



**PONTARDDULAIS COMPREHENSIVE SCHOOL**  
**YSGOL GYFUN PONTARDDULAIS**



## **SCERTS**

**Social Communication – Emotional Regulation – Transactional Support**

**Learn to live...**  
live to learn

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### About the SCERTS Model?

The SCERTS Model is a comprehensive, multidisciplinary approach to enhancing communication and social-emotional abilities of individuals with ASD and related disabilities (Prizant, Wetherby, Rubin, & Laurent, 2014). The acronym SCERTS refers to Social Communication, Emotional Regulation, and Transactional Support, which we believe should be the primary developmental dimensions targeted in a program designed to support the development of individuals with ASD and their families.

This innovative educational model is based on an integration of research and clinical practise published since the mid-1970s. This collaborative effort attempts to honour the complexities of child development as well as the challenges faced by children with autism spectrum disorder (ASD) by striking a balance between sound research and theory and practical application to improve the quality of life of children with ASD and their families.

In the SCERTS Model, it is recognised that most learning in childhood occurs in the social context of daily activities and experiences. Therefore, efforts to support a child's development within the model occur in everyday routines in a variety of social situations. The SCERTS framework has been designed to target priority goals in social communication and emotional regulation through implementation of transactional support throughout a child's daily activities and across partners to facilitate competence within these identified goal areas. When a child's development in social communication and emotional regulation is supported with the strategic implementation of transactional supports, there is great potential for comprehensive, long-term positive effects on a child's development in educational environments and everyday activities.





### **Social Communication**

The **Social Communication Domain** of the **SCERTS Model** addresses the overriding goals of helping a child to be an increasingly competent, confident, and active participant in social activities. This includes communicating and collaborating with others in everyday activities and sharing joy and pleasure in social and peer relationships.

To do this, children must acquire capacities in two major areas of functioning: **joint attention** and **symbol use**. These two foundations of social communication motivate the functional abilities in a variety of ways. Children must learn to share attention and emotion with others as well as express intentions across communicative partners. One aspect of symbol use is how children communicate, also referred to as **communicative means**. Communicative means may be **presymbolic**, such as gestures with objects or **symbolic**, including signs, picture symbol systems, and/or speech.

It is desirable for a child to have a variety of ways to communicate so that if one strategy does not work, the child may shift to another. A high level of communication competence is defined by flexibility in the means a child has available to communicate.

It is recognised that children are more competent communicators when they are able to communicate for a variety of purposes in everyday activities, such as expressing needs, sharing observations and experiences, expressing emotions, and engaging others in social interactions. With increasing abilities in social communication, a child is better able to participate with shared attention in emotionally satisfying social interactions, which are the foundation for developing relationships with children, caregivers, and educators. With increased social-communicative abilities, behavioural difficulties may be prevented or lessened. Put simply, if a child has socially acceptable nonverbal or verbal means to make choices, to protest, and to get attention, there is less need for the child to express strong emotions or attempt to exert social control through socially unacceptable means.

Social communication and language abilities are also essential for learning in educational settings and everyday activities and have broad-ranging effects on a child's social and cognitive understanding of daily experiences and growing sense of competence and self-esteem.

The ultimate goal of the **Social Communication Domain** is to support children in developing the foundational abilities in joint attention and symbol use that support communicative and social competence. With these abilities a child is more likely to find satisfaction and joy in being with, relating to, and learning from others around them, thereby further increasing the child's social motivation to seek out learning opportunities with others in the future.



### **Emotional Regulation**

The **Emotional Regulation Domain** of the **SCERTS Model** focuses on supporting a child's ability to regulate emotional arousal. Emotional regulation is an essential and core underlying capacity that supports a child's availability for learning. A child is most available for learning when he or she is better able to:

- Attend to the most relevant information in an activity or setting
- Remain socially engaged with others
- Process verbal and nonverbal information
- Initiate interactions using higher level abilities, including language
- Respond to others in reciprocal interaction
- Actively Participate in everyday activities

For a child to be optimally available, he or she must have the emotional regulatory capacities and skills to:

- Seek assistance and/or respond to others' attempts to provide support for emotional regulation when faced with stressful, overly stimulating, or emotionally dysregulating circumstances (referred to as mutual regulation)
- Remain organised and well-regulated in the face of potentially stressful circumstances (referred to as self-regulation)
- Recover from being "pushed over the edge" or "under the carpet" into states of extreme emotional dysregulation or shutdown, through mutual and/or self-regulatory strategies (referred to as recovery from extreme dysregulation)

Enhancing capacities for emotional regulation goes hand in hand with helping a child to more effectively maintain optimal arousal, or at the very least, a well-regulated state, so that the child is not experiencing predominant patterns of arousal of being too high, or too low with regards to the demands of the social and physical environment, and so that the child is not shifting too frequently between such extreme states of arousal.

Children who experience such extremes, especially frequent high states of arousal, are often at the mercy of overwhelming reactions such as anxiety, fear, distress or even dysregulating positive emotional states of elation and giddiness. These children may also withdraw or shut down to attempt to cope with disorganising or overly stimulating experiences, especially when qualities of environmental stimulation (e.g., loudness of noise, intensity of visual input, a history of negative emotional experience associated with an activity or place), social interaction demands, and/or violations of expectations contribute to emotional dysregulation. In contrast, children who are consistently in a low state of arousal often have difficulty attending to their environment. These children often appear passive, disengaged, and inattentive. The ultimate goal of the **Emotional Regulation Domain** is to support a child in adapting and coping with the daily challenges that he/she will face.



### **Transactional Support**

**Transactional Support** is the final core domain of the **SCERTS Model**. Because learning occurs within the social context of everyday activities, transactional support needs to be infused across activities and partners. Transactional support includes:

- **Interpersonal Supports:** These include the adjustments made by communicative partners in language use, emotional expression, and interactive style that are effective in helping a child with ASD process language, participate in social interaction, experience social activities as emotionally satisfying, and maintain well-regulated states. Interpersonal support also includes peer support, which provides a child with positive experiences with children who are responsive partners and who provide good language, social and play models, leading to the development of positive relationships and friendships.
- **Learning Supports:** These include environmental arrangement, or the ways typical settings and activities are set up or modified to foster social communication and emotional regulation; visual support for social communication and emotional regulation can be implemented in education settings as well as in everyday activities that support learning.
- **Support to Families:** These include educational support such as the sharing of helpful information and resources or direct instruction in facilitating a child's social communication, emotional regulation, and daily living skills and implementation of learning supports for the child.
- **Support Among Professionals and Other Service Providers:** This includes informal and planned opportunities for enhancing educational and therapeutic skills and for providing emotional support, whenever necessary, to cope with the challenges of working with children with ASD and to prevent burnout.

The ultimate goals of the **Transactional Support Domain** are for professionals to:

- develop and provide the necessary learning supports for a child
- coordinate efforts among all of the child's partners in using interpersonal supports most conducive to social communication and emotional regulation
- provide learning experiences for children that provide good language and social models leading to the development of meaningful peer relationships
- support families with educational resources, direct strategies, and emotional support.



### **Why Focus on Social Communication, Emotional Regulation and Transactional Support?**

The **SCERTS Model** prioritises social communication, emotional regulation, and transactional support so that educators, parents, and clinicians are better able to have a positive impact on a child's development and quality of life. It is believed that the focus on these domains of the **SCERTS Model** is best supported by research on **core challenges** in ASD, as well as priorities and concerns identified by parents and experts in the field. Furthermore, despite the fact that there is a great need for continued research on the factors that best predict positive outcomes in children with ASD, the available research and years of clinical experience indicate the abilities in social communication, emotional regulation, with implementation of transactional supports, are likely the primary factors that are very closely related to positive outcomes in children.

#### ***Social Communication as a Core Challenge***

ASD is virtually defined by difficulties in the development of social communicative abilities and the development of social relationships (Koenig, Rubin, Klin, & Volkmar, 2000). These essential criteria are relevant for all subcategories of ASD. Furthermore, when researchers have examined the abilities that are most essential for individuals with autism to lead independent and productive lives, social communicative abilities are inevitably at the top of the list. Finally, parents of children with ASD identified their children's lack of social communicative abilities as among the most significant stresses they experience when their children are experiencing their school years.

#### ***Emotional Regulation as a Core Challenge***

Challenges in emotional regulation are so pervasive and striking that in the past, ASD was described primarily as a behaviour disorder or a serious emotional disturbance. This unfortunate belief was eventually abandoned with an increasing understanding that ASD is primarily a developmental disability and that difficulties in emotional regulation were a secondary consequence of a range of factors. Such factors may include problems in developing effective socially conventional means to communicate, sensory processing disturbances resulting in unusual reactions to various forms of stimulation, motor planning difficulties resulting in limited or unintelligible speech as well as problems in coordinating and executing skilled actions, and confusion and anxiety caused by problems in social understanding.

#### ***Transactional Support as a Core Challenge***

Parents and family members of children with ASD experience many challenges and considerable stresses related to the everyday difficulties that they and their children encounter, as well as the long-term uncertainty in planning for the future. Families who do well and even grow in positive ways due to the experience of having a family member with ASD are those who can rely on and draw strength from a number of formal and informal supports.



### **The SCERTS Assessment Process (SAP)**

The **SAP** is designed to meet the purpose of assessment for intervention or educational planning. The **SAP** would only be implemented with a child who is suspected of having ASD or another developmental disability affecting social communication and emotional regulation. The **SAP** is not intended to serve the purpose of determining, based on quantitative data, whether a child has a disability. It is designed for profiling relative strengths, needs, and priorities to inform programme development and goal setting and to monitor progress.

The **SCERTS Model** includes a well-coordinated and flexible assessment process that helps a team measure the child's progress, and determine the necessary supports to be used by the child's partners (educators, peers, and family members). This assessment process ensures that:

- functional, meaningful, and developmentally appropriate goals and objectives are selected
- individual differences in a child's style of learning, interests, and motivations are respected
- parents are included as partners and the culture and lifestyle of the family are understood and respected
- the child is engaged in meaningful and functional activities throughout the day
- supports are developed and used consistently across partners, activities, and environments
- a child's progress is systematically charted over time
- program quality is measured frequently to assure accountability

The **SCERTS Model** uses information reported by family members or teachers who can serve in this capacity through questionnaires referred to as the **SAP Report (SAP-R)**, or through an interview process guided by the **SAP-R** Form. This information gathering allows professionals to:

- To begin to develop a trusting relationship with parents and other caregivers
- to ask parents and caregivers about their perception of the child strengths and needs
- to determine the priorities of parents and primary caregivers for intervention services
- to respond to general questions the parents may have that may not be directly related to the child's assessment or future services



### How SCERTS Works

**SCERTS** is a tool for aligning approaches from many different therapies including (for example) TEACCH, RDI, Hanen, and circle time, with the goal of achieving:

- Functional, spontaneous communication (pre-verbal or verbal)
- Social and play skills (use of games, interaction with peers)
- Generalised skills (many children with autism learn skills in one context at a time, and **SCERTS** helps children to understand, for example, that hitting is wrong not only in school but in any other context)
- Positive approaches to address problem behaviours
- Functional academic skills when appropriate
- **SCERTS** is child-centred and builds on developmental rather than behavioural theories. As a result, while it incorporates "naturalistic" forms of ABA, it specifically rejects classic ABA, also called "discrete trials," because it is adult-directed and adult-initiated

**SCERTS Goals** will fit in well with person-centred IDP goals because they integrate multiple aspects of a child's development and life experience. Thus, for example, a speech therapy goal for a child with autism might be to "establish the general use of vocalisations," while a **SCERTS Goal** for communication might be "establish the general use of vocalisations directed to others to express intentions and emotional states."

Another major aspect of **SCERTS** is the requirement that **SCERTS** be implemented not only in a school or therapeutic setting but also at home and in the community. In other words, children work toward **SCERTS Goals** all day, every day, no matter where they are or what they're doing.

In addition, **SCERTS Goals** are transactional and emotional rather than academic. Thus, while meeting **SCERTS Goals** will help a child to learn, communicate, and behave appropriately in school, they are not specific to any particular academic discipline.



## The Interventions

The **SCERTS Model** uses a **Meaningful Activities** and **Purposeful Activities** approach in its interventions for the following reasons:

- Children with ASD often have problems making sense of experience and reflecting on previous experiences to help in coping and adapting to new experiences. Therefore, they need support in meaningful activities that already occur or that can be scheduled to occur in everyday life
- Meaningful and purposeful activities are, by definition, integrated as part of a child's life routines and are thus more easily replicated across different settings. Activities focusing on isolated skill training are less easily integrated in a child's day across settings
- Most activities have a natural logical sequence, clear beginnings, and endings, and offer greater opportunities for introducing flexibility than repetitive drill practise offer. Many activities also provide natural, concrete rules to indicate progress toward completion, such as steps in a cooking activity, a board game with friends and so forth
- Activities are more likely to provide opportunities for active learning and engagement. It is also easier to include other children and brothers and sisters in more natural activities
- Activities are more likely to be motivating for all involved: children with and without disabilities and adult partners in the activity

In the MA and PA approach, there are four levels on the continuum ranging from least to most natural:

- Planned activity routines
- Engineered activities and environments
- Modified natural activities and environments
- Naturally occurring events and environments

## **Types of Activities**

In the **Meaningful Activities** and **Purposeful Activities** approach, it is important to recognise that different activities may be engaged in for different purposes and that these activities have different types of structures, which may vary in difficulty for different children.



### **How does SCERTS compare to other approaches?**

The **SCERTS** curriculum is developmentally sequenced and provides a systematic framework that ensures that specific skills and appropriate supports, stated as educational objectives, are selected, and applied in a consistent manner across different settings such as home, school and community. This process allows families and educational teams to draw from a wide range of evidence-based practices that, with a specific focus on promoting initiated communication and emotional regulation in everyday activities.

The SCERTS Model is most concerned with helping persons to achieve “Authentic Progress”, which is defined as the ability to learn and spontaneously apply functional and relevant skills in a variety of settings with a variety of partners.

### **The Unique Aspect of SCERTS**

A unique aspect of SCERTS is that the most significant challenges are addressed while identifying and building upon strengths. This is accomplished through family-professional partnerships, and by prioritizing the abilities and supports that will lead to the most positive long-term outcomes. It provides family members and educational teams with a plan for implementing a comprehensive and evidence-based program that will improve quality of life for people with ASD and their families.

The framework of goals and objectives can be used across individuals with a range of developmental abilities. It is a lifespan model that can be used from initial diagnosis, throughout the school years, and beyond.

It can be adapted to meet the unique demands of different social settings for younger and older individuals including home, school, community, and vocational settings.

#### **Comments from Parents and Professionals:**

“I love SCERTS! It makes sense to me and fits our family’s lifestyle. It is a results oriented program. Our family enjoys watching our child accomplish SCERTS objectives on his way to becoming a successful communicator. It is relieving to know that we are focusing on what will best help him on this journey.”

Sheri, parent of a 5 year old with ASD.

“The SCERTS Model embodies a framework that is consistent, yet its structure allows for the implementation of a variety of teaching methodologies based on the individual needs of the child. The SCERTS Assessment Process provides all individuals involved (with our students) with a shared understanding when discussing a child’s needs, laying the groundwork for consistency within our schools, and coordinated transition between schools”.

Sue, Special Education Director



### Research and the Evidence Basis for the SCERTS Model

Practice in the SCERTS model is based on evidence from multiple sources. First, it is rooted in research on child development as well as research addressing the core challenges of ASD. Second, it incorporates the documentation of meaningful change through the collection of clinical and educational data, and programmatic decisions are made based on objective measurement of change. Third, given that it is not an exclusive model, evidence-based practices from other approaches are easily infused in a program plan for an individual. Finally, practices in the **SCERTS Model** are supported by empirical evidence from contemporary treatment research in ASD and related disabilities. Currently, large sample research is underway that specifically addresses the effectiveness of **SCERTS** as a comprehensive treatment framework. The emphasis of current research is to demonstrate the effectiveness of **SCERTS** for infants, toddlers and school age students in home, school, and community settings.

