2015 Cadre Boot Camp

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Welcome New Cadre Members!

Cadre members:

- Are nominated by SELPAs, Regional Centers, and Family Resource/Family Empowerment Centers
- Will receive training through our annual summit
- Will have access to the NPDC-ASD and CAPTAIN training materials
- Will assist with the statewide distribution of the EBPs by providing support and training locally.

What is CAPTAIN?

CAPTAIN is a multiagency network developed to support the understanding and use of Evidence-Based Practices for individuals affected by Autism Spectrum Disorder across the state.

CAPTAIN is dedicated to the following:

- Providing statewide access to trainings and resources in Evidence Based Practices (EBPs) that are culturally sensitive, family centered, cost effective, and competency based.
- Establishing supports that are locally based with trainer of trainers at the local level.
- Emphasizing how to use EBPs to assist students in accessing the California Common Core State Standards and developing College and Career Readiness.
- Providing ongoing training, support, and technical assistance to implement EBPs and ensure fidelity of implementation.
- Supporting the development of local multiagency collaborations to support consistent use of EBPs.
- Providing an annual training summit and a forum for collegial communication and support to CAPTAIN Cadre members.
- Providing web based access to materials and resources that are vetted and align with current EBPs.
- Providing information and outreach to other interested stakeholders and provider groups who could benefit from learning more about EBPs (E.g. Professional Organizations, Higher Education, Self Advocates, Allied Health Providers)

CAPTAIN Video

CAPTAIN Cadre Requirements

Current Cadre Requirements

- Complete Foundations of ASD Class
- Complete annual CAPTAIN survey
- Participate in Annual CAPTAIN Summit
- Participate in local CAPTAIN collaboratives to implement local plans (quarterly)

Additional Regional Center Requirements

- Provide trainings for Service Coordinators/ Regional Center staff and vendors on Overview of ASD and EBPs (3 per year)

Additional FRC/UCEDD Cadre Requirements

- Support SELPAs and Regional Centers in providing trainings
- Inform other UCEDD and FRC staff about the EBPs and CAPTAIN resources

Additional SELPA Requirements

- Provide 1 Annual Overview of ASD and EBP Training per year

- Provide 3 Trainings in Specific EBPs

- Implementation coaching for 3 teachers/programs within your SELPA using implementation checklists and coaching process

Boot Camp Agenda

- Learn the Signs. Act Early.
- What are EBPs
- How to Select EBPs
- Goal Attainment Scaling
- Coaching and Implementation Tools
- Demonstration Site
- Personal Planning

CENTERS FOR DISEASE CONTROL AND PREVENTIONS

Learn the Signs. Act Early.

Learn the Signs.
Act Early.

Centers for Disease
Control and Prevention

www.cdc.gov/actearly
1-800-CDC-INFO

You'll learn....

- Why tracking each child's developmental milestones is important
- About free resources to help
- How you can help parents along the way
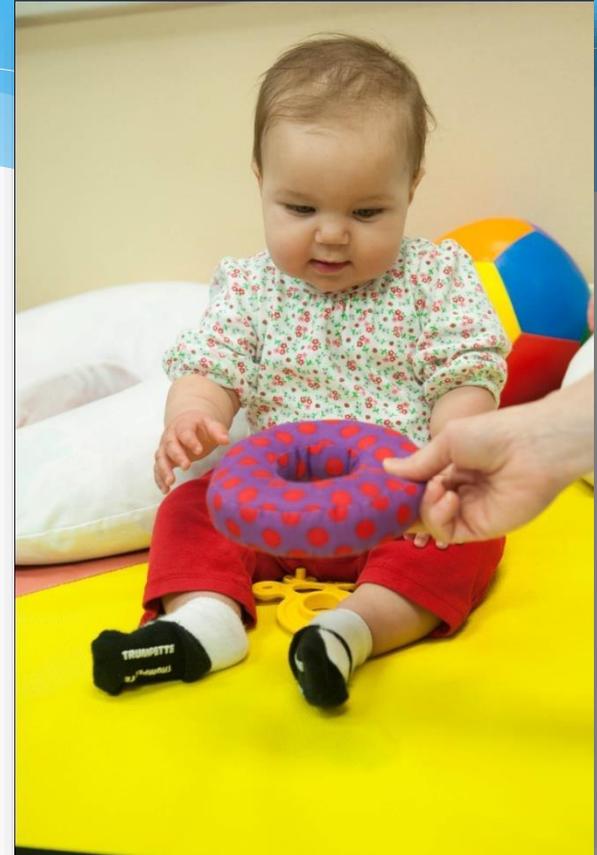
The Issue

- **1 in 4 children**, age 0-5 years, are at moderate or high risk for developmental, behavioral, or social delay

- Children who have developmental delays are at greater risk for later emotional and behavioral problems and poor educational achievement

Screening Statistics

- 1 in 6 children has a developmental disability

- 12-16% U.S. children have a developmental or behavioral disorder [1]

- Prompt identification can spur specific and appropriate therapeutic early interventions[2]

- Fewer than 50% of pediatricians use valid and reliable screening tools

- Fewer than 30% are identified by clinician judgment alone before entering school[3]

AAP Policy Statement, Pediatrics 2001
AAPA Policy Statement, Pediatrics 2006
Sand, et al. Pediatricians' reported practices regarding pediatric screening. Do guidelines work?, Pediatrics 2005

AAP Developmental Surveillance Guidelines

Surveillance at every Well Child visit should include:

- asking about parents' concerns
- obtaining a developmental history
- making observations of the child
- identifying risk and protective factors
- documenting the findings

AAP Developmental Screening Guidelines

The AAP recommends standardized developmental screening at well-child visits

* All children screened to assess their general development at **9,18, & 24 or 30 months**

* All children screened for ASD at **18 & 24** months

9-Month-Old Child

18-Month-Old Child

24-Month-Old Child

Reported Barriers to Conducting Standardized Developmental Screening for Children 0-3 Years of Age

	Proportion of Pediatricians Reporting as Barrier to Screening,
Time limitations in current practice	89%
Lack of medical office staff to perform screening	49%
Inadequate barriers (ie, physician or staff members cannot speak language of family)	46%
Lack of confidence in ability to screen	19%
Lack of treatment options for positive screening results	10%
Lack of knowledge regarding referral options for positive screening results	9%

Developmental Milestones

- Milestones are things most children can do by a certain age

- How a child plays, learns, speaks, acts, and moves

- You see these every day

- They offer important clues about each child's developmental health

- Parents may need guidance in recognizing

All children develop at their own pace. Some will reach milestones slightly late or early.

Tracking   Milestones   Helps Parents…

- Understand that watching for milestones is important

- Better understand child development

- Pinpoint any potential developmental concerns

Tracking Milestones Is Important

Tracking a child's milestones helps parents catch early signs of possible developmental delays so the child has the best chance to get the help he or she might need.

Crawls
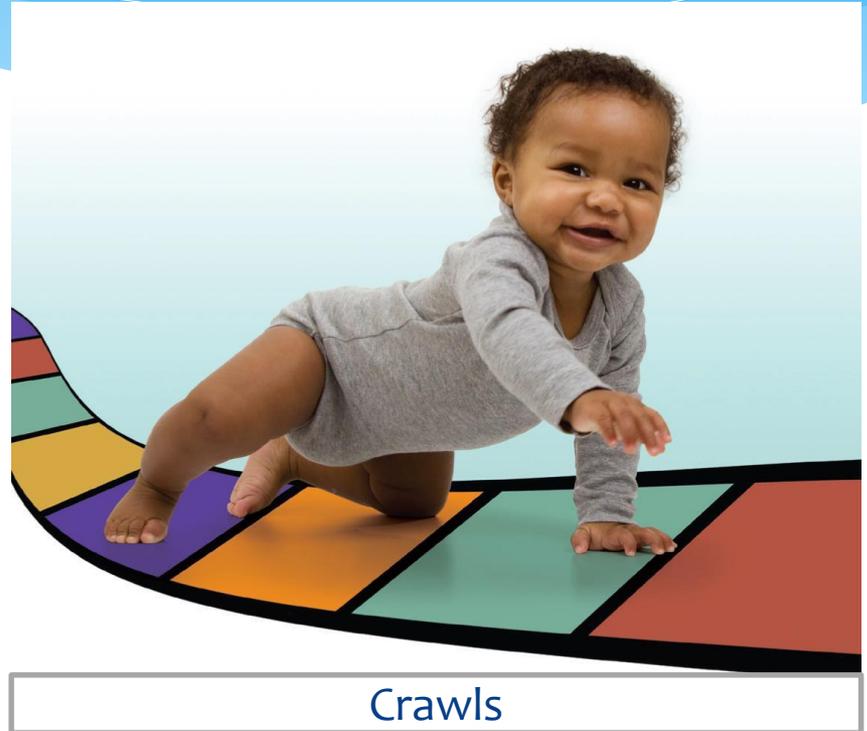
Learn The Signs. Act Early. Materials

- Developed by CDC, in conjunction with the AAP

- Objective, research-based

- Make visits more **productive** and more **time-efficient**

- Empower parents to become better partners in tracking development

Learn The Signs. Act Early. Materials

- Completely free

- Can be ordered online and mailed to your office for free.

- Some resources are printable online.

Learn The Signs. Act Early. Materials

Designed for use by:

- Parents
  - Books, growth chart
- Professionals
  - How to discuss milestones
  - Tip sheets
- Parents and Professionals Together
  - Tracking tools

Campaign Posters

Appropriate for:

- Waiting room
- Office wall

"It's time to change how we view a child's growth."

Milestones Brochure

Select milestones at a glance for ages 6 months to 4 years

250
500
*

Using Milestone Moments Brochure…

Everyday use:
- Place in waiting areas
- Give families a copy of the booklet
- Suggest parents review milestones and development tips with providers regularly
- Discuss red flags if necessary
- Use the booklet as a reference

Printing options:
- Find a local printer for printing
- Print directly from website using a desktop printer

Milestone Moments Booklet

Milestone Moments

Learn the Signs. Act Early.

You can follow your child's development by watching how he or she plays, learns, speaks, and acts.

Look inside for milestones to watch for in your child and how you can help your child learn and grow.

Your Child at 18 Months

What children do at this age

Social/Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

Talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

How you can help your child's development

- Provide a safe, loving environment. It's important to be consistent and predictable.
- Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- Describe her emotions. For example, say, "You are happy when we read this book."
- Encourage pretend play.
- Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- Read books and talk about the pictures using simple words.
- Copy your child's words.
- Use words that describe feelings and emotions.
- Use simple, clear phrases.
- Ask simple questions.

Learn the Signs. Act Early.   www.cdc.gov/milestones

50
100
*

Milestone Moments Booklet

- Free and customizable
- Can be ordered on the website
- Helps parents prepare for well-child visits
  - Milestone checklists
  - 2 months – 5 years
  - Four domains of development
- Use like an Immunization Record
- Activities to foster development

Using the Milestone Moments Booklet…

Everyday use:
- Give families a copy of the booklet
- Suggest parents review milestones and development tips with providers regularly
- Discuss red flags if necessary
- Use the booklet as a reference

Printing options:
- Find a local printer for printing
- Print directly from website using a desktop printer

Milestone Checklists

Your Baby at 9 Months

- Free and printable online
http://www.cdc.gov/ncbddd/actearly/downloads.html#checklists
- Well Child Visits
– A checklist to be given at each corresponding well child visit
– 2 months through 5 years
– Same information as milestone booklets
- Parent tested
- Spanish translation on reverse

Using Milestone Checklists…

Throughout the year, pay attention to how the child is meeting milestones and mark the checklist accordingly.

Your Child at 2 Years

Child's Name   Child's Age   Today's Date

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

☐ Copies others, especially adults and older children

☐ Climbs onto and down from furniture without help
☐ Walks up and down stairs holding on
☐ Throws ball overhand
☐ Makes or copies straight lines and circles

Social/Emotional

☑ Copies others, especially adults and older children

☐ Gets excited when with other children

☐ Shows more and more independence

☑ Shows defiant behavior
   (doing what he has been told not to)

☑ Plays mainly beside other children, but is beginning
   to include other children, such as in chase games

Story Time -Amazing Me / Soy Maravilloso
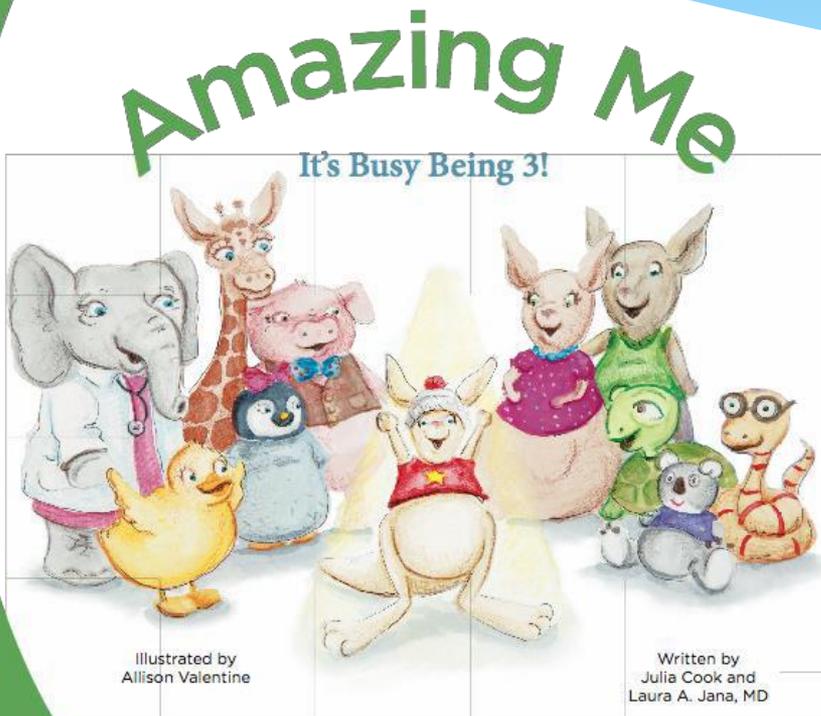
- Celebrates typical development

- Age-appropriate activities

- Currently developing books for 1 and 2 year olds

Growth Charts

- Select milestones at a glance for ages 1 month to 5 years

- English and Spanish on reverse
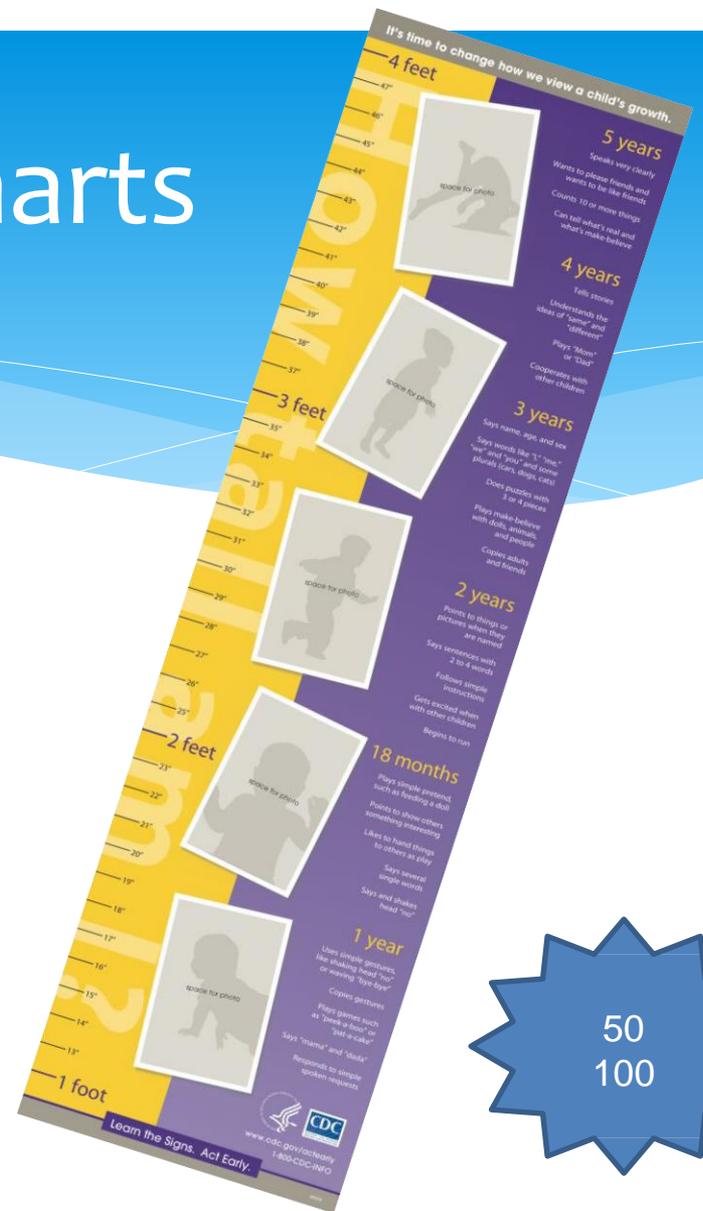
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100

Inglés y Español

Additional languages:

- Arabic
- Korean
- Portuguese
- Somali

*some materials
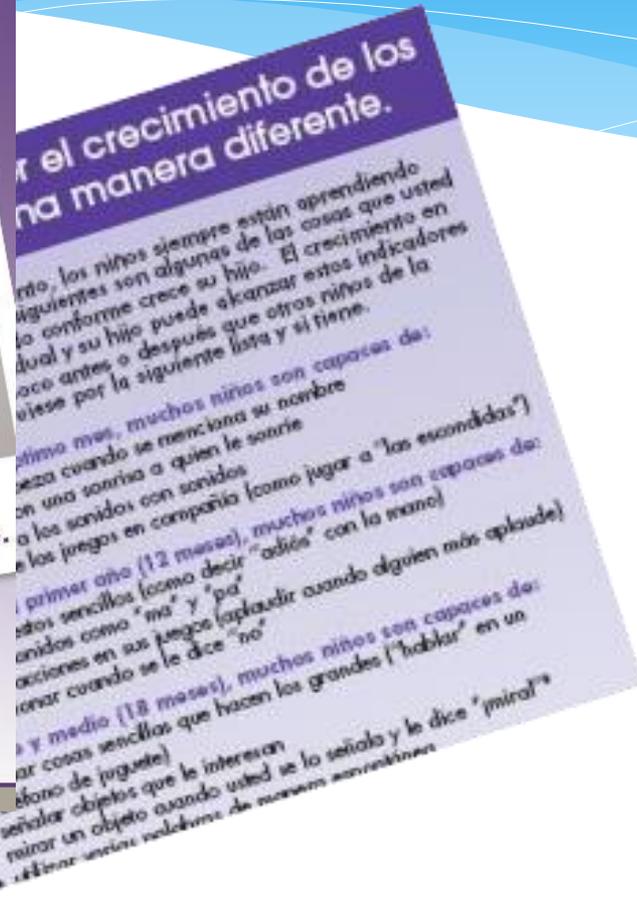
Parent Kit
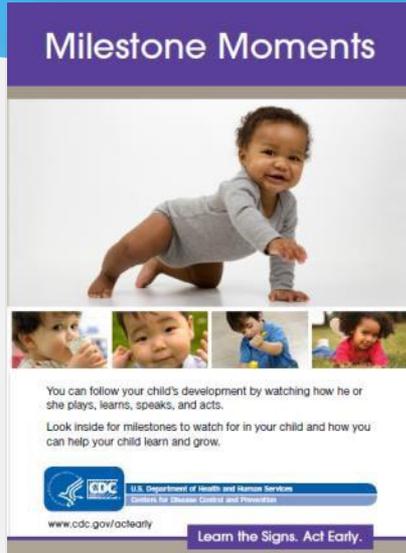
Growth Chart

Milestone Moments Booklet

Ask parents to order a free parent kit, so they can track their child's development at home using Milestone Moments and the Growth Chart.

10
25
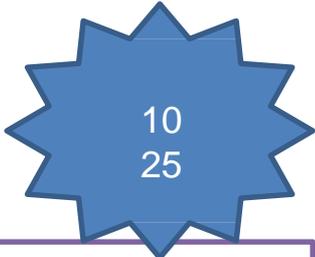
Materials specially packaged for parents - includes one growth chart and one Milestone Moments booklet (English or Spanish).

Free Continuing Education

- Free online courses eligible for CME, CNE and CEU credits
- Maintenance of Certification (MOC, Part 2) Approved
  - Identifying
  - Diagnosing
  - Managing
- In-Class Curriculum Teaching Guide Video Library

Autism Case Training:
A Developmental-Behavioral
Pediatrics Curriculum

Endorsed by the American Academy of Pediatrics and the
Society for Developmental and Behavioral Pediatrics.

Developed in partnership with
Health Resources and Services Administration
Maternal and Child Health Bureau

CDC
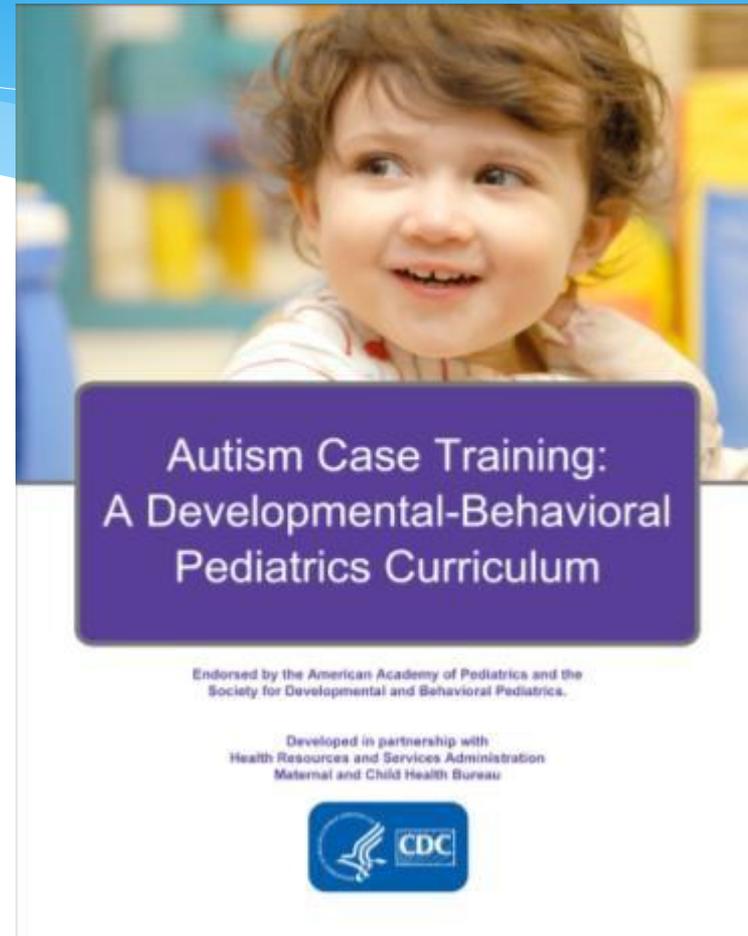
Autism Case Training

click on the playlist icon ⌄ in the video menubar at the bottom of the player screen

- Early Warning Signs
- Screening
- Communicating Concerns
- Making an ASD Diagnosis
- Early Intervention and Education
- Treatments for ASD
- ASD-Specific Anticipatory Guidance

Watch Me!

- FREE, online training course for ECE providers and other community members (1-hour, 4-module course)
- Provides tools and best practices for monitoring the development of children in their care talking about it with their parents.
- **www.hhs.gov/watchmethrive**

Learn The Signs. Act Early. Ambassadors

Any Questions?

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Learn the Signs. Act Early.

www.cdc.gov/ActEarly

What Are EBPs?

Using Evidence-Based Practices

Evidence-based practices (EBP) for individuals with ASD:

* Are practices for which there is scientifically-based research that demonstrates efficacy for children and youth with ASD

* Rely on the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge for intervention and educational activities and program

* Have been shown to be effective with children and youth with ASD

2 Important ASD EBP Resources

National Professional Development Center (NPDC)	National Autism Center (NAC)
1. **27 Evidence Based Practices Briefs** 2. **EBPs for Young Children** **Released March 2014**	1. **National Standards Project Report-Phase NSP2** **Released April 2015**
http://autismpdc.fpg.unc.edu http://asdtoddler.fpg.unc.edu	www.nationalautismcenter.org

A History of Systematic Reviews of the Literature for Evidence Based Practices (EBPs)

* **775 research studies reviewed by National Standards Project from National Autism Center, Phase 1 (NSP1)**

* **Included research for the years: 1957-2007**

* **In 2009, identified 11 Established Treatments**

The National Autism Center's

National Standards Report

THE NATIONAL STANDARDS PROJECT—
ADDRESSING THE NEED FOR EVIDENCE-
BASED PRACTICE GUIDELINES FOR
AUTISM SPECTRUM DISORDERS
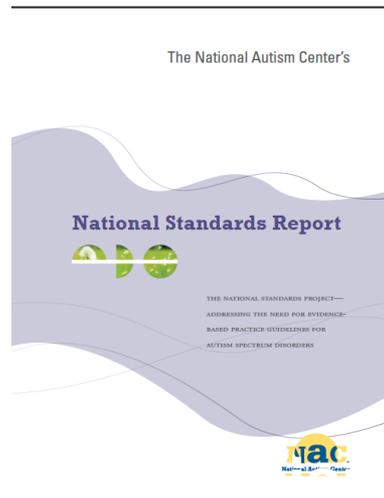
Released April 2, 2015

NEW!

National Standards Project, Phase 2
Now Available! Click Here

- Based on research conducted in the field from 2007 to February 2012

- Provides an update to the previously published summary of empirical treatment literature (2009)

- 351 articles (ages 0-22) and 27 articles (ages 22+)
  included studies if the interventions could be implemented in or by school systems, early intervention, home, hospital, vocational. and/or community-based programs or in clinic settings

  www.nationalautismcenter.org

A History of Systematic Reviews of the Literature for Evidence Based Practices (EBPs)

* **In 2015, 14 Established Interventions Under Age 22**
  1 Established Intervention Age 22+

    * **2nd** Review by National Standards Project, National Autism Center, Phase 2 (NSP2)

* Reviewed studies published in peer reviewed journals between 2007 and February of 2012
    * 351 articles (ages 0-22) and 27 articles (ages 22+)
    * included studies if the interventions could be implemented in or by school systems, early intervention, home, hospital, vocational. and/or community-based programs or in clinic settings

Findings and Conclusions:
National Standards Project,

Phase 2

ADDRESSING THE NEED FOR
EVIDENCE-BASED PRACTICE GUIDELINES
FOR AUTISM SPECTRUM DISORDER

Strength of Evidence Classification System

Established:

Sufficient evidence is available to confidently determine that an intervention produces favorable outcomes for individuals on the autism spectrum. That is, these interventions are established as effective.

Emerging:

Although one or more studies suggest that an intervention produces favorable outcomes for individuals with ASD, additional high quality studies must consistently show this outcome before we can draw firm conclusions about intervention effectiveness.

Unestablished:

There is little or no evidence to allow us to draw firm conclusions about intervention effectiveness with individuals with ASD. Additional research may show the intervention to be effective, ineffective, or harmful.

The National Standards Project-Phase 2 (NSP2)

Overall Findings for Individuals Under Age 22

- 14   Established Interventions

- 18 Emerging Interventions

- 13 Unestablished Interventions

NAC National Autism Center

Findings and Conclusions:
National Standards Project,

Phase 2

ADDRESSING THE NEED FOR
EVIDENCE-BASED PRACTICE GUIDELINES
FOR AUTISM SPECTRUM DISORDER

NSP2
Example of EBP

Modeling

Established Intervention

One of the most effective ways to teach someone what to do is to show him or her how to do it. The goal of modeling is to correctly demonstrate a target behavior to the person learning the new skill, so that person can then imitate the model. Children can learn a great deal from observing the behavior of parents, siblings, peers, and teachers, but they often need to be taught what behaviors should be imitated.

Basic Facts

Number of articles reviewed:

NSP1 = 51   NSP2 = 28

Effective ages: Children and adolescents 3-18 years

Skills increased:
- higher cognitive functions (NSP1)
- academic (NSP2)
- communication, interpersonal, personal responsibility, and play (NSP1&2)

Behaviors decreased:
- problem behaviors (NSP1)
- sensory or emotional regulation (NSP1)

Detailed Description

There are two types of modeling—live and video modeling.

Live modeling occurs when a person demonstrates the target behavior in the presence of the child with autism spectrum disorder (ASD). When providing live modeling:
- Clearly outline, in writing, the target behavior to model.
- Ensure all individuals modeling the target behavior are doing so in a consistent manner. It may be helpful for parents/caregivers/therapists to practice together to make certain each person provides the same model.
- Obtain the child's attention prior to modeling the target behavior.
- Develop a plan to fade or stop the use of modeling to encourage the child to independently display the target behavior.

Video modeling occurs when you pre-record a person demonstrating the target behavior. Video modeling can be a great option for children/adolescents with an affinity for television shows, movies, or interest in seeing themselves on a monitor (i.e., television screen, computer monitor, video recorder monitor). Some children/adolescents may enjoy assisting in the production of the video.

NSP2 Recommendations For Intervention Selection

Established Interventions have sufficient evidence of effectiveness

"We recommend the decision-making team give serious consideration to these interventions because:

- these interventions have produced beneficial effects for individuals involved in the research studies published in the scientific literature

- access to interventions that work can be expected to produce more positive long-term outcomes

- there is no evidence of harmful effects

However, it should not be assumed that these interventions will universally produce favorable outcomes for all individuals with ASD

The following interventions have been identified as falling into the Established level of evidence:

- Behavioral Interventions
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training (Production)
- Modeling
- Natural Teaching Strategies
- Parent Training
- Peer Training Package
- Pivotal Response Training
- Schedules
- Scripting
- Self-Management
- Social Skills Package
- Story-based Intervention

14 ESTABLISHED INTERVENTIONS
(for individuals under age 22)

Findings and Conclusions:
National Standards Project,

Phase 2

ADDRESSING THE NEED FOR
EVIDENCE-BASED PRACTICE GUIDELINES
FOR AUTISM SPECTRUM DISORDER

nac
National Autism Center
A Center of May Institute

NSP2 Recommendations For Intervention Selection

EMERGING INTERVENTIONS

"We generally do not recommend beginning with these interventions

However, Emerging Interventions should be considered promising and warrant serious consideration if Established Interventions are deemed inappropriate by the decision-making team, or were unsuccessful in producing positive outcomes"

Emerging Interventions are those for which one or more studies suggest they may produce favorable outcomes. However, before we can be fully confident that the interventions are effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with ASD. Based on the available evidence, we are not yet in a position to rule out the possibility that Emerging Interventions are, in fact, not effective.

A large number of studies fall into the Emerging level of evidence. We believe scientists should find fertile ground for further research in these areas.

The following interventions have been identified as falling into the Emerging level of evidence:

- Augmentative and Alternative Communication Devices
- Developmental Relationship-based Treatment
- Exercise
- Exposure Package
- Functional Communication Training
- Imitation-based Intervention
- Initiation Training
- Language Training (Production & Understanding)
- Massage Therapy
- Multi-component Package
- Music Therapy
- Picture Exchange Communication System
- Reductive Package
- Sign Instruction
- Social Communication Intervention
- Structured Teaching
- Technology-based Intervention
- Theory of Mind Training

18 EMERGING INTERVENTIONS (for individuals under age 22)

Findings and Conclusions: National Standards Project, Phase 2

ADDRESSING THE NEED FOR EVIDENCE-BASED PRACTICE GUIDELINES FOR AUTISM SPECTRUM DISORDER

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NSP2
Recommendations For Intervention Selection

UNESTABLISHED INTERVENTIONS

"Unestablished Interventions either have no research support or the research that has been conducted does not allow us to draw firm conclusions about intervention effectiveness for individuals with ASD.

When this is the case, decision-makers simply do not know if this intervention is effective, ineffective, or harmful because researchers have not conducted any or enough high-quality research.

Given how little is known about these interventions, **we would recommend considering these interventions only after additional research has been conducted** and this research reveals favorable outcomes for individuals with ASD."

Unestablished Interventions are those for which there is little or no evidence in the scientific literature that allows us to draw firm conclusions about their effectiveness with individuals with ASD. There is no reason to assume these interventions are effective. Further, there is no way to rule out the possibility these interventions are ineffective or harmful.

The following interventions have been identified as falling into the Unestablished level of evidence:

- Animal-assisted Therapy
- Auditory Integration Training
- Concept Mapping
- DIR/Floor Time
- Facilitated Communication
- Gluten-free/Casein-free diet
- Movement-based Intervention
- SENSE Theatre Intervention
- Sensory Intervention Package
- Shock Therapy
- Social Behavioral Learning Strategy
- Social Cognition Intervention
- Social Thinking Intervention

13 UNESTABLISHED INTERVENTIONS
(for individuals under age 22)

Findings and Conclusions:
National Standards Project,

Phase 2

ADDRESSING THE NEED FOR
EVIDENCE-BASED PRACTICE GUIDELINES
FOR AUTISM SPECTRUM DISORDER

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Research Findings for Adults (22+ Years)

Established Interventions for Adults

The only intervention to be identified as Established for individuals ages 22 years and older is Behavioral Interventions. The Behavioral Intervention category consists of applied behavior analytic interventions to increase adaptive behaviors and decrease challenging behaviors. Examples of specific strategies identified in the 17 articles supporting Behavioral Interventions are provided in the table on the following page.

Only 1 Established

Emerging Interventions for Adults

Emerging Interventions are those for which one or more studies suggest they may produce favorable outcomes. However, before we can be fully confident that the interventions are effective, additional high quality studies are needed that consistently show these interventions to be effective for individuals with ASD. Based on the available evidence, we are not yet in a position to rule out the possibility that Emerging Interventions are, in fact, not effective.

The following intervention has been identified as falling into the Emerging level of evidence:

◖ Vocational Training Package

Unestablished Interventions for Adults

Unestablished Interventions are those for which there is little or no evidence in the scientific literature that allows us to draw firm conclusions about their effectiveness with individuals with ASD. There is no reason to assume these interventions are effective. Further, there is no way to rule out the possibility these interventions are ineffective or harmful.

The following interventions have been identified as falling into the Unestablished level of evidence:

◖ Cognitive Behavioral Intervention Package

◖ Modeling

◖ Music Therapy

◖ Sensory Integration Package

Findings and Conclusions:
National Standards Project,
Phase 2

ADDRESSING THE NEED FOR
EVIDENCE-BASED PRACTICE GUIDELINES
FOR AUTISM SPECTRUM DISORDER

National Autism Center
A Center of May Institute

Another Resource for
Older Individuals with ASD

csesa.fpg.unc.edu

http://csesa.fpg.unc.edu/

CSESA LIVE | LOGIN

Access for CSESA Schools

Search

CSESA

The Center on Secondary Education for Students with Autism Spectrum Disorder

ABOUT THE CENTER   **OUR TEAM**   **RESOURCES**   **PARTNER WITH CSESA**

CSESA Launches in 30 Schools

CSESA is off and running! The CSESA research team is collaborating with 30 high schools across the country in the 2014-2015 school year.

Read more »

More Center Activities...

2 Important ASD EBP Resources

National Professional Development Center (NPDC)	National Autism Center (NAC)
1. **27 Evidence Based Practices Briefs** 2. **EBPs for Young Children** **Released March 2014**	1. **National Standards Project Report-Phase NSP2** **Released April 2015**
http://autismpdc.fpg.unc.edu http://asdtoddler.fpg.unc.edu	www.nationalautismcenter.org

A History of Systematic Reviews of the Literature for Evidence Based Practices (EBPs)

* **175 research studies reviewed by National Professional Development Center (NPDC)**

* **Included research for the years: 1997-2007**

* **In 2010, identified 24 EBPs**

Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder

Released March 2014

NEW!

Evidence-Based
Practices for
Children, Youth,
and Young Adults
with
Autism Spectrum Disorder

Connie Wong, Samuel L. Odom,
Kara Hume, Ann W. Cox, Angel Fettig,
Suzanne Kucharczyk, Matthew E. Brock,
Joshua B. Plavnick, Veronica P. Fleury, and Tia R. Schultz

Autism Evidence-Based Practice Review Group
Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill

* **In 2014, 27 EBPs**
  * **2nd review by NPDC (Mar 2014)**
  * **Included 22 years, 1990-2011**
    * **29,101 possible studies ➜ 456 studies**
    * **RCT, quasi-experimental, single case design**
  * **Strength of evidence for assessment**
  * **Based on number, type of studies using each EBP**

http://autismpdc.fpg.unc.edu/node/21

NPDC Criteria for EBP

To be considered an EBP for individuals with ASD, efficacy must be established through peer-reviewed research in scientific journals using:

* At least two high quality experimental or quasi-experimental group design articles conducted by at least two different researchers or research groups

OR

* At least five high quality single case design articles conducted by at least three different researchers or research groups having a total of at least 20 participants across studies

OR

* A combination of at least one high quality experimental or quasi-experimental group design article and at least three high quality single case design articles conducted by at least two different research groups

27 Evidence – Based Practices (2014)

Antecedent-based interventions

Cognitive behavioral intervention*

Differential reinforcement

Discrete trial training

Exercise*

Extinction

Functional behavior assessment

Functional communication training

Modeling*

Naturalistic interventions

Parent-implemented intervention

Peer-mediated instruction/intervention

Picture Exchange Communication System™

Pivotal response training

Prompting

Reinforcement

Response interruption/redirection

Scripting*

Self-management

Social narratives

Social skills training

Structured play groups*

Task analysis

Technology-aided intervention/instruction*

Time delay

Video modeling

Visual supports

Added from 2014 literature review

DEFINITIONS OF 27 EBPs

Evidence-Based Practice	Definition	Empirical Support	
		Group (n)	Single Case (n)
Time delay (TD)	In a setting or activity in which a learner should engage in a behavior or skill, a brief delay occurs between the opportunity to use the skill and any additional instructions or prompts. The purpose of the time delay is to allow the learner to respond without having to receive a prompt and thus focuses on fading the use of prompts during instructional activities.	0	12
Video modeling (VM)	A visual model of the targeted behavior or skill (typically in the behavior, communication, play, or social domains), provided via video recording and display equipment to assist learning in or engaging in a desired behavior or skill.	1	31
Visual support (VS)	Any visual display that supports the learner engaging in a desired behavior or skills independent of prompts. Examples of visual supports include pictures, written words, objects within the environment, arrangement of the environment or visual boundaries, schedules, maps, labels, organization systems, and timelines.	0	18
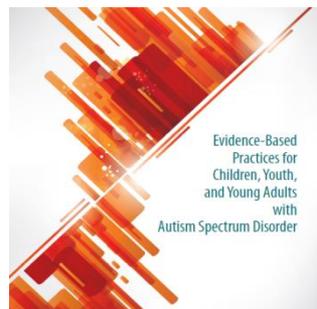
Evidence-Based
Practices for
Children, Youth,
and Young Adults
with
Autism Spectrum Disorder

Connie Wong, Samuel L. Odom,
Kara Hume, Ann W. Cox, Angel Fettig,
Suzanne Kucharczyk, Matthew E. Brock,
Joshua B. Plavnick, Veronica P. Fleury, and Tia R. Schultz

Autism Evidence-Based Practice Review Group
Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill

FACT SHEETS AVAILABLE FOR EACH OF THE 27 EBPs

- Definition of the intervention

- Age range of participants

- Type of outcomes it has generated

- Citations for the specific articles that provide the evidence for the efficacy of the practice

Why are these EBP resources so important?

Why Evidence-Based Practices?

* Because using EBP with learners with ASD are defensible
* Because teachers and clinicians are accountable
* Instructional decisions should be data driven

Evidence-Based Practices and Current Federal Initiatives

In 2001 the *No Child Left Behind Act* (NCLB) emphasized the need for scientifically-based research and the use of evidence-based practices in the field of education

No Child Left Behind Act of 2001, Public Law 107-110

IDEA

Individuals with Disabilities Education Improvement Act of 2004, Public Law 108-446

IDEA aligns with NCLB in its use of terminology related to evidence-based practice, i.e., "scientifically based research" (§ 300.35) and emphasizes its importance in sections on educational placements (§300.116) as well as personnel development (§ 300.207), and related funding.

IDEAs that Work
U.S. Office of Special Education Programs

IDEA 2004 * Sec. 300.320
Definition of Individualized Education Program……

,,,,,(4) A statement of the special education and related services and supplementary aids and services, **based on peer-reviewed research** to the extent practicable, to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided to enable the child--

(i) To advance appropriately toward attaining the annual goals;

(ii) To be involved in and make progress in the general education curriculum in accordance with paragraph (a)(1) of this section, and to participate in extracurricular and other nonacademic activities; and

(iii) To be educated and participate with other children with disabilities and nondisabled children in the activities described in this section;…….

IDEA 2004
Part C: Infants and Toddlers with Disabilities

SEC. 635. REQUIREMENTS FOR STATEWIDE SYSTEM

(a) In General.--A statewide system described in section 633 shall include, at a minimum, the following components:

(2) A State policy that is in effect and that ensures that appropriate **early intervention services based on scientifically based research,** to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State and infants and toddlers with disabilities who are homeless children and their families.

SEC. 636. INDIVIDUALIZED FAMILY SERVICE PLAN

(d) Content of Plan.--The individualized family service plan shall be in writing and contain

(4) a statement of specific **early intervention services based on peer-reviewed research,** to the extent practicable, necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and method of delivering services;

Autism Collaboration, Accountability, Research, Education and Support (Autism CARES)

Autism CARES is formerly known as, the *Combating Autism Act*

Its goals include:

* Improving Autism-Related Research
* Increasing awareness about autism and related disorders
* Reducing barriers to screening and early diagnosis of autism
* **Promoting evidence-based early intervention**

Signed into law by President Bush as PL 109-416 on Dec.19, 2006

The Lanterman Developmental Disabilities Act

* Also known as the Lanterman Act, is a California law, passed in 1969, that gives people with developmental disabilities the right to services and supports that enable them to live a more independent and normal life.

* The Lanterman Act is codified in the Welfare and Institutions Code and has been amended several times since its passage, including…

Welfare & Institutions Code 4686.2(b)

Effective July 1, 2009… regional centers shall:

* (1) Only purchase ABA services or intensive behavioral intervention services that reflect **evidence–based practices**, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions…"

Health and Safety Code Section 1374.73

(c) (1)(C) (iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

Evidence-Based Practices and Current Educational Initiatives

California Department of Education (CDE) initiative for the use of **Multi-tiered System of Support (MTSS)** as a framework for implementation of Common Core State Standards (CCSS) for the success of *all* students.
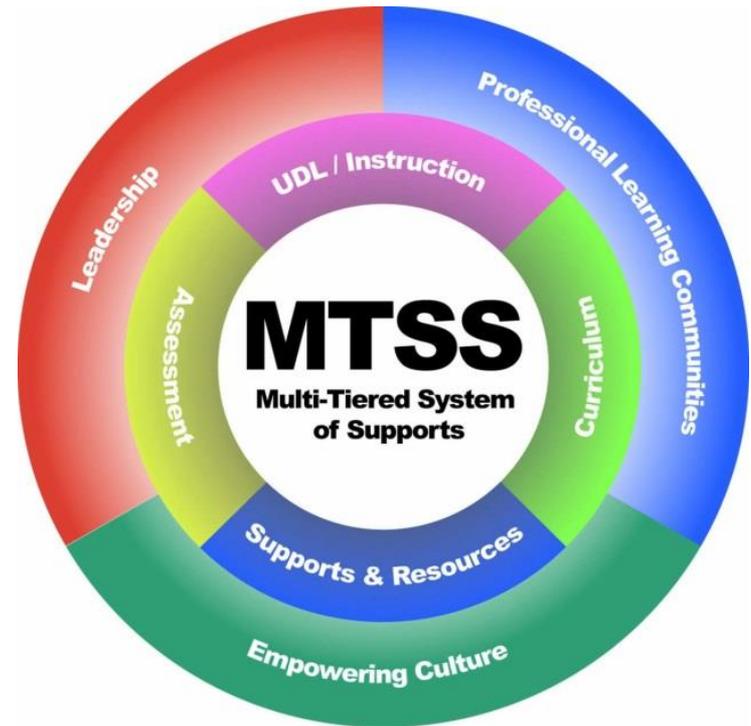
Multi-tiered System of Supports (MTSS):
A Comprehensive Framework for Implementing CCSS
www.mydigitalchalkboard.org

MTSS Principles and Practices

- Early Intervention
- Multi-tiered model
- Evidence-based supports and practices
- Fluidly driven by data
- Individualized interventions
- Principles of UDL

- Differentiated learning
- Integration of intervention and instructional supports
- Classroom instruction aligned with the CA CCSS
- Strong, predictable, and consistent classroom management structures

(www.kansasmtss.org)

Multi-tiered System of Supports (MTSS):
A Comprehensive Framework for Implementing the CCSS

Multi-tiered System of Supports (MTSS):
A Comprehensive Framework for Implementing the CCSS
www.mydigitalchalkboard.org

Implementing EBPs Aligns With CCSS Instruction and UDL

The principles of Universal Design for Learning (UDL) provide a framework for educators to use:

- multiple ways to teach the content

- multiple ways for students to demonstrate knowledge

- multiple ways to engage ALL learners

EBPs and Common Core Standards

Kindergarten Standard Example: Identify the front cover, back cover, and title page of a book (Reading for Informational Text)

* Several EBPs would be appropriate to develop this skill: Discrete Trial Teaching, Pivotal Response Training, and Prompting depending on the current skill level of the student

EBPs and Common Core Standards

First Grade Example: Students will produce complete sentences when appropriate to task and situation (Speaking and Listening)

* Several EBPs would be appropriate to develop this skill: Functional Communication Training, Picture Exchange Communication System, Technology-Aided Instruction and Intervention depending on the current skill level of the student

How to Select EBPs

CAPTAIN Recommends

* Use 27 EBPs from NPDC

* Use 14 Established Interventions for Ages 0-22 from NAC

* Use 1 Established Intervention for Ages 22+ from NAC

C.A.P.T.A.I.N.
California Autism Professional Training and Information Network

Selecting an EBP

EBPs are used to advance student goals which are tied to standards

Ask: What is our goal/objective targeting?

* Consider the specific IEP goals and related objectives

Ask: What are our options?

* Look at the domain that the specific goal relates to

27 EBPs Matrix
Available on the CAPTAIN Website
English and Spanish!

www.captain.ca.gov

Evidence Based Practice and Abbreviated Definition	Social 0-5	6-14	15-22	Comm. 0-5	6-14	15-22	Beh. 0-5	6-14	15-22	Joint Attn. 0-5	6-14	15-22	Play 0-5	6-14	15-22	Cog. 0-5	6-14	15-22	School Ready 0-5	6-14	15-22	Acad. 0-5	6-14	15-22	Motor 0-5	6-14	15-22	Adapt. 0-5	6-14	15-22	Voc. 0-5	6-14	15-22	Mental Health 0-5	6-14	15-22
Antecedent Based Intervention (ABI): *Arrangement of events preceding an interfering behavior to prevent or reduce occurrence*	G	B	B	G	Y	Y	G	Y	B					Y						Y			Y	B		Y			Y							
Cognitive Behavioral Intervention (CBI): *Instruction on cognitive processes leading to changes in behavior*		Y							B								Y																		Y	
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O): *Consequences provided for desired behaviors that reduce the occurrence of interfering behaviors*	G	Y					G	G	B		Y			Y					G	G		G	Y						B							
Discrete Trial Teaching (DTT): *Instructional process of repeated trials, consisting of instruction, response, and consequence*	G	Y		G	Y						G		G						G	G		G						G				Y				
Exercise (ECE): *Antecedent based physical exertion to reduce interfering behaviors or increase appropriate behaviors*							G	G												G			G			Y										
Extinction (EXT): *Removal of existing reinforcement in order to reduce an interfering behavior*		Y			G		B	G			Y									G			G						G							
Functional Behavior Assessment (FBA): *Systematic protocol designed to identify contingencies that maintain an interfering behavior*								G	G											G			G													
Function Communication Training (FCT): *Replacement of an interfering behavior with communication that accomplishes the same function*	G	Y					B	G	B				G	Y					G	G								G	B							
Modeling (MD): *Demonstration of a desired behavior that results in skill acquisition through learner imitation*	G	Y	B	G	B						G		G							G												B				
Naturalistic Intervention (NI): *Intervention strategies that occur with the learner's typical settings and routines*	G	Y		G	Y			Y					G																							
Parent-Implemented Intervention (PII): *Parent delivered intervention learned through a structured parent training program*	G	G			G			Y									G			G								G	Y							
Peer-Mediated Instruction and Intervention (PMII): *Typically developing peers are taught strategies that increase social learning opportunities in natural environments*	G	B	Y	Y							Y		G	Y					G	G			Y	B												
Picture Exchange Communication System (PECS): *Systematic 6 phase protocol teaching the exchange of pictures between communicative partners*	G	Y		G	Y						Y																									

www.captain.ca.gov

Evidence Based Practice and Abbreviated Definition — Evidence by Developmental Domain and Age (years)

Legend: G = green, Y = yellow, B = blue, blank = no evidence indicated. Each domain column is split into three age bands: 0-5, 6-14, 15-22.

Evidence Based Practice and Abbreviated Definition	Social 0-5	6-14	15-22	Comm. 0-5	6-14	15-22	Beh. 0-5	6-14	15-22	Joint Attn. 0-5	6-14	15-22	Play 0-5	6-14	15-22	Cog. 0-5	6-14	15-22	School Ready 0-5	6-14	15-22	Acad. 0-5	6-14	15-22	Motor 0-5	6-14	15-22	Adapt. 0-5	6-14	15-22	Voc. 0-5	6-14	15-22	Mental Health 0-5	6-14	15-22
Pivotal Response Training (PRT): *Pivotal learning variables guide intervention implemented in settings that build on learner interests and initiative*	G	Y		G	Y								G	Y																						
Prompting (PP): *Verbal, gestural, or physical assistance that supports skill acquisition*	G	Y		G	Y			Y	B	G			G						G	G	B	G	B	G	G	Y		G		B			B			
Reinforcement (R+): *A response occurring after a behavior resulting in an increased likelihood of future reoccurrence of the behavior*	G	B		G	B	Y	G	Y	B	G		B	G		B	Y			G	G		G	G					G		B	Y					
Response Interruption/Redirection (RIR): *Use of prompts or distracters during an interfering behavior that diverts attention and reduces the behavior*	G			G			G		B				G															G	Y							
Scripting (SC): *A verbal or written model of a skill or situation that is practiced before use in context*	G	B		G	B		G						G	G	B	G	G						G									Y				
Self Management (SM): *Instruction on discrimination between appropriate and inappropriate behaviors and accurate self-monitoring and rewarding of behaviors*		Y							B										G	B													B			
Social Narratives (SN): *Descriptions of social situations with examples of appropriate responding*	G	Y		G			G						G									G						G	Y							
Social Skills Training (SST): *Direct instruction on social skills with rehearsal and feedback to increase positive peer interaction.*	G	B	G	G										B	Y																					
Structured Play Group (SPG): *Adult lead small group activities that include typically developing peers and use prompting to support performance*		Y												Y												Y										
Task Analysis (TA): *The process of breaking a skill into small steps that are systematically chained together*					G								Y													Y										
Technology-Aided Instruction and Intervention (TAII): *Intervention using technology as a critical feature*	G	B		G	B		Y		B	G						G			G	B	B	G	B						B			Y	B			
Time Delay (TD): *Delaying a prompt during a practice opportunity in order to fade the use of prompts*	G	Y		G	Y		B	Y		G	G								G			G			G	G		G								
Video Modeling (VM): *A video recording of a targeted skill that is viewed to assist in learning*	G	B		G	B		G			G			G	B					G			G			G			G	B	Y						
Visual Support (VS): *Visual display that supports independent skill use.*	G	Y	B	G	Y		G			G			G			G			G			G	Y		Y											

Selecting an EBP

Next, make a decision based on:

* The skills being taught
* Your professional wisdom
* The learner's learning style
* The learner's temperament
* The learner's interests and motivators
* Supports already in place
* History of what has and hasn't worked

Let's Practice!

Goal: Lucia (age 8) will respond to peer's questions and comments with eye contact and appropriate phrases or sentences.

Ask: What is the goal targeting?

* Expressive Language, Social Skills

Ask: What are the options?

Evidence Based Practice and Abbreviated Definition — **Evidence by Developmental Domain and Age (years)**

Color legend for cells: **G** = green, **Y** = yellow, **B** = blue, blank = no mark. (Age columns: 0-5, 6-14, 15-22. The Social domain shows only the 6-14 and 15-22 columns; the leftmost Social column is obscured by an overlaid arrow graphic.)

Practice	Soc 6-14	Soc 15-22	Comm 0-5	Comm 6-14	Comm 15-22	Beh 0-5	Beh 6-14	Beh 15-22	JA 0-5	JA 6-14	JA 15-22	Play 0-5	Play 6-14	Play 15-22	Cog 0-5	Cog 6-14	Cog 15-22	SR 0-5	SR 6-14	SR 15-22	Acad 0-5	Acad 6-14	Acad 15-22	Mot 0-5	Mot 6-14	Mot 15-22	Adapt 0-5	Adapt 6-14	Adapt 15-22	Voc 0-5	Voc 6-14	Voc 15-22	MH 0-5	MH 6-14	MH 15-22
Antecedent Based Intervention (ABI): Arrangement of events preceding an interfering behavior to prevent or reduce occurrence	G	B	G	B	G	Y	G	B					Y						Y				B		Y			Y							
Cognitive Behavioral Intervention (CBI): Instruction on cognitive processes leading to changes in behavior	Y				Y		Y	B								Y												Y						Y	
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O): Consequences provided for desired behaviors that reduce the occurrence of interfering behaviors	G										Y		G	Y					G									Y	B						
Discrete Trial Teaching (DTT): Instructional process of repeated trials, consisting of instruction, response, and consequence	G		G	G			Y			G			G						G			G						G			Y				
Exercise (ECE): Antecedent based physical exertion to reduce interfering behaviors or increase appropriate behaviors							G						G						G			G			Y										
Extinction (EXT): Removal of existing reinforcement in order to reduce an interfering behavior	Y			G		B	G	B																											
Functional Behavior Assessment (FBA): Systematic protocol designed to identify contingencies that maintain an interfering behavior							G	G											G			G			Y										
Function Communication Training (FCT): Replacement of an interfering behavior with communication that accomplishes the same function	G	Y		B	G		G	B				G	G						G			G	B												
Modeling (MD): Demonstration of a desired behavior that results in skill acquisition through learner imitation	G	B		G	B								G																			B			
Naturalistic Intervention (NI): ...rvention strategies that occur with the learner's typi...ettings and routines	Y		Y	G									G						G																
Parent-Implemented Interven...(PII): Parent delivered intervention learned...a structured parent training program	G			G												G			G									G	Y						
Peer-Mediated Instruction and Intervention (PMII): Typically developing peers are taught strategies that increase social learning opportunities in natural environments	G	B		Y									G						G			Y	B												
Picture Exchange Communication System (PECS): Systematic 6 phase protocol teaching the exchange of pictures between communicative partners	G	Y	G	Y						Y			Y																						

Let's Practice!

Goal: James (age 14) will use conventional gestures or words to protest or refuse rather than aggression

Ask: What is the goal targeting?

* Expressive Language/Pragmatics, Behavior

Ask: What are the options?

Evidence Based Practice and Abbreviated Definition	Social			Comm.			Beh.			Joint Attn.			Play			Cog.			School Ready			Acad.			Motor			Adapt.			Voc.			Mental Health		
	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22	0-5	6-14	15-22
Antecedent Based Intervention (ABI): *Arrangement of events preceding an interfering behavior to prevent or reduce occurrence*	G	Y	B		B	G	G	Y	B					Y						Y				B		Y			Y							
Cognitive Behavioral Intervention (CBI): *Instruction on cognitive processes leading to changes in behavior*		Y			Y			Y	B								Y																		Y	
Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/I/O): *Consequences provided for desired behaviors that reduce the occurrence of interfering behaviors*	G				G		G	Y	B		Y			Y					G	Y									Y	B						
Discrete Trial Teaching (DTT): *Instructional process of repeated trials, consisting of instruction, response, and consequence*	G	Y		G			G							G						G						G			G			Y				
Exercise (ECE): *Antecedent based physical exertion to reduce interfering behaviors or increase appropriate behaviors*								G												G						Y										
Extinction (EXT): *Removal of existing reinforcement in order to reduce an interfering behavior*		Y		G	Y	B		Y	B		Y		G																G							
Functional Behavior Assessment (FBA): *Systematic protocol designed to identify contingencies that maintain an interfering behavior*								Y	B										G	Y																
Function Communication Training (FCT): *Replacement of an interfering behavior with communication that accomplishes the same function*	G	Y		G	B			Y	B				G	Y															Y	B						
Modeling (MD): *Demonstration of a desired behavior that results in skill acquisition through learner imitation*	G		B	G	Y						G			Y			G			G			G									B				
Naturalistic Intervention (NI): *Intervention strategies that occur with the learner's typical settings and routines*	G			G										G																						
Parent-Implemented Intervention (PII): *Parent delivered intervention learned through a structured parent training program*	G			G				Y						G			G											G	Y							
Peer-Mediated Instruction and Intervention (PMII): *Typically developing peers are taught strategies that increase social learning opportunities in natural environments*	G	B		G							G		G	G					G				Y	B												
Picture Exchange Communication System (PECS): *Systematic 6 phase protocol teaching the exchange of pictures between communicative partners*	G	Y		G	Y									Y																						

EBP Brainstorm

Create groups of 5. Each person will contribute **one skill** and **one EBP** for each of the five given domains, in order to complete the EBP Activity Form.

8 minutes

DOMAIN	EVIDENCE-BASED PRACTICE	TARGETED SKILL/GOAL
COMMUNICATION	PICTURE EXCHANGE COMMUNICATION SYSTEM	STUDENT WILL REQUEST "HELP" BY HANDING AN ADULT AN ICON/PICTURE THAT REPRESENTS "HELP"
ACADEMIC	DISCRETE TRIAL TEACHING	STUDENT WILL MATCH IDENTICAL OBJECTS
SOCIAL	PEER-MEDIATED INSTRUCTION AND INTERVENTION	STUDENT WILL RESPOND TO SOCIAL GREETINGS FROM A PEER
PLAY	PIVOTAL RESPONSE TRAINING	STUDENT WILL PLAY WITH/ENGAGE IN 10 NEW AGE-APPROPRIATE TOYS/ACTIVITIES
BEHAVIOR	FUNCTIONAL COMMUNICATION TRAINING	STUDENT WILL COMMUNICATE "ALL DONE" AS A WAY TO ESCAPE NON-PREFERRED TASKS INSTEAD OF HITTING STAFF

Goal Attainment Scaling

Why is Data Critical for EBP Use?

Collection of performance data tells us:

* What should we be teaching?

* Is our instruction successful?

* Is the student making progress?

* Do we need to change the teaching plan?

* Did we select the correct EBP?

* Is it time to introduce a new skill?

Goal Attainment Scaling

* An evidence based tool to measure progress made on a goal or benchmark for:
  * An individual student
  * A group of students
* A data collection tool that allows for progress to summarized and documented
* Not a substitute for an IEP goal (or other objective benchmark) - it's a supplement

Prior to Developing GAS

* Gather student's IEP goals
* Identify 3 priority goals for each target student Select based on goals that:
    * Can be focused on for entire school year
    * Are observable and measurable
    * Agreed on by family and team as high priority
* Make modifications to IEP goals as needed
* Addendum IEP if modifications are needed
* Update data on present level of performance

Developing a GAS

* Select learning objective
* Identify the current- baseline- level of performance
* Identify the expected level at the end of teaching period
* Generate the additional outcome points (benchmarks) on the scale
* Examine progress using the GAS when you evaluate learning according to your benchmarks on a regularly designated schedule (monthly, bimonthly)
* Summarize the child's or group's overall progress at the end of the year by averaging the final GAS score

CAPTAIN
California Autism Professional Training and Information Network

Description of the Scaling

Consists of a 5-point range of performances for students:

-2: Much less than expected (present level)

-1: Somewhat less than expected (benchmark)

 0: Expected level of outcome (annual goal)

+1: Somewhat more than expected

+2: Much more than expected

Description of the Scaling
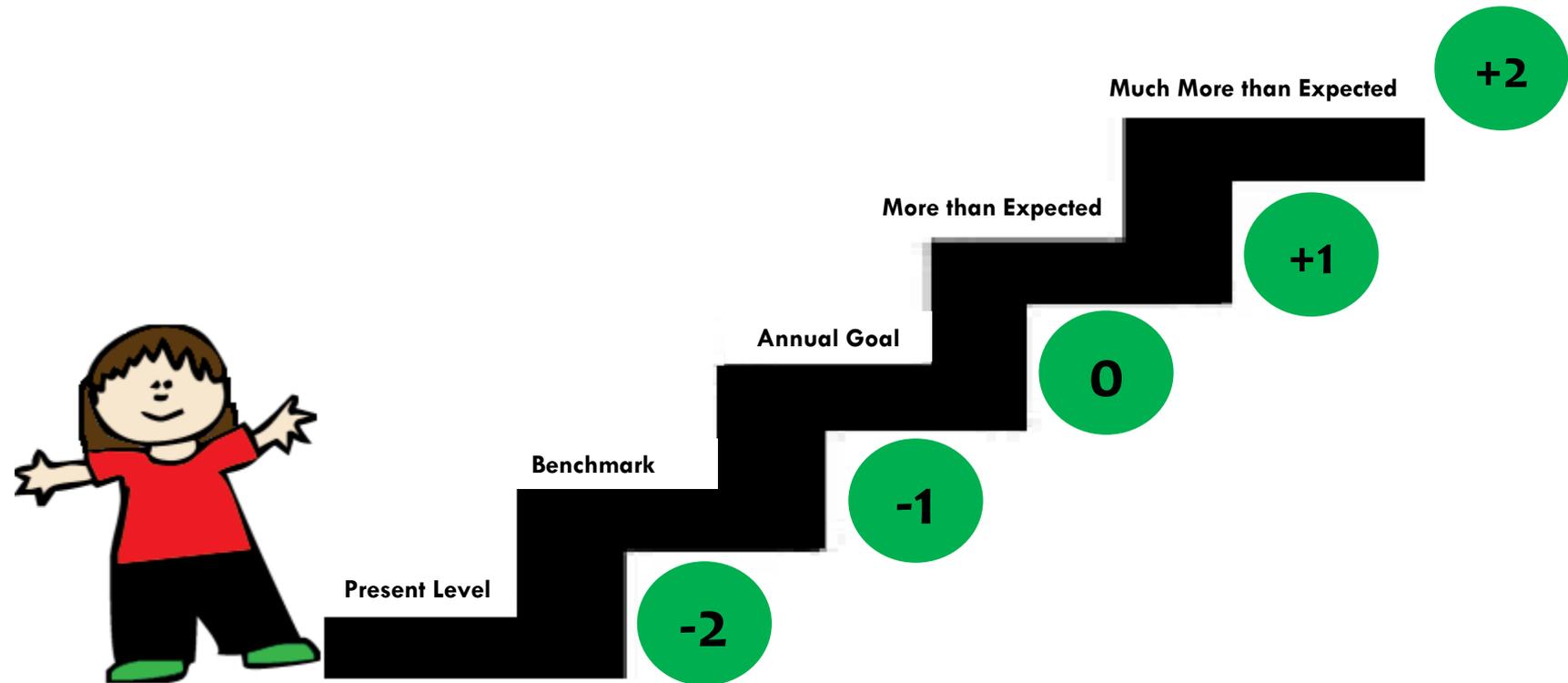
Much less than expected *(Present Level of Performance)*	
Somewhat less than expected *(Benchmark)*	
Expected level of outcome *(Annual Goal)*	
Somewhat more than expected *(Exceeds annual goal)*	
Much more than expected *(Far exceeds annual goal)*	

Example of Jon

* Jon's annual goal reads, "When entering the classroom in the morning and with a visual prompt Jon will greet at least one peer by saying "hi" or waving for 4/5 mornings for 2 consecutive weeks."

* The classroom team took data prior to the meeting for everyday for two weeks and determined that Jon never greets peers or professionals

Much less than expected *(Present Level of Performance)*	When he enters classroom Jon does not greet his peers or professionals
Somewhat less than expected *(Benchmark)*	When entering the classroom in the morning and with a verbal prompt and picture cue , Jon will greet at least one peer by saying "hi" or waving for 4/5 mornings for a week
Expected level of outcome *(Annual Goal)*	When entering the classroom in the morning and with a visual prompt, Jon will greet at least one peer by saying "hi" or waving for 4/5 mornings for 2 consecutive weeks.
Somewhat more than expected *(Exceeds annual goal)*	When entering the classroom in the morning without a prompt, Jon will greet at least one peer by saying "hi" or waving for 4/5 mornings for 2 consecutive weeks.
Much more than expected *(Far exceeds annual goal)*	When entering school in the morning and without a prompt, Jon will greet at least one peer and staff member by saying "hi" or waving for 4/5 mornings for 2 consecutive weeks.

Data for NPDC Target Students 2009

Overall GAS Outcomes
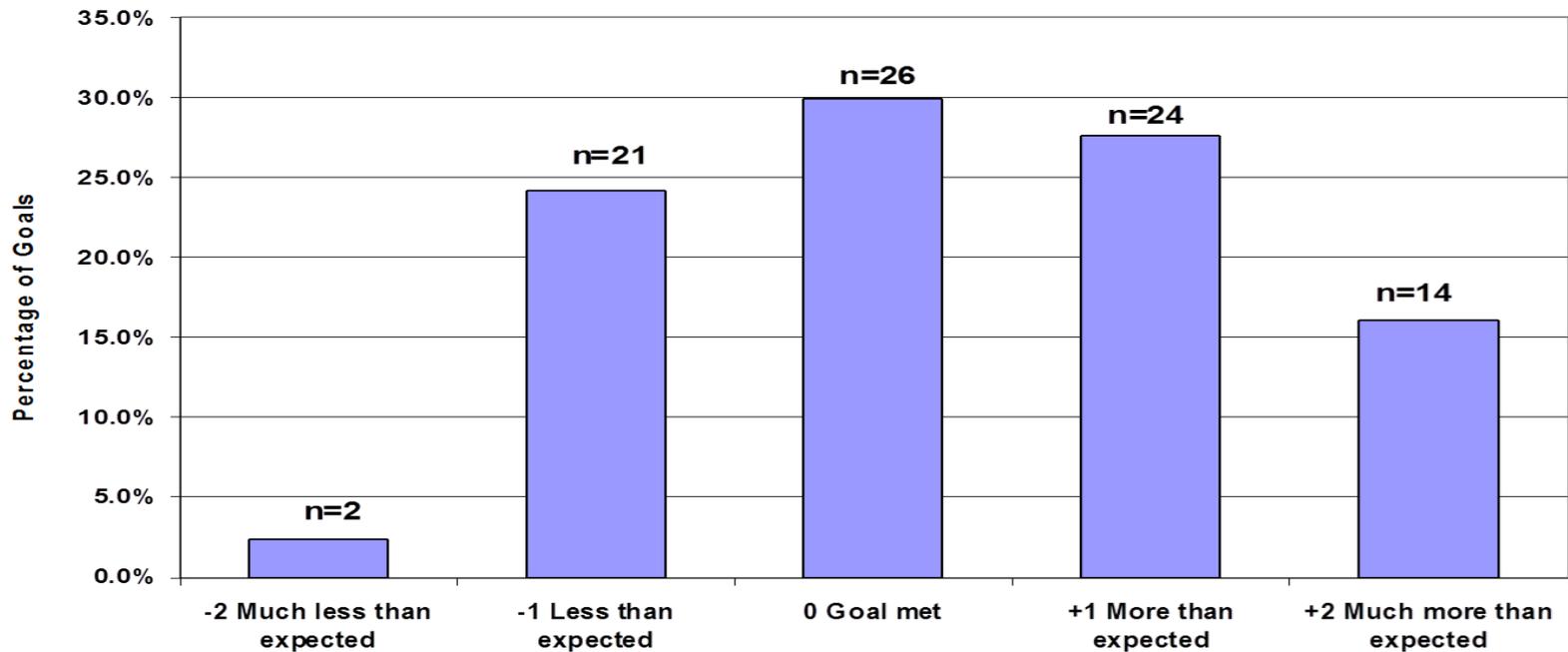
Individual goals of approximately 30 students

"Is This Extra Work?"

No-

* Benchmarks & goals are already written

Yes, but-

* Adding higher benchmarks is easy and can be fun!
* You can reflect greater growth than can be reasonably expected in 1 year
* Process often results in more focused teaching
* Can help alleviate differences in the views of IEP team members
* Is very valuable as a tool to demonstrate class wide, school wide, or specific service wide results

Your Turn!

* We will review a student case study.

* In groups of 5, discuss and develop a GAS for the selected goal.
  (5 minutes)

* We will share the various +1 and +2 examples with the whole group

GAS Activity: Destiny

Destiny is a 4-year-old child with ASD who receives services within an inclusive classroom setting. At Destiny's last IEP meeting, her parents, teacher, and speech-language pathologist (SLP) determined that a priority goal for Destiny was to increase her ability to get her wants and needs met by requesting. All members of the team would like Destiny to use one-word utterances to make requests at home and school. Currently, Destiny has very limited communication skills and often uses nonconventional forms of communication such as grunting to get her needs met. Occasionally, Destiny becomes very frustrated and begins screaming and crying because her parents, teachers, and others do not understand what she wants. The team members have decided to use least-to-most prompting to help Destiny reach this priority goal.

Much less than expected *(Present Level of Performance)*	
Somewhat less than expected *(Benchmark)*	
Expected level of outcome *(Annual Goal)*	Destiny will use one-word utterances to request desired materials/foods
Somewhat more than expected *(Exceeds annual goal)*	
Much more than expected *(Far exceeds annual goal)*	

HOME   ABOUT NPDC   EVIDENCE-BASED PRACTICES   NPDC MODEL   RESOURCES

NPDC NEWS & UPDATES

Welcome to our new website!
We are pleased to be able to continue developing resources and materials that assist teachers and interventionists in implementing evidence-based practices (EBP).

READ MORE

AFIRM

Autism Focused Intervention Resources and Modules

Coming Soon!

BRIEF NPDC OVERVIEW VIDEO

CC is on
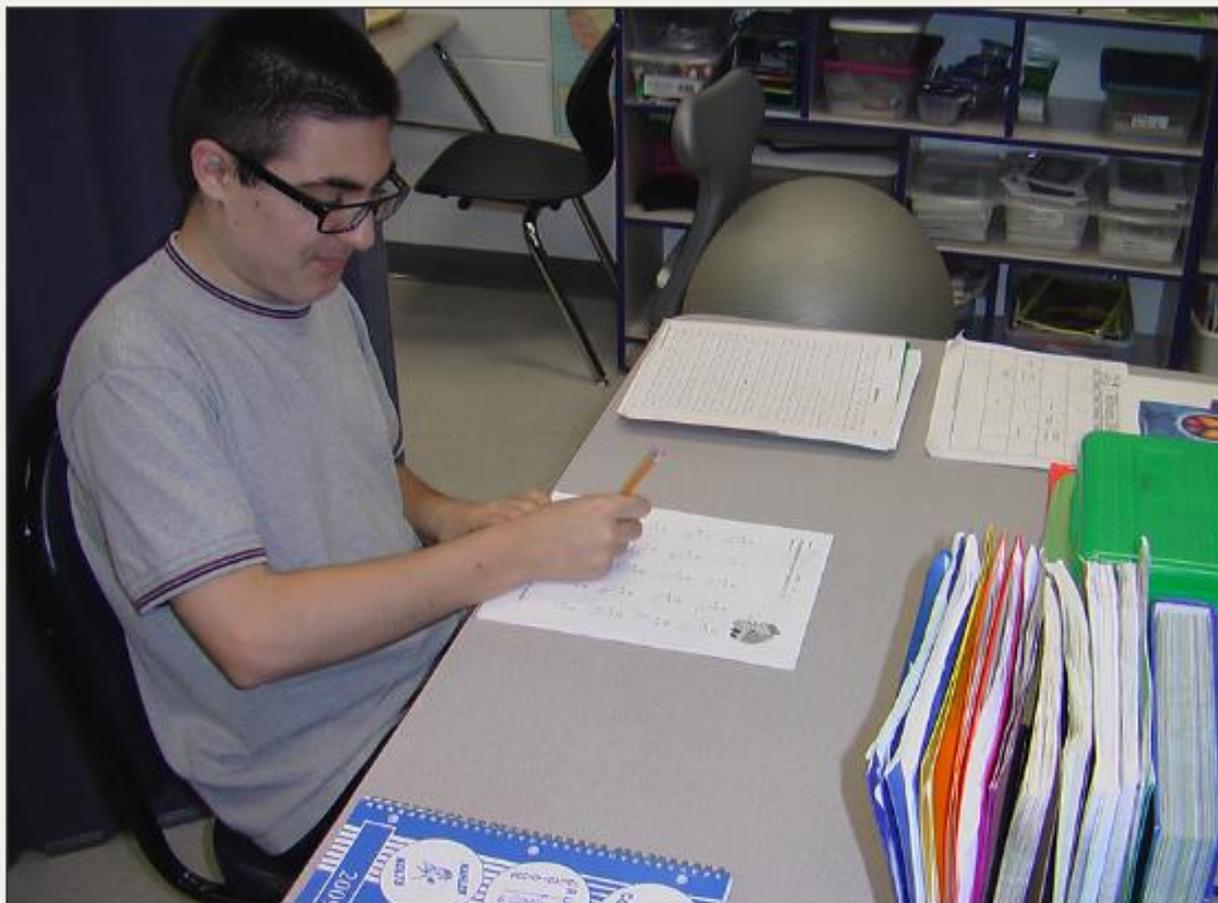
Since 2007, the National Professional Development Center on Autism Spectrum Disorder (NPDC) has worked to develop free professional resources for teachers, therapists, and technical assistance providers who work with individuals with ASD. Resources include detailed information on how to plan, implement, and monitor specific evidence-based practices.

Briefs

NPDC-ASD Brief Packages For Evidence Based Practices (EBPs)

Brief Package ensures fidelity and consists of:

- Overview of practice
- Evidence-base for practice
- Steps for implementation
- Implementation Checklist
- Data Collection Forms

THE NATIONAL PROFESSIONAL DEVELOPMENT CENTER ON
AUTISM SPECTRUM DISORDERS

Evidence-Based Practice Brief

Module: **Video Modeling**

Evidence-Based Practice Brief: Video Modeling

This evidence-based practice brief on video modeling includes the following components:

1. Overview, which gives a quick summary of salient features of the practice, including what it is, who it can be used with, what skills it has been used with, settings for instruction, and additional literature documenting its use in practice
2. Steps for Implementation, detailing how to implement the practice in a practitioner-friendly, step-by-step process
3. Implementation Checklist, to be used to monitor fidelity of the use of the practice
4. Evidence Base Summary, which details the NPDC-ASD criteria for inclusion as an evidence-based practice and the specific studies that meet the criteria for this practice

Module: Video Modeling

Steps for Implementation: Video Modeling

These steps for implementation were adapted from:

LaCava, P. (2008). *Video modeling: An online training module.* (Kansas City: University of
Kansas, Special Education Department). In Ohio Center for Autism and Low Incidence
(OCALI), *Autism Internet Modules*, www.autisminternetmodules.org. Columbus, OH:
OCALI.

The implementation process for video modeling is similar for each type of video modeling
strategy (i.e., basic video modeling, video self-modeling, point-of-view modeling, video
prompting). Ten steps are outlined below which describe how video modeling is implemented
with learners with ASD.

Step 1. Targeting a Behavior for Teaching

In Step 1, teachers/practitioners focus on identifying a behavior for the learner with ASD to
acquire and then clearly describe it so that accurate data can be collected throughout the

Module: Video Modeling

Implementation Checklist for Video Modeling

The implementation checklist steps were adapted from:

LaCava, P. (2008). *Video modeling: An online training module.* (Kansas City: University of Kansas, Special Education Department). In Ohio Center for Autism and Low Incidence (OCALI), *Autism Internet Modules,* www.autisminternetmodules.org. Columbus, OH: OCALI.

Instructions: The Implementation Checklist includes each step in the process of implementing video modeling. Please complete all of the requested information including the site and state, individual being observed, and the learner's initials. To assure that a practice is being implemented as intended, an observation is *always* preferable. This may not always be possible. Thus, items may be scored based on observations with the implementer, discussions and/or record review as appropriate. Within the table, record a 2 (implemented), 1 (partially implemented), 0 (did not implement), or NA (not applicable) next to each step observed to indicate to what extent the step was implemented/addressed during your observation. Use the last page of the checklist to record the target skill, your comments, whether others were present, and plans for next steps for each observation.

Site: _____   State: _____

Individual (s) Observed: _____   Learner's Initials: _____ _

<u>Skills below can be implemented by a practitioner, parent, or other team member</u>

	Observation	1	2	3	4	5	6	7	8
	Date								
	Observer's Initials								
Planning (Steps 1 – 6)									
Step 1. Targeting a Behavior for Teaching	Score**								
1. Identify a target behavior that is important to be taught.									
2. Define and describe the target behavior so that it is observable and measurable.									
Step 2. Having the Correct Equipment									

NEW!

AFIRM

Autism Focused Intervention Resources and Modules

* Modules Include:

  * Key components of an EBP including the various approaches that can be used with learners with ASD

  * Behaviors and skills that can be addressed using the practice

  * A step-by-step process for applying the practice

  * Specific resources that you can download and customize for your own use

AFIRM

NEW!

Autism Focused Intervention Resources and Modules

What you'll learn with AFIRM Modules:

- Key components of an EBP

- Behaviors and skills that can be addressed

- A step-by-step process for applying the practice

- Specific resources that you can download and customize for your own use

You can even choose to earn a Certificate!

SELF LEARNING MODULES FOR TODDLERS!
NPDC-ASD Early Start Website
http://asdtoddler.fpg.unc.edu

YET MORE SELF LEARNING MODULES ON EBPs
Autism Internet Modules
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www.autisminternetmodules.org

LOGIN
CREATE AN ACCOUNT

**AIM** AUTISM INTERNET MODULES
Linking research to real life.

Module List

Help

POWERED BY OCALI

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" These modules give teachers ideas on what they can do to include students with ASD more and maximize learning."

– Michael Picetti,
Olentangy Schools,
Intervention Specialist

Explore Modules Covering a Variety of Topics

AIM is designed to provide high-quality information and professional development for anyone who supports, instructs, works with, or lives

Autism Internet Modules
www.autisminternetmodules.org

Online learning modules includes information on:

- Evidence-based practices and interventions

- Recognizing and understanding behaviors

- Assessment and identification of ASDs

- Transition to adulthood and employment

45 Autism Internet Modules so far....
25 more on the way!

AiM AUTISM INTERNET MODULES
Linking research to real life.

- Antecedent-Based Interventions (ABI)
- ASD-4-EI: What Early Interventionists Should Know
- Assessment for Identification
- Autism and Medication
- Autism and the Biopsychosocial Model: Body, Mind, and Community
- Cognitive Differences
- Comprehensive Program Planning for Individuals With Autism Spectrum Disorders
- Computer-Aided Instruction
- Customized Employment
- Differential Reinforcement
- Discrete Trial Training
- Extinction
- Functional Behavior Assessment
- Functional Communication Training
- Home Base
- Language and Communication
- Naturalistic Intervention
- Overview of Social Skills Functioning and Programming
- Parent-Implemented Intervention
- Peer-Mediated Instruction and Intervention (PMII)
- Picture Exchange Communication System (PECS)
- Pivotal Response Training (PRT)
- Preparing Individuals for Employment
- Prompting

- Reinforcement
- Response Interruption/Redirection
- Restricted Patterns of Behavior, Interests, and Activities
- Rules and Routines
- Screening Across the Lifespan for Autism Spectrum Disorders
- Self-Management
- Sensory Differences
- Social Narratives
- Social Skills Groups
- Social Supports for Transition-Aged Individuals
- Speech Generating Devices (SGD)
- Structured Teaching
- Structured Work Systems and Activity Organization
- Supporting Successful Completion of Homework
- Task Analysis
- The Employee with Autism
- The Incredible 5-Point Scale
- Time Delay
- Transitioning Between Activities
- Video Modeling
- Visual Supports

Goal Attainment Scales (GAS)

Much less than expected *(Present Level of Performance)*	
Somewhat less than expected *(Benchmark)*	
Expected level of outcome *(Annual Goal)*	
Somewhat more than expected *(Exceeds annual goal)*	
Much more than expected *(Far exceeds annual goal)*	

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Glendora High School

Demonstration Site 2011-2012

East San Gabriel Valley SELPA – Glendora Unified School District – Southern California NPDC

Evidence Based Practices

Peer Mediated Instruction - Implementation

Self Management

Video Modeling

JOSH

Goals: Volunteering (topic contribution in class)
Organization (academic materials)
Speaking Clearly (social settings)
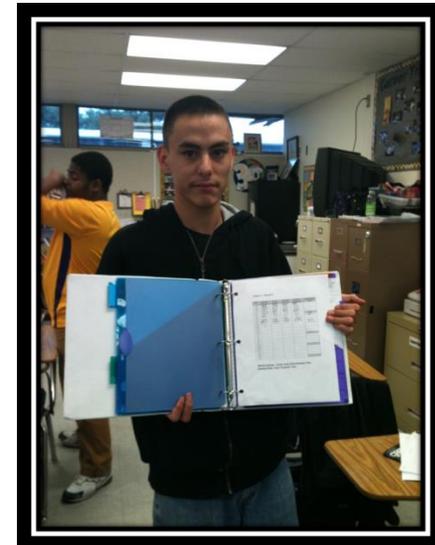
Goal: Speaking Clearly

Much less than expected -2	Social situation / adult. Josh does not make clear, articulated responses and without appropriate volume.
Somewhat less than expected -1	Social situation / adult. Josh will make clear, articulated responses with appropriate volume, when given a verbal or visual prompt.
Expected level of outcome 0	In a social setting when an adult talks to Josh, he will look at the speaker and respond with clear articulation and volume, 4 out of 5 times.
Somewhat more than expected +1	In a social setting with adults or peers, Josh will follow prompts to initiate, using clear articulation and volume, 4 out of 5 times.
Much more than expected +2	Josh will independently initiate verbal questions and statements with adults with clear articulation and volume 4 out of 5 opportunities.

Josh - Data

Josh: Speaking Clearly   Date: _____

Location	Conversation Length (minutes)	# of times not Speaking clearly	Goal Met (See Below)

-2 : Did NOT make clear, articulated response 4/5 times

-1:   with verbal or visual prompt

 0:   will look at speaker and respond clearly 4/5 times

+1:   Josh will follow prompts to initiate

+2:   will independently initiate questions and statements

Joshua Goal 1-Speaking Clearly

Implementation Coaching

CAPTAIN Vision

- Develop a Training and Technical Assistance Network for practitioners with a focus on evidence based practices for individuals impacted by ASD inclusive of agencies who will disseminate information at a local level

- Trainer of Trainers from:
  - SELPAs
  - Regional Centers
  - FRC/FECs/PTI

Our Goals:

* Goal 1: Increase knowledge about ASD and EBPs through systematic dissemination of information
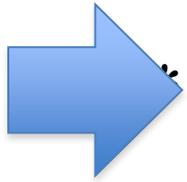
* Goal 2: Increase Implementation and fidelity of EBPs in schools and community

* Goal 3: Increase inter-agency collaborations to leverage resources & standardize process

Training Outcomes Related to Training Components

Training Components	Training Outcomes		
	Knowledge of Content	Skill Implementation	Classroom Application
Presentation/ Lecture	10%	5%	0%
Plus Demonstration in Training	30%	20%	0%
Plus Practice in Training	60%	60%	5%
Plus Coaching/ Admin Support Data Feedback	95%	95%	95%

Source:
Joyce, B., & Showers, B. (2002). Student achievement through staff development (3rd ed.). Alexandria, VA: Association for Supervision and Curriculum Development.

What This Data Indicates About Training…

* In-service alone, especially with passive learning <u>IS NOT</u> effective

* Should include <u>demonstration</u> and <u>practice</u>

* Should conduct pre and post <u>knowledge assessments</u>

* MUST follow up with in context support to insure transfer of skills = <u>**Implementation Coaching**</u>

Mastery		**Fidelity**		**Evaluation**
Assessing content knowledge	→	Using Implementation Checklists	→	Collecting and analyzing data
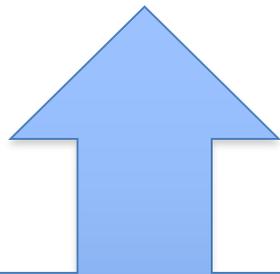
Pre and Post tests of content trained	Using fidelity checklists as part of coaching process	Collecting data on learner (student) to insure EBP is effective
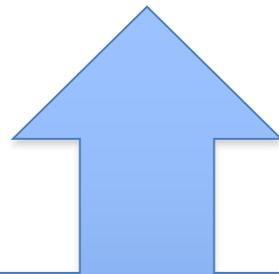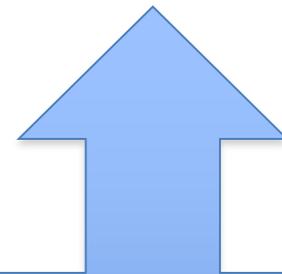
Goals for This Section of Boot Camp

- Understand the role of coaching in technical assistance

- Identify elements of successful coaching

- Recognize effective communication behaviors

- Identify and address barriers to coaching

- Describe, practice, and critique the implementation of the coaching process

What is "Implementation" Coaching?

"A process by which a person in the role of coach <u>assists</u> a person in the role of implementer in the <u>use of evidence based practices</u> where <u>fidelity</u> of implementation is the <u>primary goal</u> of the coaching process"

-- CAPTAIN 2014

Implementation Fidelity is Critical!

What does this mean?

"Implementing an intervention in the same manner in which it was done in the evidence-based research"

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Implementation Fidelity is Critical!

How implementation fidelity achieved:

1. Use Briefs and Implementation Checklists for the EBP to capture fidelity of implementation

2. Refer to EBP Fact Sheets

3. Use self-learning modules on practices

4. Attend training on the practice

5. Access coaching on the EBP until fidelity is attained

Secondary Goals of Implementation Coaching

* Build the recipients self confidence and ability to self reflect and self evaluate

* Build capacity within your programs for peer to peer coaching

* E.g. teacher can coach paras, etc.

Why Coach?

Coaching leads to improvement in . . .

* Instructional capacity - increasing teachers' ability to apply what they have learned in training to their work with students

* Instructional culture of the school

* A focus on content which encourages the use of data to inform practice

* Better outcomes for kids!

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Underlying Assumptions
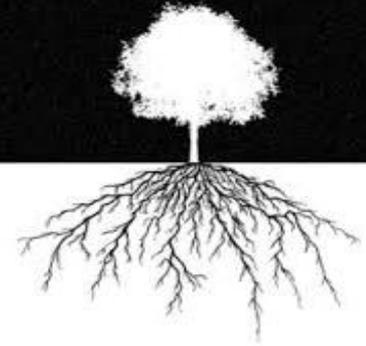
* Practitioners have good skills but can increase their skills

* Practitioners establish new skills or refine existing skills through self evaluation

* Practitioner skills can change using data and observational feedback

* Coaching is a cyclical process

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Activity 1: Qualities of an Effective Coach

* Think of a time in your life when you had an experience with a coach (athletics, dance, etc.)

* What were the positive qualities?

* If the experience was not positive, what would have made the experience positive?

Communication Strategies for Collaboration

* Open questions

* Leveling statements

* Nonverbal techniques
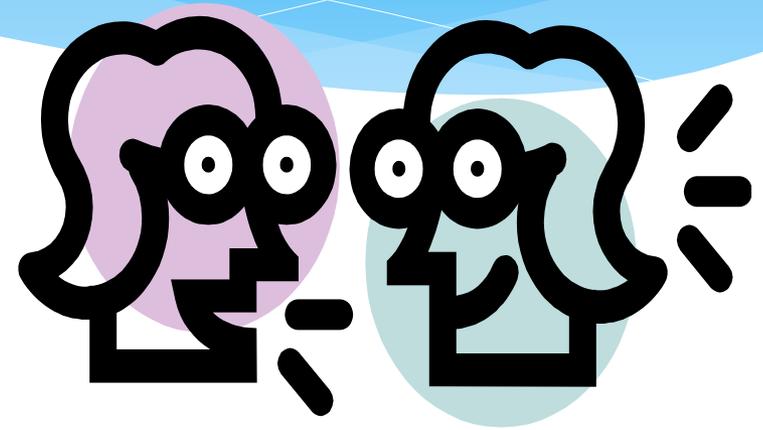
Open vs. Closed Questions

Open Question Starters

* Tell
* How
* Describe
* What
* Why

Closed Question Starters

* Are
* Do
* Have
* Should
* Will
* Would
* Can

Examples of Open Questions

- Tell me about your goals for this student

- How do you want to record the data?

- Describe for me the steps that you will use

- What can I do to support you with this?

- Why do you think that is an important step?

Examples of Closed Questions

- Are you going to do the next step?

- Do you have the materials prepped?

- Have you watched the AIMS module for that EBP?

- Should you talk to him about that?

- Will you get the icons ready before I come?

- Can you send me your baseline data?

Components of Leveling Statements

* Acknowledgement of another's claims as valid

* Confirmation of another's competence

* Request for compromise or negotiation

Sample Leveling Statement

* You seem to be very concerned about this <u>important topic</u>, and rightfully so (acknowledgement of another's claims as valid)

* I know that you have worked diligently <u>on this issue</u> (confirmation of another's competence)

* Is there something we can do to address <u>this issue</u> ? (request for compromise or negotiation)

Conventions for Communication

* Nonverbal Skills
  * Attention cues
  * Response cues
  * Focus on content of verbal statements
  * Focus on the speaker's feelings

* Social Conventions
  * Turn-taking
  * Appropriate distance
  * Encouragers
  * Facial Expressions = SMILE!!!

Potential Barriers to Communication

* Advising
* Anticipating
* Avoiding
* Cross-Examining
* Denying Others′ Reality
* Diagnosing
* Directing

* Judging
* Lecturing
* Moralizing
* Praising
* Reassuring
* Teasing

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Examples of Barriers

* You should…
* So I'll bet you are going to….
* Well, I'm sure it wasn't that bad…
* You sound a little depressed…
* You need to …

* Good job! (Note – it is ok to compliment, but avoid praising)
* I'm sure it will go better next time
* You looked like a deer in the headlights when he ..

Activity 2: Let's practice!!!

- Groups of 3 people
- Tell a partner about a recent situation of conflict you were in
- Partner will practice using Open Questions and Leveling Statements and avoiding barriers
- Third person record the number and type of questions/statements and number of communication barriers used by the partner and keep time (5 minutes per partner)
- Reflect
- Switch roles

Coaching Participants

1. Recipient or Inviting Partner (IP)

2. Coach

Recipient or Inviting Partner (IP)

* Focuses on self-improvement of instruction by enhancing or developing skills

* Selects evidence-based practices (EBP) that will positively impact student performance
  * May have some structured choices provided by coach or program design

Coach

- Engages in focused conversation
- Observes the IP while working
- Uses questioning and communication skills to empower the IP to reflect on practices
- Helps IP to incorporate evidence based practices

- Shares knowledge, expertise and guidance with the IP
- Provides direction in
  - Targeting evidence-based practice for IP
  - Identifying data collection methods (ex. Implementation checklists, GAS goals)
  - Interpreting IP performance

Who To Coach???

* Mud

* Gravel

* Asphalt

No Traction
Very Messy
Wasted Energy

Slow to Gain
Traction
Rough on the
Corners

Easy Traction
Move Quickly
Smooth on the
Corners

Ask Yourself and the Coaching Recipient….

Is there a willingness to:

– Alter existing behaviors?

– Add new skills?

– Persist until skills are acquired OR

– Persist so that skills are used constantly and consistently?

Some Tips:
Recruiting the Best Candidates

* **Start with willing participants**

* Ask for volunteers to work with you on this project

* Have past recipients help to recruit new recipients

* Test your new coaching skills and roll out on a trusted recipient who will give you feedback and help you develop too

Some Tips: Set Expectations

- Involve Administration

- Have a three way meeting with

   Admin, Coach and Recipient
  - Admin states the goals of coaching and expectations of both coach and recipient
  - Have participants make a commitment (written)

- Clarify the relationship
  - Not evaluative, rather supportive

Coaching Tools

- CAPTAIN Classroom Observation Form
- CAPTAIN EBP Survey
- EBP Trainings and/or AIMS Modules
- Briefs and Implementation checklists (IC)
- GAS goals
- Coaching Logs

www.captain.ca.gov

CAPTAIN Classroom Observation Form

Classroom Structure	2 (80 - 100% proficiency)	1 (60 - 80% proficiency)	0 (less 60%)
Classroom is clean, well organized and clutter free			
Areas of the classroom are clearly labeled and/or structured so that students and staff know what expectations are within each area			
Students are seated in a way that minimizes distractions and maximizes focus			

Visual Supports			
Prominently displayed overall classroom schedule that indicates both staff and student activities is posted where anyone can view			
Individual student schedules are created to support transitions and work completion			
Schedule is used in a way that reduces dependence on adult prompts and unnatural cues			
Schedule use is consistent throughout the day and in a variety of settings (where appropriate)			
Changes in schedule are taught and implemented when necessary			
Visual supports are matched to the student's ability and skills			
Work systems are used to teach students how to begin, work through, complete and then transition to next task independently			
Number and type of work/tasks increase with student's ability to stay on task and follow the work system			

Functional Communication and Positive Behavior Supports			
Functional communication systems are set up to provide opportunities for student to make requests, express choice, and respond to adult instructions (without substantial prompting)			
Classroom routine promotes opportunities for student to communicate using his/her "own" communication system			
Student communication is responded to promptly by staff in an appropriate manner			
Functional communication systems are conventional so peers and "untrained" listeners can comprehend the student			
Help, Wait an Break are being taught systematically			
Prevention strategies such as choice, pre-warning/pre-teaching, opportunities for movement, selection of rewards by student and use of student specific accommodations are used to prevent behavior problems			
A sufficient ratio of positive feedback to correction feedback is used (4:1)			
Response interruption/redirection is used to address behavior problems early in the escalation cycle			

Teaching Strategies			
A variety of evidenced based instructional strategies are used and are based on the skills being taught and the individual needs of the student (list EBPs below)			
Systematic and planned instruction is linked to the student's IEP goals and areas of identified need and skills are consistently taught across instructors and settings			
Reinforcement is being delivered in a timely manner and is based on student preference assessments			
Reinforcement systems are visually mediated (token systems, behavior contracts, first/then structure, etc.) when appropriate			
Prompt hierarchies are being correctly implemented and responses are documented to reduce prompt dependence			
Data is being collected and is used to inform instruction and monitor student outcomes			

CAPTAIN - Training & Confidence Survey

Name: _____ **Position:**
_____ **Date:_____**

Training Received	Self Evaluation of Confidence
No Training: never had a training **Introduction/Overview**: have had content training only **Hand-on training**: received coaching and hands on support from a master or mentor	**Low:** Minimal skills or knowledge on topic **Medium:** Some skills or knowledge on topic **High:** Confident implementing with a variety of students **Master:** Feel I could train, coach and support others

	Training Received			Level of Confidence			
	No Training	Intro/ Overview	Hands On	Low	Med	High	Master
Autism Spectrum Disorder: Characteristics, learning styles and how disability is identified							
Evidence Based Practices: What Are EBPs, Overview of the EBPs for ASD							
Assessment measures and strategies specific to students with ASD and characteristics of ASD							
Antecedent Based Interventions (ABI)							
Behavioral Momentum Procedures (BMP)							
Comprehensive Behavioral Treatments for Young Children/Intensive Behavioral Intervention							
Differential Reinforcement (DRO/DRI/DRA)							
Discrete Trial Training (DTT)							
Extinction/Behavioral Extinction							
Functional Behavior Assessment (FBA)							
Functional Communication Training (FCT)							
Modeling and Scripting							
Naturalistic Behavioral Strategies (e.g. PRT)							
Parent Implemented Intervention and Parent Training (PII)							
Picture Exchange Communication System (PECS)							
Peer Mediated Interventions (PMI)							
Prompting and Prompt Fading (Including Time Delay and Prompt Hierarchies)							
Reinforcement (R+) and Token Economies							
Response Interruption and Redirection							
Self Management Training (SMT)							
Social Narratives, Story Based Interventions							
Social Skills Groups and Structured Play Groups							
Task Analysis							
Technology Assisted Instruction (TAI)							

Coaching Log

COACHING LOG

Inviting Partner _____   Coach _____

EBP/GAS/Program Target _____   Lesson _____

PRE OBSERVATION CONFERENCE

Date: _____

Time: _____

During:
[_____]

Length: _____

Setting: _____

○ New Target

○ Revisited Target

FOCUS/CONCERN:

DATA COLLECTION METHOD:

OBSERVABLE BEHAVIOR:

ADULT:

STUDENT:

ADULT MASTERY CRITERION _____ %

MAINTENANCE CRITERION _____ TIMES

OBSERVATION

Date: _____

Time: _____

Length: _____

Setting: _____

FOCUS/CONCERN:

NOTES FOR DISCUSSION:

POST OBSERVATION CONFERENCE

Date: _____

Time: _____

During:
[_____]

Length: _____

Setting: _____

MASTERY ACHIEVED:
☐ YES   ☐ NO

NOTES:

MAINTENANCE ACHIEVED:
☐ YES   ☐ NO

NOTES:

FUTURE PLANS/NOTES:

COMMUNICATION SKILLS REMINDERS

* Reflects partner's words
* Uses open questions
* Uses leveling statements
* Clarifies words and feelings
* Takes turns; no interrupting
* Uses encouragement

Coaching Models

1. Mentor

2. Peer

3. Reflective Coaching

Mentor Coaching

Coaching is one-way

- Coach shares knowledge, expertise and guidance with the IP

- Coach provides direction in:
  - Defining the target behaviors
  - Targeting evidence-based practice for IP
  - Identifying data collection method
  - Interpreting IP performance

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Peer Coaching

Coaching is reciprocal

* Each member coaches the other

* Inviting Partner's role:
    * selects and defines coaching target and data collection

* Coach's role
    * Is non-authoritarian
    * Guides IP to identifying coaching targets
    * Offers nonjudgmental comments
    * Promotes reflection in the IP

Reflective Coaching

- Goal is to guide implementers in reflecting on their practice

- Designed to facilitate reflection on the implementation of a chosen strategy

- Following observation, the coach guides the implementer through a set of questions designed to elicit thoughtful examination of the lesson and the strategies or principles at work

- The intended outcome is that implementers analyze the effectiveness of their methods and identify, for themselves, areas for growth and improvement

The Coaching Cycle

Identify Coaching Recipient(s)

Provide Training and Preparation

Conduct Pre Observation Conference

Conduct Observation

Conduct Post Observation Conference

Set New Coaching Goals

Training and Preparation: Shared Responsibilities

- Complete classroom observation and EBP surveys (baseline)

- Attend an EBP training and/or

- Watch and complete AIMS Module

- Review the Implementation Checklist and steps for implementation

- Target a student and create a GAS goal

- Prepare any needed materials for implementation of the EBP

- Collect any baseline data that is needed

Pre-Observation Conference

* Assess where IP is with training and preparation

Did they attend an EBP training, watch the AIMs module, review the Implementation Checklist?

* Negotiate the target of the coaching

EBP implementation – which EBP? what phase?

* Reach consensus on goal of the coaching session and desired coaching outcome

* Negotiate data recording system to be used

Implementation checklist or a measure of student performance or both

* Share agreement on mastery and maintenance criteria

Coach's Role in Pre-Observation Conference

- Complete pre-observation conference section of the coaching log

- Guide selection of coaching target

- Verify understanding through que...

- Introduce ma... maintenance...

- Identify and confirm the recording method

- Clarify etiquette such as location in class, how to address students and paras

- Summarize the pre-observation conference

- Negotiate dates, times and methods for observation and post-observation conference

Observation: Coach's Role

Etiquette

* Arrive and leave at the agreed upon time
* Follow the agreed upon process
* Do not signal or talk to the IP during observation
* Do not participate in lesson
* SMILE!

Activities

* Collect data (Implementation checklist, student data, etc.)
* Summarize data
* Complete observation portion of the coaching log
* ALWAYS provide positive feedback on something that went well!

Post Observation Conference: Coach's Role

* Start with a compliment about something done well:

    "I really liked…." or "Noah was so engaged"

* Solicit self-evaluative statements from the IP
    * Present data, data summary, and notes
    * Ex. "Let me read this step to you, tell me how you think it went…"

* Prompt IP to develop solutions through good questioning methods

* Prompt IP to develop a plan of action based on the data

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Post Observation Conference: Coach's Role

* Invite discussion and sharing of ideas

* Future plans are decided upon

* Summarize the plan and next steps

* Schedule next pre observation conference/observation time

Post Observation Conference: Inviting Partner's Role

* Make self-evaluative statements based on the session and data

* Suggest methods to enhance own skills

* Finalize action to improve IP performance

* Negotiate date/time for next pre-observation conference

Potential Barriers to Coaching

- Administrative Support
- Time
- Coaching Skills

If these are not in place, coaching is unlikely to succeed

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Potential Barrier: Administrative Support

Administrative support is needed to:

- Provide release time to partners

- Provide recognition of coaches and recipients

- Provide recognition of coaching as a school or district priority

- Respect confidentiality of teams around the coaching process

Potential Barrier: Time

* Time is needed to conduct coaching

* Coaching can take anywhere from 1 hour per week per recipient to 3 hours per week per recipient

Potential Barrier: Time

* Check to see how other programs are handled in your district

* Present to administrator a schedule for negotiation

* Discuss with administrator non-teaching time for inviting partner to meet with coach

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Activity 3: Discuss Barriers?

- What barriers do you anticipate?

- How will you address them?

Self-Reflect

* What aspects of coaching will be EASY for you?

* What aspects of coaching will be more difficult?

* How can you practice, learn and improve your own coaching skills?

Complete Your Coaching Action Plan

Implementation Coaching is the Path to Successful Use of EBPs

References

National Professional Development Center on ASD

http://autismpdc.fpg.unc.edu/content/coaching-resources

COACHING DOCUMENTS:

- NPDC Coaching Manual
- TA Contact Form / Coaching Log

COACHING PRESENTATIONS:

- Coaching PowerPoint - Full Version (3 hours)
- Coaching - Short Version (1 hour)

COACHING VIDEOS:

- The Coaching Process: Coaching the Coach Through Reflective Consultation

Putting It All Together

Sample Activity Matrix:

Rebecca Steinberger, M.A., Diagnostic Center Northern California

Activities:	Goal Areas: Language/Communication (CONSULT WITH SLP	Independence/Self Help	Social Skills CONSULT WITH SLP	Academics
Arrival	**SOCIAL NARRATIVES:** Greets staff/peers upon entering classroom after reading "When I Come to School" Social Story	**VISUAL SUPPORTS:** Follows individual daily schedule to transition to next activity	**SOCIAL NARRATIVES:** Responds to greeting from staff after reading, "When I Come to School" Social Story	**VISUAL SUPPORTS:** Reads each step on "Arrival" activity schedule Finds name above hook
Structured free-choice	**ANTECEDENT PACKAGE-CHOICE:** Chooses between 3-4 free-time activities **SOCIAL SCRIPT:** Conversation across turns	**VISUAL SUPPORTS:** Transitions to free-time area using individual schedule independently	**PMII:** Engages in free-time activity with designated peer	**VISUAL SUPPORTS:** Reads words on individual schedule to transition to next activity
Computer	**FCT:** Indicates when he needs help using "help" card **ANTECEDENT PACKAGE-CHOICE:** Chooses between 2 computer games	**VISUAL SUPPORTS:** Participates at computer with minimal adult support following "computer" activity schedule	**PMII** Takes turns with designated peer	**VISUAL SUPPORTS/ SELF-MANAGEMENT:** Reads each step listed on "computer" activity schedule and checks off as completed
Math in small groups	**ANTECEDENT PACKAGE - CHOICE:** Chooses peer to sit next to Makes choices between manipulatives (cars or pennies)	**STRUCTURED WORK SYSTEM:** Takes out worksheet from binder with 6 numbers; Takes first number, walks to shelf, matches number to front of task, gets activity and returns to desk; Repeats sequence until all 6 tasks are completed	**PMII** Works cooperatively with designated peer	**NATURALISTIC INTERVENTION:** Counts/passes out materials Determines how many more needed **ANTECEDENT PACKAGE - SPECIAL INTERESTS:** Uses cars as manipulatives **VISUAL SUPPORTS:** Reads "math schedule"
Class Jobs	**ANTECEDENT PACKAGE CHOICE:** Chooses job Makes choices within job **FCT:** Asks for help using "help card" if needed	**VISUAL SUPPORTS:** Completes job independently while following "class job" activity schedule	**PMII** Completes job with designated peer Takes turns	**VISUAL SUPPORTS:** Finds name next to assigned job

Summary

* Reviewed the NPDC and the ASD Project implementation in CA

* Provided an overview of evidence-based practices in ASD and how to select EBPs for our students/clients

* Shared resources from the NPDC-ASD Project

* Provided case examples of project implementation

* Discussed how to implement EBPs within our programs

Moving Ahead

Personal Planning Form (PPF)

Name _____

My Role/Roles when working with children with ASD_____

What goals would I like to accomplish over the next year of working with CAPTAIN?

Measureable Goal:_____

Immediate Next Steps	Resources Needed *What will it take to get there?*	Person (s) Involved	Goal Attainment Scaling (GAS) *Benchmarks*	Timeline for Goal Completion

CAPTAIN Cadre Boot Camp
Evidence-Based Practices for Children and Youth with ASD

Wrap Up and Tomorrow!

Day 1 Wrap Up
A lot happened! ☺

* **CAPTAIN Vision and Goals Reviewed**

* **We learned a lot:**

    * **PRT**

    * **PEERS Social Skills Program**

    * **Hot Topics and What's New!**

* **New Cadre survived Boot Camp!**

Large Group Share

Any takeaways, inspirations, next steps, etc. you'd like to share?

Tomorrow
Another Action Packed Day!

* **CAPTAIN Showcase**

* **Regional Planning Sessions**

* **Special Interest Group Breakouts**
    * **Early Intervention and Preschool**
    * **Transition and Adult**
    * **Multicultural Issues**
    * **AAC**
    * **Behavior**

* **CEUs and Certificates Issued**

CEU PEOPLE!

Don't forget to sign out! ☺

CAPTAIN Website

Agenda & Handouts:

www.captain.ca.gov/handouts.html

Follow Us! Like Us!

Tomorrow

See you at 8am!