WEBVTT

1 "" (0)
00:00:00.000 --> 00:00:01.723
Okay.

2 "Ashley Fuhrman" (497391872)
00:00:01.723 --> 00:00:07.748
Okay Welcome and thank you for calling in.

3 "Embriano, Alana" (3672710400)
00:00:07.748 --> 00:00:29.130
To Igna's Autism awareness series. My name is Alana and I'm a care manager for the autism specialty team. Due to the format of this call, your line will remain muted throughout the entirety of the seminar. Any questions received throughout the presentation will be through the Webex platform and will be answered at the presenter's discretion at the end of the seminar.

4 "Embriano, Alana" (3672710400)
00:00:29.130 --> 00:00:44.490
It should be noted that we will only be answering questions that are on today's topic. There will be an option at the end to complete a short survey as well. A handout for today's seminar is available online at www.cigna.com backslash autism.

5 "Embriano, Alana" (3672710400)
00:00:44.490 --> 00:01:04.490
Scroll to the current topic section in the middle of your page and click on today's topic labeled autism and severe behaviors, assessment and treatment. Or follow along throughout the presentation. Please note that not all policies covered today's topic, for more specific information on if your policy covers topics discussed in the seminar, please come.

6 "Embriano, Alana" (3672710400)
00:01:04.490 --> 00:01:31.340
Attack the autism team by calling the number on your insurance card. Today I have the pleasure of introducing dr. Ashley Ferman. As vice president of specialty clinics, dr. Ferman is responsible for the oversight and growth of specialty clinics. EG the behavior centers. She partners with her dedicated team of clinicians ensuring the delivery of individualized interventions for clients in need of specialized and focused care. E.g., assessment and treatment of severe.

7 "Embriano, Alana" (3672710400)
00:01:31.340 --> 00:01:58.370
Her behavior. Ashley brings over 13 years of experience in the academic institutions and hospital based settings. Dr. Ferman received

a bachelor of arts in psychology from the University of Wisconsin, a master of Arts and applied behavior analysis from the University of Nebraska Omaha, and her phd at the University of Nebraska Medical Center. Dr. Ferman worked in a severe behavior program at the Monroe Myer Institute and at the Ruckers University Center for autism research, education.

8 "Embriano, Alana" (3672710400)
00:01:58.370 --> 00:02:19.550
Services. She was an assistant professor in the Department of Pediatrics child neurology and neurodevelopmental disabilities division at Ruckers Robert Wood Johnson Medical School and top courses in the graduate school of applied and professional psychology at Ruckers university. She has served on the board of editors for the journal of the Experimental analysis of behavior and the.

9 "Embriano, Alana" (3672710400)
00:02:19.550 --> 00:02:37.256
The Journal of applied behavior analysis. He has a passion for evidence based practice, high quality compassionate care, and improving existing assessment and treatment procedures for clients to engage in severe behavior. We would like to thank you for being here today, and dr. Ferman, you're welcome to start your presentation.

10 "Ashley Fuhrman" (497391872)
00:02:37.256 --> 00:03:05.580
Thank you so much for the wonderful introduction and I'm very excited to be here with y'all today. I'm gonna jump right in so that we can make sure that we have time for any questions or anything that people want to talk through. So to start, I know that as we're all aware, well aware, autism prevalence continues to grow year after year. With the latest CDC research trying that everyone in 36 children is now diagnosed with autism.

11 "Ashley Fuhrman" (497391872)
00:03:05.580 --> 00:03:23.760
This increase in diagnoses has resulted in positive shifts in awareness, acceptance, and access to and coverage of services. In fact, a quick search for images with using the search term autism provided thousands of image options such as these to select from.

12 "Ashley Fuhrman" (497391872)
00:03:23.760 --> 00:03:43.760
Part of what I want to do during my time with you today is to make sure that as this trend continues, we play similar importance on the whole population of individuals and families impacted by autism diagnoses. A term that has become more common lately, in large part due to this organization, is.

13 "Ashley Fuhrman" (497391872)

00:03:43.760 --> 00:04:16.410
Profound autism. Profound autism refers to autistic people, Notice how I say people, not children, who cannot be left alone requiring 24 access, 24 h access to an adult caregiver throughout their lives. Profound autism is also characterized by minimal or NO language and or substantial intellectual disability. A recent CDC study showed that 26.7 % or one in four people with autism has profound autism.

14 "Ashley Fuhrman" (497391872)
00:04:16.410 --> 00:04:37.580
As I mentioned, this organization, the profound Autism Alliance, is doing a lot of incredible advocacy work for this population of individuals. As I reference other organizations, I'll be sure to include a QR code that will bring you to their website. I encourage you to follow updates from these organizations if you're interested or passionate about.

15 "Ashley Fuhrman" (497391872)
00:04:37.580 --> 00:04:55.529
This topic. Severe behaviors, which when we discussed today, we are defining as behaviors that place self or others in the environment at imminent risk of harm, are one reason why individuals with profound autism may need 24 h access to an adult caregiver.

16 "Ashley Fuhrman" (497391872)
00:04:55.529 --> 00:05:11.999
Examples of severe behavior may include self injurious behavior such as head banging, self biting, and self hitting, aggression such as biting, kicking, hair pulling, and hitting, property destruction, hika, and elopement.

17 "Ashley Fuhrman" (497391872)
00:05:11.999 --> 00:05:31.999
These behaviors may result in bodily harm to sulfer others, permanent property damage, and or involvement of emergency medical services. Autism New Jersey, another organization working to spread awareness on this topic shared that one in three children with autism exhibit self.

18 "Ashley Fuhrman" (497391872)
00:05:31.999 --> 00:05:39.659
Dangerous behavior, and 84 % of those individuals continue that behavior during their adult violence.

19 "Ashley Fuhrman" (497391872)
00:05:39.659 --> 00:05:56.129
Although service availability for children and individuals with NO or mild severe behavior is increasing, there are very limited options and long waiting lists for individuals who engage in severe behavior. There are several organizations around the US.

20 "Ashley Fuhrman" (497391872)
00:05:56.129 --> 00:06:16.129
Not all who are pictured here, who offer intensive day treatment or inpatient programs for individuals impacted by profound autism and severe behavior. I've had the opportunity to train at or collaborate with wonderful colleagues at many of these organizations and can attest that they are doing incredible work and expanding access to these services in the.

21 "Ashley Fuhrman" (497391872)
00:06:16.129 --> 00:06:18.359
Our communities.

22 "Ashley Fuhrman" (497391872)
00:06:18.359 --> 00:06:36.599
Although those existing programs offer life changing services to families, I speak from experience working at a couple of those clinics and are referring to them. When I say that the waiting list for the programs are months or years long, and families maybe limited by their geographical location and the location of these programs.

23 "Ashley Fuhrman" (497391872)
00:06:36.599 --> 00:06:56.599
To better understand the experiences and needs of this population, Autism New Jersey surveyed 200 families whose children engaged in challenging behavior. What they found was that on average, the individual with challenge, the average individual with challenging behavior is a 16 year old male who lives at home.

24 "Ashley Fuhrman" (497391872)
00:06:56.599 --> 00:07:23.659
With their family engages in aggression, non compliant, self injurious behavior, and or property destruction. They typically exhibit those behaviors daily, the behaviors are not improving, and due to those behaviors, the family participation in social and other family events is very limited or non existent. Families with this profile of individual with a higher age and higher frequency and intensity of severe behavior.

25 "Ashley Fuhrman" (497391872)
00:07:23.659 --> 00:07:44.209
There May have a very difficult time finding an applied behavior analysis provider who's able to provide safe and effective services in their existing structure. Many families served in severe behavior programs have been denied services at or discharged from several applied behavior analysis providers prior to receiving services at.

26 "Ashley Fuhrman" (497391872)
00:07:44.209 --> 00:08:02.519
A severe behavior intensive program. I'm always encouraged that the

month of April and beyond is often filled with words such as awareness and acceptance, but I believe that there's still work to do for the acceptance and awareness of individuals with profound autism who need higher levels of support for severe behavior.

27 "Ashley Fuhrman" (497391872)
00:08:02.519 --> 00:08:19.799
Many families that I have worked with over the past decade who have experienced denial of services again and again because of severe behavior have expressed that they're still hoping for more awareness of the experiences and advocacy for services and not just applied behavior analysis services.

28 "Ashley Fuhrman" (497391872)
00:08:19.799 --> 00:08:37.739
Behavior analysts have tools to be a part of the solution to the shortage of services for individuals with severe behavior. With expertise and focus on behaviors, applied behavior analysis can help individuals and families with adaptive replacement behaviors for the severe behaviors.

29 "Ashley Fuhrman" (497391872)
00:08:37.739 --> 00:08:58.909
So applied behavior analysis, again, is one type of service that can be leveraged to assess and treat severe behaviors. Applied behavior analysis or ABA that I'll refer to moving forward focuses on skill acquisition and behavior reduction such that adaptive replacement behaviors and tolerance skills can be learned by individuals who engage in severe behavior.

30 "Ashley Fuhrman" (497391872)
00:08:58.909 --> 00:09:19.729
Behavior. Severe behavior often serves as a form of communication for individuals. We often see severe behavior occurred to gain access to preferred items or activities that maybe unavailable to try to avoid or escape non preferred situations or instructions such as daily living skills like brushing teeth or bathing.

31 "Ashley Fuhrman" (497391872)
00:09:19.729 --> 00:09:32.969
To gain access to social interactions or attention from individuals or even sometimes for an unobservable reason, e.g. possibly in response to pain from a headache or gastrointestinal conditions.

32 "Ashley Fuhrman" (497391872)
00:09:32.969 --> 00:09:52.969
These are a few terms that you may have heard or may hear when working with ABA providers. Reinforcement is a process that strengthens a behavior or increases the future likelihood of a behavior happening. We use this all the time by providing praise or preferred items and

interactions contingent on adaptive and safe behaviors that we want to encourage.

33 "Ashley Fuhrman" (497391872)
00:09:52.969 --> 00:10:10.529
Innocent based interventions and preventative strategies involve modifying the environment, routines or events that happen before a behavior occurs. The aim is to create circumstances that encourage desired behaviors while reducing the occurrence of dangerous ones.

34 "Ashley Fuhrman" (497391872)
00:10:10.529 --> 00:10:30.529
Extinction is a procedure in which existing reinforcement for a behavior is discontinued in order to decrease or eliminate that dangerous or unsafe behavior. And then response interruption and redirection maybe used to decrease dangerous self injurious behavior by interrupting the dangerous response and.

35 "Ashley Fuhrman" (497391872)
00:10:30.529 --> 00:10:50.529
And redirecting to a safer but still preferred response. So e.g., for a learner who uses open hands to slap themselves on the head repeatedly, may perhaps be able to learn to clap their hands instead of hit their head. This process can still allow them to engage in a similar topography of behavior that does not.

36 "Ashley Fuhrman" (497391872)
00:10:50.529 --> 00:10:54.239
Center risk of harm to themselves.

37 "Ashley Fuhrman" (497391872)
00:10:54.239 --> 00:11:14.239
Differential reinforcement combines reinforcement and extinction to focus on providing reinforcement for those safe and adaptive behaviors while withholding that main reinforcer for unsafe or dangerous behaviors. Functional communication training is a really common intervention when using, when doing assessment and treatment of severe behavior. It involves.

38 "Ashley Fuhrman" (497391872)
00:11:14.239 --> 00:11:44.239
Was teaching a specific safe and adaptive replacement behavior for the severe behavior under the conditions that the severe behavior is more likely to occur. And then prompting is also used a lot. It's a systematic and structured approach of providing prompts to help individuals learn and acquire new skills. So prompts can take a variety of different forms and can be used in a variety of different ways, one of which I'll walk through in a little bit. Another form of communication that AVA providers may.

39 "Ashley Fuhrman" (497391872)
00:11:44.239 --> 00:12:17.329
Use to teach individuals to communicate their wants and needs is a picture exchange communication system where they learn how to use small cards with images or text on them to request for specific items or activities. We also like to incorporate self management skills such as self monitoring to teach individuals how to monitor and change their own behaviors when applicable. Typically the 1st step in the assessment and treatment of severe behavior should be an assessment to determine the reason why the behavior occurs or as behavior analysts say.

40 "Ashley Fuhrman" (497391872)
00:12:17.329 --> 00:12:37.329
The function of the severe behavior. Usually an assessment entails the implementation of a functional analysis or functional behavior assessment where specific and unique variables and possible reasons for severe behavior occurring are tested. And then treatment entails teaching replacement behaviors for severe.

41 "Ashley Fuhrman" (497391872)
00:12:37.329 --> 00:13:08.389
Their behavior, as well as tolerance or coping skills to tolerate periods where a reinforcer maybe unavailable. E.g., favorite ipad needs charging or is broken. Throughout this entire process, there should be a heavy focus on caregiver collaboration to ensure that the procedures being implemented are developed in line with caregiver preferences and are gonna be feasible for caregivers to implement at home and in the community. In addition, there should be an emphasis on generalization and maintenance of treatment.

42 "Ashley Fuhrman" (497391872)
00:13:08.389 --> 00:13:38.209
Thinkings. So making sure that positive outcomes seen in the center and with staff work with caregivers and in the home and community and sustain over time. When teaching replacement behaviors for severe behaviors, there should be focused on communication and functional skills, social skills, and self regulation skills. It's often best to teach in non escalated and positive situations and regularly to have the most successful outcomes.

43 "Ashley Fuhrman" (497391872)
00:13:38.209 --> 00:13:39.509
Okay.

44 "Ashley Fuhrman" (497391872)
00:13:39.509 --> 00:13:59.509
You always want to see individuals responding calmly to severe behaviors. The main purpose of treatment is to focus on the teaching of how safe behaviors are effective ways to communicate wants and

needs. There should also always be a focus on proactive crisis planning for the home and community. Behavior.

45 "Ashley Fuhrman" (497391872)
00:13:59.509 --> 00:14:19.509
Analysts can partner with caregivers to define behaviors, define anecedance or triggers to those behaviors, as well as recommended strategies for staying safe. In a crisis plan, you'll always want to have key contact information and the names of nearby facilities that caregivers would want an individual brought to if.

46 "Ashley Fuhrman" (497391872)
00:14:19.509 --> 00:14:41.219
That the need for an emergency room visit arises. So as I mentioned, prompting is often used in behavior analysis, and one of the more common prompting procedures that you may see AVA providers using is called three step prompting. It's one of those systematic prompting procedures that can be used to help individuals learn new skills.

47 "Ashley Fuhrman" (497391872)
00:14:41.219 --> 00:15:01.219
There are three steps to it. A vocal prompt, a model prompt, and a physical prompt, and you proceed through the steps only as needed. We like to remember these steps by labeling them as instruct, show, and help. So essentially how this works is 1st.

48 "Ashley Fuhrman" (497391872)
00:15:01.219 --> 00:15:21.219
We provide an instruction, we instruct, so e.g., turn the water on. And if within five to 10 s of you providing that instruction, the learner is not able to turn the water on, you can model how to do it. You turn the water on and say, this is how we turn the water on, you try.

49 "Ashley Fuhrman" (497391872)
00:15:21.219 --> 00:15:41.219
And if, if they comply, you see them turn the water on after that 1st instruction, we give really high quality praise and access to reinforcement. And then if you need to provide that model prompt, you wait about another five to 10 s. If you see after that model prompt, they engage in the.

50 "Ashley Fuhrman" (497391872)
00:15:41.219 --> 00:16:01.219
Behavior of turning the water on, you provide praise, great job, that's how we turn the water on. If five to 10 s after that, you don't see compliance with that instruction to turn the water on, then you would just help them do it, use the least amount of physical guidance to follow through with that instruction. And using this kind of procedure of steps one.

51 "Ashley Fuhrman" (497391872)
00:16:01.219 --> 00:16:21.219
Two and three of instruct, show, and help. Regularly, we see that independence with some of those daily living skills and any academic skills all based of course on the family and individual goals on what they want to learn. Independence with it increases after we follow this progression.

52 "Ashley Fuhrman" (497391872)
00:16:21.219 --> 00:16:49.219
Of if you don't know how to do it, I can show you how to do it and then I can help you through it if you haven't done it before. So the next thing I want to do is just share with you several different categories of considerations that I would recommend that people take into account when looking for or evaluating services for a loved one who maybe impacted by severe behavior. I'll discuss considerations to look for from a clinical perspective.

53 "Ashley Fuhrman" (497391872)
00:16:49.219 --> 00:17:14.479
Environmental perspective, safety perspective, and medical perspective. We have a service line at Bluesburgh Pediatrics and Trumpet Behavioral Health called The Behavior Center, which we've been working to expand to provide safe and effective services to families impacted by severe behavior. These services are modeled after the hospital based programs that I mentioned previously, and a few of the critical.

54 "Ashley Fuhrman" (497391872)
00:17:14.479 --> 00:17:46.429
All clinical pieces that we have in place at these programs and that I would find necessary for the safe and effective treatment of severe behavior to kind of look for and when looking for services for severe behavior, you wanna see greater staffing ratios, so a minimum of a two to one registered behavior technician to learner ratio, usually also always an intensive service delivery model. So typically five days a week in between three to 7 h per day depending on age.

55 "Ashley Fuhrman" (497391872)
00:17:46.429 --> 00:18:06.629
Frequency and intensity of severe behavior and the goals of the family. Typically we also see double or more the level of case supervision relative to standard AVA service delivery. This helps ensure consistent oversight by someone who's has specialized training in the assessment and treatment of severe behavior.

56 "Ashley Fuhrman" (497391872)
00:18:06.629 --> 00:18:26.629
Also, highly specialized and customized environments to increase

safety and reduce the necessity for any restrictive interventions. And finally and probably most important high levels of caregiver collaboration to ensure coordination of care and maintenance of the treatment results. And we always opt.

57 "Ashley Fuhrman" (497391872)
00:18:26.629 --> 00:18:37.229
We call it caregiver collaboration instead of caregiver training because we often learn as much if not more from the caregivers as they do from us.

58 "Ashley Fuhrman" (497391872)
00:18:37.229 --> 00:18:57.229
I also want to touch on staff training considerations for these programs with more complex and more intense behaviors comes more complex and intense systems and necessary training to maintain safe and effective service delivery. One of the most complex pieces of training that we have in these programs is on data collection. We take a.

59 "Ashley Fuhrman" (497391872)
00:18:57.229 --> 00:19:14.609
Extremely precise data in terms of breaking down each topography of severe behavior, whether it occurs during periods where they have access to reinforcement or not, and several other aspects that can help us identify the cause of the behavior and therefore the most effective treatment.

60 "Ashley Fuhrman" (497391872)
00:19:14.609 --> 00:19:34.609
Due to the number of behaviors and variables that we need frequency and duration data on simultaneously, we use a combination of paper and computer based data collection systems. Thus, we use Microsoft Excel for our graphs as it's compatible with the laptop data collection software and allows us to create the many different complex.

61 "Ashley Fuhrman" (497391872)
00:19:34.609 --> 00:19:54.609
Those Graphs that we use. When looking for a severe behavior program for a loved one, you should see that the team members of the registered behavior technicians and clinicians have received training on how to create, update and analyze graphs. The data and graphs are updated and analyzed throughout appointments to make sure that we're making moment to moment.

62 "Ashley Fuhrman" (497391872)
00:19:54.609 --> 00:20:28.969
Decision making based on data and based on each individual learner is responding to assessment or treatment. We always want to see low levels of severe behavior, positive affect and a positive experience,

and a progress toward goals. When we're not taking data in the computer based software program, e.g., we're on transitions, restroom visits, breaks outside time. We take paper unit data as we call it. We take data on every single instance of behavior and what time it took place. We also collect data on transitions, bathroom and stools.

63 "Ashley Fuhrman" (497391872)
00:20:28.969 --> 00:20:53.749
Data, client affect, and caregiver presence and participation. I also want to take time to discuss clinical supervision or mentorship. So even with experience in the assessment and treatment of supere behavior, individuals in these programs often present with many unique concerns that often take a much higher level of case management and collaborative clinical supervision.

64 "Ashley Fuhrman" (497391872)
00:20:53.749 --> 00:21:13.759
As such, you wanna see increased clinical supervision structures. 1st, there's a minimum in our programs of hourly data and graph updates and supervision of rbts as they're working with the clients. Clinical team members observe those rbts or registered behavior technicians to ensure that their.

65 "Ashley Fuhrman" (497391872)
00:21:13.759 --> 00:21:39.719
Implementing the protocols correctly and they also assist with protocol implementation regularly throughout an individual's appointment. The clinical director provides daily supervision of all clients and all clinicians and is an active part of the day to day service delivery. If your child receives intensive services for severe behavior concerns, you should know the clinical director very well and see them on site every day.

66 "Ashley Fuhrman" (497391872)
00:21:39.719 --> 00:22:00.979
In addition, we have weekly group supervision where the senior clinical director who supports across sites and I join and we review client progress, discuss next steps, and monitor service delivery. Thus the clinical oversight and programs like this is to ensure safe and effective care, and it involves several clinicians who have specialized training and severe behavior.

67 "Ashley Fuhrman" (497391872)
00:22:00.979 --> 00:22:03.269
Okay.

68 "Ashley Fuhrman" (497391872)
00:22:03.269 --> 00:22:23.269
Oftentimes there's also monthly all clinical group supervision across severe behavior sites if we have more complex cases that we want more

peer review and discussion on to determine the next best steps in assessment and treatment. You'll always want to see that teamwork and bigger access to larger groups of clinicians or behavior analysts who have experience in severe.

69 "Ashley Fuhrman" (497391872)
00:22:23.269 --> 00:22:44.539
Behavior. We want to ensure that we're giving every client our best and dedicating the amount of time needed for case supervision. You may also see several other lines of support and supervision programmed. E.g., video cameras and all therapy spaces such that intervention and crisis scenarios can be monitored and supported by severe behavior clinical staff.

70 "Ashley Fuhrman" (497391872)
00:22:44.539 --> 00:23:04.539
And supervisors across other locations, maybe chat spaces or other forms of communication for each site and each client, so that there can be access to someone to assist, whether that's with, you know, a potential escalation and severe behavior, if there's dangerously high rates of behavior that we can help.

71 "Ashley Fuhrman" (497391872)
00:23:04.539 --> 00:23:36.539
Problem solve, and then also just on call support. These tools provide for on call support and supervision by individuals with five to ten years of experience in this area and help to ensure safe and effective service delivery. Another critical clinical consideration for this population is the importance of rolling out and monitoring co morbid medical conditions. If I could, I would spend the whole presentation time talking about this topic, so I want to cover a few considerations here.

72 "Ashley Fuhrman" (497391872)
00:23:36.539 --> 00:23:53.129
Individuals with autism are more likely to have many different types of health comorbidities. So I will provide you with a few examples and then discuss why this is so important to actively consider for individuals who engage in severe behavior.

73 "Ashley Fuhrman" (497391872)
00:23:53.129 --> 00:24:12.779
So in terms of neurological considerations, individuals with autism can have epilepsy and they are 2.2 times more likely to have severe headaches than typically developing children. Children with autism have a higher incidence of cavities as compared to their healthy siblings.

74 "Ashley Fuhrman" (497391872)
00:24:12.779 --> 00:24:34.399

In addition to cav cavities, bruxism or teeth grinding, and pain from wisdom teeth can cause additional issues. Individuals with ASD are at an increased risk of dental health issues because of restricted diets, lack of independent brushing or flossing or non compliance or severe behavior that occur.

75 "Ashley Fuhrman" (497391872)
00:24:34.399 --> 00:24:37.649
With dental routines.

76 "Ashley Fuhrman" (497391872)
00:24:37.649 --> 00:24:54.779
I know that many more maybe familiar with this comorbidity, but 80 % of children with autism have sleep related disorders or concerns. As we all can probably relate, sleep difficulties can have a domino effect on many other aspects of health and daily life.

77 "Ashley Fuhrman" (497391872)
00:24:54.779 --> 00:25:14.779
I'd also like to note that sometimes these sleep concerns can be caused by medications prescribed for behavioral concerns and or other underlying medical conditions such as sleep apnea. So it's always important to monitor sleep and communicate any changes or concerns to your primary care care.

78 "Ashley Fuhrman" (497391872)
00:25:14.779 --> 00:25:35.749
Another more common medical comorbidity with autism is gastrointestinal concerns or GI concerns. So between 46 and 84 % of children with autism have GI concerns. And those with GI disorders are more likely to also have immune.

79 "Ashley Fuhrman" (497391872)
00:25:35.749 --> 00:25:55.409
Indeficiency. Possible GI conditions that can be seen are acid reflex, constipation, cronese disease, and alterative collitis. Children with autism are also 2.1 times more likely to have frequent ear infections.

80 "Ashley Fuhrman" (497391872)
00:25:55.409 --> 00:26:17.239
There are 1.6 times more likely to have exma or skin allergies. And 1.8 times more likely to have asthma or a food allergy. It's also important to very closely track medications, whether that be new medications, changes to doses or changes.

81 "Ashley Fuhrman" (497391872)
00:26:17.239 --> 00:26:20.459
To delivery times.

82 "Ashley Fuhrman" (497391872)

00:26:20.459 --> 00:26:40.459
Medications can result in untowards side effects such as allergic reactions, opposite of intended effects, and also dental issues. We have seen on several occasions that a medication prescribed for behavior concerns and some individuals can result in an increase in aggressive or self injurious behavior.

83 "Ashley Fuhrman" (497391872)
00:26:40.459 --> 00:27:00.459
But as we consider all of these possible comorban medical conditions with autism, and then you think about the population of individuals who have profound autism and who have limited vocal verbal capabilities, you can imagine yourself in a situation where you maybe experiencing symptoms of a GI cons.

84 "Ashley Fuhrman" (497391872)
00:27:00.459 --> 00:27:20.459
Or lack of sleep or a migraine headache or minsteral cramp period or period minsteral campaign, and being unable to communicate that to someone or get access to things that may help relieve that type of pain. So this is really important to think about all of these comorbidities and behavior analy.

85 "Ashley Fuhrman" (497391872)
00:27:20.459 --> 00:27:51.239
Those who are assessing and treating severe behavior should regularly be providing resources and tools for caregivers on how to think about these things, but also collaborating and coordinating care, which I'll talk a little bit more about. So although there's been work by behavior analysts in this area in terms of providing recommendations for practitioners or experimental examples of co orbid conditions or medications having an impact on severe behavior, we certainly need more work and advocacy in this particular area.

86 "Ashley Fuhrman" (497391872)
00:27:51.239 --> 00:28:11.239
Given that considering the medical needs of clients and ensuring that medical needs are assessed and addressed as part of the ethics codes for be or the ethics code for behavior analysts, we need to ensure that behavior analysts are advocating for all of the individuals that they serve and the extra support and coordination of care that they likely need.

87 "Ashley Fuhrman" (497391872)
00:28:11.239 --> 00:28:31.939
Need. This topic is especially important when it comes to severe behavior because it is possible that severe behavior, especially when identified as automatically maintained or that, you know, we're, we're unable to identify an observable reason for the behavior. We're unable to identify situations.

88 "Ashley Fuhrman" (497391872)
00:28:31.939 --> 00:28:51.939
Is that can kind of create the severe behavior and then stop the severe behavior. This is a reason for the occurrence of the behavior sometimes is an underlying medical condition. So over the years I've seen many cases where the treatment of a suddenly identified medical condition, e.g., a GI infection.

89 "Ashley Fuhrman" (497391872)
00:28:51.939 --> 00:29:15.379
Really severe cavities or an ear infection has resulted in an immediate decrease in the severe behavior, e.g., biting or head hitting without behavioral intervention. And it's also important to note that the behavior is not always associated with where the medical condition maybe. So, I think historically we have thought that if an individual.

90 "Ashley Fuhrman" (497391872)
00:29:15.379 --> 00:29:35.849
Will maybe engaging in self injury such as punching their stomach that they maybe have some type of stomach pain. There's not much data to say that where they are engaging in self injury toward, there, there could be a underlying medical condition there. So what I mean is that an individual with.

91 "Ashley Fuhrman" (497391872)
00:29:35.849 --> 00:29:55.849
Difficulties or pain from migraines that they're unable to communicate. It may not be head banging or head directed self injury that you see. It could be other body locations that are impacted. So another example if there's chronic ear infections and pain from that, it may not be self injury directed at the ear.

92 "Ashley Fuhrman" (497391872)
00:29:55.849 --> 00:30:09.329
May just be any type of behavior, can also be aggression or property destruction that is a result of maybe being overwhelmed with the pain from any of those possible conditions.

93 "Ashley Fuhrman" (497391872)
00:30:09.329 --> 00:30:29.329
So this is why I always recommend collecting data on variables that can assist medical professionals in identifying and treating co orbid conditions. This should be a standard part of care for the assessment treatment of severe behavior. So e.g., we take bathroom data for every client using the Bristol stool chart and we also monitor any.

94 "Ashley Fuhrman" (497391872)
00:30:29.329 --> 00:30:59.509

What changes that we see before during or after the restroom, and this helps us to be able to provide GI doctors with information on possible co occurrence of severe behavior and GI concerns. If applicable, we also track emithesis or vomiting and rumination and medication changes very, very closely, demographically depict all of these data such that we can analyze changes in behavior or the severe behavior that we're assessing and treatment.

95 "Ashley Fuhrman" (497391872)
00:30:59.509 --> 00:31:04.889
In correlation with any of these other things that maybe going on.

96 "Ashley Fuhrman" (497391872)
00:31:04.889 --> 00:31:24.889
We also recommend collaborating with caregivers on how to take data on these important aspects of their child's behavior and provide them with the resources to do so. So we send binders back and forth and ask caregivers to complete daily sleep logs, bathroom data collection, and tracking of medication delivery. We then graph these data to be able to detect.

97 "Ashley Fuhrman" (497391872)
00:31:24.889 --> 00:31:29.579
Possible changes and variables behind those changes.

98 "Ashley Fuhrman" (497391872)
00:31:29.579 --> 00:31:49.579
Finally, we closely coordinate care with medical providers by initiating communication before an admission and then sharing data, whether that be stool data, data, seizure data or behavior data. We also offer to attend appointments and or help advocate for specialist workups by providing families with referral letters that describ.

99 "Ashley Fuhrman" (497391872)
00:31:49.579 --> 00:32:16.639
Of the frequency and intensity of behaviors and our need to rule out underlying contributing medical conditions. Your BCBA providers should be collaborating with you and with your medical providers to help rule out underlying medical conditions and advocate for healthcare access to rule out possible conditions. In a few circumstances we've seen that individuals who maybe impacted by severe behavior are unable to safely.

100 "Ashley Fuhrman" (497391872)
00:32:16.639 --> 00:32:36.639
They get to a doctor's appointment or safely tolerate procedures that maybe necessary to rule out those underlying medical conditions, so it can sometimes turn into this vicious cycle of we think there could be something medical going on, but we're not able to get to the medical provider or tolerate the medical procedures.

101 "Ashley Fuhrman" (497391872)
00:32:36.639 --> 00:33:10.249
So it really is a very, team oriented approach in terms of the behavior analysts, the caregivers, the medical providers of problem solving in those situations of how we can help an individual tolerate some of those procedures and tools that we can use to have access to reinforcement during that, and, and build up the, the tolerance for things that will help them get access to the, the health care that they may need. But across all of these clinical considerations that I'm discussing, you all.

102 "Ashley Fuhrman" (497391872)
00:33:10.249 --> 00:33:26.339
Always want to make sure that providers are placing a huge emphasis on individualizing the assessment and treatment process to fit the unique needs and preferences of each learner and their family. So services should be based on individual preferences, their existing strengths.

103 "Ashley Fuhrman" (497391872)
00:33:26.339 --> 00:33:45.839
Both the individual and caregiver goals for services and then age and what the natural environment that that they are in is. Individualizing means that behavioral analysts are taking the time to ask about and learn those preferences and circumstances regularly throughout a service relationship.

104 "Ashley Fuhrman" (497391872)
00:33:45.839 --> 00:34:03.749
Behavior analysts should be setting clients up for success by designing goals that are individualized, attainable, and have a low likelihood of evoking emotional or severe behavior, and then slowly increasing those goals over time and taking taking steps back as needed.

105 "Ashley Fuhrman" (497391872)
00:34:03.749 --> 00:34:23.749
So just to provide a couple of tangible examples, I want to walk through a couple of situations. Let's just say that there's a new learner whose favorite item is the ipad. They currently have continuous access to it all the time and one of the goals for the family is to reduce usage of it to increase opportunities for school tasks or.

106 "Ashley Fuhrman" (497391872)
00:34:23.749 --> 00:34:45.649
For learning opportunities. Rather than having the 1st step be teaching the learner to tolerate someone taking the ipad away to go and do these nonpreferred tasks, there should be a focus on teaching the learner how to give them the item to someone themselves. So for a

period of time, a learner giving the ipad to an adult when they say give it to me or it's time for it.

107 "Ashley Fuhrman" (497391872)
00:34:45.649 --> 00:35:17.029
Break should result in them getting that ipad right back. So we should take small steps and set the learner up for success by showing them that giving the preferred item does not mean that they're not going to get it back. Or we can teach the learner to place it into a bucket or a location that they understand nobody else is going to take it while they take a break from it. Providing choices in these situations should be a priority for providers. And if teaching how to give up the ipad maybe too difficult of the 1st step, we can teach how to relinquish lesser preferred.

108 "Ashley Fuhrman" (497391872)
00:35:17.029 --> 00:35:46.229
Items 1st, like blocks or something else that they like to play with, but don't get as upset about when they have to take a break with it for something else. It has another but kind of similar example that's consider consider a learner who has a difficult time transitioning from playtime to learning activities and engages in severe behaviors so aggression or self injury when asked to come sit down for academic activities or learning opportunities when playing.

109 "Ashley Fuhrman" (497391872)
00:35:46.229 --> 00:36:06.229
Instead of requiring the learner to follow through with that instruction to go to the table and do some learning activities and then have them go back to play after completing work, the focus should be placed on teaching that transition. So that is the process moving from a really fun activity to a not so fun activity. We're just transition.

110 "Ashley Fuhrman" (497391872)
00:36:06.229 --> 00:36:28.669
Questioning between activities in general. So this is the focus on individualization. It depends on what the exact goals are for that learner and how can we break it up to make it more enjoyable and set the learner up for success. So e.g. here, we may want to focus on teaching how to move from.

111 "Ashley Fuhrman" (497391872)
00:36:28.669 --> 00:36:46.319
Play in one area to play in another area. We don't want the table or the transition itself to be a negative experience. So do we 1st need to work on just transition in generals, but in general, but transitions from high preferred activities to other high preferred activities?

112 "Ashley Fuhrman" (497391872)
00:36:46.319 --> 00:37:07.339
Or we can focus on the transition itself. So maybe the 1st step is I just, we're gonna take a step away from the play area and perfect, we do that safely, we can go right back to the play area. And then gradually over time, we're just gonna get a little bit closer and a little bit closer to the table before going back to go take a break to play. And then very.

113 "Ashley Fuhrman" (497391872)
00:37:07.339 --> 00:37:27.339
Lowly you know we're not once we get to the table, we're not gonna come and do a whole ten minutes of really hard work. We may do some preferred activities, but maybe just one real quick and then we get to go back to play. And then we'll do two and then go back to play. And we're, we're increasing the steps and their goals based on positive aspects, so not.

114 "Ashley Fuhrman" (497391872)
00:37:27.339 --> 00:37:49.279
Not being upset about it and just success with that safe transition safe behavior. I'm another example of what providers can do here and that you want to be seeing a lot of when you're looking for assessment treatment of super behavior, given the individual learner choices. So, hey, when we go to the table, we can sit in this chair, this chair, we can sit on a yoga ball.

115 "Ashley Fuhrman" (497391872)
00:37:49.279 --> 00:38:09.279
Or maybe we're just not sitting on the table. We're gonna sit on a rug right next to the workspace and do some, some learning tasks. So basically we just want to take one goal, you know, maybe tolerate some instructions at the table and break it down into a lot of different steps instead. So goals, that one goal could be broken up into.

116 "Ashley Fuhrman" (497391872)
00:38:09.279 --> 00:38:37.220
Maybe five to six to seven different goals depending on where that learner is at and and the steps that we can take to make sure that they not only learn those skills that are gonna help them meet goals, but also they have a positive experience with it and that we don't have too high of expectations. So just one more quick example with it. It's also important for providers and families to work together to determine what behaviors are dangerous.

117 "Ashley Fuhrman" (497391872)
00:38:37.220 --> 00:39:04.670
And unsafe and need reduction versus ones that we probably don't need to intervene on. So, e.g., let's say that there's a learner who has specific preferences for clothing. So always loves to wear sweat pants

and does not tolerate changing to shorts or other clothing when it maybe too hot for sweat pants. Of course, in different seasons and different geographical locations, it maybe perfectly fine to wear sweat.

118 "Ashley Fuhrman" (497391872)
00:39:04.670 --> 00:39:07.200
Cancel Day.

119 "Ashley Fuhrman" (497391872)
00:39:07.200 --> 00:39:24.930
But in some climates, it may present a health risk to wear sweat pants during hot summer months and outside activities maybe required. So in these situations, we want to make sure that 1st we are providing choices for the alternate selection, so different patterns, different fabrics, different lengths of shorts.

120 "Ashley Fuhrman" (497391872)
00:39:24.930 --> 00:39:44.930
And let's say hypothetically speaking that the learner will put on some shorts, but is visibly uncomfortable. They're not engaging in severe behavior, but they're crying, they're trying to like pull down on the shorts, clearly not preferring wearing them. Instead of focusing on compliance with wearing those shorts, perhaps we could find lighter weight.

121 "Ashley Fuhrman" (497391872)
00:39:44.930 --> 00:40:04.930
Pants. Remember, they're like break free wind breaker pants, this is the best picture I could find to represent them. You know, allows a little bit more airflow, maybe we can do that. Or even modify the pants that they do like. So can we roll them up slowly and work on tolerating slow steps towards shorts instead of just jumping straight towards something that the learner's not comfortable.

122 "Ashley Fuhrman" (497391872)
00:40:04.930 --> 00:40:24.150
Or we can even look at other modifications and considerations to help them stay safe in the heat. Like, are we wearing tank tops or a lighter weight top extra water, a little fan to carry around. So we want to make sure again that our expectations are realistic, and in line with what the learner's unique preferences are.

123 "Ashley Fuhrman" (497391872)
00:40:24.150 --> 00:40:44.150
So when working with caregivers, behavior analysts should be providing lots of tools to support understanding what happens in the home and when they are not in services with them. So data collection from caregivers is one great way to do that. Two applications for phones that can work really well are county and tally flags.

124 "Ashley Fuhrman" (497391872)
00:40:44.150 --> 00:41:18.740
However, it may not always be straightforward how exactly behavior should be broken up for data collection. So behavior analysts should work with caregivers to individualize data collection and help caregivers learn how to navigate the applications in the most helpful way. Another helpful item to take data on, as I mentioned briefly previously, is sleep. So to do this, behavior analysts can provide caregivers with sleep blogs. And here's an example of what a sleep blog might look like, can provide the behavior analyst information each day on how the individual slept the day before, if they take snaps.

125 "Ashley Fuhrman" (497391872)
00:41:18.740 --> 00:41:25.170
Role and and how changes in sleep may result in changes in behavior the next day.

126 "Ashley Fuhrman" (497391872)
00:41:25.170 --> 00:41:41.340
Caregivers should also learn how to use tools such as reinforcement or non contingent reinforcement to decrease the likelihood of severe behavior occurring during lower preferred but necessary activities like doctor's appointments or car rides or bathing.

127 "Ashley Fuhrman" (497391872)
00:41:41.340 --> 00:41:56.760
And we also want to make sure that caregivers are given tools to use differential reinforcement and examples of how to focus on positive and preferred interactions for safe behaviors and avoiding schoolding or big reactions to the severe behavior or the dangerous behaviors.

128 "Ashley Fuhrman" (497391872)
00:41:56.760 --> 00:42:16.350
They also want to make sure that behavior analysts are always providing resources to caregivers. So there's lots lots of different examples and I'll show a couple at the end of my presentation, but there's an autism speaks challenging Behavior toolkit. There's something called the September 26 project and they have, checklists for safety considerations.

129 "Ashley Fuhrman" (497391872)
00:42:16.350 --> 00:42:36.350
So one of the last topics that I want to share considerations with you on today is client and staff safety. So safety is of utmost importance and is a necessary topic to consider when assessing and treating severe behavior that can result in imminent risk of severe harm to self and others. So a majority of.

130 "Ashley Fuhrman" (497391872)
00:42:36.350 --> 00:42:56.350
Our training recommendations are foc focused on proactive or anacident strategies to decrease the likelihood of crisis events and the need for any type of restrictive intervention. We focus on awareness and prevention skills, beginning with teaching staff members environmental awareness, so understanding the layout of the area, safetime.

131 "Ashley Fuhrman" (497391872)
00:42:56.350 --> 00:43:22.220
Here for them to wear, as well as proper positioning to keep themselves and their clients safe. Also a heavy focus on healthy contingencies such as providing choice, frequent access to preferred items and activities and explanation of active of contingencies. So what's gonna happen, and in addition, we ensure that every therapist has access to protective padding and equipment.

132 "Ashley Fuhrman" (497391872)
00:43:22.220 --> 00:43:42.220
That fits them correctly to protect themselves from bodily fluids and aggressive behavior if that is a concern for the learner. So we always require a minimum amount of personal protective equipment and padding for team members, which is different for each unique client based on their referral concerns and associated risks. We never play.

133 "Ashley Fuhrman" (497391872)
00:43:42.220 --> 00:44:02.220
Does any of this protective equipment on the learners rather would use soft blocking pads to help block their heads or bodies from wall object or floor directed self injury if necessary. The use of this padding allows us to avoid the need for the use of restrictive interventions in a majority of escalated crisis scenarios.

134 "Ashley Fuhrman" (497391872)
00:44:02.220 --> 00:44:21.960
Team members are trained in crisis management responses that include blocking aggressive and self injurious behaviors and safe techniques to release hair poles and grabs and bites. Team members receive training on de escalation techniques and restrictive interventions in the event that they're needed to maintain safety despite the use of all other least restrictive strategies.

135 "Ashley Fuhrman" (497391872)
00:44:21.960 --> 00:44:41.960
Right along with safety considerations come environmental considerations. The way the environment is laid out can be just as important as the way that we decide to train safety skills for team members. Settings that we maybe more used to include bright open areas with a lot of preferred items and space for several individuals to share.

136 "Ashley Fuhrman" (497391872)
00:44:41.960 --> 00:45:01.960
Someone focused on serving individuals impacted by severe behavior, a few things in these types of settings typically catch my eye. So are there big windows and easily accessible areas that are made with glass that can be broken if something is thrown at it or someone hits it? Is there furniture with metal legs that's easy to throw and potentially easier to harm others or.

137 "Ashley Fuhrman" (497391872)
00:45:01.960 --> 00:45:29.720
Property with if tossed. Is there non secured furniture or extra materials that do not need to be out that can cause additional hazards? Are there things hanging on the walls or ceilings that can be safely or that can be easily ripped down and cause an unnecessary crisis situation? Those are just a few reasons why sometimes there are specialized environments for the assessment and treatment of severe behavior. Padding on walls allows for self injurious and destructive behaviors to occur more safely without.

138 "Ashley Fuhrman" (497391872)
00:45:29.720 --> 00:45:49.720
Damage or injury. One way observation windows and intercom systems allow for immediate supervision and guidance during sessions, as well as individuals to have their own space and their quiet space if they want it. We're continuously always evaluating and improving the presentation of these spaces to make them as comfortable in inviting for learners and their family.

139 "Ashley Fuhrman" (497391872)
00:45:49.720 --> 00:46:20.510
As possible. Adding screen printed images to the padding light covers, strip lights that the learner can choose the color of and soft comfortable seating are a few ways to do that. In addition to lots of big open spaces for play and the ability to go play outside in a safe space too. I want to make sure that I share a few tangible resources that maybe helpful for any individuals or organizations, you know, looking to expand access to severe behavior services as well as caregivers who are looking for severe behavior.

140 "Ashley Fuhrman" (497391872)
00:46:20.510 --> 00:46:39.930
Your services. So the national Council on national Council on severe autism is one of the organizations that I've mentioned that provides great resources to families. They have many helpful webinars, blogs, and crowdsourced resource lists of providers in each state that serve individuals with profound autism.

141 "Ashley Fuhrman" (497391872)

00:46:39.930 --> 00:46:59.930
The profound autism alliance, as I mentioned, is doing incredible advocacy work for this population and also offers helpful resources to share with families such as caregiver and sibling networks that you can communicate in. In addition, they provide opportunities to share stories and contribute toward advocacy efforts at state and.

142 "Ashley Fuhrman" (497391872)
00:46:59.930 --> 00:47:21.210
To federal levels. I also have the opportunity to contribute to an autism speaks project focused on the assessment and treatment of severe behavior, and I'm sharing here the link to a toolkit that was created at records for developing the severe behavior program. It, you know, provides things that should be taken into account when looking for a provider who serves severe behavior.

143 "Ashley Fuhrman" (497391872)
00:47:21.210 --> 00:47:41.210
And the toolkit also has, other recommendations in terms of standard of care for severe behavior and things that both providers and caregivers can consider. So that is everything that I had to share with you today. I appreciate your attention and you joining us so much. I am gonna include my contact information here.

144 "Ashley Fuhrman" (497391872)
00:47:41.210 --> 00:48:01.281
This is my email address. I would be more than happy to answer any questions, provide any resources, and, just be able to be available to you for, for anything that you may have come up after today's presentation. So thank you so much for having me.

145 "Embriano, Alana" (3672710400)
00:48:01.281 --> 00:48:23.540
Thank you so much. I think we have a couple of questions here. So, looks like one question pertains to, is there a due date in terms of years of age that this has to be modified or otherwise it won't? I'm assuming this it pertains to.

146 "Embriano, Alana" (3672710400)
00:48:23.540 --> 00:48:28.642
To ABA and severe behaviors. I have heard three years old.

147 "Ashley Fuhrman" (497391872)
00:48:28.642 --> 00:48:33.105
There's a limit as like an.

148 "Embriano, Alana" (3672710400)
00:48:33.105 --> 00:48:47.501
Age cap for services? I think I'm not sure if that's the meaning of the question. I I think maybe it could be I've heard this before where

people have the misconception that after age three AVA doesn't work quite as well.

149 "Ashley Fuhrman" (497391872)
00:48:47.501 --> 00:49:09.860
Well or the interventions won't be effective. Understood. Okay. Yep, I can speak a little bit to that and hopefully get to, the, the answer that you're looking for with that question. ABBA can certainly be effective with learners over the age of three. I also do want to mention and probably should have mentioned.

150 "Ashley Fuhrman" (497391872)
00:49:09.860 --> 00:49:41.180
In the presentation that some severe behaviors are common for typically developing children. I actually just saw a study last night that came out recently that was kind of a survey of typically developing individuals without ASD, and, and how much severe behavior they engage in. So, e.g., I have a three year old at home and sometimes he'll try to bite or hit or, you know, it's a typical part of development. And so you always want to make sure that the behavior analysts are also.

151 "Ashley Fuhrman" (497391872)
00:49:41.180 --> 00:49:58.380
So looking at how old is the learner and what is developmentally appropriate in terms of severe behavior and intensity of it. You know, obviously if it's causing significant harm, it's something that should be addressed, but we also don't want to have unrealistic expectations in terms of the frequency of it.

152 "Ashley Fuhrman" (497391872)
00:49:58.380 --> 00:50:18.380
But yeah, absolutely. Actually, most of the individuals that I've served with severe behavior has been older. So right now we serve anywhere from three to 30 plus, we don't have an aged cap, and we've seen success in terms of seeing 85 % plus reductions in.

153 "Ashley Fuhrman" (497391872)
00:50:18.380 --> 00:50:45.668
The severe behavior for learners of, of all ages. And the process might look a little different. It's certainly I think in some situations, a maybe quicker process and easier process for younger learners, because they don't have as, as long of a period of time of history of engaging in the behavior, but, but it can be effective across all agents.

154 "Embriano, Alana" (3672710400)
00:50:45.668 --> 00:51:07.827
Thank you so much. Another question was pertaining to sleep. Other than melatonin, what else can be done for sleep issues? This listener

has twins who sleep very little. There's some rocking done at nighttime and those are sorts of, if they intervene, it gets worse and.

155 "Ashley Fuhrman" (497391872)
00:51:07.827 --> 00:51:24.840
The child gets upset. Oh yeah, that is tough. Sleep sleep difficulties are definitely tough for, for everybody involved and with twins too I can only imagine. So, I I, my 1st recommendation is always just to make sure that there's very.

156 "Ashley Fuhrman" (497391872)
00:51:24.840 --> 00:51:41.010
Heavy communication with the primary pediatrician, and as much kind of detailed information that you can provide in terms of the impact of the sleep is gonna be the most helpful for the provider to be able to understand the severity of it. So e.g..

157 "Ashley Fuhrman" (497391872)
00:51:41.010 --> 00:52:01.010
Googling a sleep log, or even if you want to email me, I can send you a sleep log. Completing a sleep log to show the pediatrician, this is how long it takes to fall asleep, this is how many times they're waking up in the middle of the night. You know, I, I hesitate to make specific recommendations, one to make sure that I'm not providing.

158 "Ashley Fuhrman" (497391872)
00:52:01.010 --> 00:52:32.870
In medical recommendations because I'm a behavior analyst, but two without knowing individual learners and and what maybe the, the difficulty, but sometimes it can be medical conditions, so, and not to keep bringing up my own children, but, my oldest had obstructive sleep appnea and I didn't know it for the longest time. I just picked up on kind of the loud snoring and some pauses in breathing, and he had severe sleep experiences and, when I kind of escalate.

159 "Ashley Fuhrman" (497391872)
00:52:32.870 --> 00:52:55.130
To his primary pediatrician. Long story short, he ended up getting his tonsel's nadnoids removed. He NO longer has obstructive sleephanea, and he also NO longer has any sleep issues. So we were using melatonin regularly, but then we got the right medical assessment and intervention and now we don't have to use the melatonin. So, there can be a lot of things medically to consider, which is why.

160 "Ashley Fuhrman" (497391872)
00:52:55.130 --> 00:53:14.613
So it's important to just keep bringing it up to your pediatrician and if you feel like the response isn't, you know, what you're looking for or maybe you're, maybe it's not interpreted as, as serious as it is to

just keep calling and keep sharing information on, on how difficult difficult it is.

161 "Embriano, Alana" (3672710400)
00:53:14.613 --> 00:53:38.990
Okay thank you. I think there's just two more questions. The next one is my son's behavior issue, has behavior issues. He just started in home ABA yesterday. How do you feel about in home ABA differing from, sorry about that, my question just disappeared. Hold on 1 s.

162 "Embriano, Alana" (3672710400)
00:53:38.990 --> 00:53:55.302
The Difference between essentially in home versus in clinic AVA. There's also a question about using, medications for children under the age of six when there's NO research, which I'm not sure you can speak.

163 "Ashley Fuhrman" (497391872)
00:53:55.302 --> 00:54:16.760
Yeah, yeah, I'm happy to speak to how I can with them again just clarifying that I I don't have medical training. I just have worked with a lot of individuals with severe behavior and have had the opportunity to collaborate and learn from, some of the medical providers in those situations. So always with medical.

164 "Ashley Fuhrman" (497391872)
00:54:16.760 --> 00:54:33.360
Concerns and medication concerns defer to your prescribing physician primary physician, but also if you feel like it's not the answer that you're looking for, maybe you're not being taken as seriously as you want to, it's always ok to seek a 2nd opinion as well.

165 "Ashley Fuhrman" (497391872)
00:54:33.360 --> 00:54:53.360
But really good question on the in home versus in clinic, and I probably should have clarified this a little bit at the beginning too. In the settings that I'm working with and that the behavior centers have in, in this organization, we're working with families who usually have been, you know, discharged from other.

166 "Ashley Fuhrman" (497391872)
00:54:53.360 --> 00:55:27.170
They're lesser intensive AVA services, so in home typically for the level of severity and the frequencies of the behaviors that we're seeing, you know, there's there's often varied frequent 911 calls emergency room visits, significant injuries from aggression and significant injuries from self injury. So I think it really depends on each individual learner how severe and frequent the behavior is and whether that is a safe and effective environment to be able to do it. So I think for a lot of individuals.

167 "Ashley Fuhrman" (497391872)
00:55:27.170 --> 00:55:47.170
In home, is great and has been effective and can be effective. But if you have safety concerns about it being in home, so, you know, e.g., in some of the rooms and some of the locations why we may have padding on the wall, you know, if a, if a learner were to put a hole in the wall or rip a mirror off the.

168 "Ashley Fuhrman" (497391872)
00:55:47.170 --> 00:56:07.170
Wall and throw the mirror. That would present a lot more dangerous situation that there would have to be more intervention in as opposed to an environment where that they can engage in the behavior safely. Nobody's gonna get hurt and there's not a need to have, you know, like a big reaction to it or have to like physically guide the learner at all. So I think it, it just depends on.

169 "Ashley Fuhrman" (497391872)
00:56:07.170 --> 00:56:37.070
On whether or not you think it's safe and you think it's effective, but it definitely can be if it's, if it's a environment where safe and effective care can be delivered. And it maybe an ongoing process to evaluate that, kind of see how it goes. But always, always ask your providers of, do you think this is safe? I'm concerned about this. You know, we, we always want families talking to us about questions they have or concerns that they might have so that we can partner together and figure out what the best solution is.

170 "Ashley Fuhrman" (497391872)
00:56:37.070 --> 00:56:57.070
And then in terms of the, the medications for under six, I will say because of the frequency and intensities of severe behavior that I'm usually seeing, again, individuals who likely cannot be in school, some of them can't be at home and maybe in residential or group home settings, because.

171 "Ashley Fuhrman" (497391872)
00:56:57.070 --> 00:57:18.680
Is the severity of it. There, there have been quite a few individuals who have been on medications in our under six. I've seen that typically it's a little bit less common for four and five year olds. But when it comes to behaviors that can be life threatening, like head banging onto the concrete ground or to the.

172 "Ashley Fuhrman" (497391872)
00:57:18.680 --> 00:57:38.680
All very severe behaviors, it, it maybe something that that a primary physician or prescribing physician would consider. But a hundred percent I always encourage parents and providers who partner with

parents to really advocate for, ok, if we're gonna go this route of, you know.

173 "Ashley Fuhrman" (497391872)
00:57:38.680 --> 00:57:58.680
Looks like tropic medication for an an early learner. Have we taken out, taken all of the steps to rule out possible underlying medical conditions? So do we know that there's NO chronic air infections or sinus issues or GI concerns? You know, is there severe constipation? Is there.

174 "Ashley Fuhrman" (497391872)
00:57:58.680 --> 00:58:19.773
Possibility of seizures or headaches and other things that could be contributing to it. I think it's perfectly acceptable for parents to really advocate in push in those situations to make sure that underlying medical content conditions have been ruled out prior to seeking medical medication intervention or even intensive severe behavior services like we.

175 "Embriano, Alana" (3672710400)
00:58:19.773 --> 00:58:36.559
Yeah. Thank you so much. And I know we only have a minute or two left, but there's one last question, which is just like, are there any available, supports or resources for adults with autism specific.

176 "Ashley Fuhrman" (497391872)
00:58:36.559 --> 00:58:58.640
Instead of children. Yeah, I think the, the national Council and severe autism and the profound autism Alliance do have a lot of really good resources in terms of lists of providers who, who serve different age ranges. At the behavior centers that we have, we serve all age ranges, so we serve adults, but it.

177 "Ashley Fuhrman" (497391872)
00:58:58.640 --> 00:59:14.850
Can sometimes be more difficult to find providers who will serve older individuals, whether that be twelve plus, 16 plus 18 plus, and you know that can be for a variety of different reasons, whether that be, you know, like state regulations or.

178 "Ashley Fuhrman" (497391872)
00:59:14.850 --> 00:59:34.850
Funding limitations and there's, there's a lot of different things that can contribute to that, but they they are much more limited for adults and I think that's something that we're very passionate about as well as those organizations like autism speaks, profound autism alliance, and national council, and severe autism are all, they're all.

179 "Ashley Fuhrman" (497391872)
00:59:34.850 --> 00:59:45.154
Cating for, you know, like governmental changes to, to, to provide access to care for learners who are older and age.

180 "Embriano, Alana" (3672710400)
00:59:45.154 --> 01:00:15.438
Well, thank you so much everyone for attending and thank you so much, dr. Ferman for providing all this wonderful information. Again, if anyone has questions about therapies discussed today or questions we were unable to answer due to time, please contact the autism team by calling the number on your insurance card. Please make sure to mark your calendars to join us next month on Thursday 11 July 2024, where we will be discussing navigating the special education system. Thank you very much.

181 "Ashley Fuhrman" (497391872)
01:00:15.438 --> 01:00:19.080
Thank you much and have a great day. Thank you.