AHCCCS ASD Advisory Committee
April 10, 2019 Meeting Notes

Notes compiled by Sharon Flanagan-Hyde, Facilitator—sharon@flanagan-hyde.com

Participants

Note: Due to technical difficulties, the names of individuals participating via WebEx might not be listed below. If your information below is incorrect or if you were on the phone and not listed here, please contact Sharon— sharon@flanagan-hyde.com

1. Aaron Blocher-Rubin, PhD, BCBA/LBA, Chief Executive Officer, Arizona Autism United
2. Alexis Susdorf, Executive Assistant to the President and Chief Executive Officer, Southwest Autism Research & Resource Center (SARRC)
3. Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, HOPE Group, LLC
4. Anne Ronan, Attorney, Arizona Center for Law in the Public Interest
5. Bohdan Hrecznyj, MD, Children's Medical Administrator, Steward Health
6. Brian Kociszewski, M.Ed., BCBA, Interim Director, Specialized Needs Unit, Aurora Behavioral Health System
7. Brian van Meerten, MEd, BCBA, LBA, Partner in Community Relations and Employee Well Being, Kaibab Behavioral Services
8. Cameron Cobb, MSW, Senior Manager, Children's System of Care, Banner University Health Plans
9. Christopher Smith, PhD, Vice President and Research Director, Southwest Autism Research & Resource Center (SARRC)
10. Cody Conklin, MD, FAAP, Chief Medical Officer, Office of Chief Medical Officers, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
11. Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix, Parent
12. Dana Hearn, Assistant Director, Arizona Health Care Cost Containment System (AHCCCS)
13. David Harvey, PhD, LPC, Founder, Vantage Point Behavioral Resources
14. Dennis Friedman, DO, Physician, Parent
15. Diana Davis-Wilson, DBH, BCBA, LBA, Arizona Association for Behavior Analysis (AZABA)
16. Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition, Parent
17. Eric Tack, MD, MCH EPSDT Program Manager, Arizona Health Care Cost Containment System (AHCCCS)
18. Ginger Ward, MAEd, Chief Executive Officer, Southwest Human Development
19. Jared Perkins, MPA, CEO, Children's Clinics; President, Autism Society of Southern Arizona
20. Jeff Skibitsky, M.A., BCBA, LBA, CEO, Alternative Behavior Strategies
21. Jennifer Blau, Child System of Care, Banner University Family Care

22. Jennifer Drown, Insurance Billing and Coding Supervisor, HOPE Group
23. Joyce Millard Hoie, MPA, Consultant, Parent
24. Judith (Judie) Walker. Program Support Administrator, Office of Grants & Project Management, Division of Health Care Management, Arizona Health Care Cost Containment System (AHCCCS)
25. Karrie Steving, Children's System of Care Administrator, Mercy Care
26. Kellie Bynum, Program Director, Southwest Autism Center of Excellence (SACE), Southwest Behavioral & Health Services
27. Kelly Lalan, Steward Health Choice Arizona
28. Kim Dionne, Project Manager, Child and Family Support Services
29. Kimberly Jones, Behavioral Health Area Director, CPES
30. Leslie Paulus, MD, PhD, FACP, Medical Director, UnitedHealthcare Community Plan
31. Lindsey Zieder, Children's Special Projects Lead, Mercy Care
32. Megan Woods, MEd, BCBA, LBA, Behavior Analyst, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
33. Paul Carollo, MC, NCC, LPC, BHP, Program Manager, Child & Family Support Services
34. Sara Salek, MD, Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS)
35. Scott Parker, Centria Autism
36. Sharon Perugini, PhD, Ed.S., Psychologist, Children's Developmental Center, Southwest Human Development
37. Tatyana Farietta-Murray, MD, Children's Behavioral Medical Director, Medical Management, Arizona Complete Health
38. Terry Matteo, PhD, Clinical Child Psychologist
39. Terry Randolph, Children's Healthcare Administrator, Arizona Complete Health
40. Tresure Phillips, Children's Behavioral Health Care Manager, Banner University Family Care

Presentations on Treatment Approaches

Slides for each presentation are attached to the e-mail with these notes.

Alternative Behavior Strategies Integrative Model

Jeff Skibitsky, M.A., BCBA, LBA, CEO, Alternative Behavior Strategies

Children's Developmental Center/Southwest Human Development: DIR® Floortime Approach

Sharon Perugini, PhD, EdS and Terry Matteo, PhD

Information about DIR® Floortime is attached to the e-mail with these notes.

Using Multiple Modalities to Address Behaviors, Social Cognitive Issues, Anxiety and Depression

Paul Carollo, MC, NCC, LPC, BHP, Program Manager and Kimberlee Dionne, Program Manager, Child & Family Support Services

Q&A with All Presenters

- Monitoring progress with DIR® Floortime: Progress is monitored in terms of the child's capacity level. Speech and language assessments are not part of formal monitoring, but team members work with occupational and speech therapists, look at records, and do formal assessments if indicated.
- DIR® Floortime and older children: SWHD works only with children birth to five, but schools across the country use DIR with children from elementary school through high school. Strategies and interventions depend on where the child is on the capacity ladder.
- DIR® Floortime and children with complex medical needs: Takes into consideration with how conditions affect all aspects of development. Children with complex medical needs can fully benefit.
- Alternative Behavior Strategies and collaboration: Work as a team with occupational and speech therapists, focusing on shared treatment goals; ABA adds value to OT and speech.
- Child & Family Support Services and working with foster children: Look at the child's plan and work with primary caregiver(s). For some children, the therapist may be the most consistent person in the child's life.
- Child & Family Support Services and nonverbal children: Grey area—a lot of therapy is talk focused. Assess family dynamics in the home and school settings; onboard parents and siblings in counseling component.
- How do all three programs address transitions from one life state to another and transferring learning, e.g., age five to elementary school, end of school to adulthood?
    - Alternative Behavior Strategies—Home- and center-based care. Increasing levels of autonomy, especially for center-based care. Focus on how to incorporate learning into an interpersonal skills model.
    - Child & Family Support Services—Address transitions, especially as they impact depression and anxiety in children.
    - Southwest Human Development/DIR® Floortime—Work with schools and other agencies to support transition.
- How do all three programs provide emotional support for caregivers?
    - Alternative Behavior Strategies—parent orientation group run by a psychologist meets weekly for six weeks. Talk about stressors and prepare caregivers for the ways in which treatment will impact lifestyle. If having problems coping, family or individual therapy with MSW or psychologist is available.
    - Child & Family Support Services—three to six sessions with parent before involving the child. Work to understand family barriers and stressors. Parents and child all receive support.
    - Southwest Human Development/DIR® Floortime—parents are very involved with treatment. Therapist connects parents with resources to meet social-emotional needs.
- Capacity:
    - Alternative Behavior Strategies—not in Arizona

- Child & Family Support Services—have availability
- Southwest Human Development/DIR® Floortime—interest list; waiting time depends on location in valley, whether family can come into clinic versus in home—call the SWHD Children's Developmental Center to discuss.

Updates: ABA Policy Work Group and COB/TPL

Dr. Sara Salek:

- ABA Work Group met three times to develop recommendations for a draft AHCCCS ABA Policy. The draft has been circulated to work group members. After consideration by the AHCCCS Policy Committee, the draft will go out for public comment. We will alert the ASD Advisory Committee when the draft is available for public comment.
- The final meeting of the ABA Work Group will focus on DDD issues.
- Work continues to move forward on recommendations made by the Coordination of Benefits/Third Party Liability (COB/TPL) Work Group. Rule-writing and the state plan amendment process can take 9 to 12 months. It is also necessary to conduct a fiscal analysis to understand how proposed changes would impact the capitation rate.

DD: Chapter 200-G DIAGNOSTIC AND FUNCTIONAL CRITERIA

Dr. Cody Conklin and Megan Woods:

It may be helpful to talk about changes at the next ASD Advisory Committee meeting.

DD is Soliciting Written Comments Regarding Proposed Changes to DDD Eligibility Manual—Chapter 200-G DIAGNOSTIC AND FUNCTIONAL CRITERIA FOR INDIVIDUALS AGE SIX AND ABOVE

The Arizona Department of Economic Security ("Department" or "ADES")/Division of Developmental Disabilities ("Division" or "DDD") proposes to revise the Eligibility Manual Chapter to allow the Division to accept evaluations from pediatricians with specialized autism training. Proposed changes also include a clarification of the meaning of "developmental disability" and what must be considered during a psychological evaluation.

Policies open for Public Comment can be viewed online at https://des.az.gov/services/disabilities/developmental-child-and-adult/laws-rules-policy-forms-developmental.

DATES

Written comments and opinions on the proposed policy will be accepted until 11:59 PM (Arizona Time) on **Friday, May 10, 2019**.

SUBMISSION OF COMMENTS

The Department prefers that comments be submitted electronically through the DDD Policy Unit email box at DDDPolicy@azdes.gov.

Please include the following information about the Commenter in the submittal:

First, Middle, and Last Name

Mailing Address, including City, State, ZIP Code

Email Address

Phone Number

Fax Number

To ensure that comments are best understood, please reference the specific line number for each comment.

FOR FURTHER INFORMATION CONTACT

Compliance-Policy Unit

Division of Developmental Disabilities

Arizona Department of Economic Security

Tel: (602) 542-6847

Toll-Free: (844) 770-9500

Open Discussion: What's on Your Mind?

Crisis Response

A recent tragedy in Tucson is a reminder of the importance of revisiting the recommendations of the Crisis Response Work Group.

- Caregiver stress and burnout is a reality. It is essential that respite is readily available. Mental health needs are covered Medicaid covered benefits. It is important to be respectful of each family's preferences; some people want approaches other than formal services—family, church, etc.
- Upon diagnosis of ASD, the level of distress in the family should be assessed, and referrals to supportive resources should take place.
- A standardized tool should be used to evaluate caregivers' psycho-social burden. There was consensus that DDD should take another look at risk assessment for caregivers.
- There is a growing need to respond to the stress of grandparents providing custodial care for grandchildren.

Graduate Certificate Program

There is a new University of Arizona College of Nursing Graduate Certificate Program for nurse practitioners focused on ASD. The program is three semesters; the first cohort will begin in August 2019 and finish in August 2020. The curriculum is primarily online; 180 supervised clinical hours per semester can be completed at sites local to the NPs. Conversations are underway with DDD regarding changes to allow NPs who have completed the certificate program to conduct ASD evaluation and diagnosis. *Slides attached to e-mail with these notes.*

Future Meeting Dates

All meeting are from 3:00-5:00 pm at AHCCCS:

- July 17, 2019
- October 23, 2019

ABA Therapy and Coordination of Care In Autism

AZHCCS

ABS
Alternative Behavior Strategies

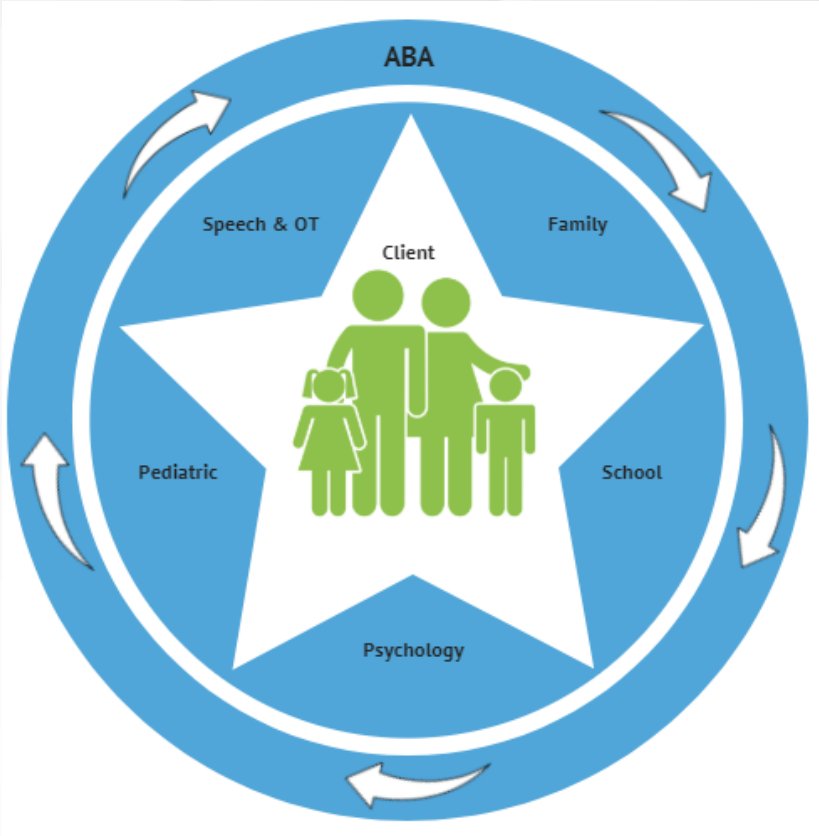
What You'll Learn

- What Does Coordination of Care Look like?
- How collaboration & coordination helps
- How is this model established in community based supports
- Utilization of Technology For Coordination of Care

ABS
Alternative Behavior Strategies

What Should Coordinated Care Look Like?

- A team of professionals providing care and reaching towards the same goals
- The team is connected by the ABA Therapy Case Consultant



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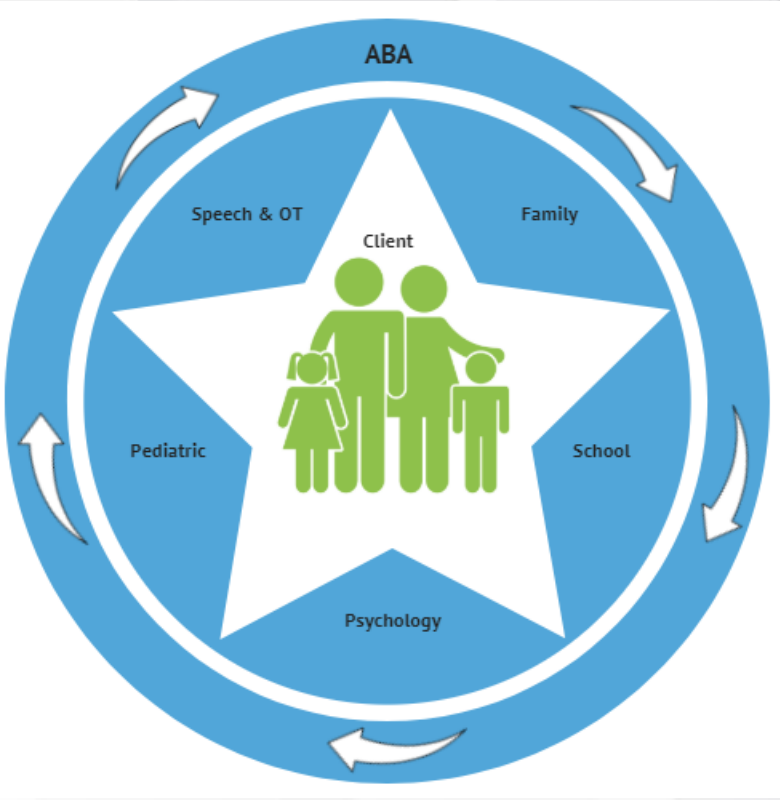
Why is Coordination of Care Important?

- Enhance specialized care
- Care isn't compartmentalized
- Care coordination is no longer the responsibility of the family
- The Intensity of treatment is carried over across all modalities of care.
- Holistic approach to patient care



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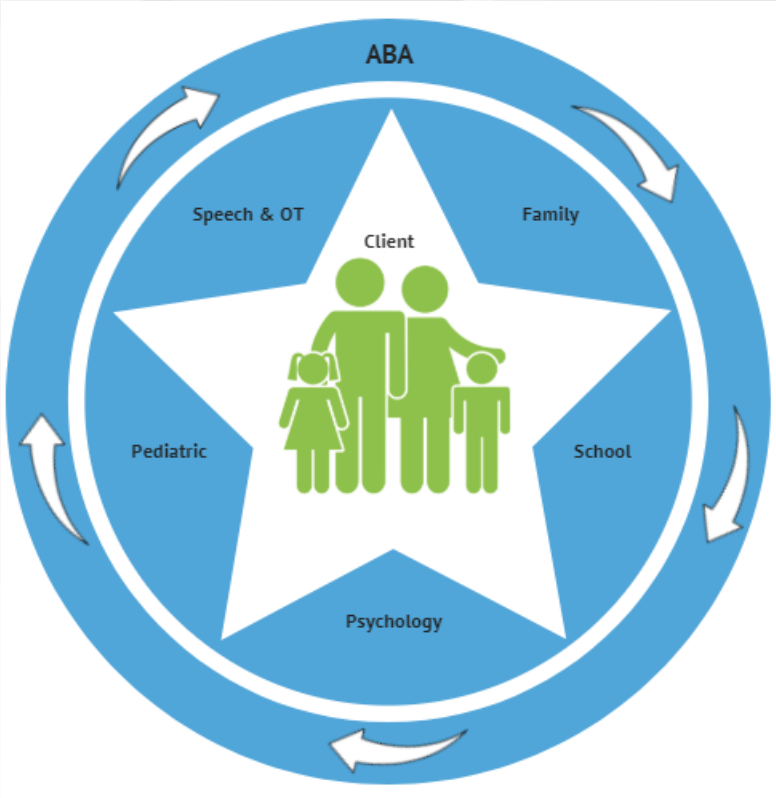
Who Should Be Coordinated With?

- ABA Therapy Consultant
- Psychologist
- Pediatrician
- Occupational Therapist
- Speech Therapist
- School
- Family Members
- Psychiatrist
- Physical Therapist
- Psychotherapist
- Other Parties



The ABA Therapy consultant works with all other parties to assure that everyone is working towards the same goals.

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How To Coordinate With Families

- Ongoing training on how to consistently follow the ABA Therapy programs
- All family members are included in the ongoing development of the treatment plan
- Individual and family therapy support provided

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How To Coordinate With Schools

With parent permission, Consultants engage with educational providers in the following ways:

- Regular school observations
- Attendance at IEP Meetings
- School staff trainings (as invited)
- Functional Behavior Analysis and/or behavioral consultation (as invited)

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How To Coordinate with Speech and Occupational Therapy

How The Speech and Occupational Therapists collaborate with Consultants

- Consultants attend speech or OT sessions on a regular basis for 2-way collaboration.
- Speech and OT goals are incorporated into ABA programing.
- ABA behavioral goals are incorporated into Speech and OT Programing.
- Data driven decision making across specialties

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How To Coordinate with Psychology

Family:

- Psychologists use *Response to Intervention Review* meeting (every 6 or 12 months) to address any issues with family/parent/child needs and communicates these and recommendations to Consultant

Case Consultants and Other Clinicians:

- Clinicians ask psychologist risk or treatment questions
- Psychologist receives the same treatment review summary as the physicians

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How To Coordinate with Physicians

- Consultant sends semi annual summary reports shared
- Reports include graphical displays with phase change lines
- Coordinating office visits with Consultants, Families and physicians

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Benefits of Physician Coordination

- Coordination supports the medical plan (sleep, diet, medical comorbidities, GI problems, medication management.)
- Coordination provides effective data to the physician for prescriptive changes
- Coordination encourages adherence by family to medical protocols

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The Importance Of The Initial Pediatric Visit

The initial role of the physician:

- Counsel and guide parents towards the next steps
- Refer to diagnosis
- Prescribe Care

The gold Standard: ABA Therapy Is the most frequently prescribed therapy for children with Autism Spectrum Disorder.

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Technology As a Tool

- EHR / EMR
- Coordination of patient visits
- Communicating regarding case conceptualization

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Case Study: Jane's Story

Jane has ASD *Name has been changed to protect PHI*

Areas of concern:

- Food and eating (eating the same 6 foods and taking hours to eat those foods)
- Weight management (at age 6 Jane weighted 30 pounds. She was failing to thrive)
- Dental and self care
- Communication

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How Everyone Worked Together

- **Behavioral analyst**—whose role was to guide the family/caregivers, supervise treatments, and coordinate all internal and external team members to ensure that everyone is on the same page with regard to Jane's treatment plan.
- **Psychologist**—who made Jane's diagnosis and recommended a treatment plan.
- **Pediatrician**—who followed Jane's progress and stayed up-to-date on her response to ABA treatment.
- **Occupational therapist**—to help desensitize Jane to eating issues and food texture concerns.
- **Speech therapist**—to help Jane develop normal, effective eating/feeding patterns and behaviors and to increase the repertoire of foods that Jane would eat.
- **Nutritionist**—to help guide the objectives and food selections for Jane.

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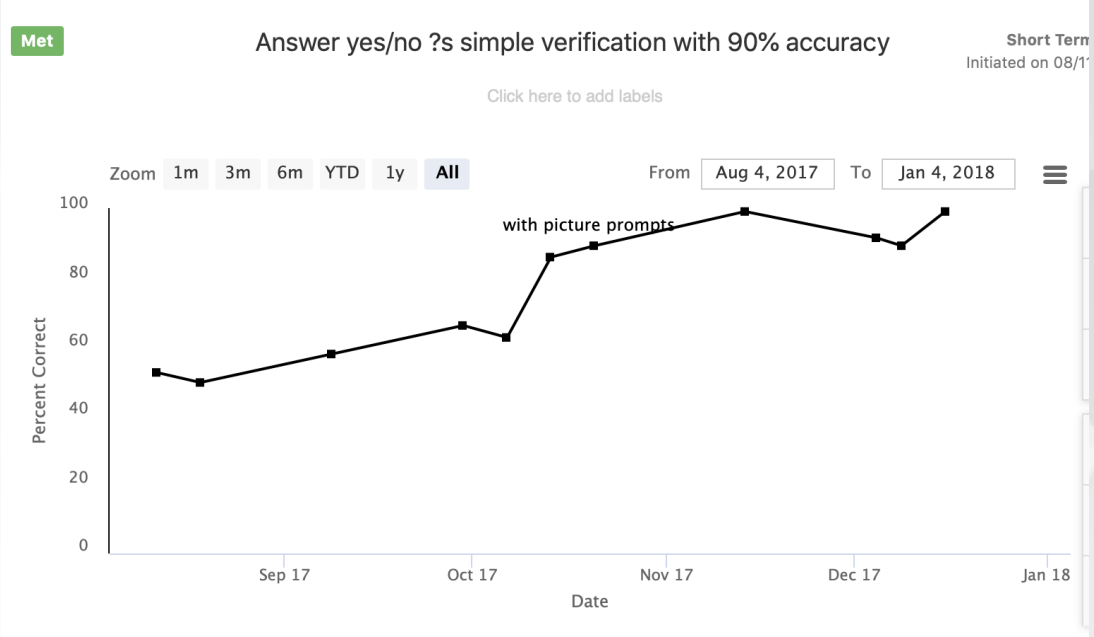
Where Is Jane Now?

Progress:

- Jane's caloric intake from 100 calories a day to over 800.
- Jane food repertoire increased from 7 identified foods to over 30
- Jane had an overall weight gain of 33%
- Meal times were reduced from more than two hours to a more normal approximate 10 minutes
- Jane now showed an increase in functional communication resulting in fewer tantrums.
- Jane also showed improvement in cognitive measures demonstrating an increase of listener responding skills



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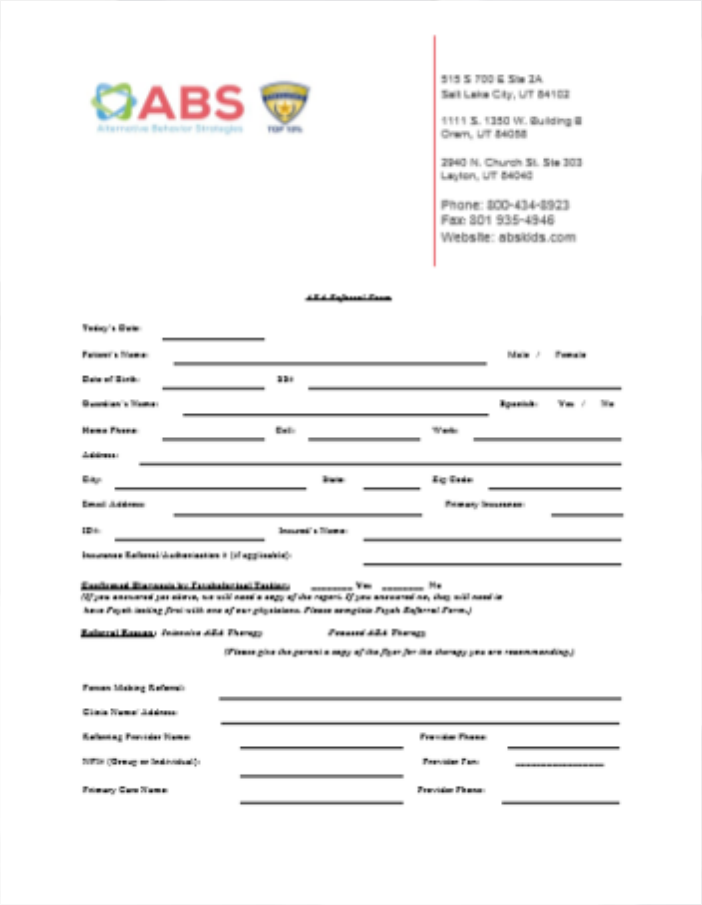
What To Do If You Suspect a Child Of Having ASD?

Refer Family / Child for ABA Treatment

How:

Physician fills out the ABA FAQ Form for Introduction to services (form provided by ABS)

Family self-refers online or by phone call to ABS Intake



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Questions?

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Thank You For Your Time!

Have more questions? Contact us!

Phone: 800-434-8923

Email: info@abskids.com

Website: abskids.com

ABS
Alternative Behavior Strategies

AHCCCS
Arizona Health Care Cost Containment System

AGENDA

ASD ADVISORY COMMITTEE MEETING

Wednesday, April 10, 2019 3:00 - 5:00 pm
AHCCCS - 801 E. Jefferson St., Phoenix, 4th Floor-Arizona Room

Join WebEx meeting - Meeting number (access code): 800 046 131
Joining online and then using the "Call Me" feature works best
Meeting password: Arizona By phone: 1-240-454-0879

Time	Topic	Presenter
3:00 pm	**Welcome and introductions**	Sharon Flanagan-Hyde, Facilitator
3:10 pm	**Alternative Behavior Strategies Integrative Model** *Jeff Skibitsky, M.A., BCBA, LBA, CEO, Alternative Behavior Strategies* **Children's Developmental Center/Southwest Human Development: DIR® Floortime Approach** *Sharon Perugini, PhD, EdS & Terry Matteo, PhD* **Using Multiple Modalities to Address Behaviors, Social Cognitive Issues, Anxiety and Depression** *Paul Carollo, MC, NCC, LPC, BHP, Program Manager & Kimberlee Dionne, Child & Family Support Services* **Q&A with All Presenters**	
4:10 pm	**Updates: ABA Policy Work Group and COB/TPL**	Sara Salek, MD
4:30 pm	**Open Discussion: What's on Your Mind?** *Improving services for individuals with ASD*	Sharon Flanagan-Hyde
4:50 pm	**Announcements and Future Agenda Topics**	Sharon Flanagan-Hyde
5:00 pm	**Meeting Adjourned**	

Future Meeting Dates

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- July 17, 2019
- October 23, 2019

DIR/Floortime ™

A PARENT-MEDIATED DEVELOPMENTAL INTERVENTION FOR AUTISM

-

USING THE POWER OF RELATIONSHIP TO HELP CHILDREN WITH AUTISM COMMUNICATE AND ENGAGE WITH OTHERS

APRIL 10TH, 2019

TERRY MATTEO, PH.D.

&

SHARON PERUGINI, PH.D.

SOUTHWEST HUMAN DEVELOPMENT

Autism Spectrum Disorder:

Arizona - Autism Monitoring Data

- Over 90% of children diagnosed with autism in AZ showed developmental concerns by 3 years old – in their records…
- But only 34% of children with a diagnosis received a comprehensive evaluation by age 3 years
- Rate of boys to girls in Arizona (3.2 to 1)
- Average age of diagnosis in Arizona is: 56 mo (4y 8m) – this is higher than the overall average age for all sites (4 y 4 m)

(CDC, 2018)

What we are learning about Autism:

- Many parts of the brain are thought to be affected:
  - Sensory
  - Motor
  - Language
  - Learning
  - Memory
  - Emotions
  - Social Awareness
  - Motivation
  - Attention

Why we need a multidisciplinary/multidimensional approach to assessment and treatment:

- Many parts of the brain are thought to be affected
- Wide range of symptom expression
- Developmental differences over time
- Assessment and treatment must address all aspects of a child's strengths and challenges
- No two children with ASD are alike; each individual needs a unique plan of interventions

DIR/Floortime

D = DEVELOPMENTAL CAPACITIES

I = INDIVIDUAL DIFFERENCES

R = RELATIONSHIPS/RELATIONAL CAPACITY

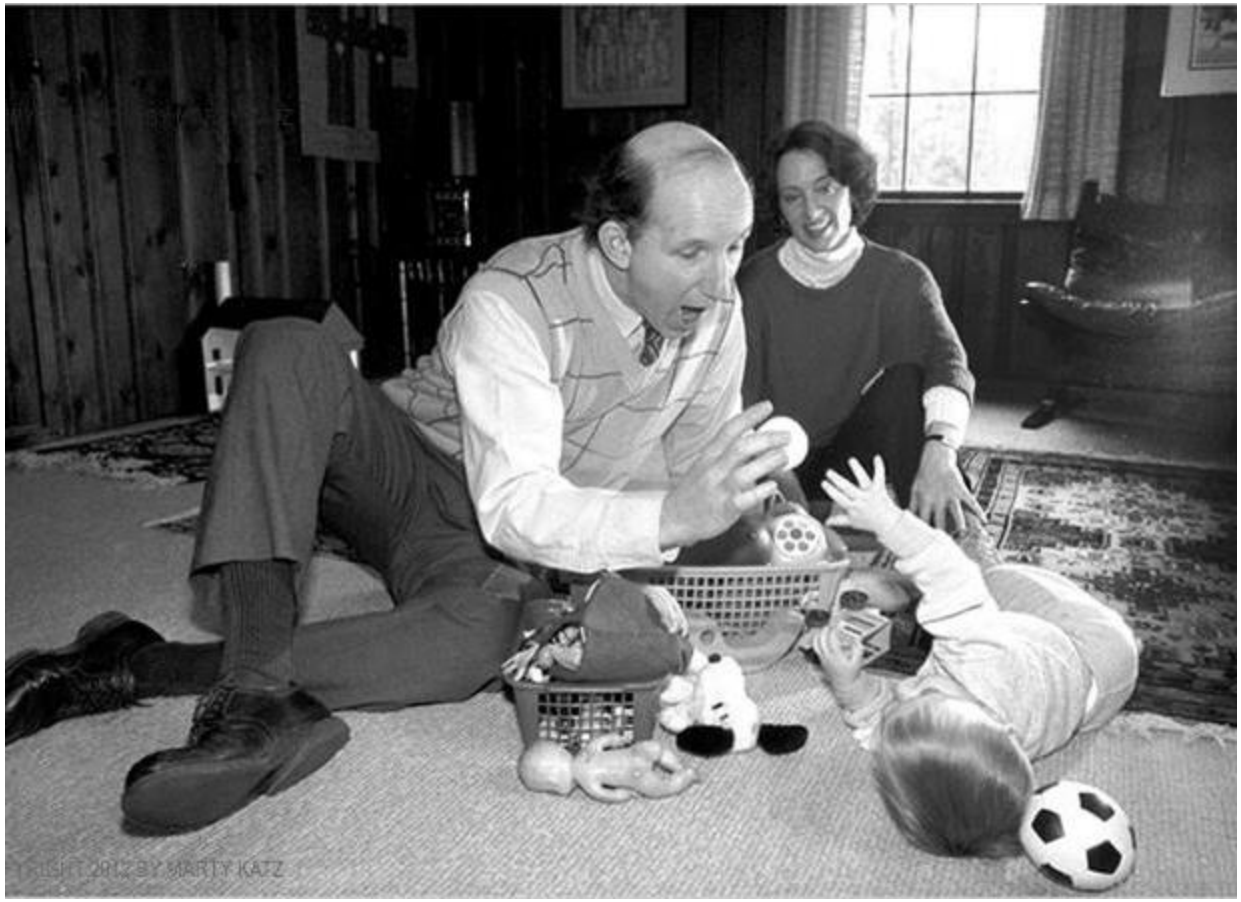
Child Psychiatrist – specialized in infancy/early childhood

16 years at NIMH researching social-emotional development in young children

Won the American Psychiatry Association's Highest Research Honor

Studied how infants process sensory input

Developed new criteria for identifying stages of emotional development



DIR/Floortime - developed by Stanley Greenspan, MD - Child Psychiatrist

DIR/Floortime:

- A specific technique
- A general philosophy
- Following the child's lead and pulling the child into a shared world
- Following what has meaning to the child
- Attending to individual differences
- Supporting/ building relationship skills
- Joining the child in his or her rhythms
- Joining the child in his or her pleasure
- Harnessing those interests and pleasure to bring the child into a shared world while mastering Developmental Capacities

Why does Floortime look different from other therapies?

Focus on tasks vs Focus on Developmental Capacities/ Shared Engagement

The difference with Floortime™:

Is the child…	Or	Is the child…
Engaging with objects?		Engaging with me?
Reacting to interactions?		Initiating interactions?
Opening and closing a few circles of communication?		Heading toward a continuous flow of back-and-forth communication?
Labeling in play conversations?		Creating his/ her own new ideas in play conversations?
Marching to his own drummer?		Responding to my ideas as well as his own ideas?

What is the evidence?

Evidence shows positive significant effects on the child's development:

- Improvement on measures of pre-language production
- Improvement on measures of Social-Emotional Development
- Decreases in autism symptoms

What is the evidence?

Evidence shows positive significant effects on the parents' skills and abilities:

- Greater sensitivity to child's cues
- Increases in ability to use strategies to help their children progress developmentally

What is the evidence?

- Studies in multiple countries:
  - US
  - Canada
  - Thailand
- Multiple researchers have shown positive evidence for DIR/Floortime:
  - Helping children to improve in their ability to communicate and engage
  - Helping parents to feel better able to impact their child's development

What is the evidence?

- 2011 – Pajareya (Thailand) published results of a RCT study of DIR/Floortime with preschoolers showing significant improvements in functional emotional development measures, as well as significant decreases in ASD symptoms. This study confirmed results of Solomon's pilot study in US.

What is the evidence?

- 2011 – Casenhiser (Canada) published results of a RCT study of DIR/Floortime showing significant improvements in caregiver behaviors and improvements in social-communication measures:
  - greater enjoyment in interactions
  - greater attention to interactions with parents
  - greater initiations of joint attention.

  - expressive/receptive language measures did not show any significant differences in treatment group (used inappropriate measure for nonverbal children)

What is the evidence?

- 2012 – Pajareya (Thailand) published a one-year follow-up study of her RCT study with DIR/Floortime. Her data showed:
  - an average of 14.2 hours/week of DIR/Floortime helped 47% of the children make significant improvements in their functional emotional development
  - significant decreases in autism symptoms (using CARS).

What is the evidence?

- 2014 - Casenhiser (Canada) looked closer at language outcomes for nonverbal children and found that his treatment group out-performed the community treatment group on measures of emerging language including:
  - number of utterances produced
  - various speech act categories:
    - Sharing
    - commenting
    - rejecting/protesting
    - social conventions
    - response to comments

What is the evidence?

- 2014 – Solomon (US) reported new findings from a large NIMH grant of a RCT study using a manualized DIR/Floortime approach (called PLAY Project). Results showed:

- Positive effects for both the parent's skills and the child's symptoms and behavior:
  - Parents showed marked improvement in the ability to read their child's cues, follow the child's lead, and obtain reciprocal social exchanges.
  - Children in the treatment group also showed marked improvement in engagement, initiation, functional development, and decrease in symptoms.

Functional Emotional Developmental Capacities: The "D" in DIR/Floortime

Capacity 6 – Emotional Thinking/Building Bridges

Capacity 5 – Creative/Symbolic Thinking

Capacity 4 - Shared Social Problem Solving

Capacity 3 - Two Way Intentional/Purposeful Communication

Capacity 2 – Engagement & Forming Relationships

Capacity 1 - Shared Attention/Regulation & Interest in the World

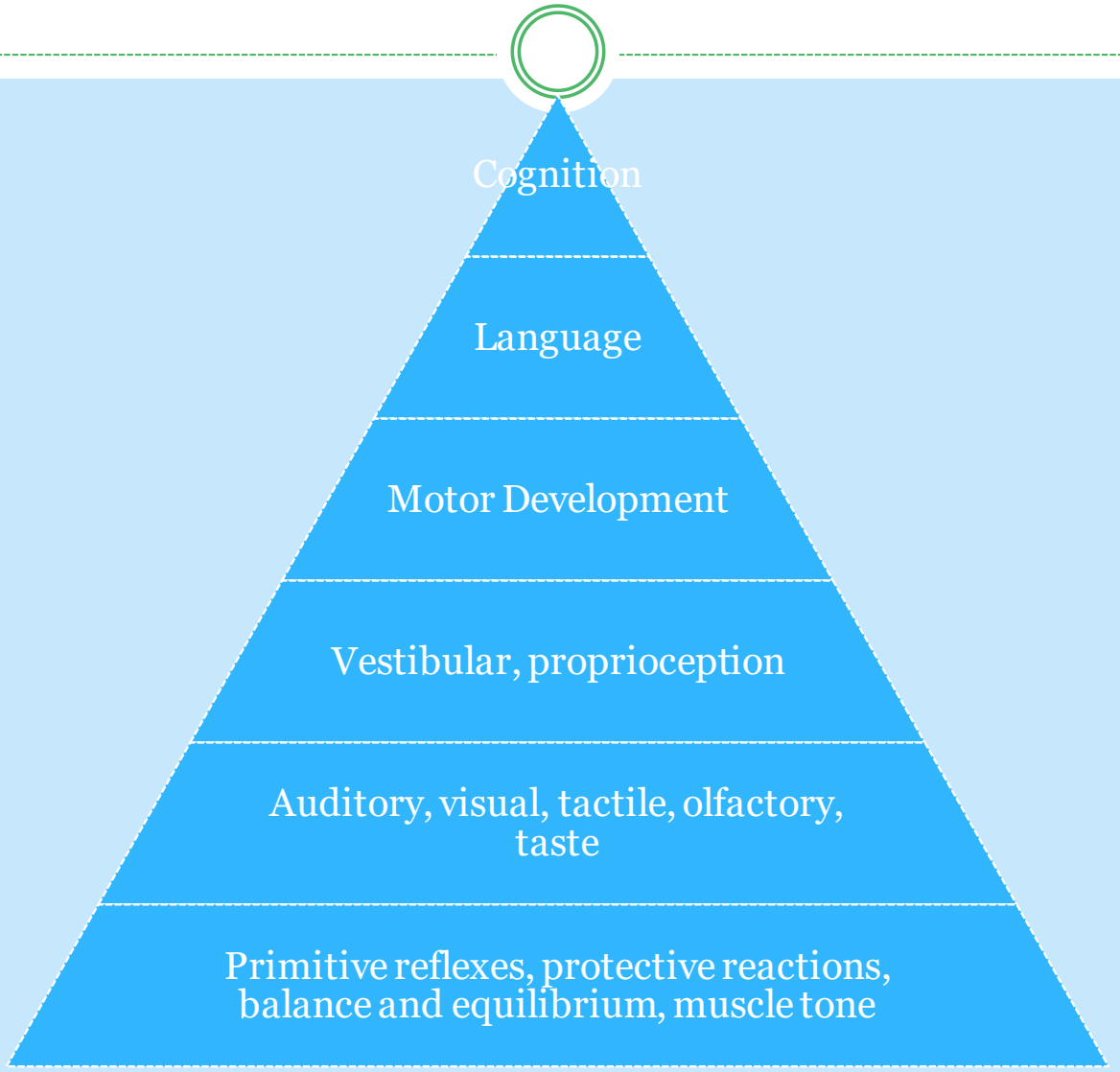
The "I" in DIR/Floortime

- ***Individual Differences*** - identifying the unique biologically-based ways each child takes in, responds to, and comprehends sensations - such as:
  - Sound
  - Touch
  - Taste
  - Visual Input
  - Balance/Coordination
  - Motor planning and sequencing actions and ideas.

  Ex. Under-responsive – may need high levels of input - sound, affect, touch, movement - to respond/engage… may respond slower

  Ex. Hyper-responsive/hyper-sensitive – may need low levels of sound, touch, movement, space to respond/engage… without shutting down

Floortime takes into account and works with a child's Individual Differences in all areas of development



The "R" in DIR/Floortime

- ***Relationship-focused***- infants/young children learn primarily through interactions with caregivers.
- Considering what those relationships look like (interaction styles, sensitivity/attunement, reading cues, etc.)
- Looking at all learning relationships is helpful:
  - Parent – child
  - Therapist – child
  - Teacher – child
- How these participants take into account the child's biologically-based preferences for interaction, as well as the child's current developmental capacities

I: Shared Attention and Regulation

Calm and able to attend to you and process surroundings

Shows an interest and shared attention with another person.

II: Engagement and Forming Relationships

Responds to your smiles, touch, voice with smiles and babbles

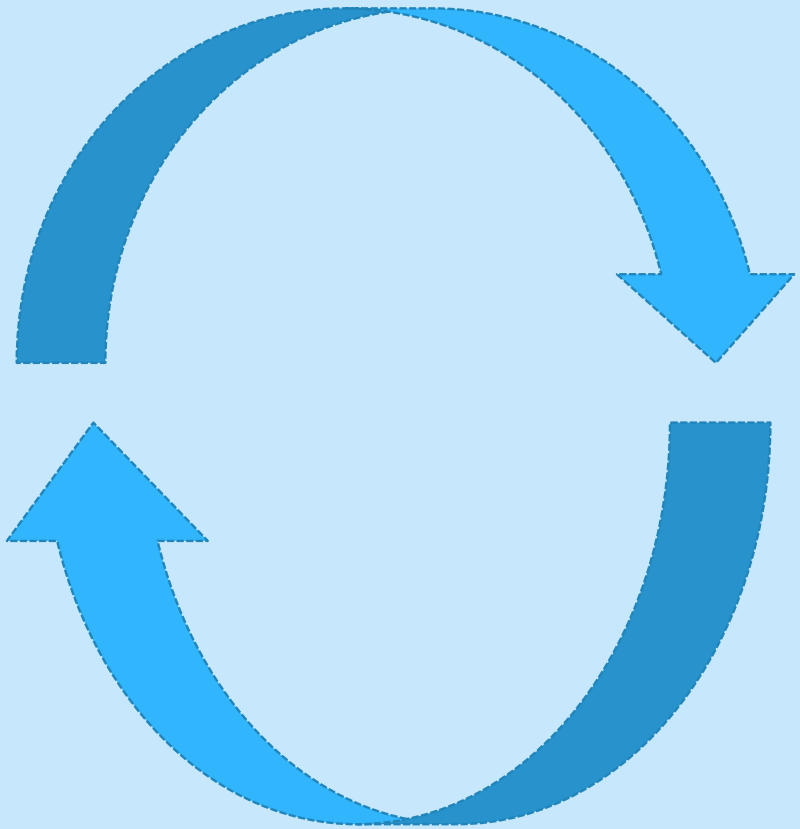
Shows anticipation; recovers easily from distress with help

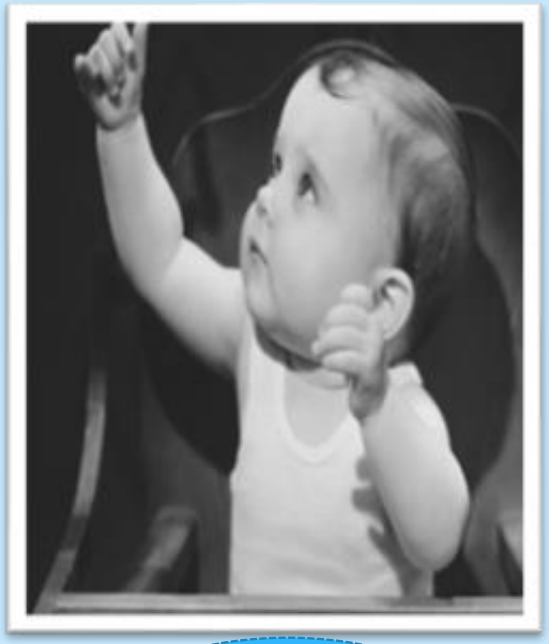
Treatment Strategies

Stage/Matching Strategies

- Developmental Capacity 1 and 2: (if child cannot calm down and focus):
  - Use sensory-motor supports and emotional attunement to help calm and regulate
  - Identify – sensitivities/biological differences
  - Join child whenever they are happy and calm with mutual attention and engagement.
  - Monitor child's responses to engagement and environment

III: Two-Way Purposeful Communication





Helping a child to open and close circles of communication

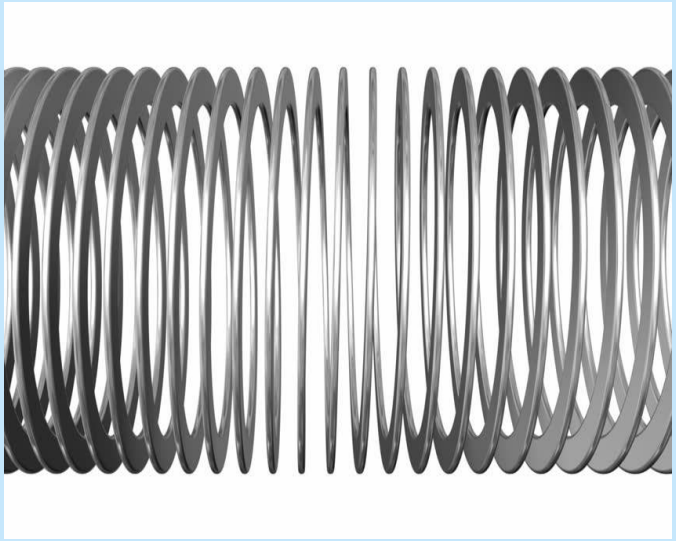
Treatment Strategies

Stage/Matching Strategies

- Developmental Capacity 3: (if child cannot signal or engage in nonverbal communication):
  - Use simple communication through animated face to face interactions with increasing back and forth communication
  - Try to identify activities that your child enjoys and build predictable routines around those activities
  - Encourage and support signaling of any/every kind – smiles, eye contact, pointing, noises, gestures, signs, etc.

IV: Two Way, Purposeful Shared Problem Solving

- Engages in at least 10 back and forth circles of communication
- Initiating or responding with emotions, gestures, eye contact, or words
- Begins to negotiate
- Develops sense of self



Treatment Strategies

Stage/Matching Strategies

- Developmental Capacity 4: (building on length and complexity of back and forth communication):
  - Continue to use animated facial expressions, gestures, and words to build increasing complex predictable routines together
  - Encouraging increasing chains of communication interactions with increasing back and forth communication
  - Begin challenging with problem-solving (to initiate request)

V: Creating and Elaborating Ideas

Uses symbols in pretend play and uses meaningful language in a back-and-forth manner

VI: Building Bridges Between Emotions and Ideas

Connects emotions and actions together. Connects ideas from the past, present and future together.

DIR/Floortime – 2 key elements

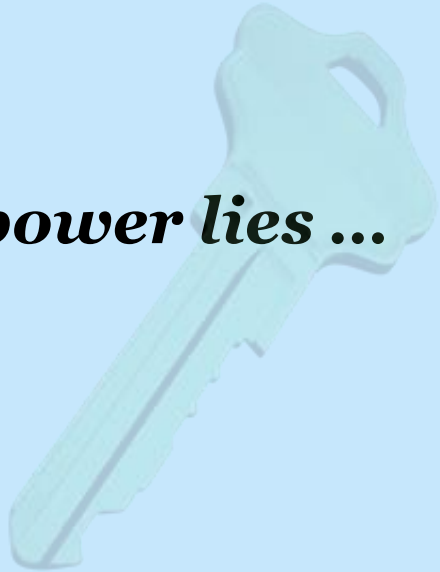
- According to Greenspan: **Emotions are <u>key</u>!**

"Everything a child does and thinks as he is developing, he does largely because of his emotions."

1. <u>*Going for the gleam in his eye*</u> - when children are happy and excited – they are more focused and motivated to engage…

1. <u>Parent/Caregiver Involvement:</u> Very young children learn most from their primary caregivers – through interactions, during daily routines, and through play.

DIR/Floortime – 2 key elements



- ***DIR/Floortime's real power lies …***

- *…in teaching parents to entice a challenged child to perform at increasingly higher levels of attention, cognition, and motor skills – by following the child's lead and interests…*

How does it work?

Treatment Sessions

- Parent Teaching/Coaching
- Modeling by the therapist
- Practicing intervention strategies
- Videotaping/ Reviewing Videotapes
- Measuring change
- Adjusting/changing strategies as needed

Treatment Strategies

Basic Elements

- Joining/Following your child's lead (what makes them happy)
- Face to Face interactions
- Insert yourself into their play
- Follow his lead but also challenge and entice him into back and forth play
- Moving sensory/repetitive behaviors from solo to social

Treatment Strategies

Parent/Caregiver Skills

- Co-regulation (help to calm and regulate)
- Expression of enjoyment in interaction – exaggerate nonverbal cues
- Sensory-motor supports (physical play)
- Joining/following
- Use of emotions
- Support of reciprocity (don't redirect – stick with it)

DIR/Floortime at Southwest Human Development

- Using DIR/Floortime to partner with parents in support of their child's unique strengths and challenges
- Provided in the home or clinic setting
- Early childhood specialists are trained and certified in the DIR/Floortime approach. Providers work closely with the caregiver and child, along with other members of the child's team

Referrals can be made by contacting :

Southwest Human Development

Children's Developmental Center

2850 N. 24th Street

Phoenix, AZ 85008

(602) 468-3430

CDcenter@swhd.org

The Relationship Based Autism Center

Child & Family Support Services

CFSS

CHILD & FAMILY SUPPORT SERVICES


We believe people have the
capacity for relationships.

Philosophy

The way we envision treatment is through an organized, deliberate process which highlights each of your existing skills while adjusting and replacing some of the skills that are less effective. We want to **promote**, **empower**, and **facilitate connections** to the individual and family strengths. It's a mindful approach which creates the priming effect for mechanical parts of service delivery.

Relationship Thera

- A system which includes, guides, shapes, and installs skills which helps a family restore, develop, and maintain relationships
- Removes stigmas
- Universal understanding
- Establishes effective language
- Parallel process

CFSS | Child & Family Support Services

What is RBAC?

- A relationship therapy program within Child & Family Support Services
- Family based, skill oriented
    - Families are the model
        - Acceptance
        - Connection
        - Skill
- Phasic approach: Phases are predicated to build onto each other

THE RELATIONSHIP-BASED AUTISM CENTER

Population

- **Neuro diverse, ages 5 and up to 18 years of age**
- **Parents**
- **Siblings**
- **Extended Family**

Range of Modalities

- Family Counseling
- Individual Counseling
- Skills Training
- Social Therapy Group
- Consultations
- Community Outreach

Range of Treatment Approaches

- CBT
- DBT
- Social Thinking
- Principles of ABA
- Circle of Security

Treatment Modalities and Approaches

Co-occurring diagnoses

- Anxiety
- Social cognitive challenges
- Depression
- Mood
- Behavioral issues

CFSS | Child & Family Support Services

Benefits and Outcome

- Offers inclusion
- A continuum of care
- Integrative system
  - Import and export
- Levels of contexts : micro and macro orientations
  - Real world events
  - Assessment of individual's worldview
  - Assessment of those closest to individual

THE RELATIONSHIP-BASED AUTISM CENTER

DIRFloortime® at the Children's Developmental Center

Intervention for young children who have or are at risk for autism spectrum disorders

DIRFloortime has strong research of any intervention to support its effectiveness in improving the core challenges of autism, including relating, interacting, and communicating, while decreasing caregiver stress and improving parent-child relationships.

What is DIRFloortime?

DIRFloortime focuses on building a child's abilities to:

- Play with others
- Communicate successfully
- Build and enjoy relationships with family and friends
- Solve problems
- Calm down when upset or stressed

No two children with autism spectrum disorders are the same! DIRFloortime at the Children's Developmental Center is individualized for every child and family. Your child needs and deserves intervention designed specifically for them, taking into consideration his or her individual skills and abilities such as:

- Language and communication
- Problem solving
- Motor and coordination
- Social-emotional
- Sensory

The early childhood specialists at the Children's Developmental Center are trained and certified in the DIRFloortime approach. The specialists work closely with you, your child and your family, along with other members of your child's team, including occupational therapists, speech and language therapists, pediatricians, psychologists, mental health therapists and others. Each is a part of your child's success!

DIRFloortime Setting

Services are provided at your home or in a clinic setting at our Children's Developmental Center.

Cost

The Children's Developmental Center accepts many insurance plans and also has private pay options available.

For more information about DIRFloortime, please contact us at (602) 468-3430 or CDcenter@swhd.org

DIR® and DIRFloortime® Evidence-Base Quick Facts

The following is a brief sample of the evidence-base supporting DIR and DIRFloortime (Floortime). The research includes the highest levels of evidence. Unlike behavioral approaches which narrowly focus on specific behaviors, DIR is an interdisciplinary, individualized, whole-child, developmental approach that is broad in both its approach and its impact, making it more complex to quantify in research. Nevertheless, the research that supports DIR and the DIRFloortime approach is strong and continues to mount.

Four randomized-controlled studies were published since 2011 identifying statistically significant improvement in children with autism who used Floortime versus traditional behavioral approaches (Solomon, et. al., 2014; Casenheiser, Shanker &Steiben, 2011; Lal and Chhabria, 2013; Pajareya and Kopmaneejumruslers, 2011). These studies also showed the effectiveness of addressing the caregiver (Casenheiser et. al., 2011; Solomon, et. al., 2014) and specific skill improvement including turn taking, two way communication, understanding cause and effect and emotional thinking (Lal and Chhabria, 2013).

DIRFloortime has the strongest research of any intervention to support its effectiveness in improving the core challenges of autism including relating, interacting, and communicating while decreasing caregiver stress and improving parent-child relationships.

Solomon, Necheles, Ferch, and Bruckman (2007) conducted a pre-post survey of the Play and Language for Autistic Younsters (PLAY) Project Home Consultation program. This program, based on the DIR model, is used in fifty agencies across seventeen U.S. states. Results indicated statistically significant improvement in the children's Functional Developmental Levels and 100% of the parents reported satisfaction in participating.

In 2002, a pre/post-randomized controlled trial utilizing an approach based on developmental, individual-differences, and relationship-based philosophy was published by Salt, Shemilt, Sellars, Boyd, Coulson and Mc Cool. The study showed not only statistically significant improvement in specific skill development, but also that caregivers reported a decrease in stress with treatment while the control group showed an increase in stress.

Case studies have also been effective in supporting the use of DIRFloortime with children with autism. Dionne and Martini (2011) demonstrated statistically significant improvement in communication between parent and child. Wieder and Greenspan (1997, 2005) did comprehensive case studied that spanned from 8-15 years. These studies supported the long lasting results DIRFloortime had on individual child skills, as well as, the emotional connections the families were able to develop over time using this approach.

Floortime and related DIR based approaches are listed on evidence-based treatment reviews. Most recently, the Journal of Clinical Child and Adolescent Psychology published an article entitled, "Evidenced Base Update for Autism Spectrum Disorder" where they categorized Floortime as a "Developmental Social Pragmatic (DSP) Parent Training" and listed focused DSP Parent Training in their second level evidence base category indicating it as "Probably Efficacious." (Smith & Iadarola, 2015) Several recent studies on Floortime were cited in the article including the recent randomized clinical trial studies. The research is beginning to catch up with what we have known in practice for many years

The evidence is strong and building – DIRFloortime works! Learn more at www.icdl.com/research.

DIR® and DIRFloortime® Evidence-Base Quick Facts

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What Families Are Saying About Us

"We truly believe that this center is what turned our son's life around."

James, father of a child in the Feeding Program

"I watched my child learn to play again."

Kelly, mother of a child with autism

"It wasn't until we came to Southwest Human Development that our child's problems were understood and treatments we could work with were found. Thank you!"

Alfonso and Maria, parents of a child with complex developmental needs

Southwest Human Development is Arizona's largest nonprofit dedicated to early childhood development. Recognizing a child's earliest experiences and relationships establish the foundation for all future development, Southwest Human Development's more than 40 comprehensive programs focus on young children – ages birth to 5 – and their families in the areas of child development and mental health, Easter Seals disabilities services, Head Start and early literacy, child welfare and professional education. Founded in 1981, Southwest Human Development serves more than 135,000 children and families each year.

Birth to Five HELPLINE

"Nothing Out of the Question" **1-877-705-KIDS (5437)**

*Call and talk to our early childhood professionals. It's **FREE!***

southwest human development

Creating a Positive Future for Young Children

southwest human development

2850 N. 24th Street • Phoenix, AZ 85008
Phone (602) 266-5976 • Fax (602) 274-8952
www.swhd.org

Children's Developmental Center

Specializing In Young Children

Comprehensive assessment, diagnosis and treatment

A Program of

Easter Seals

southwest human development

Southwest Human Development is the Easter Seals affiliate for central and northern Arizona

When parents are worried about their child's development or behavior, they often find themselves going from one specialist to another as they look for answers to their questions.

The Children's Developmental Center is designed to avoid this frustrating process, allowing children and families to get the advice and care they need.

Our Specialty: Young Children

We specialize in children ages birth to 5 – a time when early diagnosis and treatment can make a real and lasting difference. Our areas of expertise include:

- Complex developmental delays
- Feeding and eating problems
- Autism spectrum disorders (ASD)
- Complex motor disabilities, including cerebral palsy
- Developmental delays due to trauma or abuse
- Behavioral or emotional problems, including ADD/ADHD
- Attachment and relationship issues

A Blended Model

The Children's Developmental Center uses a collaborative, team model where young children receive the best integrated medical, developmental and mental health care for a holistic understanding of the child and family.

Our professional team of pediatric specialists has extensive experience working with the many factors that influence a child's health and well-being.

This team-based approach provides the kind of global perspective that is rare, but necessary when working with very young children who are struggling with complex developmental delays and disabilities.

A Coordinated Approach

At the Children's Developmental Center, families can expect:

- Comprehensive evaluations by medical, developmental and mental health experts
- Individualized treatment plans
- State-of-the-art therapeutic services to maximize each child's strengths and abilities
- Knowledge and expertise about community resources
- Care coordination to ensure that each child's plan is understood by everyone involved, including teachers, physicians and therapists

A key feature of our approach is care coordination to ensure the results of our evaluation and treatment recommendations are fully understood by the family and other health care providers.

At the Children's Developmental Center, we work in partnership with families to understand the child's individual needs and ensure each family has the support they need to be successful.

A Comprehensive Team

Our expert team includes:

- Developmental pediatricians
- Psychologists
- Mental health counselors
- Speech-language pathologists
- Occupational therapists
- Registered dietitians
- Physical therapists
- DSIs/early interventionists
- Nurses
- Assistive technology specialists
- Care coordinators

Fees

At the Children's Developmental Center, we accept many insurance plans and have private pay options available. We are also an AzEIP and DDD provider.

For more information, please contact us at (602) 468-3430, email cdcenter@swhd.org or visit swhd.org/cdcenter

UA College of Nursing Graduate Certificate Program

Overview

- Graduate Nurse Practitioners
- FNP, PNP, PsychNP
- 3 semesters (fall, spring, summer)
  - August to August
  - Online/in-person
- Supervised clinical hours
  - 180 hours per semester

Graduate Course Process Checklist

- Approved through CON-Sept, 2018
- Approved through Graduate School-October, 2018
- Draft curriculum complete-January, 2019
- In-process:
  - Aligning learning objectives
  - Grading rubrics

Course 1: CON 623
Overview and Diagnosis

- Prevalence and History of Autism Spectrum Disorder
- Diagnosis and Tools of ASD
- Relationship of Genetics and Autism
- Normal Child Development
- Autism Diagnostic Observation Schedule (ADOS)
- Screening Assessment Tools and Special Populations
- Medical Issues in ASD Patients
- Comorbid and Complex Medical Conditions in ASD Patients
- Nutritional and Digestive Considerations in ASD Patients
- Motor Skill Growth and Development in ASD Patients
- Language and Occupations Therapy Behavior in Patients with ASD
- Evidence-Based Treatments for ASD Patients
- Positive and Negative Behavior in Patients with ASD
- Sports and Water Safety

Course 2: CON 624
Treatment and Management

- Emotional Awareness and Bullying (emotional regulation programs, school-focused programs)
- Communication Consideration (Articulation, conversation, PECS, technology)
- Social Skills Considerations (challenges, social stories, social groups/thinking)
- Sensory Awareness (awareness, relaxation techniques, integration of community activities)

Course 3: CON 625
Services and Systems

- Environmental Considerations of ASD in pediatric patients (Parent training, Crisis, Life Skills)
- Program Development Consideration of ASD in pediatric patients (IEP, CAM, Floortime, RDI, TEACCH)
- Service Delivery Issues in ASD for pediatric patients (Health Insurance, AHCCCS, DDD, Emergency Services, office support)
- Adult Care Consideration of ASD in pediatric patients (Work, Vocation, Sexuality, POA, Guardianship, ADA)