A PROFESSIONAL DEVELOPMENT PLAN FOR EDUCATORS WORKING WITH CHILDREN WITH AUTISM SPECTRUM DISORDER TRANSITIONING INTO

STANDARD CHILDCARE SETTINGS

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A Professional Development Plan for Educators Working with Children with Autism Spectrum Disorder Transitioning into Standard Childcare Settings

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ABSTRACT

Standard childcare centers are continuing to become more inclusive to individuals of all abilities. Transition plans from specialized services such as Applied Behavior Analysis (ABA) often include discharge criteria and a discharge transition plan for the child, but often do not include any training or development plan for educators in a standard childcare setting. Due to the limited number of plans available, transition plans vary greatly in how comprehensive they are as every organization creates their own plan or transitions children into the childcare setting without an identified plan. This paper proposes a professional development plan for educators working with children with Autism Spectrum Disorder (ASD) transitioning into a standard childcare program. The program includes staff training and support, and collaboration partnerships.

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INTRODUCTION

The lack of comprehensive transition programs for children with Autism Spectrum Disorder (ASD) or other developmental disabilities to join a standard childcare setting has become noticeable to me after being employed at the North Dakota Autism Center and now at the YMCA of Cass and Clay Counties Learning Center. I have witnessed firsthand the frustrations and challenges the children, as well as their families, experience. In addition to the child experiencing frustrations, there are frustrations for staff when they are not trained or provided sufficient support. From my experience, when staff feel unsupported turnover rates increase. The support for children transitioning into standard childcare from specialized support such as ABA Therapy, as well as the support for childcare teachers, is not adequate and there is a need for a comprehensive transition program to better support children with ASD in a standard childcare program. Not only is it important to ensure the child is ready to be discharged from their specialized intervention service, it is equally as important to ensure the teachers of the program the child will be entering have adequate training and education on ASD for this to be a successful and positive transition.

The characteristics of ASD may present themselves in a range of severity through behavior excess, language deficits and intellectual abilities (5th ed.; DSM-5; American Psychiatric Association, 2013). These characteristics make transitioning between settings and within any single setting throughout the day in a standard childcare program difficult for a child with ASD. The purpose of this paper is to develop a professional development training program for educators in a standard childcare setting to improve their readiness to support children with ASD to successfully transition into the program. It will outline information on ASD, transitions for children with ASD, and propose the training program.

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LITERATURE REVIEW

Diagnostic Criteria and Characteristics of ASD

Autism Spectrum Disorder (ASD) can affect both children and adults (*Autism Spectrum Disorder Fact Sheet/National Institute of Neurological Disorders and Stroke*, n.d.); for the purpose of this paper, the focus will be children with ASD. One in 68 children is born with some degree of autism, and it is more prevalent in males by a four to one ratio (Amaral, 2017). Researchers have found that characteristics of ASD are seen in children as young as 12-18 months old and siblings of children with ASD have been diagnosed as early as 6 months of age (Nass & Ross, 2009). Akyol (2020) noted that researchers continue to study and test new ways to identify predictive markers in individuals with ASD. An early diagnosis includes many benefits, one of those being an increase in overall mental health (Akyol, 2020). The number of individuals being diagnosed with ASD continues to rise. In just over a decade, Litton et al. (2017) explained there is an 80% increase of children with ASD. The rate at which ASD is being diagnosed does not necessarily reflect a true increase in the incidence of ASD, but rather reflects the increased awareness of the disorder (Nass & Ross, 2009).

ASD is a cognitive disorder in which the cause has been linked to environmental and genetic factors, but there is no known single cause (Akyol, 2020). Due to the nature of ASD, obtaining a diagnosis is often difficult as the child may not have all of the characteristics of ASD (5th ed.; DSM-5; American Psychiatric Association, 2013). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), an ASD diagnosis includes childhood disintegrative disorder, Asperger syndrome, and pervasive developmental disorders not otherwise specified grouped under ASD rather than as individual disorders (5th ed.; DSM-5;

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American Psychiatric Association, 2013). Since grouped together by the DSM, in my paper I will refer to them all together as ASD.

ASD has been known to affect how people communicate, act socially, learn, and behave (*Autism Spectrum Disorder Fact Sheet/National Institute of Neurological Disorders and Stroke*, n.d.). Autism is unique in that not everyone will exhibit the same characteristics. Children with ASD may be affected cognitively and may not be able to grasp other people's thoughts, may lack the ability to problem solve, or have a difficult time reaching a goal (Nass & Ross, 2009). One child with autism may have communication deficits and another child with autism may communicate verbally without any issue. If an individual is verbal, they may use a lot of repetitive phrases, called echolalia (Nass & Ross, 2009). Individuals with ASD may have high pitched speech or speech that does not vary in inflection (Nass & Ross, 2009). Nass and Ross (2009) found that children may also have semantic and pragmatic deficits and talk too much; these individuals tend to be very literal.

Children's social skills are impacted by ASD in that they may use little symbolic play, may not take the initiative in social settings, and if they engage in pretend play, may take a passive role (Nass & Ross, 2009). Nass and Ross (2009) discussed that some children with ASD are very aware and self-conscious about their social skills, while many are unaware their social skills are inept compared to their peers. Nass and Ross (2009) stated, "They are in their own world" (p. 466). Behaviors can be impacted in a variety of ways. Children with autism may flap their hands, rock, twirl or do repetitive behaviors such as opening or closing doors (Nass & Ross, 2009).

The wide range of ASD characteristics can make getting a diagnosis challenging. (5th ed.; DSM-5; American Psychiatric Association, 2013). There is no way to test someone biologically;

for autism, the diagnostic test is based on behavior (Amaral, 2017). When testing for ASD, specialists have a wide range of assessment tools available to them including parent questionnaires and interviews, social questionnaires, checklists, the Autism Diagnostic Observation Scale and the Autism Diagnostic Interview (Nass & Ross, 2009). ASD assessments are completed in clinical settings by pediatricians, specialists in neurodevelopmental disabilities, psychology, psychiatry, and pediatric neurology (Nass & Ross, 2009).

Transitioning and ASD

Individuals with ASD may display a disposition of being alone, an inability to relate to others, tendency to do or think about the same thing over and over in an obsessive way, and an insistence for routine and sameness (Connor, 1999). These characteristics make transitioning throughout the day in a standard childcare program difficult for a child with ASD.

Stoner et al. (2007) explain that there are two different types of transitions. One type of transition, referred to as vertical transitions are experienced by all learners and are predictable (Stoner et al., 2007). The authors refer to transitioning from early intervention to preschool, grade changes in elementary school, and the transition to adulthood from high school as part of this category of transitions (Stoner et al., 2007). The other type of transition is a horizontal transition (Stoner et al., 2007). This is from one situation to another and is not as predictable (Stoner et al., 2007). Children with ASD find horizontal transitions very challenging, resulting in a situation that will be stressful to that individual, and may lead to aggressive behavior (Stoner et al., 2007). Transitions between activities, unfamiliar settings, and from home to school fall under this type of transition (Stoner et al., 2007). Brandes et al. (2007) noted that children with developmental delays will most likely have had two educational transitions by the time they reach age 6. Transitioning into a standard childcare program (often referred to as mainstreaming

in the literature) has many benefits, one being that of fostering social interactions with a larger group of peers and maximizing the child's progress (Connor, 1999). The inclusion of children with ASD is critical as it allows the child to be a valued class member and reach their full potential (Lindsay et al., 2013).

Children with ASD lack the generalization of learning, meaning if they learn a new skill, they may not apply that to a similar situation or the same situation but in a different environment (Connor, 1999). This may inhibit children's success with transitions. Children with ASD may also have a difficult time with transitions because they may be over-focused on something (Nass & Ross, 2009). Due to the desire for sameness children with ASD may experience, a transition or change in routine often will cause frustration or even anxiety around unpredictability that comes with that transition or change. Transitions occur naturally throughout each day in a childcare setting; all children have to move from one setting to another or one activity to another throughout the programming day. These transitions include moving from the classroom to the playground outside, moving from an art activity to clean up time and prepare for lunch, or even the staffing transitions needed for lunch breaks, planning time, or other reasons. Different types of transitions may occur at the same time and may impact a child with ASD differently than a transition that happens on its own (Hume et al., 2014).

A child with ASD may require extra support in order to be successful. These children may require more structure and thoughtful planning in comparison to a child who does not have ASD (Hume et al., 2014). Supports are anything that is implemented or put in place to help the child. Connor (1999) noted various strategies of support to aid in the success of children with ASD in the classroom. Some of these supports are providing clear structure as well as a routine for the children, avoiding sarcasm and phrases that are meant to not be taken literally, telling the child what to do rather than asking, following through with consequences, and not taking things personally (Connor, 1999). Some additional tools that lead to success are use of a timer, visual cues, a written or picture schedule hanging on the wall, or a verbal cues or phrases (Hume et al., 2014).

The following recommendations were provided by Hume et al. (2014). Visual supports can promote independence during transitions; this could be priming or cueing. Priming lets children learn about the activity before it occurs. Pictures, videos and social stories are helpful ways to prime children. These types of priming are beneficial for learners who learn best in a visual format and use the visual processing strengths many children with ASD have. Concrete objects, colored visuals, or real photographs may work best for young children. Cueing children can be done verbally or with technology. Verbal cueing may not be easily processed. Pairing verbal curing with a visual cue could be more effective. Apps have been created for phones, iPads and tablets that combine that use of auditory warning with a picture of the activity that is next in the child's schedule. Visual cues can be successful if implemented before and during a transition as the predictability of the transition will increase with a visual schedule. Based on the research, these supports can create positive routines, offer predictability during transitions, reduce the amount of time it takes to complete the transition, encourage successful participating in the classroom, and increase the behavior we want to see. While supports for individuals with ASD may also be beneficial for other children who have a difficult time with transitions, it is important to remember that it is unlikely that one support will work for all of the children.

Auditory supports include verbal warning given in advance, a timer, music, or someone singing (Hume et al., 2014). Another type of auditory support involves giving a series of directions to the child of things they have previously completed followed by the instruction you

want them to do (Hume et al., 2014). An example of this would be telling the child to "stand up", "touch the chair", "clap your hands", and "pick up the toy". The first three instructions were things the child has done independently and does not refuse to do. The fourth instruction usually results in refusal or negative behavior when delivered alone as the first instruction. An easy to hard sequence has been shown by research to decrease the child's resistance to complete that task (Hume et al., 2014).

Parental perspectives are vital in identifying the appropriate support as parents can offer feedback and a better understanding of their child (Stoner et al., 2007). Communication between parents and teachers provides the groundwork for trust, and when consistent, there is a strong partnership and cooperation between parents and teachers (Stoner et al., 2007). Stoner et al. (2007) found that parents wanted those who work with their children to know what worked or didn't work for their child, what their child liked or didn't like, and wanted their child to be understood. Parental involvement has been found to be essential for successful school transitions for children with disabilities (Stoner et al., 2007). Ensuring that teachers have the information they need about the child will help them be successful. In addition to parents, it will be important and beneficial to talk with any previous therapists (speech physical, occupational, ABA), case managers or other early interventionists who have worked with the child (Hume et al., 2014). They will be able to help teachers identify what transitions or time of day may be challenging for the child and what has worked in the past to best support that child before, during, and after the difficult transitions. In order to know what would be beneficial for that child a teacher would need to first identify the problematic transition, determine the appropriate support, implement the support, and then collect data and problem solve for a successful transition (Hume et al., 2014).

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These proactive measures will all help the childcare center better prepare, in turn setting up the transition into the program to be a successful one.

There are a few questions that need to be answered prior to creating a successful strategy for a transition. The teacher will need to be clear with the child on what the expectation is during the transition, identify the behavior they want to correct, note how frequent the behavior happens during the transition and be able to answer the when, where and with whom about the transition (Hume et al., 2014). Once the problematic transition is identified, teachers need to determine what, if any supports are already put in place, if they are effective, and what else may be helpful (Hume et al., 2014). When choosing what supports to use for the child with ASD, not only is it important to factor in what the student needs, but what they are interested in as well (Hume et al., 2014). Other factors that need to be taken into consideration when choosing what support would be best are the resources available to the teacher and the teacher's knowledge and understanding about these resources (Hume et al., 2014). After it has been identified what support will be implemented, there will need to be a plan that includes how the support will be introduced to the child and by whom (Hume et al., 2014). This process of developing a transition plan for children can be stressful and overwhelming for not only the child, but the family and the teacher (Brandes et al., 2007).

Staff Training and Support

Qualification requirements for educators vary between a childcare setting and a public or private school. North Dakota childcare centers do not require their staff to have a teaching license. In addition to not requiring a teaching license, childcare centers will accept other bachelor degrees, associate's degrees, and certifications such as a Child Development Associate (CDA) or an Aim4Excellence Director credential as the education requirement. The staff member must have a certain amount of college education credits in early childhood to qualify if the degree they have is unrelated to education or child development. There is no requirement for special education training or education under the North Dakota staffing qualification requirements for childcare centers. With the increased rate of ASD in children, there has also been an increase in the number of children with ASD in mainstream classrooms (Lindsay et al., 2013). When teachers lack training on ASD and there is an increasing number of children with ASD in classrooms, challenges and frustrations arise. Gilmour and Webby (2020) reported that studies have found that between general education teachers and special education teachers, special education teachers have a higher turnover rate. Lindsay et al. (2013) interviewed teachers and concluded that the challenges teachers reported range from unwanted behaviors to school policies, and not enough training and support within the school. In addition to a lack of training on ASD in general, teachers reported that they didn't have enough information on specific ways to work with a child with ASD in a classroom setting, particularly when an unwanted behavior occurs (Lindsay et al., 2013). Unstructured times throughout the day were also reported to be a time of struggle for the teachers interviewed (Lindsay et al., 2013).

When children are in specialized early intervention services, such as ABA Therapy or early childhood special education services, they experience a multitude of transitions when moving into a standard childcare center. They will experience new teachers, a change in routine/schedule, and they have to adapt and adjust to the new environment. Standard childcare centers follow the state licensing guidelines for child to teacher ratios and that is typically a higher number of children per teacher in comparison to specialized intervention services. The North Dakota childcare staffing requirements vary a bit depending on the type of license the center holds. An in-home childcare facility is different from a licensed preschool, and mixed age classrooms also have specific criteria for staffing requirements. For this paper, I will use the required staffing information for a licensed childcare center. Children age 3 require 1 staff for every 7 children. Children age 4 require 1 staff for every 10 children. Children age 5 require 1 staff for every 12 children. Children age 6 require 1 staff for every 20 children. If there are mixed age groups, the ratio is converted to a decimal form. Children in ABA Therapy receive a one to one ratio with a therapist. Children in early childhood special education services are in a room with a low number of children and a higher number of teachers (and support staff such as paraeducators) than standard childcare settings provide. When children with ASD make this transition, the larger number of children present is yet another factor that could inhibit success. The room is louder which could be overstimulating. With more children present, it becomes more difficult for teachers to focus on one child who needs more time or care (Lindsay et al., 2013). Larger class sizes add to the teacher's workload and teachers have reported a larger workload makes finding ways to support students with special needs more difficult (Lindsay et al., 2013). Not only was it reported that there are struggles within teaching the child with ASD, but challenges in finding ways to help the other children within the classroom understand and accept the peer with ASD (Lindsay et al., 2013).

Litton et al. (2017) found that even when higher education institutions offered a special education degree, only half of those surveyed offered coursework that was specific to ASD. Not only do we have a shortage of teachers with a special education background, the number of teachers with knowledge on ASD is even lower (Litton et al., 2017). A study completed in the UK found that less than 5% of teachers had received specialized ASD training (Lindsay et al., 2013). Teachers are expected to meet the needs of children with ASD, but are struggling because they lack the proper training and guidelines (Lindsay et al., 2013). Formal and informal training

opportunities need to be provided to teachers so children with ASD have the highest opportunity for success in the classroom (Lindsay et al., 2013).

As it currently stands, childcare teachers are not required to complete any special education courses or training on children with ASD. The lack of knowledge and support has caused frustration amongst teachers, stress in the classroom, and unwanted behaviors. The research has proven that given the proper training, alongside using supports in the classroom such as prompts and cues, these concerns can decrease. I recommend a training program that offers education and support for childcare teachers working with children with ASD transitioning into a standard childcare setting.

TRAINING PROGRAM PROPOSAL

Plan for a Successful Transition: A Training Program for Childcare Staff

The goal of this training program is to better prepare educators working with children with ASD, who have previously attended early intervention services, and are transitioning into a standard childcare setting. This training will offer information on how educators can better support children with ASD during the horizontal transition into a standard childcare setting. A horizontal transition is seen as unpredictable and very challenging for children with ASD (Stoner et al., 2007). This training program also aims to prepare staff by offering information and tools they can use to better support and manage children with ASD through vertical transitions, transitions that are predictable and occur multiple times throughout a typical day in a standard childcare setting (Stoner et al., 2007). Information in this training program could also be used by educators working with children without ASD and children with other disabilities. Staff who complete this training program will be able to explain strategies and approaches on how to better support children with ASD.

To be eligible for this training program staff must complete an application and be interviewed. This individual must meet the qualifications of a lead teacher level employment position. To meet this qualification, staff must be 18 years or older, hold a high school diploma or GED, have one year paid experience working with children ages three, four, and five, and meet one of the qualifying education requirements; an associate's degree in a related field, a bachelor's degree in an unrelated field, or a Child Development Associate (CDA). This individual must commit to a yearlong employment contract. This training program will be delivered only to qualifying staff members due to the extensive nature of the program. To better support all staff members, those who have completed this training program can identify single modules, sections of modules, or handouts to share with all staff. Each staff member who completes this training will be responsible for a caseload of two to five children, dividing their time between classrooms if children are not all enrolled in the same classroom. Upon completion of all modules, the staff will hold an ASD Classroom Management Certificate. The assessment process for this certificate will be developed in the near future by a committee that consists of staff from the North Dakota Autism Center and the YMCA of Cass and Clay Counties.

The trainer must have a minimum of one-year experience working with children, oneyear experience supervising staff, and meet the qualifications of a director status or higher employment position. To meet this qualification the individual must hold a bachelor's degree in early childhood or child development; A bachelor's degree in an unrelated field with six months experience in a similar setting, or a director's credential; an associate's degree in a related field with six months experience in a similar setting; or an associate's degree in a non-related field with one year experience in a similar setting. Prior to training any staff they must be trained by the Learning Center Executive Director with the train the trainer model. Train the trainer course will be created in the near future. In addition to training the staff, the trainer will act as a coach throughout this training process and thereafter for any maintenance. A minimum of two mentor sessions within the first three months of completion is recommended.

This training program consists of five modules, will take 40 hours to complete, and will be scheduled to take place over six weeks. The trainer will use the agenda (see Appendix A) to ensure all content in each module has been trained.

Included in the training program is a variety of delivery methods, active learning, modeling, opportunities for coaching and feedback sessions, and debriefing with the trainer after completion of each module. Including these elements has been shown to lead to an effective learning opportunity (Darlene-Hammond et al., 2017). The debriefing session at the end of each module will be an opportunity to offer descriptive feedback to enhance the learning for the trainee. Feedback will not be limited to the debriefing session, but will also be delivered throughout the training program at opportune times to not delay feedback. The trainer will offer clear and specific feedback. Although praise and advice may be offered to the trainee, the feedback session is intended to help the educator understand and put into practice the topic of the module.

A formative assessment of the trainee will be developed and included in each module. This will be an informal activity such as a reflection paragraph, a learning game, or strategic questions for the trainee. The assessments will show evidence of learning progress and serve as a chance to check the level of understanding of the educator.

Each module has an observation session built into it. If a scenario presents itself where the trainee was unable to observe the target content for that module, there will be video clips to watch. These video clips will be of the classroom and children the educator will be working with. The trainer will use a Swivl device to video record themselves in the classroom. A Swivl is a robot that holds a camera (or IPAD) and traces the presenter or trainer around the room by using a tracking device that is worn by the trainer. The footage will then be reviewed and edited by the trainer to provide examples for the educator.

Module One: Understanding Autism

This module addresses basic knowledge, information, diagnosis and characteristics of children with ASD. This module is the first module in the training program. The delivery methods included in this module are a face to face slide presentations (see Appendix B), video examples of what ASD may look like, and observation in the classroom. After observation, learners will participate in a question and answer session and debriefing with the trainer. Staff who complete this module will be able to identify the general diagnostic criteria for ASD and be able to recognize key characteristics of children with ASD. The last hour of this module will include opportunity for feedback between the trainer and the trainee. The trainer will ask the trainee to explain any characteristics they observed, they will be able to use this time to look at the trainee's individual needs and determine if they may need more information on this topic. The trainee will be able to ask any questions that came up while observing and will have an opportunity to reflect with the trainer. Completion of this module will take five hours. This will take place over a couple days to ensure the observation can happen at different times in the day.

Resources for this module:

- Slide presentation (see Appendix B)
- Video one: https://www.youtube.com/watch?v=YtvP5A5OHpU (Kennedy Krieger Institute, 2013)
- Video two: https://www.youtube.com/watch?v=6eS2CBMSZ4E (See and Do Kids, 2017)
- Video three: https://www.youtube.com/watch?v=KurXpARairU (Crab Apples, 2015)

Module Two: Identifying and Setting Goals

This module includes a slide presentation (see Appendix C) to explain to staff how to set goals for the children, a handout (see appendix D) on standard categories in which goals may need to be set, and a handout on "SMART" (Specific Measurable Attainable Relevant Timely) goals (see Appendix D) as a reference for how to write goals for the individual child. An activity will be completed in which staff set SMART goals for themselves as practice before setting goals for the children. Staff will complete the online training course "Setting Effective Goals" ("Setting Effective Goals.", n.d) through the Growing Futures training platform. Instruction will be given on how to complete the ASQ Ages and Stages questionnaire (Squires & Bricker, 2009), the assessment tool that will be used upon enrollment as well as six months after additional supports have been implemented. The ASQ Ages and Stages questionnaire can be used for children ages one month through five and a half years old (Squires & Bricker, 2009). The initial assessment will be completed by the staff with input from the parent and scored by the staff. Every assessment thereafter will be completed by the staff. This assessment tool is a great opportunity to celebrate milestones and identify if there is a need for early intervention services (Squires & Bricker, 2009). Staff will have the opportunity to observe the trainer completing this assessment and then complete this assessment while the trainer is there to observe them. After completion the staff will work with the trainer to write smart goals that are individualized for the child with ASD who was assessed. The observation will take place within the classroom, but the discussion of the results of the assessment and the goals setting will take place in the training space. Staff who complete this module will be able to list the components of a "SMART" goal and write one goal using the "SMART" goal model for each child they will work with. After this module staff will be able to complete an ASQ questionnaire independently and use the results to set goals for children they work with. This module will be completed following module one and will take 10 hours over a few days. The final hour of this module will be a debriefing with the opportunity for feedback where the trainer will be able to offer constructive and positive feedback. This hour will also be an opportunity to reflect with the trainer, receive input, and use that input to make any adjustments to goal setting.

Resources for this module:

- Slide presentation (see Appendix C)
- ASQ questionnaire
- "SMART" Goal handout (see Appendix D)
- Setting effective goals course through Growing Futures

Module Three: Proactive Supports and Behavior

Module three includes a slide presentation (see Appendix E) focused on ways to deescalate behaviors, information on how to know when one should follow through and when to back off, function of behaviors, positive behavior support, and how to decrease problem behavior. Example scenarios, learning activities, role playing, and observation will be included within this module. This module includes two intentional observations. One observation will be with the intent for the trainee to identify the unwanted behaviors of the child and will span over a few days to ensure unwanted behaviors are observed. The other observation time will be divided and intentional; it will follow the I do, we do, you do model. One part will include observing the trainer de-escalate behaviors and use proactive supports. The other time will be to allow the trainee and trainer the opportunity to de-escalate behaviors and use proactive supports together, and then the remaining observation with allow the trainer to de-escalate behaviors and use proactive supports while the trainer is there to offer suggestions and feedback. This module will end with an hour debriefing with the trainer to offer feedback, time for reflection, and any additional training based on the trainee's individual needs. Staff who complete this module will be able to identify two ways to de-escalate and decrease inappropriate problem behaviors. Staff will be able to list precipitating factors that lead up to a behavior and be able to build their skill

set on how to move from a reactive approach to a proactive approach in their classrooms to reduce the frequency of unwanted behaviors. This module will take 10 hours.

Resources for this module:

• Slide presentation (see Appendix E)

Module Four: Environmental Structure and Daily Programming

This module will include information on classroom set up, implementation of visual schedules and use of other cues and prompts, daily scheduling and routine, and creating an inclusive environment. Staff will complete the online training courses "Autism: Including children with social, communication, and behavior needs" ("Autism: Including children with social, communication, and behavior needs.", n.d) and "Autism awareness and strategies for the early childhood setting" (Autism awareness and strategies for the early childhood setting.", n.d) through the Develop training platform. An example daily schedule will be shared as a handout (see Appendix F). Staff will create a picture schedule and learn about other visual supports. The observation for this module will look a bit different as the trainee and trainer will go into the classrooms and take notes on how the classroom is currently set up, will go back and discuss their findings and write a recommendation plan including specific things they can adjust to increase inclusivity. This recommendation plan will include ways to arrange the classroom and things that can be purchased for the classroom. This plan will be presented by the trainer and trainee to the classroom staff and Learning Center Executive Director. If approved by all, the Director of the site will purchase any supplies and the room will be rearranged by the classroom staff, including the trainee. Staff who complete this module will be able to recommend to other staff how to create an inclusive environment. Staff will be able to identify practical strategies to use during their daily routines and the importance of strategically setting up the environment.

Completion of this module will include an opportunity for feedback and debriefing. This module will take 10 hours over a few days.

Resources for this module:

- "Autism: Including children with social, communication, and behavior needs";
 Develop training platform
- "Autism awareness and strategies for the early childhood setting"; Develop training platform
- Sample daily schedule handout (see Appendix F)
- Supplies to create a picture schedule

Module Five: Relationship Building and Communication

This module will include information on how to create positive, genuine relationships with children and families. Staff will complete the online training "Partnering with Families" ("Partnering with Families.", n.d) on the Growing Futures training platform. Discussion on how to have difficult conversations with families will be included in this module. Staff will practice what they have learned through role playing example scenarios. Staff will learn why relationships are about more than just the child but the whole family. The trainee will receive a handout (see Appendix G) for local resources that they can share with the families they work with. After completion of this module, staff will be able to demonstrate effective ways to build rapport, identify the key components of building rapport, and recognize the importance of it. Staff will be able to engage in effective communication with the families and other service providers. Completion of this module will end with an opportunity for feedback and debriefing meeting. It will take five hours to complete. This module will wrap up the training program. The trainer will remain available for any questions or impromptu mentoring sessions in addition to the two mentoring sessions that will take place over the next three months.

Resources for this module:

- Local resources handout (see Appendix G)
- "Partnering with Families"; Growing Futures training platform

After completion of the training program, educators will be sent a training evaluation form to complete on the trainer and content of the training program. This will be sent from and returned to the Learning Center Executive Director using an online survey tool, and the trainee will be able to remain anonymous. Any comments or suggestions will be shared with the trainer by the Learning Center Executive Director.

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APPENDIX A. TRAINER AGENDA

Module 1			
Content: ASD characteristics, diagnostic criteria, general information on ASD			
Amount of time	Activity	Required materials	Notes:
1 hour	Learning Session	Slide presentation, Youtube videos	
3 hours	Observation	Notebook and pen for trainee	
1 hour	Debriefing	Notebook and pen for trainee	
5 hours			
• identify the	e general diagno	mplete this module will b stic criteria for ASD cs of children with ASD.	be able to

Module 2 Content: Information on Goal setting, goal categories, how to, and completing assessments			
.5 hours	Learning Session	Slide presentation	
.5 hours	Activity	Goal handouts on "SMART" goals and goal categories	
5 hours	Online learning	"Setting Effective Goals"; Growing Futures	
1 hour	Learning Session	ASQ Questionnaires	
2 hours	Observation	ASQ Questionnaires, notebook, pen	
1 hour	Debriefing	Notebook and pen for trainee	
10 hours			

Learning Objectives: Staff who complete this module will be able to

- list the components of a "SMART" goal.
- write one goal for each child they will work with. •
- complete an ASQ questionnaire independently and use the results to set goals for • children they work with.

		Module 3	
Content: How to		nction of a behavior, he t, and how to decrease	ow to de-escalate behaviors, positive unwanted behaviors
Amount of time	Activity	Required materials	Notes:
1 hour	Learning Session	Slide presentation	
1 hour	Role playing	Scenarios from staff of real-life situations	
1 hour	Observation to identify unwanted behaviors	Notebook and pen for trainee	
2 hours	Observation of trainer de- escalating behaviors and using positive approaches	Notebook and pen for trainee	
4 hours	Classroom participation of de- escalating behaviors and using positive approaches with trainer observing	Notebook and pen for trainee	
1 hour	Debriefing	Notebook and pen for trainee	
10 hours			

Learning Objectives: Staff who complete this module will be able to

- identify two ways to de-escalate and decrease inappropriate problem behaviors.
- list precipitating factors that lead up to a behavior.
- build their skill set on how to move from a reactive approach to a proactive approach in their classrooms to reduce the frequency of unwanted behaviors.

		Module 4	
Content: Inform		• •	for success, furniture arrangements,
Amount of time		l cues, and schedule an Required materials	a routine Notes:
	Activity	-	notes.
2 hours	Online	"Autism: Including children with social,	
	learning	communication and	
		behavioral needs";	
		Develop Platform	
2 hours	Online	"Autism awareness	
	learning	and strategies for	
		the early childhood	
		setting"; Develop Platform	
		Platform	
.5 hours	Review of	Sample daily	
	handouts	schedule	
.5 hours	Create	Computer to search	
	picture	for daily activity	
	schedule	images, laminating	
		sheets, velcro	
1 hour	Review	Notebook and pen	
	current	for trainee	
	classroom set		
	up/structure		
3 hours	Write	Notebook and pen	
	suggestions	for trainee	
	to increase		
	inclusivity		
	and improve		
	programming		
1 hour	Debriefing	Notebook and pen	
		for trainee	
10 hours		1	
Learning Objectiv	ves: Staff who cor	nplete this module will	be able to

• identify practical strategies to use during their daily routines and the importance of strategically setting up the environment.

Module 5			
Content: Information on building rapport, importance of relationship building with children and families, how to communicate with parents			
Amount of time	Activity	Required materials	Notes:
3 hours	Online learning	"Partnering with Families"; Growing Futures	
.5 hours	Review of handouts	Local resources handout	
.5 hours	Role Playing	Scenarios for tough conversations	
1 hour	Debriefing	Notebook and pen for trainee	
5 hours		•	
0 0		mplete this module will to build rapport	be able to

- identify the key components of building rapport and recognize the importance of it.
- engage in effective communication with the families and other service providers.

APPENDIX B. ASD CHARACTERISTICS SLIDE PRESENTATION

AUTISM CHARACTERISTICS AND DIAGNOSTIC CRITERIA

AUTISM CHARACTERISTICS

Deficiency in social communication.

Persistent deficiency in social engagement through various environments.

Recurrent behavior patterns, and desires.

DIAGNOSTIC CRITERIA

There is no medical test.

Diagnosis is mainly based on observation and behavioral interpretation.

Autism can be detected at 18 months of age or younger.

Developmental Diagnosis-screening tools used for diagnosis.



Akyol, K. (2020). Assessing the importance of autistic attributes for autism screening. *Expert Systems*, 37(5), e12562.

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APPENDIX C. GOAL SETTING SLIDE PRESENTATION

GOAL SETTING

- Setting goals can be overwhelming and you may not be sure where to start.
- How do you identify the goal?
- When should they meet their goal?
- How can everyone work on it together?
- If you make sure it is a SMART goal: specific, measurable, attainable, relevant, and time-bound you will be successful.

- Educational:
- Does the child need a goal to learn all the skills they need to move forward to the next class

• **Social.** Does the child need a goal to learn social skills and make friends with children their own age.

• **Behavioral.** Behavior can be a big challenge for children with autism/ Goals related to behavior can offer training techniques for staff

• **Communication:** Goals for communication will help the child in a multitude of ways including helping with peer interactions, decreasing unwanted behaviors due to lack of communication, less frustrations among other benefits.

- "SMART" Goals are:
- Specific
- Measurable
- Attainable
- Relevant
- Time-bound

• For example, one common goal may be to learn how to clean up .

• The SMART goal might be that, after two weeks, once a day, the child is able to complete the task without assistance.

ASQ QUESTIONNAIRE



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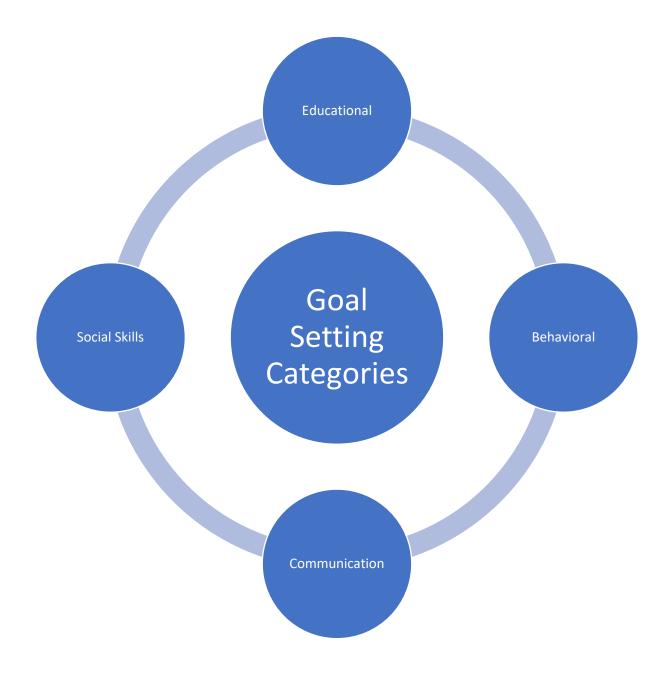
APPENDIX D. GOAL SETTING HANDOUTS

"SMART" Goals

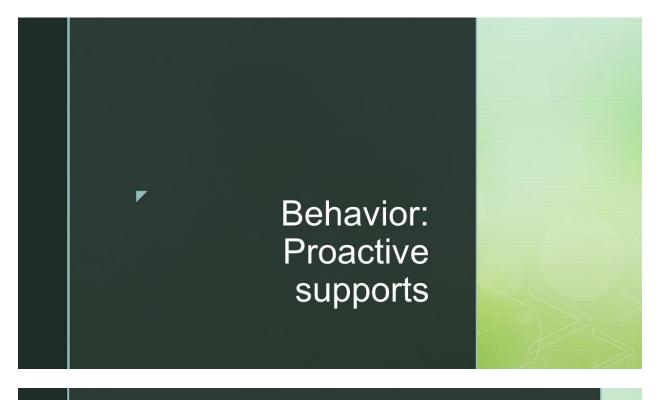
Specific	What do you want to happen?	
Measurable	How will you know that you	
	accomplished what you	
	wanted?	
Attainable	Is this something that can	
	really be accomplished	
Realistic	Is this too hard or too easy to	
	achieve?	
Timely	Do you have a definite time	
	frame for goal to be	
	complete?	

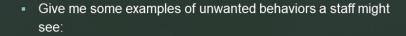
Using the above, create a "SMART" goal for yourself.





APPENDIX E. BEHAVIOR SLIDE PRESENTATION





• Give me some examples of age appropriate behaviors:

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• Can you tell me some of the reasons unwanted behaviors happen?

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Behavior is communication. Whether you're dealing with verbally aggressive behaviors (screaming, swearing, name calling), hostile body language (dirty looks, angry gestures), or physically aggressive behaviors (throwing, hitting, biting, kicking), the behavior is an attempt to express something that's usually rooted in fear, frustration, pain, or just an inability to make unmet needs known.

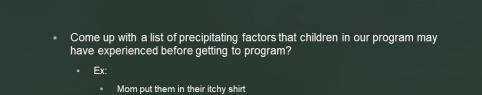
Precipitating Factors

- Fear, anxiety, stress
- Unmet physical needs (hunger, silence) or emotional needs (recognition, love)
- Traumatic experiences
- Pain

.

.

- Impaired cognitive ability (e.g., a result of intellectual disabilities, mental illness, or dementia)
- Impaired communication skills
- Frustration
- Lack or loss of choice
- Coping mechanisms (e.g., displaced anger, projection, learned helplessness)
- Behavior of other peers
- Physical environment



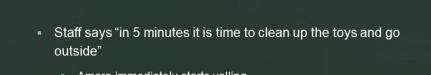
- Dad poured them the wrong cereal
- Jacari's sister squished Jacari's muffin
- They didn't get breakfast
- Mom wasn't at home again and babysitter wouldn't tell Jacari where mom was
- School lunch was gross
- They went to principals office twice today
- Grandma was here for a visit for a week and left last night

 We need to separate the children from the behavior. They aren't their behavior, they used behavior to get something, get out of something, communicate.

-

.

 We are going to ask ourselves WHY? And try to find the function of the behavior for the following. Once we know WHY something is happening it will be way easier to eliminate the unwanted behavior and replace that behavior with a more appropriate behavior. Remember: ALL behavior serves a purpose.



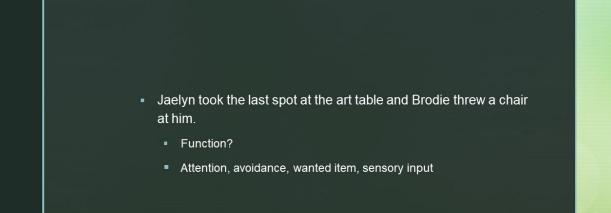
- Amara immediately starts yelling
- What do you think is the function of his yelling?
 - He just wants to be bad?
 - He wants to AVOID cleaning up
 - He still wants to play with his LEGOS
 - He doesn't want to go outside (he got stung by a bee yesterday)

- So if we just assume he is wanting to be bad and doesn't want to listen, how will we react? Probably negatively, Amara will be the known as the screamer, the bad one, etc.
- If we really try to figure out why and talk to Amara we can then adjust how Amara transitions
 - We remind him he gets choice time (legos) when we come in
 - We make cleaning up fun

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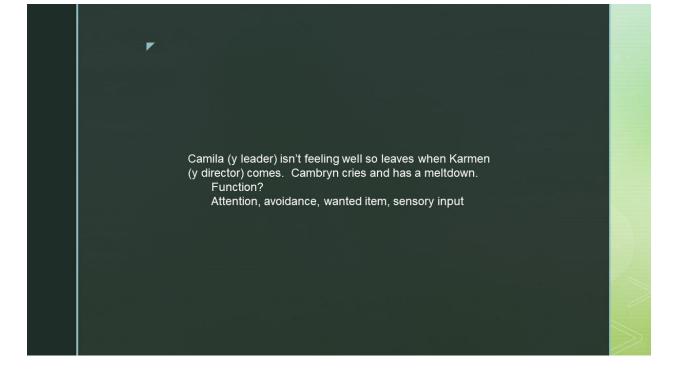
• We tell him we will stand by him and help monitor for bees



- Esme is all alone in a corner, rocking back and forth and picking at the skin on her arm.
 - Function?

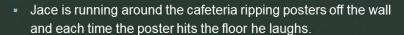
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Attention, avoidance, wanted item, sensory input



You witness Zane throw his summer sausage on the floor. He ask him to pick it up and he says "I didn't even do it, this is the worst day ever" and leaves the area and goes to sit by the window. Function

Attention, avoidance, wanted item, sensory input



Function?

-

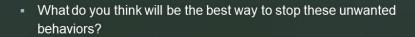
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Attention, avoidance, wanted item, sensory input

• What is a response you have had or have seen to unwanted behaviors?

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 We should plan to ignore, redirect, find a way to get them movement/sensory input, back off, give them space, talk it out Practive Supports Praise and reinforcement Opportunities for skill development Engaging activities Opportunities for choice Individualized supports Communicate Effectively Give choices, not ultimatums Help them have more fun Celebrate success-Praise wanted behaviors

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APPENDIX F. EXAMPLE DAILY SCHEDULE

Sample four-year-old daily schedule

6:30 am	Drop off
7:30 am	Breakfast begins
8:30 am	Breakfast ends, free play, bathroom use, Kids gym
10:40 am	Circle time
11:00 am	Lunch
11:30 am	Clean up, bathroom use, prepare cots
12:00 pm	Rest time begins
2:00 pm	Rest time ends, bathroom use
2:35 pm	Clean up, huddle time
3:00 pm	Snack time
3:45 pm	Art time
4:30 pm	Kid's choice (genius hour, centers, maker space)
5:00 pm	Clean up
5:15 pm	Combine in five-year-old room for closing

Above you will see a basic classroom schedule. You can make the schedule your own by including staff cleaning duties, specific activities such as swimming lessons, use of the pool, use of the Xerzone, kids gym, etc. Breakfast, lunch, rest time, and snack must be served at the above times, and your outside and activity center times must stay the same as well.

APPENDIX G. LOCAL RESOURCES

Fargo Therapy Providers

Beyond Boundaries Therapy Services

Phone: 701-356-0062

Essentia Health Pediatric Therapy Services

Phone: 701-364-3309

✤ Great Kids Therapy

Phone: 701-261-4643

North Dakota Autism Center, Inc.

Phone: 701-277-8844

Pediatric Therapy Partners

Phone: 888-875-5262 or 701-232-2340

✤ Sanford Health

Phone: 701-234-2000

Fargo Diagnostic Testing

✤ Neuropsychology Associates, P.A.

1220 Main Ave., Suite 100 Fargo, N.D. 58103

Phone: 701-297-7588

neuropsychnd.com

Pediatric Therapy Partners Neurobehavioral Health

3060 Frontier Way S. Fargo, N.D. 58104

Phone: 701-232-2340 or 888-875- 5262

pediatrictherapypartners.com/neurobehavioral-health

✤ Fargo Sanford Health's Coordinated Treatment Center

Phone: 701-234-6600 or 800-828-2901

State Programs

- ✤ Autism Waiver
- ✤ Autism Voucher
- Developmental Disabilities Division
- ✤ Intellectual disabilities/developmental disabilities waiver
- Health Tracks

Phone: 1-800-755-2604

Family Support Services

✤ Anne Carlson Center

4152 30th Ave. S., Suite 102 Fargo

Phone: 701-364-2663 or 800-201-8672

✤ Infant Development

Fargo Southeast Human Service Center

Phone: 701-298-4500 or 888-342-4900

Early intervention partners

3060 Frontier Way S. Fargo

Phone: 701-232-2340 or 888-875-5262

*For other resources in the state of ND see the ND DHS website (https://www.nd.gov/dhs/)