CAPTAIN NORTH & SOUTH SUMMIT 2015 SHOWCASE POSTERS

October 16, 2015 & November 10, 2015

SOUTHEAST CONSORTIUM SELPA/BERRYESSA USD

- Title: Coaching for EBPs
- Presenters:
 - Rozina Kapadia
 - Michele Vallareal

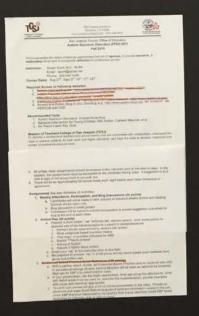


SAN JOAQUIN COE

- Title: Increasing Awareness and Knowledge of EBPs in Teacher Programs
- Presenter: Susan Scott



syllabus description of the assignment



Increasing Awareness and Knowledge of EBPs in Special Education Credential Programs

> Cohorts at the Teacher's College San Joaquin County learned all about EBP's in their SPED 267 class

Social Narratives

Presented By: Kim Flower Jasjit Hothi Rachel Korte



Social Narratives

Social narratives can be used:

- after a social "error" has occurred (e.g., saying something rude to a classmate, hitting, yelling)
- prior to a transition or new experience (getting a haircut, changing schools, going to the Dr.'s office, etc.)
- as an intervention to reduce existing recurring behaviors (nose picking, blurting out in class, etc.)



What age group are Social Stories (Narratives) effective for











SAN JOAQUIN COE

- Title: Using Structured and Naturalistic Teaching in the Classroom: DTT & PRT
- Presenter: Natalie Dragoo

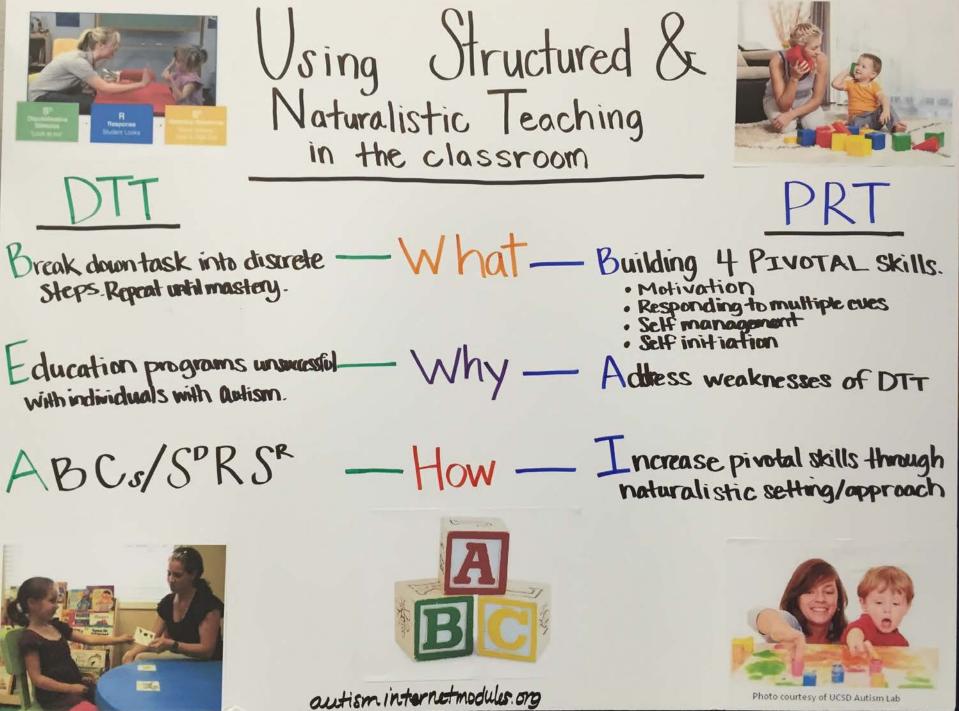


Photo courtesy of UCSD Autism Lab

STOCKTON SELPA

- Title: Exercise: An Antecedent Based Intervention to Address Sensory Motor Needs and Learning Readiness
- Presenters:
 - Heather Maurin
 - Laura Greiss-Hess



Exercise: An Antecedent Based Intervention To Address Sensory Motor Needs and Learning Readiness

Laura Greiss Hess, PhD, OTR/L & Heather Maurin, MA, EdS, BCBA



Stockton Unified School District-Marshall Preschool Autism Programs in Collaboration with Dominican University, Department of Occupational Therapy

Research (selected)

- "Exercise (ECE) is a strategy that involves an increase in physical exertion as a means of reducing problem behaviors or increasing appropriate behavior while increasing physical fitness and motor skills"
- "ECE can be used effectively to address behavior, school-readiness, academic, and motor skills."
 - NPDC Exercise Fact Sheet, 2014
- DSM- 5 ASD Diagnostic Criteria includes: • Hypo (under) or hyper (over) reactivity to sensory input or unusual interest in sensory aspects of the environment.
- Children with ASD have documented sensory processing and motor impairments. Positive effects from sensory motor interventions including improved play, social interactions and decreased sensitivity.

Baranek et al., 2002

Marshall Preschool Autism Programs

Leveled programs

- Highly Structured
- Structured
- Generalized
- Kindergarten
- Philosophy and practice of Interdisciplinary Team Collaboration
 - Autism Specialist/Behavior Analyst
 - Occupational Therapist
 - Speech Language Pathologist
- Programming
 - Formal in-service modules for teachers and staff (monthly, 2010-2014). Written and presented by the therapy team
 - Individual classroom collaboration meetings (approx. Monthly).
 - Interdisciplinary team classroom consultations – "push-in"

Current Model: MOTOR THRU THE DAY

Built directly into the daily curriculum Roughly 12 times per day over a total of 200

- minutes of instruction Circle time (2x per day – 60 mins) - Exercises
- Circle time (2x per day 60 mins) Exercises
 Stations ("Get Ready" Exercises x 6 stations)
- 3. FM Exercises (FM station & art projects)
- 4. FM / GM lessons (approx 20 mins stations)
- Structured Recess 2x per day = 60 minutes total

Information for Families Classroom Wide Support for Sensory

Motor Development

Frequently Asked Questions (FAQs) Q: When does sensory motor exercise programming happen?

A: Throughout the school day! Be on the lookout for sensory motor activities including: exercises in circle time, "Get ready to learn" exercises in stations, motor breaks, recess activities, and specific motor development lessons. Sensory motor programming happens multiple times per day!

Q: Where does sensory motor exercise programming happen?

A: In the classroom, during group instruction, in learning stations and on the playground.

Q: How does sensory motor exercise programming happen?

A: Interdisciplinary team collaboration is the key. An Occupational Therapist (OT) is a member of our team and provides sensory motor supports to each classroom. The OT consults with each classroom on a regular basis and provides formal in-service training to our teachers and staff regarding sensory motor / exercise needs and classroom interventions to support student learning.

Q: What should I do if I have more questions? A: Contact your child's teacher with any questions and the team will work in partnership with you to discuss your child's sensory motor needs.

Circle Time Exercises

REAR

hug

•Circle time was analyzed to determine how much time students spent "sitting"

•All exercises (gross , fine and oral motor) done in standing position.

•Sensory motor "exercises" designed to be peppered throughout circle time:

Exercise
Book
Exercise
Song

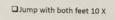


Etc
 Sensory motor exercise visuals included in circle

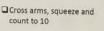


Get Ready Exercises

•At the beginning of each rotation, students participate in get ready exercises. •Helps students get ready to learn. •Exercises repeated as needed throughout the lesson and sometimes at the end to facilitate transition.



Clap hands 10 X



Take slow, deep breaths, in and out, do this 3 times



Recess

•Formal inservice training on structured and purposeful recess for all teachers and staff.

 Lesson plans and fidelity checklists developed.
 Visual supports and variety of sensory motor exercise /social play emphasized. Teaching ratio maintained.

Activities include:

- Visually structured gross motor obstacles using playground
- Chalk
- Bubbles
- Parachute
- Tricycles



Break / Self-Regulation

•Use of visuals taught throughout program •Sensory-Motor Exercises can be used responsively because they are integrated throughout the day.



- Ongoing program implementation via interdisciplinary team collaborative approach
- Formal student outcome measure data collection
 - Classroom data
 - BIP data
 - IEP goals

Author Contact Information
Laura Greiss Hess, PhD, OTR/L (<u>Jaura hess@dominican.edu</u>)
Heather Maurin, MA, EdS, BCBA (hmaurin@stocktonusd.net)

NORTH STATE CAPTAIN

- Title: Our North State CAPTAIN Conference on EBPs
- Presenter: Joe Comiskey



STATE

LOGISTICS COLLABORATION VENUE TOPICS **KEYNOTE SPEAKERS** REGISTRATION BILLING MATERIALS WEBSITE FOOD **TECHNOLOGY** RAFFLE ORGANIZATION **EVALUATION** POST PLANNING



Inclusion & Autism: Putting All the Pieces



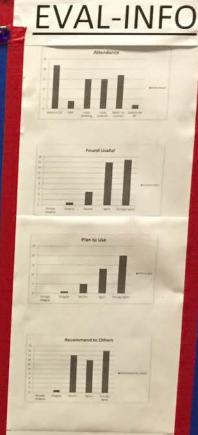












POSITIVE COMMENTS:

1+1 Presenters were very knowledgeable visuals and interactions. Well organized Obviously well experienced Food was wonderful

NEGATIVE COMMENTS:

More breakouts More teaching tricks

ALTA REGIONAL CENTER

- Title: Medi-Cal Managed Care Summit
- Presenter: Robin May

CAPTAIN Symposium for Medi-Cal Managed Care

Presented by: Robin May, LCSW, Ed.M. Alta California Regional Center Jackie Johnson, Far Northern Regional Center

What We Did

- Planning committee with Regional Center and Medi-Cal Managed Care representation
- Developed a free four hour Symposium hosted at Alta California Regional Center
- Topics included: Overview of CAPTAIN Updates from Dept. of Health Care Services Mandates of Early Start, IDEA, and Lanterman Best Practices in Diagnosing ASD What are EBPs? Comparison and Transtant

Comprehensive and Targeted Treatments

Who Came

- Managed Care Case Coordinators
- No. Cal. Regional Center CAPTAIN Collaborative
- Department of Health Care Services Administrators

Outcomes and Next Steps

- · All participants reported satisfaction with training
- Requests for ongoing training and collaboration
- CAPTAIN Leadership and DHCS collaboration

Service Cellvery Model stantifics have technology health materies (2017) is defensed and when it required by for constraint provided	Comprehensive Interventions Address of developmental domains Interactly: 21 40 fours per sevel, may be fere depending on diffet feeds were a per once, registering sint holes age a and four in interactly between open 6.4	Focused Interventions Address Interfacing Interactions or specific shift defines meet — poses a crisis to health and adjuty — final access to social productive or least restriction anotherments Not age or disposels specific terminally. J. 201 Access per week Description: 4,201 meets Mark Access and Access and Access and Description: 4,201 meets Mark Access and Mark Access and Description: 4,201 meets Mark Access and Mark Access and M	Evidence Based Practices An evidence based grantite (2017) is a maning method used to teach a garoffi- shift that has been down to the official evident on high-audity concerned (2014), Jandaroly, 8 Janufrum, 2020; Orlem, Brancinger, Garades, Horner, Theoryson, 8 Practic, 2020.
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Parent Galvared Parent training and coaching provided by a (publical Aution Service Provides (Professional	Through consultation and coaching parent appropriate bofuectors, and provide opport maintenance. Must be included in compr	funities for skill generalization and	Parent Implemented Intervention
Peer/Natural Support Cellvered Intervention provided by naturally according supports, including undromental supports, and/or trained peers. Peers and others are topically trained by a Exakiliad Aution Service Readed References		Avery of intercepter to soviet individual with extension for the context. May be included in	Peer Mediated Indruction & Intervention Northernel Pay Groups Raturations Intervention
Soft Delivered Therapeutic strategies are taught to an individual for independent use.		d change interfering throughts and featings. sensive treatment as child matures enough	Self Management Training Cognitive Behavior Intervention

Building Collaboration and Capacity for EBP Use in the Medi-Cal and Managed Care Systems

California Autism Professional Training and Information Network Behavioral Health Treatment Service Delivery Models and Evidence Based Practices (2015)

Service Delivery Model	e Delivery Models and Evide Comprehensive Interventions	Focused Interventions	Evidence Based Practices
Identifies how behavioral health treatment (BHT) is delivered and who is responsible for treatment provision	Address all developmental domains Intensity: 25-40 hours per week, may be less depending on child/family needs Age range: typically start before age 5 and fade in intensity between ages 6-8	Address interfering behaviors or specific skill deficits that: • pose a risk to health and safety • limit access to socially inclusive or least restrictive environments Not age or diagnosis specific Intensity: 2-20 hours per week Duration: 6-24 months	An evidence-based practice (EBP) is a teaching method used to teach a specific skill that has been shown to be effective based on high-quality research (Cook, Tankersly, & Landrum, 2009; Odom, Brantlinger, Gersten, Horner, Thompson, & Harris, 2005).
Therapist Delivered BHT is delivered in a 1, 2, or 3 tiered model using Qualified Autism Service Provider, Qualified	Comprehensive Behavior Treatment for Young Children (CBTYC): Intensive early behaviorally based intervention to	Behavior Intervention(s): Uses EBPs to reduce interfering behavior and teach replacement skills	27 EBPs defined in NPDC (2014): Please see CAPTAIN chart for EBP use with specific ages and developmental domains. Full definitions of EBPs
Autism Service Professional, and Qualified Autism Service Paraprofessional	address the core symptoms of ASD	Social Skills: Direct instruction on social skills in an individual or group setting Adaptive Skills Training/Communication Training: Use of multiple strategies to teach daily living skills/communication	available in NPDC (2014) publication.
Parent Delivered Parent training and coaching provided by a Qualified Autism Service Provider/Professional	Through consultation and coaching, support appropriate behaviors, and generalization and maintenance. M programs.	provide opportunities for skill	Parent Implemented Intervention
Peer/Natural Support Delivered Intervention provided by naturally occurring supports, including environmental supports and/or trained peers. Peers and others are typically trained by a Qualified Autism Service Provider/Professional.	Peers are trained and supported in t individual with ASD in performing a the context. May be included in late treatment.	opropriate skills and behaviors for er stages of comprehensive	Peer Mediated Instruction & Intervention Structured Play Groups Naturalistic Intervention
Self Delivered Therapeutic strategies are taught to an individual for independent use.	Individual is taught to self monitor a behaviors or skills; OR person is taug interfering thoughts and feelings. N comprehensive treatment as child n control and awareness of behaviors.	ght to recognize and change May be included in late stages of natures enough to develop impulse	Self-Management Training Cognitive Behavior Intervention

Adapted from:

^{1.} Wong, C., Odom, S. L., Hume, K. A., Cox, C. W., Fettig, A., Kurcharczyk, S., et al. (2015). Evidence-based practices for children, youth, and young adults with autism spectrum disorder: A comprehensive review. Journal of Autism and Developmental Disorders. Advance online publication

^{2.} National Autism Center (2015). Findings and conclusions: National standards project, phase 2. Randolph, MA

^{3.} California Association for Behavior Analysis (2011) Guidelines for Applied Behavior Analysis (ABA) Services: Recommendations for Best Practices for Regional Centers.

SOLANO SELPA

- Title: One SELPAs Journey Through Review of EBPs
- Presenters:
 - Jodie Phan
 - Pamela Brinkerhoff
 - Kim Kopp
 - Dorothy Rothenbaum
 - Patty Schetter

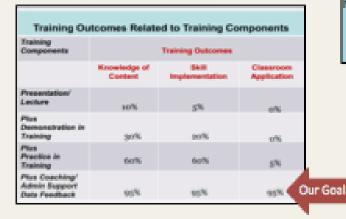
Solano Sounty SELPA: Implementation of Evidence Based Practices for Autism

Jodie Phan, Kimberly Kopp, Pamela Brinkerhoff, Dorothy Rothenbaum, Sam Neustadt (Authors)

CAPTAIN CADRE Responsibilities

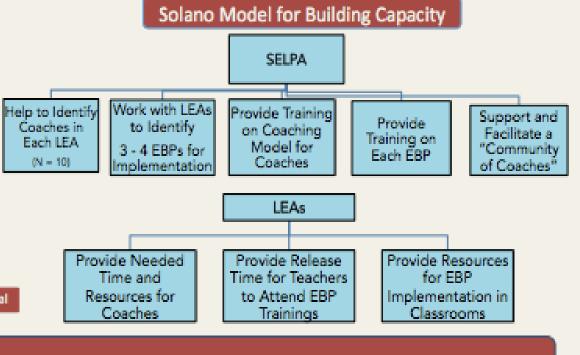
- <u>One</u> Annual Basic Training on Autism Spectrum Disorders
- <u>Three</u> Trainings on Specific Evidence Based Practices with an emphasis on implementation of these practices
- Implementation coaching for <u>3 teachers/programs</u> within the SELPA

Rationale for Coaching



Challenges in Solano County

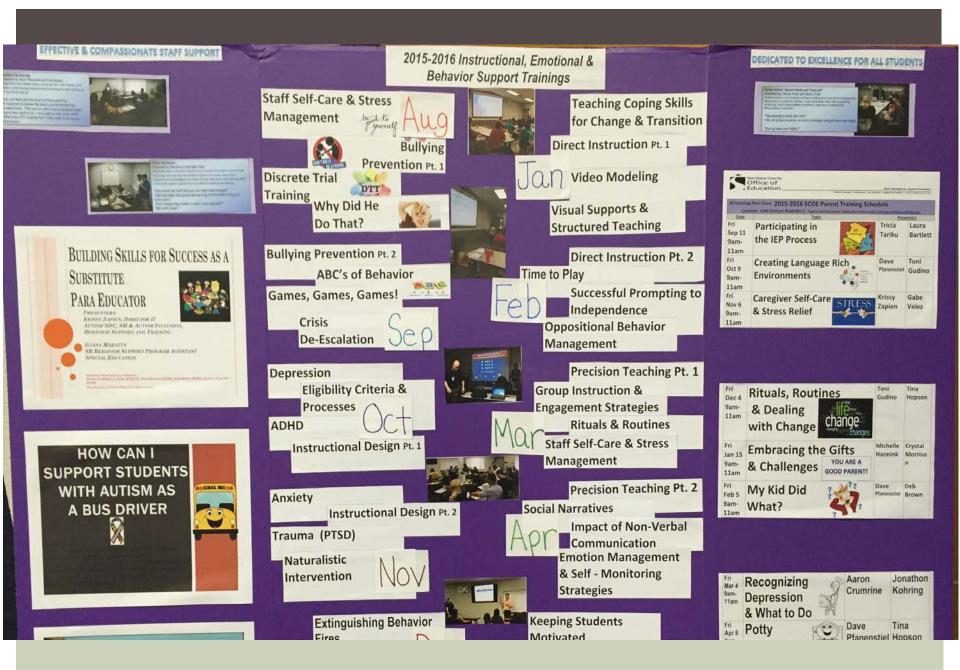
- Multi District SELPA with 6 LEAs
- LEAs range in size from 3,952 to 22,000 students and have varied resources
- 29 pre-k & elementary Regional classrooms across SELPA to serve students with autism
- Obtaining agreement across Districts regarding EBPs, coaches & coaching time, & assessments/ curriculum for Regional classrooms
- Lack of substitutes across SELPA adds to challenge of training teachers in EBPs



Building Capacity Within A Multi-District SELPA

STANISLAUS COE

- Title: Instructional, Emotional, & Behavior Support Trainings
- Presenter: Krissy Zapien



SAN BENITO SELPA

- Title: Circle of Friends: The Path to Inclusion
- Presenter: Casandra Guerrero



Educational Support

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Circle of Friends

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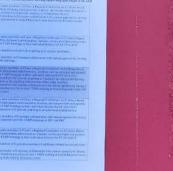
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CAPTAIN X

- Title: Our Region CAPTAIN X Conference on EBPS
- Presenters: Awit Dalusong



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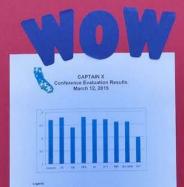
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C.L.I.C. CAPTAIN

Title: CL.I.C. Conference: Getting to Know your EBPs
Presenters: Jon Hope and C.L.I.C CAPTAIN Regional Reps





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Saturday	May 2, 2015 to 1:00 p.m.
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California's Autism Professional Training and Information Network (CAPTAIN) Presents

Getting to Know Your EBP's

PELLE

CAPTAIN Regional Planning Group: C.L.I.C. (CAPTAIN Local Interagency Collaborative)

EBP Conference Saturday, May 2, 2014 (9:00 - 1:00)

· Held at San Gabriel/Pomona Regional Center

· CLLC. developed, organized, and coordinated the conference

· General session ("overview of EBP's) provided by Vanessa Smith, Southern California Diagnostic Center

+ Parents' Place FRC handled all registration

• 130 people registered in advance and 121 attended

 Attendees included parents, teachers and Regional Center staff. Parents were the largest group in attendance.

 Three breakout sessions, each targeting a different EBP Trainers for breakout sessions were CAPTAIN Cadre members who were part of C.L.I.C. >Behavior

Communication

➢Video Modeling













WHAT WORKED

- STRONG, COLLABORATIVE REGIONAL TEAM (CLIC) ➤ SELPA's/Districts, Regional Center & FRC
- > Cohesive, dedicated group > Advanced planning and organization
- Knowledgeable presenters/trainers
- · General session that provided all participants with foundational knowledge on EBP's and accessing online resources (CAPTAIN, NPDC, AIMS Modules, CAPTAIN, Diagnostic Center, etc.,)
- · Breakout sessions that were relevant to those in attendance
- · Distributing information to parents in advance
- · Central, accessible location
- Convenient time for parents (Sat., 9:00 1:00)

THINGS TO CONSIDER NEXT YEAR (what we learned)

- 1. Need IT support for an event this large
- 2. Umit breakout sessions to a maximum of two
- 3. Add training on EBP's for older students
- 4. Include training on behavior and communication EBP's during general session

5. Split into two groups after general session Elementary age group . High School/Transition group

- 6. Time/location is great for parents and some educators, but may not be the most convenient for teachers
- 7. To attract more teachers, offer similar training on a weekday











LANTERMAN REGIONAL CENTER

 Title: Promoting EBPs in In-Home Behavior Interventions: Parent Implemented Intervention
 Presenter: Jean Johnson

Incorporating Parent Implemented Intervention (PII) in In-Home Behavior Programs

FRANK D LANTERMAN

AUTISM TEAM, FRANK D. LANTERMAN REGIONAL CENTER



Environment Qualifications

Presented at 3rd Annual CAPTAIN Summit Conference, Camarillo, CA November 9-10, 2015

Why use Parent Implemented Interventions?

- Maximize use of evidence based strategies in In-Home Intervention.
- Improve individualized focus.
- · Increase parent understanding and involvement/ Improve family functioning/lessen stress
- Enhance parent's feelings of competence
- · Promote lasting behavior change
- · Increase access to service by improving efficiency of programs

Parents of children with ASD report greater amounts of stress and depression than do parents of children who are typically devoluping or who have other developmental disorders (Hastings & Johnson, 2001; Lee, Harrington, Looie, & and Newschaffer, 2008).

Components of Parent Implemented

Intervention (Hendricks, D. A., 2008)

ALLOOM PARENT ALTON AND A

Practitioners, parents, and other team members select goals that:

- · Address areas of concern and priority for the child, parents, and/or family members
- · Will have a positive impact on family functioning and not cause additional stress to the parents or family
- · Can be implemented by parents with consistency
- · Are appropriate for parents to implement in home and/or community settings (Moes & Freq. 2000)

Practitioners, parents, and other team members should

prioritize goals related to behaviors that:

- Are a safety concern
- · Cause disruption in the home
- · Increase interactions (type, frequency, nature, and reciprocity of interactions)
- Increase access to the community
- · Require instruction in the home and/or other community settings for generalization

Parent Implemented Interventions

The intervention plan includes:

- The instructional strategy, broken down into step-by-step directions
- The frequency and duration of instruction
- · When and where to provide instruction

When teaching parents how to implement interventions at home and

- in the community, practitioners can help parents focus on:
- Turn-taking during daily routines/activities
- · Using objects and activities that are familiar to the child with autism (e.g., favorite toys, swinging, taking a bath)
- · Using a variety of materials that are interesting to the child so that he/she can choose what to use during the intervention activity
- Modeling the target skill
- · Providing natural reinforcement when the child uses the target skill correctly (e.g., access to the desired item, acquiring help after asking for it's.

Method

Participants & Setting Participants included 12 independent service provider agencies providing in-home ABA services for clients of the Frank D. Lanterman Regional Center, and included families receiving services from those agencies.

Service Provider Agency Training Procedures

- Specific group and individual agency training on incorporating elements of Parent Implemented Intervention in in-home treatment programs.
- Scoring of Assessment and Progress reports according to components of PIL
- Agency Feedback
- Agency self-scoring
- Group training on use of CAPTAIN internet resources (added in 2013). .
- Group training on AIM Module on Parent Implemented Interventions (added in 2014)

Measures

Incorporation of components of PII in service provider assessments and progress reports. In-home Parent Interview and Observation of Home Environment for Components of Pil.

Service Provider Training

· Guidelines for including parent implemented

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Report	Scoring

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In-Home Observation and Parent Interview

Pareness and Informationistic some intervieweed regarding surger behavior definitions: the function of the behavior, and the anothermotion plan recommended for ingle-measurem. The measurements was observed for presence of measurable industrant, current islas collection tools, and current section neuropease plane, and to ensure minimum staff qualification at direct interviewent and supervise levels.

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•	Treatment Environment	Constraint in an annual sector and a se				
	Staff Qualifications	A Design of the second second participation of the second	-		-	



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In home Parent Interview and Observation Jeanse endicated supersements in parents and practicity and foldows

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Discussion

· Service agencies were able to improve inclusion of parent implemented

interventions into in-home ABA services via specific training including

Results

Assessment Reports

Average Y2 wore = 70 Average Y3 more = 82

Parent

of implicity

Interview.

use of CAPTAIN resources and AIM Modules

Average difference (AV3-AV2)=12

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behavior interventions and incorporate those interventions into naturally occurring family activities. Parent training in evidence based interventions holds promise to:

Parents were able to increase understanding and use of important

- > Improve parent feelings of competence by incorporating effective strategies and extend the effects of treatment to all settings where children are with their panents
- Lessen family stress through improved functioning and independence during. naturally occurring family routines and activities (Korget Binhele & Schreibman, 1998).
- > Increase individualization of programs and access to natural supports to promote independent functioning under relevant conditions
- Improve effectiveness of programs through evidence based practices promoting improved family outcomes and more effective stewardship of public resources (see Koepel, Symon, and Koepel, 2002)

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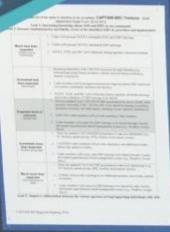
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VENTURA COE/SIMI VALLEY SCHOOL DISTRICT

Title: Trainer of Trainers Model Presenters: Julia McCarter Shayna Tolkmitt





EBP presentation for use by all Cadre members d Create EBP trainings to be shared

at a conference in November 2014; Evidence Based Practices for CANCELLED Autism Made Practical



Who Did We Reach?

- e Family Resource Center
- e California State University Channel Islands
- # SELRA employees
- # Staff from TI school districts
- (Teachers, Content Specialists, School Psychologists, University Professor)





e Use Data to drive planning for next year's trainings.

Develop CAPTAIN/ EBP overview slides to be added to all SELPA trainings related to Autism

Plan B oGet the message out! OTOT (Trainer of Trainers) scheduled for May 2015





SAN DIEGO USD

Title: EBPs for ASD Conference Presenters: Grace Fantaroni Lisa Larsson

CAPTAIN San Diego Regional Conference

CAPTAIN San Diego

- The CAPTAIN San Diego regional group includes 27 cadre members
 representing San Diego and Imperial Counties
- The group has held quarterly meetings since the initial Summit in the fall of 2013.
- One of the group goals for this year was to host a community conference on EBPs for ASD.
- On Sept 19, 2015, the conference, "Evidence-based practices for ASD" was successfully completed!

Conference

Community Partners:

The regional cadre members recruited 2 community partners to assist with the conference

- San Diego Autism Society of America assisted with online registration for the event using their existing platform. They received registration costs and maintained the list of participants.
- San Diego Unified School District provided access to a local school site as the conference location and contributed custodial services and audio-visual support for presenters.

Presentations:

Conference presentations included a keynote address and 11 total workshops across two session times. Presenters were cadre members and local experts. Topics included:

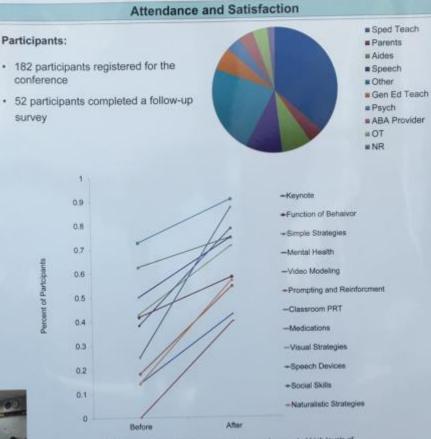
Addressing Challenging Behavior	Medications and ASD Visual Support Strategies Speech Generating Devices Social Skills	
Simple Strategies		
Mental Health Issues and ASD		
Video Modeling		
Prompting and Reinforcement	Naturalistic Strategies	
Classroom PRT		

Resource Fair:

Community resource organizations and Regional Center vendor agencies were invited to participate in a resource fair. Seventeen organizations participated.

Survey:

A follow-up survey was sent via email to all registrants to gather information on satisfaction and knowledge.



The figure indicates the percent of participants who reported high levels of knowledge (4 or 5 on survey) before and after attending a workshop.







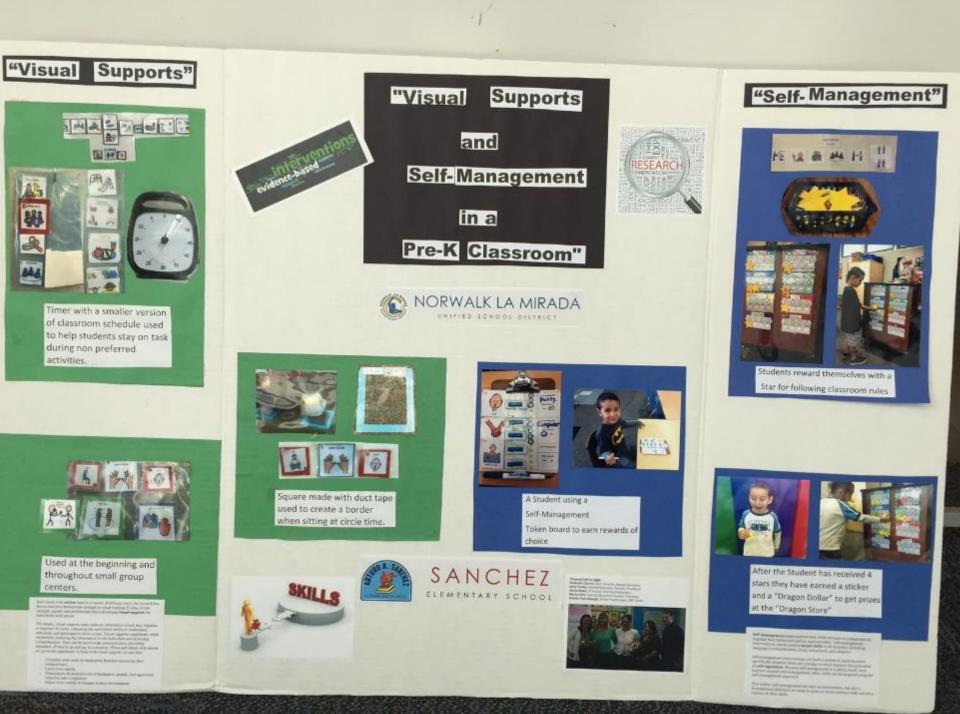
LOS ANGELES USD

Title: Using Visual Supports to Promote Written Expression Presenter: Amy Tseng



CAPTAINS OF THE NEW WAVE

- Title: Visual Supports and Self-Management in a Preschool Classroom
- Presenters:
 - Roshelle Chavez
 - Dustin Thornburgh

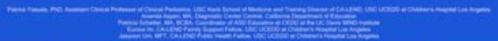


CAPTAIN RESEARCH COMMITTEE

Title: CAPTAIN Survey
Presenters:
Ananda Aspen
Patrice Yasuda



The California Autism Professional Training and Information Network (CAPTAIN): Driving Change in Ensuring Treatment Fidelity in Evidence Based Practices



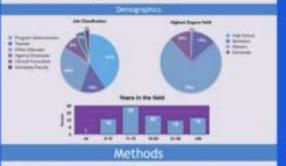
Results

Introduction

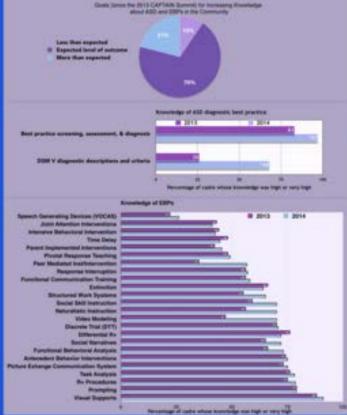
One child out of 68 is diagnosed with autam spectrum disorder (ASD), an increase of approximately 30% from 2012. As the nation's most populous state, this trend poses a major service delivery challenge. The California Autam Professional Training and Information Network (CAPTAIN) is meeting this challenge through a multi-agency collaboration that supports the undentranding, use and disseministims of widerice based practices (EBPs) for individuals affected by ASD access the state. Based on earlier efforts with California's participation in the CDC Regional Act Early Summit (2009) and the OSEP Anded National Professional Development Center for Autam Spectrum Disorders (MPDC-ASD) Training and Technical Assistance Grant (2010-2012), CAPTAIN is a statewide inflative with three primary goals.

- To increase knowledge about ASD and EBPs through systematic dissemination of information.
- To increase implementation and fidelity of EBPs in schools and the community.
- 3) To increase inter-agency collaborations to leverage resources and standardize processes.

The above goals are being met through annual educational summits and a train-the-trainer model. A CAPTAN website has also been created to wet and disseminate relevant information on ASD.



CAPTAN participants completels a 38 tem online survey prior to the annual summits in 2013 and 2014. A Likert scale was used, and results were analyzed to collect participant demographics and self report to Year One (pro) and Year Two (pent) survey items related to the three CAPTAN goals. This poster focuses on the analyzes of CAPTAIN cohort responses from both years measuring commit disgnostic descriptions and knowledge of ASD, content knowledge of EBPs, use of standardized protocols for treatment, and summative evaluation of treatment efficacy (content that was taught in Year One annual educational Symmit).





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Discussion

CAPTAIN is facuased on enacting systems-level charge across California by deseminating and implementing information on evidence-based practices (EBPs) in suborn through educational summits and regional training activities throughout the year. Existing infrastructures were leveraged within key stakeholder groups to be maximally efficient, Survey data on participant knowledge about ASD and EBP competency and treatment folding show promating results and a growing momentum for unliked approaches to addressing the needs of individuals with ASD and their bandles. CAPTAIN has successfully activered the following to date:

- Recruited highly qualified and experienced cadre members to become leaders.
- trainers and facilitators in the effort to increase knowledge and use of EBPs.
- Facilitated a higher competency level in use of EBPs through its educational surrowts, resulting in an increase that was statistically significant for all three sense of matchery. Selativity, and evaluation.
- Embraced a higher standard of service delivery that will ultimately improve the lives of individuals with ASD.

These findings reflect the immediate impact that CAPTAIN training efforts have made in increasing competency levels and implementation of EBPs for professionals working across the state of California. The next phase is to have this process become a toutine step in the administration of EBPs in auteen.

The above results should be interpreted as preliminary due to the self-report format of the data, the comparison between the two years being dependent on survey completers only and some survey items were slightly modified for increased carefy. The next steps of this study will address these considerations.

References

California Autors Probassing Training and Information Rabinski. (2015). Relinived Train: were CAPTINE on per-Canonics for Strained Carolin Research (2015). Relinived Train High Training and perchastic entraneous (2016) applications and an application Analysis (2017).

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Systems level change: the power of knowledge, implementation and evaluation

TEMECULA VALLEY USD SELPA

 Title: Training Instructional Assistants in Mod/Sev ASD Programs
 Presenters:

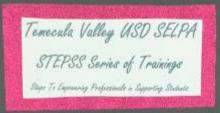
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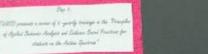








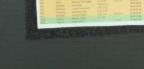




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KERN COUNTY

Title: Kern County Consortium SELPA and DCCC Autism Certification Program Presenter: Melvin Thomas



Kern County Consortium SELPA & DCCC Autism Certification Project



Introduction

In 2008, the Kern County Consortium SELPA Autism Workgroup and the Diagnostic Center Central joined forces in a proactive collaborative effort to satisfy the tramendous need that districts had within Kern County for highly qualified, highly trained educators. The project was designed to offer professional development through a series of trainings in Autism Spectrum Disorder leading to a certificate of competency for participants. The participants have to implement several evidence based practices in order to receive a certificate of competency. Over the last three years, the CAPTAIN Project has enhanced the training to provide additional coaching for series participants.

Project Team

Kern County Consortium SELPA

Greg Rhoten - Executive Director Melvin Thomas, BCBA - Program Specialist Dana Sevitanos-Myers, BCBA - Program Specialist Karlyn Farber, BCBA - Program Specialist Sharon Hjella - Program Specialist Lee Knotis-Martin - Program Specialist

Diagnostic Center, Central California Laura Lavery - Education Specialist

Special Presenter Simona Othart-Rhoten, Consultant

The series of trainings are provided over the course of the academic year from September to May. The components of the year-long, intensive certification program for toachers, speech pathooligits or paraprofessionals who work with students with autism included the following:

- Teachers 60 hours of professional development
- Paras 30 hours of professional development
- Two structured observations based on best practice rubric
- Coaching sessions for each participant on working with the student with autism
- Textbook readings
- · Monthly competency based portfolio assignments
- Additional coaching available from CAPTAIN Cadre members

Project Goals

The purpose of the project was to provide training to the teachers, speech language pathologists and paraprolessionals who work with students with Autism within the Kern County school districts. Project goals included the following:

- Increase the understanding and sensitivity to the unique and pervasive needs of students with autism
- Provide best practice strategies and interventions that aducators can use to maximize the learning of diverse students with autism.
- Provide specific coaching to individual educators who are currently working with students with autism.

Trainings Sessions: Topics Covered

- Autism Spectrum Disorder: The Basics
 - · Overview of Autism Spectrum Disorder (ASD)
- Overview of Evidence Based Practices
- Sensory Differences
- Discrete Trial Teaching & Direct Skills Instruction
 Classroom Structure & Skills Assessment
- Classroom Structure & Skills Assessment
 Data Collection & Prompting
- Data Collection & Prompting
 Instructional Supports & Reinforcement
- Supporting the Development of Social Communication Skills in Low Functioning Students with Autism
- Supporting the Development of Social Communication Skills in High Functioning Students with Autism
- Behavior Intervention and Support
- Inclusive Practices
 - Case studies were used to demonstrate application of learned material
 - Teachers, Speech Pathologists and Paraprofessionals working in teams
 - · Analyzed case studies and
 - Suggested interventions/strategies that would be appropriate for both high- and low-functioning students with ASD.

Results

Kern County Schools' Strengths in Working with Student with Autism

Administrative supports were evident, especially by seeking this opportunity for the teachers/paraprofessionals to receive in-depth training and support.

They also: Provided release time enabling the paraprofessionals to attend trainings, and

Provided time for the paragrofessionals to complete readings and homework assignments.

Paraprofessionals asked questions, maintained open minds, and were receptive to the implementation of new

instructional strategies and/or recommendations that have the potential to improve student successes in school. Paraprofessionals were observed to apply the information learned in the trainings.

Students with special needs were observed to be accepted by all and were provided with an environment that accommodated individual differences.

	Aides	Teachers	SLPs	
2008- 2009	13			13
2009- 2010	20	26		46
2010- 2011	18	13	17	48
2011- 2012	13	23		36
2012- 2013		24		24
2013- 2014	32	14		46
2014- 2015	35			35
TOTAL	131	100	17	248

Conclusions



43% frained/ Cecilied

Through Kern County SELPA's series certification we have trained 23% of our SELPA's special education teachers who provide instruction to students with ASD across the continuum of services.

More specifically, as of the end of 2014, Kern County SELPA trained a total of 43% of its Special Day Class (SDC) techers who are typically primary service providers to students with ASD, Techers to students with ASD,

The series has entered its 6th cycle with 24 participants as of September 2015.

Certification series have also been offered for paraprofessionals and speech and language pathologists. From 2008 to 2015, 131 paraprofessionals have successfully completed the competency based series. In 2011, 17 SLPs completed the series.



Resources

- www.autisminternetmodules.org
- NAC, Evidence-Based Practice and Autism in the Schools. 2rd Edition.
- 3. CAPTAIN, http://www.captain.ca.gov/
- How to Be a Para Pro: A Comprehensive Training Manual for Paraprofessionals, Diane Twachtman-Culter, David DeLorenzo.