

**T3C Training Series**

# **Supporting IDD & Autism**

## **Self-Study Manual**

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## Curriculum

**Module 1:** Understanding IDD & Autism — **25 minutes**

**Module 2:** Trauma-Informed, Neuroaffirming Care — **20 minutes**

**Module 3:** Sensory, Communication & Routines — **20 minutes**

**Module 4:** Safety & School Teaming — **25 minutes**

## How to Use This Manual

This is a self-paced training designed to take approximately 90 minutes. Each module includes what an instructor would normally say (presented as 'Read & Learn' content), followed by practice, reflection, and a self-check. If you are completing this on your own, read each section, complete the activities, and answer the knowledge check at the end. This practice step is designed to ensure you apply the strategies first, then confirm understanding through the Knowledge Check. If you are facilitating a small group, use the 'Instructor Notes (Optional)' callouts.

## Structure of Each Module

- What You Will Learn - A clear preview of the skills, concepts, and practical outcomes you should be able to demonstrate by the end of the module.
- Read & Learn - Trainer-style teaching content written in plain language, including examples and caregiver-friendly explanations you can immediately use.
- Try It - Guided practice activities (writing prompts, scripts, planning tools) to help you rehearse what to say and do before using strategies with a child.
- Apply It - Concrete steps you will take in the home to transfer learning into daily routines, supervision, and communication support.
- Self-Check - 3-5 questions to confirm understanding and ensure you can apply the information (not just recall it).
- Instructor Notes (Optional) - Brief facilitation tips for group discussion and implementation support.

## DFPS Standards Callouts

- Supervision & safety planning per individual needs: §749.1133.
- Confidentiality & youth rights: §749.1003.

## Start-Up Warm-Up

Instructions: Write brief answers before beginning Module 1.

**What is one strength you commonly see in youth with IDD/Autism?**

**What is one situation that tends to be difficult (e.g., transitions, loud spaces, unexpected changes)?**

## Module 1: Understanding IDD & Autism - Estimated 15 minutes

### What You Will Learn

- Explain IDD and autism in clear, respectful language that focuses on support needs and strengths rather than labels or assumptions.
- Identify how IDD/ASD may impact daily functioning (learning pace, transitions, sensory processing, communication, flexibility) while recognizing that every child presents differently.
- Recognize behavior as communication by noticing patterns, triggers, and the child's attempts to express needs (words, gestures, AAC, behavior).
- Match supports to the child by selecting strategies that reduce overwhelm and increase independence (visuals, predictable routines, choices, single-step prompts).

### Read & Learn (9 min)

IDD (Intellectual and Developmental Disabilities) and autism are developmental differences that can impact how a child learns, communicates, processes sensory information, and manages transitions or change. Two children can share a diagnosis and still have very different strengths, needs, and challenges. Your goal is not to “fix” a child. Your goal is to create a supportive environment that helps the child feel safe, understood, and able to succeed in daily routines. A key principle in supporting children with IDD/autism is assuming competence. Many children understand more than they can express. Some children communicate with limited speech, no speech, or through behaviors and body cues (pacing, shutting down, leaving the area, pushing items away, covering ears, crying, refusal). When communication is difficult, behaviors often increase—not because the child is “bad,” but because the child is trying to get a need met or avoid something overwhelming. When you see challenging behavior, begin by asking: What is the child communicating? What is the environment demanding? What is too loud, too fast, too confusing, too unpredictable? Support begins with understanding the child's profile:

- Strengths and interests: What motivates the child? What activities calm them? What do they enjoy? Strengths are critical because they give you tools to build cooperation and connection.
- Support needs: Where does the child need help (transitions, waiting, loud spaces, hygiene, school tasks, following multi-step directions)?
- Triggers and overwhelm moments: What situations reliably lead to dysregulation (unexpected changes, noise, crowding, hunger, fatigue, rushed demands, difficult transitions)?
- Communication methods: How does the child express “no,” “help,” “break,” “more,” “all done,” “hurt,” “tired,” or “too loud”? This may be verbal, gestures, pointing, pictures, AAC, or behaviors. One of the most important skills you can develop is pattern observation. Behavior is rarely random. Try to notice patterns using a simple lens:

- Before: What happened right before the distress? (demand placed, transition, noise, change, denial of preferred item, task too hard)
- During: What did the child do? (yell, run, drop, hit, cry, shut down, refuse)
- After: What happened next? (adult removed demand, child got access to preferred item, child escaped the environment, attention increased, child was redirected)

This isn't about blaming anyone—it's about understanding what the child learns from the situation. When you understand triggers and outcomes, you can prevent escalation by adjusting the environment, reducing sensory load, simplifying communication, and offering supports before the child reaches their limit. In practice, strong support for IDD/autism often includes:

- Predictability: Children do better when the day has structure and routines.
- Clear communication: Short phrases, one-step directions, visuals, and processing time reduce confusion.
- Choice and control: Two acceptable choices lower power struggles and increase cooperation.
- Preparation for transitions: Warnings, timers, first-then language, and consistent scripts reduce distress.
- Respectful language and mindset: Avoid labels like “defiant” or

“manipulative.” Replace them with support-focused language, such as: “The child is overwhelmed,” “The child is communicating discomfort,” or “The child needs a clearer routine.” When adults consistently respond with calm structure and supportive communication, children are more likely to feel safe and participate. Your consistency—especially during transitions and moments of stress—is one of the strongest protective factors you can provide.

### Try It (3 min)

Three strengths/interests (what the child enjoys or does well)

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Three common overwhelm moments (noise, transitions, demands, waiting, group settings)

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Three supports to test (e.g., visual schedule, first-then board, movement break, choice board, timer)

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### Apply It (2 min)

Observe and write down two times the child communicated without words (e.g., pacing, covering ears, pushing items away, pointing, leaving the room).

Moment 1: \_\_\_\_\_

Moment 2: \_\_\_\_\_

For each moment, note what happened right before (trigger/antecedent).

Moment 1: \_\_\_\_\_

Moment 2: \_\_\_\_\_

**For each moment, note what the child did (behavior).**

Moment 1: \_\_\_\_\_

Moment 2: \_\_\_\_\_

**For each moment, note what happened next (adult response/outcome).**

Moment 1: \_\_\_\_\_

Moment 2: \_\_\_\_\_

**Circle one change you will try tomorrow (reduce noise, simplify directions, offer first-then, add a movement break, offer two choices).**

Moment 1: \_\_\_\_\_

Moment 2: \_\_\_\_\_

### **Notes / Plan**

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### **Self-Check (1 min)**

1. Name one respectful way to describe a support need without labels.

Answer: \_\_\_\_\_

2. Give one example of a behavior that may function as communication. What might it be communicating?

Answer: \_\_\_\_\_

3. What is one reason it is important to avoid assumptions about IDD/ASD?

Answer: \_\_\_\_\_

### **Instructor Notes (Optional)**

- Use person-first or identity-first language as preferred by the youth/family.
- Ask what works before suggesting changes.

## Module 2: Trauma-Informed, Neuroaffirming Care - Estimated 20 minutes

### What You Will Learn

- Combine trauma-informed care and neurodiversity-affirming practices to support regulation, safety, and dignity.
- Use co-regulation strategies first to reduce escalation (calm voice, reduce demands, reduce sensory overload, offer choices).
- Teach replacement skills that help the child meet needs safely (break/help/all done/choice-making) rather than focusing only on stopping behavior.
- Understand masking and why forcing “typical” behavior (eye contact, stopping safe stimming) can increase distress and dysregulation.

### Read & Learn (12 min)

Children with IDD/autism may have experienced trauma, instability, or repeated misunderstandings in their environments. Trauma-informed care recognizes that stress and fear can shape behavior and regulation, while neuroaffirming care recognizes that neurological differences are valid and deserve support rather than punishment. Together, these approaches shift the focus from “What’s wrong with this child?” to “What does this child need to feel safe and succeed?” Many challenging behaviors occur when the child’s nervous system is overloaded. Overload can come from sensory input (noise, lights, crowding), emotional stress (fear, uncertainty, conflict), communication breakdown (not understood, cannot express needs), or demands that feel too hard or too fast. When the nervous system is dysregulated, reasoning and compliance decrease. This is why the first priority is co-regulation. Co-regulation means the adult provides the calm, structure, and safety needed to help the child return to regulation. Co-regulation strategies include:

- Lowering your voice and slowing your pace
- Reducing demands temporarily (fewer instructions, shorter tasks)
- Offering simple choices (“Do you want to sit here or there?”)
- Reducing sensory input (move to a quieter area, dim lights, reduce talking)
- Using short, predictable phrases (“You’re safe.” “I’m here.” “First break, then we try again.”)
- Providing space when safe, rather than crowding or escalating the moment

Once the child is calm (or beginning to calm), your focus shifts from stopping behavior to teaching skills. This is where replacement skills come in. A replacement skill is a safer, more effective behavior that meets the same need as the challenging behavior. For example:

- If a child hits to escape demands → teach “break” or “all done” card.
- If a child runs away when overwhelmed → teach “quiet space” request and escort routine.
- If a child screams to gain attention → teach a simple attention request (gesture, sign, word, or picture).

Replacement skills must be:

1. Simple (easy to do)
2. Available (the child can access it in the moment)
3. Reinforced immediately (the child experiences success when they use it)

Reinforcement is not bribery. Reinforcement is the learning mechanism that helps the child understand, “This new skill works.” If a child uses a break card and the adult honors it quickly, the child learns that communication is more effective than escalation. Over time, the child gains more control, and behavior decreases. This module also includes the concept of masking, which is common among neurodivergent children. Masking occurs when a child feels pressured to hide natural regulation or communication strategies (for example, forcing eye contact, discouraging safe stimming, demanding “typical” behavior). Masking can increase anxiety, reduce trust, and lead to shutdown or escalation later. Focus on what matters most: safety, respectful communication, independence skills, and emotional regulation. A strong support approach emphasizes prevention and skill-building:

- Prevent overload when possible (prepare for transitions; reduce sensory stress)
- Co-regulate early (respond to cues before escalation)
- Teach replacement skills (break/help/all done/choice-making)
- Reinforce consistently

(reward the skill, not the escalation) • Repair after incidents (calm reset, no shame, brief reflection when regulated) The adult’s calm presence, predictable structure, and follow-through on supports is what creates safety. When the child feels safe and understood, learning and cooperation become much more achievable.

### Try It (4 min)

What happens right before the behavior (trigger/antecedent)?

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What might the child be communicating (escape, sensory overload, need help, need break, hunger, confusion)?

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Two replacement skills to teach (e.g., break card, help, all done, pointing to choose).

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How you will reinforce the replacement skill (what the child gains immediately when they use it).

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### Apply It (2 min)

Create a break card (or simple written card that says Break / Help).



Practice three times daily during calm moments: prompt the child to use the card; honor the request with a 1-3 minute break; praise the skill.

Track results for 3 days: when did it help, when did escalation still happen, what trigger should you reduce?

### Notes / Plan

### Self-Check (2 min)

1. Why can masking be harmful?

2. Name two co-regulation strategies you would use first during escalation.

3. What is a replacement skill? Provide one example.

### **Instructor Notes (Optional)**

- Avoid forcing eye contact or masking self-regulation behaviors that are safe.
- Collaborate on goals that matter to the youth.

## Module 3: Sensory, Communication & Routines - Estimated 20 minutes

### What You Will Learn

- Identify common sensory needs and modify the environment to reduce overload (sound, light, crowded spaces, textures).
- Use communication supports that increase understanding and reduce frustration (visuals, AAC support, single-step prompts).
- Build predictable routines that increase independence and reduce anxiety.
- Support transitions using timers, first-then language, choices, and movement breaks.

### Read & Learn (12 min)

Sensory needs and communication needs are two of the biggest drivers of success—or escalation—for children with IDD/autism. Many children process sensory information differently. What feels “normal” to an adult may feel painful, confusing, or overwhelming to a child. Loud cafeterias, crowded rooms, strong smells, scratchy clothing, bright lights, or sudden touch can quickly overload the nervous system. Overload often shows up as pacing, covering ears, running away, refusal, aggression, or shutdown. The goal is not to eliminate sensory sensitivity—it is to support regulation and reduce preventable triggers. Begin by identifying sensory stressors in the child’s day: • What times of day are hardest? • Which environments lead to distress? • What sensory inputs are present (noise, chaos, transitions, bright lights, crowding)? • What sensory tools help (headphones, quiet space, movement breaks, deep pressure, fidgets, predictable routines)? One of the most effective supports is predictable routine with visual communication. Visual tools reduce anxiety because they make the day more understandable. Many children process visual information more easily than verbal information, especially during stress. Helpful visual supports include: • Visual schedules: show the sequence of activities • First-Then boards: clarify expectations with immediate motivation (“First task, then preferred”) • Choice boards: reduce power struggles and increase cooperation • Break cards: provide a safe way to request regulation time Communication support should be simple and consistent. Use: • One-step directions (“Shoes on.” pause. “Jacket on.”) • Processing time (wait 5–10 seconds before repeating) • Clear, calm scripts (same phrase each time) • Two acceptable choices (“Red shirt or blue shirt?”) Transitions deserve special focus. Transitions can be difficult because they require stopping one activity, shifting attention, tolerating uncertainty, and starting something new. Supports that improve transitions include: • Timers (2 minutes, then transition) • Countdown warnings (“2 minutes... 1 minute... timer done”) • First-Then language (“First shoes, then iPad”) • Movement breaks before transitions (3 minutes of walking, stretching, jumping) • Reducing verbal overload (fewer words; visual prompts) Consistency is critical. If you introduce a first-then board and use it only occasionally, the child will not learn to trust the routine. Use supports consistently for at least a week, then adjust based on what you observe. Routines should support independence. Start with one routine (morning, bedtime, homework, hygiene). Break it into 5–7 clear steps and teach it the same way daily. Reinforce completion and effort. Over time, the child gains predictability and competence, and the adult sees fewer escalations caused by confusion or overwhelm. When the environment becomes clearer and transitions become more predictable, children are more likely to cooperate, communicate, and regulate. This module is about practical tools that reduce distress and build daily stability.

## Try It (4 min)

**First-Then Board:** create a first-then board for one challenging routine and write the exact words you will say

First: \_\_\_\_\_ Then: \_\_\_\_\_

Exact words I will say: \_\_\_\_\_

**Morning Visual Schedule:** draft a morning schedule with 5–7 steps (one step per line).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Transition Support:** choose one tool you will use consistently (timer, single-step prompt, choice between two acceptable options).

Chosen tool: \_\_\_\_\_

How I will use it daily: \_\_\_\_\_

## Apply It (2 min)

**This week, use a 3-minute movement break before the most difficult transition each day.**

Hardest transition: \_\_\_\_\_

Movement break activity: \_\_\_\_\_

**Use your first-then board at least once daily and note results (transition speed, distress level).**

Notes/results: \_\_\_\_\_

### Self-Check (2 min)

1. Name two sensory supports and when you would use them.

2. What is one reason visuals reduce escalation?

3. Write one example of a first-than-standing for a difficult routine.

### Instructor Notes (Optional)

- Test supports one at a time to see what helps.
- Embed sensory breaks into daily routines to prevent overload.

## Module 4: Safety & School Teaming - Estimated 15 minutes

### What You Will Learn

- Create proactive safety plans for elopement, overwhelm, and self-injury that focus on prevention and clear response steps.
- Identify early warning cues and respond with co-regulation before behaviors escalate.
- Teach communication alternatives (help/break/all done) that reduce unsafe behavior.
- Strengthen school teaming by aligning strategies across home and school and communicating what works consistently.

### Read & Learn (9 min)

Safety planning for children with IDD/autism must be proactive, written, and practiced during calm moments. Many safety incidents happen quickly—especially elopement (running/wandering), sudden escalation, or self-injury during overwhelm. A strong safety plan focuses on prevention first, then clear response steps, and finally skill-building to reduce risk over time. Elopement often occurs when a child is overwhelmed, trying to escape demands, seeking a preferred place, or attempting to regain control. Prevention strategies may include: • Increased supervision during high-risk times (transitions, community outings, unexpected schedule changes) • Clear routines and predictable movement through the day • Visual supports that reduce confusion • Structured transitions with timers and first–then tools • Environmental awareness (doors, gates, outdoor access points) consistent with agency rules and safety standards A written elopement response plan should include: • Who does what (adult roles) • Who is contacted first (household leadership, caseworker, authorities if required by policy) • Where to check first (preferred places, neighborhood check-in points) • What information is ready (child description, clothing, known triggers, calming strategies) • How to practice (calm rehearsals so adults respond quickly and consistently) Self-injury (or other high-risk behaviors) is often linked to sensory overload, frustration, fear, or inability to communicate. Prevention begins with recognizing early cues: pacing, ear covering, rapid breathing, increased agitation, withdrawing, repetitive distress behaviors, or sudden silence. Early intervention is key. Co-regulation steps may include: • Reduce demands and simplify communication • Move to a quieter, safer environment • Offer a break card or help request • Provide safe sensory supports (deep pressure tools if appropriate, quiet corner, movement break) • Keep language brief and calm (“You’re safe. Break first.”) After the child is regulated, teach replacement skills that reduce risk: • “Help” request (word, sign, picture) • “Break” request • “All done” request • Choice-making to increase control These skills must be practiced during calm times, reinforced immediately, and used consistently across caregivers. This module also emphasizes school collaboration because children do best when supports are aligned across settings. If home uses visuals, first–then language, and break cards—but school does not—the child may escalate due to inconsistent expectations. Collaboration steps include: • Sharing what works at home (triggers, calming tools, successful scripts) • Requesting alignment of visuals and replacement skills across school/home • Communicating with the IEP team when needed • Tracking simple data (what triggers incidents, which supports reduce escalation) Safety improves when adults respond predictably, reduce overwhelm early, and teach communication alternatives consistently. When supports are practiced—not just written— children gain stability, adults respond more effectively, and risk decreases over time.

### Try It (3 min)

**Elopement Plan — Prevention steps (supervision changes, door/window plan, clear routines).**

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**Elopement Plan — Response steps (who is contacted first, where to check first, adult roles).**

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**Elopement Plan — Neighborhood check-in points (safe places/adults).**

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**Elopement Plan — Practice plan (how/when you will rehearse during calm times).**

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**Self-Injury Prevention: list two early cues to watch for and two immediate co-regulation responses you will use.**

Early cues (2):

1. 

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2. 

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Immediate co-regulation responses (2):

1. 

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2. 

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### Apply It (2 min)

Teach a simple help signal (word, sign, picture, or card) and practice twice daily during calm times.

Help signal chosen: \_\_\_\_\_

Practice schedule: \_\_\_\_\_

Draft one short note/email to school describing: triggers you observe, supports that work at home, and the replacement skill you are teaching.

Draft: \_\_\_\_\_

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### Notes / Plan

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### Self-Check (1 min)

1. List four items to include in an elopement plan.

Answer: \_\_\_\_\_

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2. Name two early cues that might precede self-injury.

Answer: \_\_\_\_\_

3. What are two co-regulation steps you would use immediately?

Answer: \_\_\_\_\_

4. Name one way to align home and school supports.

Answer: \_\_\_\_\_

### Instructor Notes (Optional)

- Practice safety plans during calm times so they are easy to follow during stress.



## Case Study: Too Loud, Too Fast

R., 8, is minimally verbal and loves routine. On a substitute day, R. eloped from class and later engaged in head-banging when the evening schedule changed.

### Guided Prompts

Write a visual schedule and first-then board for substitute days.

Identify sensory strategies for cafeteria noise and post-lunch regulation.

### Tools & Templates

- Sensory environment audit checklist
- AAC/communication planning sheet
- Elopement response plan and practice log
- Self-injury prevention/response flowchart
- School collaboration meeting agenda template

### Module Knowledge Check - Estimated 10 minutes

1. Name one strategy to lower cafeteria overwhelm.

2. What is one early cue that might precede self-injury?

### **Answer Key (for Self-Study Review)**

1. Examples: noise-reducing options; quiet table; movement break before lunch.
2. Examples: increased pacing, covering ears, withdrawing.

### **Resources & Referrals**

- DFPS Minimum Standards §749 (Child-Placing Agencies) and §748 (General Residential Operations).
- STAR Health Behavioral Health Coordination & 24/7 Nurse Line.
- Local MHMR or mobile crisis number; 988 Lifeline.
- Education advocacy: local school district special education contacts; IEP/504 resources.
- Caregiver peer support and respite/IAC networks.

If you are in immediate danger or a youth is at risk, call emergency services and follow agency critical incident procedures.