

Autism

Information in this section was provided by [Ascendigo \(formerly Extreme Sports Camp -ESC\)](#), Aspen, Colorado – they specialize in autism and sport. Definition and statistics provided by [Autism Speaks](#).

Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in

- social interaction,
- verbal and nonverbal communication and
- repetitive behaviors.

With the May 2013 publication of the [DSM-5 diagnostic manual](#), all autism disorders were merged into one umbrella diagnosis of ASD. Previously, they were recognized as distinct subtypes, including autistic disorder, childhood disintegrative disorder, pervasive developmental disorder-not otherwise specified (PDD-NOS) and Asperger syndrome.

ASD can be associated with intellectual disability, difficulties in motor coordination and attention and physical health issues such as sleep and gastrointestinal disturbances. Some persons with ASD excel in visual skills, music, math and art. Autism appears to have its roots in very early brain development. However, the most obvious signs of autism and symptoms of autism tend to emerge between 2 and 3 years of age.

Autism statistics from the U.S. Centers for Disease Control and Prevention (CDC) identify around 1 in 68 American children as on the autism spectrum—a ten-fold increase in prevalence in 40 years. Careful research shows that this increase is only partly explained by improved diagnosis and awareness. Studies also show that autism is four to five times more common among boys than girls. An estimated 1 out of 42 boys and 1 in 189 girls are diagnosed with autism in the United States. ASD affects over 3 million individuals in the U.S. and tens of millions worldwide. Moreover, government autism statistics suggest that prevalence rates have increased 10 to 17 percent annually in recent years.

Physical Characteristics

Many individuals with ASD have other medical conditions, which are often linked to autism. The high prevalence of co-occurring conditions means that there are physical aspects of having autism, too. These may include:

- Fatigue
- Problems with body awareness (i.e. proprioception)
- Sensory Integration Disorder (sensory signals *don't* get organized into appropriate responses)

- Dis-regulated appetite (poor or insatiable)
- Need for nutritional intervention
- Body temperature dis-regulation
- Little self-initiation in exercise (most adolescents with autism choose sedentary activities)
- Motor difficulties
 - Dyspraxia (motor learning disability)
 - Low muscle tone
 - Poor fine motor coordination
 - Unusual posture or gait

Individuals with ASD may also often have difficulties with biological regulations. These include:

- Sleep
 - Many people with ASD have difficulty falling or staying asleep.
 - Establishing healthy sleeping habits, especially in a new situations
- Appetite (poor or insatiable)
 - People with ASD may be picky eaters with a very limited variety of foods they will eat.
 - Some children may be particularly sensitive to smells and textures, making it difficult to try new foods.
 - As a result, children with ASD often do not receive enough vitamin D, calcium and protein in their diets.
 - Some children who present with food sensitivities or allergies and dietary restrictions need to be monitored carefully.
- Toiletry
 - It is not uncommon for children and adults with ASD – regardless of their level of functioning – to have problems in independent living.
 - Many people with ASD have difficulty reading their body's cues and initiating a trip to the bathroom, especially in a new situations.
 - A good strategy is to institute consistent bathroom breaks during predictable transition points.
 - Accidents at night are common in school age people with ASD and should be treated in a neutral manner. Bed pads or pull-ups can be a respectful, dignified way of managing this issue.

Note:

Individuals with ASD *may have problems reading their bodily cues and communicating that they need help*. For some children, problem behaviors such as self-injury can be an important indicator that the child is in pain or experiencing discomfort. Therefore, it is especially critical in athletic activities to *monitor the physical well-being of sailors, often*.

In light of this, keep in mind that participants, with ASD need *your judgment, planning and organization to prevent accidents or emergencies.* Remember to *consider underlying medical conditions or concerns in the face of challenging or unwanted behavior.* Also remember to *encourage those with ASD to stand up for themselves and their needs, ultimately developing an ability to be self-advocates.*

Mental Characteristics

Emotions

- Due to the nature of ASD, this disorder can lead to feelings of isolation and emotional problems.
- Individuals with Asperger's Syndrome are thought to be at an increased risk for co-occurring mental health problems, because of their social awareness.

Cognition

- 1/3 of individuals with ASD are thought to have a significant *cognitive impairment*, and 1/2 of children with ASD present with one or more *learning disabilities*.

However, an individual with a diagnosis of autism may have cognitive strengths in:

- Rote memory for facts
- Visual spatial processing
- Attention to detail
- Pattern construction

And an individual diagnosed with Asperger's Syndrome may have cognitive strengths in:

- Verbal memory and processing
 - Imagination and generativity (ability to generate something new and unique)
- Some individuals with ASD can rely on their cognitive strengths to navigate the social world despite their core challenges in social understanding.

Attention

- Many individuals with autism may have difficulty shifting attention, which often comes across as having *difficulty with transitions*.
- Many people have difficulty paying attention to the whole situation and *may get stuck on a detail*.
- It can be difficult for a person with autism to *share attention with another person* (e.g. looking at a book together, conversing...).

Affect

- Infants with ASD are thought to *pay less attention to faces* than typically developing infants. Over time, most people with ASD show difficulty understanding facial expressions of other people as well as their own. Emotional understanding is often an important targeted intervention.
- Many people with ASD have either a limited range of facial expressions or show *unusual facial expressions that may not match the situation*. Some children laugh when they are scared or may cry when they are happy.

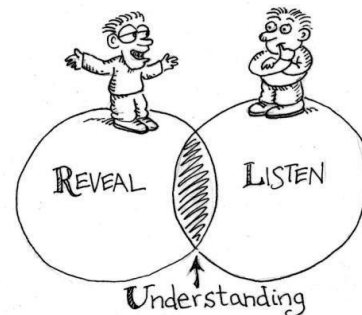
- From early on in development, children with ASD *rarely attempt to share their feelings spontaneously* with others. Parents report that the children do not pay attention to other people's feelings as other children do. Without sharing affect, it becomes harder for children with autism to learn about the emotional world.

Note:

In light of the aforementioned difficulties, individuals with ASD may have behavioral regulation problems, or an *inability to organize their behavior, affect and attention in order to participate appropriately in a dynamic social context*. They may have difficulty maintaining a calm state with appropriate levels of motor activity in specific situations. It becomes your role, as instructor, to support ASD sailors in these tasks by providing structure and re-directing attention, among other behavioral interventions.

Building a Relationship

Positive social relationships are essential for effective learning. It is therefore critical to build a positive, reciprocal relationship with each individual based on trust and respect. People with autism in particular require a strong sense of trust in order to develop confidence in others. This becomes especially crucial when asking an individual to go outside of their comfort zones, such as trying a new sport or speaking to an unfamiliar person. If they have the trust already established, they will be more open and willing to attempt these new and difficult things with you by their side.



Understanding each individual

You may have information from an intake form for your participants. Carefully review their file and plan ahead. Be familiar with behaviors, including recent and historical incidents. This may include a range of behaviors such as verbal or physical aggression, obsessions, oppositions, etc. - be knowledgeable about triggers and how to react to behaviors.

- Maintaining behaviors is a key asset in gaining trust. They will feel safe with you if you know how to prevent behaviors and intervene if they do occur.
- Share any pertinent information with other instructors. This may include, motivators, language abilities, experience levels in sports, and any medical or dietary issues. Also communicate with other staff members about possible behaviors, how to prevent them, and how to intervene if something does occur.
- Prepare for emotional needs, fatigue, dietary needs, safety needs, etc.

For Example:

- If sailor fatigues easily, work in short bursts interspersed with many small breaks.
- If sailor gets tired in the afternoon, work hard on skill acquisition in the

morning.

- If sailor is taking medication and needs to drink plenty of water, plan ahead so that they are drinking throughout the day. If they resist drinking fluids, don't ask – just offer.
- If sailor needs prompting or is resistant to use the bathroom, don't ask. Simply say, "its time to go."

Believe in each individual's success and ability to learn despite challenges. Set high expectations.

Keep in mind that your assumptions and beliefs play a role in your instruction – what you think transpires in how you act.

Remember that your role may be to provide external structure:

For instance, with individuals who have difficulty regulating energy levels or who have low motivation, you may need to act as the organizer and planner. Or Help create opportunities for breaks, refreshments and down time when appropriate to prevent fatigue, stress and disorganization throughout the day.

Communication

Interact in an age-appropriate manner (language, tone, vocabulary, etc.). Talk to teenagers as if they were any other teenager, capable of understanding and appreciating your interaction.

With adults, be sure to balance supervision and direction with freedom and control where possible.

- Avoid overuse of language and long explanations. Try not to provide too many choices or ask too many questions at the same time – this can be overwhelming for all of us! Provide only 2-3 choices at a time, depending on ability level. Use this also to determine whether you should only include 1 preferred choice vs. 1 non- preferred choice.
- Allow extra time for participant to answer questions or provide a solution or comment.
- Remember to adjust your use of language for the level of understanding.
- Carry around a pad of paper or white board to quickly jot down or draw pictures, words, schedules, maps, etc., visual means of communication can be especially helpful with non-verbal individuals.
- Use checklists throughout the day that include tasks to be completed, always with a motivator at the end of the list. Make sure to have a motivating activity at the end, depending on each individual's interests.
- If provided, use an augmentative or alternative communication device (e.g. iPad). Make sure you are familiar with how to use it and facilitate usage when interacting with others.
- Observe non-verbal cues for potential needs. Any observable behaviors are ways of communicating when there is a lack of ability to use appropriate language – be in tune for needs and wants at all times so you can be the source of language facilitation.
- Prompt requests, questions, and positive self-statements. Ensure success by requiring a response, even if prompting is necessary.

For example, start with... “I want...”; “I need a break”; “I am nervous”; “I can do it” to help initiate a response.

Connecting with your student

Help each participant feel special by genuinely showing them that you enjoy their company and that you think they’re special and unique. Respect your each individual. Value their talents and unique gifts.

- Give feedback constructively on successes and attempts during athletic activities and throughout camp. Mistakes happen – help them move on from negative experiences.
- Consider the participant perspective during interactions and instruction – consider their interests, knowledge base and motivations. Avoid sarcasm, idioms and metaphors – most individuals with autism tend to think very concretely.
- Facilitate interactions by initiating and planning for social interaction and leisure ideas. Create routine social interactions to ensure predictability and anticipation.
 - For example: Prompt them to say “Hi” to people they encounter.
- Take the time to learn and engage in verbal rituals and scripting. It is not uncommon for a child with autism to echo sections of dialogue from movies or other visual media – researchers believe these scripts are reinforcing because of their sound and the comfort of repetition. Initiate engaging with the child by either starting off the first line of the script or joining an echoing when he is reciting the script, providing the beginning of the script line and dropping off the end, awaiting them to fill in the blank, or stating the last three words of a line with an expectation that the child will then continue the ritual. Most kids don't seem to like to have you say exactly what they're saying while they are saying it, but many of them find it to be quite enjoyable when you learn a predictable part of the verbal routine.
- Join in on preferred or special activity or area of interest.
- Smile, laugh and enjoy yourself!

DO:

Show genuine interest in each individual. Show your silly, fun side to engage in interactions that are fun for both of you. Show your understanding by helping to communicate their needs and desires. Prompt and praise.

DON'T:

Discuss participants in front of participants. Use baby talk, sarcasm or rhetorical questions. Talk down. Engage in control battles. Use too many directives or criticisms.

Sports Instruction

ESC's Sports Philosophy

Numerous studies have demonstrated the physical, mental and emotional benefits of physical exercise, from neurogenesis (growth of neurons) to enhanced mood --

through the release of endorphins – and greater self-confidence, independence and social interaction skills. A 2012 study showed that boys with ASD have lower bone density, which may be linked to deficits in vitamin D and physical exercise. However, the health benefits of physical activities are not limited to such intra-personal factors as physiological, cognitive and affective benefits – the social and inter-personal benefits of sports can also produce positive effects on individuals and communities. Through its sports, ESC's campers develop and understand concepts such as team work and collaboration. In addition, the benefits of socialization and getting outside – inherent elements of ESC's activities – also span both physical and mental health. Socializing releases natural hormones, such as oxytocin, which enhances feelings of trust and affection, while exposure in nature, nurtures sensations of satisfaction and well-being.

In terms of physical benefits, ESC's core sports and other recreational activities have identified goals to improve fitness, physical health, strength, flexibility, stamina and stability. Learning objectives are *targeted for each camper* per core activity. Extreme Sports Camp also creates and highlights the natural motivation of each activity. Starting off with full support and experiencing the joy and exhilaration of the sport is an exciting and meaningful way to encourage and create anticipation of fun and pleasure! As such, each activity is carefully chosen such that it fulfills the following criteria:

1. Individuals can *succeed* at varying levels.
 - a. Challenges are identified at any level of ability.
 - b. Activities can be broken into small achievable steps.
2. Sports are *goal-directed*, with a *clear* beginning, middle and end point.
3. The activities are *exciting and fun*, with elements of speed, terrain and height challenges.

Your success is built on the strength of your relationship with each individual.

Instructional Techniques

Spectrum of Learning Methods

In line with the theme of the autism 'spectrum', every child places somewhere on a 'spectrum' of learning methods, to which you should respond with the appropriate tools from your repertoire of teaching methods.

Sensory Differences

Every individual, with autism or not, has a different 'learning style', or channel through which they intake and retain information best. While recent studies have suggested that cross-modal learning, or learning that spans the different senses and faculties, is optimal, it may be beneficial to target one of the following methods of learning depending participant preferences and disposition.

- **Auditory**

Most of the time, if we are trying to teach a typically developing child to do something new, we can rely on telling or showing them what we want them to do. For many children with ASD, verbal directions are often not enough to clearly communicate our expectations. Even verbally expressive children with ASD are often inconsistent in their attunement to our verbal behaviors. One of the unique language features of ASD is that some children actually have better structural verbal expressive language than they do flexible receptive language. This may be due to the phenomenon of learning language through repeated exposure, processing words and sentences in chunks, instead of acquiring language through a more fluid semantic learning method.

For kids whose language involves a lot of echoing and non-functional speech, interventionists have begun to realize that the auditory channel is not always our best channel for teaching new skills. Visual cues and supports can be extremely helpful in bypassing or supplementing the auditory channel.

TOOLBOX: Give slow, clear verbal instructions.

- **Visual**

By physically structuring the environment and adding *clear visual cues*, we can often help individuals with ASD to initiate and complete new behavioral changes. Especially for those whose listening skills seem to vary, using visual cues (such as pictures, word cards, or watching videos) can be a helpful way of clarifying your communication and therefore encouraging a response. Many with ASD have a visual learning style, which suggests that they process visual information more efficiently than information obtained through other channels. A child with ASD who appears to be visually inspecting his toys takes great pleasure in systems of visual forms – such as loving the alphabet or numbers, seems to enjoy repetitively spinning objects, looking at light patterns or looking at things out of the corners of his eyes or moving his fingers in front of or to the side of his eyes — is likely to be at the very least, reinforced by visual stimuli, and quite possibly, better able to learn new skills through repeated exposure to specific visual stimuli.

Visual cues are also more concrete and more durable than auditory cues. Many with ASD *process new information more slowly* than others and one of the difficulties with following verbal directions is being able to process verbal language quickly. Providing visual cues that *support and clarify the message* that is being delivered verbally will not only help them to complete the task at hand, but may actually help to strengthen receptive language skills.

Recent studies have emphasized the importance of optometry and vision therapy in improving sensory integration and assimilation in autism – vision therapy may indeed help individuals with autism focus on and process visual information,



facilitating coordination of motor activity and understanding of the environment. In the context of sport, this emphasizes the importance of *cuing visual stimuli* during activities.

TOOLBOX: There are many types of visual cues at your disposition to facilitate an activity – be sure to optimize *technological supports*, from video modeling to its social stories.

- Use flashcards, a white board or social stories to introduce and teach an activity.
- Choose a developmentally appropriate *symbol system*. From developmentally most basic to most complex, possible choices are:
 - Actual objects
 - Smaller versions of objects
 - Videos
 - Photographs
 - Line drawings
 - Written words
- Use a “first – then” concept. Show a visual board and point to symbol, use your words, and clearly state the message (i.e., “*First swim, then lunch*”).
 - Note that the "board" does not need to be elaborate. It can be on a small index card and hand written on the fly.
- Introduce visuals with activities you know they like before using it to signal a difficult transition.
- If they touch the picture, restates your message or provides a relevant response, reinforce that action with your voice, touch, etc.
- *Move immediately into the activity depicted* on the card and provide a gentle amount of support and prompting to engage them in the first step so that the concepts become linked. Sometimes this involves giving the child some piece of equipment related to the activity so that simply receiving it is a step in the right direction.
- For some it is useful to have a *visual schedule* of a larger sequence of activities (such as a morning schedule, daily schedule, weekly, etc.). These schedules are handled in much the same way as a sequence of first-next connections. It is helpful to establish a routine for "checking the schedule" and to have a routine for noting what's been done and what is to come. Engaging individuals in an action that indicates a step is finished (such as moving a picture into a "finished" bin at the bottom of the schedule) helps to direct attention to the day's events.
- Once you've analyzed a task (such as pulling jib sheet) into its component steps, it can be very helpful to create a picture or word board with *sequential, clear illustrations of each step*. Silently guiding the individual's hand to touch

the picture of the next step is a non-intrusive, effective way to prompt without encouraging too much dependence on others. Visual cues are easier to fade than verbal cues, so increased use of visual redirection may help them become more independent more quickly.

- **Kinesthetic**

Some will best learn sports kinesthetically, or by carrying out the physical activity itself. In other words, 'just do it'. It is sometimes helpful to discuss what they are/should be feeling. (i.e. "you may feel the boat tip slightly when you move about the boat")

TOOLBOX: Let the individual engage in the activity and learn from mistakes.

Cognitive Differences

Individuals with ASD have marked deficits in their executive functioning. 'Executive functions' is an umbrella term for cognitive processes that regulate, control, and manage other processes, such as planning, working memory, attention, problem solving, mental flexibility and task switching. Each of the following areas of impairment pertains to executive functioning.

- **Attention**

For many people on the spectrum, inconsistency in following directions seems to be more of an attention than a language problem. Directions embedded in a stream of language – and delivered by another person who likely has a different agenda than the child himself – are not likely to be followed without additional support.

TOOLBOX: Do not give instructions in a string of language. Make sure you capture attention before teaching.

- **Imitation**

Many individuals with autism have a biologically based difficulty imitating other people. Neurobiological research suggests that the neural structures that mediate the recognition and differentiation of self and other behavior (known as “mirror neurons”) are not intact in people with autism. Therefore, it is very difficult for a person with ASD to a) recognize that another person is performing an action they should pay attention to; b) encode a perception of the other person's motor actions; c) differentiate the initial step of the motor action; and d) isolate the appropriate muscles for the motor action. Add to these difficulties in the neurological aspects of imitation that the child with autism may not have the social motivation to watch or copy another person. Due to challenges in the neurological and social aspects of autism, most individuals on the spectrum do not spontaneously imitate the actions of others around them. Without structure or support, imitative learning can be very challenging.

TOOLBOX: Research shows that you can explicitly teach through imitation if the individual is a) *attending to the model* (paying attention), b) *knows exactly what to look at*, and c) *the chain of behaviors is relatively short*.

- **Motor Planning**

Providing visual supports helps to mediate some of the underlying executive function deficits associated with ASD. Many kids with ASD have a hard time initiating motor behaviors, but if they are prompted or assisted in getting started, they can often complete the entire chain. Some have a hard time making a plan and then implementing that plan. For example, the *motor planning* involved in getting on a chair lift could be very difficult to generate, due to the unfamiliarity of so many of the elements of the task. Providing individuals with a list of steps – often done visually for visual learners and verbally for verbal learners (e.g. Asperger syndrome) — can be a very effective way of engaging in a new activity.

TOOLBOX: Provide a list of steps – either visually or verbally – can be an effective way of overcoming this challenge.

- **Transitions**

Some individuals have difficulty with transitions from one activity to another, from one place to another, and/or from being in one social situation to another. Cognitive flexibility -- or the neuropsychological capability of shifting attention – is thought to be impaired in most persons with ASD. Transitions require shifting attention and problems navigating these periods may be due to this neurobiological deficit. Transition problems can also arise through behavioral learning.

TOOLBOX: Try to minimize transitions between activities. Use and repeat visual or verbal schedule as needed.

- **Sense of Time**

It is also thought that those with ASD may have a qualitatively different perception of time than a person without ASD. Some may not understand that an activity they find unpleasant will actually end, but may feel like they're going to be in this

aversive situation for a long time. Providing visual supports to signal activities from one to the other – for example, using a first / next board or an activity list – can signal that the activities will change.

TOOLBOX: Provide visual supports to signal activities from one to the other. For example, using a first / next board or an activity list can signal that the activities will change, e.g. “first sail to orange mark, then to yellow mark, then to the dock for a break inside”.

- **Choices**

Choice-making — either between 2 objects or 2 symbols — is an important skill for many kids with ASD. Older kids can manage choosing from a wider array of options, but younger children can be successful in picking from a field of 2-3 options. Increased choice-making means increased autonomy and can decrease problem behaviors and promote functional communication both within and outside of requesting opportunities. Offer as many choices as you reasonably can using “adult-directed choices” — meaning that you set the parameters and yet provide autonomy within those parameters.

TOOLBOX: Offer as many choices as you reasonably can using “adult-directed choices”, meaning that you set the parameters and yet provide autonomy within those parameters. For example, if the group is going to the Rec Center, the actual place is not a choice, but going into the pool or the Jacuzzi first is a choice point.

- **Black & White Thinking**

Many with ASD are concrete, literal thinkers who may think in terms of black and white — or categories; when the complexities of the world can also be experienced in a more fluid, more abstract and gray way. For example, some ASD identify if they are happy or not, but they have a hard time understanding that there is an intensity range of affect — that many things in life are continuous and not categorical. Black and white thinking is actually a risk factor for depression and anxiety and helping to understand the “gray” is very important for social-emotional reasoning and overall mental health.

TOOLBOX: Use a 5-point scale to communicate how much he is enjoying an activity. Create a 5-point scale that pulls on his interests and perspective of the world. For example, if they have a particular interest in trains, you can draw one to five trains for the five levels of enjoyment.

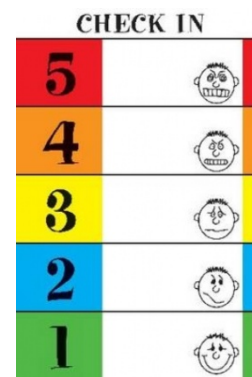


Figure 2 The Incredible 5-point Scale

Instructional Techniques

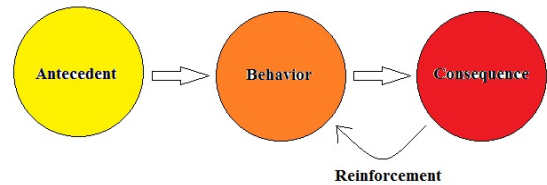
ESC's unique teaching philosophy and methods stem from years of experience and some empirically proven teaching methods in common with Applied Behavior Analysis, RDI and Floortime. While it is important to keep in mind that teaching methods and strategies should be tailored to each individual, common teaching procedures include:

- **Fostering the Right Environment**

To optimize success, it is important to foster a nurturing, supportive environment while they engage in something so intimidating as a novel or challenging sport.

CSP Model Theory accredited to Karl Rohnke

- Adapting the Sport
 - *E.g. Balancing in a simulator before getting in the boat on the water.*
 - *E.g. Providing opportunity to practice movement in the boat, side-to-side...making small corrections before heading out.*
- Emphasizing the Antecedent to the Behavior
 - *E.g. Drawing the path of the boat leaving the dock.*
 - *E.g. Showing a picture or written schedule*
 - *E.g. Physically prompting the sailor to move side-to-side in the boat*



It is important to remember to assess the timing and fading of your adaptations, prompts and highlights in order to continue to increase the skill and advance abilities.

- **Shaping**

Shaping is a technique used to reinforce successive approximations towards the target goal.

Procedure:

- Define the target goal.
- Create a plan of baby steps towards goal to “shape” success towards achievement of the goal.
- Continuously reinforce attempts or successive steps towards the goal.

- **Chaining**

Chaining is used to teach multi-step behaviors – sports are often made up of many complex chains in which each step serves as the cue for the next step.

Procedure:

- Teach the first step in the chain.
- Add on additional steps as mastery of each progressive step.
- (You may also elect for backward chaining, starting with the last step first.)

- **Prompting**

Prompting provides additional cues to the natural antecedent to the desired behavior.

Procedure:

- Verbal prompts: use short, simple and consistent commands.
- Physical modeling: demonstrate the desired action.

- Gestural prompts: Use gestures to prompt actions.
- Physical prompts: Use physical touch or physically guide your student's body.
- Begin by using several prompts together (i.e. point and use verbal prompting at the same time). Gradually fade prompts.
- Always think about *fading your prompts* as soon as you can to avoid prompt dependence. This ensures a build-up of independence and self-esteem through a sense of accomplishment.
- Be sure your prompt is *close in timing* to the natural or identified antecedent to the behavior.

- **Creating and Maintaining Motivation**

- Discover what is motivating and reinforcing
- Create and highlight successful experiences
 - Alternate new skills with previously mastered skills
 - Progressively increase levels of expectation and exposure based on skill level and temperament each individual
 - Provide a *clear, structured* increase – perhaps supported by a visual cue (e.g. white board) – in the levels of expectation and exposure
- Stop activity after a successful experience

- **Reinforcement**

Reinforcement, or increasing the likelihood of a behavior to occur, is essential to the continuous engagement is an important element of the teaching process.

In the context of our sports instruction, we use 'secondary' reinforcers, which are events or consequences that may be learned or conditioned. These include:

- Social Reinforcement
 - Praise
 - Approval
 - Social ritual or routing
 - Social privileges
- Tangible Reinforcement: Preferred Items
 - Toys, books...
 - Pictures
- Access to Preferred Activities
- Symbolic Representation to Exchange for Preferred Activity or Items
 - Points
 - Sticker chart
- Natural reinforcement
 - Joy of skiing
 - Sense of accomplishment
 - Because a sense of success is a natural reinforcer, it is important to end an activity on a successful note.
 - Thrill of speed

It is your job to figure out *how to create positive experiences* from the beginning in order to increase the likelihood they will want to try the sports again and continue to learn and practice.

DO:

- Reinforce often and liberally.
- Optimize success.
- Know your learner.
- Use a variety of prompts.
- Focus on what's most important.
- Provide ample time to practice.

DON'T:

- Use threats, punishment or coercion.