

SCERTS



The SCERTS® Model Prizant, Wetherby, Rubin, & Laurent, 2014

What is SCERTS?

SCERTS® is a comprehensive intervention model for children and older individuals with autism spectrum disorder (ASD) and their families.

The model can also be used with individuals not on the autism spectrum who are developing social communication and emotional regulation skills.

SCERTS provides specific guidelines for helping an individual become a competent and confident social communicator and an active learner. Guidelines are also provided to help an

individual to be most available for learning and engaging and to prevent problem behaviors.

SCERTS is designed to help families, educators and therapists collaborate in a carefully coordinated manner.

The SCERTS Model is now being implemented across the US and in more than a dozen countries.

The acronym “SCERTS” refers to the focus on:

“**SC**” - **Social Communication** – the development of spontaneous, functional communication, emotional expression and secure and trusting relationships with children and adults.

“**ER**” - **Emotional Regulation** – the development of the ability to maintain a well-regulated emotional state to cope with everyday stress, and to be most available for learning and interacting.

“**TS**” – **Transactional Support** – the development and implementation of supports to help partners respond to the person’s needs and interests, modify the environment, and provide tools to enhance learning. Specific plans are developed to provide educational and emotional support to families, and to foster teamwork among professionals.

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

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

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.

Who developed SCERTS?

The SCERTS Model collaborators include the team of Barry Prizant, Amy Wetherby, Emily Rubin, and Amy Laurent, who have training in Speech-Language Pathology, Special Education, Behavioral and Developmental Psychology, Occupational Therapy and Family-Centered Practice. The SCERTS Collaborators have more than 100 years of collective experience in university, hospital, clinical and educational settings, are actively involved in clinical work, research, and educational consultation. The collaborators have published extensively in scholarly journals and volumes on ASD and related disabilities. A comprehensive two-volume manual (Prizant, Wetherby, Rubin, Laurent & Rydell, 2006) provides detailed guidance for assessment and intervention efforts.

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, federally funded, large sample research is underway that specifically addresses the effectiveness of SCERTS as a comprehensive treatment framework. emphasis of current research is to demonstrate the effectiveness of SCERTS for infants, toddlers and school age students in home, school and community settings. 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.

For further information, including published articles on SCERTS, and a listing of research supporting the SCERTS model please visit: www.SCERTS.com.

* Prizant, B., Wetherby, A., Rubin, E., Laurent, A., & Rydell, P. (2006). The SCERTS Model: A Comprehensive Educational Approach for Children with Autism Spectrum Disorders. Baltimore, MD: Paul H. Brookes Publishing