phase II is expected to be completed by October 2011.