WEBVTT

1 "Shelby BOLIN" (162827264)
00:00:04.614 --> 00:00:18.024
Hi, everyone and thank you for calling in 2 signals autism awareness
series. My name is Shelby, and I am a care manager for the autism
specialty team due to the format of this call.

2 "Shelby BOLIN" (162827264)
00:00:18.024 --> 00:00:22.884
Your line will remain muted throughout the entirety of the seminar.
Any questions received.

3 "Shelby BOLIN" (162827264)
00:00:23.029 --> 00:00:37.784
The presentation will be through the Webex platform and will be
answered at the presenters discussion. However, we should have time at
the end of this seminar for questions and answers. We will only answer
questions that are on today's topic.

4 "Shelby BOLIN" (162827264)
00:00:37.814 --> 00:00:41.324
There will be an option at the end to complete a short survey as well.

5 "Shelby BOLIN" (162827264)
00:00:41.640 --> 00:00:46.950
A handout for today's seminar is available online at.

6 "Shelby BOLIN" (162827264)
00:00:46.950 --> 00:00:55.500
W W. dot com. Backslash autism scroll the current topic section in
the middle of your page and click on today's topic labeled.

7 "Shelby BOLIN" (162827264)
00:00:56.245 --> 00:01:09.595
Trauma informed care, or follow along throughout the Webex
presentation and recording will be available once finalized at the
same website. Please note that now all policies cover today's topic
for more specific information.

8 "Shelby BOLIN" (162827264)
00:01:09.595 --> 00:01:15.415
If your policy covers topics discussed in today's seminar, please
contact the autism team by calling the.

9 "Shelby BOLIN" (162827264)
00:01:15.500 --> 00:01:23.400
Number on the back of your insurance card. So today the pleasure of
introducing grace Gomez and the lease handles, man.

10 "Shelby BOLIN" (162827264)
00:01:23.400 --> 00:01:37.105
Increases a bilingual board, certified behavior analyst. She started her career in the field of applied behavior analysis back in 2005 shortly after graduating from UCLA with a bachelor's bachelor's degree in psychology and child development.

11 "Shelby BOLIN" (162827264)
00:01:37.105 --> 00:01:41.185
Grace completed her masters in education. masters in education

12 "Shelby BOLIN" (162827264)
00:01:41.935 --> 00:01:56.185
From California state, University, long beach in 2008, she pursued her BCBA certification through Florida tech since then she has fulfilled many roles from a therapist, senior therapist, clinical supervisor and clinical director.

13 "Shelby BOLIN" (162827264)
00:01:56.395 --> 00:02:01.465
She has worked with clients between the ages of 18 months to 17. months to seventeen

14 "Shelby BOLIN" (162827264)
00:02:01.490 --> 00:02:03.585
Years of age, and a variety of studying,

15 "Shelby BOLIN" (162827264)
00:02:03.795 --> 00:02:18.555
such as in home clinic school and community changing the lives of children with autism is her passion she gains reinforcement from helping to improve the lives of our clients as well as helping to shape the professional careers of the staff, she oversees.

16 "Shelby BOLIN" (162827264)
00:02:18.930 --> 00:02:28.050
And just a fun fact about grace, she enjoys painting and her free time is still a spending time, trying new restaurants with her family.

17 "Shelby BOLIN" (162827264)
00:02:28.050 --> 00:02:31.260
And grace, I like that too. I love trying new restaurant.

18 "Shelby BOLIN" (162827264)
00:02:32.035 --> 00:02:38.995
At least started her career as a social worker, and an inpatient hospital in 2012 where she was 1st, exposed to applied behavior analysis.

19 "Shelby BOLIN" (162827264)

00:02:38.995 --> 00:02:50.605
She then obtained a 2nd, master's and applied behavior analysis and
received her supervised experience hours as a registered behavior
therapist that verbal beginning. that verbal beginning

20 "Shelby BOLIN" (162827264)
00:02:51.260 --> 00:03:00.900
In 2018, at least became a board certified behavior analyst, and
gained experience, providing early intervention services in the field
and consulting with residential settings.

21 "Shelby BOLIN" (162827264)
00:03:00.900 --> 00:03:10.080
In 2020, at least return to verbal beginnings of the clinical
supervisor became a program coordinator and eventually an assistant
clinical director.

22 "Shelby BOLIN" (162827264)
00:03:10.080 --> 00:03:21.510
At least as passionate about incorporating her experience with trauma
informed care as a social worker and to her evidence based work as a
behavior analyst Lisa is a proud mother of a 3 year old name.

23 "Shelby BOLIN" (162827264)
00:03:21.510 --> 00:03:29.340
Tv TV Yep. And enjoy spending the weekends with her family and dogs.

24 "Shelby BOLIN" (162827264)
00:03:29.340 --> 00:03:32.760
And so you ladies can take it away.

25 "Alyse Handelsman" (3689050624)
00:03:32.760 --> 00:03:38.940
See, you can go ahead and progress to the next slide.

26 "Alyse Handelsman" (3689050624)
00:03:38.940 --> 00:03:51.990
So this is just a variety of programs that we offer here at verbal
beginnings. So we do early intervention. That's what me and grace are
involved in. But we also have in home therapy, social skills and then
we have a feeding program as well.

27 "Alyse Handelsman" (3689050624)
00:03:51.990 --> 00:04:00.865
We can go to the next slide. Please. So, I know you just gave a great
introduction, but just a little bit more about me. So, my name is
lease handles, man.

28 "Alyse Handelsman" (3689050624)
00:04:00.895 --> 00:04:11.365

I did, I started my career as a social worker, but now I'm a BCBA and I've been working in the field since 2019, but I did not become a BCBA until 2018. bcba until two thousand and eighteen

29 "Alyse Handelsman" (3689050624)
00:04:11.990 --> 00:04:23.685
Currently an assistant, clinical director at verbal beginnings, grace, and I have the same role and yes I'm very passionate about incorporating trauma informed care into my work as a BCBA and then yes. Fun. Fact, I do have a 3 year old daughter named.

30 "Alyse Handelsman" (3689050624)
00:04:24.225 --> 00:04:31.935
I do this all for her, and then I really enjoy spending time cooking with my family, trying new restaurants and spend time with.

31 "Alyse Handelsman" (3689050624)
00:04:31.990 --> 00:04:32.909
Dogs.

32 "Grace Gomez" (1731101184)
00:04:33.714 --> 00:04:47.334
Next slide, and thank you for that. Nice and production. So here's the slide. Um, with a little bit more information about me and, um, just like the least said we share the same role.

33 "Grace Gomez" (1731101184)
00:04:47.364 --> 00:04:52.884
Um, at our I am at the Columbia location. She's in millersville here in Maryland.

34 "Grace Gomez" (1731101184)
00:04:52.909 --> 00:04:57.164
And but I love what I do, I've been doing this for a long time,

35 "Grace Gomez" (1731101184)
00:04:57.164 --> 00:05:08.414
I really love working with and really in helping to empower them so that they can in turn support the families and the clients that we serve on a daily basis.

36 "Grace Gomez" (1731101184)
00:05:08.414 --> 00:05:12.794
So, improving their quality of life is really why I do what I.

37 "Grace Gomez" (1731101184)
00:05:12.909 --> 00:05:15.269
What I do on a daily basis.

38 "Alyse Handelsman" (3689050624)

00:05:16.134 --> 00:05:27.654
Next slide. All right so, grace, and I just want to say that we don't
consider ourselves experts in the area of trauma, informed care. We
have done a lot of extensive research, but I don't know if we would
qualify as experts.

39 "Alyse Handelsman" (3689050624)
00:05:28.194 --> 00:05:35.244
We also don't consider ourselves experts in Neuro diversity or really
many of the behavioral strategies that we'll be discussing. How are
we.

40 "Alyse Handelsman" (3689050624)
00:05:35.269 --> 00:05:47.969
Do you want to shed some light on some of the conversations within our
community regarding our past history our current practices future
treatment options so our history really helps to guide our future
decisions. We make us practitioners.

41 "Alyse Handelsman" (3689050624)
00:05:47.969 --> 00:06:02.909
To ensure that we're working with our population with compassion and
understanding of trauma, informed care. And then I also want to note
that will occasionally be using disability 1st, language over person
1st language as the research indicated that many consider autism is
part of their identity.

42 "Alyse Handelsman" (3689050624)
00:06:03.924 --> 00:06:15.954
Next slide please so our objectives from for today, we want our
participants to be able to define trauma informed care as it pertains
to APA therapy and autism services.

43 "Alyse Handelsman" (3689050624)
00:06:16.374 --> 00:06:20.214
We want them to be able to compare conflicting perspectives of
therapy.

44 "Alyse Handelsman" (3689050624)
00:06:20.429 --> 00:06:26.819
And be able to speak to the process of conducting a risk benefit
analysis when considering the different intervention options.

45 "Grace Gomez" (1731101184)
00:06:27.804 --> 00:06:40.704
Next slide thanks Lee so to kick us off, um, I want to start off 1st
with talking about the current debate regarding trauma informed care.

46 "Grace Gomez" (1731101184)
00:06:41.034 --> 00:06:46.734

So the, the discussion of trauma informed care is becoming more prevalent within the field of.

47 "Grace Gomez" (1731101184)
00:06:46.819 --> 00:06:59.384
Applied behavior analysis or and historically, um, and and within the field, we've relied heavily more on, uh, intrusive procedures.

48 "Grace Gomez" (1731101184)
00:06:59.384 --> 00:07:06.794
However, our ethics continue to guide us away from set strategies, which leaves us with the debate between.

49 "Grace Gomez" (1731101184)
00:07:06.819 --> 00:07:11.974
Effectiveness and using a more trauma informed care approach.

50 "Grace Gomez" (1731101184)
00:07:11.974 --> 00:07:22.744
So you may be wondering well, what exactly is trauma informed care and in the next few slides, we touch on what it is and how it can help to improve the field of.

51 "Grace Gomez" (1731101184)
00:07:23.754 --> 00:07:37.884
Next slide, there are several definitions for trauma and trauma informed care out there but, um, there's definitely some common characteristics of those definitions that are included in this chart.

52 "Grace Gomez" (1731101184)
00:07:37.884 --> 00:07:43.644
So this, um, a trauma informed care was originally defined by the substance.

53 "Grace Gomez" (1731101184)
00:07:43.729 --> 00:07:53.054
Use and mental health service administration in their 2014 manual titled concept of trauma and guidance for trauma informed approach.

54 "Grace Gomez" (1731101184)
00:07:53.054 --> 00:08:03.194
They defined trauma as the result of violence abuse, neglect, discrimination, loss and other. loss and other

55 "Grace Gomez" (1731101184)
00:08:03.729 --> 00:08:15.119
Really harmful experiences, and this chart does a really nice job of highlighting the core concepts of trauma informed care. They essentially.

56 "Grace Gomez" (1731101184)
00:08:15.294 --> 00:08:28.614
Share that when we utilize a trauma informed approach, we are ensuring
that 1st and foremost, the emotional and physical safety of the client
in those around them is secured.

57 "Grace Gomez" (1731101184)
00:08:29.394 --> 00:08:35.004
It also means that we are collaborating with the individual receiving
the treatment and.

58 "Grace Gomez" (1731101184)
00:08:35.119 --> 00:08:42.839
Providing them with choices as well as sharing power over the
decision, making process throughout their treatment.

59 "Grace Gomez" (1731101184)
00:08:43.404 --> 00:08:47.994
Also this treatment, or using a trauma informed care approach,

60 "Grace Gomez" (1731101184)
00:08:48.234 --> 00:08:59.364
allows us to build a sense of trust with the individual while also
helping to empower them by building their skills.

61 "Grace Gomez" (1731101184)
00:09:00.744 --> 00:09:14.454
Next slide to help better understand why this approach would be
beneficial for the field of it's important to share a quote by the
substance abuse and mental health service administration.

62 "Grace Gomez" (1731101184)
00:09:14.844 --> 00:09:19.554
They state that trauma has no boundaries. It is an.

63 "Grace Gomez" (1731101184)
00:09:19.694 --> 00:09:32.114
Almost universal experience of people with mental and substance use
disorders and the need to address trauma is increasingly viewed as an
important component of effective,

64 "Grace Gomez" (1731101184)
00:09:32.114 --> 00:09:39.554
behavioral health service delivery as such trauma, informed care,
something that we as should begin to.

65 "Grace Gomez" (1731101184)
00:09:39.669 --> 00:09:44.909
Address and incorporate into our treatment delivery.

66 "Grace Gomez" (1731101184)
00:09:44.994 --> 00:09:58.974
Next slide several articles dating from 9,998 to the present show,
that childhood trauma and adversities often lead individuals to
develop life, threatening adult diseases and psychiatric disorders.

67 "Grace Gomez" (1731101184)
00:09:59.004 --> 00:10:04.884
Trauma also has no. psychiatric disorders trauma also has no

68 "Grace Gomez" (1731101184)
00:10:04.909 --> 00:10:10.589
Boundaries it affects individuals across ethnicities, gender and race.

69 "Grace Gomez" (1731101184)
00:10:10.589 --> 00:10:16.259
And in the next slide, Elise will talk more about trauma and it's
effects.

70 "Alyse Handelsman" (3689050624)
00:10:16.259 --> 00:10:26.519
All right, thank you. Grace so yes, so this slide goes into some
detail about the prevalence, a trauma amongst the autism community as
well as the impact it can have on the brain.

71 "Alyse Handelsman" (3689050624)
00:10:26.519 --> 00:10:36.114
So, according to, at all, it was a 2018 study, they looked at exposure
to trauma and how it was associated with higher rates of adult,
psychiatric disorders, and then poor, functional outcomes.

72 "Alyse Handelsman" (3689050624)
00:10:36.114 --> 00:10:46.194
And within the article that claim that by age 16, almost 31% of
children were exposed to 1, traumatic event. exposed to one traumatic
event

73 "Alyse Handelsman" (3689050624)
00:10:46.519 --> 00:10:58.919
22 are exposed to 2 and 14% were exposed to 3 or more so very common.
And these numbers highlight. That trauma is very common, but also very
preventable.

74 "Alyse Handelsman" (3689050624)
00:10:59.394 --> 00:11:09.684
And then a study by stack in Lucian from 2018 I looked at an article
in the Journal of autism and developmental disorder that looked at
literature regarding trauma and autistic individuals,

75 "Alyse Handelsman" (3689050624)

00:11:09.954 --> 00:11:18.804
and really highlighted the parts of the brain that are affected by
traumatic stress. So those parts include the Pre frontal cortex. pre
frontal cortex

76 "Alyse Handelsman" (3689050624)
00:11:18.944 --> 00:11:26.983
medulla the hippocampus and these areas they help with managing the
ability to regulate behaviors and emotions and memory.

77 "Alyse Handelsman" (3689050624)
00:11:27.464 --> 00:11:38.894
So 2nd, Lucian also share that caregivers play a very important role
in mediating children's fight or flight response by helping them come
until their central nervous system is fully developed, which doesn't
happen.

78 "Alyse Handelsman" (3689050624)
00:11:38.919 --> 00:11:40.829
Until around age, 25.

79 "Alyse Handelsman" (3689050624)
00:11:41.274 --> 00:11:49.374
And then they go on to provide some examples of when a child is not
Su, while under extreme duress they may develop problems with impulse
control aggression,

80 "Alyse Handelsman" (3689050624)
00:11:49.614 --> 00:12:00.804
emotional regulation and even cognition and they discuss the
relationship between PTSD and reduced hippocampal volume, which the
hippocampus plays a really vital role in responding to.

81 "Alyse Handelsman" (3689050624)
00:12:00.829 --> 00:12:03.899
Stress explicit memory and fear conditions.

82 "Alyse Handelsman" (3689050624)
00:12:03.899 --> 00:12:11.664
So, in regard to autism and trauma, they cite that autistic and
individuals may be at an increased risk for exposure to traumatic life
events.

83 "Alyse Handelsman" (3689050624)
00:12:11.994 --> 00:12:23.484
And 1, important thing to note is that the symptoms of a traumatic,
traumatic stress, and autism may be very similar, which can pose the
question is the symptoms of things like hyper arousal or flatten add
factor difficulties with the.

84 "Alyse Handelsman" (3689050624)
00:12:23.899 --> 00:12:30.869
And a symptom of a diagnosis, so the autism diagnosis, or is it possibly associated with trauma?

85 "Alyse Handelsman" (3689050624)
00:12:31.914 --> 00:12:46.854
Next slide please. So, now that we addressed the prevalence, I do want to point out how this plays a role and applied behavioral analysis, and it's possible harmful effects. So the field has started to address criticisms surrounding ABA.

86 "Alyse Handelsman" (3689050624)
00:12:47.034 --> 00:12:50.754
We'll still advising that we should be interpreted in these criticisms with caution.

87 "Alyse Handelsman" (3689050624)
00:12:51.074 --> 00:13:02.054
So, before I get into the exact criticisms of, I do want to start off by addressing some of the flaws in the research surrounding these critiques. So, 1 of the things mentioned is hypothesis testing bias.

88 "Alyse Handelsman" (3689050624)
00:13:02.054 --> 00:13:09.884
So some of the researchers are putting out findings that have, uh, the people putting out the findings, have this Pre documented negative view of.

89 "Alyse Handelsman" (3689050624)
00:13:10.869 --> 00:13:21.814
And when research is designed, either to prove or disprove a hypothesis that can lead to developing methods to support or negate that hypothesis. So, whether that's intentional or unintentional, it happens.

90 "Alyse Handelsman" (3689050624)
00:13:22.384 --> 00:13:30.784
And also a lot of the research utilized indirect measures, such as surveys and self report data is notoriously known to be.

91 "Alyse Handelsman" (3689050624)
00:13:30.869 --> 00:13:37.679
Inaccurate and the research referenced loose correlations, which can never be deemed as causation.

92 "Alyse Handelsman" (3689050624)
00:13:38.274 --> 00:13:49.884
And then the respondent selection was flawed so people who participated in the surveys, or either professionally diagnosed or

self diagnosed however, no proof of diagnosis was obtained.

93 "Alyse Handelsman" (3689050624)
00:13:49.884 --> 00:13:57.654
So, it's hard to tell really how many were professionally diagnosed
and how many were self diagnosed and then 47% were caregiver. were
caregiver

94 "Alyse Handelsman" (3689050624)
00:13:57.679 --> 00:14:07.934
To someone who received ABA, which makes it really difficult to record
on things, like private events or intrusive thoughts, nightmares,
those types of things.

95 "Alyse Handelsman" (3689050624)
00:14:08.504 --> 00:14:17.354
And then, I think most importantly, there was a lot of ambiguity in
the APA interventions. That were described. So, it was really unclear
if the findings were.

96 "Alyse Handelsman" (3689050624)
00:14:17.704 --> 00:14:31.984
Related or associated with poorly done, which leaf at all says ABA
done badly is in fact not. So that really limits the utility of our
findings. If we don't know what interventions that they're referring
to.

97 "Alyse Handelsman" (3689050624)
00:14:32.014 --> 00:14:35.614
We can't really discuss the potential harmful of aspects of those.

98 "Alyse Handelsman" (3689050624)
00:14:35.879 --> 00:14:49.919
And then also, they were asking very leading questions in their
research. They would ask questions such as are you embarrassed by the
services you received? Or did you meet the therapist goals rather than
did you make your own treatment plan goals?

99 "Alyse Handelsman" (3689050624)
00:14:49.919 --> 00:14:55.889
Next slide please.

100 "Alyse Handelsman" (3689050624)
00:14:55.889 --> 00:15:08.784
So, now that we talked about kind of the criticisms to the research, I
do want to talk about the actual criticisms to APA therapy. So, there
is research out there by Sandoval and Norton, and they make some
inaccurate claims about so, on this slide.

101 "Alyse Handelsman" (3689050624)

00:15:08.784 --> 00:15:15.744
You can see the claims that ABA promotes prompt dependency. It only
works for children with particular characteristics.

102 "Alyse Handelsman" (3689050624)
00:15:15.889 --> 00:15:24.209
So, I believe they're speaking about only works with vocal learners.
Aba includes methodologies that are considered out of date and
ineffective.

103 "Alyse Handelsman" (3689050624)
00:15:24.209 --> 00:15:35.514
And it has no data that showing its effectiveness over the long term
and then Dawson, at all from 2010 claims that this is not accurate.
And I can kind of go into some of their claims. So looking at is long
term ABA harmful.

104 "Alyse Handelsman" (3689050624)
00:15:35.514 --> 00:15:44.184
So, they state that ABA is unethical and can cause harm and ABA
strategies violate the ethical obligation to do. obligation to do

105 "Alyse Handelsman" (3689050624)
00:15:44.209 --> 00:15:59.174
You know, harm and the response to that is that clinicians are taught
to follow very, very strict, ethical guidelines, and we really utilize
our code to maximize our benefits and minimize hard harm. Sorry? And
that we practice within our scope.

106 "Alyse Handelsman" (3689050624)
00:15:59.489 --> 00:16:03.719
Um, and we seek out additional training and supervision as needed.

107 "Alyse Handelsman" (3689050624)
00:16:03.719 --> 00:16:12.629
And then our plans should really be based off of the client's needs
and what is socially significant to them and their families. And then
as far as prompt dependency.

108 "Alyse Handelsman" (3689050624)
00:16:13.074 --> 00:16:23.874
They claim the clients are responding to prompts rather than their
environment, but our goal, when we go in and we start programming is
to fade out prompts and plan for generalization as quickly as
possible.

109 "Alyse Handelsman" (3689050624)
00:16:24.114 --> 00:16:30.504
And there's actually been some studies that shown that if you teach
children, like, teaching them scripts or using video modeling.

110 "Alyse Handelsman" (3689050624)
00:16:30.749 --> 00:16:35.129
We're able to fade those and then novel responses emerge.

111 "Alyse Handelsman" (3689050624)
00:16:35.754 --> 00:16:46.434
And then, only for the criticism that ABA only works for children,
with particular characteristics of there was a 2010 study that looked
at 146 participants who had an IQ under 70 receiving early
intervention.

112 "Alyse Handelsman" (3689050624)
00:16:46.434 --> 00:16:53.604
And they found that ABA is effective for both vocal and non vocal
learners. for both vocal and non vocal learners

113 "Alyse Handelsman" (3689050624)
00:16:53.939 --> 00:17:07.049
And then the claim that ABA is out of date and ineffective, we are
endorsed by the surgeon general in regards to decreasing problem
behavior, or increasing communication as well as learning appropriate
social behavior.

114 "Alyse Handelsman" (3689050624)
00:17:07.049 --> 00:17:12.269
And we're also endorsed and recommended by the Association for science
and autism treatment.

115 "Alyse Handelsman" (3689050624)
00:17:12.269 --> 00:17:26.879
And then, in regards to not having the data to show effectiveness over
the long term is another study they state that this is another
inaccurate claim and there's several different sources that show the
long term benefits of ABA.

116 "Alyse Handelsman" (3689050624)
00:17:26.964 --> 00:17:37.134
Next slide please. Okay so we are switching gears a little bit and
we're going to start to get into some of the more heavily criticised,
uh, interventions.

117 "Alyse Handelsman" (3689050624)
00:17:37.314 --> 00:17:46.854
So, um, the 1 I want to talk about and then we're gonna talk about
some alternatives to those interventions. So, we're going to talk
about 1st, is toilet training. Um, this is something.

118 "Alyse Handelsman" (3689050624)
00:17:46.879 --> 00:18:01.394

And that a lot of times we'll do through family training, we may do it in the clinic with the family, or generalize it to the family. But historically, and then, even today many toileting protocols in were based off of research from 971. so, pretty old research.

119 "Alyse Handelsman" (3689050624)
00:18:01.694 --> 00:18:02.924
so pretty old research

120 "Alyse Handelsman" (3689050624)
00:18:03.234 --> 00:18:16.644
On rapid toilet training, and this procedure includes a pretty intensive approach to toileting. So 1 of the participants had an accident, they would be prompted to address themselves and then shower and dress themselves again.

121 "Alyse Handelsman" (3689050624)
00:18:16.824 --> 00:18:20.304
They would be asked to obtain a mop and clean the soiled area.

122 "Alyse Handelsman" (3689050624)
00:18:20.639 --> 00:18:27.599
They were asked to hand, wash their soil pans, bring them out hang them up to dry and then there was also a timeout procedure.

123 "Alyse Handelsman" (3689050624)
00:18:27.599 --> 00:18:42.144
So pretty intensive, pretty hands on, but the results did show that it was very effective. So incontinence so accidents were reduced by 90% almost immediately and then eventually to 0, and these results maintained over 140 days.

124 "Alyse Handelsman" (3689050624)
00:18:42.144 --> 00:18:43.194
hundred and forty days

125 "Alyse Handelsman" (3689050624)
00:18:43.529 --> 00:18:50.489
So, again, a lot of are not using this as it was written in 971, but they are taking components of it.

126 "Alyse Handelsman" (3689050624)
00:18:50.489 --> 00:19:02.579
So, although very effective, it was very intrusive and not very trauma informed. So I want to look at a less restrictive, intrusive alternative for consideration. That's thought to be more trauma informed.

127 "Alyse Handelsman" (3689050624)
00:19:02.579 --> 00:19:17.304

So there is a study done by Cicero and fat, and they looked at a more naturalistic, less intensive approach where they would allow these participants free access to liquids and they would give them a variety to prevent association or them just getting bored of the same thing.

128 "Alyse Handelsman" (3689050624)
00:19:17.304 --> 00:19:22.284
Over and over again, and then it was just a combination of a prompted schedule or a.

129 "Alyse Handelsman" (3689050624)
00:19:22.579 --> 00:19:30.869
Prompting to the toilet in response to an accident, and they were provided with tons of praise, tons of tangible reinforcement after urinating.

130 "Alyse Handelsman" (3689050624)
00:19:30.869 --> 00:19:38.459
And if they did not go to the bathroom, the only consequence would be, you don't need to pee and then they would just be prompted to pull up their pants and move on with their day.

131 "Alyse Handelsman" (3689050624)
00:19:38.694 --> 00:19:49.704
And then if an accident did occur, a response was delivered in an attempt to kind of interrupt that. So something that you would probably see when toilet training a toddler where they start to have an accident that you would go. Oh, no, no, no. Come on. You.

132 "Alyse Handelsman" (3689050624)
00:19:49.704 --> 00:19:57.234
P on the party, and you would usher them over to the toilet in hopes that they could then have some success on the toilet and access reinforcement.

133 "Alyse Handelsman" (3689050624)
00:19:57.834 --> 00:20:12.384
So, the findings for this were slightly slower rates of acquisitions side, there's a child crying outside my door, but slightly slower rates of acquisition than facts and algorithms. So around 11 days, and it removes the punishment, but maintains the structure.

134 "Alyse Handelsman" (3689050624)
00:20:12.594 --> 00:20:17.454
And this is something that's easier to generalize in home or school settings and the toileting.

135 "Alyse Handelsman" (3689050624)
00:20:17.539 --> 00:20:20.099
The games were maintained for over a year.

136 "Alyse Handelsman" (3689050624)
00:20:21.114 --> 00:20:32.784
Next slide please. So, Here's some considerations, and we'll talk more
at the end about conducting a risk benefit analysis for 1, to decide
what strategy to use.

137 "Alyse Handelsman" (3689050624)
00:20:32.814 --> 00:20:39.864
But when deciding between a more intensive approach or other
approaches some things, you might want to consider our past attempts
to toilet train. So.

138 "Alyse Handelsman" (3689050624)
00:20:40.099 --> 00:20:51.704
Is this the 1st, or 2nd time you're trying to toilet train or is this
something that has been ongoing for for months or years? How old is
the client? Are they really at that toilet training age of, you know,
23 or 4?

139 "Alyse Handelsman" (3689050624)
00:20:51.704 --> 00:20:59.984
Or, are they a little bit older school aged, or even beyond that? Do
they have a ton of preferences or is a reinforcement based. based

140 "Alyse Handelsman" (3689050624)
00:21:00.099 --> 00:21:02.794
Strategy maybe not going to be the best way to go with them.

141 "Alyse Handelsman" (3689050624)
00:21:03.334 --> 00:21:15.184
And how necessary is it is being toilet trained to participating in a
less restrictive setting, like camps or schools and then is not being
toilet, trained, limiting their access to intervention.

142 "Alyse Handelsman" (3689050624)
00:21:15.509 --> 00:21:30.329
And then, I think above all the person's dignity and privacy should be
a consideration. So, if there are, you know, an older child or an
emerging teenager, and they're going through these changes to get a
pull up changed or or their pants changed frequently um.

143 "Alyse Handelsman" (3689050624)
00:21:30.329 --> 00:21:36.329
We kind of need to think about that as well when making the decision
of what types of interventions to utilize.

144 "Alyse Handelsman" (3689050624)
00:21:36.329 --> 00:21:42.749
And then, um, graceful continue on talking about feeding intervention

in the next slide.

145 "Grace Gomez" (1731101184)
00:21:43.044 --> 00:21:46.494
Thank you Ali, so, as the least mentioned,

146 "Grace Gomez" (1731101184)
00:21:46.524 --> 00:21:58.074
another topic for discussion is using ABA methods to help improve
behaviors related to mealtime compliance in article from sharpen
colleagues,

147 "Grace Gomez" (1731101184)
00:21:58.074 --> 00:22:02.304
shared that about 1 and 3 children with a disability. We'll.

148 "Grace Gomez" (1731101184)
00:22:03.164 --> 00:22:11.084
Clinically significant feeding concerns often, meaning that they're
feeling to meet their caloric and or nutritional needs.

149 "Grace Gomez" (1731101184)
00:22:11.714 --> 00:22:22.724
Another article looked at a comparison of eating behaviors between
children with and without, and they found that autistic children had
attended.

150 "Grace Gomez" (1731101184)
00:22:22.749 --> 00:22:27.539
And see to refuse more foods, require specific.

151 "Grace Gomez" (1731101184)
00:22:27.539 --> 00:22:29.334
Presentation of foods,

152 "Grace Gomez" (1731101184)
00:22:29.664 --> 00:22:42.594
they required specific utensils and also presented rigidity when it
came to food textures when compared to the control group and there are
a lot of options for treatment.

153 "Grace Gomez" (1731101184)
00:22:42.924 --> 00:22:47.514
However, historically our treatment options have relied on some more.

154 "Grace Gomez" (1731101184)
00:22:47.539 --> 00:22:52.769
Restricting procedures is, I will discuss in the next slide.

155 "Grace Gomez" (1731101184)

00:22:56.399 --> 00:23:00.389
1 of the restrictive interventions is.

156 "Grace Gomez" (1731101184)
00:23:00.389 --> 00:23:05.274
Escape extinction now, when we look at a compilation of these studies,

157 "Grace Gomez" (1731101184)
00:23:05.274 --> 00:23:18.654
we found that escape extinction was the treatment choice for about 83%
of the treatment used in these studies and I want to take a moment to
define what escape extinction means implementing extinction.

158 "Grace Gomez" (1731101184)
00:23:19.014 --> 00:23:20.334
implementing extinction

159 "Grace Gomez" (1731101184)
00:23:20.414 --> 00:23:26.834
Means that we no longer reward a behavior that may have been previous
server rewarded.

160 "Grace Gomez" (1731101184)
00:23:27.074 --> 00:23:39.914
So, if escape escape extinction is used in real time compliance
programs, then that means that we're no longer allowing that child to
escape those mealtime request.

161 "Grace Gomez" (1731101184)
00:23:40.389 --> 00:23:54.149
Essentially, meaning that they no longer are allowed to get out of
eating foods that they don't like, or are refusing this presents some
challenges. If we're looking at things from a compassionate care lens.

162 "Grace Gomez" (1731101184)
00:23:55.404 --> 00:24:05.514
There are also limitations to using this type of treatment since we
may potentially see other behaviors pop up, which we call these side
effects.

163 "Grace Gomez" (1731101184)
00:24:05.904 --> 00:24:12.384
And we may also see that the problematic behavior gets worse before it
gets better.

164 "Grace Gomez" (1731101184)
00:24:13.224 --> 00:24:26.214
Also, we might see an increase in how often the behavior happens as
well as how long it last. Sometimes we even see aggression pop up as
well as other new problematic behaviors.

165 "Grace Gomez" (1731101184)
00:24:26.214 --> 00:24:32.844
So, to sum this up, what we see happening, when we implement this type
of intervention.

166 "Grace Gomez" (1731101184)
00:24:32.924 --> 00:24:45.824
Or treatment is that, um, the individual really tries very hard to get
out of a meal time routine so they begin to engage in some new
behaviors that we might not have seen before.

167 "Grace Gomez" (1731101184)
00:24:46.304 --> 00:24:52.514
So what are their options? Do we have 1 discussing mealtimes support
for these learners?

168 "Grace Gomez" (1731101184)
00:24:52.899 --> 00:24:58.769
And in the next slide, we'll discuss an alternative some alternative
strategies.

169 "Grace Gomez" (1731101184)
00:25:02.849 --> 00:25:14.184
There are alternatives to using escape extinction and they're they are
definitely more on the side of being trauma informed.

170 "Grace Gomez" (1731101184)
00:25:14.484 --> 00:25:22.734
So there's preventative and reinforcement based interventions that fit
really nicely with a trauma informed care.

171 "Grace Gomez" (1731101184)
00:25:22.849 --> 00:25:34.184
Approach 1 study by pen, rod, and Fernand in 2012 they looked at using
a strategy where the, um, they have the individual complete 2 to 3
simple demands,

172 "Grace Gomez" (1731101184)
00:25:34.184 --> 00:25:42.644
such as looking at the food, or touching the food and then they would
present the more. present the more

173 "Grace Gomez" (1731101184)
00:25:42.849 --> 00:25:56.399
Difficult demand, which was eating the food. Now, they, they found
that this strategy was successful in helping those individuals, expand
their food acceptance and also reduce their food refusal.

174 "Grace Gomez" (1731101184)

00:25:56.399 --> 00:26:09.839
And other studies have also looked at modifying the type of food
presented and also food texture, which also resulted in increased food
acceptance.

175 "Grace Gomez" (1731101184)
00:26:10.974 --> 00:26:19.314
Therefore, it's, it's nice to know and it's important to know that
there are alternative strategies to traditional methods.

176 "Grace Gomez" (1731101184)
00:26:19.644 --> 00:26:29.604
Um, and it's helpful to know this so that we can try to take on a more
trauma, informed care approach in our interventions.

177 "Grace Gomez" (1731101184)
00:26:30.774 --> 00:26:45.324
Next sign punishment is another treatment options that is sometimes
considered controversial punishment occurs when something is presented
after behavior and it

178 "Grace Gomez" (1731101184)
00:26:45.324 --> 00:26:48.954
results in that behavior occurring, less often in the future.

179 "Grace Gomez" (1731101184)
00:26:49.849 --> 00:27:00.419
This can help to decrease how often that problematic behavior happens
or any behavior. Um, it may also help to decrease the duration or
intensity of that behavior.

180 "Grace Gomez" (1731101184)
00:27:01.254 --> 00:27:11.424
And there's definitely a lot of types of punishment procedure so
there's timeout losing access to privileges, or even physical
punishment.

181 "Grace Gomez" (1731101184)
00:27:11.484 --> 00:27:20.394
However, punishment does have its downsides as it may cause the
individual to engage an aggression or other novels.

182 "Grace Gomez" (1731101184)
00:27:20.419 --> 00:27:22.079
Problem behaviors.

183 "Grace Gomez" (1731101184)
00:27:23.184 --> 00:27:35.664
Well, we do have an ethical responsibility to use least restrictive
procedures. It is important to remember that there may be times when

punishment may be the most ethical option.

184 "Grace Gomez" (1731101184)
00:27:36.294 --> 00:27:41.994
Sometimes the severity of the behavior and the potential for harm may.

185 "Grace Gomez" (1731101184)
00:27:42.079 --> 00:27:56.039
Warrant punishment, especially when dealing with behaviors that are
dangerous to the client, or other people. In fact, it may be the only
safe option for some learners whose lives are in danger.

186 "Grace Gomez" (1731101184)
00:27:56.039 --> 00:28:04.649
Therefore, it's punishment should be available to individuals that
need this type of treatment.

187 "Grace Gomez" (1731101184)
00:28:04.649 --> 00:28:18.059
1, other thing to consider is, um, that punishment is also sometimes
preferred by clients and there's several studies that demonstrate
this.

188 "Grace Gomez" (1731101184)
00:28:18.059 --> 00:28:28.734
While punishment may be deemed controversial. I really want to point
out that punishment is a natural part of our day to day life.

189 "Grace Gomez" (1731101184)
00:28:29.034 --> 00:28:37.344
We all learn through consequences and sometimes those consequences can
be punishing and in turn reduce our behavior.

190 "Grace Gomez" (1731101184)
00:28:38.059 --> 00:28:49.919
And as we're on the topic of, you know, or as we speak of, uh,
controversial topics, Elise will talk about the topic of intervening
on stereotype in the next slide.

191 "Alyse Handelsman" (3689050624)
00:29:01.379 --> 00:29:10.824
Sorry, I realized I muted myself. All right starting over. So yeah,
another topic we want to discuss right now is kind of the hot topic of
intervening on.

192 "Alyse Handelsman" (3689050624)
00:29:12.114 --> 00:29:20.514
So, if you don't know stereotype or these repetitive, rhythmic often,
bilateral movements with a fixed pattern. So, a lot of times we might
refer to, like, hand flapping.

193 "Alyse Handelsman" (3689050624)
00:29:21.379 --> 00:29:25.259
And it is 1 of the diagnostic features of autism.

194 "Alyse Handelsman" (3689050624)
00:29:26.514 --> 00:29:41.424
But the criticisms to intervene on stereotype is that people see this as similar to nail biting or playing with your hair or things. I'm sure we're all kind of doing right now as we're talking or tapping something, which really leads to the question of which movements need to be intervened on.

195 "Alyse Handelsman" (3689050624)
00:29:41.424 --> 00:29:45.234
And which don't and then who gets to decide and it's related.

196 "Alyse Handelsman" (3689050624)
00:29:45.734 --> 00:29:53.174
Some people say that it's really related to trying to alleviate these painful sensory hyperactivity feelings.

197 "Alyse Handelsman" (3689050624)
00:29:53.564 --> 00:30:05.234
So, cutting him in Sri BRM looked at how stereotypically may impact learning and can be socially stigmatizing and not age appropriate and in turn parents may find it difficult to bring their children in places.

198 "Alyse Handelsman" (3689050624)
00:30:05.259 --> 00:30:09.719
It's because it may impact their involvement in community based settings.

199 "Alyse Handelsman" (3689050624)
00:30:09.719 --> 00:30:13.529
Cutting him also states that stereotypic can directly.

200 "Alyse Handelsman" (3689050624)
00:30:13.529 --> 00:30:22.139
Interfere with learning and that the children that engage in really high levels of stereotypically may be fail to learn really simple discrimination tasks.

201 "Alyse Handelsman" (3689050624)
00:30:22.139 --> 00:30:28.349
Next slide please.

202 "Alyse Handelsman" (3689050624)
00:30:28.349 --> 00:30:36.834

So, there are many approaches to probably the most well known 1 that is utilized is called response, interruption in redirection or R.

203 "Alyse Handelsman" (3689050624)
00:30:36.834 --> 00:30:48.024
D, and response blocking, which simply just means blocking the, um, the, the 1 I want to highlight, though, is a function based 1 and thought to be a little bit more.

204 "Alyse Handelsman" (3689050624)
00:30:48.349 --> 00:30:55.364
Informed meaning that it's really trying to replace that automatically maintain function or that sensory need that the individual is getting.

205 "Alyse Handelsman" (3689050624)
00:30:55.784 --> 00:31:08.144
Um, so it's teaching skills that meet that same need to give that same reinforcement that provides an, an alternative way to more intrusive methods of just blocking it.

206 "Alyse Handelsman" (3689050624)
00:31:08.349 --> 00:31:14.974
And redirecting the individual, so the study sought to teach a functionally equivalent behavior. So, leisure skills or play skills.

207 "Alyse Handelsman" (3689050624)
00:31:14.974 --> 00:31:28.084
So, you may notice that emphasize and focus on play very early on in the treatment process in order to really increase these leisure skills because a lot of times as we see leisure skills increase, we can.

208 "Alyse Handelsman" (3689050624)
00:31:28.349 --> 00:31:39.174
Stereotype and repetitive behaviors decrease, so there are a couple of different conditions that they implemented. So they had this activities only condition, which served as a baseline session.

209 "Alyse Handelsman" (3689050624)
00:31:39.294 --> 00:31:47.934
So these children were allowed free access to competing items and toys. And then the next condition was the same type of condition, except this time the.

210 "Alyse Handelsman" (3689050624)
00:31:48.349 --> 00:32:00.839
Sure, it was prompting the individual to engage with the items so they might just manually gently guide their hand to the items or model how to play with the toys or even give a verbal cue of oh, let's play or play with the toys.

211 "Alyse Handelsman" (3689050624)
00:32:01.344 --> 00:32:14.964
And then the 3rd condition is activities plus, prompting plus
blocking. So, this is where we do unfortunately see that blocking,
come back into play. Um, there was identical to the 2 other
conditions, except response blocking was introduced.

212 "Alyse Handelsman" (3689050624)
00:32:14.964 --> 00:32:20.544
Meaning if the kid was a hand, flapping the research. And my research,
my gently reset the client's hands.

213 "Alyse Handelsman" (3689050624)
00:32:20.839 --> 00:32:31.169
And then the last condition was this activities, prompting blocking
plus additional reinforcements. So they would reinforce whenever the
client wasn't engaging in stereotype.

214 "Alyse Handelsman" (3689050624)
00:32:31.194 --> 00:32:43.404
Or whenever the client was engaged with the toys or the leisure items,
and they did find that there was an increase in engagement with the
activities and a decrease in when all of those components were
present.

215 "Alyse Handelsman" (3689050624)
00:32:43.404 --> 00:32:46.764
So they still did need that blocking component.

216 "Alyse Handelsman" (3689050624)
00:32:47.129 --> 00:32:58.704
So, the limitations to this, though, is that it took hundreds of
sessions to develop these leisure skills and there's an extensive
amount of work in time needed in order to really change this
automatically reinforce stereotype.

217 "Alyse Handelsman" (3689050624)
00:32:58.854 --> 00:33:05.004
And it may not be generalizable to other settings outside of like, a 1
to 1 type of ratio.

218 "Alyse Handelsman" (3689050624)
00:33:06.294 --> 00:33:17.034
Next slide please. All right so some other considerations when
thinking about, should we be intervening on so, who's the client?

219 "Alyse Handelsman" (3689050624)
00:33:17.064 --> 00:33:24.894
Is it the child or the person that we're actually working hands on
with? Are we thinking about the families wants or the family's needs.

220 "Alyse Handelsman" (3689050624)
00:33:25.369 --> 00:33:35.969
stereotypic dangerous or does it impact learning? Um, how often is it
happening? Is it something that's happening in these very isolated
times? Or is this something that's happening all day? Every day?

221 "Alyse Handelsman" (3689050624)
00:33:35.969 --> 00:33:50.904
And what's the social significance of it? And will these interventions
that we put in place? Will they generalize to less restrictive
environments? Because if they, they won't, you know, we're kind of
setting this child up for failure and what benefits does it bring to
the client?

222 "Alyse Handelsman" (3689050624)
00:33:51.269 --> 00:34:06.029
So, are they a stakeholder in their intervention? Do they get a choice
and you'll see that kind of as this ongoing theme as we continue on
is, does the client have a choice of whether, or not we're going to
intervene on their.

223 "Alyse Handelsman" (3689050624)
00:34:06.114 --> 00:34:19.104
Next slide please, so switching gears a bit I do want to discuss
intervening on eye contact so, um, a lot of times that's our 1st
course of action. So, is the client attending to us by making eye
contact?

224 "Alyse Handelsman" (3689050624)
00:34:19.104 --> 00:34:25.944
Are they looking people in the eye when their name is called? Um, but
are we also asking ourselves if this is necessary for skill
acquisition or.

225 "Alyse Handelsman" (3689050624)
00:34:26.029 --> 00:34:35.504
For learning new things and then who gets to decide that. This is a
must have skill. So part of that Sandoval and Norton article that I
referenced earlier. Really?

226 "Alyse Handelsman" (3689050624)
00:34:35.504 --> 00:34:45.944
Criticisms, criticizes interventions, on eye, contact and states that
forcing a child to engage in eye contact is irresponsible. When
understanding the autistic brain, and they.

227 "Alyse Handelsman" (3689050624)
00:34:46.029 --> 00:34:52.354
Site research that looks at hyperactivity in various areas of the

brain, which can maybe explain these aversive reactions to.

228 "Alyse Handelsman" (3689050624)
00:34:53.194 --> 00:35:01.714
And this is seen in the over stimulation and the, the activation of
the amygdala when I gaze is held for a prolonged period of time.

229 "Alyse Handelsman" (3689050624)
00:35:02.039 --> 00:35:06.869
And then when I was researching for this, I did find some articles
from.

230 "Alyse Handelsman" (3689050624)
00:35:06.869 --> 00:35:18.029
Years ago that cited effective strategies for eye contact in the form
of actually holding a person's head in place until eye contact was
maintained. So a pretty intensive.

231 "Alyse Handelsman" (3689050624)
00:35:18.414 --> 00:35:30.024
Intervention really hands on maybe not trauma informed care. So I did
want to talk about some other ways. We can intervene on eye contact
and highlight maybe a less intrusive intervention than head holding.

232 "Alyse Handelsman" (3689050624)
00:35:30.234 --> 00:35:37.884
So at all the compared social stories. So, they would provide
participants with stories that.

233 "Alyse Handelsman" (3689050624)
00:35:38.029 --> 00:35:42.479
They explained the importance of eye contact with peers to the
participant.

234 "Alyse Handelsman" (3689050624)
00:35:42.479 --> 00:35:56.574
And they would view the social story on a tablet and it really just
kept emphasizing how important eye contact is. And then they had a
video modeling condition where 2 researchers were engaging in the
conversation. And then they would briefly pause.

235 "Alyse Handelsman" (3689050624)
00:35:56.574 --> 00:36:02.394
And it would zoom in on the eye contact with the text that would say
good eye contact. And then each condition.

236 "Alyse Handelsman" (3689050624)
00:36:02.479 --> 00:36:10.889
Followed by 3 minutes of conversation with the participant where the
duration of eye contact data was taken and the study found that.

237 "Alyse Handelsman" (3689050624)
00:36:11.184 --> 00:36:16.014
Video modeling wasn't a really effective and resource efficient
intervention for eye contact.

238 "Alyse Handelsman" (3689050624)
00:36:16.284 --> 00:36:27.804
However, social stories was not found to be effective, but the study
did not evaluate if eye contact is associated with improvement in
other areas, which I think is a very important component to look at.

239 "Alyse Handelsman" (3689050624)
00:36:29.484 --> 00:36:38.364
Next slide please. So it's direct eye contact, important or attending
skills enough. Meaning just looking towards the speaker.

240 "Alyse Handelsman" (3689050624)
00:36:38.424 --> 00:36:47.064
Um, so things to think about, is this an important skill for the
client does the lack of eye contact impact the individual's ability to
connect with other socially.

241 "Alyse Handelsman" (3689050624)
00:36:47.249 --> 00:36:51.389
Again, who was getting to decide if this is socially significant.

242 "Alyse Handelsman" (3689050624)
00:36:51.389 --> 00:36:54.929
Are there any cultural considerations we should be thinking about? Is
it.

243 "Alyse Handelsman" (3689050624)
00:36:54.929 --> 00:36:59.669
Maybe seen is disrespectful to not engage in. I contacted within that
person's culture.

244 "Alyse Handelsman" (3689050624)
00:36:59.669 --> 00:37:05.939
And again, can they make that choice? Do they have to say if this is
something that they would want to work on.

245 "Alyse Handelsman" (3689050624)
00:37:06.024 --> 00:37:16.704
Next slide please. So when discussing ABA interventions, I do think
it's very important to include the viewpoint of someone who is
autistic.

246 "Alyse Handelsman" (3689050624)
00:37:16.734 --> 00:37:25.914

So, kayleen, George, she is a advocate and a blogger, and she's
diagnosed with autism and she speaks out a lot about how, when ABA is
criticised. A lot of.

247 "Alyse Handelsman" (3689050624)
00:37:25.939 --> 00:37:33.359
Clinicians will say, well, the new APA is different or clinicians
haven't done that in years.

248 "Alyse Handelsman" (3689050624)
00:37:33.359 --> 00:37:38.639
And she does want to continue to highlight that. The primary goal of
is sometimes.

249 "Alyse Handelsman" (3689050624)
00:37:38.639 --> 00:37:52.169
Um, changing behavior and that behavior is communication. So, are we
implying then that autistic behaviors are bad or are we implying that
we should be changing their behaviors to fit that of their neuro
typical peers?

250 "Alyse Handelsman" (3689050624)
00:37:52.824 --> 00:38:05.964
She also states that were very compliance based therapy. Meaning that
therapy is only successful if compliance is maintained and I know that
historically we have regularly use terms in many, still do as
instructional control.

251 "Alyse Handelsman" (3689050624)
00:38:05.964 --> 00:38:12.144
Like, oh, I obtain instructional control and I've tried to shift my
language to be more of oh, I've obtained instruction.

252 "Alyse Handelsman" (3689050624)
00:38:12.169 --> 00:38:25.200
Responsiveness meaning, that I've maintain a really good relationship
with this child that they want to work with me, and they want to learn
new things and they want to show me all of the things that they can do
because they find me reinforcing and they find me fun.

253 "Alyse Handelsman" (3689050624)
00:38:25.705 --> 00:38:39.265
And then without preferred, and that, we would hold preferred items
until compliance is received and she actually uses the example of a
spouse. So, if your spouse had asked you to unload the dishwasher, or
do laundry, and you didn't do it.

254 "Alyse Handelsman" (3689050624)
00:38:39.295 --> 00:38:45.115
And then they refused to hug you or talk to you or maybe they wouldn't

allow you to watch TV until you follow.

255 "Alyse Handelsman" (3689050624)
00:38:45.200 --> 00:38:46.050
Thrilled.

256 "Alyse Handelsman" (3689050624)
00:38:46.050 --> 00:38:56.665
That would probably feel pretty crummy and then she talked about
teaching children that their body might not not necessarily be there
as we do a lot of prompting to teach new skills,

257 "Alyse Handelsman" (3689050624)
00:38:56.665 --> 00:39:05.965
or we may be asking children very young children to sit at the table
over the long run, and how that can maybe impact other areas of their
life and that.

258 "Alyse Handelsman" (3689050624)
00:39:06.050 --> 00:39:11.070
Sometimes we tend to focus on rewards over the natural motivation of
the.

259 "Alyse Handelsman" (3689050624)
00:39:11.070 --> 00:39:21.480
And then she did reference intensive hours, especially when children
are receiving ABA in conjunction with speech or aux T or physical
therapy.

260 "Alyse Handelsman" (3689050624)
00:39:21.480 --> 00:39:34.195
And that children as young as 2 may be a lot of therapy that could be
equivalent to that of a full time job, especially when other therapies
are involved and they might not be afforded that same luxury of free
time and unstructured play.

261 "Alyse Handelsman" (3689050624)
00:39:34.405 --> 00:39:41.215
So, I think these are all really important things to consider as the
field continues to move towards this compassionate care ABA approach.

262 "Alyse Handelsman" (3689050624)
00:39:41.480 --> 00:39:45.090
And then grace will talk about.

263 "Alyse Handelsman" (3689050624)
00:39:45.090 --> 00:39:53.005
Um, our ethical code in the next slide. Please, thank you, Elise.

264 "Grace Gomez" (1731101184)

00:39:53.005 --> 00:40:04.495
So, we've discussed a lot about trauma informed care and I do want to
bring up our, um, the behavior analytic code of ethics, which is what
we as.

265 "Grace Gomez" (1731101184)
00:40:05.090 --> 00:40:14.415
Days strive to embody and follow in our work and there it sites for
foundational principles.

266 "Grace Gomez" (1731101184)
00:40:14.775 --> 00:40:23.295
The 1st, 1, being benefit to others and we, as behavior analysts work
to maximize benefits and do no harm.

267 "Grace Gomez" (1731101184)
00:40:24.145 --> 00:40:38.425
The 2nd, foundational principle is to treat others with compassion,
dignity and respect. We must not only empathize with our clients, but
also respect them as individuals.

268 "Grace Gomez" (1731101184)
00:40:39.295 --> 00:40:53.335
Number 3 is, um, we must behave with integrity and when it comes to
working with our clients, um, it's important to behave with integrity,
but also in collaborating with individuals that help support the
client.

269 "Grace Gomez" (1731101184)
00:40:53.905 --> 00:40:59.035
And the 4th foundational principle is to ensure their competence.

270 "Grace Gomez" (1731101184)
00:40:59.035 --> 00:41:13.705
So we, um, every day should be aware of work within and continuously
evaluate the boundaries of our competence as well as work on
continuously increasing our knowledge.

271 "Grace Gomez" (1731101184)
00:41:13.730 --> 00:41:21.270
And our skills related to cultural responsiveness and service delivery
to diverse groups.

272 "Grace Gomez" (1731101184)
00:41:21.270 --> 00:41:33.390
And we believe that the autistic population being 1 of the main
communities that we serve is a part of being culturally responsive.

273 "Grace Gomez" (1731101184)
00:41:33.390 --> 00:41:46.200

Next slide these aspects of the code, uh, bring me back to the chart
from the Institute of trauma and trauma informed care.

274 "Grace Gomez" (1731101184)
00:41:46.200 --> 00:41:56.160
Our ethical guidelines really overlap with these guidelines on trauma
informed care and I want to illustrate how they do. So.

275 "Grace Gomez" (1731101184)
00:41:56.995 --> 00:42:06.325
Their 1st concept is that of safety, um, and we focus on doing no harm
to the client.

276 "Grace Gomez" (1731101184)
00:42:06.325 --> 00:42:15.715
So that means that we should ensure that we are securing the physical
and emotional safety of our clients. The 2nd, 1 is.

277 "Grace Gomez" (1731101184)
00:42:16.160 --> 00:42:20.520
We, as, um.

278 "Grace Gomez" (1731101184)
00:42:20.520 --> 00:42:33.090
It should be behaving in ways that treats our clients with compassion
with dignity and with respect. And that's where we get to incorporate
choice making.

279 "Grace Gomez" (1731101184)
00:42:33.805 --> 00:42:44.215
Collaboration is the 3rd, 1, we also have an ethical obligation as I
mentioned to the previous slide to behave with integrity.

280 "Grace Gomez" (1731101184)
00:42:44.215 --> 00:42:53.005
So, essentially, this means being honest in our communications with
clients, their families and other professionals that.

281 "Grace Gomez" (1731101184)
00:42:53.115 --> 00:43:08.085
May support that client as well the 4th 1 is trustworthiness, so we
can build trust as by ensuring that we're providing predictable and
consistent ABA treatment.

282 "Grace Gomez" (1731101184)
00:43:09.175 --> 00:43:15.835
And the last 1 is empowerment, and we strive to empower our clients.

283 "Grace Gomez" (1731101184)
00:43:16.555 --> 00:43:24.774

We do so, by focusing on skill building, instead of only focusing on behavior reduction.

284 "Grace Gomez" (1731101184)
00:43:29.665 --> 00:43:43.405
Dr, Roger and colleagues, um, discuss several barriers related to taking on a trauma informed care approach in their 2022 article, titled towards trauma, informed applications of behavior.

285 "Grace Gomez" (1731101184)
00:43:43.405 --> 00:43:46.165
informed applications of behavior

286 "Grace Gomez" (1731101184)
00:43:46.340 --> 00:43:57.540
They shared the following, they share that. It's difficult for us in the field of ABA to understand that trauma is not just physical in nature.

287 "Grace Gomez" (1731101184)
00:43:58.405 --> 00:44:04.075
The effects of trauma are typically considered more of an internal response to a traumatic event.

288 "Grace Gomez" (1731101184)
00:44:04.105 --> 00:44:17.275
However, we, as BCBA should consider that the evidence of trauma can be found in the presence, or absence of behaviors of the individual as well as their verbal behavior.

289 "Grace Gomez" (1731101184)
00:44:18.555 --> 00:44:27.435
And when it comes to the causes of trauma, ABA focuses on how behavior is affected by the environment in a particular moment.

290 "Grace Gomez" (1731101184)
00:44:27.825 --> 00:44:33.765
However, we must take into account the history of trauma in planning our treatment.

291 "Grace Gomez" (1731101184)
00:44:35.275 --> 00:44:49.825
However, we do understand that it's tough to determine best practices since there is a lack of data for how to provide trauma, informed care while there are barriers to incorporating trauma,

292 "Grace Gomez" (1731101184)
00:44:49.825 --> 00:44:53.905
informed care into our practice. There are definitely.

293 "Grace Gomez" (1731101184)
00:44:54.110 --> 00:44:58.170
Use for us to begin, incorporating these into our treatment.

294 "Grace Gomez" (1731101184)
00:44:59.095 --> 00:45:08.695
Next slide 1 thing that I want to mention as well is considering the
following framework.

295 "Grace Gomez" (1731101184)
00:45:08.695 --> 00:45:14.995
So, um, and, of course, 1 potential difficulty.

296 "Grace Gomez" (1731101184)
00:45:15.210 --> 00:45:25.795
For us as and acknowledging trauma is the degree to knowing that
trauma has occurred. Right? How do we know that trauma has incurred?

297 "Grace Gomez" (1731101184)
00:45:25.795 --> 00:45:35.185
And while we encourage families to speak to their provider about
potentially traumatizing experiences, we do understand that this.

298 "Grace Gomez" (1731101184)
00:45:35.210 --> 00:45:46.530
May be difficult to communicate. Therefore, we, as behavior, analysts
should instead adopt a universal approach and assume that any client.

299 "Grace Gomez" (1731101184)
00:45:46.530 --> 00:45:49.980
That we work with may come with a history of trauma.

300 "Grace Gomez" (1731101184)
00:45:49.980 --> 00:45:57.300
Therefore, it's, um, best practice to utilize least restrictive
interventions. 1st.

301 "Grace Gomez" (1731101184)
00:45:58.315 --> 00:46:02.545
The behavior, analyst, ethics, code, details, minimizing potential
risks.

302 "Grace Gomez" (1731101184)
00:46:02.575 --> 00:46:17.215
However, this becomes difficult when our usual practice has typically
included ignoring potentially dangerous behavior, or even implementing
something that may set off.

303 "Grace Gomez" (1731101184)
00:46:17.300 --> 00:46:25.020

Dangerous behavior, and it's also really important to consider that.

304 "Grace Gomez" (1731101184)
00:46:25.315 --> 00:46:25.615
What,

305 "Grace Gomez" (1731101184)
00:46:25.615 --> 00:46:40.225
you know what Dr shared was that we should be building that emotional
safety and trust and really ensuring that we're prioritizing that as
much as we prioritize the

306 "Grace Gomez" (1731101184)
00:46:40.225 --> 00:46:42.265
physical safety of our clients.

307 "Grace Gomez" (1731101184)
00:46:43.135 --> 00:46:57.895
And here at verbal beginnings, we definitely, you know, are aware of
utilizing a trauma, informed care approach and we really train to our
staff to provide,

308 "Grace Gomez" (1731101184)
00:46:57.895 --> 00:47:02.485
you know, high quality attention and reinforcement prior to starting.

309 "Grace Gomez" (1731101184)
00:47:02.510 --> 00:47:09.270
Instruction with our clients and we also encourage the use of least
restrictive.

310 "Grace Gomez" (1731101184)
00:47:09.270 --> 00:47:18.870
Procedures 1st, and foremost, we can also promote choice and shared
governance. Um.

311 "Grace Gomez" (1731101184)
00:47:19.375 --> 00:47:34.135
And essentially, we have a lot of, um, methods at our disposal to be
able to program multiple choice, making opportunities from the very
beginning of the client's treatment.

312 "Grace Gomez" (1731101184)
00:47:34.135 --> 00:47:38.845
And throughout the, um, their time with us here at verbal beginnings.
Because.

313 "Grace Gomez" (1731101184)
00:47:38.870 --> 00:47:47.010
By providing that individual with choices, then they can really have a

say in their programming.

314 "Grace Gomez" (1731101184)
00:47:48.385 --> 00:47:59.515
I shared the term shared governance and what that means is that we
allow the individual to have a say, or a voice in their treatment.

315 "Grace Gomez" (1731101184)
00:47:59.965 --> 00:48:05.545
This is where the topic of ascent comes into play and at least we'll
discuss ascent in the next slide.

316 "Alyse Handelsman" (3689050624)
00:48:06.870 --> 00:48:12.630
Next slide please.

317 "Alyse Handelsman" (3689050624)
00:48:12.630 --> 00:48:20.130
Okay, so knowing that there's criticisms of ABA and how it pertains to
trauma what's next and what's our responsibility.

318 "Alyse Handelsman" (3689050624)
00:48:20.130 --> 00:48:33.385
So I want to take a moment to talk about in a center based model. So
we all probably know what consent is. It's used to describe an
agreement to participate and legally and ethically consent is required
for all based interventions.

319 "Alyse Handelsman" (3689050624)
00:48:33.415 --> 00:48:40.075
And it's typically obtained at the onset of therapy by a legal
guardian and an informed consent is making the learner.

320 "Alyse Handelsman" (3689050624)
00:48:40.365 --> 00:48:54.945
Or the legal guardian aware of what will occur during services. So
then how does this differ from ascent? So a sentence legal extension
of consent it's a recently emerging legal and ethical concept and a
comprehensive definition has not been consistently put forth.

321 "Alyse Handelsman" (3689050624)
00:48:55.305 --> 00:49:00.045
But the most common theme we're seeing across different disciplines,
they just find a sense.

322 "Alyse Handelsman" (3689050624)
00:49:00.130 --> 00:49:08.850
The agreement to participate without coercion and that the absence of
objection does not necessarily infer consent or ascent.

323 "Alyse Handelsman" (3689050624)
00:49:08.850 --> 00:49:18.295
So, similar to consent, a sense can be withdrawn at any time, and
that's actually known as dissent. And the process of ascent is this
dynamic and ongoing process.

324 "Alyse Handelsman" (3689050624)
00:49:18.595 --> 00:49:28.795
So it is a way to really deliver services in which you're actively
seeking to obtain learners ascent as you progress through therapy. So,
I want to highlight the relationship between a sentence human rights.

325 "Alyse Handelsman" (3689050624)
00:49:28.850 --> 00:49:37.350
Essentially human, right that it's typically afforded to those deemed
competent by either our culture or society.

326 "Alyse Handelsman" (3689050624)
00:49:37.795 --> 00:49:52.645
And it's not necessarily given to people with intellectual or other
disabilities and they may, they may be assumed to be incapable of
providing or withdrawing their ascent. So, the ethic codes for
behavior, analysts, offer, some specific practice outlines for a sense
and dignity.

327 "Alyse Handelsman" (3689050624)
00:49:53.095 --> 00:49:57.325
They're required to involve clients and relevant stakeholders
throughout the service relations.

328 "Alyse Handelsman" (3689050624)
00:49:57.350 --> 00:50:11.910
We need to be obtaining informed consent and a sense whenever
applicable and we need to be acting within the best interest of the
learners and taking appropriate steps to support learners rights,
maximize benefits. And again, do no harm.

329 "Alyse Handelsman" (3689050624)
00:50:12.325 --> 00:50:17.215
And some of the topography of ascent can be as simple as answering.
Yes. Do you want to do this?

330 "Alyse Handelsman" (3689050624)
00:50:17.245 --> 00:50:31.555
Yes, or no or an functionally equivalent phrase, or for non vocal
learners, maybe they not or they touch start or they're reaching for
the materials, which is showing us that they want to participate and
then answering, no may look as simple as no or saying.

331 "Alyse Handelsman" (3689050624)

00:50:31.910 --> 00:50:41.595
Up or some similar phrase, shaking their head or engaging in problem behavior. So concurrent schedules may offer a useful method for supporting a sentence.

332 "Alyse Handelsman" (3689050624)
00:50:41.595 --> 00:50:51.885
So, in a, in a concurrent chain schedule, participants can choose between 2 conditions and this provides participants with the expectation of the procedure to be implemented. And if the.

333 "Alyse Handelsman" (3689050624)
00:50:51.910 --> 00:50:59.760
Individuals reliably selecting that option that produces this condition then you can infer that they agreed with participation.

334 "Alyse Handelsman" (3689050624)
00:51:00.655 --> 00:51:14.875
So, if there's a sent withdraw, so that dissent, what can be done and here are some of the recommendations that I found in the research, it says, do not provide, do not represent the treatment condition or represent it later, represent it with modifications.

335 "Alyse Handelsman" (3689050624)
00:51:15.180 --> 00:51:18.810
And some other considerations for clinicians to think about is.

336 "Alyse Handelsman" (3689050624)
00:51:18.810 --> 00:51:22.740
Are you designing your interventions to maximize engagement?

337 "Alyse Handelsman" (3689050624)
00:51:22.740 --> 00:51:31.860
And how would you do this? Your programming should be really fun and exciting and rewarding as possible and it should use developmentally appropriate stimuli.

338 "Alyse Handelsman" (3689050624)
00:51:31.860 --> 00:51:45.295
And if a child is engaging in dissent, meaning they no longer wish to participate. The BCBA should be asking themselves. If it's even possible to collect usable data from this child will still upholding our ethical principle of respect for persons.

339 "Alyse Handelsman" (3689050624)
00:51:45.685 --> 00:51:48.775
And if the answer is, no, then the decision should be made to stop.

340 "Alyse Handelsman" (3689050624)
00:51:49.290 --> 00:52:01.020

And distress of the individuals should continuously be monitored in this ongoing manner and seek to reduce distress. Whenever possible data collection should not be the only motivation to stop.

341 "Alyse Handelsman" (3689050624)
00:52:01.020 --> 00:52:09.265
An attempt should be made to reduce the distress or comfort the child and parents should also be stakeholders in this decision making process.

342 "Alyse Handelsman" (3689050624)
00:52:09.475 --> 00:52:16.105
So, parents can give a lot of really valuable information of whether the distress is outside of what they would typically see if their child.

343 "Alyse Handelsman" (3689050624)
00:52:16.470 --> 00:52:25.530
And then finally, I just want to quickly touch on the relationship between a sentence ableism before we wrap up and take questions. But ableism is described as.

344 "Alyse Handelsman" (3689050624)
00:52:25.530 --> 00:52:39.120
But the discrimination in favor of April body people or the discrimination in favor of non disabled people so when considering a sent based care, it's really important to consider ableism. So an ABA intervention.

345 "Alyse Handelsman" (3689050624)
00:52:39.120 --> 00:52:53.880
ableism may support a practitioner choosing to do a more adversive, but effective intervention to meet the duty of care, or the service goals over another intervention that may have this history of learner ascent, which affords maybe more dignity of risk.

346 "Alyse Handelsman" (3689050624)
00:52:54.985 --> 00:53:08.845
Next slide please so, in the beginning, I said, I wanted to talk a little bit more about a risk benefit analysis. We talked about a lot of different interventions and highlighted the direction that trauma informed ABA is going.

347 "Alyse Handelsman" (3689050624)
00:53:08.875 --> 00:53:13.855
But how do we decide which interventions to use? So, I think that's kind of that 1Million dollar question that.

348 "Alyse Handelsman" (3689050624)
00:53:14.355 --> 00:53:26.745

Clinicians are talking about as trauma informed care and compassionate ABA become more and more prevalent. So Here's an example of a risk benefit analysis template. This was taken from Bailey in Birch in 2016, and can be found online.

349 "Alyse Handelsman" (3689050624)
00:53:26.745 --> 00:53:33.825
And this template really allows you to describe the situation and report on anticipated risks and benefits. risks and benefits

350 "Alyse Handelsman" (3689050624)
00:53:34.235 --> 00:53:45.335
And analyze both in depth and then eventually determine a decision. So this is something that they should be doing that a clinician should do in conjunction with their supervisor with the family.

351 "Alyse Handelsman" (3689050624)
00:53:45.455 --> 00:53:49.355
But also that family should be doing in conjunction with their provider as well.

352 "Alyse Handelsman" (3689050624)
00:53:51.120 --> 00:54:01.260
Slide please, and then quickly, I just want to go through an example of how 1 might do this. So, if we're looking at toilet training, which we talked about earlier.

353 "Alyse Handelsman" (3689050624)
00:54:02.065 --> 00:54:07.885
We might be looking at the risks and the benefits of using a more intensive model.

354 "Alyse Handelsman" (3689050624)
00:54:07.885 --> 00:54:21.055
So the risks could be that it may increase problem behavior or they still may not make rapid progress or rapid toileting may cause this increase stress on the client. But the benefits could be that this is.

355 "Alyse Handelsman" (3689050624)
00:54:21.260 --> 00:54:28.860
Intervention that's most in line with the family's values. The client doesn't have a lot of preferences. So reinforcement base strategies may not be effective.

356 "Alyse Handelsman" (3689050624)
00:54:28.860 --> 00:54:38.490
And it may allow the client to attend more community based settings. So these are all different things that are discussed well, conducting or risk benefit analysis.

357 "Alyse Handelsman" (3689050624)
00:54:39.265 --> 00:54:50.455
Next slide please, and then intervening on story atrophy. So another
example, the risks, if we intervene, it may impact the child's ability
to self regulate.

358 "Alyse Handelsman" (3689050624)
00:54:50.485 --> 00:54:58.285
It may increase these other uncomfortable sensations or the topography
may change for something. That's not dangerous to something that is.

359 "Alyse Handelsman" (3689050624)
00:54:58.490 --> 00:55:11.370
Dangerous but the benefits might be that will, it will allow the
client, we're learning opportunities or can decrease injury that might
be caused by dangerous stereotype. And then it may allow the clients
more access to community settings.

360 "Alyse Handelsman" (3689050624)
00:55:12.325 --> 00:55:19.615
Next slide please so with such high prevalence in such high stakes,
the time is now.

361 "Alyse Handelsman" (3689050624)
00:55:19.615 --> 00:55:31.285
So, the time is now to make the implementation of trauma, informed
treatment approaches, the forefront of ABA services and Chris and I
agree that my Angela said it best is that you do the best that you can
until, you know, better.

362 "Alyse Handelsman" (3689050624)
00:55:31.370 --> 00:55:34.950
And then when you know better, do you do better.

363 "Alyse Handelsman" (3689050624)
00:55:34.950 --> 00:55:39.930
Next slide, so I know we ran a little bit over, but.

364 "Alyse Handelsman" (3689050624)
00:55:39.930 --> 00:55:40.320
Um,

365 "Alyse Handelsman" (3689050624)
00:55:40.315 --> 00:55:55.255
we are here to take questions I don't see any

366 "Alana Embriano" (3873880064)
00:55:55.255 --> 00:55:59.455
questions that have come through yet, but just want to give people a
couple minutes chance.

367 "Alana Embriano" (3873880064)
00:55:59.930 --> 00:56:03.090
Have to think about other questions and submit.

368 "Alana Embriano" (3873880064)
00:56:03.265 --> 00:56:03.985
Absolutely.

369 "Alana Embriano" (3873880064)
00:57:15.085 --> 00:57:22.105
Okay, just reserved. My excuse me received my 1st question. So, the
question is when it comes to, um.

370 "Alana Embriano" (3873880064)
00:57:23.090 --> 00:57:34.140
Do you let the person with autism continue, have been told not to stop
our son at times due to himself regulating.

371 "Alyse Handelsman" (3689050624)
00:57:34.140 --> 00:57:46.885
So, I think that's kind of going back to this whole risk benefit
analysis. So, if it's something we would kind of take into
consideration, we would talk with the family about what their
preferences are and what what their kind of hopes are in regards to
the stereotypic.

372 "Alyse Handelsman" (3689050624)
00:57:46.915 --> 00:57:53.845
Well, providing that education that this may be something that the
client is using to self regulate and a lot of times the.

373 "Alyse Handelsman" (3689050624)
00:57:54.140 --> 00:58:04.890
And if it's not impacting their ability to learn new skills and learn
new tasks, and it's not a safety risk, a lot of times the decision is
made to not intervene on it.

374 "Alyse Handelsman" (3689050624)
00:58:10.740 --> 00:58:22.170
And that's periodically a lot of times is cyclical, so it can morph
into different topography. So just because you're seeing it a certain
way now it may more later into something, a little bit more discreet
or not as noticeable.

375 "Alana Embriano" (3873880064)
00:58:40.410 --> 00:58:49.170
Any other questions I don't see any, uh, at this time. Um, but we, of
course, um.

376 "Alana Embriano" (3873880064)
00:58:49.170 --> 00:58:57.420
Can forward any questions that come up later to you? Um, if needed um,
so I'll just, um.

377 "Alana Embriano" (3873880064)
00:58:57.420 --> 00:59:03.360
Oh, excuse me 1 question uh, just came in. Oh, somebody wants to know
if you have a location in North Carolina.

378 "Alyse Handelsman" (3689050624)
00:59:03.360 --> 00:59:10.110
Not yet, but stay tuned. We are a growing company. Um, and that is not
too far from us.

379 "Alana Embriano" (3873880064)
00:59:10.110 --> 00:59:20.190
Great. All right well, then I'll let her she'll be wrapped up and then
she'll provide some instructions on how to access access this via
recording.

380 "Shelby BOLIN" (162827264)
00:59:20.190 --> 00:59:31.710
Awesome Thank you all so much. Thank you. Guys so much for presenting
and thank you. Everyone for attending.

381 "Shelby BOLIN" (162827264)
00:59:32.095 --> 00:59:47.005
Grace and lease offered such wonderful information. If you guys have
any questions about therapies discussed today or questions, you were
unable to answer, please contact the autism team by calling the number
on the back of your card.

382 "Shelby BOLIN" (162827264)
00:59:47.485 --> 00:59:48.054
Um.

383 "Shelby BOLIN" (162827264)
00:59:48.360 --> 00:59:51.715
And the recording will be available online at the W. W.

384 "Shelby BOLIN" (162827264)
00:59:51.715 --> 01:00:01.105
W dot com backslash autism page once finalized and please be sure to
mark your calendars to join us next month on Thursday,

385 "Shelby BOLIN" (162827264)
01:00:01.285 --> 01:00:08.035
July 13th where we will be discussing teaching beginning language and
establishing. establishing

386 "Shelby BOLIN" (162827264)
01:00:08.360 --> 01:00:16.950
Vocalizations and autistic children editorial for parents and thank
you guys, everyone have a great day, and, you know, please reach out
if you have any questions.

387 "Shelby BOLIN" (162827264)
01:00:16.950 --> 01:00:20.844
Thanks bye everyone. How much? Bye.