Boot Camp

Presented by
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Robin May
Bootcamp Objectives

New Cadre Members will:

- Learn the goals and vision of CAPTAIN
- Understand their roles and responsibilities as a Cadre member (requirements of Cadre)
- Be able to define and describe EBPs for Autism and tell others where to find info about EBPs
- Learn to use the NPDC-ASD, NSP and other CAPTAIN tools and resources as they relate to their Cadre Roles
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 Video
CAPTAIN Vision

Develop a Statewide Training and Technical Assistance Network with a focus on Evidence-Based Practices for individuals impacted by ASD inclusive of stakeholder agencies who will disseminate information at a Local Level
**CAPTAIN 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 communities

**Goal 3:** Increase **interagency collaborations** to leverage resources and standardize a process for using EBPs
ALL CAPTAIN CADRE MUST

- Complete “ASD Across the Lifespan” Online Class through Coursera – New Members Only
- Complete annual CAPTAIN online survey
- Participate in Annual CAPTAIN Summit
- Participate in local CAPTAIN collaborative meetings/activities to implement local plans (at least quarterly)
Additional Regional Center Requirements

- Provide trainings for your Regional Center staff, families, and/or providers on “Overview of ASD, CAPTAIN and EBPs for ASD” (at least 4 per year)

- Meet with your RC Leadership to discuss ways to increase understanding and use of EBPs and Implementation of Regional Plans

- Participate in quarterly Regional Center ASD/Behavior Specialist regional meetings

- Participate in semi-annual Regional Center ASD/Behavior Specialist statewide meetings and report back to Clinical Directors
Additional Federally and State Funded Parent Support Organization Cadre Requirements

- Share information with your support organization staff about CAPTAIN, EBPs for ASD and LTSAE resources so that they may assist with information dissemination (Does not need to be a formal training, but Cadre must commit to sharing with their staff)

- Act as a LTSAE “Deputy Ambassador,” which includes assisting with Regional Milestones Brochure development and dissemination to support child find
Additional SELPA Requirements:

- Provide trainings for your SELPA on “Overview of ASD, CAPTAIN and EBPs for ASD” (at least 1 per year)

- Provide 3 Trainings in Specific EBPs

- Provide implementation coaching for 3 teachers/programs within your SELPA using implementation checklists and coaching process OR Train 3 additional coaches on CAPTAIN Model of training and coaching EBPs for ASD

- Meet with SELPA Leadership to discuss and plan for local implementation of EBPs and Regional Plans
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 adults with ASD
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...
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…”
(c) (1)(C) (iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
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 CCSS
- Strong, predictable, and consistent classroom management structures

(www.kansasmtss.org)
Implementing EBPs Aligns With 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
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
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
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
The National Standards Project-Phase 2 (NSP2)
Overall Findings for Individuals Under Age 22

• 14 Established Interventions

• 18 Emerging Interventions

• 13 Unestablished Interventions
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)
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)
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)
NSP2 Example

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
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.

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
* 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://autismmpdc.fpg.unc.edu/node/21
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
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
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
EBPs are used to advance 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
<table>
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<th>Evidence by Developmental Domain and Age (years)</th>
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<td>Comm.: 0-5</td>
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<td>Exercise (ECE): Antecedent based physical exertion to reduce interfering behaviors or increase appropriate behaviors</td>
<td>Play: 0-5</td>
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<td>Functional Behavior Assessment (FBA): Systematic protocol designed to identify contingencies that maintain an interfering behavior</td>
<td>School Ready: 6-14</td>
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<td>Function Communication Training (FCT): Replacement of an interfering behavior with communication that accomplishes the same function</td>
<td>Acad.: 0-5</td>
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<td>Modeling (MD): Demonstration of a desired behavior that results in skill acquisition through learner imitation</td>
<td>Motor: 6-14</td>
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<td>Adapt.: 0-5</td>
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<td>Mental Health: 0-5</td>
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<td>Picture Exchange Communication System (PECS): Systematic 6 phase protocol teaching the exchange of pictures between communicative partners</td>
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### Evidence Based Practice and Abbreviated Definition

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

- An evidence based tool to measure progress made on a goal or benchmark for:
  - An individual
  - A group of individuals

- A data collection tool that allows for progress to be summarized and documented

- Not a substitute for goals (or other objective benchmarks) - it’s a supplement
Goal Attainment Scaling assists in monitoring progress of learning a skill or monitoring the behavior of a learner.

Progress is gauged using the GAS at regular points throughout the year.

It is important to establish the individual's present level of performance to set goals towards specific, clear, and observable outcomes.

The GAS is used to determine if the learner is benefiting from the use of the EBP.
<table>
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<td>Initial Objective (1)</td>
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<td>Secondary Objective (2)</td>
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<td>Expected Level of Outcome (3)</td>
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<td>Exceeds Expected Outcome (4)</td>
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Prior to Developing GAS

- Gather individual’s goals

- Identify 3 priority goals for each target client or student. Select based on goals that:
  - Must be an area of focus for the entire year
  - Must be observable and measurable
  - Must be agreed upon by team

- Update/collect data on present level of performance
Developing GAS

1. Write the annual goal (expected level of outcome) on GAS form

2. Write the present level of performance of GAS form

3. Determine the benchmarks on GAS form

4. Determine the somewhat more than expected level on GAS form
Development of Scaling

- 5 Point range of performance for students:
  - Current Level of Performance (0)
  - Initial Objective (1)
  - Secondary Objective (2)
  - Expected Level of Performance (3)
  - Exceeds Expected Level of Performance (4)
Example: Eric

Eric is a high school student with autism, fully included in the general education curriculum.

Eric’s general education teachers are somewhat frustrated with Eric because he asks an excessive number of off-topic questions during class. This disrupts the flow of instruction and annoys peers and teachers.

Questions include:
- Do you still like me? Yes or no?
- Do you like my shirt today?
- Have you seen the new episode of Silicon Valley?
Eric

Eric has an annual goal that reads, “By May 2017, Eric will ask teachers no more than 5 questions (on or off topic) during a given class period in 6 periods over a 3 day period as measured by observation and data collection.”

Data was collected and it was determined that Eric asks an average of 41 off-topic questions every class period.
Example: John

John is a 52 year old man with autism who works at a day program during the day and lives alone in a supported living community.

At his home, John has recently refused to follow staff requests for him to change his clothes, brush his teeth, and take showers. When staff asks this of him, he will escalate from saying, “no”, throwing items (cups, books) at staff until they leave his room.

His hygiene is affecting his social opportunities with other clients and staff at the day program are reporting his smell is not tolerable.
John

Currently, John is able to read at about 2\textsuperscript{ND} grade level.

John has many items he enjoys such as soda, puzzles, snacks, paper to write letters, and to talk with his sister on the phone.
Your Turn!

- Select one of these examples

- In groups or individually, fill out a GAS form (and select or adjust the goal)

- Share back
GAS Activity

**Eric**
- High school student
- Fully included
- Asks an excessive number of off-topic questions during class, disrupting the flow and annoying peers and teachers
- “By May 2017, Eric will ask teachers no more than 5 questions (on or off topic) during a given class period in 6 periods over a 3 day period as measured by observation and data collection.”
- Baseline: 41 off-topic questions every class period

**John**
- John is a 52 year old man with autism who works at a day program during the day and lives alone in a supported living community
- Refusing to participate in daily hygiene routine
- Is throwing items at staff to get them to leave his room
- His hygiene is affecting his social opportunities with other clients and staff at the day program are reporting his smell is not tolerable
- Baseline: John will participate in his daily hygiene once once a week
“Is This Extra Work?”

No-
- 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 team members
- Is very valuable as a tool to demonstrate class wide, agency wide, or specific service wide results
Welcome

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.

Quick Links

- National Professional Development Center On Autism Spectrum Disorders
- AFIRM ASD Learning Modules
- National Autism Center
- Autism Internet Modules
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.
WHAT ARE EVIDENCE-BASED PRACTICES?

Many interventions exist for autism spectrum disorder (ASD). Yet, scientific research has found only some of these interventions to be effective. The interventions that researchers have shown to be effective are called evidence-based practices (EBPs). One reason for using EBPs is because, by law, teaching practices must be based on evidence of effectiveness.

WHAT EBPS HAVE BEEN IDENTIFIED?

The NPDC used a rigorous criteria to classify 27 focused interventions as EBPs in 2014. The 27 identified EBPs have been shown through scientific research to be effective when implemented correctly with students with ASD. The NPDC is currently developing online modules, called AIDM, for each of the 27 identified practices.

You can currently access online modules for the original 24 evidence-based practices on the Autism Internet Modules (AIM) website from the Ohio Center for Autism and Low Incidence (OCALI).

Select an EBP below to access a brief about the practice. Each brief provides an overview and general description, step-by-step instructions of implementation, an implementation checklist, and the evidence-base which includes the list of references that demonstrate the practice meets the NPDC's criteria.

To print out a specific section of a brief, download the EBP and open using Adobe Reader. You can navigate to different sections of the brief using the menu on the left while viewing in Adobe Reader.

EVIDENCE-BASED PRACTICES

- Antecedent-based Intervention (ABI)
- Cognitive Behavioral Intervention (CBI)*
- Differential Reinforcement of Alternative, Incompatible, or Other Behavior (DRA/UC)
- Discrete Trial Teaching (DTT)
- Exercise (EET)*
- Extinction (EET)
- Functional Behavior Assessment (FBA)
- Functional Communication Training (FCT)
- Modeling (MDI)**
- Naturalistic Intervention (NI)
- Parent-implemented Intervention (PI)
- Peer-mediated Instruction and Intervention (PMII)
- Picture Exchange Communication System (PECS)
- Prompting (PP)
- Reinforcement (R+)
- Response Interruption/Restriction (RIR)
- Scripting (SC)*
- Self-management (SM)
- Social Narratives (SN)
- Social Skills Training (SST)*
- Structured Play Group (SPG)*
- Task Analysis (TA)
- Technology-aided Instruction and Intervention (TII)*
- Time Delay (TD)
- Visual Support (VS)

* Indicates new EBPs identified in 2014. Practice briefs are not available for these practices, but are currently being developed as part of AIDM.

See the working definitions of each EBP in this excerpt from the 2014 Evidence-Based Practices for Children, Youth, and Young Adults with Autism Spectrum Disorder report. The full report is available here.
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
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:


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 implementation process.
Module: Video Modeling

Implementation Checklist for Video Modeling

The implementation checklist steps were adapted from:


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.

<table>
<thead>
<tr>
<th>Site:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual(s) Observed:</td>
<td>Learner’s Initials:</td>
</tr>
</tbody>
</table>

Skills below can be implemented by a practitioner, parent, or other team member

<table>
<thead>
<tr>
<th>Observation Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observer’s Initials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Planning (Steps 1 – 6)

Step 1. Targeting a Behavior for Teaching

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.

<table>
<thead>
<tr>
<th>Step 2. Having the Correct Equipment</th>
<th>Score**</th>
</tr>
</thead>
</table>

**Score**
Autism Focused Intervention Resources and Modules: AFIRM

- Designed to help you learn the step-by-step process of planning for, using, and monitoring EBPs with learners with ASD from birth to 22 years of age

- In each module:
  - Key components of an EBP including various ways to use it
  - Behaviors and skills that can be addressed using the practice
  - A step-by-step process for applying the practice
  - Downloadable resources
Professional Development Certificate

Certificate Track
- Case examples demonstrating the use of the EBP
- Multimedia presentation
- Pre-test required
- Post-assessment required
- Evaluation required

Non-Certificate Track
- Case examples demonstrating the use of the EBP
- Multimedia presentation
- Pre-test required
- Post-assessment optional
- Evaluation optional
Available EBP Modules

**Antecedent-based Intervention**
- **ABI**

Antecedent-based interventions can be used to decrease an identified interfering behavior and increase engagement by modifying the environment.

**Time to complete:**
This module will take approximately 1.5 - 2 hours to complete.

**Discrete Trial Training**
- **DTT**

Discrete trial training can be used to teach a new skill or behavior.

**Time to complete:**
This module will take approximately 2 - 3 hours to complete.
YET MORE SELF LEARNING MODULES ON EBPs

Autism Internet Modules

www.autisminternetmodules.org

"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 with an individual with ASD.
SELF LEARNING MODULES FOR TODDLERS!
NPDC-ASD Early Start Website
http://asdtoddler.fpg.unc.edu
Another Resource for Older Individuals with ASD

http://cresa.fpg.unc.edu/

CSESA
The Center on Secondary Education for Students with Autism Spectrum Disorder

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 »
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
Use these Quick Links on the CAPTAIN website to access these EBP resources!
Other Summit Sessions Will Provide:
1. Additional information and training to SELPA Cadre about coaching and implementing training using Evidence Based Practices
2. Additional information to Regional Center Cadre about Interagency Collaboration related to EBPs and how to disseminate information to RC staff and Vendors
3. Additional information to Family Support Agency Cadre about how to disseminate information about CAPTAIN and EBPs to Family Agency Staff and Parents you support
4. Additional information and resource about early identification using the Learn the Signs Act Early (LTSAE) resources
5. Additional support in developing your Regional Plans
QUESTIONS?
“Children and families cannot benefit from evidence-based practices that they do not experience.”

-Dean Fixsen, NIRN, 2006

http://nirn.fpg.unc.edu/
Wrap Up

Unless you're using evidence-based procedures, I can't hear a word you're saying.
Follow Us! Like Us!