



CAPTAIN Summit Showcase

Pecha Kucha (Japanese: ペチャクチャ)

The Rules

- 20 slides are shown for 20 seconds each (6 minutes and 40 seconds in total)
- First slide is not timed
 - Transition
 - Presentation will begin
- Click to begin presentation
 - Slides are timed
 - Slides will automatically advance every 20 seconds



Order of Presentations

- CAPTAIN Bridges: Katie Pendgrift
- OC CAPTAIN: Tracey Silveira-Zaldivar
- CAPTAIN 805: Eric Castaniero
- CAPTAINS OF THE EAST BAY: Joan Ralph & Virginia Sanchez-Salazar
- CAPTAIN San Diego: Robin Acona
- CAPTAIN LA: Jean Johnson



Using EBPs to Teach Social-Sexual Education

Katie Pedgrift, Psy.D.
Clinical Psychologist
North Bay Regional Center
CAPTAIN Bridges



The Social-Sexual Education Project

- Funded by the Mental Health Services Act in partnership with Department of Developmental Services
- 3 year project to create and pilot test a social-sexual education program for people with developmental disabilities
- Free and accessible to interested providers





Sexual Assault and People with ID

- NPR conducted a yearlong investigation and in January 2018 concluded that people with ID are sexually assaulted at 7 times the rate of people without disabilities





Inappropriate Social-Sexual Behavior

- Ruble and Dalrymple (1993) Surveyed parents of children with ASD and found that:
 - 65% of parents reported their child had touched their genitals in public
 - 25% of parents reported their child had disrobed in public
 - 23% reported their child masturbated in public
 - 18% reported their child had inappropriately touched others





Social-Sexual Education Project

- A mission to reduce risk factors associated with sexual abuse and increase protective factors associated with pro-social sexual behavior





Year One

- Created 24 lesson plans
 - ✓ Introductory Program (12 lessons)
 - ✓ Advanced Program (12 lessons)
 - ✓ Every lesson includes written instructions for providers and visual supports for learners
 - Pictures, videos, visual cues
 - Tools to facilitate evidenced-based teaching practices



Introductory Program

- Personal space
- Public versus private
- Assertive communication
- Introduction to dating and attraction
- Identifying private body parts
- Understanding sexual abuse





Advanced Program

- Healthy relationships
- Dating and emotions
- Personal boundaries
- Consent
- Safe dating practices
- Sexual abuse
- Sexual health and contraception





Lesson 2: Dating and Emotions

Video: Adventures in Dating: Part 2



Let's learn a little more about Joe.

Show *Adventures in Dating: Part 2*.

Disappointment can be a part of dating and putting yourself out there.

Dating and being in a relationship can bring up very strong emotions.

What are some other emotions that can be a part of dating?

Photos 1-7



Let's look at some pictures and identify how each person is most likely feeling.

Show Picture 1. (*Excitement*)



Show Picture 2. (*Nervousness*)



Show Picture 3. (*Embarrassment*)



Show Picture 4. (*Happiness*)



Show Picture 5. (*Passion*)



Show Picture 6. (*Disappointment/Sadness*)



Show Picture 7. (*Rejection*)

Lesson 2: Dating and Emotions

Video: Texting Too Much



Strong emotions are a part of relationships. People can experience really good feelings AND really bad feelings. When feelings get too strong, people can make poor decisions.

Let's watch a video about a girl who got too happy and excited when she met someone she liked.

Discussion Starter:

- How did getting too excited ruin her chances of finding a relationship?
- What are some coping skills she could have used?

Video: Rejection



Sometimes you can picture things going a certain way. But when you try, it may not go the way you wanted.

Discussion Starter:

- How did his feelings about getting rejected ruin his chances of finding a relationship?
- What are some coping skills he could have used?

**** What do participants already know about managing strong emotions? Do they have any coping skills that they already use? (For participants who may need some support in managing strong emotions, this program may be paired with an emotional regulation curriculum/supports.)**

Closing

When people start dating, they need to be mature enough to handle some of the strong feelings that come along with relationships.

When people cannot handle the strong emotions that come along with dating, things can go badly.

We will be talking more about these feelings and how to handle them throughout this class.



Evidence Based Practices

- Cognitive Behavioral Interventions
- Video Modeling
- Visual Supports
- Social Narratives
- Scripting
- Antecedent Based Interventions
- Technology Based Instruction



Cognitive Behavioral Interventions





Video Modeling





Visual Supports

Rules for Sexual Touching

For sexual touching to be okay with the law:

1. Both people are adults
2. They are in a private a place
3. Both people agree





Social Narratives





Scripting

Steps to Make an Assertive Statement

1. Stop smiling
2. Look the person in the eye, and
3. Tell them what you would like them to do.



Technology Based Instruction

- Web application
 - ✓ 8 activities that address core learning objectives of the education program
 - ✓ Assesses individual learning
 - ✓ Helpful for professionals who track IEP and/or behavioral goals





Learning Objectives of the Web Application

- Identifying personal space
- Differentiating between public and private places
- Differentiating between wanted and unwanted touching
- Identifying touches that are okay for public
- Identifying touches that are illegal for public
- Identifying sexual abuse



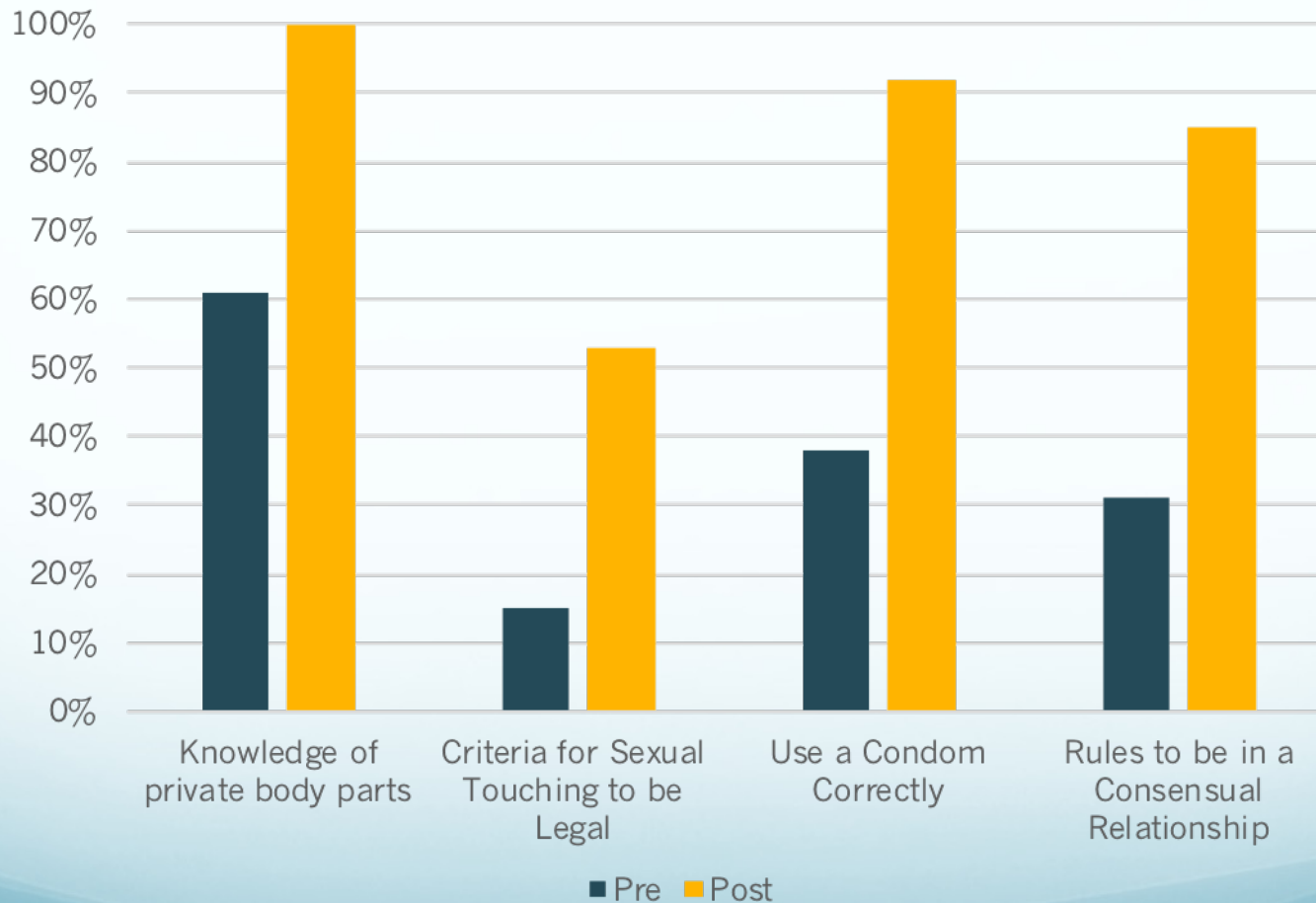


Year Two

- Pilot testing
 - ✓ Special Education classrooms
 - ✓ Group counseling/education
 - ✓ In-home behavioral services
 - ✓ 1:1 counseling
- Over 100 students have participated so far



Pre and Post Test Data





Lesson Plan Evaluation Form

Please respond to the following questions regarding the lesson plan you just taught by using the scale below. Your honest feedback is appreciated. We will be incorporating your feedback into updates and changes in the lesson plans.

You are required to answer each question. If a short answer form question does not apply to you please write N/A.

* Required

Curriculum: *

Introductory

Advanced

Lesson Plan # *

Choose ▼

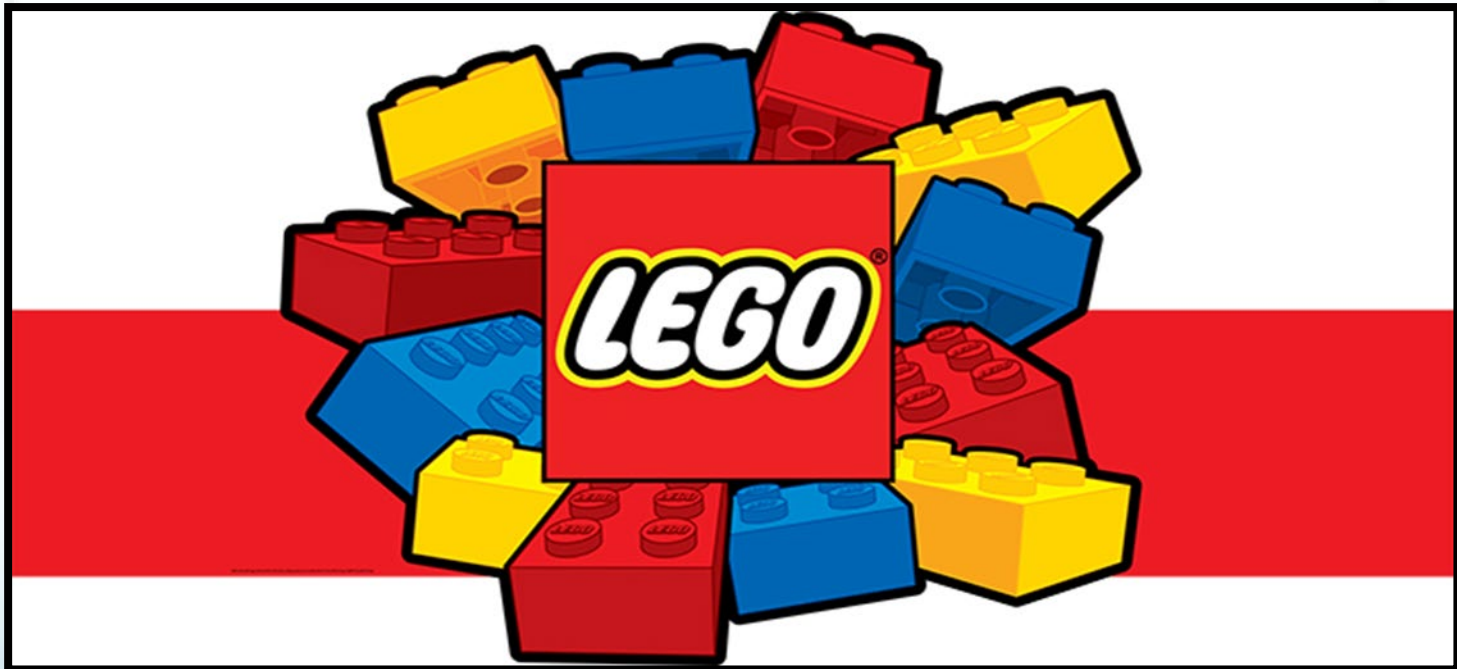


www.relationshipsdecoded.com

- Get updates on the project
- Watch newscasts from people with ASD
- Access the program for free in July 2020



Lego Club Social Skills Group



**Tracey Silveira-Zaldivar, School Psychologist on Assignment,
BCBA, Ph.D., Divisional Supervisor, ABA
OC CAPTAIN**



LEGO®-Based Therapy

How to build social competence through
LEGO®-Based Clubs for children with
autism and related conditions



Daniel B. LeGoff, Gina Gómez de la Cuesta,
GW Krauss, and Simon Baron-Cohen



What is Lego Therapy? (AKA Lego Social Skills?)



"Luchadores" by Dunechaser

TEAMWORK

When we all work together, everybody wins.



Target Audience





Originally, A PMI Program





Advantages





Build Vocabulary





Group Composite





Typical mode of intervention

- 3 Students = 3 Roles



Engineer



Supplier



Builder



The Engineer





The Supplier





The Builder





Take Turns





Facilitator Role





Running the GROUP: (Sample Group Rules)

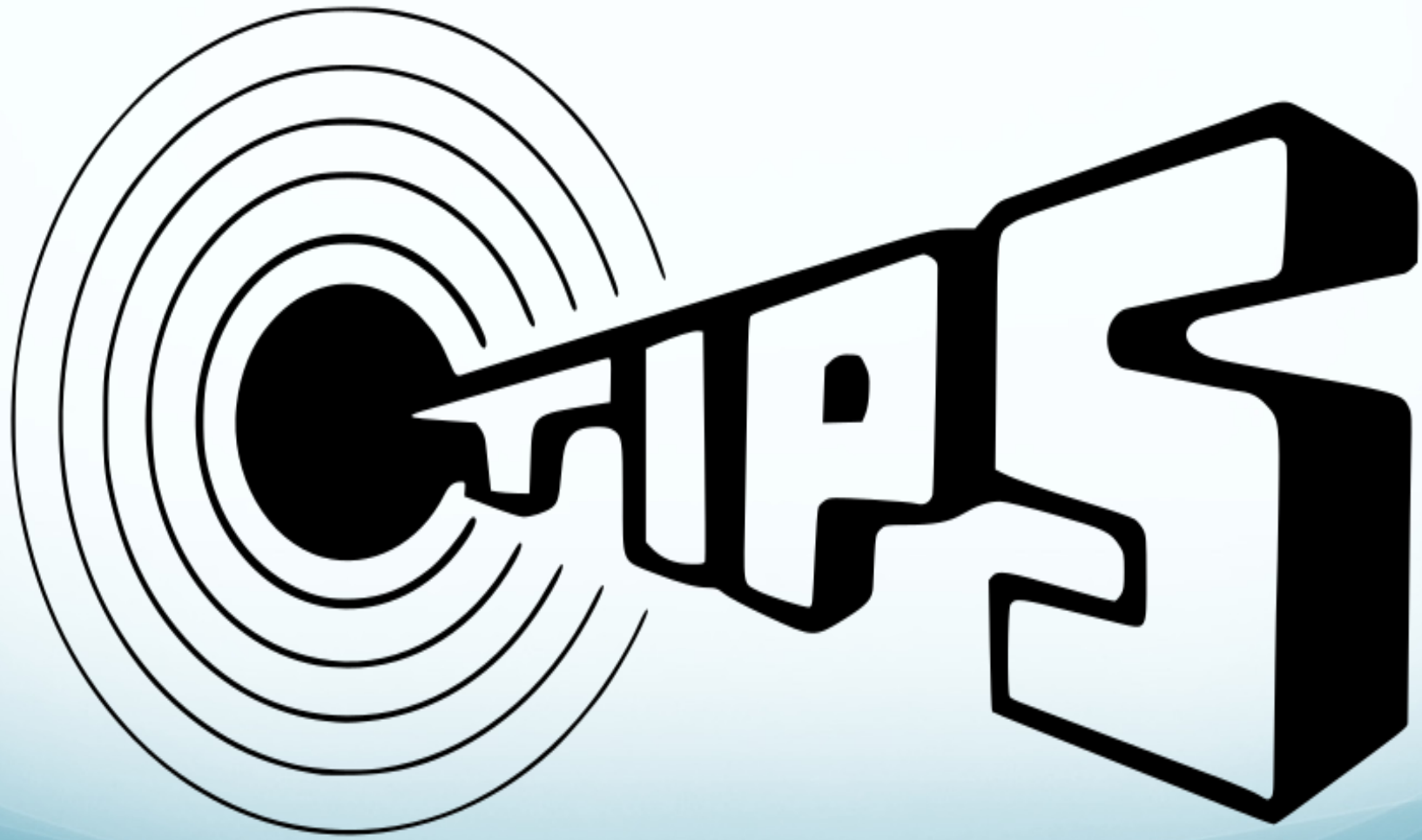
BUILD THINGS TOGETHER!

- If you break it you have to fix it or ask for help to fix it.
- If someone else is using it, don't take it - ask first.
- Use indoor voices - no yelling.
- Keep your hands and feet to yourself.
- Use polite words.
- Clean up and put things back where they came from.
- Don't put **LEGO®** bricks in your mouth.
- Ashley Green, University of Warwick



Certificates







Student Feedback





Generalize the Lego Approach To Other Activities





Group In Action

- <https://www.youtube.com/watch?v=Er2CgqmU6aw&t=52s>



Resources/Research

Lego – Based Therapy. How to build social competence through Lego-Based clubs for children with autism and related conditions. Jessica Kingsley Publications ISBN 978-1-84905-537-6

Lego Digital Designer (App or PC) www.Legoclub.com www.lego.co.uk www.legotherapy.com

Over 50 Free Lego Instructions: <https://www.mykidstime.com/things-to-do/master-builder-lego-instructions-how-to/>

Research:

LeGoff, D. B., & Sherman, M. (2006). Long-term outcome of social skills intervention based on interactive LEGO® play. *Autism*, 10(4), 317-329.

Owens, G., Granader, Y., Humphrey, A. & Baron-Cohen, S. (2008). LEGO® therapy and the Social Use of Language Programme: an evaluation of two social skills interventions for children with high functioning autism and Asperger syndrome. *Journal of Autism and Developmental Disorders*, 38(10), 1944-1957.

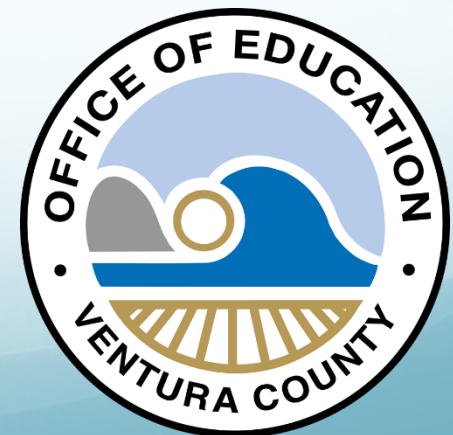


Triton Academy

How We Teach and Utilize Social
Emotional Learning

CAPTAIN 805

Eric Castaniero





Triton Academy

Triton Academy, is a highly specialized, research-based school environment designed to address the needs of students with Autism Spectrum Disorders. Students receive Intensive Social Emotional Services, provided by an on-site VCBH Clinician and the SESS, social skills instruction, speech and language instruction, sensory input needs, visual structure, and behavioral interventions. These interventions are applied daily and are embedded into our program.



Services and Curriculum at Triton

- CHKS Data
 - VCBH
 - SESS
- PEERS® Curriculum
- School-Connect® Curriculum
 - Circles® Curriculum
 - CHAMPS
- Suicide Prevention Training

California Healthy Kids Survey (CHKS)



DEPARTMENT OF
RESEARCH AND EVALUATION

Ventura County Office
of Education Schools

2018/19

Data Analysis by:

Heidi Christensen, PhD

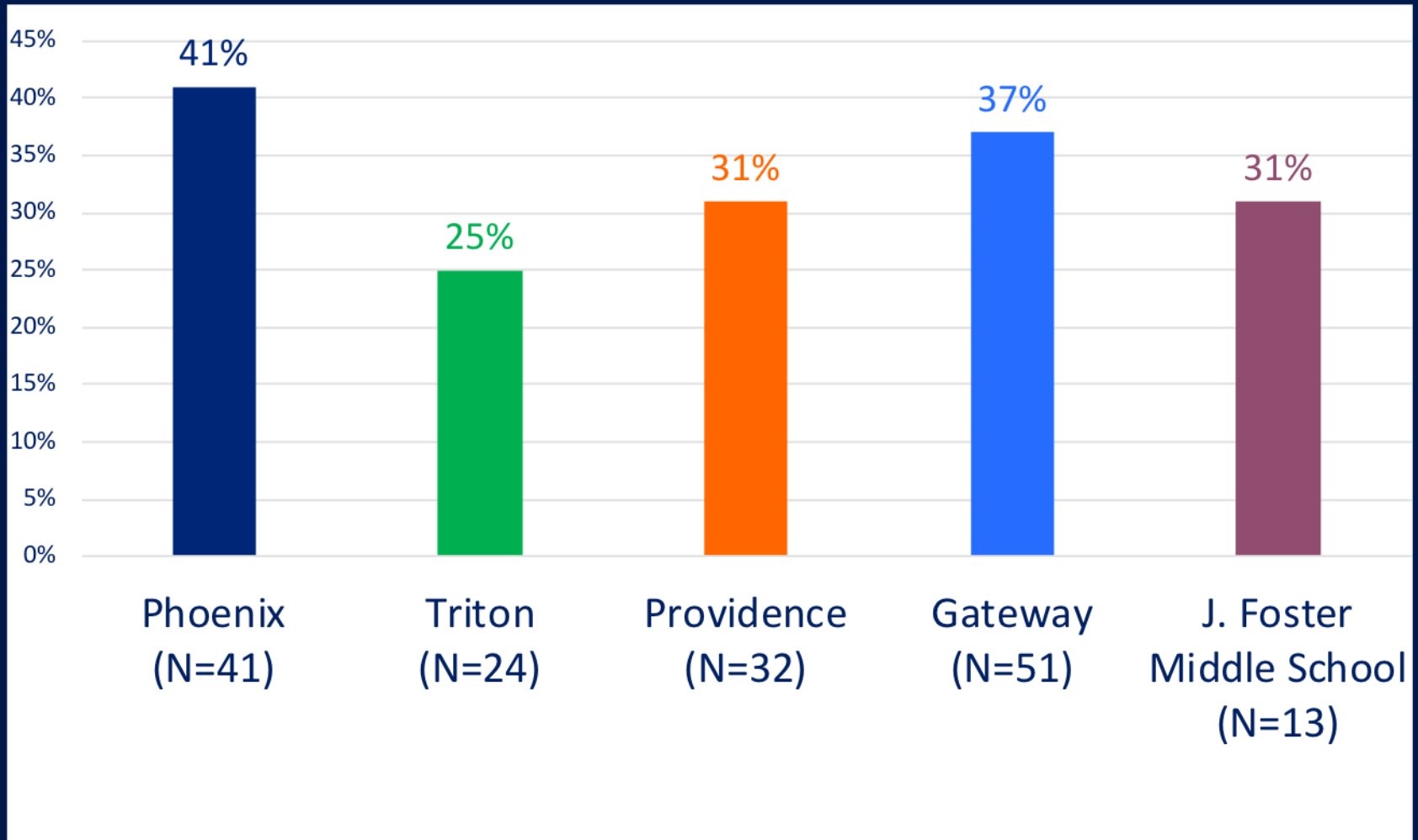
One Critical Challenge for Ventura County's Youth

Too many of our young people:

- Feel disconnected from school and their communities
 - This challenge, among other challenges, prevents our young people from reaching their full potential and leading healthy and successful lives.

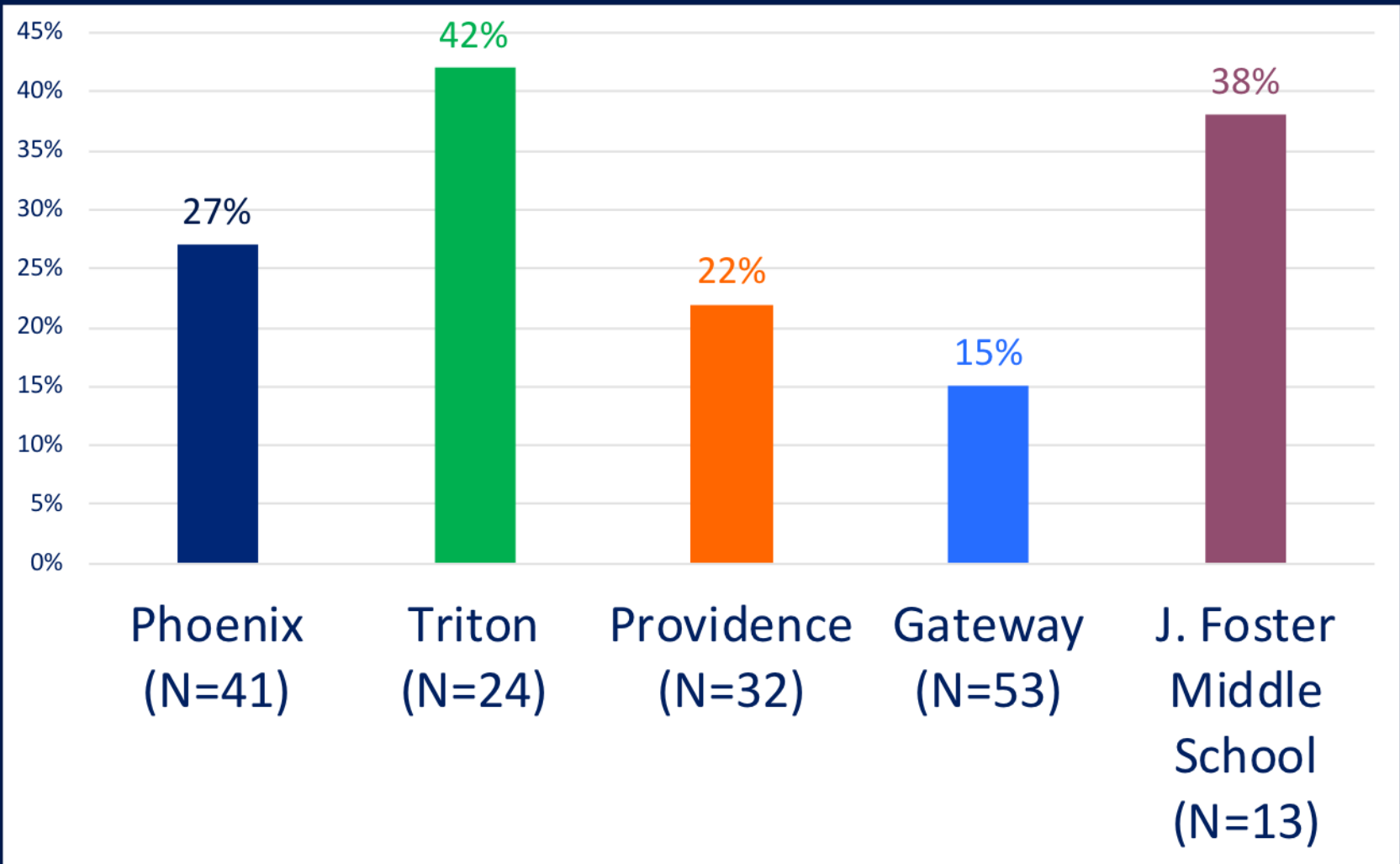
Why Connectedness Matters – Percentage of students that responded “Yes” to the following:

During the past 12 months, did you ever feel so sad or hopeless for 2 or more weeks that you stopped doing some of your usual activities?



Why Connectedness Matters – Percentage of students that responded “Yes” to the following:

During the past 12 months, did you ever seriously consider attempting suicide?



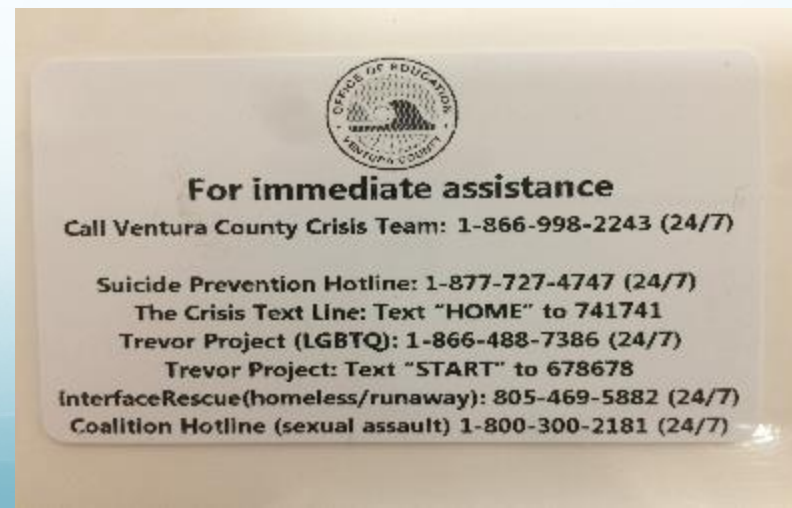
What We Can Do...

- Form strong, positive relationships with young people in schools/community.
- Form strong partnerships between schools, parents, community organizations.
- Universal support for healthy social/emotional/behavioral development.
- Build assets in our youth through small acts of caring.



Suicide Prevention Annual Staff Training

- Resiliency and self-advocacy
- Problem-solving abilities
- Access to mental health service
- Positive connections to family, peers, school, and community
- Remove the stigma and discrimination of mental illness





Ventura County Behavioral Health Collaboration

- 2 full-time VCBH clinicians for:
 - Individual counseling
 - Case management services
- Ventura County SELPA and VCBH have a long history of collaboration on behalf of students with emotional needs in Ventura County.
 - Emotional stability
 - Reduction of out-of-home placement



VCBH in Action

- Testimonial by a Triton Academy student:
 - “Therapy services, when my mind isn’t clouded, it makes me feel better when the therapist listens to me and gives me advice at the end. Sometimes I talk too much before that said advice, but oh well, it is still greatly beneficial and convenient.” – Cristian R.





Social Emotional Services Specialist/ Behavior Support

- Social Emotional Services Specialist (SESS) who is a Licensed Marriage and Family Therapist, specializing in Behavioral Therapy
- Instructional Specialist-Behavior (ISB)
- Behavior Support Specialist
- The SESS and ISB teach Social Skills. This class offers our students help to address specific social-emotional and behavioral needs associated with ASD.
- This team allows for:
 - an immediate response to student behaviors.
 - a multifunctional approach on implementing problem-solving techniques (e.g., Restorative Justice, Crisis Intervention).



Social Skills Class

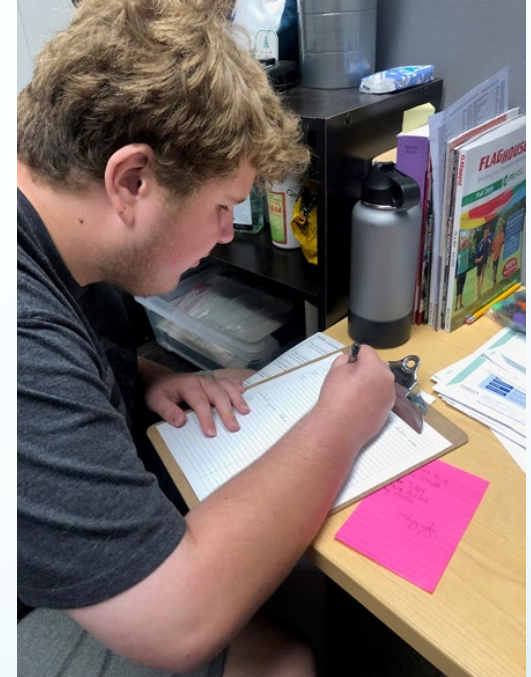
- Social Skills classes are taught 4 days a week, 40-50 minutes per class, to all Triton students.
- Developing relationships through:
 - Conversation Skills
 - Incredible 5 point scale
 - Conflict Resolution
 - Hygiene
 - Sportsmanship
 - Anti-Bullying
 - Zones of Regulation
 - Emotion Regulation
 - Anger Iceberg



Social Skills Class

- **Student Testimonial:**

- “I have learned about Empathy, how to not interrupt people, bullying and how it affects others, the brain, and how to start and continue conversations. I like Social Skills because the teachers and students joke in an appropriate way. I also take what I know to the outside world. I like to work on being a better person, even though no one is perfect. It helps me with social awareness.” - Connor P.





PEERS® Program

The Program for the Education and Enrichment of Relational Skills (PEERS®)

- Two certified trainers and are implementing PEERS® in the high school classes.
- Topics discussed include:
 - appropriate conversation skills,
 - use of electronic communication
 - entering/exiting a conversation
 - Sportsmanship
 - Bullying
 - Rejection
 - building appropriate friendships
 - use of humor



PEERS® in Action

Students are taught how to trade information, make phone calls, find common interests, practice two-way conversations, appropriate use of humor, and how to develop appropriate friendships.

“As someone with Autism, I have had troubles with social skills all my life. Thanks to PEERS®, it is helping improve that aspect of my life. I like making jokes on the phone with my peers and working on communication skills with my friends.” - Joseph





School-Connect®

- School-Connect® “seeks to foster academic engagement, enhance social and emotional competencies, reduce risk behaviors, and facilitate supportive relationships.”
- Taught in middle school and high school social skills classes.
- Students learn:
 - teamwork
 - social contracts
 - self-awareness
 - building relationships
 - conflict resolution



Circles Curriculum®

- The **Circles Curriculum®** teaches
 - social and relationship boundaries
 - interpersonal skills
 - relationship-specific social skills
- Circles Curriculum® is taught
 - Moderate/Severe - 3rd – 12th
 - Mild/Moderate – 3rd – 5th
- Students identify strangers, friends, relatives, loved ones, and self.



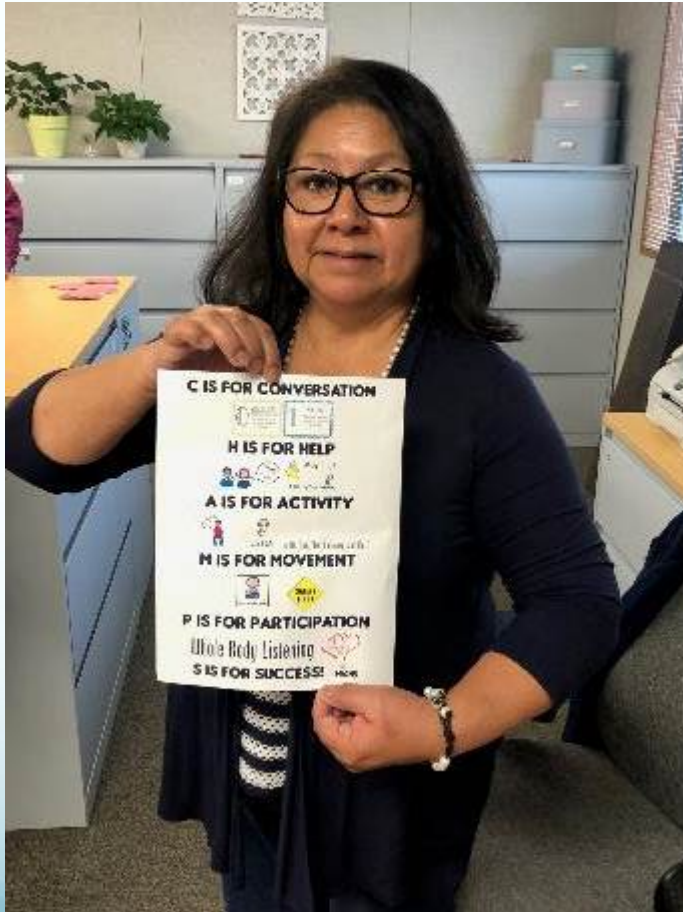


CHAMPS at Triton

- CHAMPS teaches specific behavioral expectations based on environment and activity.
- Triton Academy is recognized as a national CHAMPS demonstration site by Safe and Civil Schools.



CHAMPS in Action





Every staff member, even our incredible office manager (Ms. Dee), promotes CHAMPS in all learning environments.

CHAMPS rocks!



Classroom CHAMPS

C	H	A	M	P	S
Quiet Voice 	Raise Your Hand 	Materials 	Sit in Seat 	Whole Body Listening 	Do Your Best! 
Let's Stay on Topic 	Wait 	Token Board 	Ask for a Break 	Positive Attitude 	Good Day 

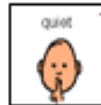
Good Listening =



Lesson CHAMPS

Lesson CHAMPS

Conversation



Help



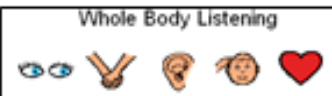
Activity



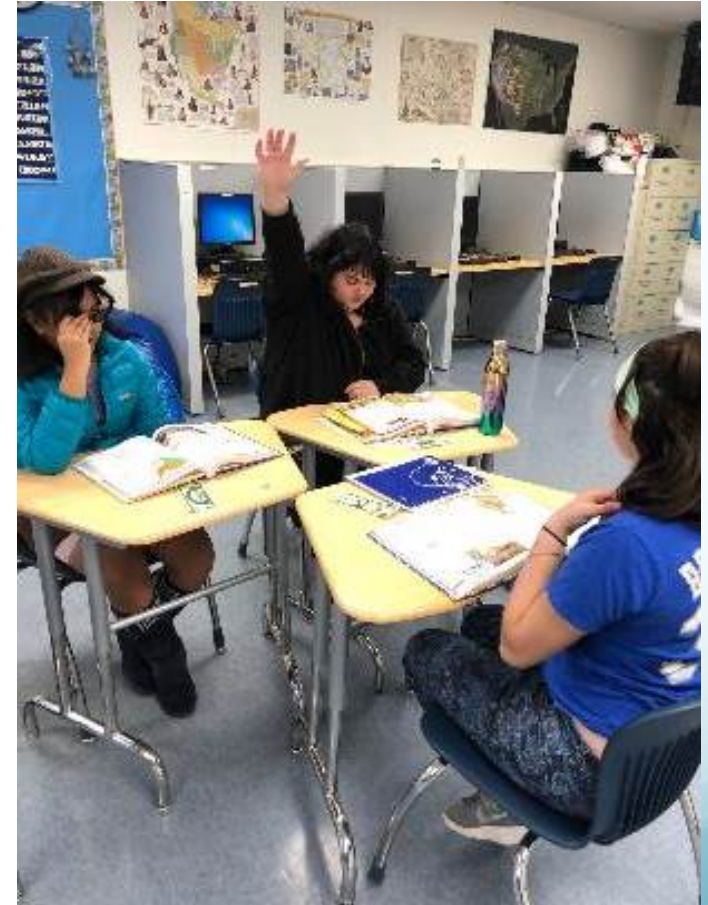
Movement



Participation



Success





Bus CHAMPS

Riding the Bus

Conversation			
Help			
Activity			
Movement			
Participation			
Success			

Bus Expectations

C Conversation		Quiet appropriate conversation inside bus
H Help		Ask staff politely
A Activity		Remain seated. Enter and exit at correct stop.
M Movement		Sit facing forward. Keep body, objects inside.
P Participation		Follow directions. Be an example in the community.

REMEMBER

Stay Seated

Volume Down

Respect Bus Property



Bike CHAMPS

Bike CHAMPS

Conversation



Help



Activity



Movement



Participation



Success





SEL at Triton Academy

“Research has suggested that teacher-child relationships play a significant role in influencing young children’s social and emotional development.”

*The Center on the Social Emotional
Foundations for Early Learning*



When we focus on the social and emotional aspect of working together on a science, math, literacy activity, we create a balanced experience that helps children in all aspects of development.

-Ellen Booth Church





Using EBPs to Reduce Severe Anxiety in the Inclusive Classroom, or How EBP's Rescued Thomas & His Family



**CAPTAINS of the East Bay
Joan Ralph & Virginia Sanchez-Salazar**



The AUSD ASD Technical Assistance Project 2018-2019

IN PARTNERSHIP AND COLLABORATION with the
DIAGNOSTIC CENTER-NORTHERN CALIFORNIA
California Department of Education

AUSD
ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students



DIAGNOSTIC CENTER
Northern California



**Frank Otis
Elementary**
*Home of the
Owls*





Trainer of Trainer's Coaching Model

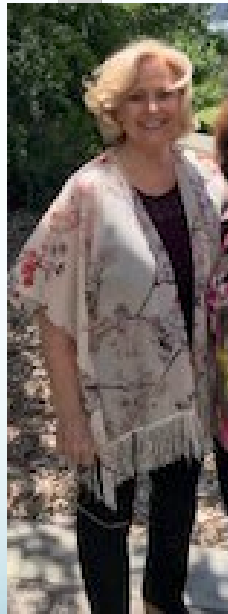
DCN TAP Project Director-Ann England

DCN ASD Specialist/Coach-Virginia Sanchez-Salazar

CAPTAIN Cadre/AUSD Behaviorist-Joan Ralph

AUSD Inclusion Specialist-Kara McClymont

Otis Principal-Tanya Harris





DATA COLLECTION

- CAPTAIN Classroom Observation Form (Pre/Post)
- CAPTAIN Confidence Survey (Pre/Post)
- DCN Comprehensive Professional Development Survey
- Daily behavior data collection—Paraeducators/Kara/Joan



The Otis ATAP paraeducators check in with Kara every morning to pick-up updated behavior data sheets and newly-created or modified visual supports made specifically for each student



- **Year 2-ATAP Kick-off 9/4/19**—Colleen Paltrineri, Thomas’s mother, described the **AMAZING** changes in his anxiety and school success between First Grade (No TAP) and over the course of his Second Grade school year (TAP and Kara)!



In First Grade, Thomas was a Bright, Verbal Child with ASD and Severe Anxiety



“He felt unsuccessful and he hated going to school!”



FIRST, I Need ANSWERS!



1. Is this a calm, safe place for me?
2. What do you want me to do/what behavior is expected of me?
3. What are my choices?
4. Where do you want to put myself and/or my materials?
5. How much do you want me to do?
6. How long do you want me to do it?
7. When will I be finished?
8. Where do I put my finished task/product?
9. What's next?
10. How do I tell you what I think, feel, want?



UNABLE TO ACCESS THE CURRICULUM!



- At back to school night all the other students had a BUNCH of pages of writing in their journals and Thomas had ZERO! **There was just anxiety!** We knew he was capable of writing because he wrote in Kindergarten.
- He wasn't producing any work. He was too anxious to even go to a reading group or participate in a one-to-one assessment!"



“Be a good boy, do your work”

My stars									

FIRST GRADE TOKEN SYSTEM:

- DESIRED BEHAVIOR TOO ABSTRACT
- IMPOSSIBLE TO ATTAIN
- THOMAS FELT DEFEATED
- MOM HATED BEING “THE BAD GUY”



“It’s **horrible** to have your son go to a place for six or seven hours [a day] and he feels like he is not doing well and not good at whatever he is supposed to be doing!”



Behavior Challenges

- Thomas ended First Grade with a **Behavior Intervention Plan (BIP)** targeting these behaviors:
 - Verbal protests (“No! I won’t! I can’t!”)
 - Elopement
 - Physical contact toward peers; i.e., kicking
 - Verbal disruption; i.e., yelling or calling out
 - Off task (engaging in another activity not assigned)



In Second Grade, the ASD Technical Assistance Project BEGAN!

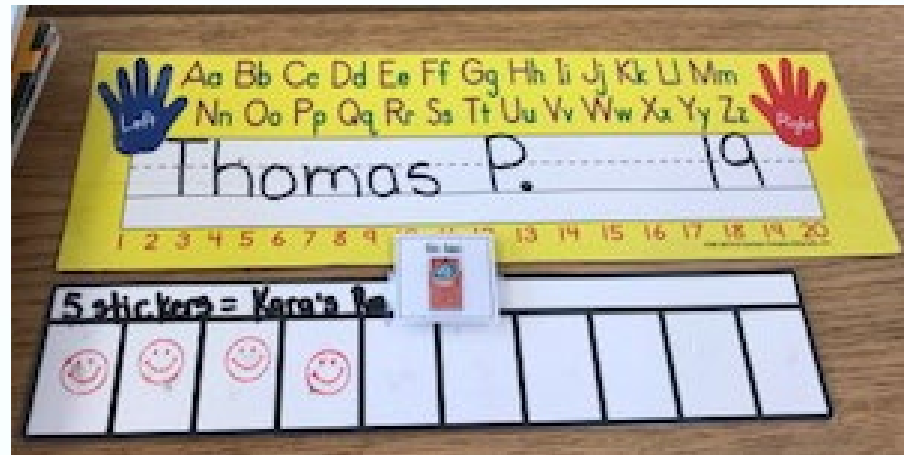
Visual Support
Scripting
Social Narrative
Self Management



Reinforcement
Prompting
Social Skills Training



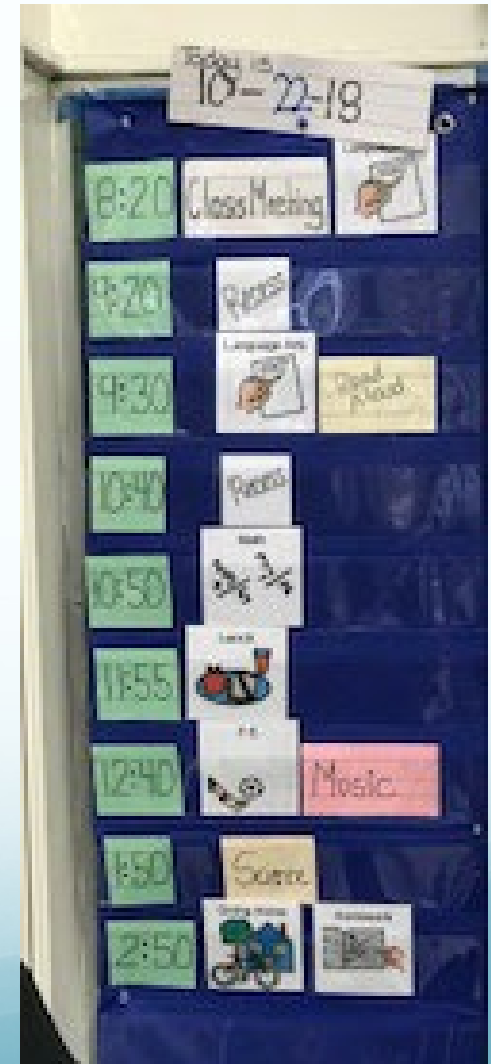
Self Management & Reinforcement



5	Red voice = Yelling Outside	
4	Orange voice = Loud Outside	
3	Yellow Voice = Normal inside voice public	
2	Green Voice = Whisper inside voice private	
1	Blue Voice = No Talking inside voice quiet	

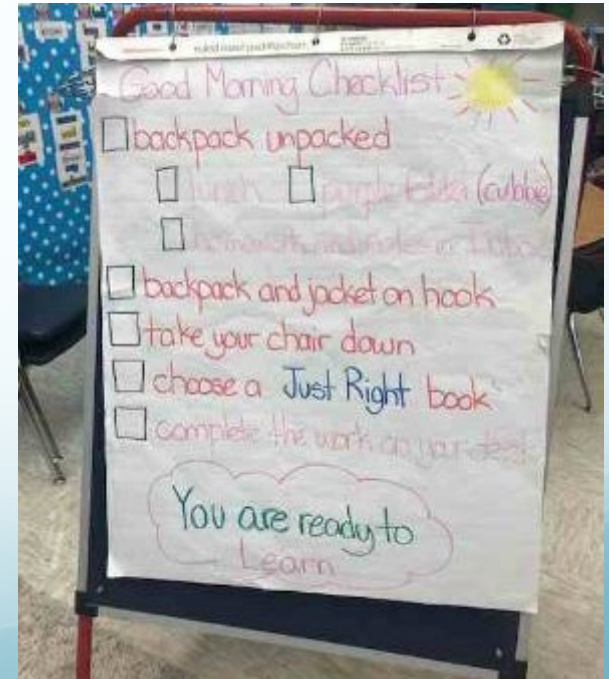
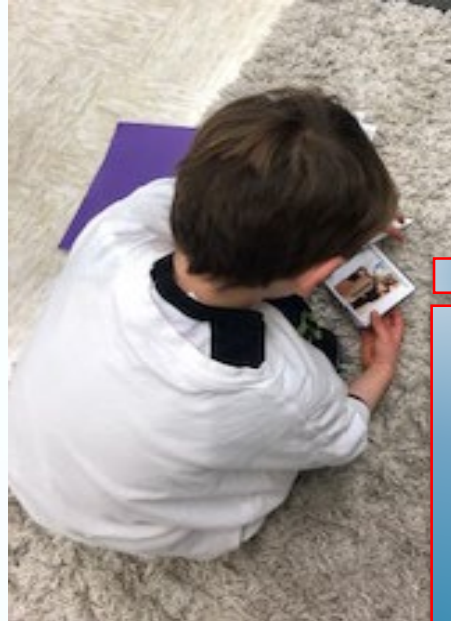


Classroom & Individual Schedules Reduced Thomas's anxiety and provided him structure and predictability!



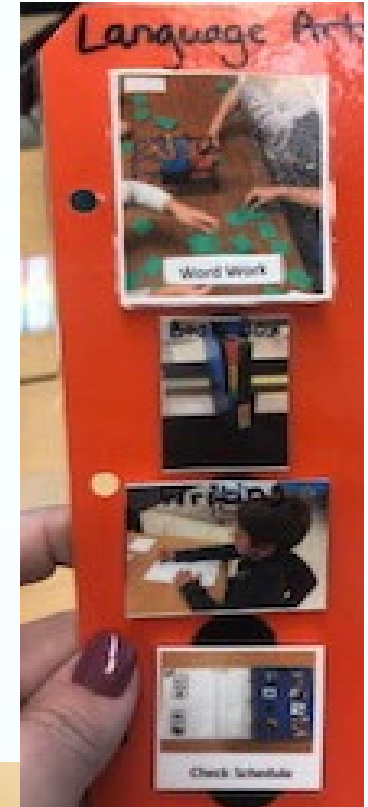
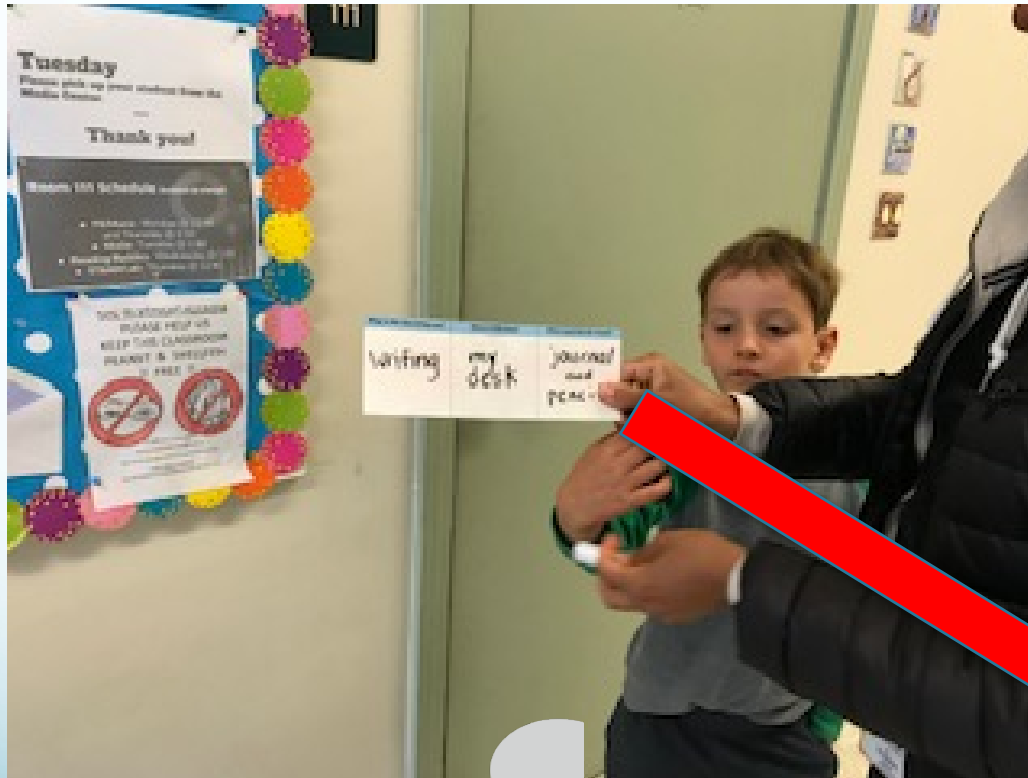


Arrival & Departure Picture/Print Schedules





Mini-Task Schedules and Priming Decreased Anxiety





Social Narrative, Scripting, and Social Skills Training Reduced Anxiety



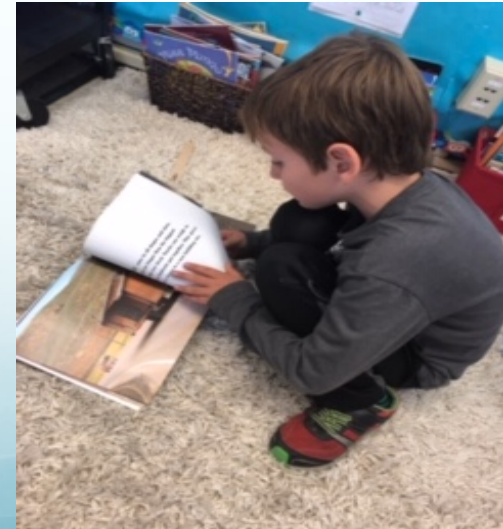
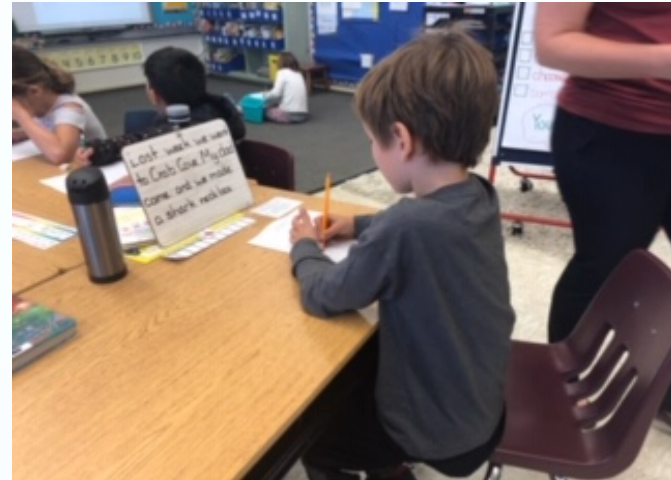
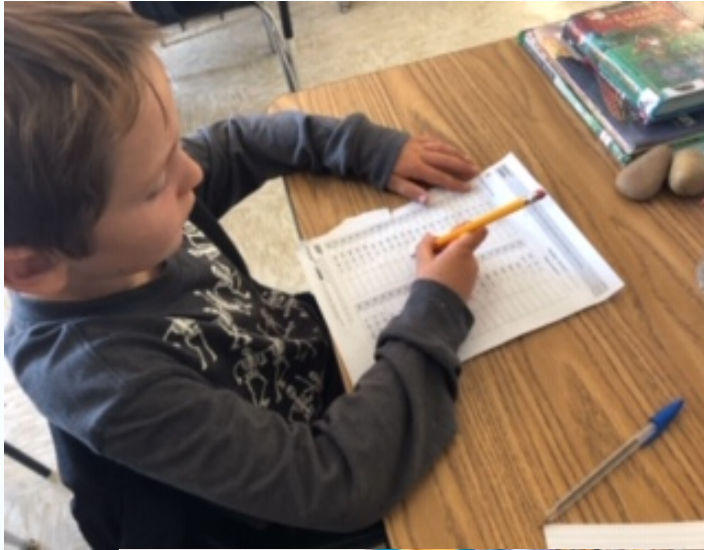


...And Enabled Thomas to Establish Successful Peer Engagement



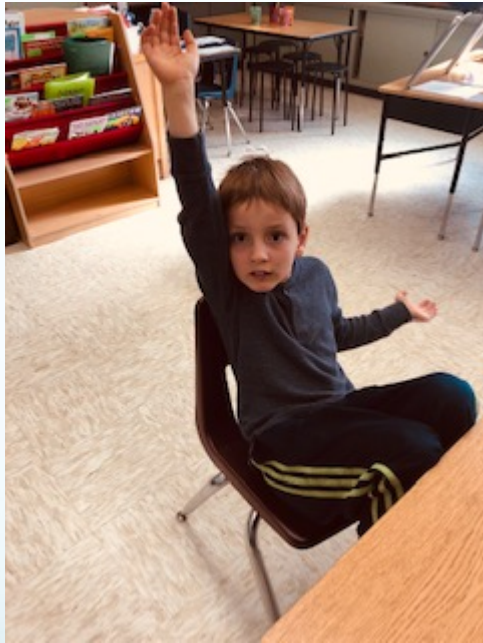


Thomas was Able to Access the Curriculum



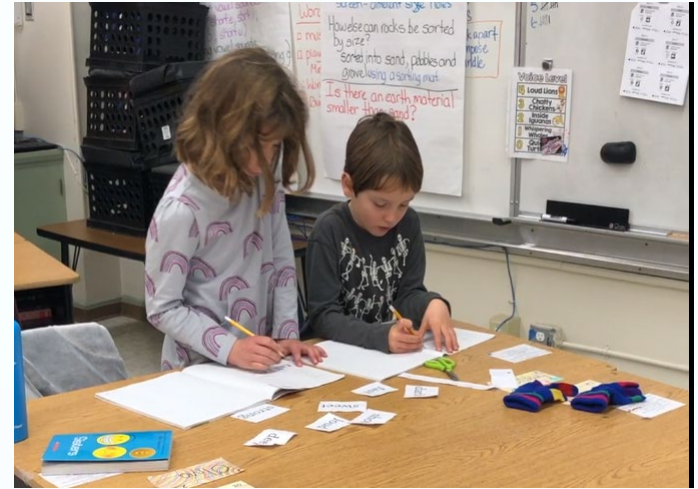
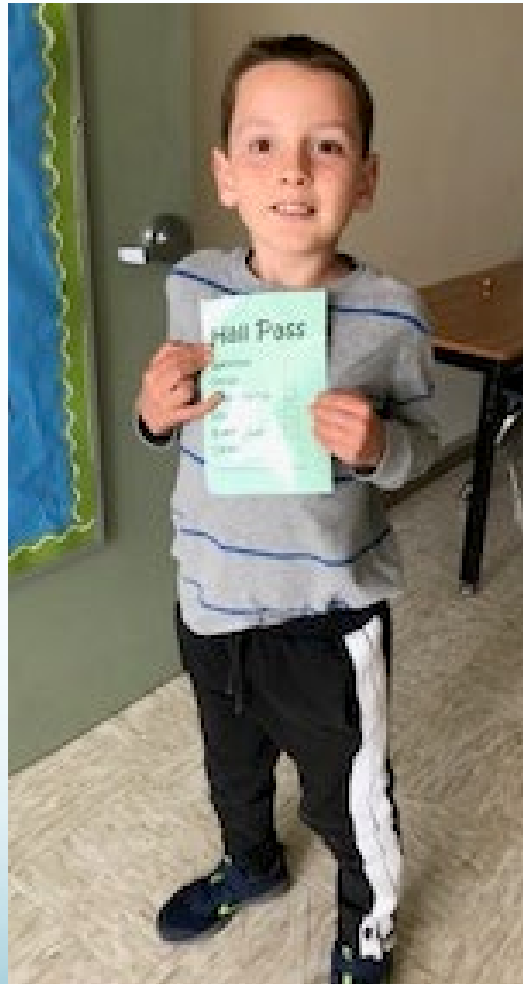


At his annual IEP, the team celebrated because Thomas no longer needed a BIP!





Independence... getting there!





Scaling Up From Preschool to Kindergarten

Using Visual Supports
to Promote
Social Emotional Well-Being
and Prosocial Behaviors
for Transitioning
Students with Autism

KINDER

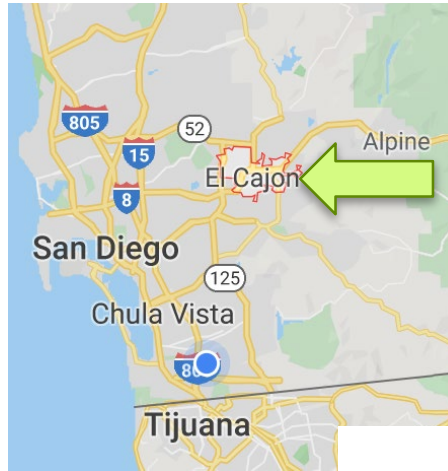
PREK

Robin Ancona
Program Specialist, Cajon Valley Union School District
CAPTAIN San Diego

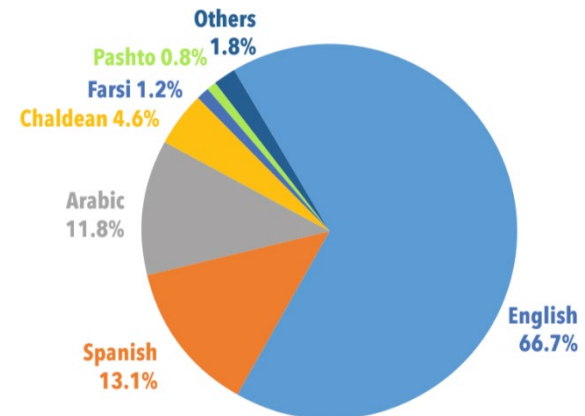


Cajon Valley Union School District

- Located in Eastern Region of San Diego County
- 19 Elementary Schools
- 6 Middle Schools
- 1 Alternative School



Home Language



Enrollment	Low Income	Newcomers*
17,337	82.2%	1,029

* Defined as students born outside the US with a US Enrollment date within the past three years.



Preschool Special Education

- 18 Special Education Preschool Classes @ 9 sites
 - AM/PM 3 Hours/5 Days per Week
- 9 Preschool Speech and Language Pathologists
- Early Childhood Special Education Leadership Team
 - Ginny Pinkerton—Director of Early Childhood
 - Robin Ancona—Program Specialist
 - Kathleen Cordero—Lead Speech/Language Pathologist
 - Nowell Parks—Behavior Intervention Specialist





Preschool Special Education

- 200-220 students in special education preschool classes
- 200-220 students with speech/language as primary service
- Between 160 and 200 students transition to TK/Kindergarten each year





The Challenge

- Successfully transitioning preschoolers with IEPs to TK and Kindergarten is an ongoing challenge
- Many of transitioning students need visual supports to promote social-emotional well-being and prosocial behaviors
- Many of these students go for days, weeks, months without necessary visual supports in place
- Receiving teams struggle with behavior which often leads to discussions about potentially more restrictive level of services





What CVUSD Has Done in the Past

- In the past, Cajon Valley Union School District:
 - Invited representatives from TK/Kindergarten to transition IEPs
 - Held meeting at each elementary site where preschool staff verbally shared information about transitioning students
- However, many TK/Kindergarten students still did not have recommended visual supports in place

Why Wasn't This Successful?



Contributing factors:

- All information presented verbally
(no visual support for future reference!)
- Kindergarten teams our preschool staff met with often were not the teams who actually received the student
- Receiving staff did not know how to make or use the recommended visual supports
- Confusion over who was responsible for getting visual supports in place for transitioning students



Trying Something Different

- Spreadsheet (updated in “real time”) shared with Elementary sites with links to “Fast Facts” pages
- Preschool teachers created a strengths-based, “FAST FACTS” form for every transitioning student
- Substitutes/release time used so kindergarten teachers could come observe students in preschool
- Kindergarten Transition Expo held in June



Up-to-Date Information

- Real time spreadsheet shared with all elementary teams
- Links to “Fast Facts” about each student
- Sheet linked to our roster so that updates made as:
 - New students assessed and receive initial IEP
 - New students move into district with a current IEP
 - Address changes resulting in a new school of residence
 - Approved transfers to schools other than school of residence
 - Confirmed placement in specialized program



Preschool Observations

- Substitute/release time provided to TK/Kindergarten teams
- Allowed for them to observe incoming students in their preschool programs
- Benefits
 - See environmental supports & specialized equipment
 - Modeling of strategies
 - Observe behaviors



Fast Facts Form

- Each preschool special education teacher completed a strengths-based Fast Facts form for every transitioning student
- Kept to one page
- Noted specialized equipment & Health Concerns
- Common language for tools for success

FAST FACTS			
Bill Katz			
School of Residence: Rios		Preschool Site: Madison	
General Information			
Birthdate/Grade:	3/17/14	Transition IEP Completed	NO
Disability:	Autism	Date of Transition IEP:	5/5/19
SOR Team Invited to IEP	YES	SOR Team Attended IEP	Not yet held
Learner Characteristics		Behavioral Characteristics	
Bill is an inquisitive student who loves learning about all kinds of animals. He especially loves turtles! Bill can put together interlocking puzzles of 24 pieces and enjoys building with blocks and legos. Bill can communicate verbally and usually speaks in 3-4 word phrases such as "I want blocks" or "no line up please." Bill knows all letters of the alphabet and counts to 30. He has goals for comprehension, increasing socialization, behavior (handling unwanted transitions), and expressive language.		Clean up time and transitioning to class after recess are both challenging transitions for Bill. When directed to clean up or line up Bill will cover his ears and say "No, no no, no" or continue playing. This happens about 1 time per week and lasts about 2 minutes. He responds well to First_Then_ statements and earning tokens for starting to clean up and for getting in line after recess. Once redirected, he typically complies within 2 minutes. Visual cues for calming down are also helpful.	
Tools for Success <i>(items in bold will be available at the Kindergarten Transition Expo to be held in June)</i>			
<ul style="list-style-type: none"> • Token Board (currently has turtle tokens) • First_Then_ Strip • Calm Down Sequence • Provide warnings before transitions 		<ul style="list-style-type: none"> • Visual Schedule • Prompt Lanyard • Assign a peer buddy during recess 	
Health Alerts			
Bill has asthma but does not need an inhaler at school at this time.			
Specialized Equipment to Be Transferred			
<ul style="list-style-type: none"> • Weighted Vest 		Preschool Contact Person: Mary Smith, OT	
Family Communication and Supports			
Bill lives with mom and grandma. He sees his dad on some weekends. Mondays after visits to dad's house are more challenging for Bill. Grandma usually attends the IEP meetings with mom. Both mom and grandma speak English and Spanish and no interpreter is needed for meetings. Grandma usually volunteers to help during classroom parties and special events.			
Service Considerations for TK/K <i>(to be determined at transition IEP meeting)</i>			
<input checked="" type="checkbox"/> Gen. Ed. w/related services (Speech, OT, or APE) <input checked="" type="checkbox"/> Gen. Ed. w/SAI consult <input checked="" type="checkbox"/> Gen. Ed. w/SAI (less than 50% day SAI)		<input type="checkbox"/> SAI more than 50% of the day (with some Gen. Ed.) <input type="checkbox"/> Alternate (Mod/Severe) Program <input type="checkbox"/> Other	



Kinder Transition Expo


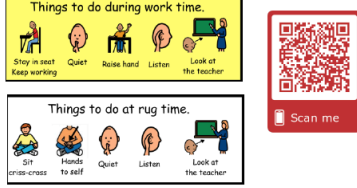
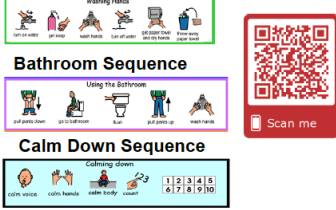
- Open-house style
- Two afternoons in June
- Optional
- LOTS of goodies!
 - Hard copies of Fast Facts forms
 - Completely assembled (laminated, Velcro) visual supports
 - Fidgets and fine motor support

Tools for Success

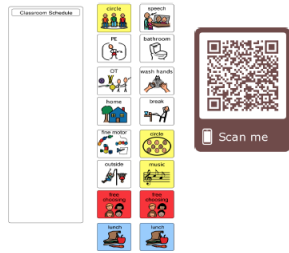
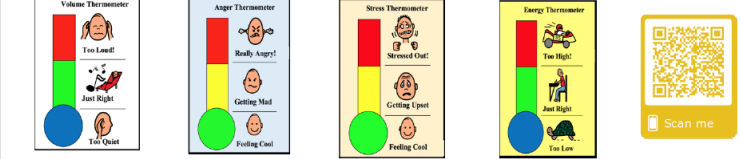
- Each Fast Facts page listed specific tools for success that were available at the expo
- Attendees went to stations to pick up their items

Cajon Valley Union School District ~ Kindergarten Transition Expo 2019: Tools for Success

1 Visual Cues

<p>Prompt Lanyard</p> 	<p>Expectation Reminder Strip</p> <p>Things to do during work time.</p> <p>Stay in seat Quiet Raise hand Listen Look at the teacher</p> <p>Things to do at rug time.</p> <p>Sit Hands to self Quiet Listen Look at the teacher</p> 	<p>Hand Wash Sequence</p> <p>Washing Hands</p> <p>Turn on water Wet hands Rub hands Dry hands</p> <p>Bathroom Sequence</p> <p>Using the Bathroom</p> <p>Get pants down Sit on toilet Wipe Get pants up Wash hands</p> <p>Calm Down Sequence</p> <p>Calm down</p> <p>Close vehicle Close hands Make body count</p> 
---	---	--

2 Visual Schedules

<p>Visual Schedule</p> <p>Classroom Schedule</p> 	<p>Volume Thermometer</p> <p>Too Loud! Just Right Too Quiet</p> <p>Anger Thermometer</p> <p>Really Angry! Getting Mad Feeling Cool</p> <p>Stress Thermometer</p> <p>Stressed Out! Getting Upset Feeling Cool</p> <p>Energy Thermometer</p> <p>Too High! Just Right Too Low</p>  <p style="text-align: center;">Anger Thermometer Energy Thermometer</p>
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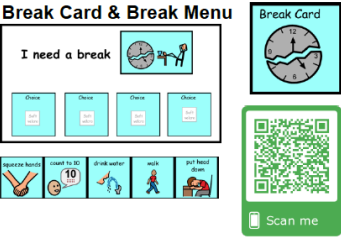



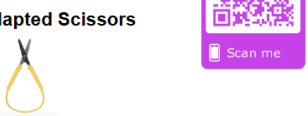






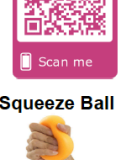

iPhone: Use your camera to scan each QR code and see tutorial resources for each tool

Android: Use a QR Code Scanning App (download from app store if needed) to scan each QR code and see tutorial resources for each tool

Tools for Success

- Attendees received a “map” with QR codes
- Scanning codes led to tutorials on how to use each support

Kindergarten Transition Expo 2019: Tools for Success

<p>4 Break Menu/ Break Card</p> <p>Break Card & Break Menu</p>  <p>Scan me</p>	<p>5 Reinforcement Systems</p> <p>First_Then_Strip</p>  <p>Scan me</p> <p>Token Board</p>  <p>Scan me</p>	<p>6 Fine Motor Supports</p> <p>Short Pencils & Pencil Grips</p>  <p>Adapted Scissors</p>  <p>Scan me</p>		
<p>7 Fidgets & Sensory Supports</p>		<p>8 Communication Supports</p>		
<p>Chewelry</p>  <p>Scan me</p>	<p>TheraPutty</p>  <p>Scan me</p>	<p>Fidgets</p>  <p>Scan me</p>	<p>Chair Bands</p>  <p>Scan me</p>	<p>Communication Board</p>  <p>Scan me</p>
<p>Weighted Lap Pad</p>  <p>Scan me</p>	<p>Squeeze Ball</p>  <p>Scan me</p>	<p>Wiggle Cushion</p>  <p>Scan me</p>		

To access the entire folder of tutorial resources go to <https://tinyurl.com/y2l6suqo>
 To access the printable PDF files of the visual supports go to <https://tinyurl.com/y37v9ybb>



Lots and Lots of Supports

Our team created 200 fully assembled

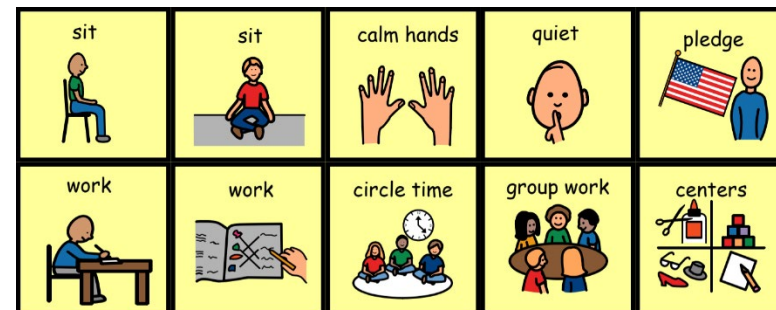
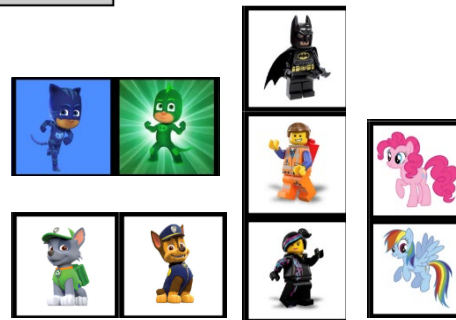
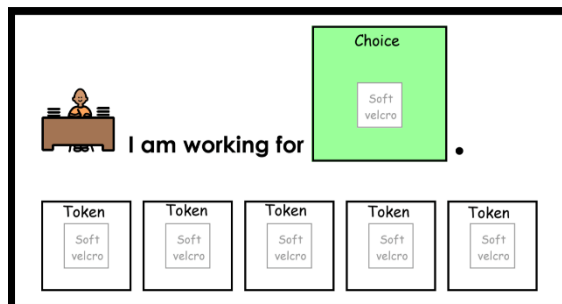
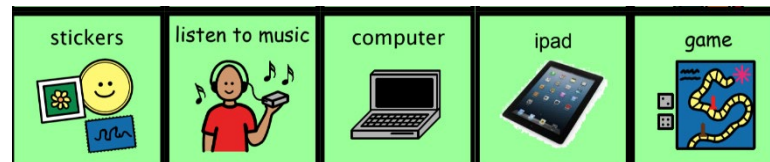
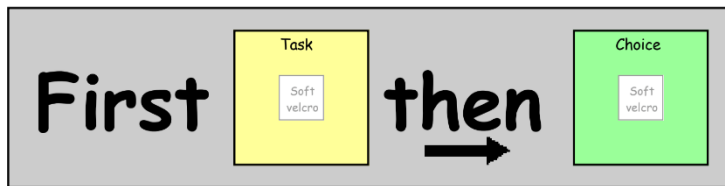
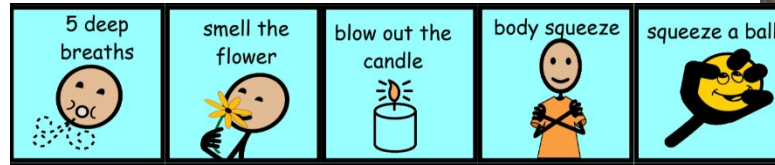
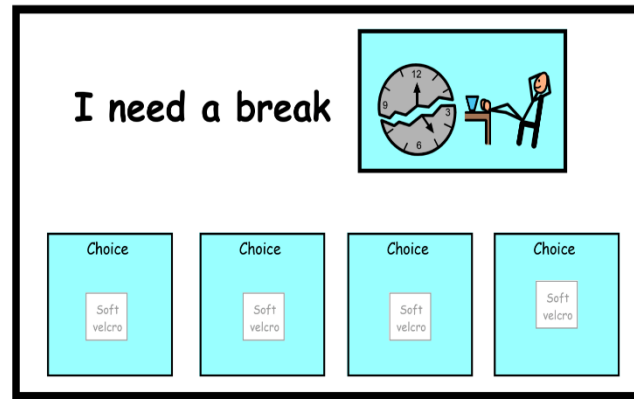
- Self-Regulation Thermometers
- Expectation Reminders
- Sequences for
 - Bathroom
 - Hand-washing



Lots and Lots of Supports

Our team created 200 fully assembled

- Visual Cue Cards/Lanyards
- Token Boards (with many various tokens)
- First_Then_Boards
- Visual Schedules
- Break Menus





Some Assembly Required

- Program specialist created Boardmaker items
- District Print Shop printed on card stock and laminated
- Behavior Intervention Specialist and 5 paraprofessionals assembled items after school from January through May (additional time paid)
- Over 100 rolls of Velcro used!





Visual Support for Teachers

Kindergarten (and TK) Strategies for Success

Circle/Rug Time	Small Group/Centers	Playground
<ul style="list-style-type: none"> Give the student a "job" during circle time Embed student preferences into circle time activities Provide choices (where to sit, who to sit by, which song, book, etc.) Have student sit front and center if frequent redirection needed Provide well-defined spaces for students to sit (carpet squares, tape outlines, etc.) Allow student to sit in a chair For students who need more space, seat at the back of the rug area Allow student to hold a quiet "fidget" Allow student to hold a "manipulative" or some piece of a circle activity Begin circle activities without waiting for everyone to be "ready" (start song, begin book, etc. as they are coming to circle) Use a picture mini-schedule that shows the order of circle time activities Schedule activities that are challenging for students toward the end of circle time and allow the student to leave circle time early Reduce circle time duration Tell student what to do in simple specific language 	<ul style="list-style-type: none"> Visual schedule and/or transition object (e.g. yellow card to go to yellow table) Use a picture mini-schedule that shows the order of each center's activities Shorten duration of center activity Review expectations prior to small group/center time Make sure that all materials are ready for the activity before students arrive at the group/center Use First__Then__ statements and visual supports (first practice writing your name, then you can color) Provide student with a peer buddy (positive role model) Provide choices (where to sit, who to sit by, which pencil to use, which order to do 2 or 3 required activities) Give student a job during small group/center time Incorporate student preferences and interests into the activities Allow student to stand when working Allow alternative seating such as a wobble cushion, yoga ball, or t-stool Allow quiet "fidget" during listening or waiting time Adapt materials (e.g. glue stick instead of bottle of glue) 	<ul style="list-style-type: none"> Review playground expectations prior to recess time Use a scripted story about "staying safe outside" Show a video of expected behaviors on the playground right before recess Post visuals of expectations (rules) on the playground State when and where the student can run—if possible mark "running areas" outside Provide a peer buddy Meet briefly with the student at the start of recess to develop a "recess plan" Provide a recess schedule for students who have a hard time picking an activity Have highly preferred activities available (e.g. a lego table/book corner) Have multiples of the same items that have high child preference Use a timer when necessary to indicate turns (visual timer if possible) Have an adult facilitate a game or activity on the playground Anticipate when the student wants an object/activity, and cue to ask/gesture to join in play ("Can I play?" or "My turn") Provide warnings and/or countdowns prior to end of recess

Cajon Valley Union School District ~ 2019

- Lots of strategies for behavior and learning

Kindergarten (and TK) Strategies for Success

Transitions	Snack/Lunch	General Tips
<ul style="list-style-type: none"> Prepare student for a transition by providing a signal about 5 minutes before end of activity and every minute thereafter. Tell the child "Five more minutes; then time for _____" Use a visual/picture schedule each day so the student learns the classroom routine Refer to the schedule as a way to avoid power struggle ("The schedule says it's time to clean up") Allow the student to carry a transition objects from one activity to the next (e.g. carry a toy giraffe from the play area to the rug area) Provide a transition card/cue to carry to the next activity (e.g. a red card to carry to the red table) Use First_Then_ statements (e.g. "First clean up, then snack time") Give the student a "job" for the transition (e.g. door holder, help carry an item to next activity, etc.) Use visuals cues for lining up (e.g. pictures of feet on floor, colored spots, etc.) Assign a peer buddy to line up or transition with Have student be first to line up, wash hands, etc. to reduce wait time 	<ul style="list-style-type: none"> Assign a peer buddy for snack/lunch time Provide a mini-schedule with pictures of the snack or lunch routine (e.g. wash hands, sit at table, eat snack, throw away trash, go to book area) Allow student to be a helper at snack/lunch time Review expectations for snack/lunch prior to eating Provide a visual cue for expectations at the table Give choices such as where to sit Use a placemat or designate eating space with masking or colored tape Create space between children that makes it more difficult to reach another child's food (while still keeping the student in the group) Allow student to leave the table when gestures/says "all done" Set a timer to indicate how long the student needs to sit Gradually increase time at the table Allow students to engage in a "waiting" activity when finished eating (e.g. "If you're done eating you can go to the book area and read") 	<ul style="list-style-type: none"> Ignore inappropriate behavior (that is not dangerous) and cue to use new skills Keep directions short and simple Use visual cues when giving directions Anticipate when challenging behaviors may occur and distract the student by diverting his attention to something of interest Use First_Then_ statements (with the "then" activity being something that the student prefers) Have clear, explicit expectations and review them before each activity Have visual cues for expectations posted in areas at child level Allow for choices (e.g. where to sit, which writing utensil to use, which paper to do first, etc.) Embed student interests and preferences into activities and lessons Establish clear routines and practice these with all students Use a visual schedule and refer to it consistently throughout the day Provide clear visual boundaries for areas (e.g. table space, seating on the rug, where to ride trikes on the playground, where blocks can be used, etc.)

- Organized by activity/schedule item



URLs Included (and shared)

Tools for Success Sheet includes URLs for

- all tutorials
 - <https://drive.google.com/drive/folders/1LNj5QTTMcgwFC4fLCQtS-kroVpejxLj5?usp=sharing>
- all printable pdf files for visual supports
 - <https://drive.google.com/drive/folders/1nMqdMZPHkf4h7BbIH5RftpRQx7pJ8HQS?usp=sharing>

Thankful Staff

“In my 16 years of teaching special education in our district, I have never felt so supported and prepared for the incoming students. The opportunity to observe our incoming TK/K students on IEPs in their current classrooms and the incredible resources I left with today are truly invaluable! I left the expo today feeling like I won the lottery!”

“What an amazing Expo yesterday!!! It was great and I'm glad I was able to check it out! So many useful visual, fidgets, token boards, and other sensory supports!”

“I just wanted to say a very big thank you for the recent expo! I know it's all for the kids but it definitely is for the educators too, making things so much easier. We will have enough materials for all those little ones transitioning to kindergarten plus more for the ones who will come up needing help.”



What Was the Outcome?

- Better! Most elementary sites at least have visual supports in place
- Some continuing issues:
 - Staff who attended expo didn't always disseminate materials to staff working with students
 - Still some lack of understanding on how to use the visual supports with fidelity

Next Steps

- Advertise more (and earlier) for even bigger turn out
- Offer Visual Supports “Boot Camp” in August for modeling/role playing using supports

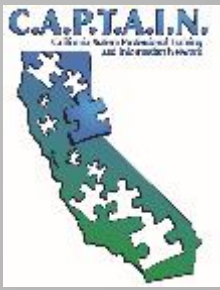




Scaling Up...

- Local High School District Adult Transition Students doing assembly of visual supports for this year's Expo



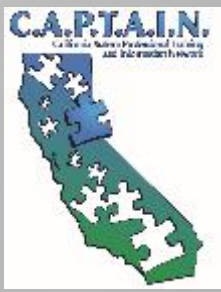


MEDICAL AND MENTAL HEALTH PERSPECTIVES IN AUTISM SPECTRUM DISORDERS

Understanding and Supporting
Social-Emotional Well Being

CAPTAIN LA 2019

Jean Johnson



CAPTAIN LA Goals



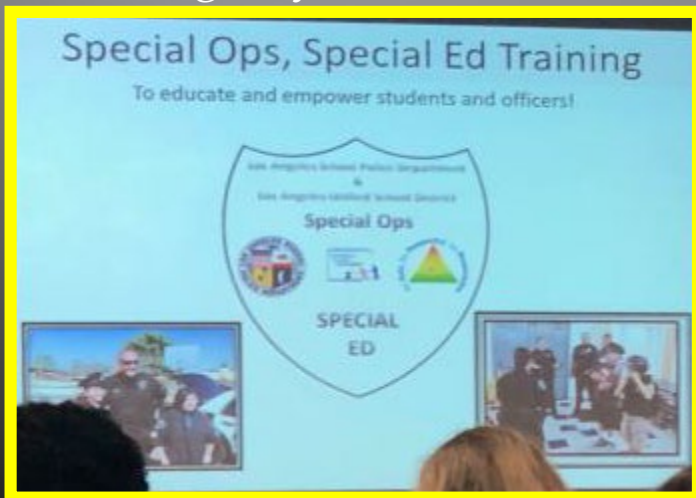
Inter-Agency Collaboration

1

了解行为管理
UNDERSTANDING BEHAVIOR
MANAGEMENT

讲座听众Presentation to:
FDLRC父母支援小组
FDLRC Chinese Speaking Parent Support Group
2019

Understand
Autism and
EBP



Community Outreach



Addressing Medical and Mental Health Needs

Medical and Mental Health Perspectives in Autism Spectrum Disorders

FDLRC Community Training Event
March 20, 2019



A CAPTAIN Collaborative Training Event



CAPTAIN L.A. Presents
a Regional Conference on
*Perspectives on Medical and
Mental Health Concerns in Autism*

Wednesday, March 20, 2019

Training session topics will cover:

- ❖ *Co-occurring medical conditions impacting health and behavior in Autism Spectrum Disorders*
- ❖ *Diagnostic considerations in determining Mental Health influences in individuals with autism*
- ❖ *Evidence Based Practices used to address social skills in children with Autism Spectrum Disorder and co-occurring mental health concerns including anxiety and ADHD*

This training is appropriate for parents, regional center staff, UCEDD staff, regional center service providers and mental health professionals.

Conference speakers:

Leslie Richard, MD, Developmental-Behavioral Pediatrician, FDURC
Derek Ott, MD, Associate Clinical Professor of Psychiatry, UCLA
Heather Hall, Ph.D., Clinical Psychologist, CHLA USC/UCEDD

**ONLINE REGISTRATION FOR SERVICE PROVIDERS,
COMMUNITY MEMBERS, and PROFESSIONALS:**

<https://fdlrcprovider.arcalearn.org>

PARENTS: CALL 213-252-4976 TO REGISTER

Location:

**Frank D. Lanterman
Regional Center**
3303 Wilshire Blvd.
Los Angeles, CA 90010
3rd Floor Berendo A

Free for Parents
\$10/person for service
providers, educators, and
professionals

Registration Check-In:
9:00 AM
Conference:
9:30 AM-1:00 PM

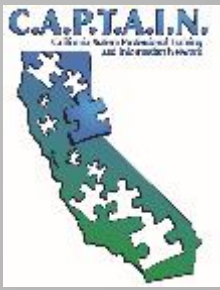
Registration Deadline:
March 12, 2019

PARKING
Early Bird (before 10 AM)
\$6.50
After 10 AM: \$16 all day
2 hr. metered street parking
on Berendo
Metro Red Line at
Wilshire/Vermont Station
(2 blocks)

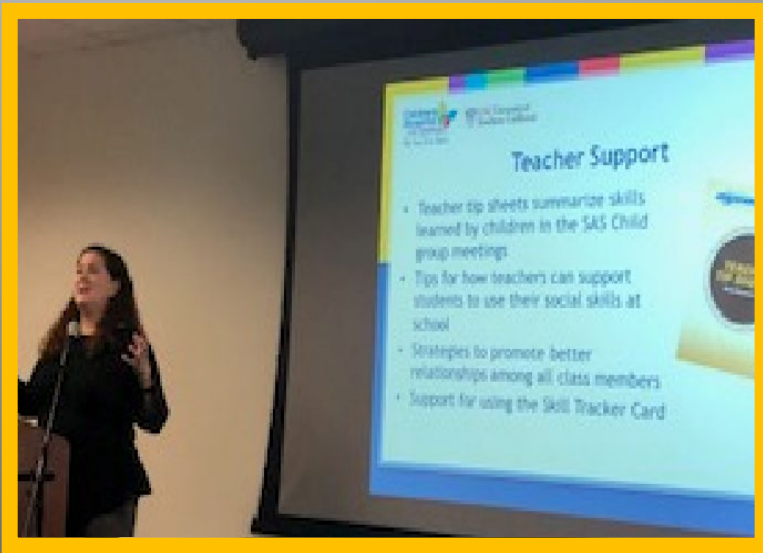
No Refunds

Childcare Not Available





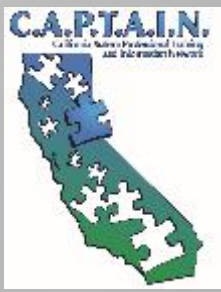
Distinguished Speakers



- ▣ *Co-occurring medical conditions impacting health and behavior in Autism Spectrum Disorders*
Leslie Richard, MD

- ▣ *Psychiatric and mental health co-occurrence in adolescents and adults with autism*
Derek Ott, MD

- ▣ *Evidence Based Practices for Children with ASD - The Secret Agent Society*
Heather Hall, Ph.D.



Medical Aspects of Autism





A Neurodevelopmental Disorder

Definition of Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a biologically based neurodevelopmental disorder.

- ✓ Biological-based in structural or functional processes of the human body*
- ✓ Neuro=brain and nervous system
- ✓ Developmental
- ✓ Disorder=life long

Neuroplasticity

- Neuron regeneration
- Reorganization
- Pruning
- Most active period 1st 2 years of life



Genetic disorders associated with ASD

The most common associated genetic disorders include :

- **Tuberous Sclerosis Complex (TSC)** –
 - ~17 to 60 percent of patients with TSC also have ASD
 - ~only 0.4 to 4 percent of patients with ASD have TSC
 - Patients with comorbid tuberous sclerosis complex and ASD often have epilepsy
- **Fragile X** –
 - ~As many as 30 to 50 percent of patients with fragile X syndrome have features of ASD (eg, deficits in social interaction and communication, repetitive and stereotyped behaviors)



Medical Influences and Behavior

GI Symptoms

- Children-more GI symptoms compared to controls
- 5X increase in feeding problems
- Prefer starches, snack foods, processed foods
- ~~Controversial cause of ASD as result of ASD~~



Behavior and Medical Conditions

- People with ASD get sick like everyone else-everything is not always related to autism (sometimes doctors have to be reminded of that!)
- Sudden or insidious change in energy, sleep, bowel habits, appetite, agitation, irritability SEE HEALTH PROVIDER!

If person with ASD is resistant but ill-sedation may be necessary even for diagnosis

ASD symptoms can cause medical problems

- Self-Injurious Behavior(SIB)-real harm and self injury
- Pica (eating non-nutritive substances)-choking, bezoar
- Lack of safety awareness-traumatic injury
- Mental health issues
- Suicide
- Household accidents
- Victimization aggression of others



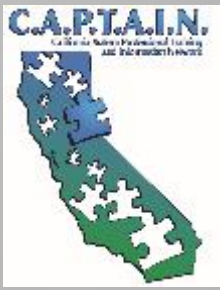
CAM-considerations

- Is based on overly simplified scientific theories
- Is claimed to be effective for multiple, different, unrelated conditions or symptoms
- Is claimed to result in a dramatic response or even a cure
- Is supported by case reports or anecdotal data rather than carefully designed studies
- Is not supported by peer-reviewed references, or the treatment's supporters deny the need for controlled studies
- Is said to have no potential or reported adverse events
- Healthy lifestyle: AAP "A healthy lifestyle is encouraged for children with ASD, as for all children. This includes a healthy diet (including adequate intake of essential nutrients), regular exercise, adequate sleep, management of stress, social support, and avoidance of neurotoxins"



Co-occurring Mental Health Conditions





Behaviors and Mental Health

What is behavior?

- Ultimately Behavior IS communication
- Chronic/learned/conditioned response
 - Chronic self-injurious behavior (SIB) as sensory seeking/soothing
- Adaptation to new environment or circumstance
 - New onset SIB as a coping mechanism



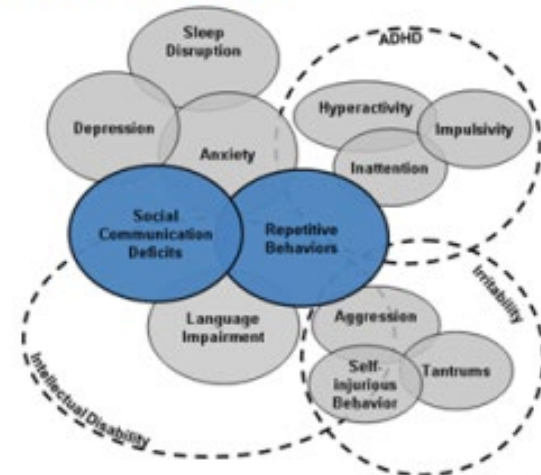
Medical causes of challenging behaviors

- Medication issues
 - Drug interactions
 - Side effects
 - Generics vs Brand
- Medical issues
 - General-allergies, cardiac
 - Gastrointestinal (GI)- reflux, pica, constipation
 - Pain
 - Hormonal
 - Sleep-insomnia, apnea
 - Neurologic-HA, seizures
- Often multiple causes

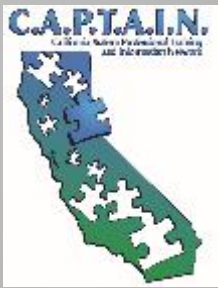
Causes of behaviors

- Behavioral issues
 - Acute vs chronic
- Adaptive dysfunction
 - Adjustment Disorder?, Anxiety
- Symptoms of a comorbid psychiatric condition

What is the target?



From McClellan and Gerstel, *Psychopathology of ASD*, Oxford Press



Mental Health Disorders Co-occurring with Autism

ADHD & Autism-features

Anxiety & autism-clinical insights

Obsessive-compulsive disorder & autism

Trauma & autism

- Trauma/traumatic events
 - Event (series) that are experienced as threatening and that have immediate and/or lasting adverse effects on the individual
 - Trauma for one person may not be for another depending upon individual's understanding and reactions to the event
 - Psychological injury that harms or damages the individual
 - Acute versus chronic, mild versus major
- Posttraumatic stress disorder =PTSD
 - Specific set of traumatic symptoms (e.g. flashbacks, nightmares, avoidance, memory lapses, emotional numbing) that persist for > 1 month after trauma

Depression & autism-general

- People of same age
- Adults (Anger)
- Age

- Complex facial symptoms

- Feeling perhaps
- Typical sadness

Psychosis & autism-features-similarities

- Descriptions similar to neurotypical

- Both

- Similar
- S
- T
- N
- L
- D
- P

Psychosis & autism-diagnosis

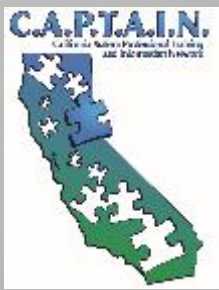
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- W
- D

- R

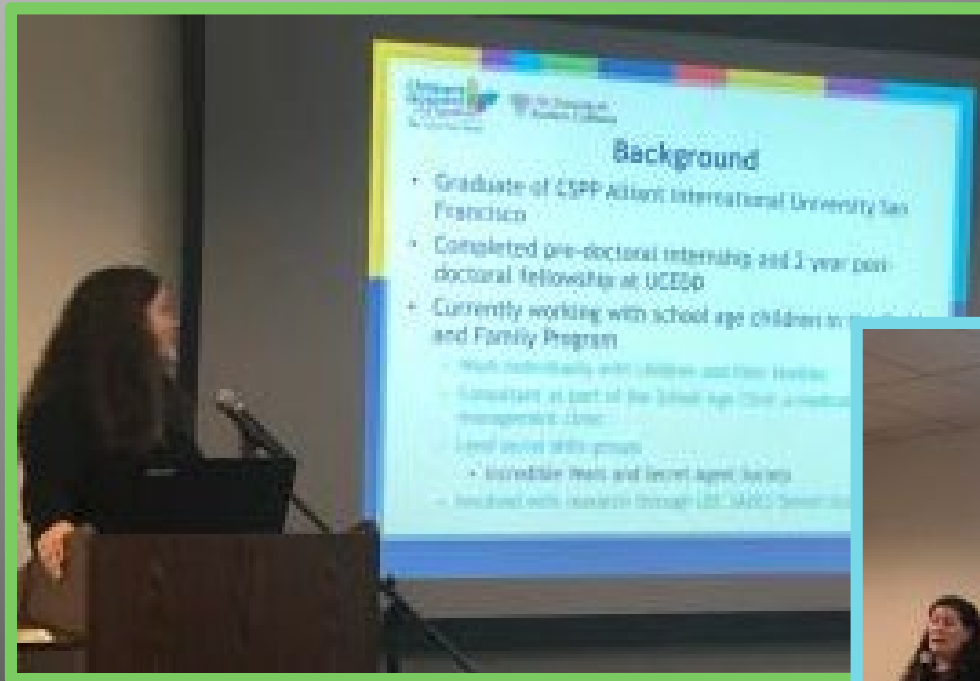
Autism & Psychopathology-Summary

- "Behavior" as communication
- Individuals with ASD are susceptible to behavioral changes related to many factors including medical issues, medication issues, adaptive dysfunction, and psychiatric issues/disorders.
- Rates of psychiatric disorders in general and specific psychiatric disorders are higher for several psychiatric disorders as compared to neurotypical populations.



Social Skills Training

–an evidence based intervention





Social Impairments and Mental Health

Development of Social Reciprocity Impairments

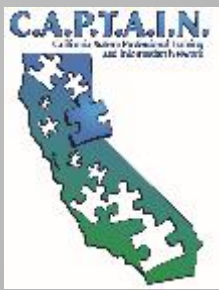
- Difficulties with social interactions result from atypical social development, unusual interests, and information-processing impairments (Barry et al., 2003)
 - Challenges with executive functioning
 - Theory of mind weaknesses
 - Weak central coherence
 - Difficulties shifting attention
- Children with ASD fall behind at an early age and gap widens as they grow older
- Attribute social failures to lack in abilities (Barnhill, 2001)

Consequences of Social Impairments

- At-risk for developing comorbid mental health disorders
 - 70% of children with ASD meet criteria for a psychiatric disorder (Brookman-Frazee, Taylor, & Garland, 2010; Leyfer et al., 2006; Simonoff et al., 2008)
- At-risk for depression
 - 25% of children 6-12 met criteria for depression (Ghaziuddin et al., 1998)
 - 25% of 109 children aged 5-17 met lifetime criteria (Leyfer et al., 2006)
- At-risk for anxiety
 - 30% of children experience anxiety (Simonoff et al., 2008)
- Social skill interventions are a high treatment priority (Weiss & Harris, 2001)

Effective Social Skill Intervention Techniques

- Effective teaching strategies
 - Cognitive behavioral approach (Cappadocia & Weiss, 2011)
 - Behavior management strategies
 - Behavioral modeling, coaching, role play, positive reinforcement and performance feedback (Laugeson et al., 2012)
 - Structured methods for teaching
 - Computers and other technology (Golan & Baron-Cohen, 2006)
 - Video modeling and visual supports (Reichow & Volkmar, 2010)
- Coordination with teachers (Beaumont & Sofronoff, 2008)
- Parent participation and education (Beaumont & Sofronoff, 2008; DeRoisier et al., 2011; Frankel et al., 2010; Laugeson et al., 2012)
 - Homework and community practice



Supporting Social-Emotional Development

What is Secret Agent Society?

- Multi-media social skills program for 8 to 12 year-olds with High-Functioning Autism
- Espionage-themed activities to teach emotion recognition, emotion management and social skills
- Involves child group sessions, parent group sessions, teacher support, and a specialized adaptive computer game that is practical

Elements of SAS program

- Cognitive-Behavioral Framework
- Social Learning Theory
- Behavioral Management
- Techniques
 - Modeling
 - Role Play
 - Coaching
 - Immediate Feedback
 - Positive Reinforcement
- Board Game to reinforce skills
- Adaptive computer game for additional practice



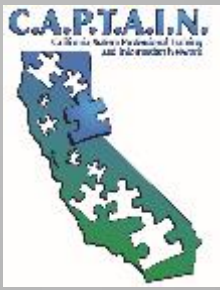
Intervention

- Clients and parents participated in group sessions
- The curriculum implements many fun activities to engage children and help them learn how to:
 - recognize emotions in themselves and others.
 - express their feelings in appropriate ways.
 - talk and play with others.
 -

Assessment and Monitoring

- Interviews child parent and teacher
- Questionnaires and rating scales
- Monitoring and rewarding- skill tracker card





What we learned

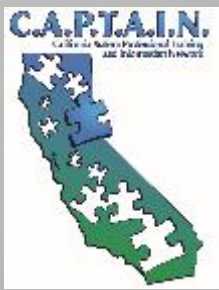
- ❑ Medical conditions influence wellness and behavior
- ❑ Medical/chromosomal syndromes sometimes associated with autism
- ❑ High incidence of psychiatric conditions/influences
- ❑ Diagnosing mental illness in people with developmental disability
- ❑ Pharmacological avenues of treatment
- ❑ Supporting early mental health through evidence based intervention

GI Symptoms



- Children-more GI symptoms compared to controls
- 5X increase in feeding problems
- Prefer starches, snack foods, processed foods
- Controversy-cause of ASD vs result of ASD?

- ~abnormal immune function or elevated intestinal permeability
- ~Gluten sensitivity
- ~Lactose Intolerance



KYRC Family Resource Center



Suggested Readings Related to Today's Conference Available through the Koch-Young Resource Center Library

Healthcare for children on the autism spectrum: a guide to medical, nutritional, and behavioral issues. F. Volkmar & L. Wiesner, Sandra Harris, series editor.
Call number: 649.154 V919 2004

The ADHD autism connection: a step toward more accurate diagnosis and effective treatment. Diane M. Kennedy and Rebecca S. Banks.
Call number: 616.89 K35 2002

Asperger syndrome and anxiety: a guide to successful stress management. Nick Dubin.
Call number: 616.858 D814 2009

Koch-Young Resource Center Library

The Koch-Young Resource Center Library is the heart of our information network: at Lanterman.

Search Online and In-Person

Resources including, books, video and audio tapes, periodicals, etc., can be searched online at library.lanterman.org or in-person at the Center.

Staff is available to assist with questions, recommendations and searching for resources. The library also provides the opportunity to conduct independent study on a variety of subjects. Resource materials can be checked out or used on-site in a reading/viewing room.

Community Drop-off and Pick-up

If you are unable to come down to the Center for your materials, we can make special arrangements to deliver and pick-up materials through our staff and community drop-off/pick-up locations.

Collection Development Policy, Loan Agreements and Resource Consideration Request Forms

View the Koch-Young Resource Center's Collection Development Policy (this policy guides how the Library operates, including partnerships, acquisition procedures, collection maintenance, library loans, donations, etc.) Following are the forms and documents mentioned in the collection development policy:

- Download the general library loan agreement in English or Spanish (library patrons must submit

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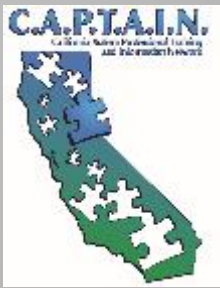
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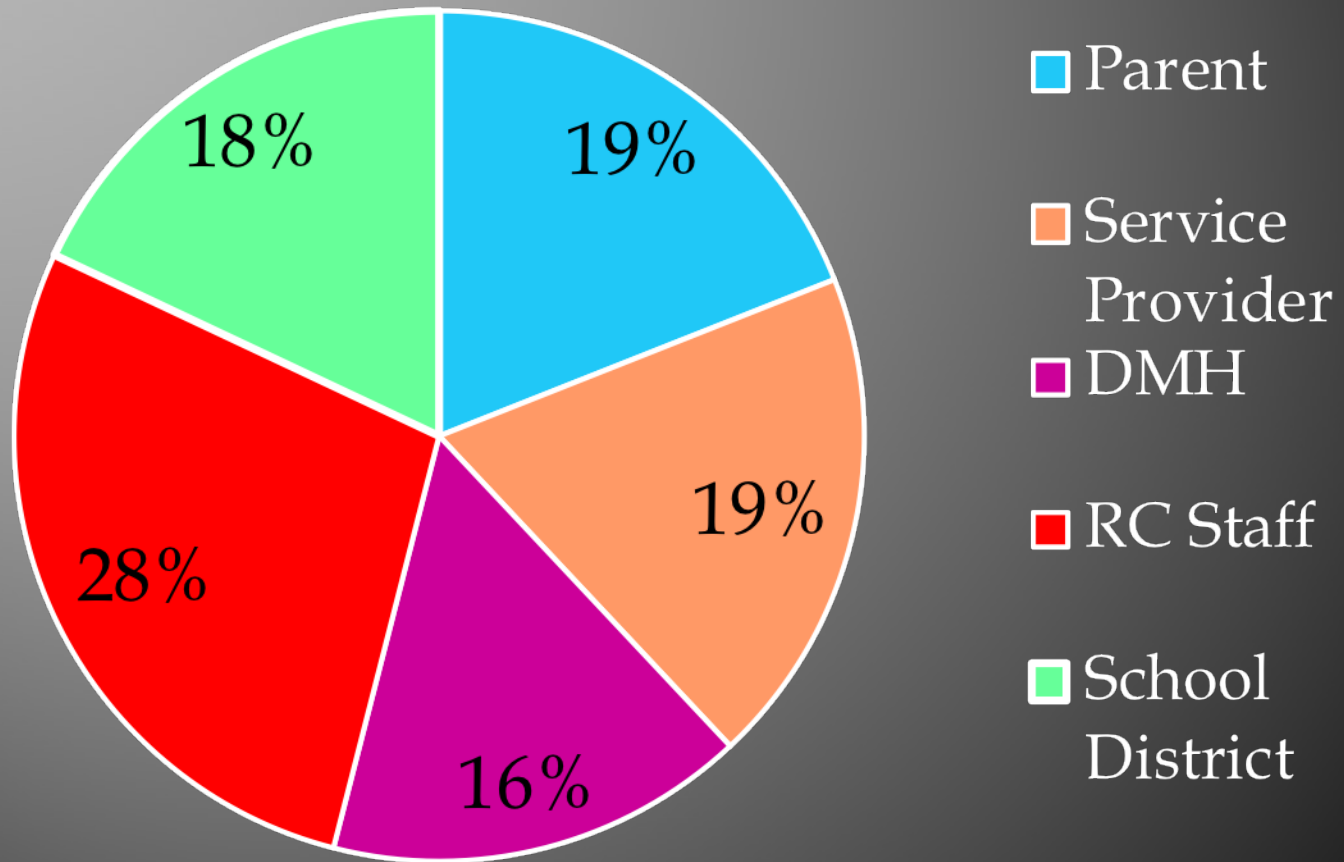
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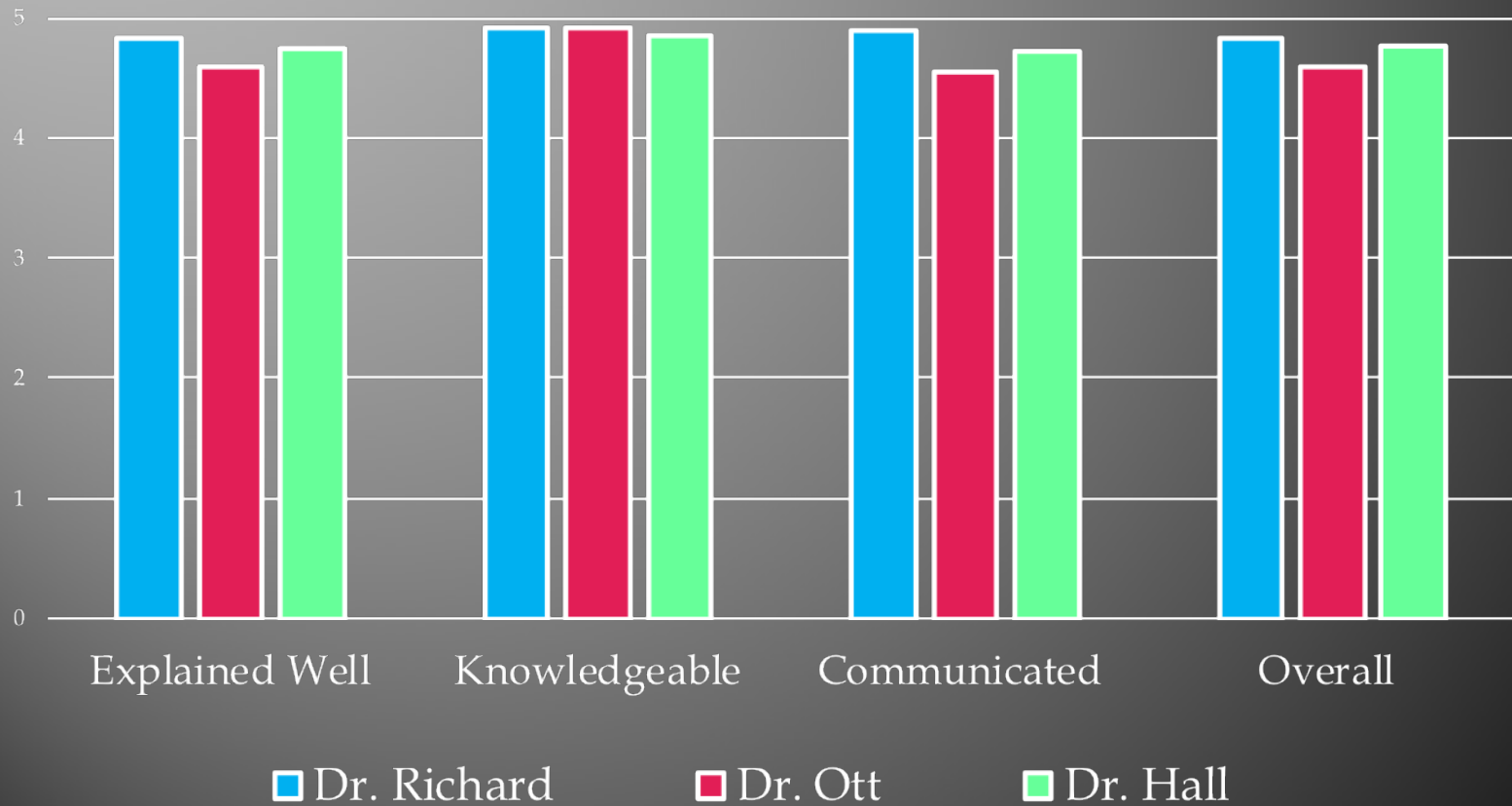


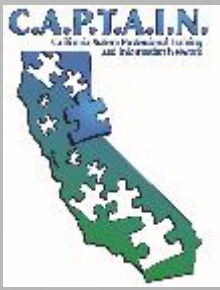
Attendees





Speaker Evaluations





Overall comments

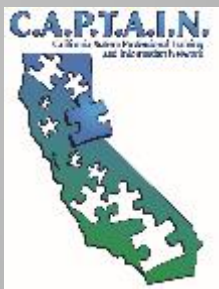
“Information is helpful in my profession”

“LRC should have this more, especially for parents”

“Speakers were very informative and very knowledgeable in their areas of expertise”

“Look forward to attending more CAPTAIN affiliated conferences”

“Extremely useful and effective training”



EBP in the Home and Community

간략한/간단한 전략들

Simple Strategies

- 대화할 수 있도록 가르침
- 잘한 행동에 대해 칭찬하고 나쁜 행동은 무시/무관심

Teach communication

Praise the good, ignore the bad

 I want	 I see	 thank you
 drink	 biscuit	 apple
 cake	 crisps	 banana
 book	 sand	 bricks
 pens	 form	 puzzle
 shoe	 jumper	

Functional Com

为什么会出现问题行为?

Why do problematic behaviors occur?

- 得到想要或需要的
Get what you want or need
- 躲避不愉快的任务或情况
Avoid unpleasant tasks or situations
- 缺乏适应能力(等待、容忍、应对、灵活性)
Lack of adaptive skills (waiting, tolerating, coping skills, flexibility)
- 无法表明选择、无聊、无法计划活动。
Inability to indicate choices, boredom, inability to plan



Algunas Estrategias Básicas

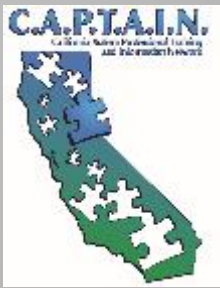
Some simple strategies

- Enseñarles a comunicarse
Teach communication
- Celebra lo bueno, ignora lo malo
Praise the good, ignore the bad
- Hazlo más fácil
Make it easy
- Fomentar la independencia
Build independence

Visual Task Analysis: Prepare Breakfast (Cereals)



Análisis de actividades Task Analysis
Autonomía Self-Management



What's Next - 2020

Screening Day Needs

Hours: 9am - 3pm
4-6 patients per hour to start
(25 patients/day minimum)

- Personel**
 - 1 RC representative
 - Dentists
 - X-Ray tech
 - X-Ray assistant
 - Secretary
 - Runner
 - 1 intake assistants
 - Secretary
- RC Space Needs**
 - Patient check-in area
 - Patient waiting area
 - Room to take x-rays
 - 3 rooms to do exams
 - Copy/Fax machine
 - Break room/Lunch room



Dental Screening Clinic

LEARNING TO BRUSH YOUR TEETH

- Using task analysis
- Complex behaviors are broken down into small steps
- Small steps are taught in sequence, chained together
- Reinforcement (rewards) are provided for each step
- A larger reinforcer occurs at the end of the chain of steps

Grab toothbrush
Grab toothpaste
Open toothpaste
Put toothpaste on toothbrush
Brush teeth
Spit
Rinse
Put items away

Task Analyses

Self-management

Brushing Teeth

1. Grab toothbrush
2. Grab toothpaste
3. Open toothpaste
4. Put toothpaste on toothbrush
5. Brush teeth
6. Spit



Social Narratives