

It Takes A Village

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Who are you?



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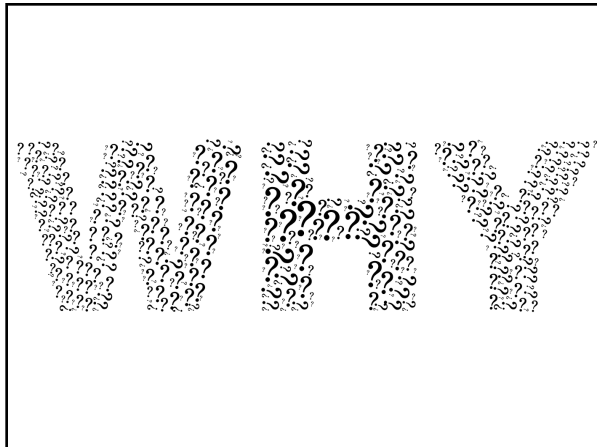
Cyndi O'Toole



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Collaboration and service coordination is particularly important for children with ASDs. To ensure that the many needs of these children are met across multiple settings, collaboration among medical, psychological, and educational experts is necessary in order to assess and determine the best course of action for children with pediatric and psychological concerns (Power, DuPaul, Shapiro, & Kazak, 2003). Though a variety of service models have been described that focus on collaboration among medical and educational service professionals (Drotar, Palermo, & Barry, 2004), one important component that unites all of these models is the reliance on **data to inform decision making and treatment planning**.

Ellis, C. R., Lutz, R. E., Schaefer, G. B., & Woods, K. E. (2007)

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With an integrated treatment approach, practical and informed decision making results from the inclusion of all parties to address the patient's needs (Trevena & Barratt, 2003). As children with ASDs have many unique and divergent needs, providers from diverse and relevant areas of expertise **must** work together to optimize the outcomes for these children and their families (Sheridan & Kratochwill, in press). This collaboration and involvement allows for management and modification of treatment plans over time (Shellenberger & Couch, 1984) and the provision of a comprehensive set of services.

Ellis, C. R., Lutz, R. E., Schaefer, G. B., & Woods, K. E. (2007)

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- Difficulty accessing services
 - Limited involvement in interventions
 - Services that are not effective in meeting the needs of the child OR family
 - Lack of interagency collaboration
- Kohler(1999)**

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- Collaborative efforts among schools, families, and mental health professionals have been shown to enhance both academic and mental health outcomes.
- It is only when families and educators join together that an environment can be created for problem solving to occur, and in turn, the students' probability of succeeding increase.

Olvera, P. & Olvera, V. I., 2012

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EFFECTIVE COLLABORATION

<https://youtu.be/8Amu3UBj-gw>

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Our Journey

- Pediatrician
 - Birth - 5 years
 - No concerns
 - No screeners complete
- Mom
 - Concerns started between 16 and 18 months of age

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Our Journey Kindergarten

- Pediatrician
- Developmental Pediatrician
 - 8-month wait for initial visit

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Our Journey Kindergarten

- Pediatrician
- Developmental Pediatrician
- School (kindergarten)

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Our Journey Kindergarten

- Pediatrician
- Developmental Pediatrician
- School (kindergarten)
- Occupational Therapist
 - Evaluate Gross- and Fine-Motor Skills
 - DNQ

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Our Journey Kindergarten

- Pediatrician
- Developmental Pediatrician
- School (kindergarten)
- Occupational Therapist
- BCBA
 - One observation in home
 - No behaviors observed
 - DNQ

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Our Journey Kindergarten

- Pediatrician
- Developmental Pediatrician
- School (kindergarten)
- Occupational Therapist
- BCBA
- Occupational Therapist
 - Realized there were deficits and worked with us to figure them out
 - Really appeared to understand Owen's needs

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The Problem

- Parents
- Pediatrician
- Developmental Pediatrician
- School (kindergarten)
- Occupational Therapist
- BCBA
- Occupational Therapist (2)



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Our Journey 1st Grade

- Parents
- Pediatrician
- Developmental Pediatrician - moved to Alaska
- School (1st Grade)
- Occupational Therapist
- Neuropsychologist
- Special Education Coordinator




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Our Journey 2nd Grade

- Parents
- Pediatrician
- School (2nd Grade)
 - Owen's 2nd grade teacher was his kindergarten teacher as well
 - Aware of 504 plan
- Occupational Therapist
- Speech Pathologist
- End of the year outcomes

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Our Journey 3rd Grade

- Parents
- Pediatrician
- School (3rd Grade)
 - New school
- Occupational Therapist
 - Dismissed over the summer
- Speech Pathologist (eventually)

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How?

- Participate in meetings and/or trainings
- Ask questions
- Share reports and updates
- Share contact information
- Invite others to communicate with one another
 - Invite to meetings
 - Include everyone in emails as appropriate

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How?

- Know how everyone can provide support
 - What is their area of expertise?
 - How can they help one another?
 - How can they help YOU?
- Ask for the support you need
- Ask for the support your child needs

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How?

- Be willing to listen to others about their suggestion(s)
 - Ask for information (data) that supports their suggestions
 - If you are not sure, ask for a trial run
- Be willing to compromise
- Don't be afraid to share your suggestions
 - Share information to support your suggestion - what is your why?

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How?

- As a professional, realize that these kids are not your kids or their kids....they are OUR kids.
- The responsibility for effective teaching and support is on all of us.

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How?

- As a professional, keep in mind that everyone at the table has a different understanding of:
 - Behavior
 - Medications
 - Child Development
 - Specific strategies
 - Data Collection

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How?

- As a professional, keep in mind that everyone at the table may not speak the same "language".
 - ABA terminology
 - Educational terminology
 - Medical terminology
 - PARENT terminology

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How?

- As a professional, keep in mind that everyone at the table has a different code of ethics or rules/regulations to follow.
- Keep the best interest of the child and their family in mind at all times.

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How?

- Conduct your own research
- Survey your parents to see if the services and supports you provide work for their family. Do they see the benefit in what you are doing and how you support them? (social validity)

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How?

- Parenting - Assist families in creating supportive home environments through workshops/ informational meetings.
- Communication - Discussions about school programs and child progress.
- Volunteering - Enlisting parents to help at school, home, and other locations.
- Learning at Home - Providing the parents with ideas about how to support students in their homework or other activities.
- Decision-Making - Soliciting and appointing parents to serve as leaders, decision-makers, and representatives on school committees.
- Collaborating with the Community - Locating and using services from the community.

Epstein et al., 2002

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Considerations

- Ecological Perspective
 - The ecological perspective involves examining the student within the context of a complex interactive system (Bronfenbrenner, 1979).
 - Evaluate the environmental context to determine how the environment impacts the student.

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Considerations Ecological Perspective

- Factors to consider:
 - culture and linguistic factors within the home,
 - childrearing practices,
 - familial acculturation,
 - experiences with discrimination,
 - behavioral norms,
 - social economic status,
 - and educational history (Rathvon, 2008).

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Considerations

- Ethnic Validity
 - Ethnic validity is “the degree to which interventions, goals, assistance processes, and outcomes are acceptable to intervention recipients and stakeholders with respect to their cultural/ethnic beliefs and value systems”

Rathvon, 2008

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Considerations Ethnic Validity

- Problem Solving
- Intervention Acceptance
- Teaming

Barnett et al., 1995

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Considerations Ethnic Validity Problem Solving

- The school psychologist integrates and evaluates the impact of culture and language at each stage of the process.
- Inhibitors may be uncovered that apply parents and their ability or inability to participate in the treatment process (e.g., work demands, school policies, interpreter availability, etc.).

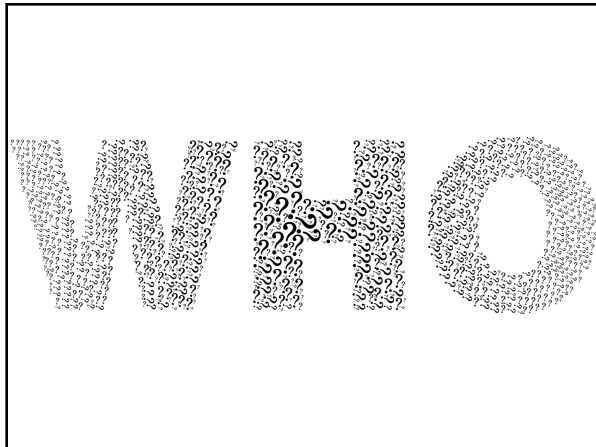
Olvera & Olvera, 2012

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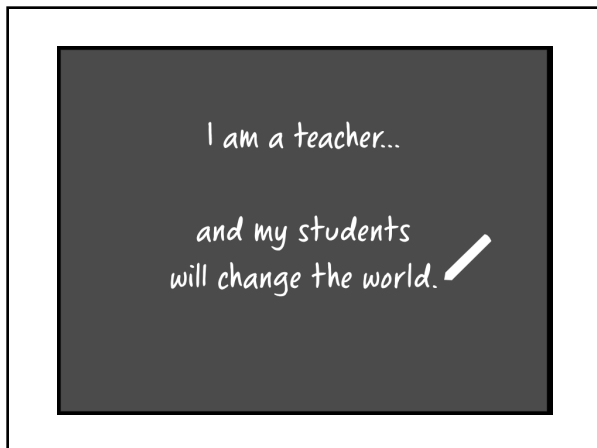
Type of Involvement	Strategies	Perspective	Ethnic Validity
Parenting:	Parenting strategies (social-emotional); educational, school based orientation, report card information.	CLD parenting strategies; Interpreters; bilingual/bicultural liaisons; flexible meeting times.	Provided in parent's language. Parents have input in selecting material/information (<i>Respeto</i>)
Communication:	Phone calls to invite to meetings (i.e., IEP, SST, etc.); follow up with written communication; newsletters.	Parent friendly language; liaison to call and invite parents; gather alternative phone numbers.	Communication in native language. Ask parent who should be primary home contact (<i>Familismo</i>)
Volunteering:	Class parent, telephone tree, parent room, etc.	Flexible times to volunteer; bilingual school to train and support; incentives for volunteering.	Communication in native language. CLD parents to recruit other CLD parents.
Learning at Home:	Discuss state standards, homework/behavior practices; behavioral/social expectations.	Respect family time; empower families with limited education.	Involve family members (<i>Familismo</i>). Appreciate home support in native language.
Decision Making:	Parent leaders, parent empowerment, home-school committees (PTA/advisory, etc.).	Flexible meeting times. Shared decision making. Leadership awareness classes.	Communication in native language. CLD parents to recruit other CLD parents (<i>Confianza</i>).
Collaborating with the Community:	Information on community health, counseling, job training, support	Low cost resources; evening services.	Native language services. Family-centered (<i>Familismo</i>).

Olvera & Olvera, 2012

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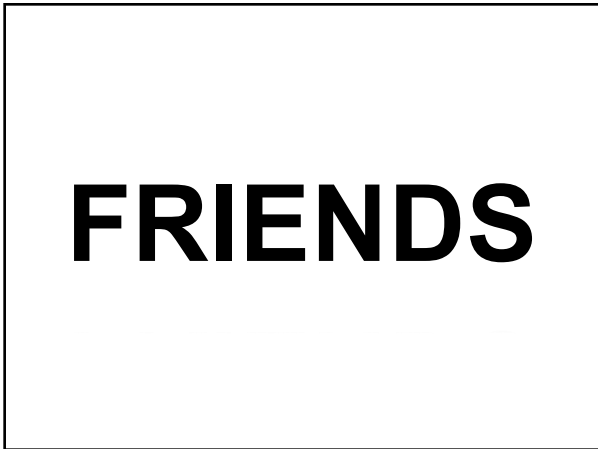
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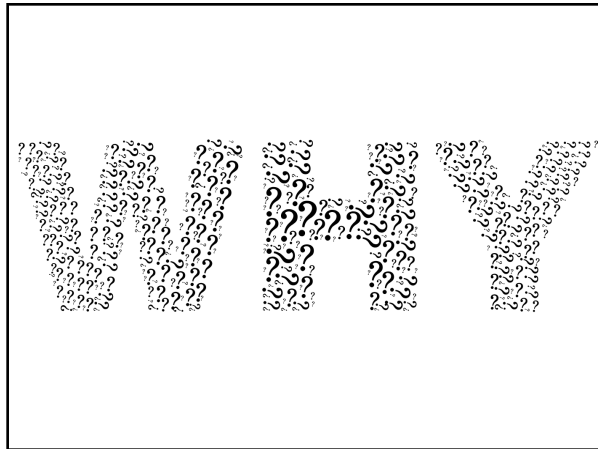
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This child has a very rare genetic condition as well as autism. He is nonverbal and engages in SIB. He has been in private therapy for over 7 years and in the 3rd grade at school. Parents **sometimes** use a communication device at home. He enjoys being outside and playing on his iPad when at home. He has free access to his iPad but it is rarely used to support his communication. He screams in the car with his siblings and mom worries about the impact this has on them as they get older.

Parents

Child

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Educational Team


Educational team consists of Special Education Teacher, Paraeducators, OT, ST, and General Education Teacher. Special Education Teacher and ST communicate via email with Clinical Staff. In ARD meetings with mom, educational team reports child is doing well. Educational team reduces mastery criteria for all goals (from 80% mastery to 40%).

Educational team is using Core Vocabulary for communication. iPad was not accessible in the school because the school decided to use Core Vocabulary boards for ALL students.

Clinical team observed in the school.

Educational team observed in the clinic.

No consensus regarding mode of communication.




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Doctors


As mentioned earlier, doctors were not a part of this team even though the child was on and off a variety of medications and supplements. This child also had seizures and was on and off special diets as directed by medical professionals.

Clinical staff followed the recommendations of the diets as described by mom. Clinical staff collected data on when medications were started, stopped, increased, decreased – as described by mom to use in understanding increases or decreases in behavior.

It is not clear how much information about medical interventions educational staff were given.



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Child made very little progress in speech, OT, or behaviorally. Mom struggled with him at home and even though he was doing "well" at school, behaviors continued to increase and 'morph'.

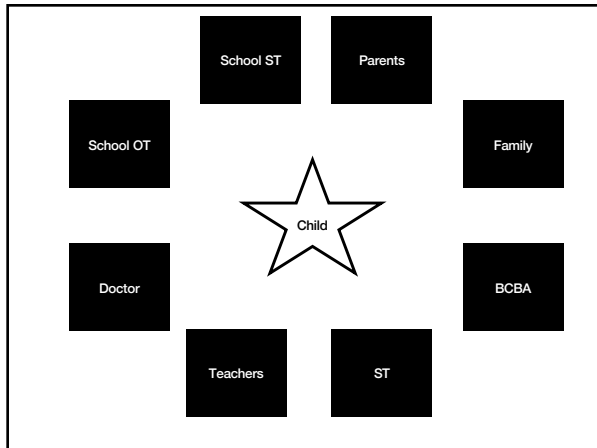
Parents felt a lack of support due to lack of progress.

Clinical team felt they had done all they can to support the family and this child. Insurance was beginning to question the benefit of ABA, OT, and ST for this child.

Educational team felt he was doing well.

Doctors were not aware any of this was happening.

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RESOURCES

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Resources

- Texas Parent to Parent
 - www.txp2p.org
- The Parent Companion
 - <http://www.parentcompanion.org/>
- Texas Project FIRST
 - <http://www.texasprojectfirst.org/>
- Texas Autism Society
 - <http://www.texasautismsociety.org/>
- Texas Statewide Leadership for Autism Training
 - www.txautism.org

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Resources

- Facebook groups and/or pages
- Mom/Dad groups
- School organizations
- Meetup

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Resources

- Podcasts
 - Tilt Parenting <http://www.tiltparenting.com/>
 - Autism Science Foundation Weekly Podcast <https://asfpodcast.org/>

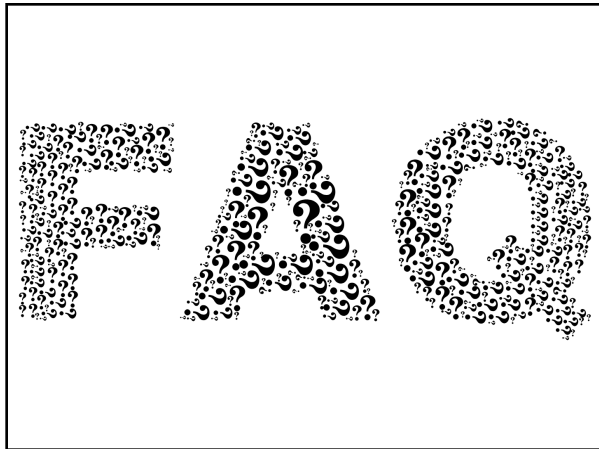
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“An empty lantern provides no light. Self-care is the fuel that allows your light to shine brightly.” *–Unknown*

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References

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