Programming for the Future

ADAPTIVE FUNCTIONING SKILLS

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ABOUT YOUR PRESENTER

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TREATMENT OPERATIONS MANAGER

- Education:
  - BS in Communication Sciences and Disorders (OU)
  - M.Ed. Special Education-Autism (NCU)
- Certification:
  - BCBA (Board Certified Behavior Analyst)
  - SLP-Assistant (Speech Language Pathologist Assistant
- Experience:
- Over a decade of experience helping kiddos reach their potential through treatment.
  - Center Based ABA programs 2002-2004
  - In-Home/School ABA programs and speech programs 2004-2010
  - Training Coordinator 2010-2014
  - Program Supervisor 2014-2015 (Therapy and Beyond Dallas and Oklahoma)
  - Clinical Director 2015-2017 (Therapy and Beyond DFW: FW and Carrollton)
  - Treatment Operations Manager 2017-Present (Therapy and Beyond)
- Family Life:
  - Wife and Mom to a 3 month old baby girl

What are we going to cover today?

1) **What does the future look like?**
2) **How can ABA help?**
3) **How to apply ABA?**
4) **Implement new teaching styles.**
5) **How to prepare parents and families?**
6) **How many trials to mastery is expected?**
7) **What should our priorities be?**
8) **ABC's of toilet training.**
9) **Common toilet training errors**
10) **Conclusion**

WHAT IS THE FUTURE OF OUR PATIENTS?

- Outcome studies of adults with ASD find that the majority of adults are unemployed or underemployed.
- 90% in some studies
- Most adults with autism continue to live with parents, siblings or older relatives.

WHAT IS THE FUTURE OF OUR PATIENTS?

- Studies suggest that 40-70% of individuals with disabilities will be victims of sexual abuse
- Programming for adults is typically absent: personal safety, community integration, family support, transportation, leisure, health/wellness, sexuality, quality of life, and aging

HOW CAN ABA HELP WITH THESE CHALLENGES?

TIMELINE?

Teach relevant skills to long term success first, 5-10 years before independence is needed

WHAT MATTERS?

We need to be creative and make sure that our programming is socially significant

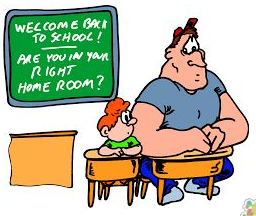
How to apply ABA to Adolescence and Adulthood

- DTT- PRT- NET
- Task Analysis, Shaping, Chaining
- Functional behavior analysis/ assessment/ incidental teaching, group contingencies

WHY TRY A NEW TEACHING STYLE?

Instruction based upon ABA **DOES NOT** represent a rigid or cookie cutter set of instructions and/or interactions. **Great behavior analysts** modify their interventions in response to multiple conditions, settings, and contingencies while maintaining a commitment to data-based decision making.

Preparing Parents



- Ask parents about where they see their child in 10 years
- Outline goals now, for independence later
- Program for what a patient should be doing in the next 5-10 years now
- Quality of Life and Control
- Importance on Communication and Adaptive Skills
- Reduction of problem behavior

So what age should I start transition planning?

6

Visualize the patient at...

21

- **AVERAGE IQ BUT LOW ADAPTIVE SKILLS?:**
  A study, led by Amie W. Duncan Ph.D., found deficits in daily living skills in teens with autism who have average and above average intelligence. The study included 417 adolescents with ASD in the Simons Simplex Collection research project. **Half of them had daily living skills that were "significantly below" expectations for someone of their age and IQ**.

Daily living skills include:
- personal hygiene (shower, shave, use bathroom)
- self-care (taking medicine, bandaging a cut)
- housekeeping (vacuum, make bed, clean dishes)
- food preparation
- getting around community (ride bus, Uber)

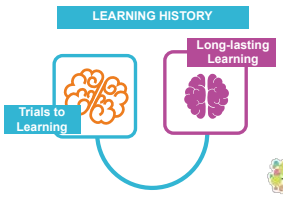
NOTE:
- addressing these skills prior to the transition to adulthood is crucial if we expect young adults to have the necessary skills to live independently
- Daily living skills are a subset of adaptive behavior, which includes communication, social and relationship skills

WHY IS IT DIFFICULT TO GET PARENTS ON BOARD?

OBSERVATIONS IN MY OWN PROGRAMMING HAVE MADE ME REALIZE THE COMPLEXITY OF FUNCTIONAL SKILLS AND WHY IT'S DIFFICULT FOR PARENTS

- Functional skills have taken on a negative connotation. When you talk to parents about teaching functional skills, they may view it as **"giving up on a kid"**
- **Functional skills can be more complex than academic skills such as calculus.** For example, learning how to cross a busy street safely is a complex task involving visual memory, decision-making, and motor skills, It's also a skill that allows someone to get to work so he/she can use his /her academic skills.

TRIALS TO MASTERY



- Our patients are given far more chances to practice communication/receptive language/ executive function/speech/ ect. skills than adaptive skills. For example how many trials do you think it takes to gain a new mand or receptive identification?....
  - 30 trials, 100 trials, 500 trials, 1000 trials
- A patient typically has any where from 50-1,000 trials in a week to learn a new skill. When the patient is 15, however, they may get only one outing every Friday to a fast-food restaurant to learn how to order lunch. If the individual goes once a week, it will take 15 years to give them 1,000 instructional opportunities, and the gap between learning opportunities is too far apart.

What do we work on first?
What is the priority?

Functional Communication and Reduction of Problem Behavior and Stereotypical Behaviors

#1

What do we work on next?
What is the next priority?

- Toilet Training
- Eating, Drinking, Feeding
- Bathing and Personal Hygiene
- Sleeping
- Dressing
- Mobility and Transportation
- Avoiding Harmful Items, Substances and Situations
- Leisure Activities at Home
- Attends Medical Appointments
- Medicine Administration
- Vocational Skills
- Laundry
- Cleaning
- Using the phone
- Preparing Food

(Essential for Living, Chapter 8, Domain 4, pg. 187-203)

THESE GOALS REALLY MATTER WHEN A PATIENT BECOMES AN YOUNG ADULT… ASK YOURSELF WHAT DO WE LEAVE OUR PATIENTS WITH WHEN THEY WALK OUT OUR DOORS…

#2

QUESTIONS?

QUESTIONS?

Toilet Training

Toilet Training Goals

GOALS

1) Indicates when diaper/adult diaper or underwear is wet or soiled
2) Indicates need to use the restroom
3) Urinates and Defecates on the toilet
4) Use a urinal (males)
5) Completes a series of toileting steps which includes urinating and defecating on the toilet, using toilet paper, and flushing the toilet
6) Completes a series of toileting steps which includes initiating, urinating and defecating on the toilet, using toilet paper, and flushing the toilet
7) Completes a series of toileting steps during middle of the night, which includes initiating, urinating and defecating on the toilet, using toilet paper, and flushing the toilet
8) Locates, enters, and uses the appropriate public restroom

(Some goals from Domain 4 of Essential for Living, pg 191 and Foxx and Azrin Potty Training Guide)

Typical Potty Training Errors:

- Starting before family is 100% ready
- Starting before the patient has pre-requisite skills
- Not pushing fluids enough
- Being afraid of accidents
- Schedule training rather than initiation training
- Fading verbal, physical, and gestural prompts
- checking for independence in home settings
- Understanding that a walk by is not an independent initiation

Toilet Training Protocol

Guidelines for Potty Training Program by Foxx and Azrin- "Toilet Training Persons with Developmental Disabilities"

1. When beginning the potty training program, be sure that the child is wearing regular underpants. Diapers or pull-ups may only be worn each night while the child is sleeping, but should be replaced with underpants when they awake.

2. Keep the child's bladder full most of the day by giving the child as much fluid as they can drink.

3. Take the child to the bathroom every ___ minutes. Stay on the potty for _____ minutes or until the child voids. If the child does not void, instruct them to put their clothing back on using minimal prompts and allow them to leave the bathroom. Boys should also be sitting on the toilet. (Time frame depends on the patient, how much water they are drinking, and when their accidents are occuring, in the beginning make the scheduled sits right before accidents typically occur)

4. If the child voids during this time, provide tangible/edible reinforcement and praise immediately. Prompt them as little as possible to pull their clothing back on and allow them to leave the bathroom. (use a reinforcer that is close ended to avoid frustration)

Toilet Training Protocol

Guidelines for Potty Training Program by Foxx and Azrin- "Toilet Training Persons with Developmental Disabilities" Continued...

5. Every 5 minutes, check the child to see if they are dry. Put the child's hand on their pants so they can check themselves. If the child is dry, provide reinforcement and praise. (I.e., "Lets check to see if you are dry, yes you are dry great job", in older clients modify where hand touches pants)

6. If the child is not dry during "dry checks", be sure they touch the wet pants and tell them where they are supposed to urinate (i.e., "Are you dry no you are wet, we go pee pee in the potty", or "Are you dry no you are wet, we go in the toilet") Then immediately take them to the bathroom. Prompt them to sit on the potty, and then prompt them to stand and pull their wet pants back up (use the minimal amount of prompts required). *Optional Depending on the individual: Immediately return to the spot they urinated in and follow the routine again. Repeat this positive practice procedure five times. Use full prompting if necessary. After the fifth practice, change the child into dry clothing and have the child clean the spot where the accident occurred. Do not provide a lot of attention at this time. Withdraw attention for one minute. The positive practice procedure is not fun for the child. The positive practice is not an opportunity for the child to use the toilet.

Toilet Training Protocol

Guidelines for Potty Training Program by Foxx and Azrin- "Toilet Training Persons with Developmental Disabilities" Continued...

7. Typically, children will have many potty accidents when you first begin this procedure. Do not get discouraged. Continue to implement the positive practice procedure.

8. The second time the child self-initiates, stop scheduling the child for potty time. At this point you will not schedule them again. If you continue to schedule the child they will become dependent on the schedule and not initiate.

9. Be sure to continue to fill the child's bladder with fluids. Initially, more accidents will begin to occur. Use the positive practice procedure when this happens. Adapted from Vince Carbone and Associates The Center for Autism Treatment 2009

10. The accidents should cease within a short period of time. Usually the child will then begin to initiate frequently. If the child self initiates one time and never initiates again (over the next two weeks), start scheduling them again.

11. A requesting repertoire is not a prerequisite for this procedure. You should not be requiring the child to mand for potty during training (do not prompt them to ask for the potty).

Toilet Training Protocol

Guidelines for Potty Training Program by Foxx and Azrin- "Toilet Training Persons with Developmental Disabilities" Continued...

12. After the child has had 20 consecutive initiations with no accidents you may stop forcing fluids.

13. When you are ready to try to take them to the store or other public places use the following procedure: Fill the child's bladder before you leave so that they should need to go as soon as you get there. Find the restroom as soon as you get to the store. Walk in with the child but say nothing. Walk to the stall and show them the toilet. See if they will initiate. If they do not, try using minimal prompts.

14. Bowel training: Accidents of this type will continue to occur after the voiding is under control. Resist the temptation to put the child back in diapers. Do not use positive practice for BM accidents. Optional: require that the child clean the mess.

Toilet Training Protocol

Guidelines for Potty Training Program by Foxx and Azrin- "Toilet Training Persons with Developmental Disabilities" Continued...

15. If the child has a fairly regular bowel schedule you may want to try to schedule them and have them sit on the toilet for a while during that time.

16. Once the child is voiding and having BM's in the potty, it is then time to teach the boys to stand while urinating.

17. Once the child is self-initiating for a period of one month with no accidents, you may then teach them to mand for the potty by stopping them when they are walking to the toilet, temporarily blocking access to the toilet, and prompting them to mand for the potty. Do no teach the child to mand until self-initiation is strong.

CONCLUSION

- Start transition planning **early**
- Ask the family questions, understand the patients needs, get a clear picture of the home environment.
- It is imperative that we prepare parents for the future and help them plan for what's ahead in the **next 10 years**.
- Job employment is extremely low, **help advocate for families and give our patients a skills set to be independent and functional**.
- Focus on making a **long term goal**, **evaluating the barriers**, and then **outlining a protocol for success**.
- **Get out in the community** and evaluate what is available for young adults in your area.

Thank You